

Current major event

Ebola outbreak in Uganda: South Sudan on high alert

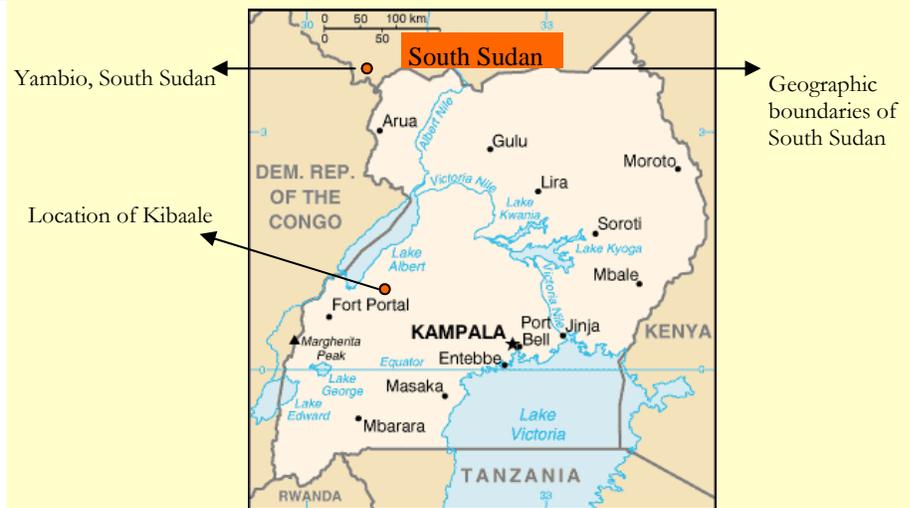
An outbreak of viral haemorrhagic fever caused by Ebola virus has been confirmed in Uganda on 28 July 2012 after receiving confirmatory test result from the Uganda Virus research Institute. All cases are reported in the Kibaale district, a rural region west of Uganda's capital. A total of 20 cases, including 14 deaths have been reported since the beginning of July 2012 from this outbreak.

Editorial note

The Ebola Haemorrhagic Fever (EHF) outbreak in Uganda has raised high alert in its bordering countries. South Sudan is the only country in the Eastern Mediterranean Region (EMR) that shares borders with Uganda and is the only country in the region as well that has faced three outbreaks from EHF in the past (*please see the table*).

The Ebola virus belonging to the family of filoviruses was first recognized in 1976 when it caused concurrent outbreaks in the Democratic Republic of Congo and in the town of Nzara in South Sudan. The specific strain of the virus causing the current outbreak in Uganda is Ebola Sudan which was first detected in the town of Nzara, South Sudan in 1976. The Ebola Sudan strain has been responsible for causing 5 outbreaks in Africa so far since 1976. Ebola Sudan typically kills about 50 percent of people infected.

The current outbreak in Uganda has raised public health concern in the neighbouring South Sudan as the country has seen three outbreaks from the EHF in the past with high number of deaths. Of these three outbreaks, two were in the same foci-Yambio. Although the current epidemic foci in Uganda is quite far from South Sudan (*Please see the map*) and despite the ease with which the Ebola virus can transmit from human to human, there is no current evidence that the outbreak can spread outside a small geographic area and cross border. However, given the fact that South Sudan has



Past Ebola outbreaks in South Sudan

Year	Place	Cases	Deaths	CFR (%)
1976	Maridi, Nzara	284	151	53
1979	Yambio	34	22	85
2004	Yambio	17	7	41

a very porous border with Uganda and there is frequent transboundary movement of goods and services between these two countries, there is a need to put all necessary public health measures to prevent its spread in South Sudan. If it does, it will have a devastating effect on the health systems in the country as it remains fragile and yet to recover from the effect of protracted conflict.

South Sudan has already enhanced surveillance in all the bordering areas with Uganda as a possible preventive measure and to detect any suspected case early. It is important to exchange epidemiological information on the outbreak between Uganda and other countries that share common border on a regular basis within the spirit of IHR (2005). This will help the countries to understand better the control measures put in place to contain the outbreak at source and possibilities for geographic spread into other areas from its current epidemic foci.

For a disease like EHF for which there is no cure or vaccine, any complacency will have a devastating effect on the health security in the region.

Update on outbreaks

in the Eastern Mediterranean Region

Dengue and CCHF in Pakistan; Measles in Afghanistan and Pakistan

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

China	[43(28), 65.1%]
Egypt	[168 (60), 35.7%]
Indonesia	[190 (158), 83.1 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Bangladesh	[6(0), 0%]
Global total	[607(358), 58.9%]

Measles

Afghanistan	[261 (0), 0%]#
Pakistan	[7995 (115), 1.43%]#

Crimean-congo haemorrhagic fever

Pakistan	[31 (6) 19.3%]#
Afghanistan	[6(1), 16.6%]#

Hand Foot & Mouth Disease (caused by Enterovirus 71)

Cambodia	[78 (54), 69.2%]
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Ebola Haemorrhagic Fever

Uganda	[20 (14), 70%]
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CFR=Case-Fatality Rate; # Suspected cases