



**DATE:** November 3, 2022  
**TO:** Healthcare Providers  
**FROM:** Dr. Maggie Park, Public Health Officer

**Please distribute to all providers and relevant medical staff in your office.**

## **HEALTH ADVISORY**

### **Ebola**

#### **Situation:**

On September 20, 2022, Ugandan health authorities declared an outbreak of Ebola Virus Disease (EVD) following laboratory confirmation of Sudan virus (species Sudan ebolavirus) in a patient from the Mubende district in Central Uganda.

The California Department of Public Health (CDPH), in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), has been closely monitoring this outbreak. As of November 3, 2022, a total of 131 confirmed cases and 48 deaths have been reported across eight districts in Uganda. No suspected, probable, or confirmed cases have been reported in the United States.

The risk of importation of Ebola virus from returning residents and travelers into San Joaquin County is extremely low. Beginning the week of October 10, 2022, the CDC and Department of Homeland Security began funneling air passengers traveling to the U.S. who have been in Uganda in the three weeks prior to travel through five pre-designated airports in the U.S. for EVD screening. Passengers traveling from Uganda who are asymptomatic continue on to their destinations. Local health departments are conducting risk assessments and monitoring returning travelers upon arrival to their destinations.

#### **Background:**

The Sudan ebolavirus is one of 4 species of Ebola viruses that affect humans:

- Ebola virus (species Zaire ebolavirus)
- Sudan virus (species Sudan ebolavirus)
- Tai Forest virus (species Tai Forest ebolavirus)
- Bundibugyo virus (species Bundibugyo ebolavirus)

The Zaire ebolavirus was associated with the large outbreaks of 2014-16, and the ebola vaccine that is licensed in the U.S. is indicated for the prevention of EVD due to Zaire ebolavirus. It is not expected to protect against Sudan ebolavirus. Also, no therapeutics have been approved for the treatment of EVD due to Sudan ebolavirus. There have been 7 previous outbreaks of Sudan ebolavirus in Sudan and Uganda, and they have had a mortality rate of approximately 50%.

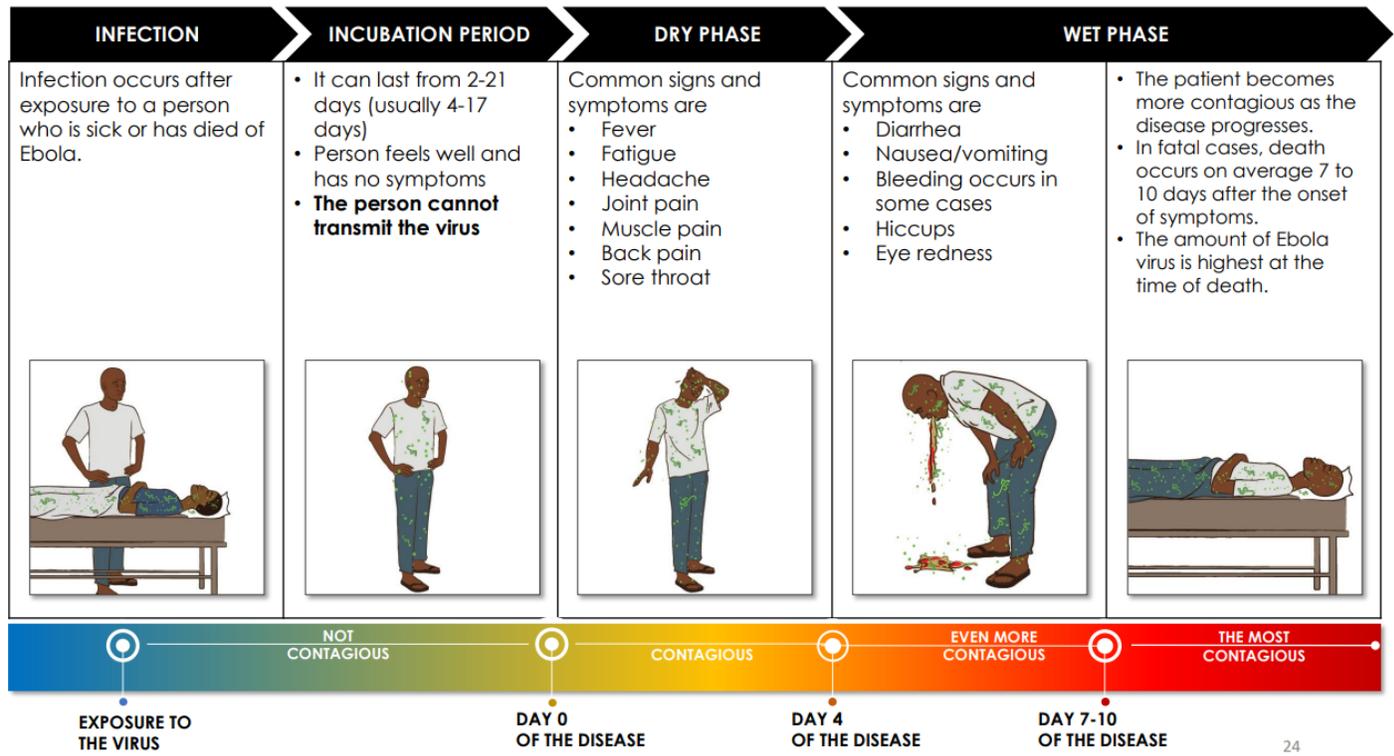


**Clinical Presentation:**

The incubation period for EVD is up to 21 days from last exposure. Patients with EVD generally have an abrupt onset of fever and symptoms typically 8 to 10 days after exposure.

Symptoms include:

- Fever
- Severe headache
- Muscle pain
- Weakness
- Fatigue
- GI complaints – vomiting, diarrhea, nausea, abdominal pain
- Conjunctivitis
- Unexplained bleeding



source: CDC COCA Update on 2022 Ebola Outbreak in Uganda [PowerPoint Presentation \(cdc.gov\)](#)



### **Transmission:**

- Direct contact (through broken skin or mucous membranes in the eyes, nose, or mouth) with:
  - Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, and semen) of a person who is sick with or has died from EVD
  - Objects (clothes, bedding, needles, and medical equipment) contaminated with body fluids from a person with EVD
  - Semen from a man who recovered from EVD (through oral, vaginal, or anal sex)
- A person transmits EVD after becoming symptomatic.

### **Laboratory Testing:**

- The Biofire FilmArray NGDS Warrior Panel is the only assay available for detection of Sudan ebolavirus. This test is not available at commercial or clinical laboratories. California laboratories currently using the BioFire Warrior Panel include the Los Angeles County Public Health Laboratory (PHL) and Cedars-Sinai Medical Center, a Regional Treatment Center for Ebola. The California Department of Public Health Viral and Rickettsial Disease Laboratory is working closely with the CDC to implement the Biofire Warrior Panel.
- The decision to test for EVD must be made in conjunction with the patient's clinical care team, San Joaquin County Public Health Services (SJCPHS), CDPH, and CDC's Viral Special Pathogens Branch (VSPB).

### **ACTIONS REQUESTED OF CLINICIANS:**

- **Take a travel history** on all patients with acute infectious disease symptoms.
- **Consider EVD** in a patient who has signs and symptoms consistent with EVD and has traveled to affected areas of Uganda within 21 days before the onset of symptoms.
- **Rapidly identify** and triage a patient with relevant exposure history and signs or symptoms. **Isolate** patient and take appropriate steps to protect staff caring for the patient.
- **Follow Infection Prevention and Control Recommendations** in accordance with CDC <https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>
- **Immediately notify** the facility infection control program and SJCPHS Disease Control and Prevention Program (209) 468-3822. After hours, call (209) 468-6000 and ask to speak with the on-call public health nurse.



**Resources:**

- CDC Health Advisory: <https://emergency.cdc.gov/han/2022/han00477.asp>
- CDPH Health Alert:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CAHANEbolaOutbreakUganda10.07.22.pdf>
- CDC EVD Website for Clinicians: <https://www.cdc.gov/vhf/ebola/clinicians/index.html>
- CDPH EVD Website for Healthcare Professionals:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/EbolaHealthProfessionals.aspx>

For more information, call San Joaquin County Public Health Services Disease Control and Prevention program at (209)468-3822