UK Health Security Agency

Serial number **2025/008** **Date** **3 February 2025**

Event: Outbreak of Sudan ebolavirus in Uganda

Notified by: Sherine Thomas, Michael Reynolds, Emerging Infections and Zoonoses team, UKHSA

Authorised by:
Richard Pebody, Director Epidemic and Emerging Infections, UKHSA
Will Welfare, Strategic Response Director, Regional Director, UKHSA
Charles Beck, Deputy Director, Science, UKHSA
Emma O'Brien, Comms, UKHSA

Contact:
Infection specialists seeking clinical advice on suspected Ebola virus cases should contact the Imported Fever Service (IFS) on 0844 778 8990 (available 24/7) to discuss testing and management.
Laboratories seeking information regarding testing: contact Rare Imported Pathogens Laboratory (RIPL) 01980 612348 (available 9am to 5pm, Monday to Friday). Outside these hours, urgent queries can be directed to the IFS.
Health protection teams seeking urgent public health advice related to suspected cases should contact the IFS on 0844 778 8990 (available 24/7). For any urgent issues not related to suspected cases, Health Protection Teams may contact the EIZ team in hours via EpiIntel@ukhsa.gov.uk (9am-5pm weekdays) or EEI duty doctor via +44 20 7123 0333 out of hours.

IRP Level: Standard

Instructions for Cascade:
- Devolved Administrations (DA) to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- Regional Deputy Directors to cascade to Directors of Public Health
- UKHSA microbiologists to cascade to non-UKHSA labs (NHS and private laboratories) and NHS Trust infection leads
- NHS Trust infection leads to cascade to relevant local services (e.g. Emergency Medicine, General Medicine, Acute Medicine)
- NHS labs/NHS infection leads/NHS microbiologist/NHS infectious disease specialists to cascade to their teams
- National NHSE EPRR to cascade to NHS Regions and acute trusts
- UKHSA Border Health to cascade to team

Summary:
- Ebola virus disease (EBOD) is a viral haemorrhagic fever and classified as a high consequence infectious disease (HCID) in the UK.
- There are several strains of ebolavirus that can cause disease in humans, including Ebola (Zaire) virus and Sudan virus.

UK Health Security Agency

- A case of Ebola infection caused by Sudan virus (orthoebolavirus sudanense) was confirmed in Kampala, Uganda on 30 January 2025. Uganda's Ministry of Health have implemented public health measures, including contact tracing. **Clinicians should be alert to the possibility of EBOD in unwell patients presenting where there is a history of travel to Uganda, or to other countries where there is a risk of EBOD, or a link to a suspected case, within 21 days before onset of illness.**

- **Where appropriate, clinicians should follow the ACDP guidance for risk assessment and management of viral haemorrhagic fevers to safely assess and test such patients.**

- NHS infection services should discuss suspected cases with the Imported Fever Service (IFS) to discuss urgent testing. Confirmed cases will be managed via the HCID network. Suspected cases should also be notified to the local health protection team

- UKHSA is monitoring and assessing the risk to public health in the UK and facilitating UKHSA's cross-government communications and actions. The UKHSA Returning Workers Scheme (RWS), which aims to protect and monitor the health of those who may travel from the UK to affected areas for their work, is being stood up.

- EBOD has previously been reported from Uganda in 2022. Historically there have been seven previous EBOD outbreaks in Uganda, this represents the eighth EVD outbreak. Historically, several outbreaks of EBOD have also been reported from neighbouring countries.

- Further information on EBOD can be found here.

Background

Orthoebolaviruses are filoviruses which can cause a severe and often fatal haemorrhagic fever called Ebola virus disease (EBOD). The case fatality rate in previous outbreaks ranges from 25% to 90%.

Ebola virus was first identified in 1976 in almost simultaneous outbreaks in the Democratic Republic of Congo and Sudan (now South Sudan). Until 2014, outbreaks of EBOD were primarily reported from remote areas close to tropical rainforests in Central and West Africa, however between 2014 and 2016 an EBOD outbreak was reported for the first time in West Africa (Guinea, Liberia and Sierra Leone) with intense transmission in urban areas. Multiple countries including the UK reported imported EBOD cases associated with this outbreak.

Since 1976, there have been four confirmed cases of EVD reported in the UK. One was a laboratory-acquired case in 1976 and three cases were in healthcare workers associated with the West African epidemic who were infected while working in the affected countries.

UK Health Security Agency

4 species of orthoebolavirus are known to cause disease in humans including orthoebolavirus zairense and orthoebolavirus sudanense (formerly known as Zaire ebolavirus and Sudan ebolavirus respectively). The incubation period for EBOD is typically 2 to 21 days with an average of 8 to 10 days. Initial symptoms include severe headache, malaise and high fever and myalgia, with symptoms of nausea, vomiting and diarrhoea developing after a few days. Symptoms of severe haemorrhagic fever usually develop after these initial symptoms.

Ebola viruses are zoonotic infections and bats are the natural reservoir. Non-human primates are also known to have been a source of human infection in previous EBOD outbreaks. Exposure to the body tissue or fluids of infected animals can also be a risk factor for EBOD. Ebola viruses can spread from person-to-person through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs, or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. Sexual transmission of the virus can occur, and the virus has been found to remain in semen for several weeks after clinical recovery.

Transmission of the virus via contaminated injection equipment or needle-stick injuries is associated with more severe disease. Close contact with the body or body fluids of people who have died of EBOD during preparation for burial is a recognised source of infection.

There is currently no licenced vaccine for Sudan ebolavirus.

Further information on EBOD can be found here.

Implications & Recommendations for UKHSA Regions

Suspected EBOD cases should be discussed with local infection services (microbiology, virology, infectious diseases) who if necessary will contact the Imported Fever Service. The epidemiological situation remains under close review. Cases and contacts should be managed in line with current guidance.

Implications & Recommendations for UKHSA sites and services

Infection Specialists should discuss all suspected EBOD cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990 so that testing can be expedited.

Implications & Recommendations for NHS

Clinicians should be alert to the possibility of EBOD in unwell patients presenting where there is a history of travel to Uganda, or to other countries where there is a risk of EBOD, or a link to a suspected case, within 21 days before onset of illness. Clinicians treating patients where EBOD is suspected should use the ACDP VHF algorithm to facilitate risk assessment and discuss this assessment with local infection specialists.

Infection Specialists should discuss all suspected EBOD cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990. IFS will advise on whether testing is indicated and request appropriate samples, as well as advise on immediate clinical management of suspected cases. Samples should be sent to RIPL as directed by the

UK Health Security Agency

IFS. For information about transport of specimens and guidance for handling samples at local laboratories see the RIPL manual.

Cases of confirmed EBOD will be managed through the specialist network of HCID centres.

Implications and recommendations for Local Authorities

Local Authority Directors of Public Health are asked to forward this briefing note to their relevant staff.

References/ Sources of information

Ebola virus disease: clinical management and guidance - GOV.UK
https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients
https://www.gov.uk/guidance/ebola-returning-workers-scheme