



Current recommendations for a common EU approach in response to the recent Ebola outbreak in Uganda

Agreed by the Health Security Committee (HSC) on 21/10/2022

Introduction: the Ebola outbreak in Uganda

On 20 September 2022, the Ministry of Health in Uganda, together with WHO AFRO, confirmed an outbreak of Ebola virus disease (EVD) caused by Sudan ebolavirus in Mubende District, Uganda, after one fatal case was confirmed.

The Ugandan government is carrying out community-based surveillance and active case finding. An on-site mobile laboratory has been established in Mubende and risk communication activities are ongoing in all affected districts. The African CDC, WHO, GOARN (the Global Outbreak Alert and Response Network) and other partners have teams in Uganda to support the coordinated response.

According to the Ugandan Ministry of Health, as of 20 October 2022, there have been 65 confirmed cases of Ebola Virus Disease (EVD), including 27 deaths. Among these, 10 healthcare workers were infected and five died. There have been 20 probable deaths among individuals who died before a sample was taken. All cases reported out of Mubende have an epidemiological linkage to the cases initially reported in Mubende. There have been 22 recoveries from EVD.

As of 20 October 2022, health officials have identified at least 2039 contacts of cases. Besides Mubende, the districts Bunyangabu, Kyegegwa, Kassanda and Kagadi are also affected. As of 20 October 2022, no cases have been reported (originating) in the capital city of Kampala.

The HSC notes that, according to the ECDC¹, the current probability that EU/EEA citizens living or travelling in the affected areas of Uganda will be exposed to the virus is very low, if they adhere to the recommended precautionary measures.

The HSC also notes the recommendations and precautionary measures the ECDC provides for EU/EEA visitors and residents of affected areas.

The HSC encourages EU/EEA public health authorities to raise awareness of health professionals on the evolution of the current outbreak, and on the potential symptoms of EVD in returning travellers, health professionals or humanitarian workers. Infection prevention and control guidance for suspected EVD cases should be reviewed and training materials be revised.

In addition, the revision of testing options and procedures for suspected EVD patients should also be performed.

Screening and potential travel measures

The HSC notes that WHO advises against any restrictions on travel and/or trade to Uganda based on available information for the current outbreak.

¹ [Ebola outbreak in Uganda under ECDC monitoring \(europa.eu\)](https://europa.eu/ebola-uganda)



The HSC also notes that ECDC considers that screening of returning travellers from Uganda would not be an effective measure to prevent introduction in Europe. This consideration is based on the lessons and results of the large EVD outbreak in West Africa between 2013 and 2016, where tens of thousands of cases were reported, transmission was ongoing in large urban centres, and hundreds of EU/EEA humanitarian and military personnel were deployed to the affected areas.

Screening incoming travellers is time and resource-consuming and will not effectively identify infected cases.

Instead, both experience and evidence show that exit screening can be an effective measure to support the containment of the disease spread.

HSC agrees that at this stage of the Ebola outbreak in Uganda no screening of travellers returning from Uganda / other persons coming from Uganda and other specific travel measures in the EU/EEA countries would be needed. They would not be an effective measure to prevent introduction of Ebola virus in Europe.

The Health Security Committee agrees that these recommendations should be quickly revised in the event of an unfavourable development of the outbreak.