



**THE REPUBLIC OF UGANDA**

**MINISTRY OF HEALTH**

**Press statement on New Confirmed Ebola Case in DRC  
near Uganda Border**

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**For Director General Health Services**

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## **NO CONFIRMED CASE OF EBOLA IN UGANDA**

229/2018. The Ministry of Health would like to inform the general public that there is no confirmed case of Ebola in Uganda.

However, the Ministry of Health has received information from WHO on a newly confirmed case of Ebola in DRC, in Kasenyi village, situated near the shores of Lake Albert on the DRC side of the border, in Ituri Province. The patient died on the 19th of September 2018, at Tchomia General Hospital which is quite close to Uganda.

She was a contact of two previously confirmed cases (her mother and sister), thus a high risk contact. We are informed that she got lost to follow up when she moved to Kasenyi. She later became sick, and was admitted in Tchomia General Hospital where she later died. A sample was taken from her and results released on the 21st September 2018 confirmed that it was positive for Ebola.

A team from Beni is currently on ground to conduct investigation of this case, identify and list all contacts for follow up, and initiate a response.

We understand that there are population movements across the Lake Albert to Uganda hence a high risk of spread of the disease to Uganda. The Ministry of Health and Partners are supporting the districts bordering DRC to heighten preparedness and readiness to handle any Ebola case that might come into Uganda.

- Screening of people crossing from DRC for signs and symptoms of Ebola is being conducted at official and unofficial points of entry
- Communities have been sensitized about Ebola and are vigilant and reporting any suspicious cases for investigation
- Health workers have been oriented and put on high alert to detect and report any suspected Ebola case

- Health workers have also been trained to manage safely any suspected or confirmed case of Ebola.
- Vaccination of front-line health workers to protect them against infection with Ebola Zaire, the strain causing the outbreak in DRC, will be conducted soon.

### **About Ebola**

The Ebola virus causes an acute, serious illness which if not treated early is often fatal. Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the forest. Ebola spreads from human-to-human via direct contact 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. Burial ceremonies that involve direct contact with the body of a person who has died of Ebola can also contribute to the transmission of Ebola. Humans are not infectious until they develop symptoms.

Ebola cases present with a sudden onset of fever, fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools).

### **Prevention of Ebola**

- Avoid contact with fruit bats or monkeys/apes and the consumption of their meat.
- Avoid direct or close contact with people with Ebola symptoms, particularly with their bodily fluids, without appropriate protective wear.