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EXPERT COMMENT: Ebola outbreak spreads to Uganda – it should never have happened

Associate Professor, Dr Sterghios Moschos, discusses the spread of the Ebola virus to Uganda for The Conversation.

A five-year-old boy has died of Ebola virus disease in Uganda. It's the first recorded cross-border case in the current outbreak that started in the Democratic Republic of the Congo (DRC) in April 2018.

The DRC is where the Ebola virus was first discovered in 1976. And the country is no stranger to this menace – this is the ninth time it has had to contain the disease. Still, this outbreak is the second largest on record – and the second to have crossed into another country.

The last one to have done so was the largest recorded Ebola outbreak in history. It started in Guinea in 2014. By the time it was contained and stopped in 2016, it had spread to nine countries across three continents, infected more than 28,000 people and claimed over 11,300 lives, at a cost of US$53 billion.

That a new outbreak of Ebola virus would happen was a question of when, not if. Yet a situation as dire as the West African outbreak should not repeat itself given that many problems were solved in 2014-16. For starters, a vaccine with 97.5% efficacy should stop new outbreaks in their tracks.

Simple hospital laboratory tests to diagnose Ebola have also been distributed across Africa (the GeneXpert machine). New cases can be rapidly detected if early symptoms, such as fever, fatigue, muscle pain, headache and sore

throat, are recognised. Even a solution for screening suspected cases in the community or among travellers at border crossings is available. Any new Ebola outbreak should, in theory, never have involved more than tens of people. Today, the numbers in the Congo and Uganda stand at 2,071 cases and 1,396 deaths.

But the latest outbreak brings a new set of challenges. There have been armed attacks against healthcare workers and treatment centres have been firebombed.

Affected regions are in a war zone and local people have a deep distrust of the DRC government and Western healthcare volunteers. When the healthcare volunteers pulled out in fear of their lives in mid-March 2019, new cases of Ebola jumped from about 20 to roughly 80 a week.

Distrust of the central governments of Guinea and Sierra Leone, as well as the global response teams, was one of the biggest challenges during the West African outbreak. Engaging the local population to explain what they needed to do to protect themselves was perhaps more important than vaccines and diagnostics.

The same situation applies today, especially given the persistence of conspiracy theories and superstition. Many still believe that Ebola arrives after the healthcare workers turn up, and spiritual healing is still sought, sometimes even in public gatherings.

Tellingly, the child who recently died of Ebola in Uganda, is one of a family of six, all of whom fled a DRC Ebola virus isolation centre situated close to the Ugandan border. All exhibited symptoms of infection.

The Race is on

Even though neighbouring countries have been preparing for the risk of the disease spilling into their territories, these six patients still made it through border crossings unnoticed.

In 2015, among the Ebola media furor in the West and calls for international borders to be shut, a British nurse volunteering in Sierra Leone crossed into the UK with symptoms of Ebola. Symptom screening should have picked both

of these cases up, but checking people for things such as fever is neither foolproof nor effective. Yet a fast, reliable and affordable test for the virus called QuRapID is available, which could restrict international transmission via illegal border crossings. And, unlike the GeneXpert test, it can be operated by minimally trained people.

Thankfully, trained health workers in Uganda were quick to recognise symptoms in the six family members when they sought help at a regional hospital. Two members of the deceased child's family have been confirmed positive for Ebola.

The likelihood that some healthcare staff involved will contract the disease is low as they are among the 4,700 Ugandan healthcare workers vaccinated for Ebola virus. But vaccine stocks are running low. The race is on to restock the vaccine, engage the local population and trace the contacts of suspected cases to prevent further spread.

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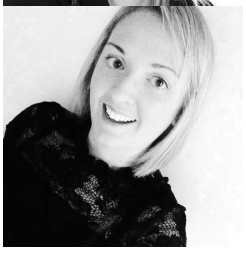

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