**2022 Ebola Outbreak in Uganda**

**Local Health Jurisdiction guide to Uganda traveler assessment and monitoring**

Background: There is currently an outbreak of Ebola Virus Disease occurring in Uganda.  This outbreak is caused by the Sudan strain of Ebola, which is different than the Zaire strain that caused the large outbreak in West Africa in 2014-2016.  The current outbreak is expanding, with cases currently located in 9 districts in Uganda. As of November 30, 2022, those districts are Bunyangabu, Maskada City, Mubende, Jinja, Kampala, Kagadi, Kassanda, Kyegegwa, and Wakiso. The risk of Ebola virus cases occurring in the United States is currently very low. However, as Ebola is a disease with high consequences, CDC recommends health monitoring of all travelers who arrive in the US and were in Uganda during the preceding 21 days.  CDC sends daily traveler notifications to MT DPHHS/CD Epi.

1) CD Epi will notify your local public health department (CD Epi Contact Lead, Secondary) by phone of travelers whose expected final destination is your county. Traveler information provided by the CDC to DPHHS is usually the traveler's name, birthdate, phone numbers, and email addresses. The recommended intensity of active monitoring (e.g., daily, biweekly, or weekly) depends on the findings from the initial risk assessment. For this reason, timely initiation of contact with the returning traveler is required (CDC recommends within 24 hours). If CD Epi is unable to get ahold of someone at your local public health department within 24 hours (excluding weekends or holidays), we will escalate to calling the lead local public health official for your jurisdiction. If we are still unable to contact anyone, DPHHS will attempt to reach out to the traveler and perform the risk assessment and monitoring until we are able to transfer the information to your local health department for continued monitoring.

2) It is the responsibility of the county or tribal health departments to contact the traveler and complete a risk assessment.  Sample questions are here (https://www.cdc.gov/quarantine/pdf/sample-Ebola-Exposure-Screening-Assessment-Tool-p.pdf). The key information to collect is:

   a) Was the traveler present in Uganda during the preceding 21 days? If yes, when was their last day in Uganda?

   b) Which districts in Uganda were they in?

   c) Did they participate in any high-risk activities (the list below is not exhaustive)?

      • Contact with blood or body fluids of someone who is suspected or known to have Ebola

      • Participation in funeral rituals of persons suspected or known to have Ebola

      • Caring for someone suspected or known to have Ebola (healthcare or home care)

      • Living in the same household as someone known or suspected to have Ebola

   These answers will determine how often monitoring is performed for 21 days following exit from Uganda.

   If a traveler was not in Uganda during the preceding 21 days, there is no need to monitor them. The table below lists monitoring by exposure category/risk assessment. More information is located here (https://www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html).

| Intervention | Reported High risk Exposure | Medium risk exposure: Present in Designated Outbreak Area | Low risk exposure: Present in Outbreak Country but not Designated Outbreak Area |
|---|---|---|---|
| Initial Risk Assessment | Yes | Yes | Yes |
| Health education | Yes | Yes | Yes |
| Symptom monitoring | Daily | At least twice weekly until 21 days after departure from Uganda | At least weekly until 21 days after departure from Uganda |
| Movement restrictions | Quarantine | None | None |
| Travel | Not permitted | Advance notification to health department and coordination with destination health department | Advance notification to health department and coordination with destination health department |

3) Report to CD Epi the districts the traveler was in and the risk assessment level.  For monitoring purposes, Day 0 is the day they last were in Uganda.  Monitoring is complete on Day 21.  The most up-to-date list of districts with cases is located here (https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html). This situation is evolving and the list of districts with cases may change frequently, so please check this for each new traveler.

4) Monitor the traveler based on their risk assessment for the full 21 days since they were last in Uganda. Educate the traveler of Ebola Virus Disease signs and symptoms. Instruct the traveler to call the local health department and isolate immediately if they develop any signs or symptoms consistent with Ebola.  The LHJ is expected to notify DPHHS immediately by calling CDEpi at 406-444-0273 (24/7 number).

5) Notify your local healthcare facilities and emergency services (Hospitals, Emergency Departments, EMS, 911 systems) that you are monitoring a traveler in your jurisdiction. This gives the healthcare facilities and emergency services an opportunity to assess their preparedness and take steps to ensure they are ready if a traveler or resident presents with signs and symptoms for Ebola Virus Disease and requires medical evaluation. CDC offers clinician-focused resources, including recommendations on Screening Patients.

- Be sure to have a conversation with the healthcare facility and emergency services about the overall risk for Ebola Virus Disease at this time.
- If the traveler is assessed to have had low or medium risk exposure, DPHHS does not recommend that public health share personal identifying information of the traveler with healthcare facilities or emergency services.

6) If local health jurisdictions are notified of an individual(s) who have signs or symptoms consistent with Ebola AND has a history of travel to Uganda in the previous 21 days but who have not been under monitoring, please notify DPHHS immediately at 406-444-0273.

7) After notification to DPHHS of a suspect EVD patient, DPHHS will coordinate with local public health and medical providers for a consultation with the CDC Emergency Operations Center on next steps, including testing.

More information on Ebola Virus Disease is available here (https://www.cdc.gov/vhf/ebola/resources/pdfs/ebola-factsheet-P.pdf).