

Second patient dies of Ebola in Uganda, as death toll climbs in DRC

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Uganda on Thursday recorded its second Ebola fatality after a family contaminated with the virus crossed from neighbouring DR Congo, prompting World Health Organization officials to prepare an emergency

meeting over the spread of the outbreak.

A woman infected with Ebola died a day after her five-year-old grandson, who had been checked into a hospital in the western Ugandan town of Bwera vomiting blood, succumbed to the virus.

It is the first known cross-border spread of the outbreak since it began in eastern Congo last August.

The 10-month epidemic has now killed more than 1,400 people in Democratic Republic of Congo, said officials, who have long warned of the danger of Ebola crossing borders.

The family had visited DRC to take care of a sick relative, who later died of Ebola, and then later crossed into Uganda with the lethal virus.

Six had "escaped" an isolation ward in DRC and returned to Uganda via an unofficial crossing on the porous border on Sunday, according to the UN's World Health Organization (WHO).

A health ministry official told AFP on condition of anonymity that the two victims had "attended the burial of an Ebola patient in Congo, but returned to Uganda".

Uganda's health ministry announced that five people, including a three-year-old with Ebola, had been sent back to DR Congo after coming into close contact with the two deceased victims.

At the Mpondwe border crossing, where 25,000 people move between the two countries daily, health officials carried out intensive screenings.

Travellers had to pass through thermal scanners to check their temperature and disinfect their hands.

"The outbreak is not a surprise. We expected it. People cross the borders all the time and interact a lot," said Dorcus Kambere 29, a Ugandan bar attendant.

Twenty-seven people who came into contact with the deceased have been placed under observation, the WHO said in a statement.

However the initial group affected had agreed to return to DRC so they could receive "family support and comfort" from their remaining relatives in Congo—including five already with Ebola, Uganda's health ministry said in a statement.

The infected three-year-old was repatriated by ambulance along with his father, mother, her six-month-old baby, and the nanny.

Porous border

East Africa has been on high alert since the outbreak was declared in the eastern DRC provinces of North Kivu and Ituri.

Uganda's Health Minister Jane Ruth Aceng said challenges remained stopping people crossing at "unofficial entry points" between Congo and Uganda, which share a porous 875-kilometre (545 mile) border.

According to the WHO, Uganda has vaccinated nearly 4,700 health workers in 165 facilities with an experimental drug designed to protect them against the virus.

Uganda has experienced several outbreaks in the past, most recently in 2012, while in 2000 more than 200 people died in an outbreak in the north of the country.

South Sudan has also declared a state of alert and vaccinated health

workers.

The European Union on Thursday announced emergency funding of 3.5 million euros (\$3.9 million) for Uganda and South Sudan to prepare for and fight the outbreak.

The WHO will hold an emergency meeting Friday to determine whether to declare the outbreak "a public health emergency of international concern"—a major shift in mobilisation against the disease.

The emergency committee had in October and again in April held off doing this, partly because the virus remained contained in one part of DRC.

The meeting comes as researchers on Thursday said half of all outbreaks of Ebola never get detected because the virus is predominantly confined to remote rural areas of central and western Africa and is often misdiagnosed or not diagnosed at all.

Researchers at the University of Cambridge used several independent datasets from the last major outbreak, in West Africa in 2013-2016, to simulate thousands of outbreaks.

The research, published in *PLOS Neglected Tropical Diseases*, showed the probability of an individual health worker detecting an isolated Ebola case was less than 10 percent.

"Knowing that Ebola is rarely detected within the first few cases emphasises the importance of having widely available infection control and diagnostic resources," Emma Glennon, from Cambridge's Department of Veterinary Medicine, told AFP.

Ebola spreads among humans through close contact with the blood, body

fluids, secretions or organs of an infected person.

Chimpanzees, gorillas, monkeys, forest antelope and porcupines can also become infected, and humans who kill and eat these animals can catch the virus through them.

The current outbreak is the worst on record after an epidemic that struck Liberia, Guinea and Sierra Leone between 2014-2016, leaving more than 11,300 people dead.

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