

The Health ministry has heightened efforts to contain the Ebola outbreak through tracing and isolating high-risk contacts.

BY TONNY ABET

The Ministry of Health has confirmed local transmission of Ebola Virus Disease (EVD) in Uganda, with health workers in major hospitals in Kampala among the most affected.

Local transmission marks a critical shift in the outbreak, signalling the disease is now spreading within the community rather than being imported from DR Congo.

Dr Charles Olaro, the director general of Health Services at the Ministry of Health, in an interview yesterday, said the country now has seven cumulative cases.

He said the ministry has heightened efforts to contain the outbreak through tracing and isolating high-risk contacts, increasing community awareness, and prevention.

"The first case, which is case 001, is the one that was a fatality, where some of our staff got exposed," Dr Olaro said. "Yes, there is a local transmission, because the driver who transported case one, I think, participated in helping. And then also the nurse who attended to [case 001] is the one who has turned positive."

Dr Olaro said most of the infected peo-

Govt confirms local transmission of Ebola

ple are the most affected.

"Also, we have had two other medical officers who have turned positive. The majority of the contacts who have been taken into isolation have been health workers," he said.

He spoke during the launch of Uganda Virus Research Institute's (UVRI) 90th anniversary celebrations at the ministry's headquarters in Kampala. UVRI has played a pivotal role in current and previous Ebola responses, amid research on HIV and other viruses.

Prof Pontiano Kaleebu, the director of the Uganda Virus Research Institute (UVRI), said this celebration provides an opportunity for UVRI to showcase their achievement over the last 90 years, where it discovered 40 viruses of public health concern.

He added that the launch marks the beginning of a series of commemorative engagements leading up to the main celebrations scheduled for July 21 to 22.

On local transmission, Prof Kaleebu said it is not a surprise in an outbreak of a contagious disease such as Ebola. But he said there is a need to increase efforts on prevention. "With an outbreak, it may not be surprising. But the good thing is, we don't have many of those. A lot of the transmissions we see were contacts of that index case from DR Congo," Prof Kaleebu said.

PATIENT DISCHARGED

Dr Olaro said they have discharged one of the Ebola patients after successful treatment. He said the person was the second Ebola patient. The first case, who had travelled from DR Congo for treatment, died in one of the hospitals in Kampala.

"But the second case, a lady, who was admitted in our isolation centre, has now been discharged because she has tested negative for Ebola two times, which means she is now free from Ebola," Dr Olaro said. According to information from the World Health Organisation (WHO), prior to discharging a confirmed patient from a treatment centre, there should be "two negative tests, from blood samples taken at least 48 hours apart."

"We have not had a lot of the local transmission. If there's been one, we need to minimise that."

Hospitals in Kampala hit

Dr Olaro, who declined to name the

affected hospitals over "confidentiality", said the ministry is avoiding halting operations to maintain essential services. Instead, he said they will focus on decontamination and working with hospital management to assess exposure and to determine the next course of action.

"We are cognizant of looking at the continuity of what we call essential services. Closing facilities is really the end of it. So we will want to first work with the management of these institutions," he said.

Dr Olaro explained how they are handling the matter.

"We want to see what the flow of the patients was and see what the level of exposure and that's when we will be able to make such decisions," he explained.

"But for now, we would want to do decontamination, disinfecting, and then services continue. And because there are patients who are already in the hospital, they cannot be brought out, probably we will need to be able to continue monitoring them," he added.

Dr Olaro also said they have already isolated the health workers who came into contact with the patients. He appealed for a high level of vigilance and index of suspicion among health workers so that they can detect a potential Ebola patient.

"The only way we can get on top of this job is for us to get any information from the public. If there is anybody with symptoms such as fever, vomiting, diarrhoea, and bleeding [please report]. If somebody has had recent travel or contact, or he has participated in a burial, then we should be able to get this information and be able to test," he added.

Background

Previous outbreaks of the Ebola Bundibugyo virus strain in Uganda (in Bundibugyo) and another one in DR Congo saw 30 to 50 percent of patients die.

But Dr Olaro is optimistic that in the current outbreak, the deaths will be curbed due to capacity and experience in preventing outbreaks and managing patients.

In the 2025 outbreak in Uganda caused by Ebola Sudan virus strain, up to 10 people who received supportive treatment recovered. There were 14 cases (12 confirmed and two not confirmed through laboratory tests (probable)), and four deaths (two confirmed and two probable).

Dr Olaro revealed the secret of preventing Ebola deaths. "Particularly for this Bundibugyo Ebola virus, it does not have vaccines and also does not have any therapeutics," he said.

"So we want to emphasise that most of the treatment is supportive. And if the patients are identified early and we start the supportive systems, the chances of surviving are much higher," he added.

Dr Olaro also said four patients are being treated while more than 100 contacts of known patients have been placed under quarantine in different hotels. Some people test positive after some days in quarantine because the disease manifests symptoms between two to 21 days.