Statement of Issue: Ebola Haemorrhagic Fever (EHF) is an emerging zoonosis (passed on from animals to humans). It is one of the most deadly haemorrhagic fevers. The number of people that die from EHF over a given period of time ranges from 34% to 88%. EHF has limited treatment options with no vaccine. Wildlife-human interface, the ability of the virus to infect multiple hosts and the use of primates (mammals that are humankind’s closest biological relatives) as food sources contributed to the emergence of EHF. The disease is characterized by high death rates and it causes social anxiety.

Background: EHF was discovered in 1976 in the Democratic Republic of Congo (DRC) around the River “Ebola” which it is named after. It has five sub-types, namely; Ebola Zaire (DRC), Ebola Sudan (Sudan), Ebola Ivory Coast (Ivory Coast), Ebola Bundibugyo (Uganda), and Ebola Reston (Reston, USA), all named after places where the sub types were first reported.

In Uganda, the first outbreak was reported in 2000 in the districts of Mbarara, Gulu and Masindi. From then to July 2012, Ebola claimed 280 lives in Uganda, including the 16 lives that were claimed in the latest outbreak in Kibale district. EHF occurs along humid rain forests in central and eastern Africa and could be due to the entry of people to the tropical rain forests where a variety of floras and faunas exist, that may serve as reservoirs of the disease.

Factors Associated with EHF: The movement of animals and people is one of the most important factors in the spread of Ebola. The manner in which the virus transmits from the reservoir to humans or to primates is not known although it has been observed that contact with infected primates transmits the virus to humans and the outbreak in primates is followed by an outbreak in humans. It is transmitted from person to person through contact with blood, tissue, body fluids, and secretions of infected persons, and also through contaminated needles and fomites (inanimate objects which can possibly harbour infectious organisms).

Despite previous studies conducted on Ebola, there is still no approved treatment or vaccine for EHF. The EHF outbreak in Uganda of 2007/8 occurred in Bundibugyo district, which is home to Semiliki National Park. The risk factors associated with acquiring EHF were attending funerals, having physical contact with suspected cases and visiting hospitals prior to illness. EHF outbreaks have some patterns of occurrence in terms of weather conditions, with most outbreaks occurring during the rainy season.

Until today the way the virus resides in the environment between outbreaks is unknown, although it is suspected that its natural reservoirs are some species of fruit bats. The incubation period of the disease varies from 2 to 21 days. Clinical manifestations include sudden onset of fever, weakness, headache, vomiting, diarrhoea, internal and external bleedings. The virus infects cells of the blood vessels and the heart, kidney, liver, spleen and lymph nodes. After which, the virus replicates at a very high rate. Patients who recovered from EHF had detectable levels of antibodies for a few years. After recovery, they continue to have health problems such as weight loss, weakness, auditory and mental problems.

Policy Recommendations: There should be support for extensive research, which is needed to make evidence based public health interventions. Detailed knowledge should be generated to enable a better understanding of the pathogens, the natural history of the diseases, their pathogenesis and their epidemiology. The generation of that basic knowledge will help in developing vaccines, diagnostic tools and guidelines for management and control of those diseases.

There should be cooperation between public health and the animal health sectors in Uganda. Communication between the two sectors can help detect, control and monitor zoonotic diseases.
Laboratories in the field of public health and animal health should work together by sharing expertise and technologies.

Organisations involved in the response to the Ebola outbreak should transfer capacity to national and district authorities to sustain the essential functions, including enhanced surveillance and response, psychosocial support and infection prevention and control in health care facilities.

Government should commit funds to improve the infrastructure of health facilities country wide so that they are in a better position to handle outbreaks. They should be equipped with basic facilities including protection for health workers. Lack of personal protective equipment has exposed health workers to the deadly virus leading to deaths.

All contacts of probable and confirmed cases must be followed up daily and must complete the recommended 21 days of monitoring for any possible signs or symptoms of Ebola before they are released from isolation.

The Ebola isolation facilities in Kibaale District Hospital and at Mulago National Referral Hospital in Kampala and throughout the country should always remain on stand-by for receiving any suspected cases.

Sources Consulted:


Centers for Disease Control and Prevention. 2012b. Nationally Notifiable Conditions and case definitions. Atlanta, GA.

Sources Consulted Continued:


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