EARLY INPATIENT SCREENING HELPED IDENTIFY EBOLA SUDAN VIRUS DISEASE CASES DURING THE 2022 OUTBREAK



ABSTRACT

Authors:

Kenneth Kobba¹, George William Wabwona², Halima Adam², Abdullah Wailagala¹, Privato Ainembabazi¹, Judith Nanyondo¹, Daniel Bulwadda¹, Mohammed Lamorde¹, Emmanuel Paul Batiibwe²

Affiliations:

- 1. Infectious Diseases Institute, Makerere University, Kampala,
- 2. Mubende Regional Referral Hospital, Mubende, Uganda

Introduction:

In September 2022, a Sudan Ebola Virus Disease (SUDV) outbreak was declared in Uganda following a 25- yearold man from Madudu sub-county in Mubende district testing positive for the virus. He had been admitted to the hospital four days before being confirmed positive. He had also visited two other health facilities earlier. We describe how early screening of inpatients supported efforts to limit the spread of SUDV at Mubende RRH.

Objective:

To describe the role of early inpatient screening and safe isolation in disease outbreaks

Methods:

The hospital team interviewed all patients admitted to the Emergency, Internal medicine, and pediatric wards and initiated daily inpatient screening for SUDV; moving forward in these three wards, hospital staff were oriented to support daily inpatient screening based on the case definition. The interview covered questions on the history of symptoms of Ebola, place of residence, history of attending burials, history of unexplained deaths in the family or area of residence, and health centers visited before coming to the regional referral. Patients whose responses had an epidemiologic or clinical link to the SUDV outbreak were isolated immediately, and the beds and rooms they occupied were disinfected and closed.

Results:

Ten patients were identified as having symptoms consistent with SUDV from the various wards. Of these, all had a history of fever and other symptoms consistent with EVD symptoms, five resided in the affected area, and two resided in neighboring sub-counties. These patients were immediately safely isolated, and their samples were sent for SUDV testing. 8/10 tested positive for SUDV. Of the 8 confirmed cases, 3/8 were from the internal medicine ward, 4/8 were from the accident and emergency ward, and 1/10 were from the pediatric ward. These patients were initiated on supportive treatment in the Ebola Treatment Unit.

Conclusion:

Inpatient screening and safe isolation of suspected cases should be initiated very early in outbreak response to ensure limited spread of the virus to health workers and other patients in the hospital wards.