



## Centers for Disease Control and Prevention Travel Notice: Uganda, Ebola Outbreak

Disease Outbreak

Africa > Uganda > Kampala

7/31/2012

**What Is the Current Situation?** The Ugandan Ministry of Health (MOH) has reported an outbreak of Ebola hemorrhagic fever in the Kibaale District of western Uganda. As of July 31, there have been 38 cases and 16 deaths. Five cases have been laboratory confirmed.

**What Is Ebola Hemorrhagic Fever?** Ebola hemorrhagic fever (Ebola HF) is a rare and deadly disease. The disease is native to several African countries and is caused by the Ebola virus. It is spread by direct contact with blood and/or body fluids of a person infected with Ebola virus.

It is also spread by contact with a contaminated object or infected animal.

Symptoms include fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. Skin rash, red eyes, and internal and external bleeding may be seen in some patients.

### **How Can Travelers Protect Themselves?**

There is no vaccine for Ebola and no specific treatment. Although travelers are at low risk for the disease, it is important to take steps to prevent Ebola HF.

Practice good hygiene. Avoid contact with blood and body fluids of infected people. Do not handle items that may have come in contact with an infected person's blood or body fluids. Avoid contact with animals. Seek medical care if you develop fever, headache, achiness, sore throat, diarrhea, vomiting, stomach pain, rash, or red eyes. Health care workers who may be exposed to people with the disease should follow these steps: Wear protective clothing, including masks, gloves, gowns, and goggles. Practice proper infection control and sterilization measures. For more information, see "Infection Control for Viral Hemorrhagic Fevers in the African Health Care Setting." Isolate Ebola HF patients from unprotected persons. Also avoid direct contact with infected deceased patients. **Clinician Information:** Ebola is a notifiable condition in the United States. Diagnosing Ebola HF in a person who has been infected only a few days is difficult because early symptoms, such as red eyes and a skin rash, are nonspecific to the virus and are seen in patients with other diseases that occur much more frequently. However, if a person has the symptoms described above, and infection with Ebola virus is suspected, isolate the patient and notify local and state health departments and CDC.

Antigen-capture enzyme-linked immunosorbent assay (ELISA) testing, IgM ELISA, polymerase chain reaction (PCR), and virus isolation can be used to diagnose a case of Ebola



HF within a few days of the onset of symptoms. Persons tested later in the course of the disease or after recovery can be tested for IgM and IgG antibodies; the disease can also be diagnosed retrospectively in deceased patients by using immunohistochemistry testing, virus isolation, or PCR.

There is no standard treatment for Ebola HF. Patients receive supportive therapy that consists of balancing the patient's fluids and electrolytes, maintaining their oxygen status and blood pressure, and treating them for any complicating infections.

**Additional Information:**

Ebola Hemorrhagic Fever (CDC Viral Special Pathogens Branch)  
Viral Hemorrhagic Fevers (CDC Yellow Book)