

Disaster Overview

- On 30 January 2025, the Ministry of Health declared an outbreak of Sudan Ebola Virus Disease (SVD) in Kampala, following the death of a healthcare worker at Mulago National Referral Hospital. This is Uganda's 8th Ebola disease outbreak since the year 2000. Six of the previous Ebola outbreaks were caused by SVD. The source of the current outbreak is still unknown.
- A total of nine cases and one associated death have been confirmed as of 11 February 2025. This includes mainly close family members of the index case and healthcare workers.
- The confirmed cases are being managed at the Ebola Treatment Centers at Mulago Referral Hospital and Mbale Regional Referral Hospital.
- There remains a major gap in community-based surveillance and contact tracing. As of 11 February, 265 contacts are under quarantine.

People Affected

1.35M

Source: IFRC/URCS Estimates

Contacts under quarantine

265

Source: Uganda MoH 11/02/2025

Confirmed cases

9

Source: Uganda MoH 11/02/2025

Fatalities

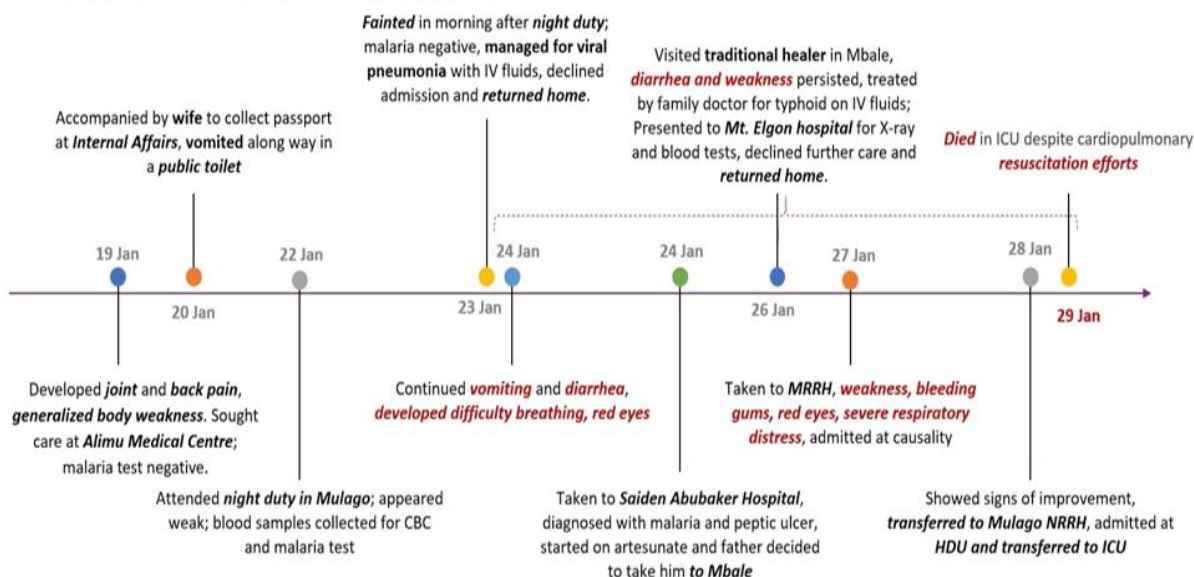
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Source: Uganda MoH

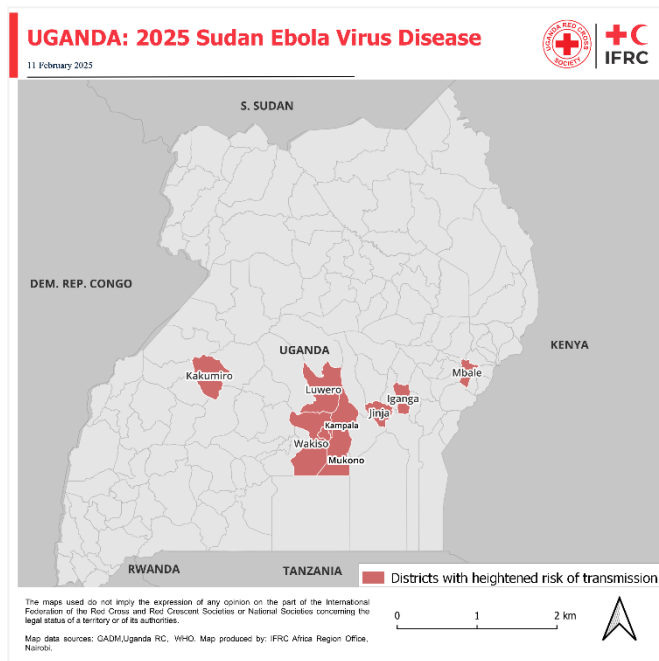
Timeline



Background-Timeline of events of the Index Case



SCOPE AND SCALE



The Ebola virus is transmitted either through close contact with infected animals or human-to-human transmission through contact with fluids of Ebola patients or contaminated surfaces. The source of the current outbreak is currently unknown.

The index case, a 32-year-old male nurse, presented with fever and other symptoms on 19th January 2025 and sought care at three healthcare facilities: in Kampala, Wakiso and Mbale district. He later died from complications associated with SVD on 29th January 2025 at the Mulago National Hospital. Three independent laboratories confirmed that it was a case of Sudan ebolavirus (SUDV). As of 11 February 2025, the Ministry of Health confirmed a total of 9 cases through lab testing. These include mainly close family members of the index case and healthcare workers.

On February 6, the Ministry of Health stated that the outbreak remains confined to specific areas in **Kampala** and **Mbale**. The dense population and international connections in Kampala and Mbale city could create a high-risk environment where the outbreak could spread rapidly if timely containment measures are not

implemented. The government has deployed comprehensive measures to control and prevent further spread of the outbreak. Other areas at risk include Wakiso, Jinja, Iganga, Luwero, Mukono and Kakumiro districts.

The current outbreak of Sudan virus disease has emerged when the already strained healthcare system is still responding to other disease outbreaks, including Mpox and cholera. Mpox outbreak has been ongoing in the country since mid-2024, with 2,671 confirmed cases as of 4 February 2025. Some high risk areas in the ongoing Ebola outbreak like Kampala also have ongoing mpox cases. Additionally, a cholera outbreak was also declared in Lamwo district near South Sudan in January 2025.

If the government imposes movement restrictions and overnight curfews in high-risk areas, this could disrupt livelihoods, and market access, resulting in heightened food insecurity. Access to markets for food and basic necessities could also be restricted, either resulting from market closures or mobility restrictions. In the previous Ebola outbreak in 2022, 53% of households in Mubende district could not purchase sufficient food after the government enforced market closures. Some school going children may also stop attending school for fear of contracting the virus, as well as lack of school fees following disruptions in livelihoods.

Humanitarian Conditions

Impact on accessibility, availability, quality, use and awareness of goods and services

Stigma and Discrimination: There is a high level of stigma associated with the Ebola virus. Some households with family members who have contracted Ebola face discrimination and segregation from the rest of the community. In extreme cases, they are denied access to basic goods and services. Fear of contracting Ebola in healthcare facilities also delays or hinders patients from seeking treatment in healthcare facilities for other illnesses such as malaria. This could result in higher malaria cases and fatalities.

Misinformation: Different forms of misinformation about the Ebola virus' origin and its treatment, as well as government conspiracies often spread quickly in lower income communities. In January 2025, misinformation about the SVD outbreak was spreading through social media platforms, with speculation among social media users that the government had engineered the outbreak with the aim of securing foreign aid.

Access to Healthcare: Limited access to healthcare in some areas, in conjunction with cultural beliefs, have made traditional healers highly sought after in treatment of Ebola. Traditional healers are often the first resort for many people seeking treatment and they have significant influence in shaping health seeking behaviors and attitudes. While many traditional healers have information about Ebola, they do not adhere to infection control practices and have no protective equipment. Therefore, the practice of visiting traditional healers could contribute to further spread of the outbreak.

Impact on physical and mental wellbeing

Health: The Sudan virus disease is often quite fatal to humans, with average case fatality rates of 50% [WHO 30/01/2025](#). The symptoms of Ebola, such as fever, fatigue, muscle pain, vomiting and diarrhoea can be difficult to differentiate from other diseases like malaria, typhoid fever and meningitis. The index case in the current outbreak was initially misdiagnosed as malaria in one of the health facilities he visited. Confirmation can only be done through specified diagnostic tests. Pregnant women are particularly at risk and face an almost 100% probability of loss of pregnancy or neonatal death of their foetuses if they contract SVD.

People in communities exposed to Ebola experience significant psychological effects resulting from isolation if they contract the virus and deaths of loved ones who contract the virus. The most prevalent psychological disorders among Ebola survivors are depression, post-traumatic stress disorder (PTSD) and anxiety. Following recovery from Ebola, survivors could experience depression and anxiety for up to two years or longer.

Livelihoods: Livelihoods of Ebola survivors are often disrupted as they undergo treatment in isolation facilities. In cases where farmers contract the virus, they are unable to tend to their farms for long periods during treatment and recovery, resulting in food shortages for their households. Some children from these households may be left unattended for extended periods, as their guardians seek treatment.

Aggravating Factors

Lack of government communication: Following the Ministry of Health's declaration of an Ebola outbreak, the government has mainly shared only general information about the ongoing outbreak. At this stage, the Ministry of Health will reportedly share situational reports on the number of cases every bi-weekly, rather than daily. However, provision of reliable and timely data on the cases and demographics affected is crucial in identifying trends and implementing more effective and targeted response.

Pause in US foreign aid funding: The 90-day freeze on US foreign aid funding is likely to result in significant gaps in funding for the 2025 Ebola outbreak. During the 2022 Ebola outbreak, USAID and US CDC were among the top three donors funding the response, contributing 45% of total funding. The pause in US funding has also affected human resources in hospitals, with at least 1,000 medical staff estimated to have lost their jobs. Given that Uganda's doctor-patient ratio is 1:25,000 (well below WHO's recommended ratio of 1 doctor to 1,000 patients), this recent loss of medical staff will further affect the quality of healthcare provision in the country.

Weak ambulance systems: While Uganda has parallel ambulance systems run by government and non-government organisations, they are not always sufficient to support all emergency cases. Some government ambulances are not staffed with medical personnel. During the 2022 Ebola outbreak, the number of ambulances was not sufficient for both Ebola and other emergency cases. There were instances where pregnant women gave birth without medical support since ambulances were not available. One of the key challenges Uganda Red Cross experienced in the response for previous Ebola outbreaks was the limited number of ambulances available in the districts of intervention.

Projected Outlook

- WHO assesses the risk as high at national level and high at regional level given the interconnectivity of regional countries. Frequent population movements between Kampala and major towns in neighbouring countries either by land or air could heighten the risk of spread of the outbreak to neighbouring countries.
- During the 2022 Ebola outbreak, frequent inter-district population movements facilitated spread of the outbreak from the epicentre to neighbouring districts. Similarly, this ongoing outbreak may spread to nearby districts through these population movements and transit to and from nearby districts. The use of transport means such as *bodaboda* and other forms of public transport make it very convenient to travel between districts.