

# Regional Readiness and Response to Filovirus disease outbreaks in the Region: Marburg in Tanzania Ebola in Uganda



World Health  
Organization

African Region



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5<sup>th</sup> February 2025

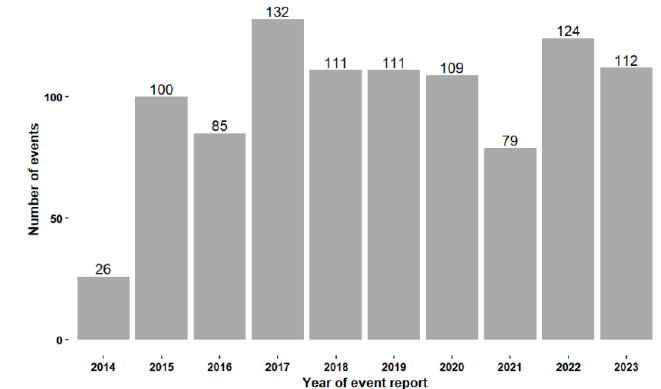


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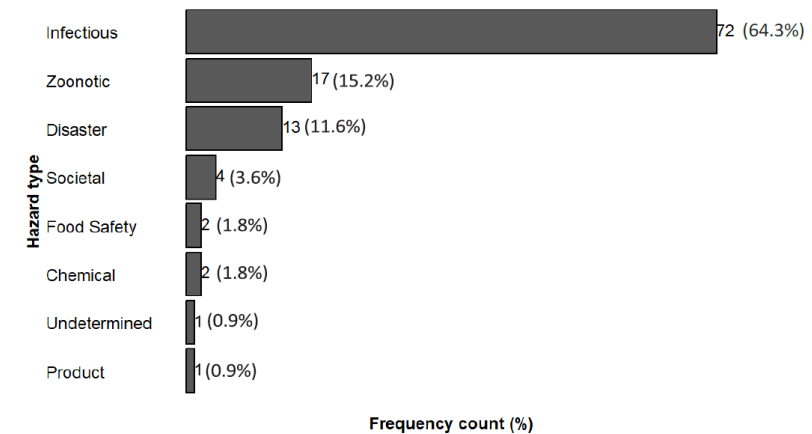
# Overview of Emergencies in AFRO

- The African region reports the **highest number of health emergencies** of all the WHO regions every year: an average of **2-3 new events every week**.
- In the last 22 years an average of 102 public health events are recorded yearly in the region
- The region faces the deadly triad of:
  1. Infectious **disease outbreaks**( **92% of all events in last two decades**)
  2. Climate-related **natural diseases**
  3. Conflict-related **humanitarian crises**
- As of 3 February 2025 ,**89 events (57 disease outbreaks and 32 humanitarian events)** are being monitored in the WHO African Region.(**15 require operational response**)
- Major ongoing events include
  - Mpox outbreaks in 16 member states(PHEIC)
  - [Marburg virus disease in Tanzania](#)
  - [Sudan virus disease in Uganda](#)
  - Cholera in 18 countries
  - Dengue in 7 countries
  - and humanitarian crises in Northern Ethiopia, the Sahel (including the West/Central Africa floods), DRC, and South Sudan
  - Cyclone Chido: 3 countries

Trend of public health events in the African region reported to WHO, 2014 – 2023



Acute public health events by hazard type, WHO African region, 2023



# AFRO high-risk countries' readiness dashboard – progressive increase in readiness

ONN Choose Language: English

World Health Organization African Region

### Mpox Disease Consolidated Country Readiness Checklist

DEAR RESPONDENT, PLEASE FIND BELOW A SET OF INDICATORS FOR THE ASSESSMENT OF COUNTRY READINESS FOR MPOX DISEASE. PLEASE KINDLY RESPOND TO ALL QUESTIONS BEFORE SUBMITTING. FOLLOWING YOUR SUBMISSION, YOU SHALL RECEIVE A CONFIRMATION EMAIL TO THE EMAIL ADDRESSES PROVIDED WITH A LINK TO A SUMMARY ANALYSIS AND REPORT OF YOUR COUNTRY READINESS PROFILE. THANKS FOR YOUR KIND PARTICIPATION!

REGARDS

SELECT COUNTRY  
none selected

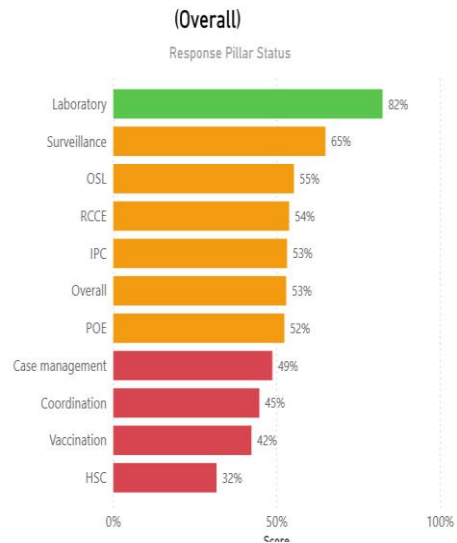
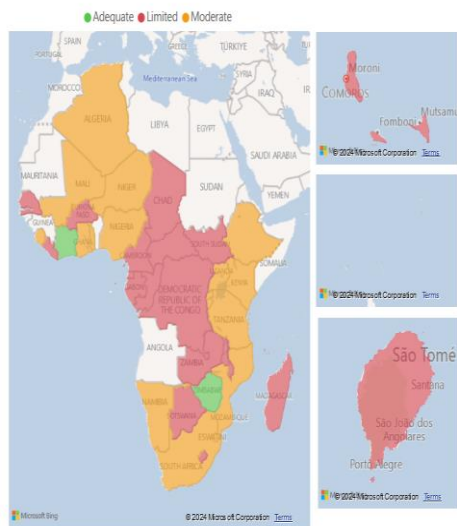
DATE OF DATA ENTRY  
yyyy-mm-dd

IS THERE A CONFIRMED CASE OF MPOX DISEASE IN YOUR COUNTRY?  
 Yes  
 No

LABORATORY

IS THERE AT LEAST A FUNCTIONAL NATIONAL REFERRAL LABORATORY IN EXISTENCE WITH MOLECULAR BIOLOGY CAPACITY FOR MPOX DISEASE DIAGNOSIS USING PCR/RT-PCR IN EXISTENCE?  
 Yes  
 No

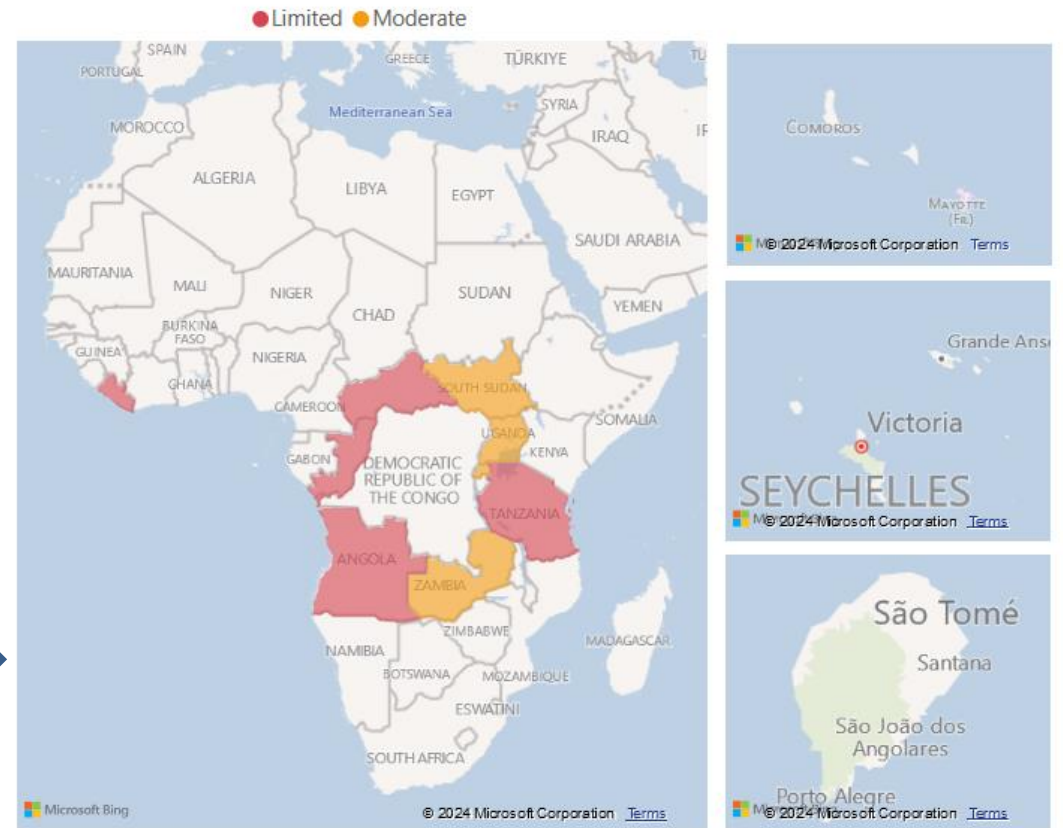
WHO African Region: Monkeypox Readiness Status [2022v2]



## WHO African Region: Mpox Readiness Survey [2024v2]

Data Period

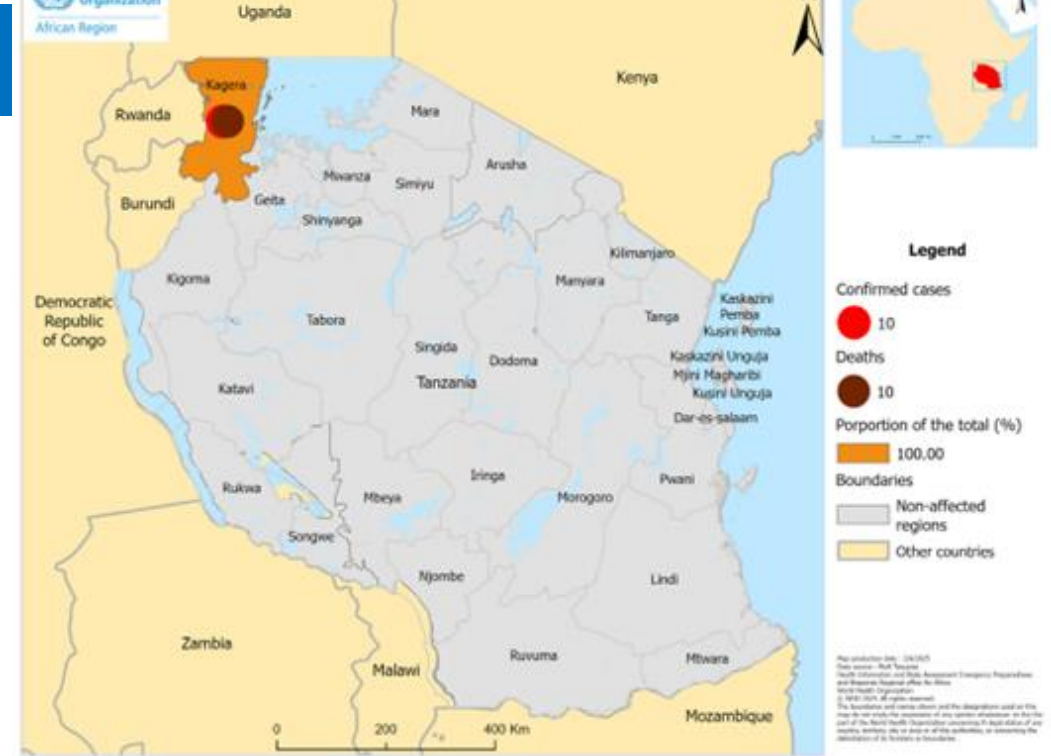
2024



# Filo Outbreak Readiness | Situation as of 04 February 2025

## Priority countries for filovirus readiness based on risk assessment

Category	Criteria	Member states	Actions
Priority 1	Countries with active outbreaks and direct border with affected district	Tanzania, Burundi, DRC, Uganda, Rwanda, Kenya	Response actions if outbreak is confirmed, Application of Minimum operational requirements +recommended readiness actions
	Neighbouring countries with high risk of cross border spread (high traffic travel to affected country, refugees present etc.)	South Sudan, Mozambique, Malawi, and Zambia	
Priority 2	Countries with direct air travel connections, and connectivity among communities that migrate for trade, tourism, and other reasons with with priority 1a countries*** (by other travel modes including roads and train)	Ethiopia, South Africa, Angola, Namibia, and Botswana	Application of Minimum operational requirements +recommended readiness actions+ risk monitoring
Priority 3	All other regional member states	All other regional member states	Risk monitoring



### Ongoing Activities in Countries:

- **SVD/MVD readiness assessments:** so far, 8/10 countries submitted their MVD assessment (**overall readiness is 59%**)
- **Development of Contingency plans**
- **PHEOC and IMS activated** to coordinate readiness (**training sessions for field RRTs** in high-risk districts)
- **Heightened surveillance** at community & health facility (Public & private) and disseminated a cases definition
- **Revision of SVD/MVD management guidelines** and SOPs ongoing/finalized
- **Enhanced IPC** in health facilities(priority districts)
- **Dissemination of key messages** using various channels, including local radio stations and through community leaders
- **Screening** travelers at POEs
- **Cross-border collaboration**(share information, strengthen POE and Surveillance)

# Filoviruses (FVD) Readiness in AFRO 8 priority countries, January 2025

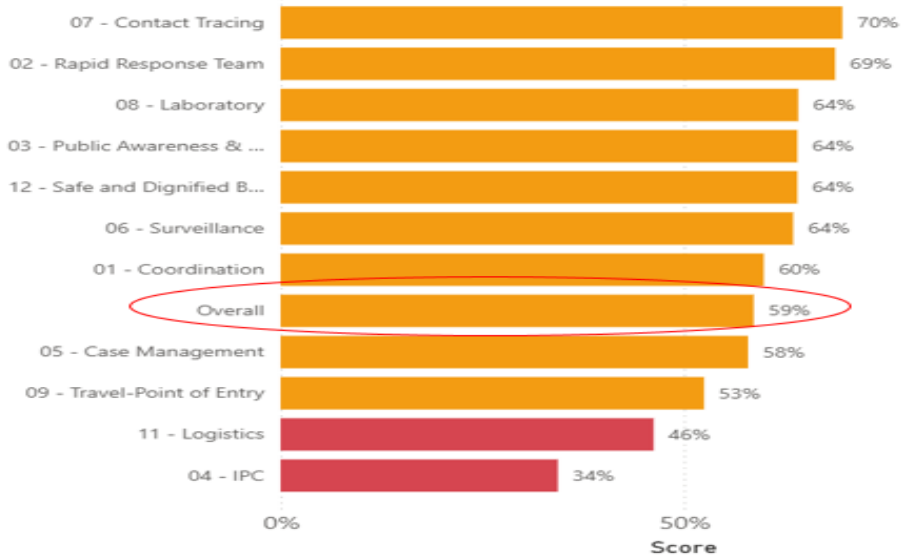
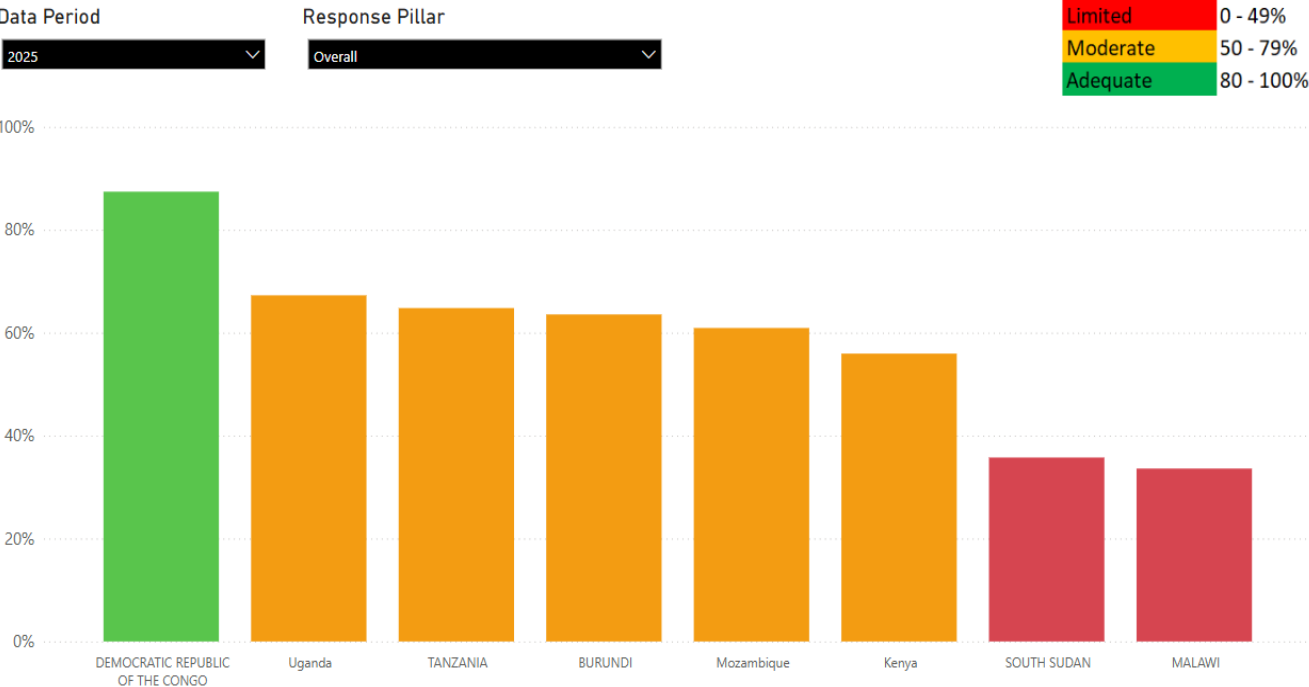


Table of values:

Region: WHO African Region | Data Period: 2025

Data Period	01 - Coord	02 - RRT	03 - Awareness	04 - IPC	05 - Cas Man	06 - Surv	07 - C. Tracing	08 - Lab	09 - PoE	11 - OSL	12 - Safe Bur	Overall
<b>2025</b>												
BURUNDI	45.8%	90.0%	37.5%	50.0%	90.9%	58.3%	85.7%	53.3%	60.0%	40.0%	87.5%	63.6%
DEMOCRATIC REPUBLIC OF THE CONGO	87.5%	80.0%	100.0%	91.7%	90.9%	83.3%	71.4%	86.7%	90.0%	80.0%	100.0%	87.4%
Kenya	62.5%	80.0%	62.5%	25.0%	27.3%	41.7%	71.4%	80.0%	40.0%	25.0%	100.0%	55.9%
MALAWI	37.5%	30.0%	50.0%	8.3%	0.0%	50.0%	57.1%	26.7%	20.0%	40.0%	50.0%	33.6%
Mozambique	70.8%	70.0%	75.0%	16.7%	72.7%	66.7%	85.7%	80.0%	60.0%	35.0%	37.5%	60.9%
SOUTH SUDAN	33.3%	70.0%	37.5%	0.0%	27.3%	58.3%	14.3%	60.0%	40.0%	40.0%	12.5%	35.7%
TANZANIA	58.3%	50.0%	75.0%	33.3%	72.7%	91.7%	100.0%	46.7%	60.0%	50.0%	75.0%	64.8%
Uganda	83.3%	80.0%	75.0%	50.0%	81.8%	58.3%	71.4%	80.0%	50.0%	60.0%	50.0%	67.3%



# Marburg virus disease - Tanzania

## Situation Update as of 4 Feb 2025

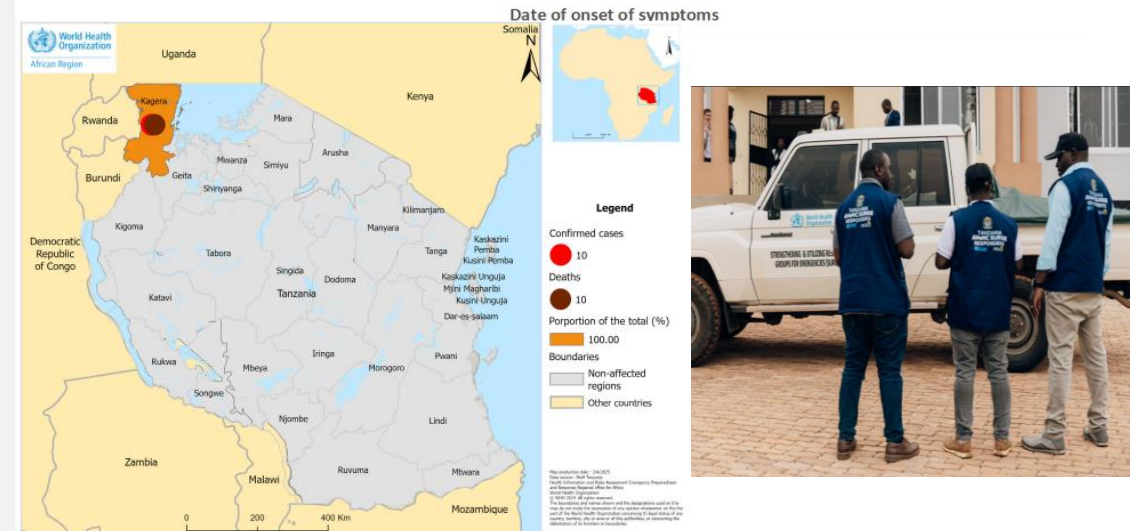
- **02 confirmed cases, 08 probable and 2 confirmed deaths**; CFR 100%
- Index case had symptom onset on 9 Dec 2024 and died on 16 Dec 2024.
- The reported cases range in age from 1 to 75 years, with a median age of 30 years.
- Females account for 70% of the total cases.
- Last confirmed case died and was buried on 28 Jan 2025
- The outbreak affected only one village in Ruziba Ward, Biharamulo DC - Kagera region
- **198** alerts cumulatively reported out of which 79 were classified as suspected cases, 77 of whom tested negative
- **281** contacts listed of which 21 are still under follow up

## Response

- Emergency Coordination Mechanisms activated at national and district level
- Epidemiological investigation, active surveillance and contact tracing
- WHO has deployed 5 experts, repurposing of WCO staff to support all pillars
- WHO supported establishment of one treatment center in Biharamulo - 25-bed capacity with 25 HCWs drawn from various hospitals providing services
- Provided 2 VHF kits and other supplies

## Challenges

- The source of the outbreak is still unknown



# Sudan virus disease- Uganda

## Situation update

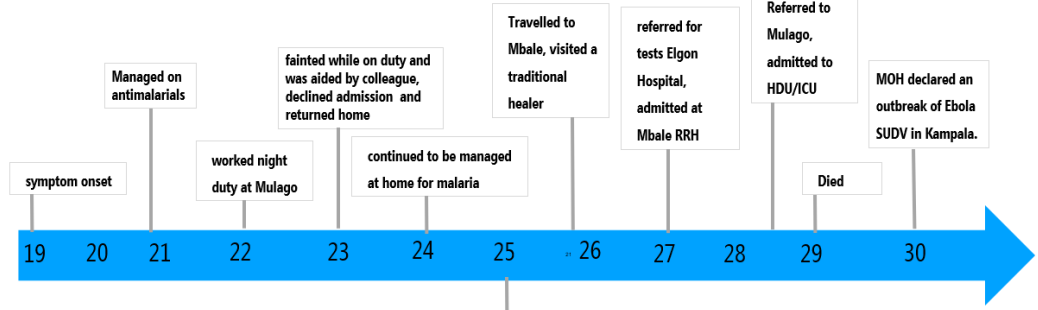
- On 30 Jan 2025 MoH Uganda confirmed an outbreak of Sudan virus disease (SVD) in Kampala, following lab confirmation from three national reference laboratories.
- Uganda’s 8th Ebola disease (EBOD) outbreak, 6 of which had been due to SVD
- Index case, 32-yr-old male nurse at Mulago National Referral Hospital, who developed symptoms 19 January, died 29 Jan 2025, buried 31 Jan by SDB protocols
- As of 4 Feb, a cumulative **of 7 confirmed cases have been reported**, including 6 on admission and 1 died (CFR - 14.3%)
- 2 main clusters - family cluster of index case and health facility cluster
- Confirmed cases have been reported from Kampala, Wakiso, Mbale and Jinja.
- Cumulatively 298 contacts have been listed from several districts.
- Following a risk assessment - 8 districts are classified as very high-risk and 9 as high risk
- 144 samples tested by the reference labs, so far 7 tested positive by PCR

## Response

- National PHEOC, Taskforces activated and response plan developed
- WHO has deployed several experts to support the ongoing response led by MoH
- Strengthened alert management and rapid diagnosis through the mobile lab in Mbale.
- Supported the deployment of RRTS and national EMTs for clinical care in Kampala and Mbale.
- A vaccine trial** has been successfully launched on 3 Feb at Mulago with the support of WHO.
- Ring IPC strategy activated
- Risk communication and community engagement

## Challenges

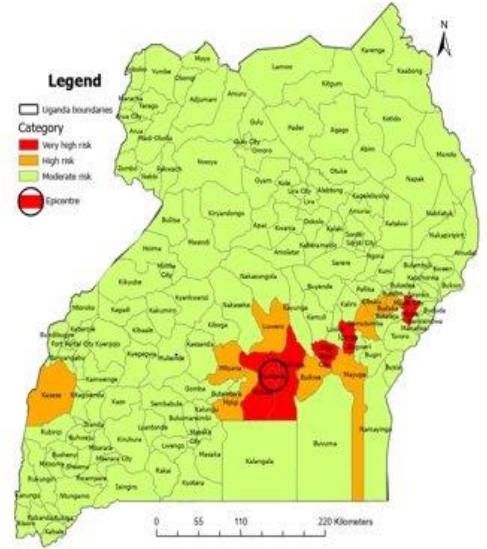
- The source of the outbreak is currently unknown and Funding challenges



Rapid risk assessment has been conducted

Presence of confirmed cases (Epicentre): Kampala

- Very high risk : 08 districts
- High risk: 09 districts
- Moderate risk (128 – rest of the country)



# Factors with potential to drive transmission - Uganda

- **Potential existing multiple exposures:** Index case, had sought care at multiple HFs across 06 districts and at a traditional healer before his diagnosis – Health facilities and community (05 HFs, University & passport office, other public places)
- **Means of transportation** - majorly public transport (boda-boda/motor bike)
- **Health care-associated infections** – Health care workers and patients on same wards (with possible sub-optimal IPC measures) where he had multiple manipulations are potentially exposed
- **Frequent cross-border movements** – travelers, traders, refugees, migrants from DRC, Rwanda, South Sudan, Kenya
- **Strained health system** – Same teams doing contact tracing for Mpox and SVD and presence of other concurrent outbreaks of Crimean-Congo Hemorrhagic Fever (CCHF), cholera, measles and yellow fever
- **Traditional/cultural beliefs and behavioral attitudes:** Visit to traditional healers when sick, traditional burial rites. HCWs practicing self- medication rather than report symptoms)



# Ongoing Response - Uganda

## Coordination

- High level WHO leadership and commitment, with the in-country presence of the Dr. Mike Ryan, the Deputy Director General and Executive Director for WHO Health emergencies
- EOC was activated at MOH which is, leading and coordinating the heightened surveillance and response efforts.
- Setting up coordination structures with partner involvement activated at national and subnational levels
- Integration of PRSEAH into response activities

## Public Health Measures (at the epicenters)

- **Institutional quarantine** established for high risk and hard-to-manage contacts
- Mandatory safe and dignified burial for confirmed and probable cases

## Surveillance, PoE

- Case investigation teams, rapid response teams and contact tracing teams operational in all affected districts
- **Ongoing In-depth investigation** into the chains of transmission and linkages
- **Exit screening** is ongoing at Entebbe International Airport and six Points of Entry (PoEs) to mitigate cross-border transmission with the support of WHO.

## Laboratory

- 144 samples tested for SVD by PCR
- **Genomic sequencing – outbreak results from a zoonotic spillover event** and is closely related to the 2012 Luwero outbreak.(not linked to 2022 outbreak)

## Case Management

- 03 Treatment units set up: Mulago, Mbale and Matuga
- Strengthening of treatment unit and supportive care
- Use of **Remdesivir on compassionate** use for confirmed cases
- Ongoing MPHSS support to all patients admitted in isolation unit and quarantine

## Infection Prevention and Control

- Training of HCW managing patients and SDB teams in KMA, Mbale activated
- Ongoing assessment and improvement of IPC in both private and public facilities

## Research

- Launch of the Tokomeza clinical trial on Monday 3 Feb 2025 at Mulago with support from WHO(**within 4 days of outbreak declaration**)
- **Therapeutics: Clinical trial of MBP134 to start soon**

## OSL

- WHO provided essential supplies Ongoing assessment of needed supplies and stock levels

## RCCE

- Review , translation and dissemination of messages
- Ongoing sensitization and awareness creation in communities

# Lessons and recommendations

## Lessons

- **Investments during previous outbreaks:** Strengthening national capacities leading to progressive improvement in **coordination**, field epidemiology, **laboratory testing** including **genomic sequencing**
- **Integrating research in preparedness and response:** Early engagement with regulatory entities and having **ready trial protocols facilitated** rapid implementation of RCT.
- Rapid and comprehensive response( rapid identification of contacts , follow-up, clinical care, IPC and other public health measures)

## Recommendations

- **Resource mobilization** to meet the response needs
- Strengthening response across all pillars
- **Integration of response to the multiple ongoing outbreaks** including mpox, Crimean-Congo Hemorrhagic Fever (CCHF), cholera, measles and yellow fever.
- **Scaling up operational readiness** in neighboring countries.
- **Continued investment in R&D** of counter measures against VHF





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# Thank you



**EPR** Emergency Preparedness  
and Response

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