

## Ebola Disease

Updated Information for ACT Clinicians – 15 Nov 2022

### Key Points

- There is currently an outbreak of Ebola disease caused by *Sudan ebolavirus* in Uganda.
- The risk to Australia from this outbreak is very low.
- Clinicians managing travellers who have returned from Uganda or surrounding countries in the last 21 days should be aware of symptoms and alert to the possibility of Ebola disease.
- If you suspect a case of Ebola disease, isolate the patient immediately and urgently notify the Communicable Disease Control (CDC) Unit of the Health Protection Service (HPS) on (02) 5124 9213.

### What is the situation?

- There is an ongoing outbreak of Ebola disease caused by the *Sudan ebolavirus*, which started in Uganda in September 2022.
- There are six species of the genus *Ebolavirus*, of which *Sudan ebolavirus* is one.
- The observed case fatality rate for *Sudan ebolavirus* is 40-60% and there are no licensed vaccines or therapeutics for prevention and treatment of disease.
- The risk to Australia of an outbreak of Ebola disease is considered to be very low.

### How is it transmitted?

Similar to other viruses that cause Ebola Disease, *Sudan ebolavirus* can be spread through:

- **Direct exposure to bodily fluids** such as blood, saliva, breast milk, faeces, urine and sweat of an infected person or animal, alive or dead. Transmission can still occur via body secretions following clinical recovery.
- **Close contact with infected patients** without appropriate PPE.
- **Having unprotected sexual contact** with infected people up to 12 months after recovery.
- **Participating in traditional burial ceremonies** in some areas of Africa.
- **Hunting, handling or eating of 'bushmeat'** in some areas of Africa.

### Symptoms

- The incubation period for Ebola disease is 2 to 21 days.
- Early symptoms include sudden onset of fever, fatigue, muscle pain, headache and sore throat.
- Later symptoms include vomiting, diarrhoea, confusion, bruising, rash, cough and collapse.
- In some cases, it can affect liver and kidney function, and cause internal and external bleeding.

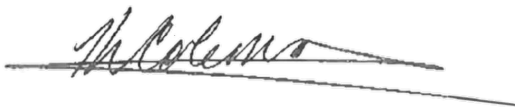
## Actions for clinicians in the ACT

- While Australia is well prepared and the risk of importation to Australia is very low, health professionals should be alert to the possibility of Ebola disease in unwell travellers who have visited Uganda in the past 21 days.
- **If you suspect your patient may have Ebola disease:**
  - Isolate the patient immediately in a single room and restrict entry to the isolation room.
  - In a hospital setting, immediately notify the Infection Prevention and Control service and the hospital executive and follow their directions.
  - Urgently contact the Communicable Disease Control Section at the Health Protection Service by phone on (02) 5124 9213.
  - If the patient requires immediate or supportive care, clinicians should undertake a risk assessment to determine the risk of exposure to body fluids and don appropriate PPE before returning to the room, such as a fluid repellent P2 or surgical mask, eye protection (face shield or goggles), disposable long-sleeved fluid-resistant gown, and two pairs of disposable gloves. Nitrile gloves are preferred, and the outer glove should have a long cuff.
  - Do not collect blood or other clinical samples until advice is received from Clinical Microbiology at ACT Pathology.

## Additional information about Ebola Disease

More information is available from:

- [Australian Government Department of Health and Aged Care – Ebola resources](#)
- [ICEG Infection prevention and control principles and recommendations for Ebola virus disease](#)
- [Ebola Virus Disease \(EVD\) - CDNA National Guidelines for Public Health Units \(SoNG\)](#)
- [World Health Organisation – Ebola Disease caused by Sudan Virus – Uganda – 28 October 2022 update](#)



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