

<b>DATE:</b>	20 January 2023
<b>TO:</b>	All Physicians and Clinicians
<b>FROM:</b>	Alberta Precision Laboratories (APL) – Public Health Laboratory
<b>RE:</b>	<b>Viral Haemorrhagic Fever Testing and Outbreaks</b>

---

## PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

---

### Key Message

- On January 11, 2023, the country of Uganda, in collaboration with the World Health Organisation (WHO), declared an end to the Ebola outbreak caused by the Ebola virus in that country.
- This declaration comes approximately 4 months since the first case was announced in September 2022.
- As a result, the likelihood of Ebola viral haemorrhagic fever (VHF) in those patients returning from Uganda is very low or unlikely.
- Laboratory testing ordering can proceed as normal for patients with this travel history.
- The process of evaluation of any patients suspect for a VHF or other Risk Group 4 pathogen always starts with a consultation with the local Medical Officer of Health (MOH).

### Background

- In September 2022, authorities in the East Central African country of Uganda declared an outbreak due to Ebola virus haemorrhagic fever (Sudan strain). On January 11, 2023, the Government of Uganda, in collaboration with the World Health Organisation, declared this Ebola outbreak to be cleared (<https://www.afro.who.int/countries/uganda/news/uganda-declares-end-ebola-disease-outbreak>). This means that the country of Uganda has gone for two viral incubation periods (42 days in the case of Ebola virus) without any detected cases in the setting of high vigilance, surveillance, contact tracing, and infection prevention and control measures.
- Due to swift measures implemented by the Government of Uganda and other groups, the outbreak was brought under control rapidly within an approximate 4-month period since the detection of the first case. Overall, there were 164 cases (142 confirmed and 22 probable) with 55 deaths and 87 recovered patients.

### Why this Is Important

- Patients who present with fever or other symptoms soon after returning from the country of Uganda are no longer considered at epidemiologic risk of infection due to Ebola virus.
- Laboratory testing of these patients can proceed as per routine.

### Action Required

1. Previously implemented enhanced screening measures for a travel history to Uganda in the last 21 days can be stopped. This refers to the enhanced screening measures outlined in the previous laboratory bulletin released in response to the above-described Ebola viral haemorrhagic fever outbreak in Uganda.



2. Testing of patients with a travel history to Uganda in the last 21 days can proceed as per routine operating procedures.
3. It is still important to ensure that the appropriate travel information, as outlined in the APL Test Directory, is provided for all malaria test requests.
4. Healthcare workers are always advised to practice vigilance and conduct point-of-care risk assessments when interacting with patients.
5. Anytime there is suspicion or consideration of a viral haemorrhagic fever (VHF) or Risk Group 4 pathogen in the differential diagnosis of a patient, immediate consultation with the Medical Officer of Health (MOH) is advised. This process remains unchanged.

**Inquiries and feedback may be directed to**

- Dr. Jamil Kanji, Medical Microbiologist, Public Health Laboratory, Alberta Precision Laboratories ([jamil.kanji@ahs.ca](mailto:jamil.kanji@ahs.ca)).

**This bulletin has been reviewed and approved by**

- Dr. Graham Tipples, Medical and Scientific Director, Public Health Laboratory, Alberta Precision Laboratories