

Case Definition for Suspected Ebola

Any person with **fever of acute onset**

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One or more of the following:

Vomiting, Diarrhea, Abdominal pain,
Headache, Sore throat, Measles-like rash,
Red eyes, Bleeding from body openings

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History of travel to Uganda or **contact** with
somebody from Uganda within the last 3 weeks

This case definition is applicable for surveillance during this period of preparedness and response to the outbreak in Uganda **only**. The country's Routine surveillance case definition can be found in the IDSR Technical Guidelines Annex 1A (downloadable at www.ddsr.or.ke resources section).

If any patient fits this criteria, the following steps should be taken:

1. Notify the next level immediately or call DDSR hot lines **0732 35 35 35/ 0729 47 14 14**
2. Use standard infection prevention and control measures:
Put on personal protective clothing that should comprise of a head cover, goggles, mask, gown, apron, two pairs of gloves, and rubber boots
3. Isolate the patient
4. Withdraw 5 to 10 mls of blood in a plain sterile tube or vacutainers
5. Fill the Integrated Case Based surveillance form (MOH 502)
6. Triple package the specimen as **whole blood** and transport to KEMRI Centre for Viral Research lab in a cooler box (Attention: Dr Rosemary Sang 0722759492 or Victor Ofula 0722899066). If the sample cannot be transported immediately, refrigerate but do not freeze. The specimen should be accompanied by the filled Case Based surveillance form (MOH 502).
7. Inform anyone handling the specimen that they are handling potentially infectious materials
8. Restrict/limit the number of medical and support personnel visiting or seeing the patient.
9. Stop cleaners going to the isolation room
10. Stop relatives from visiting the patient.
11. Keep the waste disposals in buckets of 2% sodium hypochloride (jik) solution
12. Avoid contact with your body parts (e.g. scratching)
13. Create an adjacent room for staff changing of clothes. As soon as you leave the isolation room change all clothes
14. Follow nursing staff for 21 days after the last contact with confirmed patients