

## Keeping an eye on Ebola Virus Disease

Between June and November 1976, the medical world was baffled by an outbreak of a ferocious haemorrhagic disease in Nzara, South Sudan (then part of Sudan). The disease subsequently spread to Maridi and Tombura towns. The World Health Organization (WHO) responded to the call by the Sudan government for support by sending a team of epidemiologists and doctors to investigate. The team from Sudan who participated in the investigation from the Ministry of Health in Juba were Dr Isaiah Mayom Deng, Dr Oliver Duku, Dr Anthony Lagu Gillo, Dr Pacifico Lolik, Dr William Renzi Tembura and Dr Noel Loo Warille. Two colleagues joined the team from the Ministry of Health in Khartoum: Dr Babiker el Tahir and Dr Ali Ahmed Idris <sup>[1]</sup>.

It was quickly established that it was a new disease. The focus was found to be a cotton factory in Nzara and those closely related to the patients were the most at risk due to close contacts. By the end of the period, there were 284 cases; 67 in the source town of Nzara, 213 in Maridi, 3 in Tombura, and one in Juba <sup>[1]</sup>. Unbeknown to them, a similar outbreak was taking place in the DR Congo (formerly Zaire) in a place called Yambuku. Although initially thought to be the same outbreak, it was later established that the strains of the virus were different, subsequently named Sudan and Zaire strains. These were the first outbreaks of what became known as Ebola Virus Disease (EVD) - see EVD overview on page 100.

South Sudan went on to experience two more outbreaks in 1979 <sup>[2]</sup> and 2004 <sup>[3]</sup>. Uganda and DR Congo have had several outbreaks of EVD as well. The most devastating outbreak of EVD was the West African outbreak in Guinea, Liberia and Sierra Leone starting in 2014. It was the first outbreak in the region and by May 2016 there were 28,616 suspected cases reported and 11,310 deaths <sup>[4]</sup>.

Although South Sudan has been spared a serious outbreak for decades, the emergence of EVD in the DR Congo in 2018 is a cause for concern. It requires vigilance and constant surveillance preparedness. The establishment of a national task force by the Ministry of Health (MoH) in South Sudan with support from WHO and partners is a step in the right direction (see “Ebola on our doorstep” page 103). The capacity for early detection and response is key in dealing with EVD. South Sudan will continue to be at risk for a long time to come and the MoH will have to be ready in case of an outbreak.

### References

1. World Health Organization. Ebola haemorrhagic fever in Sudan, 1976 - Report of a WHO/International Study Team. Bull World Health Organ. 1978; 56(2): 247-270
2. Baron RC, McCormick JB, Zubeir OA. Ebola virus disease in southern Sudan: hospital dissemination and intrafamilial spread. Bull World Health Organ. 1983; 61(6): 997-1003
3. World Health Organization. Ebola haemorrhagic fever in South Sudan - update. World Epidemiological Report, No. 43, 2005, 80, 369-376
4. World Health Organization. Ebola Virus Disease, Situation Report 2016

THE  
CAPACITY FOR EARLY  
DETECTION AND  
RESPONSE IS KEY IN  
DEALING WITH EBOLA  
VIRUS DISEASE

---

**Edward Eremugo Kenyi**

Editor-in-Chief

South Sudan Medical Journal

Email: [opikiza@yahoo.com](mailto:opikiza@yahoo.com)

Twitter: @eremugo