SUDAN VIRUS: SCIENCE & TECHNOLOGY

NEWS: What is Sudan virus and how similar is it to Ebola?

WHAT'S IN THE NEWS?

A new outbreak of Sudan virus disease, similar to Ebola, has been confirmed in Uganda with the initial case identified in a nurse from Kampala. This outbreak marks the ninth since the virus's discovery in 1976, highlighting the ongoing challenges of managing such diseases without specific treatments or vaccines.

Current Outbreak Overview

- **Initial Case and Spread:** The outbreak started with a 32-year-old male nurse in Kampala, leading to a cluster among his family and hospital contacts. To date, the outbreak consists of nine confirmed cases, with the index case being the only fatality.
- **Response Measures:** Efforts are underway to deploy experimental vaccine candidates and monoclonal antibody treatments aimed at preventing the virus from replicating.

Historical Context and Recurrence

- **Historical Outbreaks:** Since its discovery in 1976 in southern Sudan, this is the ninth recorded outbreak of the Sudan virus. The most recent significant outbreak in 2022 in Uganda resulted in 164 cases and 77 deaths.
- Challenges in Treatment: There are currently no approved treatments or vaccines specifically for the Sudan virus, which complicates containment and management efforts.

Comparative Analysis: Sudan Virus and Ebola

- Virological Differences: While both viruses belong to the orthoebolavirus family and share similar symptoms, they differ in proteins and genetic makeup, necessitating different medical responses.
- **Implications for Vaccine Development:** Existing Ebola vaccines are not effective against the Sudan virus, prompting ongoing research into suitable vaccine candidates for the latter.

Treatment and Containment Strategies

- Monoclonal Antibodies and Vaccine Trials: The WHO has recommended two monoclonal antibodies for Ebola, with similar research being encouraged for the Sudan virus. A phase 1 vaccine trial for the Sudan virus is currently in progress.
- Importance of Supportive Care: Early supportive treatment, including rehydration and managing co-infections, has proven crucial in reducing mortality rates from both Sudan and Ebola viruses.

Role of Healthcare Systems in Outbreak Dynamics

- Initial Transmission within Healthcare Settings: The 2022 outbreak highlighted issues within private health facilities, where many initial infections occurred due to inadequate infection prevention and control measures.
- **Contact Tracing and Referrals:** Effective contact tracing and timely referral to specialized units were instrumental in containing the outbreak by November 2022.

Impact of Climate Change on Infectious Diseases

- Shifting Geographical Distributions: Climate change is likely to alter the habitats of vectors like mosquitoes, potentially expanding the reach of diseases such as malaria, yellow fever, and the Sudan virus.
- Increased Risks and Global Health Security: The changing climate poses additional challenges in managing emerging infectious diseases, emphasizing the need for international cooperation and robust health systems.
- **Origin and Identification:** First identified in 1976 in southern Sudan.
- Causative Agent: Sudan virus (SUDV), belonging to the Filoviridae family.
- Natural Reservoirs: Likely bats and non-human primates in endemic areas.
- **Family and Comparison:** Part of the Orthoebolavirus family, similar to Ebola but requires different vaccines due to genetic differences.
- Transmission Modes:
 - Direct contact with blood and bodily fluids of infected individuals.
 - Contact with contaminated surfaces and materials.
 - Handling infected animals.
- Mortality Rate: Varies widely, from 40% to 100%.
- **Diagnostic Methods:** Laboratory testing through PCR tests or antigen detection.
- Current Treatment Options:
 - No approved vaccines available.
 - Research ongoing into phase 1 vaccine trials and monoclonal antibody treatments.

Source: <u>https://www.downtoearth.org.in/health/what-is-sudan-virus-and-how-similar-is-it-to-ebola</u>