



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

9th November 2018 (12:00 HRS) – UPDATE No 51

a) **SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 9th November 2018, WITH DATA UP TO 7th November 2018**

- Cumulative cases: 312
- Confirmed cases : 277
- Probable : 35
- Total deaths : 192
- Suspect Cases under investigation :
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated

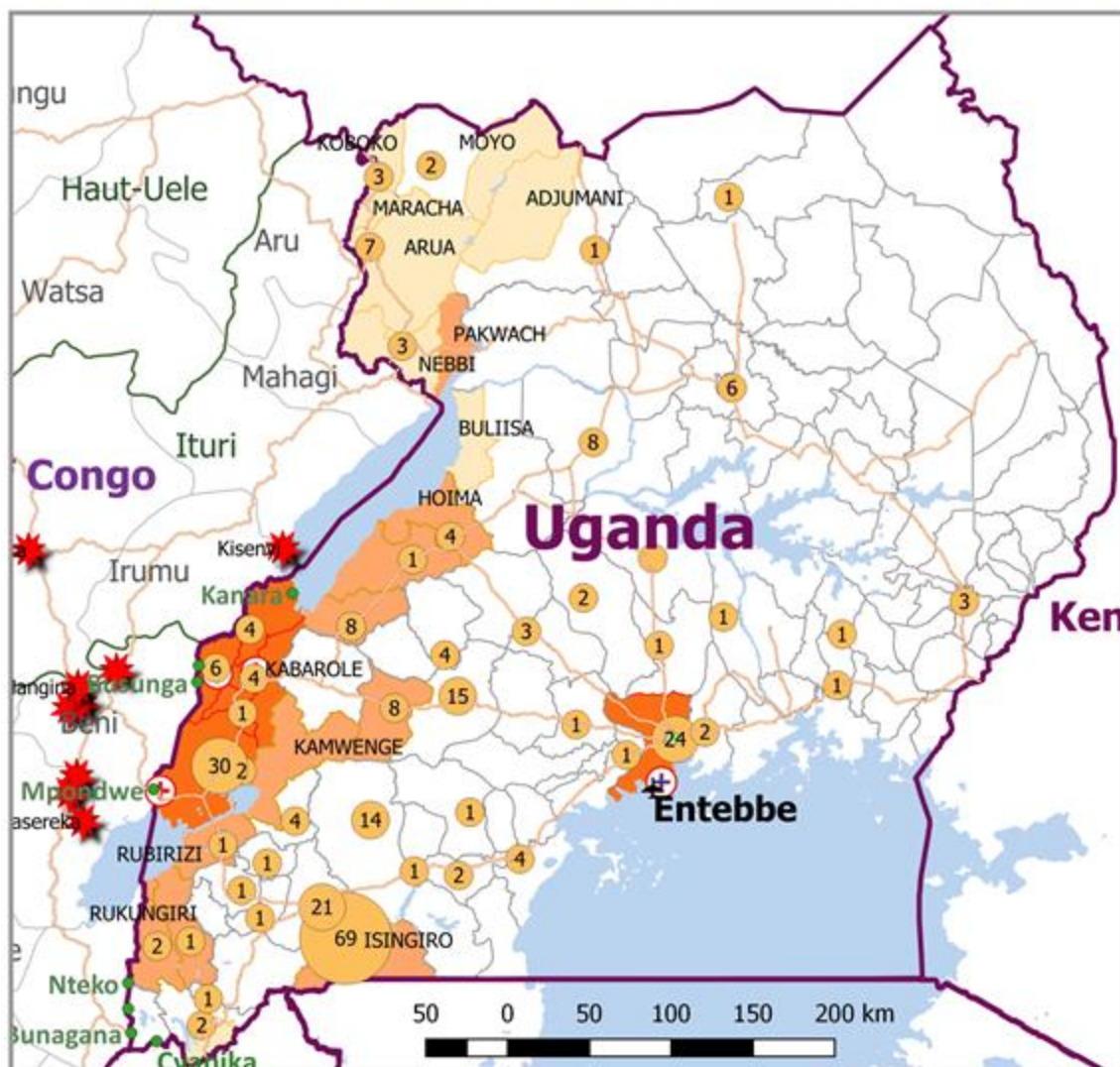
b) **EVD SITUATIONAL UPDATE IN UGANDA**

- **There is NO confirmed EVD case in Uganda.**
- Active case search continues in all communities, health facilities and on formal and informal border crossing in all districts especially in the high risk ones.
- Alert cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI). The alerts are highlighted in the specific district reports below **under the Surveillance section**.
- Vaccination of frontline health workers started on 7th November, 2018 and will cover the five high-risk districts of Bundibugyo, Kaseses, Bunyangabu, Kabarole and Ntoroko.
- ***There are reports of seven (7) EVD contacts from DRC who escaped and might have reached Uganda. Surveillance teams at all Points of Entry (PoEs), health facilities and communities in the five high-risk districts are actively looking for these people with support from security services.***



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EVD High risk districts and VHF Alerts since May 2018



Legend

District Classification ETUs

- Other districts
- High risk
- Moderate risk
- Low risk
- EVD sites in DRC

- + ETU in preparation
- + Ready ETU
- Border Crossing
- International Border

Water

Key Towns

- Airport
- Capital

Alerts Location

- EVD alerts

c) PREPAREDNESS ACTIVITIES IN THE FIELD AND NATIONAL (PROGRESS AND GAPS)

VACCINATION

Ntoroko District

- The vaccination team is on day two of vaccination in Ntoroko district. Vaccination for EVD continued at Karugutu H/C IV, Rwangara H/C III and Ntoroko H/C III. All the Health workers that consented were vaccinated and the team shall proceed with the volunteers at the border crossing points from today.

COORDINATION

Held a national subcommittee meeting on 6th Nov 2018

- Populated the dashboard with information from partners: WHO
- Finalized one plan, one budget: MoH, WHO, UNICEF, IDI, CDC
- Developing a database for trained personnel in the high risk districts

NEEDS

- Partners to provide financial information
- Provide refreshments for the subcommittee meetings: UNICEF
- Provide information on trained personnel: All
- Security agencies need induction and trainings
- Follow up with subcommittees on community engagement activities
- Multiple simulation exercises involving all districts and all pillars
- Establish telephone tree

Coordination district level updates

Bundibugyo District



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- WHO team engaged the Chief Administrative Officer (CAO) on supervision challenges at health facilities and lack involvement by some district staff in EVD preparedness and readiness activities.

Bunyangabu District

- The District Task Force (DTF) met and in attendance were WHO, UNICEF, WFP, URCS, VET Office, and member of the media. The meeting reviewed implementation of EVD activities.
- The Infection Prevention and Control (IPC) training was held and it was noted that:
 - Some of the Village Health Teams member are using their own money to come for the training and they have not been refunded.
 - UNICEF will work with DHT to integrate risk communication and IPC training to improve integrated implementation of activities.
 - UNICEF will assist the health facility which is also the training site for IPC with installation or repair of water taps.
 - UNICEF will support orientation of at least one VHT on EVD preparedness from the 333 villages in the district.
- There is reported slackness in reporting alert cases in the district. The DHT was advised to strengthen supervision to ensure that all alert cases are quickly detected and reported to the Rapid Response Team.
- The DHT requested WFP to clarify on provision of food to patients and the criteria to be used to distribute it. This is in particular reference to EVD alert patients and health workers attending to them.

SURVEILLANCE ACTIVITIES

Held a national surveillance coordination subcommittee meeting on 6th Nov 18

- All passengers screening at EIA continues; 4000 forms sent: WHO
- Distributed Case definitions to 28 high risk districts: WHO
- An official request has been received from URCS for funds to support their volunteers at screening points. This will be actioned immediately for 184 volunteers over two months. UNICEF is also providing similar financial support to more volunteers.

NEEDS

- Streamline information on lab. sample and alerts through PHEOC: CPHL
- Update on finalized POE tool kit: IOM, IDI
- Extend screening to POEs in Arua and Zombo: WHO, IDI
- Orientation on vaccination protocol: Vaccine s/c
- Approval for field lab deployment plan: MOH
- District funds for CCHF & RVF
- Thermal scanner yet to be delivered to Mpondwe PoE : WFP
- Review screening protocol beyond measuring temperature at the POEs
- Review and streamline protocols for deployment of teams by partners
- Epidemiological characterization of all alerts received
- Revive monthly IDSR meetings & share IDSR : ESD

Surveillance district level updates

Kabarole District

- No alert cases reported
- The DHT/WHO conducted EVD surveillance and IPC support supervision for 15 health care workers and 40 community members in Mugusu, Maranatha and Kasusu HC IIIs.

Bunyangabu District

- No alert case reported

Bundibugyo District

- There were two (2) alert cases at from Busunga Point of Entry and at Nyahuka HC IV.
 - A 25-year-old male from Kamango, DRC with a temperature of 40.5 C. He has a history of fever for 7 days associated with joint pains and general body weakness especially in the



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lower limbs. He also reported long standing history of on-and-off febrile like illness for about 5 months. He has no history of travel to the current areas affect by EVD; no history of participating in funerals; and not history of eating bush meat. He is admitted at Bundibugyo Ebola Treatment Unit.

- A 22-year-old female from Busouru village in Kisuba subcounty, with reported history of vomiting of blood. She is 2 weeks into pueperium and she has had 5 convulsions associated with biting of the tongue. She also reported history of headache and back pain. No history of travel or fever or contact with ill persons dead or alive. The investigating team disregarded the alert and prescribed medications for eclampsia.
- The DHT/WHO team visited Bulyambwa HC II and oriented two (2) health staff and 3 VHTs on EVD. The team reviewed patient data for the last three months and noted that there were no alert cases in the register. The health workers are vigilant paying particular attention to patients with bleeding conditions.

Kasese District

- Ten (10) health workers and five (5) VHTS from Nyamirami HCIV, Buthale HCII and Nyakabingo HCII were oriented on EVD, IPC and community-based surveillance. Lack of IPC guidelines and other basic PPEs such as gum boots, heavy duty gloves, aprons, disposable gowns, masks and goggles and inadequate water supply were identified as challenges.

Ntoroko District

- No alert case reported
- WHO and DHT conducted supportive supervision and data collection at Rwangara, Katanga and Kamuga PoEs. Surveillance, IPC and vigilance by health workers, volunteers and VHTs were emphasised.

CASE MANAGEMENT AND IPC

- Trained 47 armed forces personnel: WHO
- Supplied chlorine to all health facilities in 10 districts: UNICEF
- Distributed IPC supplies for 5/20 high risk districts: UNICEF



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- Agreed on repurposing Mpondwe container for an office: WHO
- Finalizing Naguru ETU in one week: IDI
- Conducted drills at Naguru ETU: IDI
- Met psychosocial support team

Needs

- Engage district & start construction of Nyimbwa ETU, Luweero: MoH, WFP
- Furnish Naguru ETU: WFP/ WHO
- Harmonise IPC activities: WHO, IDI/CDC, UNICEF
- Procure/repair vehicles for districts to assist in coordination including Kasese district: WHO and UNICEF
- Train volunteers on Safe and dignified burial: Red cross
- Additional training for the psychosocial teams: WHO
- Present training tools for psychosocial support: UNICEF/WHO
- Redesign Mpondwe screening container: MoH, WFP, WHO, Red cross
- Ensure KCCA presence in subcommittee meetings and NTF

Case management district level updates

Kabarole District

- Another blood sample was collected from 30 year old female with Crimean Congo Haemorrhagic Fever (CCHF) for retesting. She is clinically stable and set to be discharged today Friday 9th November, 2018.
- Twelve (12) health workers and three (3) VHTs at Mpanga, Kaswa and Kiamara HCs were mentored on EVD.



Bunyangabu District

- DHT/WHO conducted IPC mentorship for 14 health care workers and 28 VHTs at Buhesi HC II and Kibate HC III.

Kasese District

IPC Mentorship at Hamukungu HC II attended by 11 health care workers. At Hima Factory, 119 workers were sensitized on EVD and proper hand washing.

Ntoroko

- No suspected case in isolation on 8th November, 2018.
- WHO team met the chairperson of Rwebisengo town council and discussed the availability of a burial ground for in case of EVD deaths in the ETUs. He promised to identify the site and inform the DTF.

RISK COMMUNICATION/SOCIAL MOBILIZATION

Held a national risk communication subcommittee meeting on 7th Nov 18

- Child friendly poster and school package messages reviewed and approved
- 16/21 districts received the funds for social mobilization and community engagement activities: MoH
- Procurement of visibility banners is in progress
- Reviewed the Framework for Action for the Risk Communication

Needs

- Child friendly poster and school package messages to be shared with Ministry of Education
- UNICEF and MoH to work on distribution plan of banners and advise on final dates of delivery
- Share framework for Action for the Risk Communication pillar with partners

Risk communication district level updates

Kabarole District



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- Communication for Healthy Communities (CHC) and WHO conducted EVD sensitization for of nine (9) media staff of KRC and HITs FM radio stations. They discussed EVD transmission, prevention, roles and responsibility of the media in EVD outbreaks.

LOGISTICS

Held a national logistics subcommittee meeting on the 6th Nov 2018

Quantification of PPE sets done as per WHO list of commodities

- 504 PPE sets per week: for 10 ETU staff, it will cost \$ 4484.53:
- 210 PPE sets per week: for 5 ETU staff, it will cost \$ 1762.35
- To develop a supply plan for the PPE commodities
- WHO IPC cargo has been dispatched to the five very high risk districts of Ntoroko, Bunyangabu, Bundibugyo, Kasese and Kabarole. Ugandan Red Cross Society (URCS) volunteers are mobilised to provide the last mile delivery to 236 health centres.
- Options for a screening unit to house a thermal scanner will be discussed between MOH/WHO/WFP/MSF technical staff. This unit should be placed in Mpondwe crossing point as soon as possible.
- MOH is identifying a suitable site within Kampala for WFP ETU construction. The Minister of Health recommends space be made available in Butabika
- Latrines in Mpondwe POE handed over to health staff.
- A total of 13 6*8m tents have been installed at POEs in the very high risk districts.
- 18 6*8m tents have been requested by the DTFs – Kasese & Ntoroko – these will be considered by the LSC and a decision on priorities taken. A further 12 requests are expected and will also be taken to the LSC.
- Smaller tent units are becoming necessary to support screening at the low volume crossing points. WFP does not have these size units available in-country but is looking at how quickly they can be sourced and imported. An appeal will be sent to other organisations.
- Triple package boxes for samples needed in all districts of the region.
- Buhanda HC II supplied with hand washing facilities, IEC materials, soap, registers



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Needs

- Follow up on the proposal of the regional stores to keep EVD commodities (Fort portal ground is ready, WFP ground to fix the 10m*8m tent)
- Follow up of the Proposed ETU in Kagadi and Bunyangabu
- Partners to submit information on funds available/stock to ensure effective supply plan
- Coordinate the MOU to aid supplies of infection prevention and control commodities
- Lobby for more ambulances for the districts at risk
- Vehicle for LSC to monitor emergency EMHS, carryout routine Support supervision and onsite mentorship
- Quantification of commodities
- Assess the availability and use of the commodities
- Assess the storage capacity of the centers
- Asses the transportation system in the districts
- Procurement of Health supplies
- Construct regional store

-End-

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