

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

18th September 2018 (12:00 HRS) - UPDATE No 25

Situation Update from Democratic Republic of Congo for 17th September 2018, with data up to 16th September 2018

- Cumulative cases: 142
- Confirmed cases : 111
- Probable : 31
- Total deaths : 97
- Suspect Cases under investigation : 07
- Areas affected : Two provinces
 - North Kivu Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina

EVD Preparedness in Uganda

Note :

- There is no suspected or confirmed case in Uganda
- One alert case at Ntoroko currently under investigation

COORDINATION

Bundibugyo

• There was a meeting the WHO team and the DHT during which definitions of alerts and suspects were clarified. In addition, support in terms of stationery and vehicle was provided to print and dessimnante the case definition to 21 health workers in the three health facilities.



Kikuube

- Next District Task Force meeting to be held Monday 24th September 2018.
- Next Health Cluster coordination meeting to be held on Tuesday 18th September 2018 at Kyangwali Refugee settlement

SURVEILLANCE ACTIVITIES

Kasese

- WHO continued to support filed visits and reviewing of records at five (5) screening sites. No missed ALERTs were found.
- The total number people screened on Monday 17th September, 2018 at Mpondwe; Kisolholho; Mirami and Kithoma borader crossing points was 8,839.

Bundibugyo

- Sensitization of health workers was conducted at Ntandi HC III (2) and Buhanda HC II (3) on EVD surveillance supported by WHO. and various actions that should take in case of any alert or suspect. OPD registers for the past three months were also reviewed for EVD cases.
- Posters and leaflets on EVD were disbuted at the OPD of Buhanda HC II targeting patients and and some community members.

Ntoroko

 Supportive supervision by the WHO team, was conducted at 3 border crossing points of Kamuga, Katanga and Rwangara landing site including Rwebisengo and Rwangara H/C III.. The number of people that crossed and properly screened from 7th sept to 16th sept were 3025. Range of temperature recorded 36.3-37.8 0C.

Kabarole

• Nine health care workers of Mpanga HC II and Mariestopes Uganda HC II were tained on EVD surveillance: EVD definition, causes, transmission, symptoms and signs, and prevention.

Bunyangabu

• Conducted EVD sensitization / training of 70 people who included traditional healers, cultural leaders, religious leaders, herbalists, prisons officers, police officers, civic leaders and leaders of boda boda riders, and taxi drivers. This training involved interactive



sessions, group work, and presentations on EVD (definition, causes, symptoms and signs, prevention, actions to control it, and challenges in control).

Kikuube

• WHO is supporting a five-day (17th to 21st September, 2018) community based disease surveillance (CBDS) training of 160 VHTs

CASE MANAGEMENT AND IPC

Kasese

• WHO team visited Nyamirami HCIV, Busongora HSD to assess Ebola preparedness and IPC measures put in place. Together with the incharge, it was agreed that hand hygiene units will be put at the entrance and all points of service; triaging for EVD at the OPD and designation of the an isolation area, in case a case appears.. It was noted that the health unit lacks adequate running water, PPEs and incinerator for waste disposal.

Bundibugyo

- WHO/DHT conducted minimum IPC facility assessments at Mirambi HC II, Kasulenge HC II, Bupamboli HC II and Tombwe HC II. There was availability of liquid soap and clean water for hand washing
- However, Tombwe HC II was closed, No functional IPC focal persons in all facilities and poor waste segregation in all
- Mirambi and Kasulenge had only one functional hand washing facility, Bupamboli had none.
- The following actions were done:
 - WHO/DHT mentored all facility staff on screening for EVD, isolation and notification procedures; chorine mixing, safe use and disposal of gloves, hand washing and on appropriate waste segregation and disposal.
 - WHO/DHT moved with the staff around the facility identifying and correcting IPC gaps in the facility e.g. putting colour coded bins with bin liners in all clinical areas and identified an IPC focal person and suitable isolation room were earmarked.
 - WHO/DHT supplied 2 pairs of heavy duty gloves to each facility, a box of disposal gloves and posters on EVD

Ntoroko

• An alert case of a 68 years old male admitted with complains of joint pain and nasal



bleeding. He had no fever and no epidemiological link. There were no other symptoms.

- Improved IPC in Rwebisengo isolation unit by repositioning the available tent to improve on patient and staff flow in the unit
- Mentored 7 health care workers in Rwebisengo H/C III on IPC universal precautions and standard outbreak case definitions for better in-facility screening for patients

RISK COMMUNICATION/SOCIAL MOBILIZATION

Kabarole

- WHO/DHO's office distributed IEC materials to the visited health facilities and also numbers for HCWs to contact the DRRT on in case they do get any alert case.
- WHO conducted risk communication on EVD in Ngombe community Orthodox Church and Kitumba protestant church in which a total of 130 people were sensitized on EVD.

Bunyangabu

• Distributed IEC materials to a total of 70 participants that included traditional healers, cultural leaders, religious leaders, herbalists, prisons officers, police officers, civic leaders, transporters' leaders (boda boda, truck drivers, taxi drivers). Had group sessions with all the various groups and answered all questions pertaining how to address EVD issues at their level in the community awaiting the RRT.

Kikuube

- UNICEF requested to support transport and upkeep of Radio talk show participants from Kikuube district.
- The district council members to participate in radio talk shows identified.
- Care international Uganda supported the district to translate IEC materials to Kigere, a language used by new refugees from DRC. These materials were submitte4d to NTF for approval.

CROSS BORDER ACTIVITIES

Bundibugyo

• WHO supported DHT to conduct support supervision of Busunga border crossing point in Busunga Town Council and explained the Alert definition terms to the to 2 volunteers.

LOGISTICS

Bundibugyo



• WHO provided a vehicle for use in social mobilization activities.

Kabarole

• All the visited health care facilities received Chlorine powder, Soap, JIK, hand sanitizers, heavy duty gloves and disposable gloves.

Issues:

- Lack of toilet facilities at Mpondwe; No tents at Mirami and Kithoma boarder posts.
- Training of health workers on psychosocial support is needed.
- Need for reproduction of IEC materials into Lhukonzo and Kiswahili

-End-

For more information, please contact:

Dr. Issa Makumbi – PHEOC Manager – issamakumbi@gmail.com

Dr. Allan Muruta – Assistant Commissioner NDC/Incident Commander – <u>allanmuruta@yahoo.com</u>