



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

25th September 2018 (12:00 HRS) – UPDATE No 27

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 24 TH SEPTEMBER 2018, WITH DATA UP TO 23RD SEPTEMBER 2018

- Cumulative cases: 150
- Confirmed cases : 119
- Probable : 31
- Total deaths : 100
- Suspect Cases under investigation : 09
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina,
 - **An Ebola Case confirmed on 20th September at Kasenyi Village, Tchomia zone, Ituri Province, on the shores of Lake albert, approx 20 Kms from the Uganda borader**

b) EVD PREPAREDNESS IN UGANDA

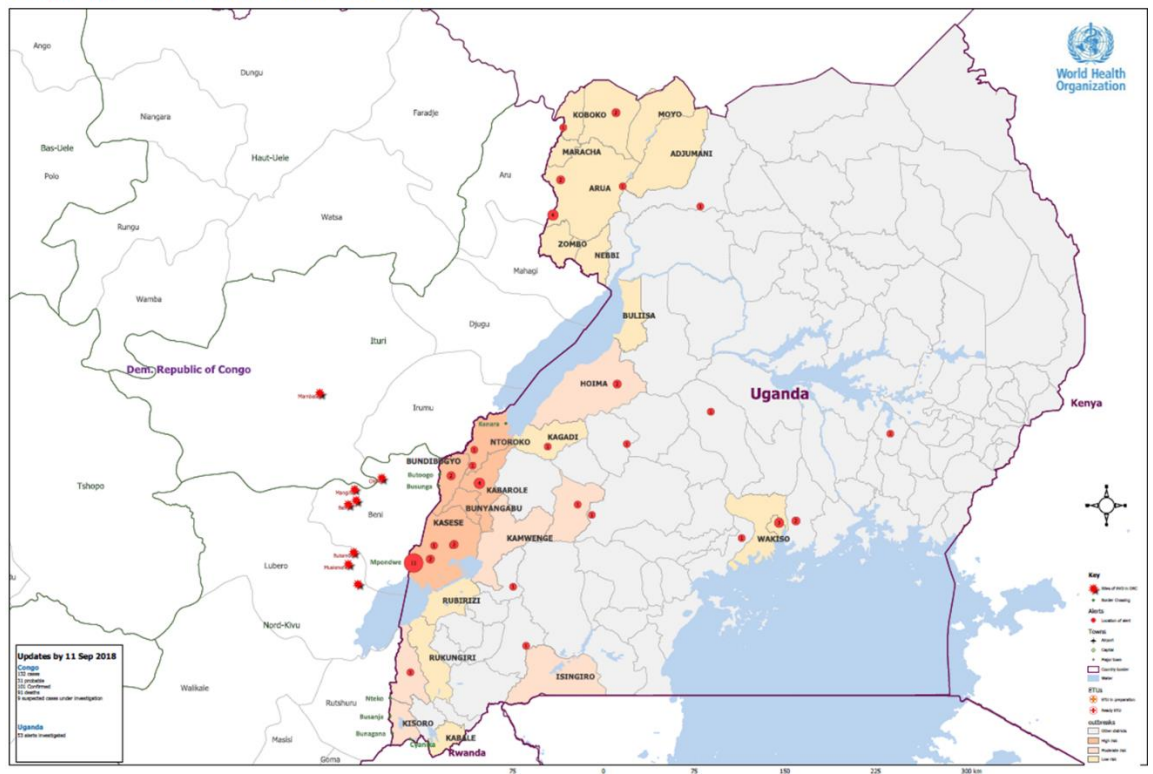
- **Uganda does not yet have a confirmed nor suspected case of Ebola**
- **One alert case at Bundibugyo Hospital, under investifgation**
- **A positive case of CCHF was confirmed on the 23rd Sept 2018 by the UVRI lab. He is a 31 year old from Kiryandongo District.**
- The most recent threat is related to a confirmation of an EVD case at Kasenyi village in DRC. This area is situated on the DRC side of the shores of Lake Albert in Ituri Province. The patient was listed as a contact to previously confirmed cases (her mother and sister) in Beni. However, she moved way from Beni to Kisenyi Village in Ituri province and was lost to contact by the response team. She died on the 19th September at Tchomia General Hospital, where she ha been admitted. Results of the sample taken from her released on 21st September 2018. Ministry of Health and a WHO team from Beni is currently on ground to conduct investigation of this case, identify and list all contacts for follow up, and initiate a response.



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- Response to this threat:
 - WHO will support the MoH (*and work has already begun*) to upgrade the Isolation facility at Rwebishengo HC III to a full Isolation centre.
 - Field teams operating in Ntoroko, Bundibugyo, Fort Portal, Kasese and Bunyangabu have been briefed to heighten their vigilance and work with communities
 - Three additional Infection Prevention and Control staff from WHO will be deployed in the area to fast track the mentorship of health staff on IPC
 - Surveillance team are intensifying their mobilization of the VHTs, local leaders and are conducting daily active case search
 - An experience surveillance officer from the Ministry of Health is being deployed to provide backup supervision of the district team
 - UNICEF is prioritizing its support to the districts that are the closest to the location of the confirmed Ebola case in DRC. During the week of September 24-28, two staff are deployed to the districts of Ntoroko, Kikuube and Hoima, with another UNICEF staff continuing to support Kisoro and Kanungu districts.

UGANDA - MAPPING OF VHF ALERTS - MAY TO 11 SEP 2018





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

Coordination

Kabarole

- WHO had a meeting with the District health office
 - DHO briefed on the EVD vaccination training attended by the team in Entebbe
 - WHO/DHO agreed to do a quick inventory of the EVD supplies we have in the district.
 - Agreed to update all health facility staff on the situation in DRC with its increased threat to Uganda. This is through the whatsapp communication forum.
 - All health facilities asked to maintain standard IPC practices (hand washing, before, between and after seeing every patient, and for everyone who accesses the health facility), and using gloves and aprons at all times.
 - All health facilities to continue robust active case search including screening of all patients accessing health facilities at the triage point
 - WHO / DHO streamlined the various EVD preparedness and response teams (case management, surveillance, burial, ambulance, etc). All listings updated.

Bundibugyo

- WHO visited the Butoogo border point. Screening ongoing well. RedCross volunteers have not been paid for 2 months affecting work morale.

Kasese

- A meeting held with a team for Risk communication Team from the National Level, LCV Chairman, DHT and CAO emphasized the need to keep the current momentum of preparedness against EVD, since the latest confirmed case in DRC was 20 km from the Uganda border.

Surveillance activities

Kabarole

- No alert case reported.
- WHO supported the district to conduct one health facility visit at Iruhura HC III, where a total of 3 health care workers were refreshed on EVD signs and symptoms and updated on the situation in DRC.

Bundibugyo

- There was an alert case of a 35yr woman who presented with bleeding from the nose, headache but normal. No history of contact or exposure to EVD. Working diagnosis of Epistaxis.
- Action Taken: The patient was transferred to the Emergency Unit of Bundibugyo General Hospital for treatment and monitoring. Over 60 community members who gathered at the scene were reassured of their safety but urged to be vigilant. Disinfection using chlorine was carried out at the drug shop where the client was held

Ntoroko

- Sensitization of community leaders convened by the sub-county chairperson of Butungama Sub County. The convened leaders were 13 and included LC Is and IIs who were informed of the situation from Kasenyi in DRC about the confirmed cases of EVD who died Saturday and another death on 24th Sept 2018. Then they were informed of the community case definition of EVD, mode of transmission, prevention, case identification and reporting. The leaders were assigned to ensure that their communities are sensitized and community case search is commenced in collaboration with the surveillance personnel (VHTs) in the communities, health facilities and district levels.
- WHO team with URCS and WFP visited and sensitized influential community members including LC I, VHTs and security officials at Rwangara landing site on the community case definition of EVD, mode of transmission, prevention, case identification and reporting. The congregation was given the situational information of Kasenye as of today where a second person died of Ebola and some people from Uganda had gone for the burial. An influential member of the community was assigned the task of listing names and addresses of those who went for the burial.
- Data from Rwangara landing site indicated that 326 people had crossed into Uganda from 21-23 Sept 2018.
- Two people who attended a funeral of victim of EVD are said to have travelled to Bundibudgyo from Ntoroko sub-county and their contact addresses are being investigated for follow up.

Case management and IPC

As of 24 September 2018, UNICEF delivered a total of 500 hand washing facilities, 34 buckets (1,485 kgs) of HTC chlorine, 372 cartons of soap and 270 boxes of water purification tablets to Kisoro, Kasese, Bundibugyo, Ntoroko, Kabarole, Kikuube, Kyegegwa and Kamwenge Districts.

Kabarole

- The referral case from Kyaka II, Bujubuli HC IV has markedly improved on treatment in FPRRH.
- The 3 health care workers in Iruhura HC III were taught how to mix Chlorine to constitute 0.5% or 0.05% solution for appropriate use. They were also advised to maintain universal precautions in whatever they do ensuring proper hand washing and use of gloves.

Kasese

- The WHO team together with the HSD surveillance officer for Bukonzo west visited 3 health facilities in the HSD to assess IPC in the facility, mentor health workers on IPC and conduct active EVD case search. The facilities visited were Kayansi HCII, Karambi HCIII and Nyabugando HCIII.
- All the facilities had good structures, hand hygiene units, triage area, displayed IEC materials, constant supply of water, functional latrines, waste bins, waste disposal area and space for isolation of suspected EVD cases.
- A few gaps were noted like lack off PPEs, unfenced waste disposal area in Kayansi and challenges with hygiene. 16 health workers were mentored on IPC.

Bunyangabu

- IPC Needs /Risks assessment successfully conducted in the following Facilities: Kabonero Health Centre III, Kicuucu Health Centre II, Kisomoro Health Centre III, Nyamiseke Health Centre II and Kiyombya Health Centre III.
 - **The following were observed:**
 - Hand washing Facility was visibly absent in the Health Centres
 - Poor Knowledge of waste management (segregation)
 - Poor hand washing etiquette
 - Facilities have no IPC committee
 - No identified room for isolation in all the facilities
 - **Actions taken**
 - On the job training on constitution of hand washing solution
 - Mobilised hand washing facilities for the facilities with the support of the DSFP
 - Supported facilities to identify isolation rooms for a possible suspect
 - Facilities supported to constitute IPC Committees
 - Supported staff to constitute IPC committee by themselves
 - Mentored staff on channel of notification/reporting in emergency situations

Bundibugyo

- A 2yr old suspect still admitted in ETU. Much better today. Awaits results for UVRI
- Actions:
- WHO and staff of DRRT continue to provide supportive management, psychosocial services and counselling.

Gaps:

- Communication of results from UVRI is taking long. Need to copy in the overall Field Coordinator in the chain of results sharing
- The ETU unit needs to be urgently stocked this should be considered urgent as the unit has had a suspect case admitted.

Ntoroko

- Communicated the presence of contacts in the communities to the community leaders (LC I,II, VHTs) and urged them to be more vigilant at case identification in their communities. They were reminded of adherence to proper hand washing for IPC.
- WHO and Ntoroko district engineer visited the Rwebisengo isolation site to plan the layout of the isolation tents and quantify the materials needed for the facility to be set up. A structural lay out will be released tomorrow.

Risk Communication/Social Mobilization

- **Mass media:** As of September 24, UNICEF supported the airing of 9,725 radio spots and 114 radio talk shows on EVD signs and symptoms, transmission and prevention across 22 high-risk districts along the border, including ten very high risk districts. UNICEF continued to monitor the media including radio broadcast activities and social media.
- U- report feedback from the U-reporters is functioning adequately.
- **IEC materials:** UNICEF supported the development, printing and dissemination of IEC materials in English and relevant local languages covering 22 high-risk districts along the border, including ten very high risk districts:
 - Posters – 431,000 in English distributed to district health offices and disseminated to key locations including health facilities, trading centers, markets, landing sites, points of entry, security/police posts and schools and other strategic locations.
 - Posters - 292,200 posters distributed and disseminated in 13 languages across the 22 districts as above.
 - Leaflets - 661,700 leaflets in English distributed to District health offices and disseminated to key locations including health facilities, trading centers, markets, landing sites, points of entry, security/police posts and schools and other strategic locations.



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- Leaflets - 220,230 leaflets distributed and disseminated in 13 languages across the 22 districts as above.

Interpersonal communication: In partnership with the Uganda Red Cross Society, UNICEF is supporting the roll-out of inter-personal communication. URCS, through its volunteers and VHTs, is conducting house to house risk communication, hygiene promotion activities (hand washing demos, general information on Ebola prevention and control) in 12 sub-counties in the seven districts of Kasese, Ntoroko, Bundibugyo, Kabarole, Bunyangabu, Kisoro and Kanungu. URCS has so far managed to reach 13,376 households and 150,802 individuals.

Kasese

Team from National Level specialised in risk Communication is visiting the 5 High Risk Districts. Key activities in Kasese were

- Restructuring of the Risk Communication Committee from 7 to around 18 people in order to make it inclusive. Groups added include; Religious leaders, DEO, NGO forum(Kadinet), cultural leaders, Traditional & Complementary Medicine Practitioners and media.
- Developed the TORs for the Committee from the district to the village level. We are to operate within three(3) levels ie. district, subcounty and village structures.
- Recommendations included but not limited to;
 - DHE to convene an urgent soc. mob committee meeting to revise, update and share the pillar plan. This meeting is scheduled for 26th Sept 2018 at 2pm.
 - MoH & Partners to deploy a film van and/or a vehicle to support risk communication and soc. mob activities in the district.
 - MoH & Unicef to send IEC materials in soft copies to the district risk communication committee for translation into the common local languages.
 - Unicef and URCS to increase on the number volunteers to adequately cover the entire district.
 - MoH to deploy a central staff to supervise soc mob activities in the district.

Hoima

- Risk Communicators were trained in Hoima from various districts, enough capacity was built at district level to streamline social mobilization activities. If the above structures are facilitated to operate, the DHE can supervise the risk communication activities in the district.

Kabarole

- The health care workers were reminded to always contact the DRRT in case of any alert case. They also received Standard Operating Procedures and Guidelines for responding to Ebola/Marburg virus disease outbreaks in Uganda.



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Ntoroko

- A group of Boda-boda cyclists were sensitized in Rwangara on EVD giving the signs and symptoms, mechanisms of spreading of Ebola and asked them to be cautious when asked to carry patients with similar symptoms.
- Distributed IEC materials to the communities of Rwangara town council including, LC 1s and LC III of Butungama sub county, boda-boda cyclists and the attendance of the sensitization meeting at Rwangara landing site

Logistics

Kabarole

- Current inventory:

SN	Item	Quantity available
1	Spray pumps, Big size	4
2	Spray pumps, small size	12
3	Coverall XXL	50
4	Coverall XL	100
5	Coverall L	50
6	Body bags	16
7	Goggles	50
8	N95	220
9	Boots (Pairs) Size 6	15
10	Boots (Pairs) Size 9	15
11	Boots (Pairs) Size 10	27

Ntoroko

- A new tent delivered at Rwebisengo isolation and treatment unit with the support from WHO. The tent was not erected due to lack of manpower but will be set up tomorrow morning.
- Five beds and ten mattresses were also delivered alongside with support from WHO

CHALLENGES

- Large inflows through the borders into Uganda from DRC with many unofficial entry points remains a challenge and this requires strengthening



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- Confirmed case at shores of Lake Albert poss increased risk and calles for heightened preaparedness in all pillars
- Inadequate Risk communication and social mobilization.
- Several at risk districts each requiring priority interventions (only 5 of the 22 districts currently effectively targeted
- High alert for possible VHF's in other parts of the country
- Maintaining the preparedness momentum at national and district level
- Delayed payment of volunteers affects their morale e.g In Bundibugyo RedCross volunteers have not been paid for 2 months

-End-

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