



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

5th November 2018 (12:00 HRS) – UPDATE No 47

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 4th November 2018, WITH DATA UP TO 3rd OCTOBER 2018

- Cumulative cases: 298
- Confirmed cases : 263
- Probable : 35
- Total deaths : 186
- Suspect Cases under investigation : 46
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated
- Security concerns limiting contact tracing.

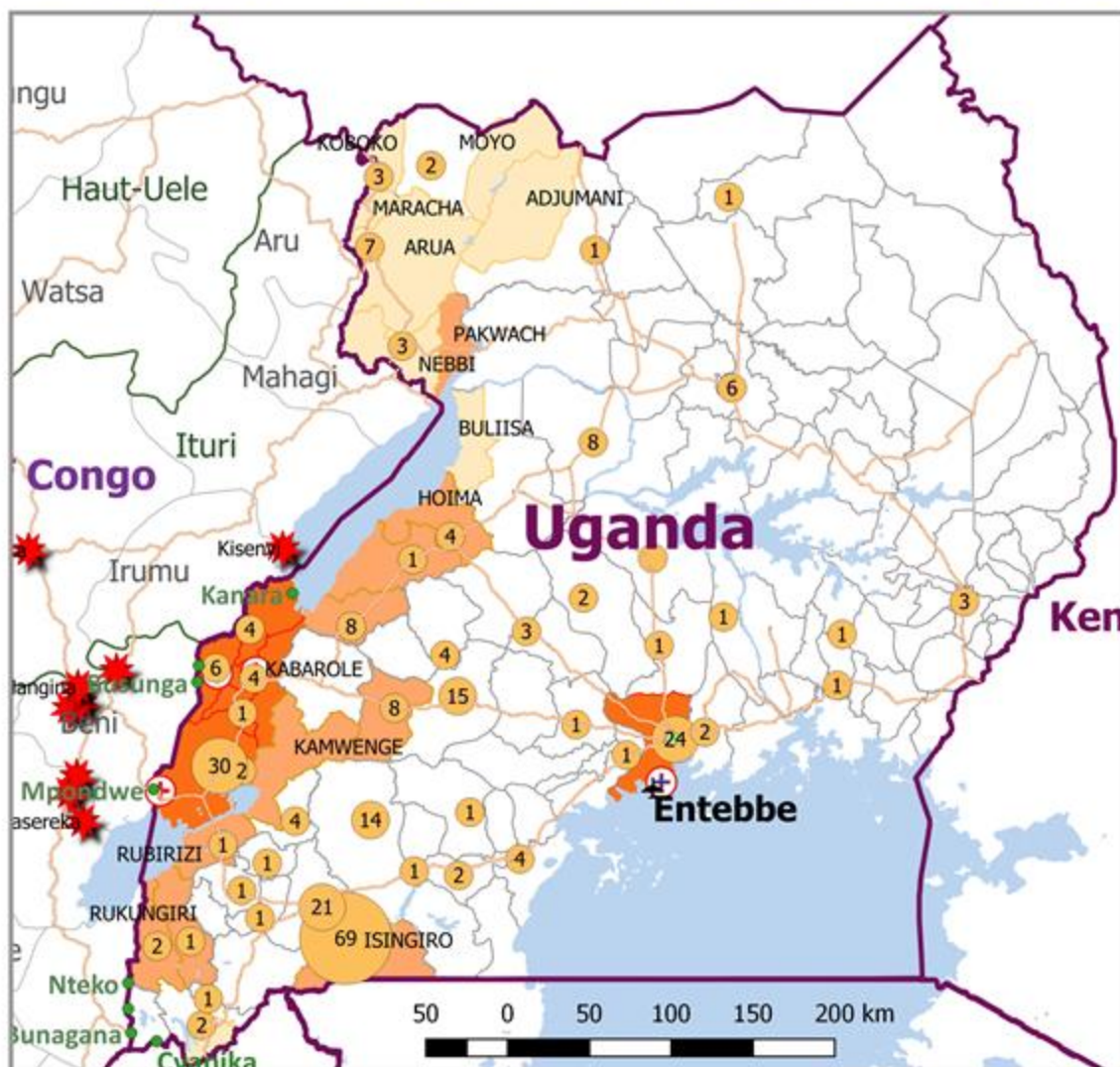
b) EVD SITUATIONAL UPDATE IN UGANDA

- **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.**



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EVD High risk districts and VHF Alerts since May 2018



Legend

- | | | |
|--------------------------------|------------------------|------------------------|
| District Classification | ETUs | Water |
| □ Other districts | ⊕ ETU in preparation | ■ Water |
| ■ High risk | ⊕ Ready ETU | Key Towns |
| ■ Moderate risk | ● Border Crossing | ✈ Airport |
| ■ Low risk | ▭ International Border | ◆ Capital |
| ★ EVD sites in DRC | — Roads | Alerts Location |
| | | ● EVD alerts |

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

COORDINATION

Kasese District

- There was a meeting attended by MSF, WHO, URC and UFCA in which it was agreed to enhance coordination by filling in the matrix and adding location and level of coverage of activities in areas of action. They also agreed to share resources or conduct joint operations where possible

Kisoro

- UNICEF Participated in the DTF in Kisoro district
- Concluded review of the risk communication budget and the signed budget submitted to the Zonal Office on Wednesday 31/10/2018
- Together with the DHI Kisoro UNICEF representatives conducted monitoring of screening activities at the border points (Bunagana, Busanza and Kyanika) feedback on identified gaps/issues shared in the DTF meeting
- Discussed scheduling/implementation plan for the WASH activities, DHO has requested for the release of the funds from the district account for implementation

Kanungu and Kabale

- Concluded review of the risk communication budget and the signed budget submitted to the Zonal Office on Wednesday 31/10/2018
- End user monitoring of Hand washing facilities – together with district surveillance focal person we visited 4 health facilities and Ishasha border point

Kampala

- 2 Members of the UNICEF team attended a review and re-strategizing workshop on EVD RCSI with all key national level partners (MOH and UN Agencies)



Overall

- Supported by UNICEF, a team collected and verified FFs and BBD from all 15 HR districts for Risk Communication and Social Mobilisation and submitted them to Kampala for processing.

SURVEILLANCE ACTIVITIES

Kabarole District

- There was no new alert case reported in the district.
- The 30 year old female with Crimean Congo Haemorrhagic Fever (CCHF) admitted since last week is in stable condition and feeling much better.

Bunyangabu District

- No alert case reported in the district
- The DHT and WHO conducted support supervision and trained 15 health care workers at Yerya HC III and Editine international HC II on EVD surveillance and Infection Prevention and Control (IPC).

Kasese District

- WHO and DHO visited Mahango HCIII and oriented two health workers and 2 VHTs on EVD preparedness and readiness, IPC as well as community-based surveillance. Health workers were particularly urged not manage any alert cases of Ebola at the facility but to isolate them and call for evacuation to the ETU for further management.
- WHO team conducted supportive supervision on disease surveillance in Bukangama HC III and Buhanda HC II. The staff are knowledgeable on Ebola disease and they are practicing some basic preventive measures as trained. They were given tips on disease surveillance, data recording, management and use.
- The team also visited Bundimulangya HC II and Bukangama HC III, reviewed of data of the past three months and oriented four health workers and two VHTs on EVD. Hand washing among clients was being promoted at both facilities and EVD posters were well displayed. However, there is need



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for job aides, IDSR manual and more IEC materials. Twenty one (21) OPD clients were also sensitized on EVD.

Ntoroko District

- WHO team and DHT conducted supportive supervision at Kayanja II border crossing point, volunteers were mentored and EVD information shared. Copies of the community case definition were distributed to enhance community engagement. Community-based surveillance and prompt reporting were emphasised.
- There was a district quarterly EPI meeting attended by 32 health workers. They included EPI focal persons, facility in charges, DHTs and facility department heads. The meeting discussed EVD and participants were updated on the case definition, community-based surveillance and the importance of sharing information with the community.

Hoima and Kikuube Districts

- The VHF alert patient that tested negative for VHFs on 1st November is receiving treatment in isolation at Hoima Regional Referral Hospital (HRRH) and is steadily improving as at 18:00 hours on 4th November 2018.
- The isolation unit at HRRH belongs to Uganda Society for Disabled Children (USCD) and has no WASH facilities. The hospital administration may need to engage USDC before improving it for use during emergencies. There is need for a permanent isolation facility at HRRH.
- There were four alerts on 4th November 2018. Unfortunately two died before reaching government health facilities. The other two alerts were diagnosed with malaria on RDT and microscopy at Kyangwali health IV in Kikuube. They were treated and no blood samples collect since both case did not meet EVD case definition.
- At all PoE, Sebagoro, Nsonga and Kaiso a total of 138 new arrivals from DRC were screened as at 18:00 hours Sunday 4th November 2018, no alert detected.

CASE MANAGEMENT AND IPC

Kabarole District

- WHO/DHT conducted health facilities IPC assessments in Kiko H/C III, Alenda Medical Centre, and Kidubuli H/C III, and mentored a total of 16 health care workers on IPC. Some of the challenges included broken hand washing facilities and a broken water tank in Kidubuli.
- District needs 8 tents and basic PPEs for screening and isolation in EVD preparedness & response in priority facilities that include:
- FPRRH, Viriika Hospital, Kabarole hospital, Kidda Hospital, Bukuuku H/C IV, Kicwamba H/C III, Mugusu H/C III and Nyakitokoli H/C II.
- District conducted social mobilization on CCHF through radio talk show and house hold visit. IEC material about CCHF does not exist.
- Every health facilities will be mentored on site with the support from WHO.
- Every health facilities will receive basic PPEs, chlorine powder (5kg), and 10 hand sanitizer (1 litter) next week from WHO.
- World Bank distributed about 100 HWFs with IEC materials on hand washing to schools as a part of their agricultural program. However, most of schools still lack HWFs.
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Bunyangabu District

- Every health facilities will be mentored on site with the support from WHO.
- Every health facilities will receive basic PPEs, chlorine powder (5kg), and 10 hand sanitizer (1 litter) next week from WHO.
- Schools, churches, police station and UPDF lack HWFs. 10 police and 2 UPDF stations patrol along the porous border and can interact with EVD cases.
- Some handwashing facilities were broken.

Hoima

- Hoima regional referral hospital requested 2 disposable latrines in the planned site for ETU

Bundibugyo District

- There are no cases in the ETU as of 4th November 2018.
- WHO team visited Bukangama HC III and supplied two digital thermometers and 50 pcs of N95 masks.
- WHO also visited Buhanda HC II. Found only one clinical staff and cleaner on duty.

Gaps:

- Cleaner was using torn heavy duty gloves despite receiving new heavy duty gloves 2 weeks ago.
- No hand washing facility in the clinical room where the clinical staff was attending to patients.
- Could not trace the hand washing facilities distributed by UNICEF.
- Compound very untidy.

Actions:

- Retrieved the heavy duty gloves from the store.
- WHO supplied 2 new heavy duty aprons to the Health unit.

DHT and WHO teams will continue intensive IPC mentorship at this facility and involve the DHT to handle the administrative challenges at this facility

Ntoroko District

- No alert case in isolation
- There was a meeting with 11 member of the district case management pillar in which the preparedness level of the district was reviewed. Gaps were identified for both IPC and case management, and plans made to address them. MTI informed the meeting about the availability of an ambulance dedicated to EVD activities in the district. Also discussed was the urgent need for two vehicles to support the burial team.

Kasese District

- Twelve (12) health workers at Hima Case Clinic HC III were mentored on IPC. The same will be done for staff of Hima HC III (Government Facility).
- Health care workers in Hima Case Clinic are ready to receive Ebola vaccine when it becomes available.



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- Visited Hima Cement factory and discussed issues of IPC orientation to their workers, this was in response to their request to WHO. An appointment was made to have sessions with their security, ambulance drivers and others on Thursday November 8th 2018.
- Katwe and Kithoma screening points still lack a tent.
- IDI conducted training of screeners at 6 POEs
- Every health facilities will be mentored on site with the support from WHO.
- Every health facilities will receive basic PPEs, chlorine powder (5kg), and 10 hand sanitizer (1 liter) next week from WHO.
- Incinerator in Bwera is still lacking
- Welfare at ETU and Screening points are problems (need refreshments such as food and drink)

Kisoro District

- There is still a lot of fear among the health workers since no training on case management has been conducted in the district
- District still lacks both basis PPEs (Gumboots, Apron Gloves and mask) and PPEs for Ebola case management
- ETC sites identified however district awaits support and guidance from WHO and MOH to make these ready
- URC provided two tents, one at Bunagana and another for Kyanika. There is still need for additional 3 tents for Kisoro and 4 tents for Kanungu – the districts yet to share a written request to NTF

Kisoro

- The focus of UNICEF field level support during the week was participation in coordination meetings and end user monitoring of WASH supplies in Kisoro (3 border points visited) and Kanungu district (3 health facilities and one border point)
- In Kanungu the hand washing facilities distributed however the district had to modify (cut the metal) to avoid breaking of the taps
- In Kisoro the DHI identified all the broken HWF and shared a report on this with WCZO wash Officer (Hodaka)



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- Schools in both Kanungu and Kisoro still lack hand washing facilities
- Kisoro district still grappling with water challenge especially at Kyanika border which has a very small tank

RISK COMMUNICATION/SOCIAL MOBILIZATION

Kabarole District

- The DHT and WHO team sensitized 500 LC1 chairpersons from Kabarole district at the LC5 chairman's grounds in Kitumba. They were oriented on the EVD case definition, transmission, prevention mechanisms, and the community-based surveillance for which they are instrumental. They were also addressed by Resident District Commissioner, Chairman LC5 and General Salim Saleh, the head of Operation Wealth Creation.
- Uganda Red Cross Society conducted social mobilization in a number of areas within Kabarole district reaching 206 households with a total of 624 people with EVD messages.
- Only 18 URCS volunteers are deployed in Kabalore, thus high risk SCs such as Kasenda and Kabende were not covered.
- IEC material translated to local languages are in great need.
- Risk communication budget was sent from the district to UNICEF

Kasese District

- Red cross trained 32 volunteers including health worker on psychosocial support
- Work plan and budget for community engagement has been submitted to UNICEF/MOH
- Risk communication budget was sent from the district to UNICEF
- IEC material translated to local languages are in great need.
- 318 VHTs were trained with support from save the children

Bundibugyo District



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- The DTF social mobilization team had dialogue meetings on EVD awareness with stake holders from Bubandi sub county Kisuba sub county, Bundingoma sub county, Burondo TC, Ntandi TC, Busunga TC and Sindila sub county. Eighty (80) stake holders were reached of whom 13 were female. They included sub county chiefs, religious leaders (Muslim, COU, SDA) CBO, health assistants, LC 3s, and cultural leaders.

Bunyangabu District

- The social mobilization team reached Kanyarango in Kibiito Town Council, Mirambi in Rwimi Town Council, Kitumba II in Kisomoro sub-county, Nsororo, and Busanda in Kabonero Sub County. The team reached 79 households, 241 people and 67 children with EVD messages.
- Four (4) community meetings attended by 225 people including 61 children were conducted and EVD messages shared. Some people sought clarity on CCHF saying in the past, that they had been sleeping with their animals for security reasons but they had never experienced such a disease. Knowledge gaps, rumours and misinformation on CCHF and EVD were identified and addressed.
- Risk communication committee conducted community engagement (55 VHTs, 2 HWs, 20 LC1, 55 primary and secondary teachers, and 2200 students were reached)
- 12 URCS volunteers have visited 3080 households and held 345 community meetings in 4 high risk SCs aggregately (Rwimi, Kabanero, Kibito and Kisomoro) since 12 August 2018. 7886 posters were distributed. Other 6 SCs are not covered by URCS due to a lack of volunteers.
- Risk communication budget was sent from the district to UNICEF
- IEC material translated to local languages are in great need.
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Kisoro and Kanungu District

Kisoro

- MTI with support from UNHCR had oriented additional 50 VHTs. with UNICEF support district plans to orient 300 more VHT to reinforce risk communication and hygiene promotion in the high risk sub-counties
- District talk shows continue using the RDC and CAOs office airtime. UNICEF support to this will help sustain regular talk shows



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- The team from the DRC side that attended the DTF requested the district to support them with some IEC materials when the next batch is distributed (translated Lufumbira)

CROSS BORDER ACTIVITIES

Bundibugyo District

- No alerts reported today from all the Point of Entry (PoE).
- WHO team visited Busunga PoE and Kasili PoE. Screening was going normally. The team supplied Kasili PoE with jik and soap.

Kasese District

- WHO and URC visited 4 PoE Mpondwe, Kitholholho, Kithoma and Mirami. All found functional and replenished with gloves.
- Two new tents were pitched at Kithoma and Katwe Kabatoro. More tents are required for Mirami, Kitholholho and five more points yet to be opened up

Kisoro

- Screening continues at Bunagana, Kyanika, Busanza and Nteko. Screening at Kanombe has stopped due to non-functional thermometer and harsh weather conditions (no tent).
- There is only one infrared thermometer at Bunagana and Kyanika this slows down the screening process and causes frustration during the busy days
- URCS red cross volunteers conducting the screening, the health workers have however abandoned the screening activity due to lack of facilitation and in 2 sites (Kyanika and Busanza) there was not temperature screening since the health workers left with the thermometers

VACCINATION



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MoH and WHO vaccination team travelled to the high-risk districts to prepare for the exercise that is scheduled to start on Wednesday. All health facility and frontline health workers will be targeted for vaccination using the “compassionate” approach. The vaccines is safe and is known to be effective against the Ebola virus that is affecting part of DRC near the Uganda border.

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For more information, please contact:

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