



HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

10TH AUGUST 2018 (12:00 HRS) – UPDATE No 7

Situation Update from Democratic Republic of Congo as on 9th August 2018

- Cumulative cases: 44
- Confirmed cases : 17
- Probable : 27
- Total deaths : 37
- Cases under investigation : 54
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina

Note : There is no suspected or confirmed case in Uganda

EVD Preparedness in Uganda

i) Coordination

- The National Task Force (NTF) met yesterday and appreciated the high political commitment by leaders in all the high risk districts.
- The NTF noted with concern the high movement of people from DRC to Uganda especially on market days. The NTF called for increased health facility and community surveillance in all districts, printing and dissemination of case definitions and case investigation forms to all health workers.
- The NTF was informed about people from DRC who move to Kampala city and settle in some specific places. These are hotspots that require urgent follow up and surveillance.
- MSF presented a research protocol on ring vaccination using the Ebola Vaccine to the NTF. The Expanded Use and Assessment (EUA) was also discussed. The MoH will discuss this issue further and inform members about the decision.
- The NTF noted that the national EVD Preparedness and Response budget is too high. The meeting recommended prioritization of activities based on the findings of the assessment teams.
- The WHO Representative and his team met the Kabarole district leadership and discussed operational readiness. The leaders committed to undertake EVD mobilization and awareness activities in the region.



- UNHCR supported the border districts of Kanungu and Kisoro to develop the Ebola Preparedness and Response plan and activate the District task forces. 10 Infrared thermometers were donated to support the Point of Entry screening by the districts. UNHCR also supported the refugee hosting district of Isingiro, Kamwenge, Kyegegwa and Hoima to develop Ebola Preparedness and Response plans.

(ii) Laboratory investigations/Surveillance

- The MoH/WHO team assessed EVD preparedness at four health facilities (Karambi HCIII, Ihandiro HCIII, Nyabugando HCIII (PNFP) and Kasanga HC III) on the border with DRC in Kasese district. In these facilities they alerted health workers about the EVD, the urgent requirement to establish temporary isolation facilities, increased implementation of universal precautions for Infection Prevention and Control (IPC) and the urgent need for a high index of suspicion by all health workers. They also distributed case definition, case investigation and contact listing forms and oriented health staff on their use.
- The MoH/WHO trained 7 laboratory technicians at Kagando hospital on the donning and doffing of PPE and preparation of EDV Laboratory report forms.
- UNHCR and partners are screening all new refugee arrivals for Ebola-related symptoms including history of contact and temperature measurement. Hand washing, disinfection and isolation facilities have been established at the refugee transit centres.
- UNHCR decongested Kisoro and Ntoroko transit centres and moved 1,200 refugees to Kyaka Refugee Settlement in order to minimize close contact and create space for separation of those who might come from the Ebola- affected areas. UNHCR has modified guidelines for reception, transportation, settling refugees that are from affected areas or have suspected symptoms to prevent cross infections and to allow for observation.
- The UNHCR weekly surveillance reporting from all health service points has been upgraded to daily. In the refugee settlement, Village Health Teams are searching and reporting community members with Ebola-related symptoms or suspicious deaths.

ii) Risk Communication

- The risk communication team in Kasese district conducted health education sessions in three (3) schools reaching 305 pupils. The team held dialogues with 15 school teachers, 18 Boda Boda riders at Mpondwe border crossing and distributed IEC materials. The Local Council 5 Chairman and Assistant District Health Officer were hosted on radio talk show.
- UNHCR and humanitarian partners translated the National Task Force cleared materials into the common refugee languages. Ebola Risk Communication materials



were disseminated and refugee leaders together with refugee community workers oriented. 200 megaphones were distributed to settlements and transit centres.

- UNHCR and partners have instituted Mini-Ebola preparedness task forces at the transit centres and in the settlements which feed into the District-wide Task Forces in the various refugee hosting districts.
- UNICEF supported the translation and printing of posters and leaflets in 13 languages that are expected in the districts today.
- Twenty one (21) radio stations are airing EVD message daily supported by UNICEF.
- The U report team sent and monitored EVD messages over radio. This will help refine future communication and mobilization approaches. EVD message were sent to health workers over the mTrack platform in the entire region.

iv) *Cross-border Activities*

- The Uganda Red Cross Society continued screening at two border points (Busunga and Butuugo) in Bundibugyo District, and Ntoroko in Ntoroko District. At Busunga border point over 600 people were screened.
- Baylor Uganda and the Uganda Red Cross Society established another EVD screening facility at Rwebisingo landing site in Ntoroko district.

v) *Case management*

- The MoH/WHO team oriented health workers at Karugutu HCIV on EVD in Ntoroko district. The health workers were taken through enhanced surveillance, Infection Prevention and Control and safe laboratory sample collection. The facility needs more preparation to serve as an ETU.
- In Bunyangabu district, MoH/WHO team oriented health workers on EVD surveillance, sample collection, packaging and transportation; and on infection prevention and control. Health workers were given copies of EVD case definition, Standard Operating Procedure (SoPs) and guideline for responding to Viral Haemorrhagic fevers.
- The MoH/WHO team assessed the proposed EVD isolation unit at Fort portal Regional Referral Hospital guided by the JMEDICC and hospital staff. In the discussion with the Hospital Director and staff it was agreed to form preparedness/response committees to reinforce the District Task Force.



vi) Logistics

- WHO delivered 10 Infrared thermometers, 20 Jerry cans, 24 liters of JIK, 5 Hand washing facilities, 10 basins, Nose masks, 30 pairs of batteries, 10 buckets, 20 pairs gum boots, 10 Plastic Chairs and Gloves to Bwera.
- World Food Programme has deployed two logisticians to work in the region for six weeks to coordinate EVD logistics.
- UNHCR is supporting Isingiro District with hospital tents to help set-up the treatment site at Rwekubo Health Centre IV.
- UNHCR procured PPEs and dispatched them to all the refugee settlement. 180 hand washing facilities and soap have been bought and distributed to the refugee service points.

Vii) Capacity Building

- The Kikuube District Health Officer (who is also a National Ebola Trainer) trained 25 health workers in on Ebola in Kyangwali refugee settlement and surrounding health facilities. Humanitarian workers were also oriented on Ebola in the refugee settlement.

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For more information, please contact:

Dr Yonas Tegegn Woldemariam, WHO Representative- tegegny@who.int

Dr Miriam Nanyunja, Disease Prevention and Control officer - nanyunjam@who.int

Mr Innocent Komakech – komakechi@who.int

Mr Benjamin Sensasi, Communication Officer - Sensasib@who.int