



Ministry of Health

## HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

8<sup>th</sup> February 2019 (12:00 HRS) – UPDATE No 85

**a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 7<sup>TH</sup> FEBRUARY 2019 WITH DATA UP TO 6<sup>TH</sup> FEBRUARY 2019**

- Cumulative cases: 791
- Confirmed cases: 737
- Probable: 54
- Total deaths: 492

**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.**

**c) PREPAREDNESS IN THE FIELD (PROGRESS AND GAPS)**

### COORDINATION

#### Ntoroko District

- WHO provided a telephone and airtime to facilitate surveillance and early reporting of alert and suspected cases in the district. District surveillance officer will work with WHO field staff to make it functional and sustainable.
- The DHT resolved to add two member to support the district surveillance officers. Their telephone contacts will also be shared with VHTs, other responsible community members and all PoEs to facilitate quick reporting of alert cases. They will also be provided with transport (motorcycles) to ease their movement.



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- The surveillance team was asked to start using the ODK tool for monitoring and supervision of activities as done in the neighboring districts.
- DHT to liaise with UNHCR on the use and deployment of the ambulance that was procured for Ntoroko.

### Gaps and challenges

- Lack of a computer to process and submit timely reports.
- Lack of transport especially for surveillance, CBDS and community engagement activities.
- Lack of allowances for the district field officers.
- Isolation tent at Harukara was destroyed and hasn't been repaired. DHT to urgently notify WFP and the National Task Force.
- Delayed payment of allowances for the trained political, religious, cultural and traditional leaders. WHO requested to expedite the process.
- The ODK tool does not capture sub counties in Ntoroko district. IT colleagues to be contacted to upgrade the tool.

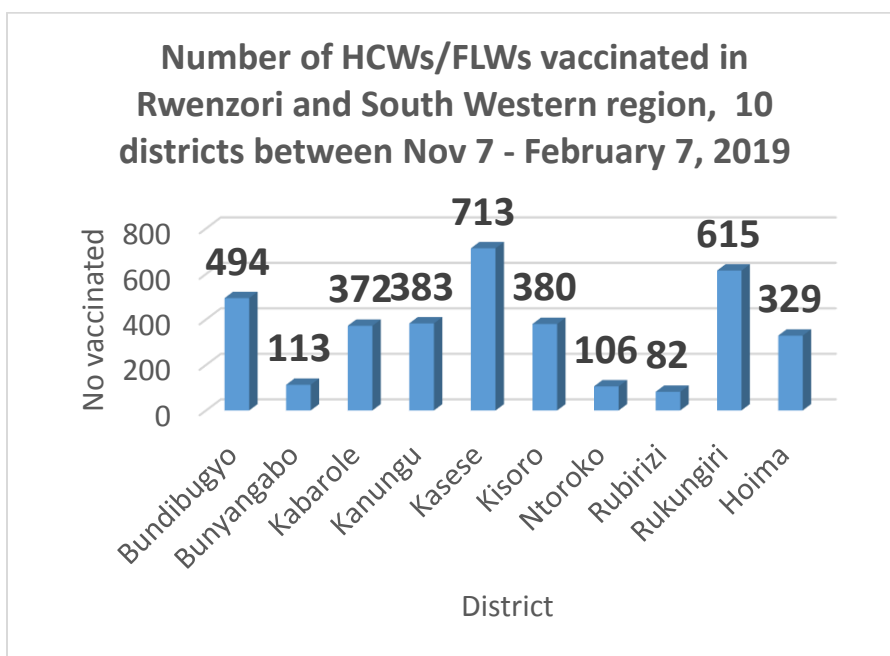
### VACCINATION

- The Ministry of Health and WHO vaccinated a cumulative total of 329 health workers from 9 health facilities including one POE against EVD in Hoima district.
- The vaccination team started work in Kikuube district today 8th February 2019.
- Cumulatively 3587 FLWs/HCWs have been vaccinated in 10 districts; 119 health facilities and 13 POEs.



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Figure below shows the numbers vaccinated since inception of the exercise on November 7, 2018



## SURVEILLANCE ACTIVITIES

### Bundibugyo District

Number of People Screened at Selected PoEs in Bundibugyo District in the Last two Days.

PoE	No. screened Wednesday 6/2/19	No. screened Thursday 7/2/19
Busunga	4510	5549
Butoogo Main	824	739
Butoogo II	297	283
Bundinamandi	723	746
Busoru II	303	415
Kazaroho	839	708
Kasiri	470	



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<b>Total</b>	<b>7966</b>	<b>8440</b>
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### Kasese District

- KK a 63 year old contact reported in Update No 83 believed to be in Bwera Town Council has not been found by the surveillance teams. The teams traced her brother's home who denied staying with her. Cross border consultation revealed that KK is not in Uganda but in Kasindi village in DRC.
- KM a female 23 year old contact reported in Update No 83 who have travelled to Kampala for business returned to DRC. She has no EVD sign and symptoms.
- Five contacts are being followed in Kasindi, DRC close to Mpondwe border. These are: VK male, 16 years; KC male, 22 years; KS female, 18years; MK female, 31years; PS male, 27years. They are going to be vaccinated as soon as possible.
- The team conducted supportive supervision at Kisolholho, Mirammi and Mpondwe, PoEs. Screening was ongoing and the volunteers reminded about EVD and IPC.
- Supportive supervision and active search continued at Bwera Hospital. No unreported or missed case of EVD recorded at the facility. Ten (10) health workers mentored on IPC.

#### *Number of People Screened at Selected PoEs in Kasese District on 7<sup>th</sup> February*

<b>No</b>	<b>POE site</b>	<b>Number of persons screened</b>
1	Mpondwe	8850
2	Lake Katwe	64
3	Kayanzi	10
4	Mirami	282
5	Kisolholho	203
6	Kithoma	490
	<b>Total</b>	<b>9899</b>

### Challenges/gaps



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- Delay in getting accurate timely information about contacts' movements within DRC and DRC to Uganda.
- Difficulty of following up contacts who crossed to Uganda by DRC medical counterparts on telephones (incompatible telephone networks).

### **Hoima and Kikuube Districts**

- WHO field team meeting held a meeting with Program Manager of Medical Team International (MTI) in which MTI agreed to continue supporting/funding allowance for volunteers as UNHCR prepares to take on this responsibility.
- WHO continues to support community and health facility surveillance.
- 55 new arrivals screened at Sebagoro, Kaiso and Nsonga PoEs on 7<sup>th</sup> February 2019. No suspected case detected.
- Radio spot on EVD continue to be aired on local FM stations in Hoima district.

### **CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)**

#### **Kasese District**

- There is an alert male case from Hima Town Council admitted at the ETU. A blood sample was picked and taken to Uganda Virus Research Institute (UVRI) for testing.
- Hima HC III and Integrated Medical Service HC III were assess on IPC and they scored 41% and 45% respectively. Six (6) Health workers mentored on IPC, hand washing and waste segregation.

#### **Kabarole District**

- The DTF had a meeting with visitors from DFID at Fort Motel which highlighted the following issues:
  - There is cross border collaboration with DRC which however needs strengthening.
  - The visitors appreciated the activities on community engagement/risk communication and they were happy to note that EVD messages had reached the grass roots. They recommended more sustained engagements.
  - The DHO briefed the team about the surveillance system that is now able to detected and pick alert cases from the community and health facilities.



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- The DHO also briefed the team about the transportation system in place to pick alerts from the community to the hospital. He also explained the system of picking blood samples, packing and transportation to UVRI for testing.
- The DTF held a meeting at RDC's board room and the following were the highlights:
  - The weekly DTF meetings should continue.
  - There is enough EVD capacity built over the months by WHO and other partners and the district is now ready to respond to any EVD outbreak.
  - Since enough capacity has been built the district will now take a lead on all the preparedness pillars.
  - There is increased reporting of alert cases in the district as the result of orientation of the community and vigilance of VHTs, LCs and other opinion leaders.
- IPC assessment carried out at Kaimara HCII and health workers mentored on IPC, hand washing and chlorine mixing.

### **Bunyangabu District**

- The DTF Noted the following issues:
  - There is sufficient information and knowledge about EVD in communities throughout the district. This is attributed to collaboration and vigilance of the district leadership, partners, VHTs, LCs and other community structures.
  - WHO is scaling down technical presence in the district and district staff will gradually take over activities in the different pillars. However, logistical and some technical support in a few areas will be required.
- UNICEF provided three chlorine mixing machines which were distributed to Rwiimi, Kibito and Kiyomba health centers. The machines can generate 2.5% chlorine mix.
- The DHT will training both primary and secondary teachers and volunteers from the high risk sub counties on EVD next week
- DHT will generate a list of health facilities without water and latrines and solicit for possible support from donors.
- The District Risk Communication subcommittee will plan and host radio talk shows on FM radio stations.



- UNICEF promised to support air time on radio stations for EVD spots and messages.

### **Ntoroko District**

- Results for the 8 year old female (reported in Update No 84) who came in from Beni DRC last week and later developed EVD-like symptoms were negative for Ebola and other VHF. She is being treated for other conditions at present.

## **RISK COMMUNICATION/SOCIAL MOBILIZATION**

### **Bundibugyo District**

- The DTF met and the following were the highlights:
  - Reviewed Social Mobilization and Risk Communication /Community Engagement activities and was satisfied with results achieved especially on raising EVD community awareness and contribution to heightened index of EVD suspicion evident in the district.
  - The DHT will compile and share a list of all trained VHTs and other groups with their contacts.
  - The DHT will distribute reporting forms (CBDS) VHTs.
  - The DHT will document community activities of WHO, URCS and Obulamumu.
  - The DHT will orientate more health unit staff on EVD and develop work plan for the next three months.
- Station managers for UBC and DFM radio stations agreed to continue airing EVD messages for free as the district still faces a big EVD threat from increased spread in DRC.
- The DHE was requested to work on a new plan and budget for radio talk shows and air time for spots and messages.
- Supervised Kasiri PoE where two out of four volunteers were found on duty. They were oriented on IPC, EVD case definition and given IEC materials for the general public. Challenges at this PoE were:
  - General lack of regular and consistent support technical supervision by the district staff.
  - Lack of a tent, gumboots, toilet and chairs.

### **Kasese District**



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- Oriented VHTs at Muhokya and Munkunyu sub counties and at Kinyamaseke Town Council on EVD. Distributed 30 posters on Ebola to the sub-county leaders and the VHTs. Sub-county leaders were updated about their delayed allowances which are being processed to be paid through mobile money services.
- DHT/WHO team carried out community sensitization at Kahendero landing site in Muhokya sub-county. It was at a funeral attended by over 200 people. Several rumours and misinformation were addressed and knowledge gap exhibited by some of the opinion leaders and VHTs rectified.

**End-**

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