



Ministry of Health

## HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

20<sup>th</sup> MAY 2019 (12:00 HRS) – UPDATE NO 118

### **SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 19<sup>th</sup> MAY 2019 WITH DATA UP TO 18<sup>th</sup> MAY 2019**

- Cumulative cases: 1,816
- Confirmed cases: 1,728
- Probable: 88
- Total deaths: 1,209

#### **a) 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.

#### **b) PREPAREDNESS IN THE FIELD (PROGRESS AND GAPS)**

### **COORDINATION**

#### **Kasese District**

##### **Achievements**

The weekly surveillance subcommittee meeting was held in the District Health Officer's office.

#### **Ntoroko District**

##### **Achievements**



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- Ntoroko district is ready and prepared to handle any emergency as all staff are well prepared with adequate EVD knowledge.
- There was a meeting attended by OPM, UNHCR, IOS, Bundibugyo and Ntoroko districts officials.
- Ntoroko district is prepared to receive and handle refugees following construction of a collection center in Kanara town council.
- National security at PoEs is guaranteed following sufficient deployment of personnel.

### Gaps and Challenges

- There is no gazetted refugee transit camp in Ntoroko district. There is only a collection centre at Kanara.
- Most of the new refugees stay with their relatives which puts the community at risk of EVD.
- There is only one ambulance stationed at Kanara town council which is inadequate given the vastness of the area at risk.

## SURVEILLANCE ACTIVITIES

### Kasese District

#### Achievements

*Number of people screened at selected PoEs in Kasese District on 19<sup>th</sup> May 2019.*

No	PoE site	No of persons screened
1	Mpondwe	5217
2	Kayanzi	10
3	Mirami	278
4	Kisolholho	206
5	Kithoma	207
6	Katwe	50
	<b>Total</b>	<b>5,968</b>

### Gaps and Challenges



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- The land issue at Mirami PoE is not yet resolved
- Utility bills for Mpondwe PoE not yet paid.
- Septic tank for the water closet at Mpondwe PoE sunk in and currently toilets are out use.

## **Ntoroko District**

### **Achievements**

- 22 PoEs are fully functional screening travelers entering Uganda from Congo.
- Two (2) EVD alerts were detected, samples picked and they tested negative for Ebola and other VHF diseases.
- Active case search and support supervision at Health Facilities, PoEs and community continue to be conducted.
- Health talks at HFs, community, churches and mosques on EVD are ongoing.

### **Gaps and Challenges**

- Four (4) PoEs in the district are currently not manned.
- All PoEs have just one (1) infrared thermometer each
- Four PoEs have no screening tents
- There is lack of transport means and fuel for support supervision and surveillance.

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

### **Kasese District**

#### **Achievements**

- No EVD alert case detected in last one week.
- The district surveillance team supported by MoH and TASO conducted supervision in 12 health facilities focusing on reporting, medical stocks monitoring for supervisors and in-charges.
- The team also supervised 24 Village Health Team (VHTs) members and oriented them on drug stocks, storage, VHT registers and referrals.



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- The team submitted weekly reports for 6 health facilities on chlorine generation to UNICEF.

### **Gaps and Challenges**

- There is shortage of reporting tools especially the 097B form
- There is lack of referral books for VHTs
- There is lack of full VHT stock kits (especially gloves and safety boxes)
- There is lack of protective gear e.g. gum boots
- There is a knowledge gap for some health workers in filling of reports from the registers
- There is inadequate feedback for VHTs from health facilities
- Waste disposal is poor resulting from inadequate supply of safety boxes
- Some units don't have smart phones to submit ODK reports
- Generation of chlorine in some facilities is left to cleaners who have inadequate knowledge.
- In Nyamirambi HCIV, chlorine generation is not done at all. There is need to transfer the equipment to another health facility.

### **Ntoroko District**

#### **Achievements**

- Last week, two (2) EVD alert cases were detected and responded to.

#### **Gaps and Challenges**

- Lack of transport means and fuel for support supervision and case management teams.

## **RISK COMMUNICATION AND SOCIAL MOBILIZATION**

### **Kasese District**

#### **Achievements**

- Three (3) radio talk shows on EVD were conducted last week.



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- Save the Children supported local/leaders and some DTF members to conduct supervision visits in communities as well as VHTs.

## **Ntoroko District**

### **Achievements**

- 40 ambulance riders / drivers were oriented on EVD
- 20 VHTs were trained on risk communication.

### **Gaps and Challenges**

- Lack of transport and fuel for risk communication activities
- Inadequate IEC materials in the local languages.

**-End-**

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