



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

28th MAY 2019 (12:00 HRS) – UPDATE NO 121

SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 27th MAY 2019 WITH DATA UP TO 26th MAY 2019

- Cumulative cases: 1,920
- Confirmed cases: 1,826
- Probable: 94
- Total deaths: 1,281

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

- WHO continues to support field activities in South West Uganda with transport for the teams.
- Kanungu District Infection Prevention and Control (IPC) mentors meeting was held on the 27th of May 2019 and resolved the following:
 - Uganda Red Cross Society (URCS) staff to request for IPC supplies from the nearby health facilities instead of waiting till their supervisor delivers replenishments. They will also participate in the joint supervision activities.
 - The District Health Team (DHT) will strengthen collaboration between health facilities and the Points of Entry (PoEs).



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- Staff at the PoEs should conduct risk communication so that travelers appreciate the importance of hand hygiene with chlorinated which is always available.
 - Risk communication about hand hygiene at PoEs will be strengthened so that travelers do not resort to illegal entry points where there is no staff or control.
 - URCS will brief the next District Task Force (DTF) meeting about their operations at PoEs in Kanungu district.
 - IPC lead for Kanungu district will report on the weekly IPC activities in the next DTF meeting.
 - Staff under 5s and QI to be incorporated in IPC sub-committee since they have the same objectives.
- There will be a stakeholders meeting in Rukungiri district on 28th May 2019.
 - The DTF meeting for Rubirizi district will also be held on 28th May 2019.

SURVEILLANCE ACTIVITIES

- There have been no EVD alerts from South Western Uganda on 27th May 2019.

CASE MANAGEMENT

- EVD case management training and IPC is planned for in-charges of Matanda HCIV, Kanungu HCIV, Kihiihi HCIV and Rugyeyo HCIII all in Kanungu district.
- Kanungu district is conduct EVD simulation exercise focusing on:
 - Response to an alert case
 - Transportation of alert cases to the isolation center
 - Triaging and filling of the case investigation forms
 - Taking samples from the patients
 - Hand hygiene
 - Donning and doffing of PPEs
 - Preparation of different chlorine concentrations
 - Making a contact line lists
 - Management in the ETU/isolation unit and discharge of patients.



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- The construction ground for the ETU at Kihiihi HCIV has been cleared. However, the WFP team is yet to indicate how the suggested modifications in the ETU plan to cater for patient/clinician flow and IPC issues will be handled.

INFECTION PREVENTION AND CONTROL (IPC) AND WASH

Kanungu HCIV

- The staff have received mentorships on IPC and some of them are now mentors.
- There is a chlorine generating facility at the hospital. The staff are also conversant with the preparation of different concentrations of chlorine solution.
- There are hand washing facilities at the different points in the health center.
- The in-charge acknowledged receiving IPC materials from WHO delivered by WFP and these included; Chlorine, aprons, buckets and bin containers.
- They have appropriately positioned color-coded bins with bin liners in black, red, yellow and brown colors and sharps disposal containers. Waste collection is done by a private company and there is a pit for burning the waste in case they delay.

Rugyeyo HCIII

- The hospital IPC focal person was trained in Kabale Regional referral hospital and is providing IPC mentoring in different facilities in the district.
- There are red, black, yellow and brown waste segregation bins in all the departments with bin-liners as well as the sharps disposal boxes. The waste segregation is appropriate to the type of bin. When full, the waste is cleared by a private company. If not taken the facility has an incinerator in place in which waste is burned.
- The staff were mentored by Marie Stopes on Chlorine preparation to the required concentrations. The Ministry of health supplied the hospital with Soap and chlorine and these are still available. There are hand washing facilities at all departments but the chlorine is kept in the sunshine and changed every 24 hours. The staff were advised on the need to prepare the solution every 03 hours in case it is not kept in the shade.

Kihiihi HCIV



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- The health center has appropriately colored disposal bins with bin liners in place and waste is appropriately segregated. However, there are no waste segregation bins in the maternity, pediatric and general wards of the facility. USAID pays the contractor who collects the waste. There is no incinerator at the hospital.
- There are seven hand washing stations at the hospital. Staff are conversant with the preparation of chlorine solution. The chlorine for the health center is supplied by Matanda HCIV which has a chlorine generator. It is prepared once every 24 hours but is not stored in a shade. The staff were informed of the need to prepare chlorine every 03 hours in case it is not kept in the shade.

Matanda HCIV

- The health center has waste disposal bins in red, black, yellow and brown colors as well as sharps disposal boxes. However, there are no bin-liners in some of the cans and the waste is discarded in the wrong cans. There were used Rapid Diagnostic Test (RDT) strips on the working table of one of the officers and stored bin containers in the same office. The officers were told about the need to put bin-liners in the containers and to use them appropriately. The officers were also informed about the need to drop the used RDT tools in the appropriate waste bins. The health center has an incinerator in place and they burn all accumulated waste on site.
- There are hand washing facilities at the points of entry but the chlorine was last mixed on three days ago due to an interruption of the water supply at the facility. There is a chlorine generator and soap as well as ready prepared chlorine. The staff were informed of the need to prepare chlorine solution every 24 hours and to keep it in the shade.

IPC Consultant

The IPC Consultant together with the Kanungu District IPC mentors held a meeting in which various teams presented their activities:

- In the last two weeks the team had conducted IPC training at 17(35%) health care facilities out of the 48 and 6(33%) PoEs out the 18 near the DRC border.
- IPC SoPs for chlorine mixing for different concentrations were provided to some facilities.
- The data manager for Kanungu district received the IPC reports and encouraged the IPC mentors to send them regularly and on time.



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- The Kanungu district IPC work plan will be ready soon for presentation to the DTF.

RISK COMMUNICATION AND SOCIAL MOBILIZATION

- There are IEC materials on EVD in Matanda, Kihiihi, Rugyeyo and Kanungu health centers.

CHALLENGES

- Staff at most health centers don't attend Continuing Medical Education sessions due to lack of facilitation.
- The absence of facilitation for laboratory team members involved in sample collection leads to poor collection of samples from alert cases.
- There are no toilet facilities as well as shelters/tents at several PoEs.
- There is irregular water supply for hand washing at most PoEs.
- Sample collection kits are presently not in the field and this might lead to improvising in case of alert cases.

RECOMMENDATIONS

- Several district health teams are requesting for EVD vaccination for responders manning the PoEs who missed out when it was offered.
- There is need for water tanks at some PoEs which district authorities are willing and able to refill regularly.

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