



EBOLA VIRUS DISEASE IN UGANDA



21 June 2019 as of 20 00 Hrs

Situation Report

SitRep #10



1. Situation update

Cases



Deaths



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **08** since the death of the last confirmed case who passed on the 13 June 2019 while on transfer to the DRC for further management
- There are **108** contacts under follow up
 - **107** were followed up today
- **01** suspect case on admission in ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response team continue to investigate all alerts
- Cumulatively **733** individuals have been vaccinated: **68** contacts, **489** contacts of contacts and **176** frontline health workers.
- **100** contacts of contacts were vaccinated today

EPIDEMIOLOGICAL SUMMARY

Background

On 11th June 2019, the Ministry of Health of Uganda declared the 6th outbreak of Ebola Virus Disease (EVD) in the country affecting Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the Democratic Republic of Congo (DRC). This child was one of 6 people that travelled from the DRC while still being monitored as suspect cases following a burial of the grandfather who succumbed to EVD. The child was ill by the time he crossed into Uganda and the mother took him for medical care at Kagando hospital in Kasese district with symptoms of vomiting blood, bloody diarrhea, muscle pain, headache, fatigue and abdominal pain. The child tested positive for Ebola Zaire by PCR and he later died on 11th June 2019. Two other members of the family, a grandmother and 3-year-old brother also tested positive for Ebola on 12 June 2019 and the grandmother died later the same day. The 3-year-old brother also died on the 13 June 2019 since then no new confirmed EVD case has been reported in Uganda. There is one EVD suspect case in the ETU with pending laboratory results.

Figure 1: Movement of the EVD cases from Congo into Uganda

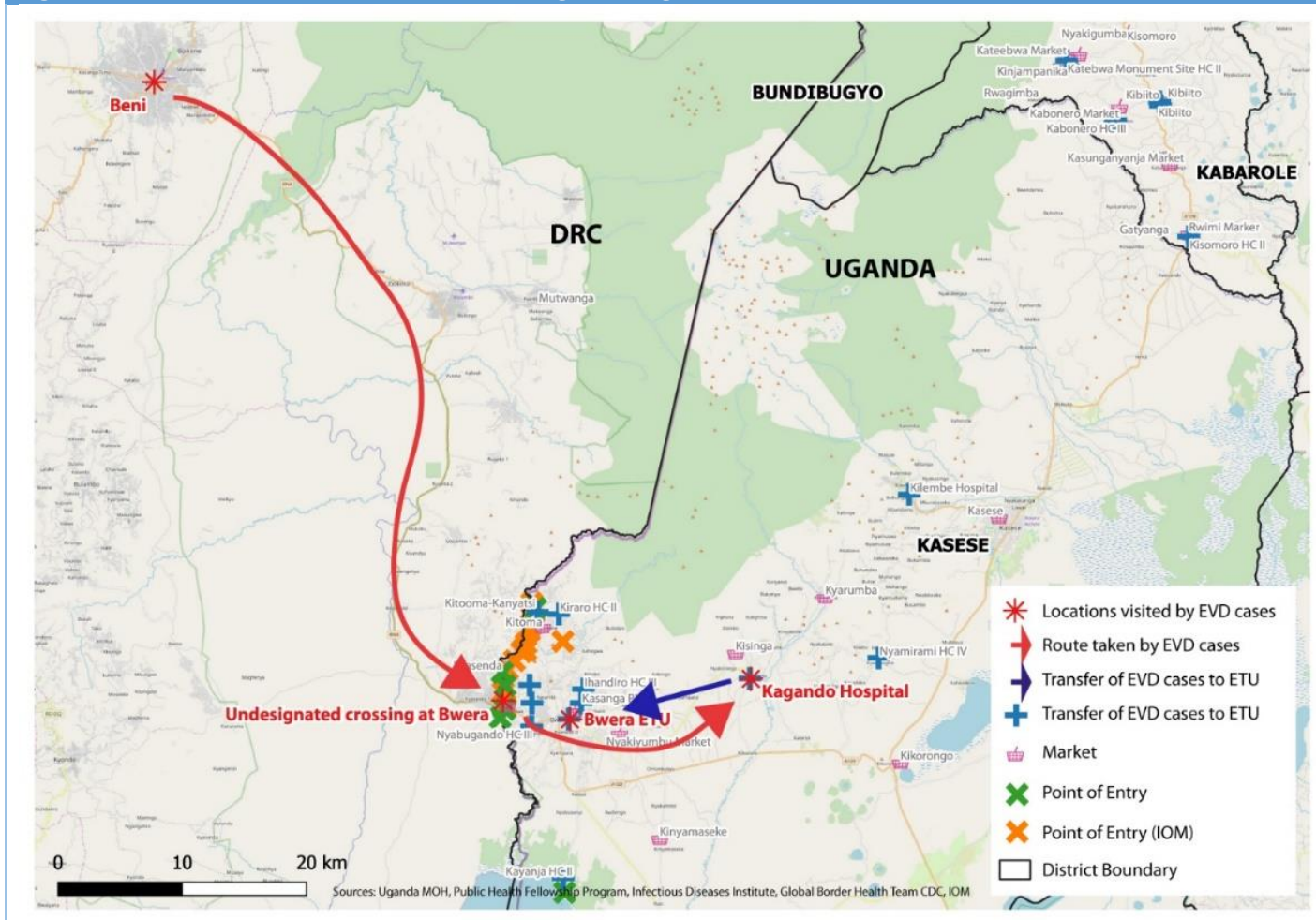
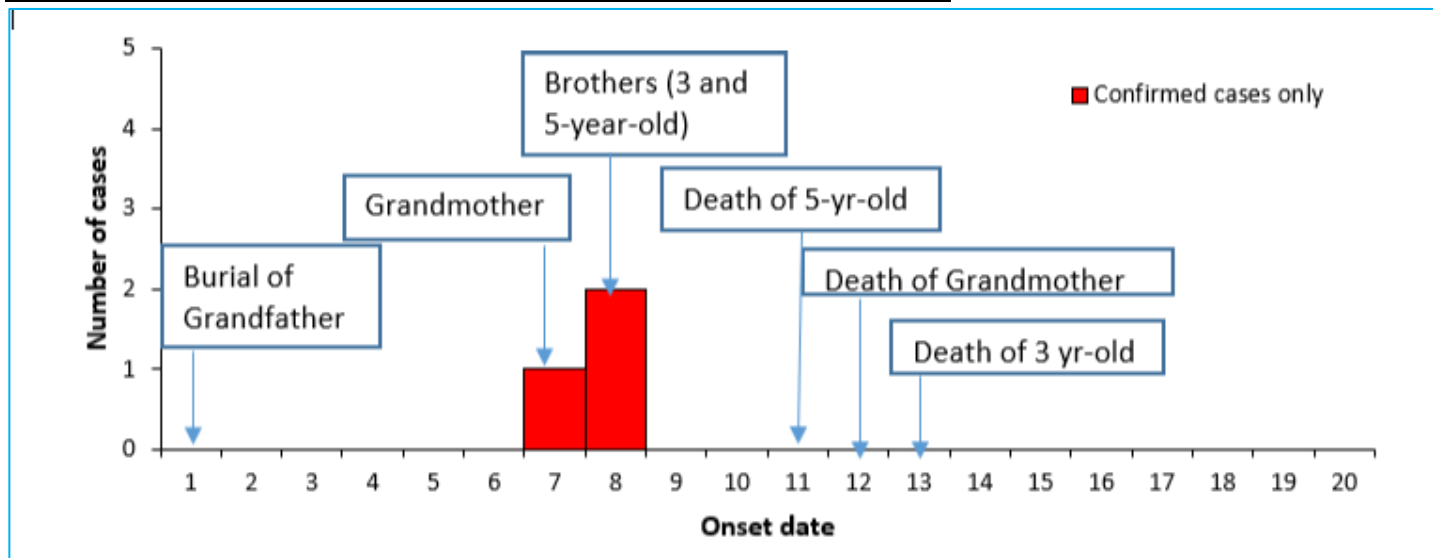


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

SUMMARY OF CASES (as of 21/June/2019)	Number of cases
New suspect cases today	01
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	01
Runaways from isolation	00
Cumulative number of contacts listed as of today	108
Number of contacts that have completed 21 days	00
Number of contacts under follow up	108
Number of contacts followed up today	107
Cumulative number of individuals vaccinated	733
Number of contacts vaccinated	68
Health workers	03
Community	65
Number of contacts of contacts vaccinated	489
Health workers	00
Community	489
Number of front-line health workers vaccinated	176
Number of contacts vaccinated today	00
Health workers	00
Community	00
Number of contacts of contacts vaccinated today	100
Health workers	00
Community	100
Specimens collected and sent to the lab. Today	01
Cumulative specimens collected	20 ²
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	10
Specimens with pending results	01
Date of discharge/death of last confirmed case	13-June-2019

¹ includes 1 death in the DRC² includes 6 repeat samples

Figure 2: Epidemic curve of Ebola Virus Disease outbreak in Kasese, June 2019



2. Public Health Actions to date

Coordination

The coordination team held two meetings today. One was the daily District Task Force meeting and the second was with the district political leadership with the aim of sharing the current EVD outbreak situation in the district and setting up strategies for response, prevention and control in a collaborative fashion.

The district chairperson social services committee chaired today's EVD District Task Force meeting. The meeting discussed action points raised during the DTF meeting held the previous day. It also received feedback from the sub-committees following the activities conducted the previous day.

Other key issues discussed included;

- The need for political leaders to be involved in the response activities including attending sensitization meetings in their respective communities
- Need for more radio jingles and spot messages
- Need to sensitize religious and local leaders in the community especially LCIs
- Continuous sensitization of communities on the outbreak
- The need to integrate response activities and use one vehicle when going for field work, instead of many vehicles going to the same location, which is not being appreciated by the community members
- Restructuring the ETU; EVD taskforce is to coordinate with logisticians on ways of improving the structure
- The need to reduce vehicles in the field to reduce people's anxiety and to alleviate hostility in communities

Surveillance

- One alert was received today, reviewed and fulfilled the case definition.
 - A 60-year-old man from Karambi subcounty, Kamasasa village, Kasese district with mental illness, had symptoms of fever (38.4°C), profound body weakness, loss of appetite, muscle pain, joint pain, headache, and hiccups with no bleeding; onset of symptoms was 16-6-2019. He had a history of visiting DRC earlier in the week. The suspected case was sent to the ETU for investigation and management
- The community and event-based disease surveillance teams screened 182 local council leaders and sub county chiefs attending a local government inductive training.
- Visited 3 health facilities and engaged 9 VHTs on community and event-based surveillance.

- The GoData mobile application was installed and tested on 10 mobile phones of contact tracer supervisors
- Imported contact follow-up data from Epi Info into Go Data
- The active case search team visited 2 health facilities (Katungururu HC III and Kasenyi HC III) and Katungururu Primary School. The team offered health education and screening services at the facilities.
- The team from PoE visited 5 porous border points and 4 official points and screened 15616 at official points, porous points, bus terminals and 14 at airfield.
- The PoE team distributed thermometers to a bus terminal and 3 porous borders

Laboratory

- One sample collected today and referred to the central testing laboratory (UVRI); results are pending
- Cumulative number of samples referred to date is twenty including six repeats
- Installation of power back up equipment in the mobile laboratory
- Set up of trial run in the mobile laboratory

Case management

- There is one new suspect case on admission today still under investigation. A sample was taken and sent to UVRI for investigation. Results are pending.

Risk Communication and Community Engagement

- Conducted community drives using 3 mobile van teams which sensitized 9,947 people on EVD
- Sensitized 45 district councillors from 36 sub-counties, sensitized 86 people and conducted one community meeting, nine household visits
- Conducted 10 group discussions and sensitized 211 people on EVD
- Team visited 15 schools and sensitized 3,674 pupils on EVD
- Conducted one radio talk show
- Distributed IEC materials including 134 posters and 160 leaflets
- Deployed a rumour-tracking tool to collect feedback from communities

Infection Prevention and Control

Today, the team conducted an orientation of 46 health workers at six health facilities located within the affected areas of Kaganda and Bwera. We found chlorine for hand washing in high concentrations. This was due to different formulas (MSF-1 teaspoon=4.5g vs WHO-I leveled tablespoon=4.5g). The team did not observe sterilization, of medical equipment at Nyabirongo HCIII and were advised to start immediately.

Health Facility	Number of Health Workers oriented
Afya Medical Diagnostic Centre	10
Bwera ETU	22
Kyondo HC III	03
Kasese Hospital	06
Nyabirongo HCIII	06
Total	47

Psychosocial

- Offered psychosocial support to the family of the index case in Kirembe village
- Offered psychosocial support to health workers that are contacts of the index case in Bwera and Kagando Hospitals

Logistics

- Issued 110 doses of EVD vaccines to the vaccination team
- Completed logistical data entry of into the Electronic Emergency Logistics Management Information system
- Issued 100 IEC materials on EVD
- Received 100 digital thermometers

WASH

- Inspected schools, hotels, restaurants, churches, markets, banks, factories, regular community stages to assess the level of sanitation standards, water situations and functionality of hand washing facilities (HWFs)
- Conducted continuous monitoring, supervision and follow ups of public places
- Carried out demonstrations on chlorine powder and jik solution mixing for hand washing in all places found with jik or chlorine powder
- Forecasting WASH supplies for screening points, health facilities and schools

The Wash team also visited and noted the following;

- Lake Katwe subcounty: 3 schools had HWFs and use chlorine for water treatment,3 churches,1 mosque and 1 eating place had no HWFs and made agreements to provide by Monday next week
- Nyamwamba division: 2 schools visited had HWFs and use liquid soap for hand washing, littered toilets. Mawa market had 4 entrances with WHFs treated with local detergent (Omo)
- Mpondwe Lhubiriha Town Council: 4 schools, all had inadequate HWFs with no knowledge on mixing chlorine, teachers and selected pupils were oriented. Safe water for drinking was found in two schools
- Katwe Abature Town Council: Katwe police station, Katwe Guest house, Mweya tourist gate, Good times hotel, elderly home: homes did not have HWFs and all promised to buy and install by Monday
- Bwesumbu Subcounty: 3 schools all had functional HWFs and good sanitary facilities
- Subcounty headquarters of Bugoye, Hiima, Kitswamba sensitized 70, 38, 64 VHTs respectively (N= 172) with emphasis on hand hygiene
- Ibanda Kyanya Subcounty: 3 primary schools, 2 churches, Bikone Health Centre II and 2 private primary schools did not have HWFs and promised to buy by Monday 24 June 2019

Vaccination

Cumulatively 733 individuals have been vaccinated including 68 contacts of whom 3 are health workers,489 contacts of contacts and 176 frontline health workers. Today 100 contacts of contacts were vaccinated. No high-risk contacts were vaccinated today because the vaccination teams were completing the ring that had been worked on the previous day.

Challenges and observations

- Myths and rumours about the Ebola vaccine leading to some communities declining to be vaccinated. For example, people running away on seeing response vehicles in Kisolholho village, Karambi Sub-county fearing that they are going to be vaccinated through the umbilical cord with Ebola
- Sub optimal levels of supplies and logistics to facilitate the vaccination teams.
- Negative attitudes of health workers on use of PPEs for example in Karambi HCIII
- The communities still have fears about the EVD vaccine
- Prisons need infra-red thermometers
- All schools still complain of chlorine as well as lack of hand washing facilities
- Inadequate screening services at 18 PoE and 6 bus terminals
- Reluctance by most private institutions to provide the necessary sanitary facilities such as hand washing facilities
- Stock out of IEC materials
- Inadequate risk communication personnel on the ground as well as transport for the team
 - Need more risk communication personnel from MoH
- Patients going to a traditional healer

- Need to engage traditional healers in the response

Key planned activities

- Conduct active case search, contact listing and follow up in health facilities in all Health Sub-districts
- The wash committee together with all environmental health staff in the district will visit more institutions (schools, markets, health facilities) to assess the WASH interventions towards EVD prevention and control
- The risk communication team to continue working with vaccination team in Bwera on community engagement to address rumors through community dialogue meetings
- Sensitise community members, stop mass gatherings, alleviate fears and anxiety among community members on EVD and encourage people to hand wash and stop handshaking. The community will also sensitise on the importance of safe and dignified burial following resistance at SDB of a suspect case.
- The risk communication team will visit the markets and other public places to conduct sensitization and engagement meetings on EVD alertness
- Involvement of VHT/volunteers to support risk communication at POEs with risk communication teams

3. Conclusion

Surveillance has been intensified in the district and community awareness has also been heightened. Transport challenges have lessened and there is more political involvement in the response. However, we need to further strengthen community engagement for communities to better understand the importance of vaccination and address myths and misconceptions emerging in the communities. Kasese remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross border movements.

4. Partnerships

We acknowledge the support from the following partners in response to Kasese Ebola outbreak.

Thematic Area	Partner
Coordination	WHO, UNICEF and Save the Children
Surveillance	IRC, AFENET, WHO, CDC, Uganda Red Cross
Laboratory	CDC Uganda
Risk Communication	UNICEF, WHO, UPDF, BRAC-Uganda, USAID CHC-Obulamu, URC, Save the Children, St. John's Ambulance,
Case Management	WHO, MSF
Infection Prevention & Control/ WASH	WHO, UNICEF, Baylor Uganda, St. John's Ambulance, Save the Children, Uganda Red Cross, IRC
Psychosocial Support	AFENET, WHO
Logistics	WHO, UNICEF, Baylor Uganda, WFP, Uganda Red Cross, BRAC Uganda
Security	UPDF, Uganda Police

Points of Entry	WHO, AFENET, Uganda Red Cross, IRC, IOM
Vaccine and therapeutics	WHO, MSF

5. Current Risk Assessment

The contact follow-up rate is encouraging and has been consistent for the last 8 days.

Currently, social mobilisation, WASH and IPC have been intensified throughout the entire Kasese District and have been so instrumental in containing the EVD threat. A competent case management team is on standby to manage all cases identified as well as a laboratory sample management system that is able to provide a definitive diagnosis within 24 hours of identification of a case.

The vaccination campaign has supported containment of the threat by forming two protective rings around contacts to the three confirmed cases identified in Uganda as well as those contacts who attended the burial and are linked to the grandfather who died in DRC. Many Frontline health workers have also been vaccinated.

Surveillance systems have been enhanced to support Community Based Disease Surveillance (CBDS), Points of Entry surveillance, active case search, Event Based Surveillance including mortality surveillance and alerts management.

However, there is need to support PoE surveillance especially in identifying and manning screening points at previously unknown ground crossing points. Screening at other crossing points still occurs during the day and hardly at night. It should be understood that the persons who eventually turned positive for EVD crossed over from the DRC into Uganda during the night!

Whereas CBDS and EBS structures have been activated, they are still not strong enough to effectively contribute to early identification and reporting of cases. A local coordination mechanism for CBDS and EBS is still not yet well institutionalised to support EVD surveillance. Again, the VHTs who were activated to lead the implementation of this system (2 per village) seem inadequate and less motivated to support this system.

Overall, the risk of spread of the current outbreak within Kasese District remains low as all high risk contacts have been identified and are closely monitored. Most of these contacts have been vaccinated. However, the risk of importation of any other EVD cases from DRC into Uganda is still imminent and a high possibility, especially following the ongoing clashes between the Lendu and Hema tribes in Eastern DRC, the epicentres of the EVD outbreak in DRC.