



# EBOLA VIRUS DISEASE IN UGANDA

22 June 2019 as of 20 00 Hrs

Situation Report

SitRep #11



## 1. Situation

Cases



03



Deaths

03

## Key Highlights

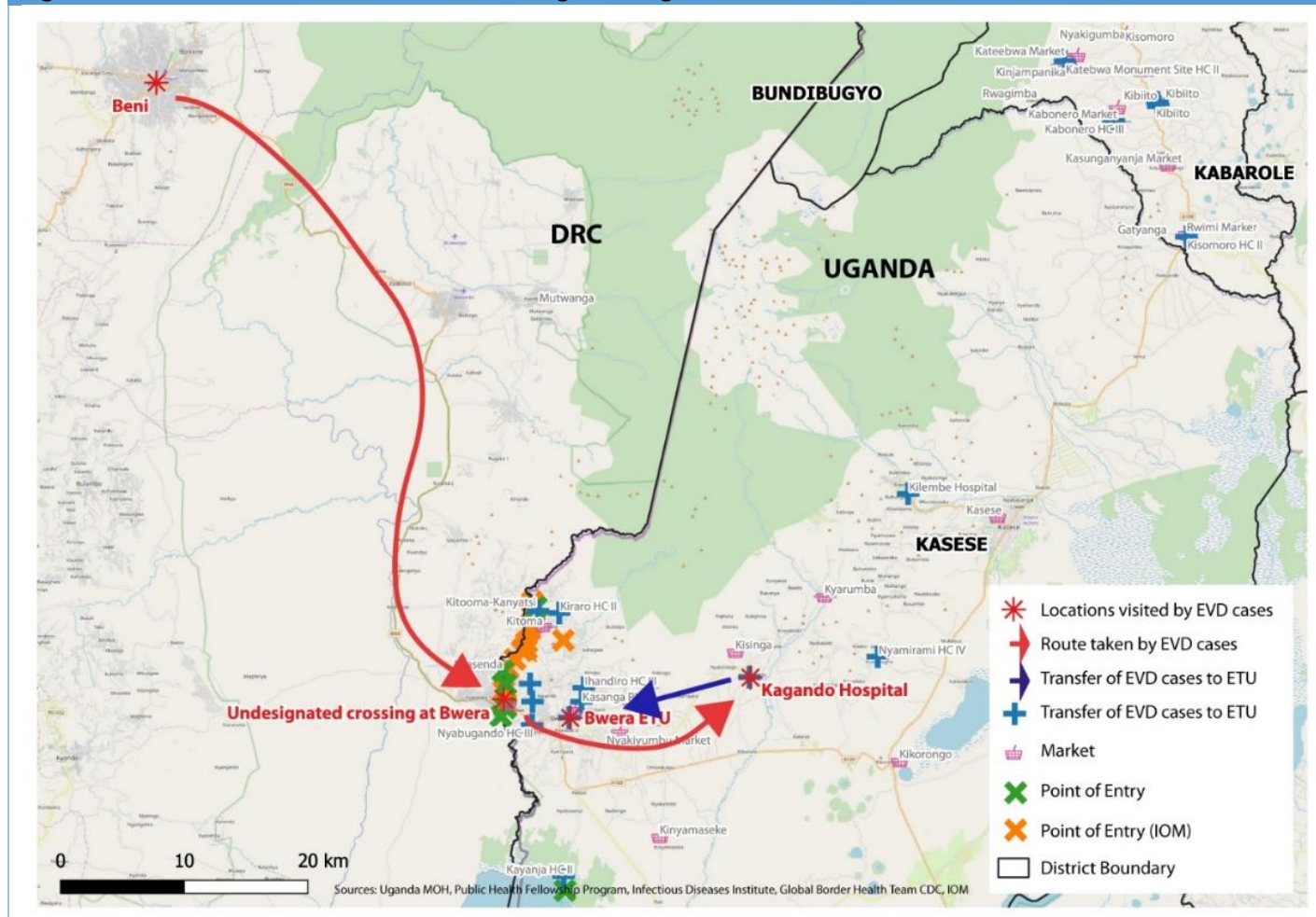
- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **9** since the death of the last confirmed case who passed on the 13 June 2019 while on transfer to the DRC for further management
- There are **108** contacts under follow 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 **771** individuals have been vaccinated: **74** contacts, **497** contacts of contacts and **176** frontline health workers.
- **38** individuals were vaccinated today: **06** contacts and **32** contacts of contacts

## EPIDEMIOLOGICAL SUMMARY

### Background

On 11<sup>th</sup> June 2019, the Ministry of Health of Uganda declared the 6<sup>th</sup> 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 11<sup>th</sup> 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 negative laboratory results on 1<sup>st</sup> sample.

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



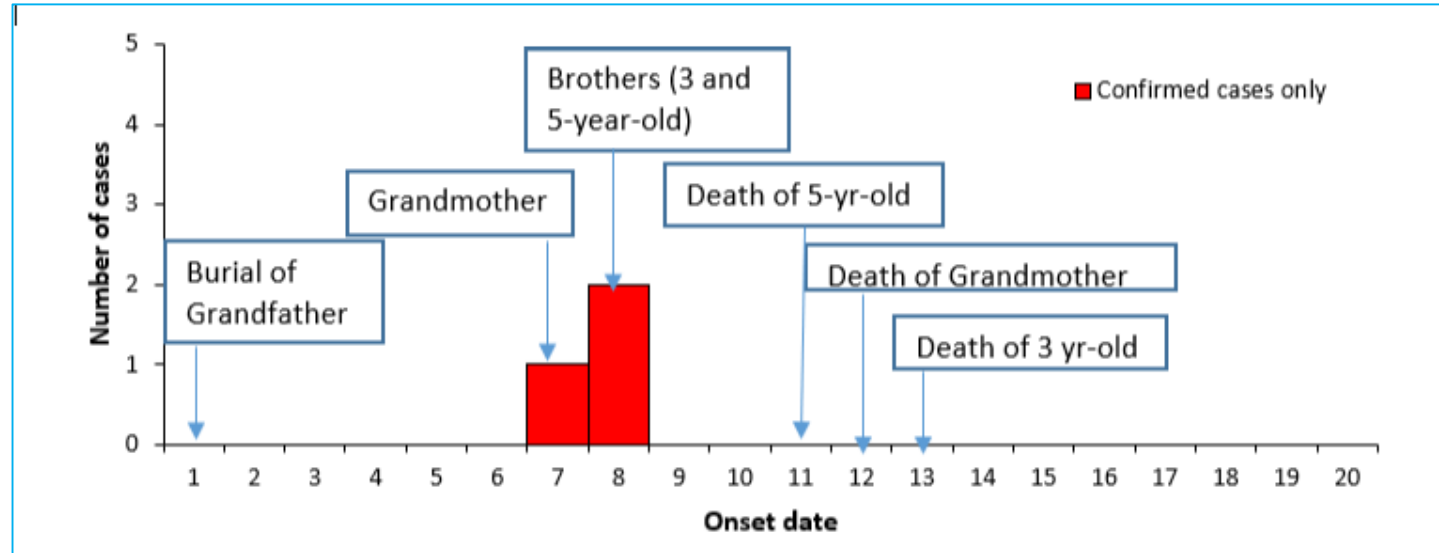
**Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019**

<b>SUMMARY OF CASES (as of 21/June/2019)</b>	<b>Number</b>
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 <sup>1</sup>
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
<b>Cumulative number of individuals vaccinated</b>	<b>771</b>
Number of contacts vaccinated	74
Health workers	3
Community	71
Number of contacts of contacts vaccinated	497
Health workers	00
Community	497
Number of front-line health workers vaccinated	176
<b>Number of contacts vaccinated today</b>	<b>06</b>
Health workers	00
Community	06
Number of contacts of contacts vaccinated today	32
Health workers	00
Community	32
Specimens collected and sent to the lab. Today	00
Cumulative specimens collected	20
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	11
Specimens with pending results	00
Date of discharge/death of last confirmed case	13-June-2019

<sup>1</sup> includes 1 death in the DRC

<sup>2</sup> includes 6 repeat samples

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



## 2. Public Health Actions to date

### Coordination

Today the daily District Task Force meeting was not held. However, a coordination meeting with all key players and field teams was held with the aim of setting strategies and mechanisms for the response.

Key issues discussed

- District EVD response plan not yet funded
- Involvement of all political leaders in the fight against Ebola.
- Discussed on grouping and Teaming according to activities (facility based and community-based activities)
- All partners are supporting MoH and should comply with TOR by MoH
- There should be one list of contacts shared by surveillance team and vaccination.
- Intensify community dialogue
- The community demands to be addressed by their local leadership.
- There is need to share names of areas or places that are affected by Ebola in DRC with Immigration offices for easy identification of individuals from such places at the PoE.
- All high-risk contacts should be vaccinated immediately within two days

### Surveillance

- A total of 107 out of 108 contacts were followed up today. None had developed EVD signs or symptoms. One contact moved to Kamwokya in Kampala and she was identified and has not developed symptoms. This contact is being followed by the Kampala City Council contact tracing team.
- No alert was received today. The cumulative total of alerts received is 13 (five suspects, 7 none case and one contact)
- Active screening was ongoing at 6 official border points, 5 bus terminals, 1 airfield, and 5 porous border points.

### Laboratory

- The Laboratory received results of one sample collected on 21 -6-2019 and it was negative. There are no pending results.
- No sample was collected today. The cumulative number of samples referred to date is 20 including 6 repeats
- The mobile lab at Bwera Hospital is now set to run onsite testing of duplicate sample (specifically for Ebola Zaire strain)

**Case management**

- There is one suspect case on admission today still under investigation with a negative result on the first test. Second sample will be taken tomorrow and tested using the onsite laboratory.

**Risk Communication and Community Engagement**

- Conducted 1 radio talk show on Kasese Guide Radio
- Engaged 4 prison officers of Rusesa and Nyabirongo prisons and discussed EVD basic facts and developed a schedule for engagements of prisons communities in Kasese.
- Secured appointment with the local leadership of Mirami village to discuss community hostilities towards the ongoing ring vaccination.
- Developed a schedule for orientation of school headteachers on EVD basic facts.
- Visited 9 villages and sensitized 2,200 people on EVD
- Conducted one community meeting in Kyabolokya II village in Mpondwe Lhubiriha town council and sensitized 86 people on EVD.

**Planned Activities for Risk Communication and Community Engagement on 23rd June 2019**

- Film van in Bukonzo East
- Community dialogues in Bukonzo West
- Community drives Busongora North and Bukonzo West
- Visit to churches in Bukonzo East and West

**Logistics**

- Received two full PPE kits.
- Received 10 beds and 10 mattresses from WHO.
- Issued 210 EVD vaccine doses.

**WASH**

- Followed up 10 public places that did not previously have hand washing facilities. Four had the facilities and 6 promised to provide the facilities
- Visited 13 schools and mentored on hand washing. Seven government schools have water without chlorine and 6 private schools promised to buy hand washing facilities
- Followed up on Mawa market inspection of hand washing facilities. Two gates had washing facilities while the other two did not have hand washing facilities. The market officials promised to provide the facilities next week.

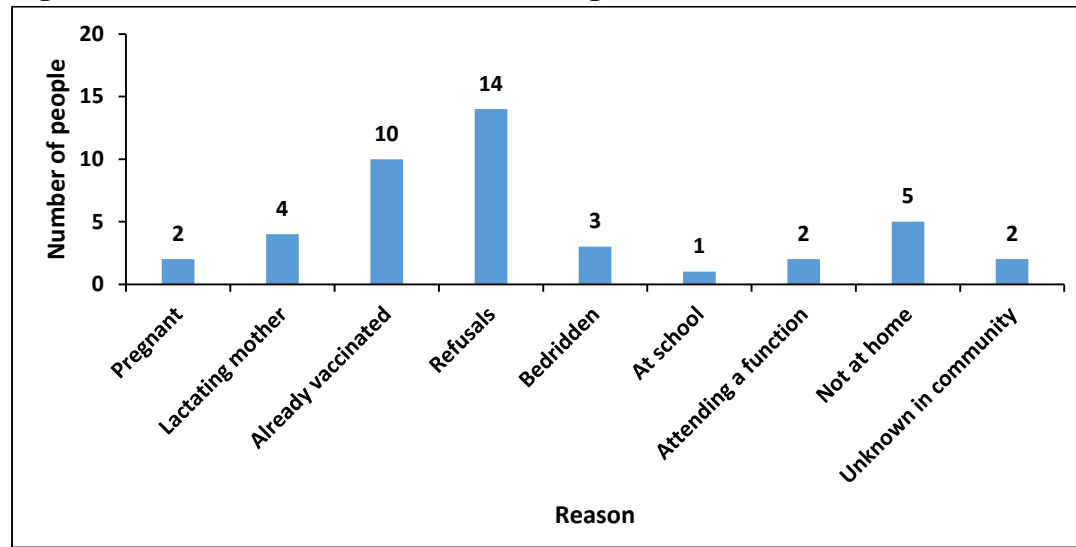
**WASH Planned activities for tomorrow**

- Assessment of hand washing facilities at places of worship

**Vaccination**

Cumulatively 771 individuals have been vaccinated including 71 contacts of whom 3 are health workers, 497 contacts of contacts and 176 frontline health workers. Today 38 individuals were vaccinated including 6 contacts and 32 contacts of contacts. Forty-nine contacts were traced for vaccination today however, 43 contacts could not be vaccinated for the following reasons (figure 2.0)

**Figure 2.0 Distribution of reasons for not being vaccinated**



The 10 individuals already vaccinated were vaccinated in the preparedness phase. One bedridden contact had suspected hepatitis while another suffered from typhoid. The condition of the third bedridden contact was not known but it was not suggestive of EVD. One of the two contacts who were not known by the community was identified in Kamwokya, Kampala and is being monitored by the KCCA contact tracing team. The other contact could not be traced by both the vaccination and contact tracing teams. It is possible she could have returned to the DRC. The teams will continue to search for this contact tomorrow. The other contacts who could not be reached today will be followed up today and vaccinated.

### 3. Current Risk Assessment

The contact follow-up rate is encouraging and has been consistent for the last 9 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. 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.

#### 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. Challenges and Recommendations

##### Challenges

- **District response plan is not yet funded**
- Refusal of vaccination among contacts and contacts of contacts
- Some unofficial border points are not operational due to limited logistics.
- There are no security personnel at PoEs except the airfield and Mpondwe.
- Uncertainty of the lead agency responsible for facilitating personnel at the border points.

##### Recommendations

- **MoH should expedite funding of district response plan to enable increased community led response interventions.**
- The psychosocial and risk communication teams should work closely with vaccination teams to re-engage the resistant communities.
- Vaccination team should meet with surveillance team to harmonize the definitions of contacts and contacts of contacts as well as the list of contacts
- NTF should guide on the facilitation of intending security deployment at all 30 PoEs

## 6. Conclusion

Surveillance has been intensified in the district and community awareness has also been heightened. The new strategy of response teams teaming will ease on transport challenges and increase on political involvement. Harmonisation of risk communication and vaccination teams on message contents will strengthen community engagement and myths and misconceptions against vaccination. Kasese remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross boarder movements.