



EBOLA VIRUS DISEASE IN UGANDA



28 June 2019 as of 20 00 Hrs

Situation Report

SitRep #17



1. Situation update



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **15** 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 **97** contacts under follow up
 - **96** were reviewed today and found okay.
- There are **07** admissions in the Bwera 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 **1275** individuals have been vaccinated: **78** contacts, **747** contacts of contacts and **450** frontline health workers

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 are 7 admissions in the ETU today.

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

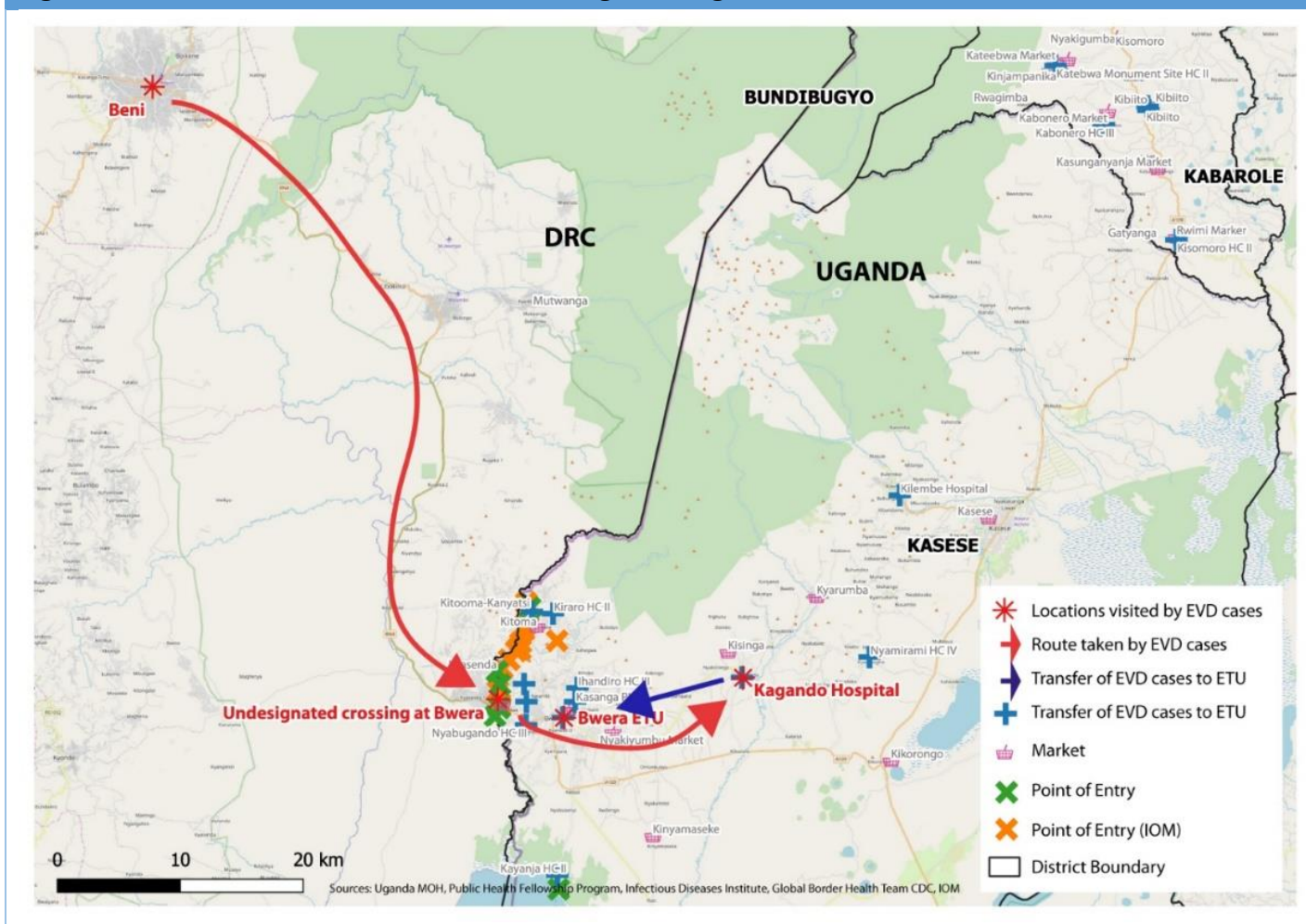


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

SUMMARY OF CASES (as of 28/June/2019)	Number
New suspect cases today	07
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	00
Runaways from isolation	00
Cumulative number of contacts listed as of today	114
Number of contacts that have completed 21 days	17
Number of contacts under follow up	97
Number of contacts followed up today	96
Cumulative number of individuals vaccinated	1275
Number of contacts vaccinated	78
Health workers	04
Community	74
Number of contacts of contacts vaccinated	747
Health workers	00
Community	747
Number of front-line health workers vaccinated	450
Number of contacts vaccinated today	00
Health workers	00
Community	00
Number of contacts of contacts vaccinated today	00
Health workers	00
Community	00
Number of front-line health workers vaccinated today	00
Specimens collected and sent to the lab. Today	08
Cumulative specimens collected	35 ²

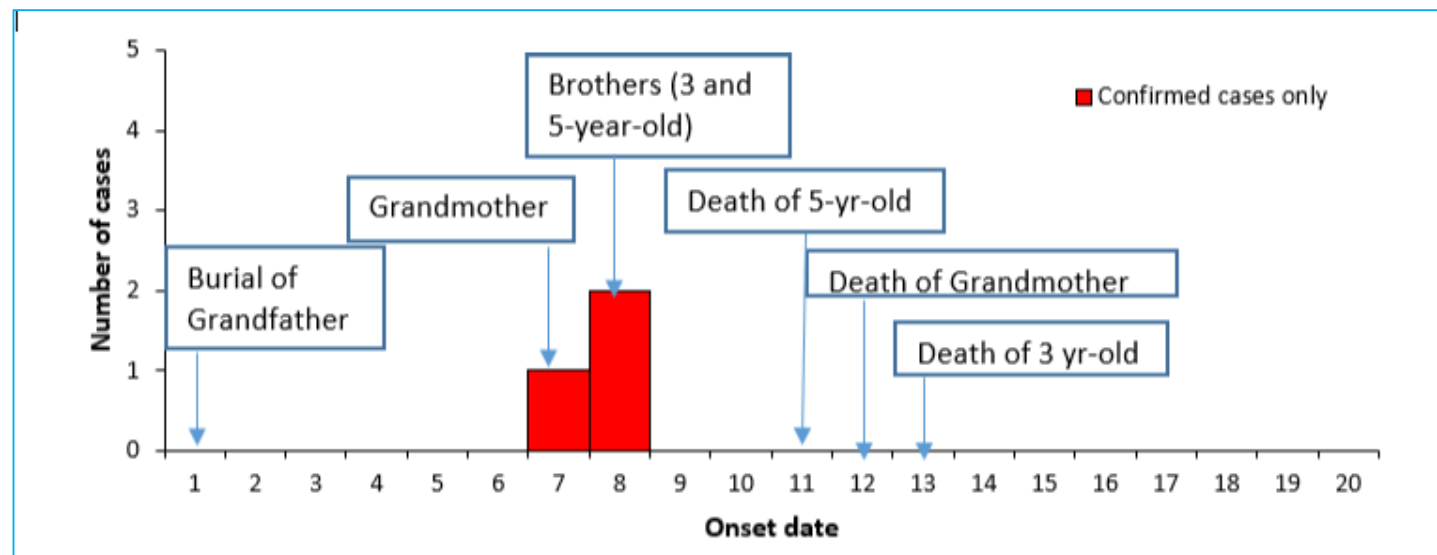
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	15
Specimens with pending results	08 ³
Date of discharge/death of last confirmed case	13-June-19

¹ includes 1 death in the DRC

² including 9 repeat samples

³one sample (oral swab) was collected from a community death

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



2. Public Health Actions to date

Coordination

The District held its 16th DTF meeting chaired by a member of social services committee. After detailed discussions, the following actions were suggested;

- The need to conduct support supervision and monitoring of response actions
- The need to review spot messages and radio jingles as they are not clearly pronounced in the local language(Lhukonzo)
- Need to improve sanitation and hygiene in Nyakasanga Parish
- Need to improve waste management and practices at health facilities
- The need for more infra-red thermometers as majority of health facilities are using digital thermometers.
- EVD response accountability scheduled for 2nd July 2019 with all partners

Today, the DTF was honoured to have the Incident commander (Dr. Allan Muruta) in attendance. The Incident Commander addressed the DTF by thanking all responders, partners and district leadership for the great work so far done. The IC emphasized the need for strong partner coordination, ensuring that all partners cleared by NTF are accountable to the district. The IC echoed to the DTF that **the Minister's directive** in a recent

visit must be fulfilled including;

- the investment for sustainable and durable solutions for public health emergency,
- streamlined facilitation of all responders
- vaccination of all contacts

The IC also informed DTF that he is in the process of replacing the current team with a new team to allow smooth continuity of the response.

Surveillance

- Conducted active case search for EVD suspects through medical records review at two health facilities in Muhokya Sub County and one in Kasese Municipality. The team also re-oriented health workers on case definitions of Ebola, alert lines in case they get suspects and infection prevention control mechanisms
- The alert desk has recorded a cumulative total of 23 alerts since the declaration of the outbreak. **Today** the desk received 8 alerts including one community death of a 60-year-old man in Kihoko village, Ihandiro subcounty with no history of previous illness. The other 7 alerts were admitted in the ETU (Table 2).
- 99% of contacts (64 of 65) followed-up at Bwera Hospital and 100% (31 of 31) from the Kagando cluster.
- Screened 61 people at the aerodrome Kasese and **24,100** people at border crossings and bus terminals
- Sensitized a total of about 800 mourners at both lack vocation school graduation and Bwera Secondary school

Laboratory

- Seven blood samples and one oral swab were collected in duplicate for both mobile lab and central testing laboratory (UVRI). Presumptive results by the mobile lab for **today's six blood samples were negative.**
- Result for the oral swab collected and referred yesterday for central testing was reported negative
- Eight pending results from the central testing laboratory by confirmation (for seven blood samples and one oral swab)

Case management

- There are 7 new admissions in the ETU today. Of the 7 admissions, 5 are children less than 5 years, presenting with fever, diarrhea, body weakness and abdominal pain. One of the children came from Beni, DRC and was admitted in a clinic in Kasese town. The patient was referred to the ETU for management.
- Seven blood samples were collected from suspects in duplicates and sent to onsite lab and Central testing lab.
- The Incident Commander addressed staff at Bwera ETU and pledged his commitment to have them remunerated.

Table 2: Description of Suspect cases admitted to the ETU on 28 June 2019

Initials	Age	Sex	Symptoms	Location
MS	30	F	Fever, cough, Joint pain, body weakness	Kinyaminagha Kyarumba SC
ME	1	F	Fever, vomiting, diarrhea, muscle pain, body weakness	Kinyaminagha Kyarumba SC
BJ	22	F	Fever, vomiting, diarrhea, headache, joint pain,	Kighuthu, Nyakiyumbu SC

MG	2	M	Fever, cough, vomiting, diarrhea, muscle pain, body weakness	Kighuthu, Nyakiyumbu SC
MA	5	F	Fever, body weakness, muscle pain, joint pain, vomiting, Diarrhea	Kighuthu Nyakiyumbu SC
MA	6m	F	Fever, vomiting, diarrhea, joint pain, muscle pain, body weakness	Kighuthu, Nyakiyumbu
Child from Beni			Fever, severe Diarrhea, Vomiting	From Beni

Psychosocial

- The team met with the employer of one of the contacts who was stigmatized from work following the loss of his sister to Ebola. Psych-education on Ebola was given, and the employee was allowed to work after 21 days of follow-up. He also gave us a platform next week to offer psychotherapy to his 15-man team as there is a lot of stigma around their colleague.
- The team made a follow up visit on one of the contacts at Kisaka I Village to offer psyc-education on vaccination. The contact consented to vaccination on Wednesday but has since resumed her business, leaves very early, and returns in the night. We shall return to her home early tomorrow morning for follow-up.
- **The team also followed up on contacts who had refused to be vaccinated.** One is a teenage girl who is said to be pregnant, the second contact claims he was not in contact with the said confirmed cases.
- The team offered psychosocial support to a mother of the 50yr old confirmed case who died.

Risk communication

- Sensitized about 1178 individuals in three markets and communities of Kitoma and Katembo in Kitholu sub-county as well as Kasese Municipality
- Sensitized 1453 pupils in Kiraru and Kanyatsi primary schools
- Exposed an estimated 6500 individuals to EVD prevention messages through community drives in Kitholu sub-county and Kasese Municipality
- Disseminated 374 IEC materials (204 posters, 170 leaflets) in Rusese Baracks, Malaba PoE, Kisabu, Kyasesa and Kitoma villages
- The team visited Messiah FM to withdrawal a jingle in Lukonzo that had an error. The jingle will be back on air in a few days after rectification of the error
- Updated the detailed results and monitoring framework for EVD response

WASH

- Visited four schools; had fair sanitation standards and HWFs but no disinfectant. The team also paid a follow up visit at eight schools followed up only 4 had installed HWFs
- Conducted inspection of public places, supervision on the utilization of wash facilities and follow ups to places that had not provided the facilities during the previous visits

Logistics

- The team at the district store received supplies including but not limited to 66 hand washing containers, 300 bottles of JIK(5litres), 200 boxes of disposable gloves, 10 cartons of surgical gloves, 10 spray pumps, 100 reusable aprons, 100 buckets, 102 pairs of gumboots, 100 rolls of Mackinitosh and 50 Matresses
- Issued out 2 hand washing supplies, 2 hand sanitizers and 1 5litre bottle of JIK to Kasese Catholic Diocese
- Issued 3 hand washing supplies, 3 hand sanitizers and 3 bottles (5l) of JIK to Kasese Municipality
- Issued 100 posters and 2 job aids to the risk communication team using the mobile van.

Vaccination

- Psychosocial team together with the social mobilizers visited 6 contacts that had refused vaccination.
- **Four have totally refused to be vaccinated.** One accepted but says he is still recovering following hospitalization and therefore will be re-assessed for suitability of vaccination. Another contact was not at home but had earlier accepted to be vaccinated. Still to be followed up though her daughter totally refused.
- No vaccinations were done today due to stock outs and late arrival of the vaccines from NMS
- Received 250 doses of vaccine today evening from NMS to be utilized in the next 2 days
- **Balance at NMS is 1,790 doses as of 28th June 2019**

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, Uganda Red Cross
Surveillance	IRC, AFENET, WHO, CDC, Uganda Red Cross
Laboratory	WHO, 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, UNICEF
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, UNICEF
Vaccine and therapeutics	WHO, MSF
Financial support	World Bank/EAPHLNP

5. Challenges

- Vaccine stock outs at district level to cover the eligible at-risk health workers and RRT
- Some border points are not operational due to limited logistics
- Shortage of IEC materials translated into local languages

6. Conclusion

The support supervision by the IC has boosted the coordination mechanism and actively energised the response team. Integration (teaming) of response teams has improved coverage and utilisation of available resources. Kasere remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross border movements.