



EBOLA VIRUS DISEASE IN UGANDA

29 June 2019 as of 20 00 Hrs

Situation Report

SitRep #18



1. Situation update



Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases died (CFR =100%)
- Today is day 16 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 96 contacts under follow up
 - 95 were followed today and found okay.
- There are 3 admissions in Bwera Hospital ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response teams continue to investigate all alerts
- Cumulatively 1378 individuals have been vaccinated: 79 contacts, 747 contacts of contacts and 552 frontline health workers
- 103 individuals were vaccinated today: 01 contacts, 00 contacts of contacts and 102 front-line 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 six 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. He presented 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.

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

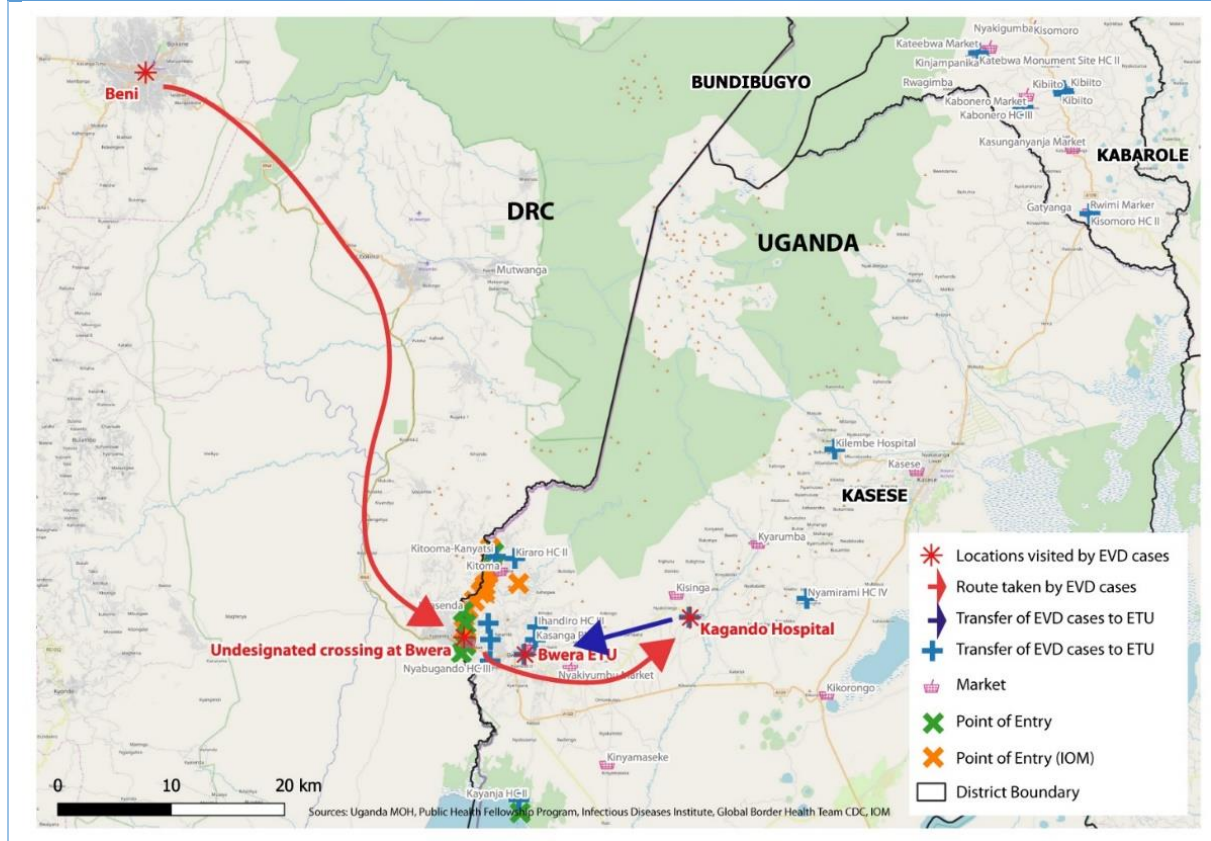


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

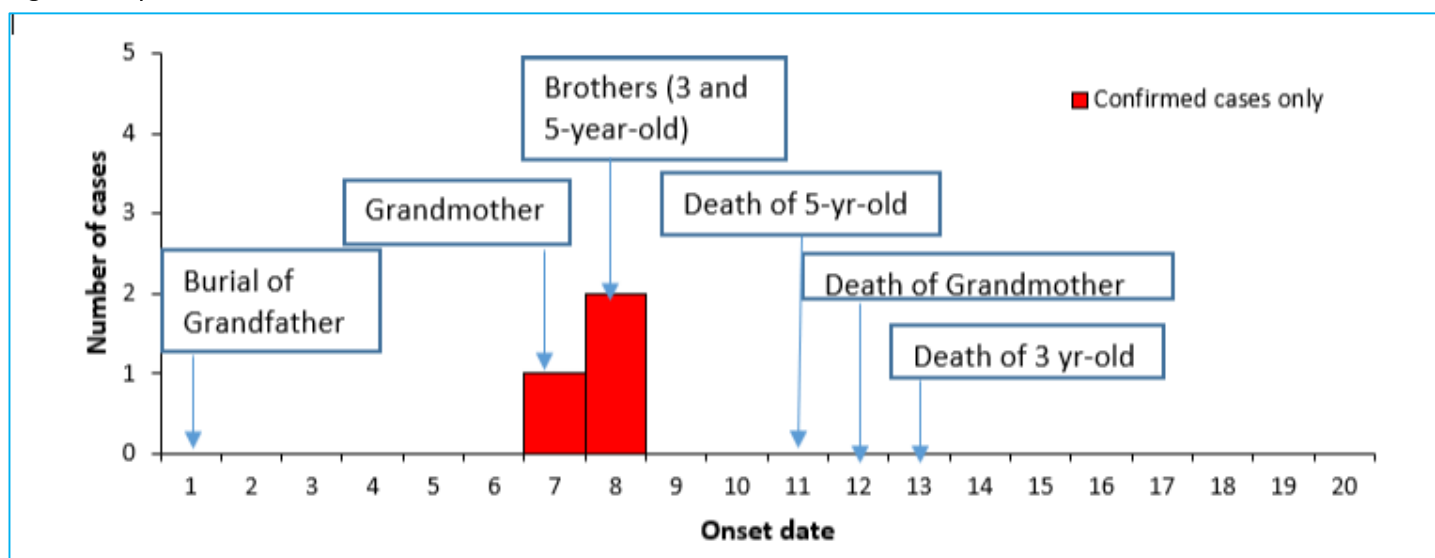
SUMMARY OF CASES (as of 21/June/2019)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	03
Runaways from isolation	00
Cumulative number of contacts listed as of today	114

Number of contacts that have completed 21 days	18
Number of contacts under follow up	96
Number of contacts followed up today	95
Cumulative number of individuals vaccinated	1378
Number of contacts vaccinated	79
Health workers	04
Community	75
Number of contacts of contacts vaccinated	747
Health workers	00
Community	747
Number of front-line health workers vaccinated	552
Number of contacts vaccinated today	01
Health workers	00
Community	01
Number of contacts of contacts vaccinated today	00
Health workers	00
Community	00
Number of front-line health workers vaccinated today	102
Specimens collected and sent to the lab. Today	00
Cumulative specimens collected	35 ²
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	21
Specimens with pending results	2
Date of discharge/death of last confirmed case	13Jun19

¹ includes 1 death in the DRC

² including 9 repeat samples

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



2. Public Health Actions to date

Coordination

The District held its 18th DTF meeting chaired by the chairman of the social services committee. After detailed discussions, the meeting agreed on the following action points;

- All partners should declare their commitment and resources for EVD control at the District Health Office
- There will be a Partners accountability forum on Tuesday 2nd July 2019
- There is need for **chlorine generation machines** at high volume health facilities like Hospital, HCIVs, and High volume HCIIIs
- Provide hand washing facilities, protective gears to staff and security at new points of entry

Surveillance

- The active case search team visited 4 health facilities in Kasese Municipality where they reviewed health facility records. No Ebola suspect cases were detected. The team also oriented health workers on case definitions of Ebola, infection prevention control, provided alert lines and assessed for knowledge and the level of preparedness of the health facilities to receive Ebola suspects.
- The contact tracing team followed up 99% of contacts (64/65) at Bwera area. All contacts 100% (31/31) at Kagando area were followed up today.
- 15,418 people were screened at border crossings and bus terminals
- The surveillance team sensitized with 13 VHT members and 5 local leaders in Karambi sub-county. There were 2 events in Kyasenda I village, and VHTs were alerted and urged to be vigilant.
- Supervised an ordination ceremony at Nsenyi Parish, Kisinga Town Council for. Over 8,000 people attended the ceremony and there were sufficient quantities of hand-wash facilities

Laboratory

- Today, the mobile laboratory tested two samples; all were negative.
- One sample was referred to the central testing laboratory (UVRI).
- Five negative results from the central testing laboratory were received.
- There are two pending results awaiting confirmation by UVRI.
- Cumulative number of samples collected and referred for testing is thirty-five (35) including nine repeats. Three samples tested positive and twenty-one tested negative for EVD.

Case Management

- No new admission in the ETU today. However, three patients are on admission since the previous day. Two of the three patients were tested PCR Negative for Ebola while the third received **negative presumptive results** from Bwera mini laboratory awaiting for confirmation from the central laboratory.
- Four patients were discharged upon receiving negative results and were successfully integrated into their community. These four members belonged to the same family.

Risk Communication

- Conducted one evening radio talk-show at Messiah FM.
- Held two community meetings (Kayanzi -Nyakiyumbu sub-county and Kitoma- Kitholu sub-county) reaching 232 individuals with EVD messages on EVD community case definition as well as prevention.
- Exposed an estimated 500 individuals in Isango sub-county to EVD prevention messages through a community drive.

Infection Prevention and Control

- The team worked with the Bwera Hospital ETU team to clearly demarcate the red and green zones in the ETU. The team rearranged the donning and shower areas.
- Relocated the chlorine area to the shade at the entrance of the ETU.

Vaccination

- 103 people were vaccinated including 1 contact and 102 front-line health workers.
- Cumulatively 1378 individuals have been vaccinated including 79 contacts including 4 health workers, 747 contacts of contacts and 552 frontline health workers.

Psychosocial

- The team followed up 3 contacts at Kisika I, Nyamwambuka and Kyanzi II who had not consented to vaccination. The contact at Kyanzi, an elderly man eventually got vaccinated at Bwera Hospital vaccination site while the one at Kisaka I was not at home today
- The team offered psychosocial support to one of the contacts at Kinyamaseke, her major concern is about her business which is not running because she has been advised to limit her movement. She is also worried about her relatives in DR Congo whom she fears may contract EVD
- The team followed up one health worker (nurse) who is a contact. The PSS team resettled a family of 4 members who were discharged from the Bwera Hospital ETU and urged the community of Muhindo village not to stigmatise and discriminate against them. The team explained and assured the community that they do not have Ebola

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, IDI
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, IDI
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

- Some border points are not operational due to limited logistics
- Uncertainty on the Infection Prevention and Control strategy and facilitation for IPC responders
- Shortage of IEC materials translated into local languages (Lukhonzon and Runyakitara)

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

Kasese remains at high risk for an Ebola outbreak given the on-going outbreak in the DRC coupled with unofficial points of entry with high volume cross border movements. The recent tribal clashes in the Ituri Province in the DRC, and the resulting displacement of populations puts Uganda at more risk, especially in the districts of Hoima, Kikuube, Kagadi, Ntoroko, and Bundibugyo with high refugees' influx.