



EBOLA VIRUS DISEASE IN UGANDA

8 July 2019 as of 20:00 hrs

Situation Report

SitRep #27



1. Situation



Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 25 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 were no **contacts** under follow up
- There is 1 admission 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 1,507 individuals have been vaccinated: 78 contacts, 747 contacts of contacts and 682 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 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 diarrhoea, 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 admission in the ETU.

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

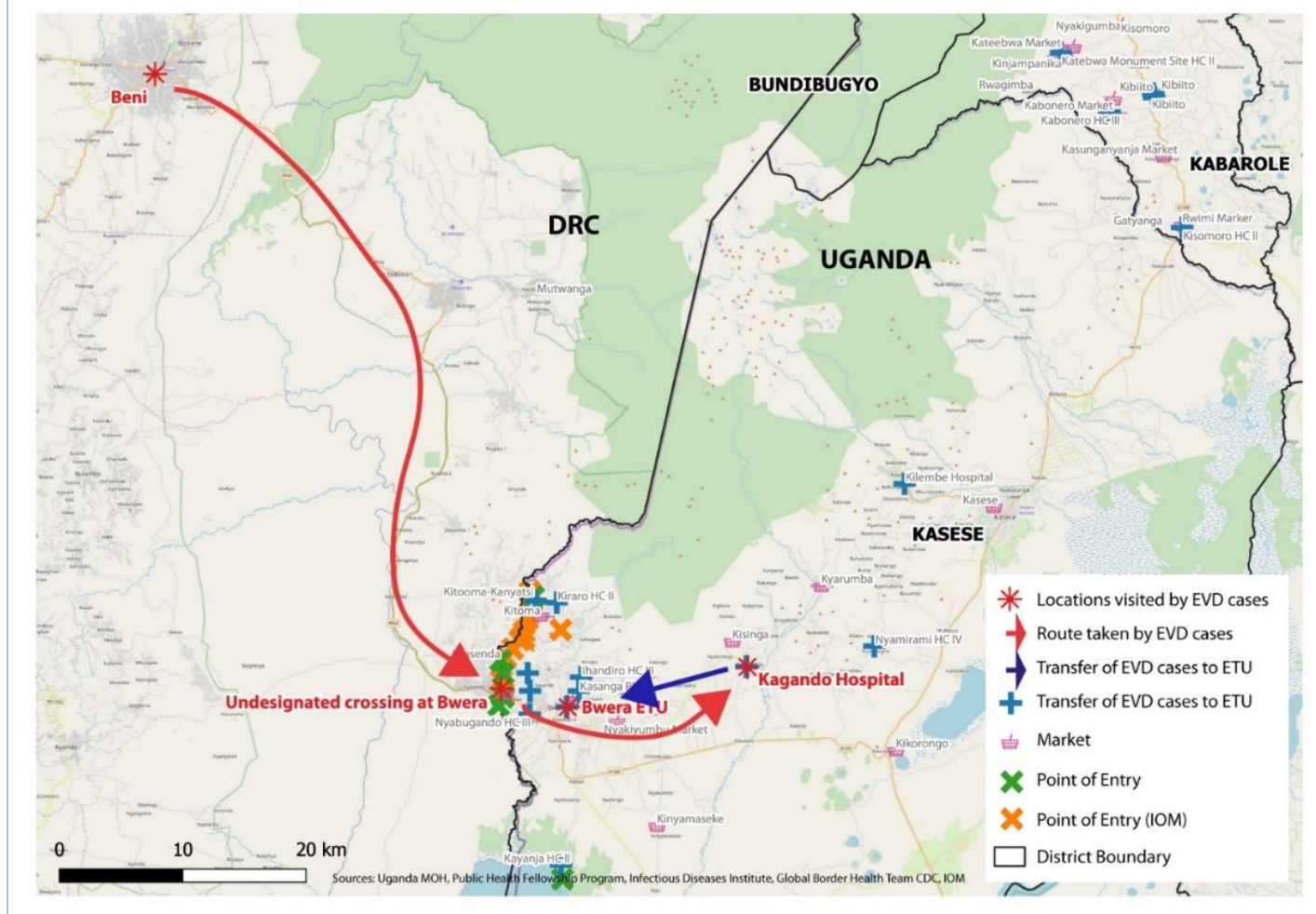


Table 1: Summary of Ebola virus Disease outbreak in Kasese, Jun-Jul 2019

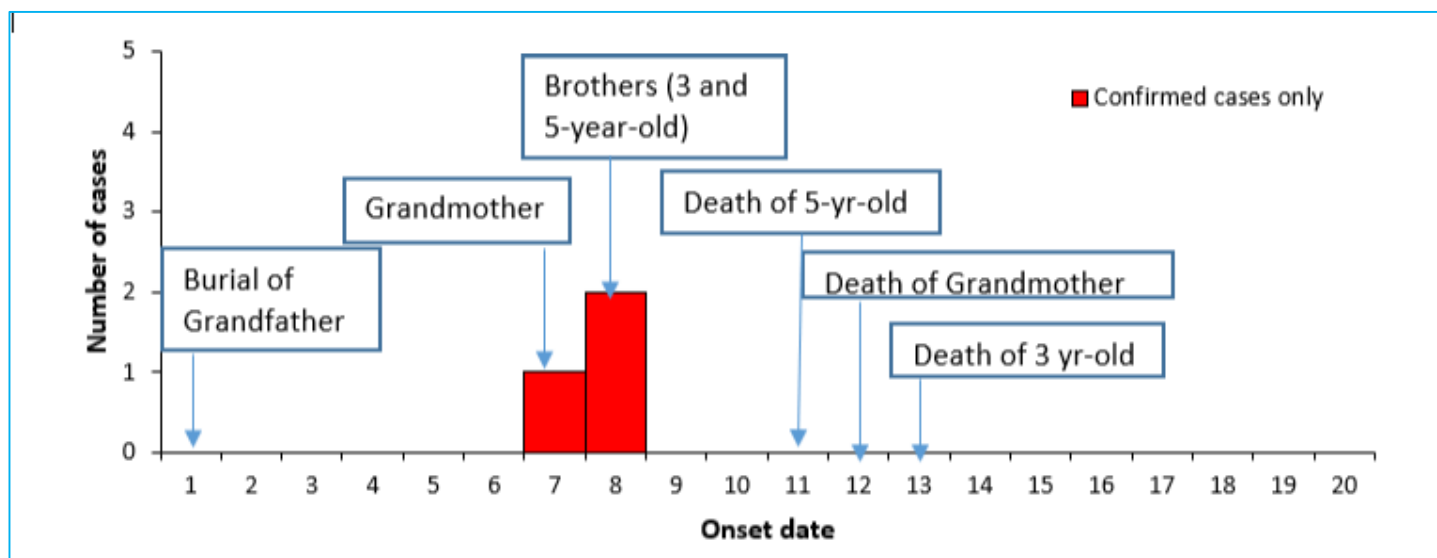
SUMMARY OF CASES (as of 8/July/2019)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00

Confirmed	00
Suspect cases on admission under investigation	01
Runaways from isolation	00
Cumulative number of contacts listed as of today	114
Number of contacts that have completed 21 days	114
Number of contacts under follow up	00
Number of contacts followed up today	00
Cumulative number of individuals vaccinated	1507
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	682
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	00
Cumulative specimens collected	56 ¹
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	35
Specimens with pending results	00
Date of discharge/death of last confirmed case	13Jun19

¹ includes 1 death in the DRC

² including 18 repeat samples

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



2. Public Health Actions to date

Coordination

There was no District Task Force meeting today. However, a crossborder meeting between DRC and Uganda was held at Hotel Vienne Mpondwe to discuss cross border issues related to EVD response. The Resident District Commissioner of Kasese District chaired this crossborder meeting. The DRC delegates highlighted current EVD situation in DRC and most affected health zones as Beni, Butembo, Bunia, Katwa, Mabaloko, Mutwanga, Aritwa, masereka, Museianene, in Ituri and North Kivu provinces. Just like Uganda, the DRC team continues to strengthen surveillance structures such as contact tracing, screening, alert notification among others amidst challenges. The team noted that as a country they are heavily challenged by Lack of coordination, Lack of human resources in all pillars, contacts loss to follow, Mistrust of health personnel and other governmental Officials, PoEs not well supervised and other many porous border points among others.

Below are the action points from the meeting;

- Both countries to continue screening on either side
- Utilize survivors from ETU and contacts vaccinated to give testimonies during social mobilization sessions like on radio talk shows and during community engagement activities.
- Create a platform such as whatsapp for networking in both Countries to share surveillance information
- Arrange with IOM for similar meetings especially on monthly basis to evaluate inter-country EVD response
- The Ministry of Health Uganda to formalize the Memorandum of Understanding between the two countries

Surveillance

- The alert desk received 1 alert, which was verified by the team and found to be a non-case (patient had ulcers)
- A total of **18,215** people were screened from 28 PoEs and 6 bus terminals
- The team reviewed health facility records in 6 health facilities in both Busongora North and Bukonzo East HSD.
- They oriented 25 health workers and 07 VHTs on EVD

Laboratory

- No sample was collected today. The lab received negative results of one sample that was referred for testing the previous day.
- Cumulative number of samples collected and transported for testing at the central lab is fifty-six (56) including three samples that tested positive, 35 tested negative and 18 repeat samples.

Case Management

- There is no new admission today however, there is one admission carried on from the previous day. A female 14 years, from DRC Mulamba, presenting with severe headache, joint chest pains, fevers and Malaria RDT Positive. Her first results were **negative** and she is currently stable.

Risk communication

- A total of 90 people were activated in six sub counties (Kitholhu, Karambi, Isango, Nyakivumbu, Mpondwe Lhubiriha and Bwera)
- Continuing radio talk shows
- The team conducted a EVD mobilization exercise in several primary schools
- Continued with distribution of alert Desk numbers on recognition of persons presenting with Ebola signs

Infection Prevention and Control

- Total of 22 Health workers were oriented at health facilities: Kibirizi(2), kikyoo HCII (4),Katunguru HCII (2), Saluti (5) Mahango HCIII (9)
- Overall facilities have insufficient infection prevention and control practices
- There is a planned IPC meeting to continue sharpening infection controls issues

Psychosocial

- The team offered psychosocial support to the suspect case who is in the ETU whose preliminary results are negative.

Logistics

- Issued hand washing facilities, soap, chlorine, gumboots and thermometers to facilities

3. Partnership

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	WHO, Uganda Red Cross, AFENET
Laboratory	WHO, CDC Uganda
Risk Communication	UNICEF, WHO, UPDF, BRAC-Uganda, Uganda Red Cross, Save the Children, St. John's Ambulance
Case Management	WHO, MSF

Infection Prevention & Control/ WASH	WHO, UNICEF, St. John's Ambulance, Save the Children, Uganda Red Cross
Psychosocial Support	AFENET, WHO, UNICEF
Logistics	WHO, UNICEF, WFP, Uganda Red Cross, BRAC Uganda
Security	UPDF, Uganda Police
Points of Entry	WHO, Uganda Red Cross, UNICEF
Vaccine and therapeutics	WHO, MSF
Financial support	World Bank/EAPHLNP

4. Challenges

- Shortage of running water in health facilities
- Shortage of space for temporary isolation of patients at health facilities.

5. Conclusion

The Ebola response has completed the first cycle of 21 days without any transmission. However, the cross-border meeting between Uganda and DRC revealed that Ebola outbreak in DRC is still at large and far from ending. There is need for long term sustainable and resilient interventions to continue mounting the necessary preparatory efforts.