



EBOLA VIRUS DISEASE IN UGANDA



9 July 2019 as of 20:00 hrs

Situation Report

SitRep #28



1. Situation update



Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 26 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

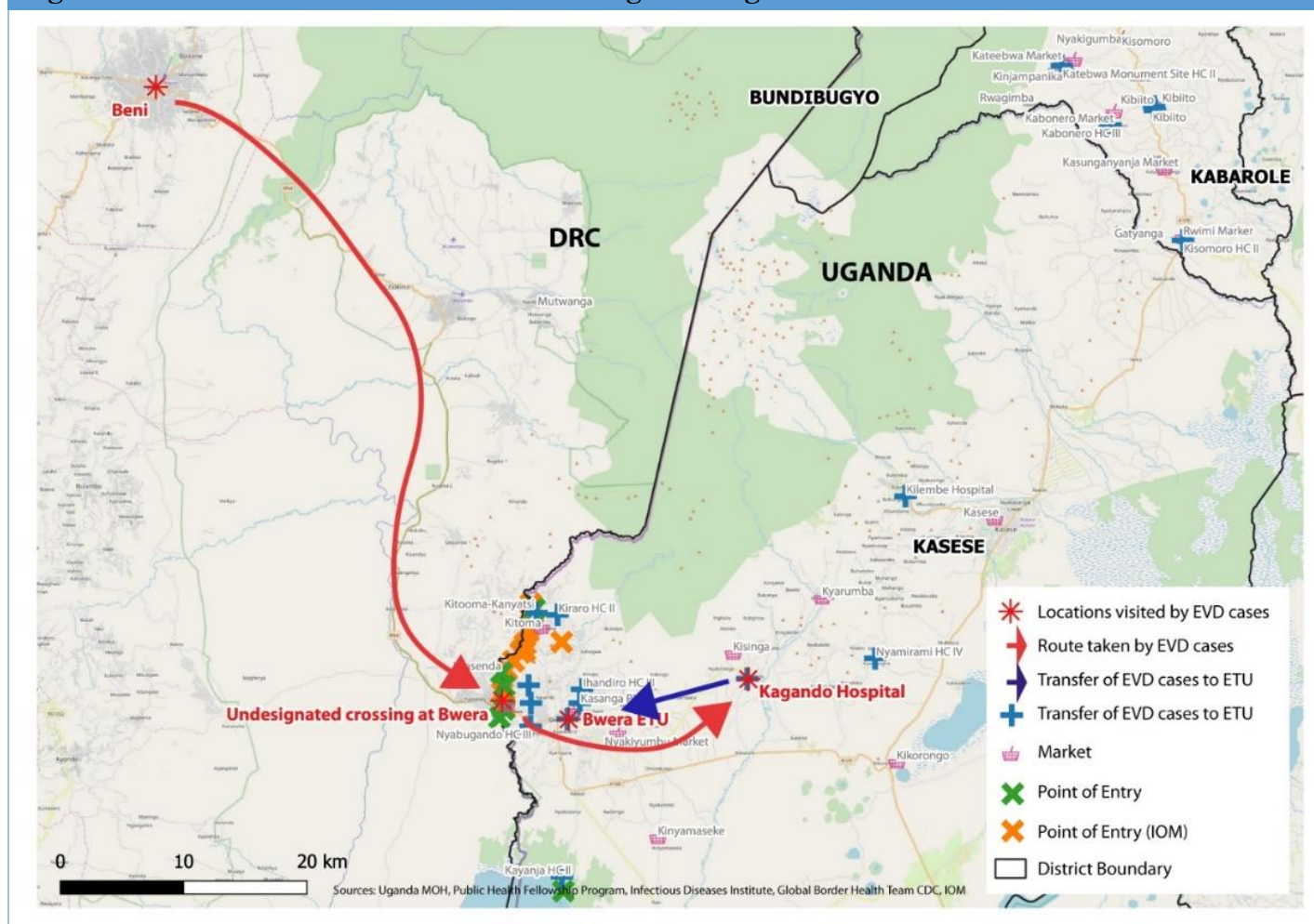


Table 1: Summary of Ebola virus Disease outbreak in Kasese, Jun-Jul 2019

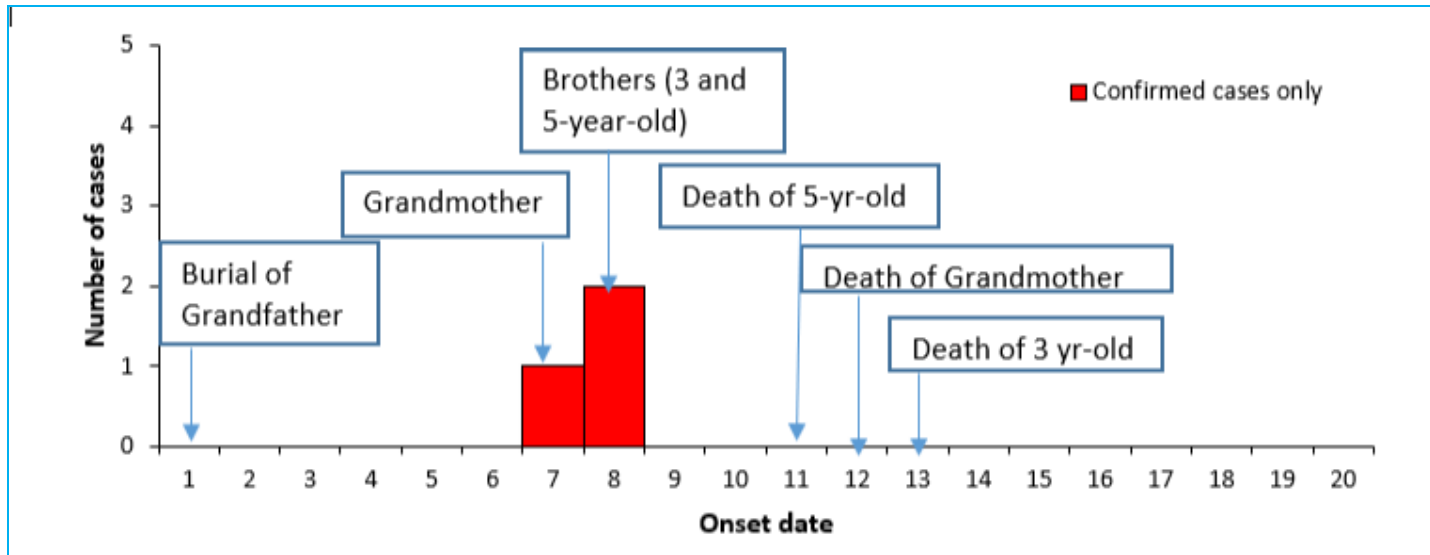
SUMMARY OF CASES (as of 9/July/2019)	Number
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New suspect cases today	01
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths 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	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	01
Cumulative specimens collected	58 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	13-6-2019

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

Two critical strategic meetings were conducted today with special focus onto IPC and logistics; Both meetings were chaired by IM. The Logistic meeting was attended by UNICEF, WHO, WFP and District logistician and was primarily focused on improving logistics management, tracking and accountability. It was agreed that;

- All logistics data be entered into MSH supported laptop for quick analysis
- All logistic management concerns including human resource, facilitation of team, offloading and loading fees, transportation of commodities were taken up by partners.
- The logistic subcommittee should be presenting the status report to every DTF

For IPC, the meeting discussed at length the implementation of a durable approach to IPC improvement in facilities and health worker behavioural change. The meeting observed that;

- 45% of the health facilities have been covered reaching 300 Health workers
- Received IPC supplies from Save the children and distribution is on going
- Five teams formed covering 5 facilities each day
- IRC has reported today to commence work on the 10 selected health facilities
- Supplied hand washing facilities and other IPC supplies at PoEs

The meeting finally agreed on the following quick actions;

- Delegate an **IPC focal person** per facility who will take stock of all IPC supplies routinely
- Need for a consumption tracking log for IPC supplies logistics in all facilities

- Develop a harmonised and standardised SOP for all chlorine concertation (55%-90%)
- Lobby for customisation and training on usage of ODK for daily facility reporting on IPC
- Conduct a one day sensitisation of all facility IPC focal persons to streamline IPC implementation

Surveillance

- Kasese District health team mobilised neighbouring districts of Kisoro, Rukungiri, Kabaale, Kanungu, Kabarole and Rubirizi for training on Go data. The 4 days training started today with 4 representatives from each participating district. The trainees include district biostat, HMIS focal person, DSFP and any other data personnel.
- The IOM is conducting a 3 days training for border management officials who will be equipped with knowledge on preparation and response to crisis and induced migration and the needs of vulnerable mobile populations at the time of emergencies. Furthermore, they will be equipped with necessary tools for detection, prevention, and control of communicable disease outbreaks.
- One alert was identified at Mpondwe entry point; this was a 31-year-old Kenyan national who has been in Butembo in DRC for the last 5 days. The long distance trailer driver presented with fever for 3 days, abdominal pain, general body aches, tenismus and reported to have sought care from a clinic in DRC with no relief
- Active search conducted in Kasenyi HCII, Hamukungu, Karusandara Hc III and Kanamba Hc III
- A total of **31,317** people were screened from 30 PoEs and 6 bus terminals
- The team reviewed health facility records in 2 health facilities in both Busongora North and Bukonzo East HSD.
- They reoriented 20 health workers on EVD

Laboratory

- Two samples were tested today; one repeat sample for BD, 14year old and one alert sample from a Kenyan national. Preliminary results indicated that both were **negative** pending UVRI confirmation
- Cumulative number of samples collected and transported for testing at the central lab is 58 including three samples that tested positive, 38 tested negative and 19 repeat samples

Case Management

- There was one new admission of a Kenyan national in the ETU today. Temperature on admission was 39.5°C and is currently being managed for bacteraemia.
- The 14-year suspect who has been on admission was transferred to the medical ward after two **negative** EVD tests

Risk communication

- Visited Katunguru HCII and assessed availability of IEC materials and provision of EVD messages during the health talks. Facility had enough materials and EVD messages were being integrated in health talks
- Distributed rumour tracking tool and VHT household forms to health assistant for VHTs to use in

reporting

- Sensitised salt-miners in Katwe about EVD alertness, transmission and prevention. Team also distributed the alert lines to the community
- Conducted radio talk shows on Guide FM and Messiah FM

Infection Prevention and Control

- Held IPC strategy improvement meeting
- Total of 22 Health workers were oriented at health facilities: Kibirizi(2), kikyoo HCII (4), Saluti (5) Mahango HCIII (9)
- Overall facilities have insufficient infection prevention and control practices
- Offered support supervision to Katwe Mining community on adherence to IPC guidelines. The miners did not have hand washing facilities and requested the district to provide these items.

Water sanitation and Hygiene

- Assessed utilisation of Hand Washing Facilities (HWFs); facility has 3 HWFs from UNICEF. Patients visiting the facility are hand washing. However, the water had no chlorine yet facility had chlorine. Discussed with health worker on duty the importance of hand washing with chlorine and agreed to designate a person to put chlorinated water at the entrance and continue encouraging patients to wash hands on entering the facility and before seeing clinicians

Psychosocial

- The team offered psychosocial support to a Kenyan national who was admitted in the Bwera ETU today.
- Offered counselling and reassurance to patients on a female ward where a 14 year female EVD suspect was transferred after testing negative for EVD. Those on ward were distraught and fearful that they would contract Ebola.
- Held a meeting that focused on identification on 15 local volunteers to be trained as a key output for their capacity building goals

Logistics

- Held Logistics management and accountability meeting
- Issued hand washing facilities, soap, chlorine, gumboots and assorted commodities to facilities

3. Partnership

Acknowledgement

- 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

- Delays in facilitation of both national and district response teams. All district frontline responders including PoE screening staffs, ETU staff, contact tracers, community VHITS, etc have not been paid.
- Chlorine supplied at health facilities have different concentrations (55%, 65%, 68%, 70%, 90% etc).
Possibility of NTF to regulate this.
- The central (MoH) replacement team has failed to report to field since 2nd July 19. This has not only affected human resources but also all cars sent for servicing have failed to return because of the same problem **Lack of Fuel**

5. Conclusion

The Ebola response has completed the first cycle of 21 days without any transmission. However, the crossborder 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.