



EBOLA VIRUS DISEASE IN UGANDA

16 Jun 2019

Situation Report

SitRep #05



1. Situation update



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day 3 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 90 contacts under follow up
 - 88 were followed up today
 - None has developed symptoms to date
- 03 suspect cases on admission in ETU, samples sent to UVRI; 2 tested negative for Ebola by PCR
 - Result for the new suspect in ETU still pending
- 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
- 48 contacts have been vaccinated today
- The Queen Mother was buried today. Several interventions were put in place; hand washing facilities, screening of all people attending the burial, securing of all entrances, footbaths set up and education of the masses about EVD

Key Challenge

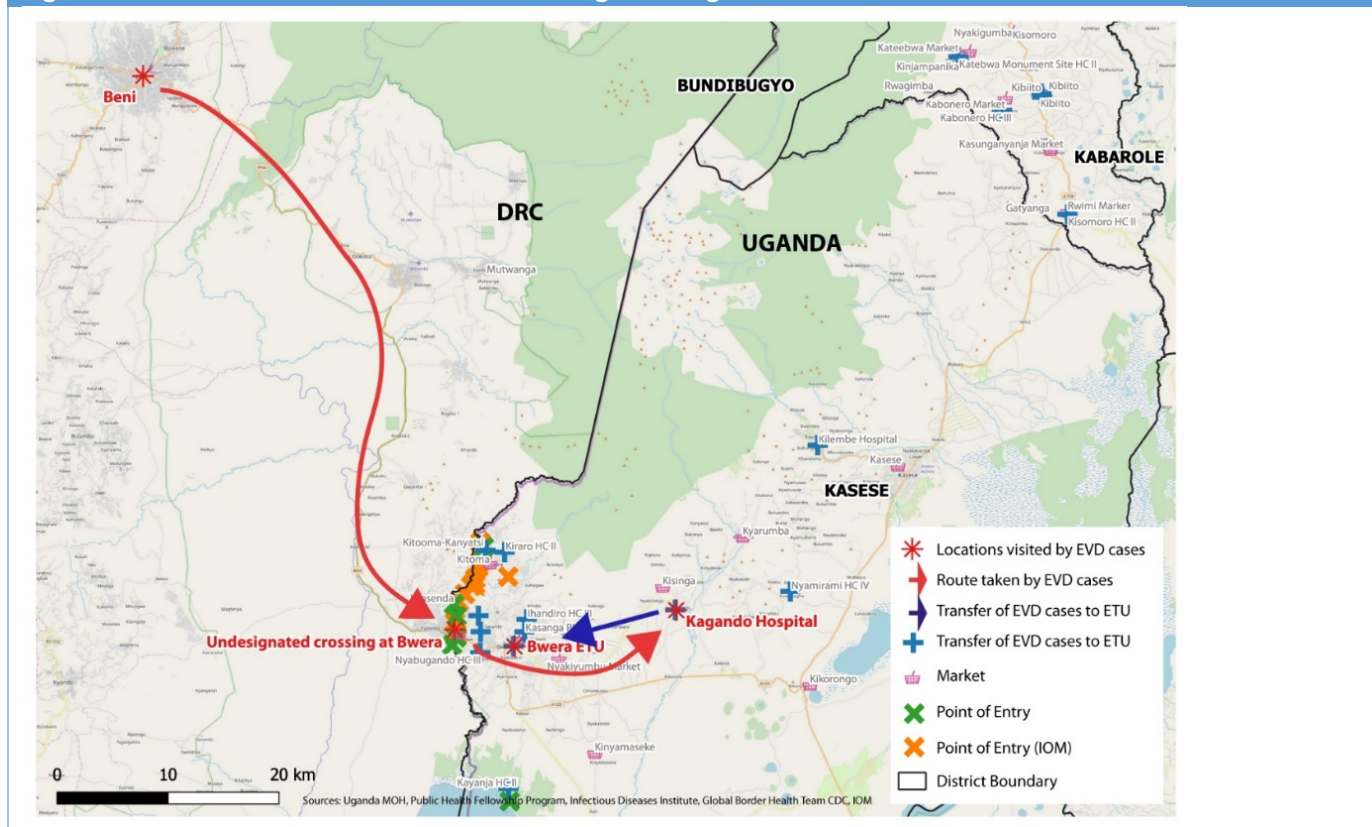
Poor logistics and supply chain management causing delays in the response. Most of the challenges experienced are related to logistics and the supply chain including transport, equipment, medical sundries, WASH supplies, internet connectivity, job aides and financial facilitation of EVD response team on duty.

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. As of today, there is no confirmed EVD case in Uganda, however 3 suspect cases are admitted at Bwera Ebola Treatment Unit. Ninety (90) contacts are being followed up.

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



Case Summary

As of the 16th June 2019, there are three (03) confirmed cases, all of whom have died.

SUMMARY OF CASES (as of 16/June/2019)

New suspect cases today	01
New deaths today	00
Cumulative cases	06*

Suspect under investigation	03
Probable	00
Confirmed	03
Cumulative deaths (suspect, probable and confirmed)	03**
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission	03
Suspect	03
Probable	00
Confirmed	00
Cumulative cases discharged	03
Suspect	03
Confirmed	00
Cases who are health workers	00
Suspect	00
Probable	00
Confirmed	00
Confirmed cases of health workers who have died	00
Current admissions of health care workers	00
Suspect	00
Probable	00
Confirmed	00
Cumulative number of health workers discharged	00
Runaways from isolation	00
Number of contacts listed as of today	90***
Number of contacts that have completed 21 days	00
Number of contacts under follow up	90
Number of contacts followed up today	88
Cumulative number of contacts who developed symptoms	00
Cumulative number of contacts vaccinated	68
Number of contacts vaccinated today	48
Specimens collected and sent to the lab. Today	03
Cumulative specimens collected	15****
Cumulative cases with lab confirmation	03**
Cumulative samples tested negative	06
Specimens with pending results	02
Date of discharge/death of last confirmed case	13 June 2019

* dropped 5 that tested negative on second PCR test

** includes 1 death in the DRC

*** numbers reduced after cleaning contact tracing list

**** 4 are repeat samples

2. Public Health Actions to date

Coordination

Today, the District EVD Task Force meeting was held to discuss action points raised during the DTF held on 15th June and the feedback from the different sub-committees following the activities conducted and other matters arising in response to EVD outbreak in the District. A list of personnel and vehicles supporting the response was updated and shared with the district for discussion. The complete response plan and budget is planned for submission tomorrow.

Key issues discussed included;

- Social mobilisation team to share key messages with the DTF and also harmonise their messages across all their sub teams
- Continue with mobilisation of local resources and redistribution of surplus commodities
- Intensify social mobilization to understand issues of concern in the community
- Encouraged risk communication, surveillance and psychosocial teams to move and work together as they address related issues
- Intensification of surveillance for an upcoming cross border traditional marriage ceremony
- More involvement of political leaders in the response

Surveillance

Uganda still records 3 cumulative confirmed cases who have all died giving a case fatality rate of 100% (3/3). Currently there are 3 suspect cases admitted in the ETU. All 3 cases have no relation with the confirmed cases. Two (2) alerts (1 death, 1 alive) were received today and investigated within 24 hours. The cases report no epidemiological link to the confirmed cases; the cases are described below;

First suspect; a 3-year old male resident of Selele village, Kasanga Parish, Bwera sub-county admitted on 14 June on the paediatric ward of Kagando Hospital. A provisional diagnosis of severe aspiration pneumonia and severe malaria was made on admission. However, referring to his medical notes, child was bleeding from the gums. A blood sample was picked from the case, results are pending; he died on 15 June at 14hours.

Second suspect; 3-year old boy admitted at St Paul HC IV, from Kizungu village, Nyakasanga ward Kasese municipality. Presented with fever, vomiting blood and nose bleeding. Verified as a suspected case and transferred to Bwera ETU. A blood sample has been collected from him and results are pending.

Additionally, 4 new contacts were listed today, giving a cumulative total of 90 contacts to the confirmed cases; 61 in Kagando and 29 in Bwera. We followed up 98% (88/90) of contacts in Kagando, Bwera and Mpondwe areas and 2 contacts declined temperature monitoring in Kagando. None of the contacts has developed symptoms consistent with EVD. The team screened 532 people attending a service at Kathembo Roman Catholic Church.

Twenty-six (26) new porous entry points have been identified and screening started

Laboratory

Cumulative samples tested to date is fifteen.

- 3 samples collected for referral to UVRI; 2 from Bwera ETU and 1 from Kagando Hospital
- Results from yesterday's sample from Bwera ETU received; one of these samples was a repeat test and both are negative

- Orientation of lab staff in general biorisk management and filling of case investigation forms at Kagando hospital laboratory
- Assessed the stock status to establish capacity to collect EVD samples
- One sample was collected from the 3-year suspect and transported today to the testing laboratory (UVRI), results are pending

Case management

There are 3 suspect cases currently isolated in the ETU at Bwera Hospital. Lab results for two suspect cases were received today. Both were negative; one was a repeat sample and the other a 1st sample. One suspect case with 2 negative results will be transferred to the medical ward tomorrow. A new 3-year old suspect case was admitted today and had their blood sample collected; results await.

Risk Communication /Social Mobilization

- Sensitized communities of Bwera sub-county, Mid Valley and Bwera secondary school, Kyowanga, Kalinga, Kasinka and Kasanga technical institute
- Sensitized UPDF soldiers in Rukoki, Kilembe, officers mess
- Engaged community members in Kirembo and Katholhu EVD vaccination

Psychosocial team

- Offered psychosocial support to the two patients (23 and 27 years old) who were transferred from the ETU to the general ward yesterday after testing negative on two tests
- Counseled the relatives of the 2 young men and sensitized them on how to take care of the patients
- Team reached the nurse (attended to a confirmed case) who is currently under isolation. She was vaccinated yesterday and reports no symptoms today

Vaccination

The vaccination team have vaccinated a cumulative number of 68 contacts with 48 vaccinated today in two rings.

Logistics

Uganda National Medical Stores (NMS) delivered medical supplies to support the Ebola response.

Operational challenges and concerns

- Need more vehicles to support active case search and contact tracing
- Need digital thermometers for the contacts to self-monitor as well as non-contact infrared thermometers for the contact tracing team, health facilities, at airfield and newly set up POEs
- Funds to support contact tracing especially payments for sub county supervisors and VHTs
- Airtime to support operations of the alert desk and internet for the data management team
- Limited stock of sample collection supplies (vacutainer tubes, needles, swabs, ziplock bags, sharps containers, biohazard bags, 10% formalin and triple packaging materials in Kagando Hospital
- Stock out of chlorine and lack of soap in schools
- VHTs involved in ICCM are worried about their lack of supplies such as gloves as they try to manage malaria cases
- Hygiene facilities in taxi parks, boda boda stages and market areas need to be provided
- UPDF personnel who support in guiding people and stopping vehicles crossing the border have been demotivated due to lack of facilitation
- Case definition and IEC materials need to be translated to local languages

Key Planned activities

- Conduct active case search, contact listing and follow up in health facilities in all Health Sub-districts

- Continue with data cleaning in the database especially on the contacts of contacts
- The risk communication team to continue working with vaccination team in Bwera on community engagement
- Engagement of churches and community members by IPC and social mobilisation teams to integrate EVD messages in their teachings
- Engagement of community leaders in Kilembe and Mukunyu on hostility against Congolese nationals
- Continue with radio talk shows
- Identify and reorient VHTs to support contact follow up
- Sensitise community members, stop mass gatherings, alleviate fears and anxiety among the community members on EVD and encourage people to hand wash and stop handshaking. The community will also sensitise on the importance of safe and dignified burial following resistance at SDB of a suspect case.
- Continue with sensitisation of schools

3. Conclusion

There is an EVD outbreak in Kasese, Uganda with its origin in the DRC. There are 3 confirmed cases with 3 deaths. There are 3 suspect cases today. Ninety (90) contacts have been identified so far and eighty-three (88) have been followed up today. Community to vaccination is remarkable.

4. Partnerships

The following Partners are supporting Ebola response in Kasese district; WHO, CDC, USAID CHC, UNICEF, Red Cross, AFENET, ECHO, DFID, UNHCR, IRC, IOM, Baylor, Save the Children and MSF.