



Situation Report			
Enhanced Preparedness Name	Ebola	District and Country affected	Arua, Uganda
Date & Time of report	4 th July 2019	Investigation start date	1 st July 2019
Prepared by	DHT Arua		

1. HIGHLIGHTS

- No current confirmed EVD case in Arua
- One false alert verified and clinically ruled out
- MOH and WHO Team joined the DRRT in the response
- Daily coordination meeting has been instituted with all district responders to review the status of implementation and discuss next steps.
- All DTF technical working groups are constituted and are currently organising the response in their pillars.
- Minister of Health held a regional meeting on EVD readiness in Arua

2. INTRODUCTION

Descriptive epidemiology

Arua District is currently stepping up its response to a possible Ebola spill over following a case that died on 30 June 2019 in Ariwara Health Zone of DRC, that is located 8 kilometres from Uganda border. The confirmed case in Ariwara is known to have used several means of transport while enroute to Ariwara and received treatment from several public and private health facilities on the way and on arrival. The case is known to have had contact with over 200 people including many in the communities bordering Arua District.

The risk of importation of the virus into Arua is very high. Communities from the affected areas share many social services, which includes markets, churches, schools, transportation facilities and the use of health facilities on the Ugandan side by Congolese.

The District mapped a total of 11 Sub counties as high-risk location with 25 health facilities based on population mobility assessment, which include: health facilities frequented by Congolese population, location hosting refugees proximity to the affected area.

As of 3rd July, there were no suspected cases under investigation in the ETU in Arua district.



Summary of cases

1	New suspect cases today	00
2	New deaths	00
3	Cumulative cases	00
	Suspect	00
	Probable	00
	Confirmed	00
4	Cumulative deaths (suspect, probable & confirmed cases) in	00
	Health Facilities	00
	Community	00
5	Total number of cases on admission	00
	Cumulative cases discharged	00
	Confirmed cases that have died	00
6	Current admissions of Health Care Workers	00
7	Number Health workers discharged today	00
8	Cumulative cases Health workers discharged	00
10	Confirmed cases Health workers that have died	00
11	Cumulative deaths of Health Care Workers	00
12	Runaways from isolation	00
13	Number of contacts listed	00
14	Total contacts that completed 7 days	00
15	Contacts under follow-up	00
16	Total number of contacts of followed up today	00
17	Contacts no longer to be followed because the case tested negative	00
18	Suspect specimens collected and sent to UVRI	00
19	Cumulative specimens collected	00
20	Cumulative cases with lab. confirmation (acute)	00
21	Cumulative cases with lab. confirmation (convalescent)	00
22	Specimens with pending results	00
23	Date of discharge/death of last confirmed case	



PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

COORDINATION

- The District Rapid Response Team held a meeting with the National Rapid Response Team and agreed on convening the District Task Force, and developing a response plan.
- The Minister of health had an emergency trip to Arua to conduct a rapid assessment of the EVD preparedness in the region. As part of the assessment, she visited communities at the Points of Entry and observed screening, assessed knowledge of the community and District preparedness.
- The Minister then held a regional meeting and reflected her observations of the PoE and the imminent risk of EVD spill over to the region. She therefore urged all the districts to be alert and step up their readiness to respond to a possible EVD spill over. Districts were urged to reactivate their District Task Forces, focus on community surveillance and risk communication for early detection and reporting of all suspected cases.
- The District has instituted daily technical meetings and weekly District Task Force meetings, chaired by the RDC.

SURVEILLANCE AND LABORATORY

- Developed an enhanced preparedness work plan.
- Case definitions for EVD and SOPs have been disseminated to health facilities for reference in both English and Lugbara.
- All health facilities have been alerted through the m-track.
- The district is currently stepped up the use of e-IDSR

CASE MANAGEMENT

- Assessment of the river Oli HCIV and the team concluded the facility is capable for the management of suspected and conformed cases.
- There are additional modifications required in the facility, especially in IPC e.g waste management, water access, and uninterrupted power supply among others.
- The facility lacks an ambulance for prompt referral of patients to the ETU.
- The District has mobilised a team of 40 responders trained in EVD case management. The team is being prepared for refresher training.
- Arua Regional Referral OPD is currently closed for renovations and this has resulted in high patient influx to Oli HCIV also frequented by Sudanese and Congolese.



RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION

- Health education and community sensitization has been enhanced through different channels including RDCs radio airtime.
- The team had engagements with 10 hotels most frequently used by Congolese traveller to sensitise them of EVD identification and referral.
- The team engaged with operators of 06 bus terminals and some travellers. The team gave them basic facts about EVD and referral of suspected cases.
- An estimated total of 300 people were sensitized at the bus terminals.
- IEC materials like posters have been pinned in most of the congested areas in the district.
- Distributed posters over 600 posters to hotels, bus terminals, and institutions such as Arua School of nursing and muni university.

LOGISTICS

- WHO has provided 25% of VHF PPE Kits (gloves, face masks and shields, gumboots, aprons, coveralls, etc.); triple packaging materials and spray pumps.
- A stock status report has been completed and shared with the Nation Task Force, the Supply Chain Sub Committee and District responders.

VACCINATION

- The three vaccination teams arrived in Arua and are preparing the teams to begin the vaccination of the front line health workers

3. CHALLENGES/GAPS

- There is no designated ambulance for transporting suspects at river Oli H/C IV
- There is high requirement to step up IPC practice in all facilities, supplies inadequate and there is need to mentor the health workers
- There is a problem with triage in most health facilities

4. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

- A response plan to be completed and submitted to the Ministry of Health and partners