

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

18TH AUGUST 2018 (12:00 HRS) – UPDATE No 14

Situation Update from Democratic Republic of Congo as on 17th August 2018

- Cumulative cases: 87
- Confirmed cases : 60
- Probable : 27
- Total deaths : 47
- Suspect Cases under investigation : 21
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina

EVD Preparedness in Uganda (for 17th August)

Note :

1. There is no suspected or confirmed case in Uganda

2. Two alert cases:

a. one case admitted in Bundibugyo (awaiting discharge)

b. one case in Kasese district. Sample sent to UVRI

3. Lab results

3 samples from Bwera Hospital, 11 from Mbarara RRH, 1 from Nakivale Refugee camp and 1 from Naguru Hospital are all negative for VHF

Coordination

- UNHCR - Weekly EVD coordination meetings are being held in Arua district chaired by the DHO and co-chaired by UNHCR Health focal person with participation from all sub districts and partners.

Kabarole

- The DTF meeting was postponed to next week.
- WHO had a meeting with UNHCR on EVD preparedness regarding safety of refugees in transit in addition to those in Kyaka and other refugee camps.

Bundibugyo

- A coordination meeting was held with Bundibugyo Hospital management, WHO, CDC, Baylor Uganda, and IDI to receive quotations from the District Engineer for setting up a temporary isolation facility.
- The draft estimates were UGX 26 million. The meeting agreed that the amount could not be raised immediately and resolved to work on the quick fix issues including leveling the ground, raising the tents and putting up sanitary facilities, to which WHO committed.
- In addition, Baylor pledged to procure 260 liter bins to be placed in each tent, while IDI pledged to support IPC. The hospital management was requested to complete the bills of quantities and submit a request to the MoH.

- The district held a DTF meeting chaired by the RDC and attended by the District Chairperson, District Vice Chairperson, District Speaker, DHT members, and partners.
- The WHO team briefed the meeting on the support to the district being provided. These include supporting the MoH team that did the EVD preparedness assessment, provision of technical assistance in coordination, surveillance, border screening, sample collection and transportation, case management, and IPC.
- WHO has also provided personal protective equipment, beds, mattresses, infrared thermometers, and other supplies.
- WFP logistician and technician are supporting Bundibugyo to set up temporary isolation facility.

Ntoroko:

- Meeting was held with a team from UNHCR and Save the Children
- They were given an overview of what so far was done by the various committees. It was explained in the meeting that only the surveillance and communication committees were actively working hence the preparedness of the district is suboptimal.
- Challenges and gaps outlined included transportation, preparedness of the human resources, inadequate equipment and other materials for surveillance, communication and IPC and an ETU space has not been identified.

Kasese:

- The WHO tent is being constructed with support from MSF
- WFP supplied furniture for the holding tent at Mpondwe border point and some of the donning gear at at Bwera hospital

Laboratory investigations/Surveillance

- UNHCR - 374 refugees from DRC were received in Kyegegwa district (Kyaka II refugee settlement). All individuals were screened for Ebola but no alert was detected. 16 individuals had elevated temperature and were taken to the clinic where they got appropriate treatment.
- UNHCR received and screened 87 new arrivals from DRC in Kisoro district and 7 in Kanungu district with none from the Ebola affected areas in DRC. Active screening is being done at all the boarder entry points in the boarder districts with DRC including Arua.

Kabarole:

- No new Alert in the district.
- There is an in and outflow of soldiers and a record of where they are from is taken, and they are also monitored twice a day for development of any symptom particularly fever for a period of 21 days. The temperatures are not taken.
- HCWs were briefed on how best to be prepared to timely detect any case through enhanced surveillance using the alert case definition. HCWs advised to report any alert case as soon as possible.

Kasese:

- continued to reach out to health facilities for distribution of surveillance tools and orientation of health workers about case detection and the minimum universal precautions for infection control.
- Continued with screening at Mpondwe border.

Bundibugyo:

- The surveillance team received an alert from Kirumya sub-county. They found a 63 year old woman who has been sick for the last three years who reportedly passed bloody diarrhoea. She had no fever, and no history of travel to DR Congo. The team determined that her symptoms did not meet the EVD case definition and advised the family to take her to the nearest health facility.

Ntoroko:

- There was no alert today.
- The team visited the community of Kamuga and the landing site with the intention of setting up a screening facility. Due to the absence of a shade and people to supervise the hand washing activities, the facility could not be mounted. The LC 1, VHTs and other village committee members were engaged to identify volunteers for supervising the hand washing and the community to erect a shed to protect the chlorine. A set of the hand washing facility was kept with the LC 1 and the team to return the following day to mount it provided the community fulfills their assignment.

Bunyangabu:

- The surveillance team visited two health facilities, four primary and secondary schools and one sub-county office. The health facilities included Nyamiseke HC II and Kiyombya HC III. The health workers were trained in EVD case definitions, and reporting. The health workers

were also oriented in steps of holding a suspected EVD patient prior to evacuation.

- The team further visited Good Shepherd Primary School in Nsoga Zone where teachers and pupils were sensitized on signs and symptoms of EVD and provided with telephone numbers to call for help. Other schools visited were Nyakatonzi Primary School where 154 pupils and 10 teachers were reached, Ntanda Primary School (total of 170 pupils and 10 teachers, Kiyombya Primary and Secondary School where 8 teachers were met. The team later visited Kiyombya sub -county office and met workers there. The following activities were carried out: explanation of signs and symptoms of Ebola virus disease, mode of transmission, prevention, demonstration of proper hand washing, and distribution of posters of Ebola Virus Disease

Risk Communication

- Radio spot messages funded by UNHCR on Ebola prevention, symptoms and signs are now airing on 4 radio stations in the West Nile region. Talk shows to start next week.
- UNHCR continues to carry out mass sensitization of the communities in Kyegegwa, Kanungu, Kisoro, Arua, Isingiro, Hoima and Ntoroko on Ebola. Community health workers, health workers at health facilities and radio aired messages are being used. In Kyegegwa, 667 households were reached on 17th/08/2018 with the messages.

Kabarole

- Visited Muhoti Army Barracks HC II and Katojo Prisons HC III
- HCWs were briefed on the situation in DRC, the potential risk of spread to Uganda.
- Briefed the health care workers on the signs, symptoms, treatment and prevention of Ebola.
- The facilities were given the DRRT phone numbers that they have to call in case they get any alert case for EVD.
- The facilities were given IEC materials for the health facilities and for other units within the army barracks and Prisons compounds.

Ntoroko:

- The community was given some information at the landing site and within the settlement regarding Ebola including community case definition, how it is contracted, prevention and management. Posters and leaflets were also distributed to the community. It was emphasized to the community that active community case search must commence and suspected cases be reported and referred to the nearest health facility should they occur.

Case management

Kasese:

- Continued preparations for isolating cases started on preparing the big WHO tent with support from UNICEF to make it more ready for receiving and managing bigger number of cases. Improved the doffing area for the small isolation unit.
- Received and managed one alert case and collected a sample which was shipped to UVRI.

- Burial team was oriented (10) with support from Infectious Disease Institute

Kabarole:

- Case management drills involving orientation and training of health care workers from satellite health centers were conducted by JMEDICC to improve HCW's readiness to respond to any alert and/or suspected case.
- In the visited Health facilities, there is a washing station at the entrance point at the Barracks, all people coming in wash their hands thus ensuring IPC. However at the prisons the hand washing facility lacked soap. Advised to requisition for soap from the responsible authority.
- JMEDICC has so far conducted training drills for 40 district health team staff and 40 FPRRH staff.
- JMEDICC accepted to have training drill for refugee camps health care workers

Bundibugyo:

- One case is still admitted in isolation ward. He has improved on treatment and is ready for discharge. However since the blood sample was taken to UVRI on Wednesday, no results have been released. The JMEDICC result was negative for EVD.

Ntoroko:

- UNHCR is planning to support the training of health workers in IPC and Case Management.

Logistics

- Some Ebola supplies from WHO/MoH Uganda have been prepositioned at District stores, Arua regional referral hospital stores, UNHCR/MTI stores and Koboko district stores
- UNHCR - UNHCR provided 12 Infra-red thermometers to all boarder points to support the Ebola screening in Kanungu, Kisoro and Ntoroko districts.

Bundibugyo:

The district received supplies from UNICEF including had washing facilities,

Challenges

Ntoroko District

- Suboptimal EVD preparedness in Ntoroko district: only the surveillance and communication committees were actively working, transportation issues, human resources, inadequate equipment and other materials for surveillance, communication and IPC
- an ETU space has not been identified

-End-

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