



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

2nd November 2018 (12:00 HRS) – UPDATE No 46

a) **SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 1st November 2018, WITH DATA UP TO 31st OCTOBER 2018**

- Cumulative cases: 285
- Confirmed cases : 250
- Probable : 35
- Total deaths : 180
- Suspect Cases under investigation : 41
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated
- Security concerns limiting contact tracing.

b) **EVD SITUATIONAL UPDATE IN UGANDA**

- **There is NO confirmed EVD case in Uganda.**
- **Progress on preparedness for VACCINATION:**
 - The country has 2160 doses of rVSV EVD vaccine that will be given to health care workers(HCWs) and front line workers (FLWs) in the very high and high risk districts
 - The IRB of Makerere University College of Health Sciences granted an approval of the protocol “**Compassionate use of rVSV Vaccine for HCWs/FLWs and ring vaccination** on 31st October 2018
 - The UNCST has also endorsed the protocol for the vaccination to take place
 - The vaccination team is currently assembling together all the logistics and tools that have been approved and endorsed
 - Information sharing and sensitization of Health Care Workers/Front line workers is being conducted by the district teams in the five high risk districts.



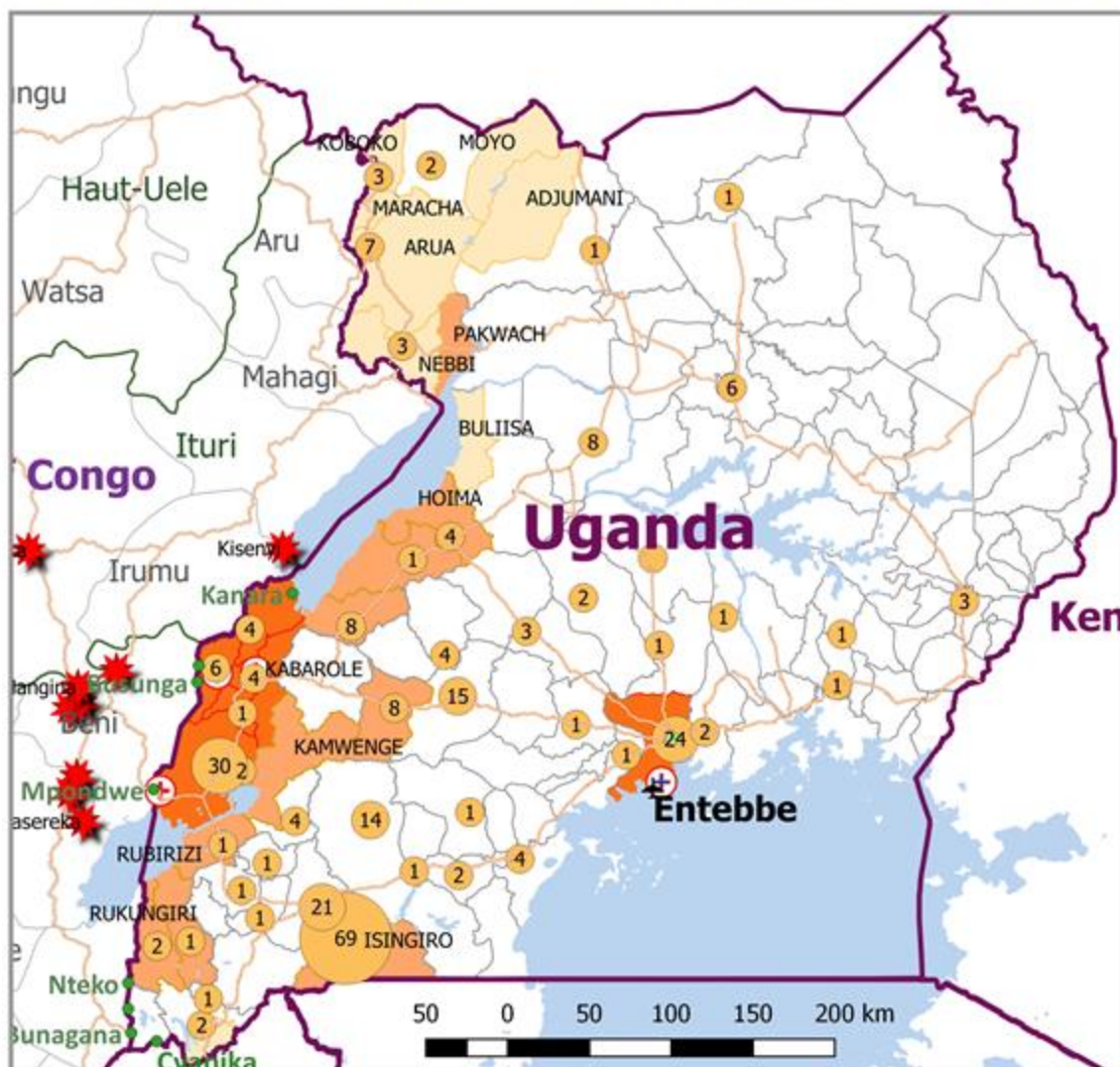
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- “Frequently asked Questions” fact sheets have been shared with field teams.
- The Vaccination exercise targeting health care workers and front line workers will commence early next week.
- Re-orientation of vaccination teams will be conducted over the weekend, 3-4 Nov, 2018.
- Plans are underway to **conduct a mini launch** and the expected guest of Honour is Hon Minister of Health.
- It is estimated that all HCWs/FLWs from the very high and high risk districts will have been vaccinated by 30th November 2018.
- Active case search continues in all communities, health facilities and on formal and informal border crossing in all districts especially in the high risk ones.
- Alert cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI). The alerts are highlighted in the specific district reports below **under the Surveillance section**.



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EVD High risk districts and VHF Alerts since May 2018



Legend

- | | | |
|--------------------------------|------------------------|------------------------|
| District Classification | ETUs | Water |
| □ Other districts | ⊕ ETU in preparation | ■ Water |
| ■ High risk | ⊕ Ready ETU | Key Towns |
| ■ Moderate risk | ● Border Crossing | ✈ Airport |
| ■ Low risk | ▭ International Border | ◆ Capital |
| ★ EVD sites in DRC | — Roads | Alerts Location |
| | | ● EVD alerts |

c) PREPAREDNESS ACTIVITIES IN THE FIELD AND NATIONAL (PROGRESS AND GAPS)

COORDINATION

Kabarole District

- There was a District Task Force Meeting chaired by the RDC
- WHO shared with the team a list of medicine logistics that have been procured for the 58 health facilities for which they were grateful. They however wanted the number of different items redone saying that the hospitals cannot receive same number of logistics as the Health Centre IIs
- They thanked WHO for transporting alert samples for investigation at Uganda Virus Research Institute (UVRI), Entebbe.
- Challenges and requests made.
 - i. PPEs in the referral Hospital are running out and might not go for another 3 days. They therefore request if PPEs can be purchased for the referral and district at large.
 - ii. No fuel for contact tracing. WHO requested to support.
 - iii. No PPEs at Virika Hospital and yet the hospital receives many alert cases. Requested for support.
 - iv. The district leadership will meet all LC1s on 2nd November. There were no IEC materials on Ebola and CCVF to give them.
 - v. PPEs provided by CDC are comfortable and air conditioned. Further purchases should be similar to those.
 - vi. 7 tents for screening requested by the district from WFP for the Referral hospital, virika, Bukuku, Kichwamba, Kabarole Hospital and Kida at the beginning of preparedness have not yet been delivered. WFP logistician who attended the meeting promised to follow that up.
 - vii. Feeding Patients in the referral hospital was becoming a challenge. This was left to WFP to follow up.

SURVEILLANCE ACTIVITIES

Ntoroko District

- WHO team and DHT conducted supportive supervision at Rwebisengo H/C III. Health care workers mentored and information was shared on the situation of EVD in DRC and on the mode of transmission, signs and symptoms, prevention and the facility case definition for alerts. Copies of the community case definition were distributed to the facility for use to inform the communities to enhance community engagement in case identification and prompt reporting to health facilities and to the district surveillance team for prompt and adequate response.
- For the health facility it was agreed that daily information sharing on EVD with emphasis on community case search will be conducted through health education sessions which will be recorded for evidence of population reached.

Kasese District

- One alert reported unfortunately she died. She was a 28 year old female and three months pregnant. She has no history of travel to Congo. Sample collected and safe burial conducted. List of contacts generated
- WHO and DHO oriented 10 health workers and three VHTs at Rwesande HCIV on EVD EVD preparedness and readiness as well as on IPC. Ten of the Health workers reached agreed to be vaccinated when the exercise starts. However, the facility had no written IPC policy or guidelines, no hand washing unit at the triage and entry point and no isolation area or room.
- An alert case was reported from Katadoba HCIII and sample collected and transported to UVRI. Contact list generated for follow up.

Bundibugyo District

- WHO & DHT team conducted supportive supervision on disease surveillance in Nyahuka HC IV and Busunga HC II, Kikyo HC IV and Ngamba HC II. The staff are knowledgeable on Ebola Virus Disease and they are practicing some basic preventive measures as trained. They were also actively promoting hand washing among clients.
- Ngamba HC II does not have a surveillance focal person. One staff immediately appointed to be in charge of EVD and surveillance related activities. The facilities had EVD posters but they were not visibly displayed.

Actions:

- The team engaged the staff on good practice in disease surveillance, EPI and data record, management and use for action.
- Staffs were sensitized on EVD surveillance and various actions that they should take in case of any alert or suspect.
- Facility In-charges were provided with case definitions and IE&C materials on EVD
- Laminated Case Definition were also provided to health facilities for easy reference

Hoima and Kikuube Districts

- The blood sample shipped from Hoima Regional Referral Hospital on 31st October 2018 from 37 year old male patients tested negative for VHFs (Ebola, Marburg, CCHF and RVF). However, the case management team was advised to treat the patient in isolation and to strictly adhere to IPC standards.
- No EVD alert or suspected case detected in both Hoima and Kikuube districts on 1st November 2018 as at 18:00 hours.
- At all PoE, Sebagoro, Nsonga and Kaiso there was a total of 114 new arrivals from DRC of which 21 are from Tchomia (high risk area). They were all screened no alert cases were detected.

CASE MANAGEMENT AND IPC

Ntoroko District

- No alert cases reported.
- A meeting was held with the facility staff encouraging them to take ownership of the ETU. The staffs were also urged to continuously remind the communities about the purpose of the EUT. This will help to neutralize the myths and misinformation about the ETU in the communities.

Kasese District

- No suspect case in ETU
- IPC mentorship was done at Alleluia HC III and 9 participants attended the session
- During all the training in the two facilities Alleluia HC III and Bwera Hospital, the issue of Ebola vaccination was presented to get the views of health care workers. Most health workers agree to take the vaccine when it is availed.

Bundibugyo District

- There are no cases in the ETU and no alerts

Arua District

- UNICEF Gulu Zonal Office attended the Arua District Ebola Preparedness Task Force meeting on 18 October. A need for additional tents to improve retention capacity and isolation unit was identified. UNICEF confirmed they will look into this.

Ntoroko District

- URCS with support from UNICEF supports 2 screening points (Transmi and Ntoroko).

WASH

National / Overall



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- As part of preparedness activities for strengthening IPC in health facilities, UNICEF has initiated the procurement of 50 solar-powered chlorine generators to be supplied to priority health facilities in at-risk districts as identified by NTF. In conjunction with this supply assistance, UNICEF helped draft the operational guidelines on the deployment and use of chlorine generators in health facilities.
- UNICEF presented operational guidelines on the use of the chlorine onsite generators in health facilities to the Case Management / IPC subcommittee. The subcommittee recommended that prior to the adaption of the use of the chlorine generators at the health facility level, approval should be sought from the Medical Equipment Unit of the MOH. UNICEF will liaise with Medical Equipment Unit for relevant approval. Follow-up discussions are also planned with the Quality Assurance and Clinical Services teams to link the new operating guidance to the MoH Infection Prevention and Control standards and guidelines.

District -level update

Rukungiri, Kikuube, Kanungu, Rubirizi and Kisoro

- Provided funds to the district health departments of Rukungiri, Kikuube, Kanungu, Rubirizi and Kisoro for supporting WASH/IPC field monitoring and sensitisation of Ebola preparedness in facilities and communities.

Bunyangabo

- End user monitoring of WASH supplies (one health facility)

Rukungiri

- End user monitoring of WASH supplies (43 health facilities and one landing site)

Rubirizi

End user monitoring of WASH supplies (6 landing sites and cross border points)

RISK COMMUNICATION/SOCIAL MOBILIZATION

- UNICEF continues hosting and co-convening the Risk Communication and Social Mobilization Committee meetings. The last meeting was held in Ministry of Health on October 24, 2018. The key issues discussed reported were the finalization of the district budgets for RCSM, translation of the Community Case Definition into the 13 languages and an update on UNICEF's hiring of four additional C4D Emergency consultants for national and district level RCSM EVD support. All recommendations by RCSM committee were shared with the NTF weekly meeting on 18 October at EMOC, Ministry of Health.
- RCSM committee oversaw the planning and implementation of a rapid Knowledge, Attitudes and Practices (KAP) supported by UNICEF through URCS. Data collection for KAP study was



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completed during the week of October 1 in Kisoro, Kanungu, Kasese, Kabarole/Bunyangabo, Ntoroko, and Bundibugyo covering a sample size of over 2,200 people. Two URCS staff are working with C4D Research, Monitoring and Evaluation Consultant in UNICEF Uganda Country to finalize data entry. The draft report is expected to be shared with RCSM committee of NTF by 5 November. UNICEF provided technical support to RCSM committee of NTF to develop ToR for anthropologists to assess contextual factors associated with burials and care seeking. This assessment will provide insights into the design of strategies to be addressed the often observed community resistance to safe burials and avoidance of care-seeking/isolation in health facilities.

- UNICEF continue to support the airing of radio spots on EVD signs and symptoms, transmission and prevention across 22 districts at risk.

Kasese District

- Uganda Red Cross reached 140 households in Karambi, Nyakiyumbu , Kitholho, Bwera areas reaching 670 people, mobilized 4 community groups and distributed IEC materials
- One community dialogue was held in Bukonzo west with support of Save the Children.

Hoima and Kikuube Districts

- UNICEF financial support for EVD radio talk shows end on 3rd November 2018. The DHO will formally request for an extension of the support as radio talk shows are key in social mobilisation.

Bunyangabu District

- With support from UNICEF, Red Cross volunteers visited: Bugunu in Kibiito Town council, Gatyanga in Rwimi Town Council, Nyakingumba in Kisomoro sub-county and Bukara in Kabonero sub county. 83 households with 286 people and 49 children were reached with EVD messages. In addition, the volunteers conducted three community meetings in which 198 people and 37 children were reached with EVD messages

Bundibugyo and Ntoroko districts

- UNICEF and WHO technical officers oriented district councilors, civil society and needs of departments on EBV risk communication and surveillance using the opportunity of the budget conference organized by the districts. A total of 166 participated in the orientation.
- Completed the review of the risk communication budget. The district plans to train one VHT per village, train all senior women and men teachers, and orient all the LC1s in risk communication and community surveillance with this support.



Rubirizi district

- UNICEF officers held community dialogues with the residents of Kashaka, Kazinga, Kisenyi and Katunguru landing sites including discussions with the health centers supporting these landing sites.
- UNICEF officers discussed with LC representatives of the above sites about need to identify volunteers to man the key POE and to have police and UPDF support enforcing of hand washing especially from fishermen from DRC.

Kabarole district

- Only 18 URCS volunteers are deployed in Kabalore, thus high risk SCs such as Kasenda and Kabende are not covered.

PSYCHOSOCIAL SUPPORT

Kasese District

- URCS with support from UNICEF trained 32 volunteers including health worker on psychosocial support

CROSS BORDER ACTIVITIES

Bundibugyo District

- No alerts reported today from all the crossing points.
- WHO visited Busunga border PoE. Screening of people crossing from DRC was continuing normally and people are adhering to hand washing practices
- There are rumors of refugees coming towards Uganda following threats from rebels.
- WHO reviewed data on the number of people crossing at Busunga PoE.
- 12,042 registered in the period of 25/10/18 – 31/10/18 compared to 11,186 in the period of 18/10/18 – 24/10/18. An Increment of 856 people was noted.

VACCINATION

Ntoroko District

- A Vaccine Acceptance survey among health workers in Ntoroko district was conducted by the District health official and the WHO team. (*A similar rapid assessment has been completed in Bundibugyo and Kasese Districts*)



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- The objective was to assess the existing knowledge among health workers and their readiness/willingness to receive the vaccine.
- Methods used included Focus Group Discussions; one-on-one interviews and telephone interviews
- Results:
 - Majority of the health care workers expressed willingness to get vaccinated. Very few were either not sure or expressed unwillingness due to a number of reasons that will be clarified during pre-vaccination sensitizations.
 - Almost all HCWs expressed the need for information about the vaccine prior to vaccination
 - Several healthcare workers who were not sure about the vaccine agreed to have it provided they are given more information it.
 - The major fear that almost cuts across all the health care workers is the perception (held by all) that the vaccine is still under study and that it may be associated with some side effects similar to the viral infection and adverse reactions in the future.
 - HWs wanted more information on the inclusion and exclusion criteria and whether front line health care workers includes security personnel and cleaners.
- Generally the majority of the healthcare workers interviewed in the district are eager to receive the vaccine when it is brought to the region. There is need to provide more information, clarifying the inclusion and exclusion criteria, and other issues as per protocol.

-End-

For more information, please contact:

Dr Issa Makumbi – issamakumbi@gmail.com

Dr. Allan Muruta – allanmuruta@yahoo.com