



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

2nd October 2018 (12:00 HRS) – UPDATE No 29

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 1st October 2018, WITH DATA UP TO 30th SEPTEMBER 2018

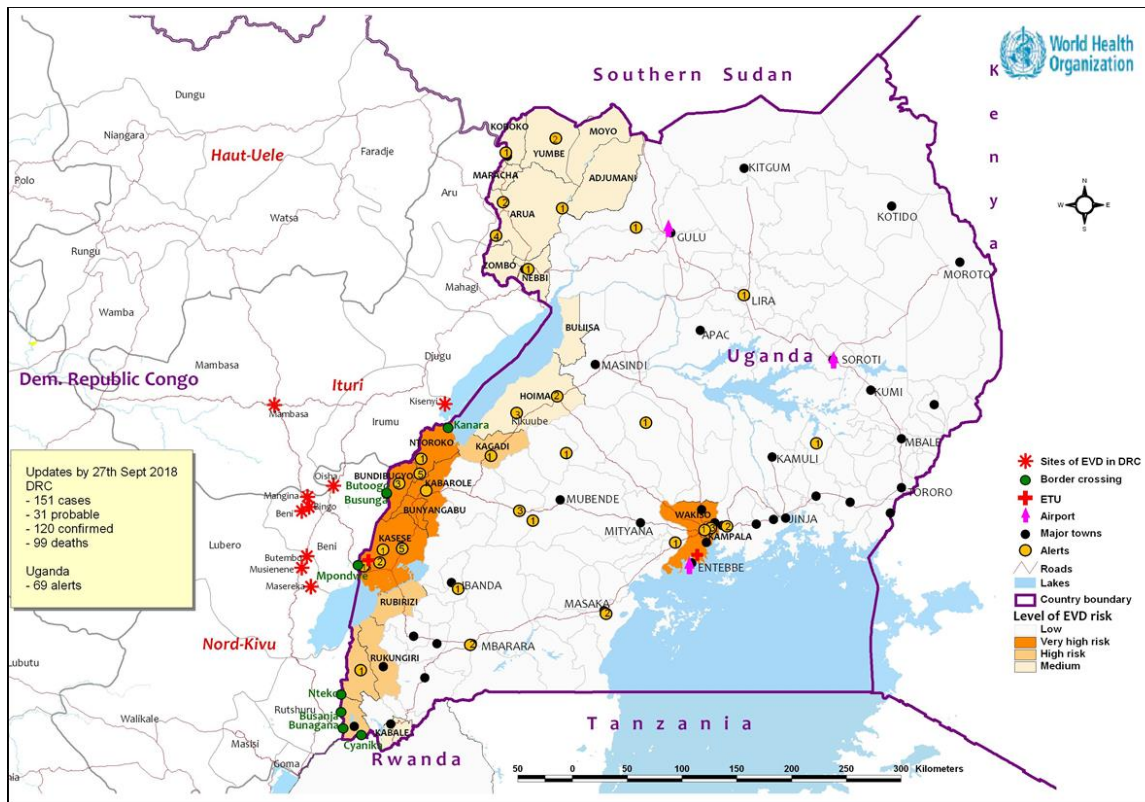
- Cumulative cases: 161
- Confirmed cases : 129
- Probable : 32
- Total deaths : 105
- Suspect Cases under investigation : 09
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
 - “Ebola in Tchomia: 108 contacts , health and front line workers vaccinated”.
Security concerns limiting contact tracing.

b) EVD PREPAREDNESS IN UGANDA

- **Uganda does not yet have a confirmed nor suspected case of Ebola**
- **No alert case under investigation**
- **Active case search ongoing in all the districts**
- **In Bundibugyo the alert cases in ETU tested negative for EBV; the 45 year old female has been discharged and the 15 year old boy admitted to the ward for further management.**



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

COORDINATION

- A team comprising of representatives from UNHCR, MTI, Arua and Koboko District Health Office conducted a joint monitoring visit at the border entry points of Vurra, Odramuchako, and Lia. The purpose of the visit was to ascertain the Ebola Preparedness and response mechanisms that are in place given the continuous free entry and exit of persons of different nationalities especially the refugees from Ebola affected areas.

Kabarole

- A meeting in the DHO’s office was held to adopt the new case definitions and a plan was developed to reach all health care workers and to print and distribute A4 size hard copies of new case definitions

Bundibugyo



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- There was a meeting between WHO, DHO, ADHO, Medical Superintendent and hospital administrator of Bundibugyo general hospital during which EVD preparedness plans were shared.

Kasese District:

- DHT meeting with 11 members of the District Health Team chaired by the DHO and main discussions included strengthening Infection Prevention and Control both in the private and public health facilities. Members of the IPC Committee were approved and it was agreed that WHO prepares a presentation that will be shared with the participants in the malaria training scheduled this week.
- The team had an interaction on EVD with three Parish Executives of Hamukungu fishing village. They were encouraged to report rumours and alerts for subsequent follow ups.

SURVEILLANCE ACTIVITIES

Kabarole

- Met and sensitized about 50 health facilities in-charges from Kabarole district that had come to attend the Malaria review meeting. The health workers were introduced to the new EVD case definitions, definitions posters and emphasised the need to be more vigilant in the ongoing surveillance for EVD.
- Conducted active case search in Buhinga Regional Referral Hospital and interacted with the surveillance focal person, VHF nurse and the Hospital Director.
- During the search it was discovered that there were 3 alert cases that had been missed. Two of them had presented with epistaxis and died. While the third died on arrival.
- The following actions were taken: updated the health care workers on the new case definitions; health care workers were advised to be extra vigilant for cases that fit the definition criteria and alert the district rapid response teams.
- It was agreed that the hospital would be visited once a week, and to have a CME session with FPRRH and Kabarole hospital this week on October 4th and 5th respectively.

Bunyangabu

- Active case search is ongoing and the district received new case definitions which are yet to be distributed.

Bundibugyo District

- Visit to a number of health facilities including Bubukwanga health center III and Burondo HCII. The health facilities had Improved IPC practices by the staff and patients, had holding space for suspected cases identified and their waste disposal was good.



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- **A serach for two missing contacts Mr Mutaghalirwa and Mr Musakirwa Sam** who attended a burial in DRC still going on.

Kasese

- 21 health care workers were trained in surveillance and they were selected from Maghoma HC II, Nyangonge HC II, Katooke HC II, Humukugu HC II, Kitabu ST. Francis Assisi HC II, Kyempara HC II, Mpondwe muslim HC III, Nyambogho HC III, Kamukumbi HC II, and Kisolholho HC II. They were trained on EVD definition, causes, transmission, symptoms and signs, and prevention.
- 21 VHTs VHTs assigned to these Heaqlth facilities were also coached and oriented on EVD.
- The team had and interaction on EVD with three Parish Executive of Hamukungu fishing village. They were encouraged to report rumours and alerts for subsequent follow ups. They wwere given ten posters with key messages on EVD for social mobilization
- Active case search was also done in all health facilities through the OPD registers but no case of EVD and VHF were found. |
- Facility surveillance officers oriented on the need to intensify active search for cases in the facility and also coordinate the search in communities by using VHTs

Ntoroko District

- Supportive supervision and active search conducted by WHO and district health team at Ntoroko H/C III and Stella Maris H/C III. No unreported or missed case of EVD recorded in both facilities. Health care workers (7) in both facilities were reminded of the case definition of EVD and advised to be vigilant.
- Health care seekers found in both facilities given basic information on the community case definition of EVD and advised to quickly report any case that qualifies the community case definition to a VHT or the nearest health facility.
- Supportive supervision and data collection conducted at landing sites of Kigungu, Ntoroko main, Fridge, Transami and Kanara. Screening by temperature monitoring on-going and no alerts recorded for the past five days.
- Volunteers at the landing sites reminded of the community case definition of EVD and urged to continue been vigilant.
- UNHCR completed three Points of Entry Screening shelters were completed in Ntoroko and Kikuube Districts

Kikuube Districts

- UNHCR completed the designated ETU in Kikuube district and simulation exercise was done at the activity.
- Trained 180 health workers were trained on IPC & use of PPEs in Kyangwali, Ntoroko, Matanda and Kisoro using WHO/Ministry of Health Guidelines. As part of the training 60



pieces/sets of disposable PPE were supplied to transit centers (Ntoroko, Kyangwali, Matanda and Kisoro)

CASE MANAGEMENT AND IPC

Kabarole

- Hand washing equipment well positioned at all entrances in FPRRH
- Health care workers advised to ensure strict use of standard protective equipment such as gloves and aprons at all times.

Bundibugyo

- 2 alert cases earlier admitted over the weekend have improved on supportive management and their blood samples tested negative for EVD.
- An IPC assessment was done in this district which indicated that only 42% of the health facilities have adequate IPC which leave a big gap that needed to be addressed as per the recommendation made in the report.

Ntoroko

- The district, with support from WHO conducted supportive supervision at Ntoroko H/C III and Stella Maris H/C III. Health care providers urged to be more vigilant at case identification at their places of work, to give health education sessions to the health seekers at the facility daily. They were reminded to adhere to IPC. Emphasized IPC practice adherence for the volunteers at Kigungu, Ntoroko main, Frigde, Transami and Kanara landing sites
- Soap was supplied to Kigungu landing site
- Isolated patient in Rwangara H/C III is improving on treatment and samples tested negative for EVD.
- Work still going on at Rwebisengo ETU. Procurement of materials and partitioning of the isolation has been done with financial and logistic support from WHO

Kasese:

- WHO team attended the DHT meeting in which members of the District IPC committee were selected. The committee will meet this Tuesday at 2pm to decide their work plan for effective coordination of ongoing IPC activities.
- Staff and patients in facilities visited by the field teams were taught proper hand washing procedures and HCIIIs that were visited were assisted to identify an isolation unit in each facility in case a suspect is identified



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- UNHCR dispatched one ambulance to Ntoroko to support activities of Medical Teams International. The organization also depolyed one tent Karugutu HC IV to serve as an isolation facility.
- Received 24 chairs and 12 table for each point of the 12 entry points in Ntoroko Districts. Care International supported the training of 40 health workers for Kikuube and Hoima Districts and pilot completed at Kasonga ETU.
- Relief International donated IPC facilities including gloves, jerricans among others to Kyaka II refugee settlements.

RISK COMMUNICATION/SOCIAL MOBILIZATION

- MoH and WHO undertook a mission to the five high-risk districts that was intended to support districts to define community engagement structures, terms of reference and immediate recommendations to implement Community Engagement activities. A report on the activities done and recommendations is available for reference and possible support.
- At the district level, UNICEF continued to participate and to support the functioning of the relevant committees/sub-committees of District Task Forces in the ten very high risk districts through its field offices (Mbarara and Gulu) and staff deployed from the UNICEF Kampala office. As of 1st October 2018, four teams from UNICEF Uganda office were supporting WASH and risk communication activities in seven districts.
- UNICEF continued to support the airing of radio spots (9,725) and radio talk shows (114) on signs and symptoms, transmission and prevention key messages across 10 very high- and 12 high-risk districts. Media monitoring for radio broadcasts and social media are also going on supported by UNICEF.
- UNICEF is also supporting the translation of IEC materials into additional languages before mass production and dissemination in the additional at-risk districts.
- Community engagement activities supported by UNICEF and implemented by Uganda Red Cross Society volunteers together with VHTs are being implemented. These activities are targeted at the in 47 at-risk sub-counties in the seven districts.

Ntoroko

- 2 PCVs sheets were delivered to the district by WHO. .
- WHO/DHT teams(2 pple) went to Butangoma subcounty to identify points of entry for community engagement. Rwetuhe, Haibale and Kiguha were selected. These on average have a traffic of 60 people per week as they transact business to and fro the DRC on market days.



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- Dates for community dialogues will take place at the following days conducted by LC1 chairpersons: 3rd October Rwentuhe at 11.00am; 3rd October Kiguha at 1.00pm and 5th October Haibale at 2.00pm
- Concerns/issues:
 - Care takers of the PoE are requesting for hand washing facilities and thermometers
 - Hard to reach crossing points yet there's is a bigger traffic of people crossing over to and fro the DRC
 - Locally translated IEC materials are inadequate
 - Need for the facilitation to the LC1 chairpersons for mobilization of communities urgently needed (was presented to the DHO- Ntoroko)
 - Conflicting priorities by the DHEs hindering the building of strong soc. Mob. teams in the district.
 - Communities are in high demand for the health education messages given the perceived risk they have associated with the EVD

LOGISTICS

Bundibugyo

- About 90% of the renovation works on the ETU has been completed. Walkway graveling works and construction of discharge showers to be completed tomorrow.
- More IEC materials are needed.

CROSS BORDER ACTIVITIES

- Normal screening continued at the crossing points.

LOGISTICS

Need for 3 new buckets at Mpondwe

CHALLENGES

- In Kabarole, some of the EVD posters were removed from the places they were displayed such as in the market. The plan is to use glue instead of masking tape next time.
- There is no food and other utilities for patients admitted to ETU

-End-



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