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HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

11th October 2018 (12:00 HRS) – UPDATE No 33

a) *SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 10TH OCTOBER 2018, WITH DATA UP TO 9TH OCTOBER 2018*

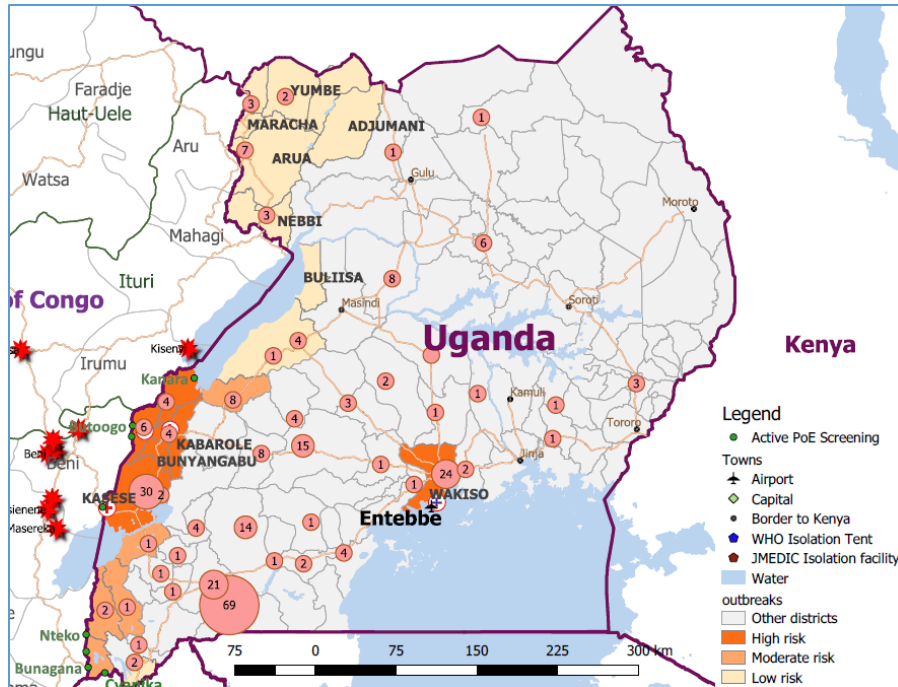
- Cumulative cases: 194
- Confirmed cases : 159
- Probable : 35
- Total deaths : 122
- Suspect Cases under investigation : 25
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated
- Security concerns limiting contact tracing.

b) *EVD SITUATIONAL UPDATE IN UGANDA*

- **Uganda does not yet have a confirmed nor suspected case of Ebola**
- **There are no alerts or admission in all the ETUs in all districts**
- **Active case search ongoing in all the districts.**



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

COORDINATION

Bundibugyo District

- The DTF meeting was held chaired by the District Internal Security Officer on behalf of the Resident District Commissioner and all preparedness pillars were represented. Partner organization represented included WHO, UNICEF and Uganda Red Cross Society.
- The meeting noted that the money advanced to the district does not cater for allowance for health workers attending to alerts cases in the ETUs. It was therefore recommended that the UGX 51 million received be rationed to cater for all the pillars including risk allowance for ETU workers.
- It was noted that most entry Points do not have toilet facilities. The WASH pillar was tasked to identify available functional mobile toilets within the district and budget for their transportation and installation where needed.

Kasese District

- The DTF meeting was held and it requested the District Health Officer (DHO) to closely work with WFP to speed up installation of a shed for the temperature scanner at Mpondwe border post. In addition, members resolved that Chief Administrative Officer directs health facility workers at Bwera hospital to identify a room that should hold logistics for preparedness separate from logistics for



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routine use. Members also resolved to use part of the district funds received from MoH to cater for additional welfare of all the staff in ETU and the border crossing points.

Kabarole District

- The DHT was held in the DHO's office and it finalized arrangements for the SDB training that is due tomorrow (12th October 2018).
- The meeting was informed that funds from WHO for EVD readiness have not been yet been remitted to the account because the account had some issues. However, it is hoped the funds will be available early next week.

SURVEILLANCE ACTIVITIES

Note: No alerts were reported from all border points and communities in all districts.

Hoima and Kikuube Districts

- No EVD alert or suspected case reported in both Hoima and Kikuube districts by Wednesday 10th October 2018 as at 18:00 hours.
- The 03 (100%) contacts of an EVD case from Kasenyi village, Tchomia zone of Ituri province in DRC that entered Uganda on 25th September 2018 through Sebagoro POE completed 21 days on 10th October 2018 of follow up without developing symptoms.
- 30 health workers completed a one day training in contact tracing with special focus on EVD supported by WHO.
- The district still waits laboratory result for a blood sample shipped on 8th October 2018 to UVRI for EVD testing.

Kasese District

- The DHT conducted surveillance training for 25 health care workers from Kahendero HC II, Muhokya HC III, Bughalitse HC II, Mame Centenary HC II, Kabigho HC II, Busunga HC II, Kirembe HC III, Railway HC II and Alleluia Medical Centre II. They were trained on EVD case definition, causes, transmission, symptoms and signs, and prevention.
- Four Village Health Team (VHT) members assigned to these HF were also coached and oriented in EVD.
- Active case search was also done in all health facilities through the OPD registers but no case of EVD and VHF were found. All patients met at the HF were also oriented on EVD.
- Facility surveillance officers were oriented on the need to intensify active search for cases in the facility and also coordinate the search in communities using VHTs.
- The telephone contact number of the surveillance officer was shared with community members and health workers to help report and aid communication of any suspected EVD case
- VHTs were advised to support health staff but not to take up consultation of patients . Health facilities will supply VHTs with gloves to facilitated their work as needed.

Kabarole District

- WHO conducted Continuing Medical Education (CME) on EVD for over 10 health care workers in both Kataraka HC IV and Iruhura HC III. The health care workers were updated on the EVD situation in DRC, public health risks to Uganda, preparedness level, and the new case definition. All health care workers were urged to be more vigilant and robust surveillance for EVD.
- All the health care facility in-charges received printed & laminated copies of the corrected new case definitions.

Bunyangabu District

- WHO met and refreshed 31 health care facility in-charges on the new EVD case definition. They were also updated on the EVD situation in DRC and the risks it poses to Uganda.
- All the health care facility in-charges received printed & laminated copies of the corrected new case definitions.

Ntoroko District

- Supportive supervision and data collection were conducted at Rwangara, Katanga and Kamuga landing sites. Temperature screening and monitoring were on-going at the sites and at Rwangara, 12 alerts with temperature readings of and above 38 degrees centigrade were noted to have been recorded in the past five days. All the alerts were referred to the health facility and treated for common illness such as malaria and respiratory tract infections. Volunteers at the two landing sites were reminded about the community case definition of EVD and urged to continue being vigilant.
- The landing site at Kamuga was found to be non-functional because the volunteer worker had withdrawn from duty. This is the second highest site with high volume of people entering Ntoroko district and urgent action is needed to address this problem.
- Supportive supervision and mentorship were conducted at Rwangara H/C III by the WHO team and (3) health care providers were involved. The health care workers were reminded about the case definition of EVD and strongly advised to be vigilant. As part of information dissemination in support of surveillance, the facility staffs were advised to do daily health education sessions within the facility at the start of the day's work targeting all health services seekers.
- Rwebisengo H/C III and Rwangara H/C III were given the one page laminated job aid on the EVD case definition with health care providers requested to promptly identify alert, suspected and confirmed cases for prompt and appropriate actions.

CASE MANAGEMENT AND IPC

Hoima and Kikuube Districts



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- One (1) suspected cases discharged and one admitted at Kaseeta CTC in stable condition as at 18:00 hours 10th October 2018.
- MSF and WHO teams are redesigning/improving the ETU at Kasonga in Kyangwali refugee settlement which is expected to be completed on Thursday 10th October 2018.

Kasese District

- MoH and WHO conducted a comprehensive training for the eleven member burial team at Bwera hospital. The training covered dead body management, community engagement, use of PPEs, hand hygiene and chlorine preparation.
- The Kasese District IPC team had meeting and agreed to introduce Hand Washing Champions in all Schools; institute awards for best performing HFs in IPC Compliance and Hand hygiene; and to identify gaps for referral to the DTF for support. They also agreed to conduct routine health facility visits and to do on-the-job training on IPC procedures and compliance. Printing and distribution of IPC hand washing Job aids to facilities supported by WHO will also continue as well as continuous routine HF assessment using the ODK tool.

Bunyangabu District

- 31 Health Facility in-charges in Bunyangabu were sensitized on IPC compliance, hand washing, waste segregation and overall hand hygiene.
- Bunyangabu DIPC team were mentored on the roles of supervisory district team
- The Bunyangabu DHT was oriented on the design of supervision activities based on risk level.
- In addition, the WHO/MoH Team attended Bunyangabu Malaria Review Meeting for Health Facility In-charges and made presentations on IPC.

Kabarole District

- IPC assessments were conducted for both Kataraka HC IV and Iruhura HC III and a total of 10 staff were mentored on IPC.

Ntoroko District

- WHO and MoH trained 11 members of Ntoroko district burial team. They were taken through drills on donning and doffing of PPEs, hand and glove hygiene and dead body handling. They included drivers (2), religious leaders (2), security (1), instructor/social worker (1) and undertakers (4).

RISK COMMUNICATION/SOCIAL MOBILIZATION

- EVD radio messages and spots continue to be broadcast FM station in all districts supported by UNICEF.
- All DHT are distributing IEC materials with support from WHO and UNICEF

Bundibugyo district



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- The DHE with support from WHO and conducted a community dialogue at Karambi primary school, Karambi parish, Burondo sub-county. This is a high-risk community due to its proximity to Kasenyi landing site and community members are known to eat bush meat. The dialogue had 295 pupils (170 girls, 125 boys); 04 teachers (01 female, 03 males); 25 community members (04 females, 14 males); 5 VHTs (all males); and 01 Health Assistant. The dialogue covered basic facts of EVD, the significance of regular hand washing in the control of EVD and other infections followed with hand washing demonstration. IEC materials were distributed and teachers and community leaders in attendance agreed to mobilize and sensitize community members on EVD.
- Uganda Red Cross Society trained 30 VHTs and HCWs on Psychosocial support. The society also continues to support volunteers at Busunga and Butoogho POEs
- There is no facilitation of the DHT/Social Mob teams which is negatively affecting Community Engagement activities. The EVD poster is not well explained by communicators; it has 2 columns (i.e. transmission and presentation) but it's explained horizontally mixing both and thus confusing the target audience.

LOGISTICS

- The Regional Logistics Officer reported for work and was introduced to the Kasese DTF and the District Logistics Officer.

CROSS BORDER ACTIVITIES

Hoima and Kikuube Districts

- Point of Entry (POE) EVD screening continues to take place at Sebagoro, Nsonga and Kaiso ports with a total of 57 new arrivals from DRC, as at 18:00 hours on Wednesday 10th October 2018 no suspected case detected.

-End-

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