



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

16th October 2018 (12:00 HRS) – UPDATE No 36

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 15TH OCTOBER 2018, WITH DATA UP TO 14TH OCTOBER 2018

- Cumulative cases: 214
- Confirmed cases : 179
- Probable : 35
- Total deaths : 139
- 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.

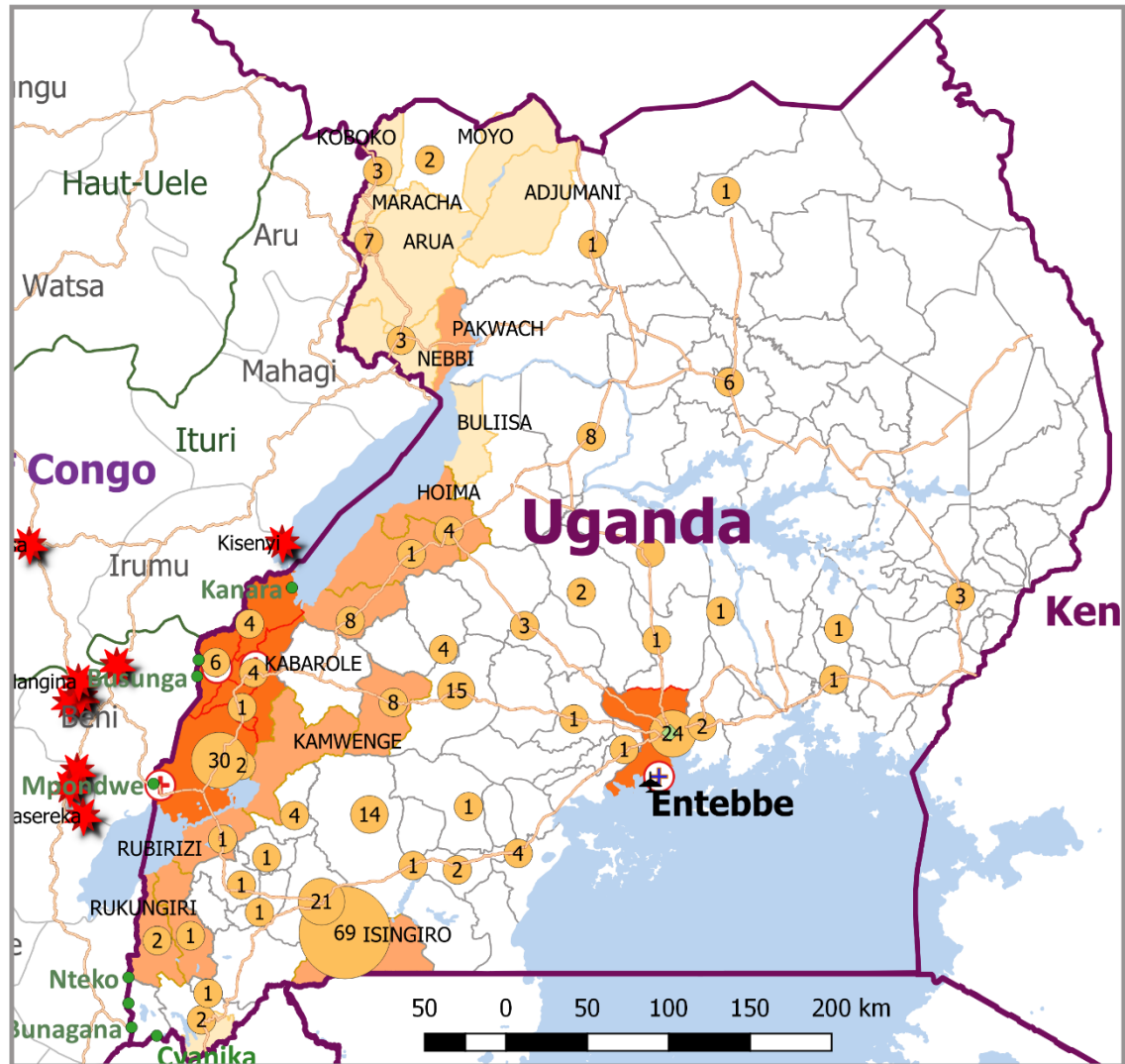
b) EVD SITUATIONAL UPDATE IN UGANDA

- Two alerts reported; one from Kabarole and another one from Kasese. All evaluated and blood samples taken and sent to UVRI for testing.
- No alerts from all the major points of entry in all the districts.
- No alerts received from the community in all the districts.



THE REPUBLIC OF UGANDA
Ministry of Health

EVD High risk districts and VHF Alerts since May 2018



Legend

District Classification ETUs

Other districts

High risk

Moderate risk

Low risk

EVD sites in DRC

ETU in preparation

Ready ETU

Border Crossing

International Border

Roads

Water

Key Towns

Airport

Capital

Alerts Location

EVD alerts



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

COORDINATION

Bundibugyo District

- The WHO Field coordinator for Bundibugyo district was introduced to the DHT and the meeting immediately started planning for the the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme visit scheduled for Wednesday this week.
- The DHT agreed to hold the next DTF meet in morning so that all the DTF members can meet with the visiting teams. A report and power point presentation on the achievements, gaps and next plans of the DTF in terms of Ebola preparedness will be prepared and presented.
- The DHO together with WHO colleagues briefed the LC V on the IOAC visit scheduled for Wednesday. Suggestions were made to modifying the itenary so the delegation visits Busunga HC II and Nyahuka HC IV. DTF proposed to use Busunga HC II as a referral center with a capacity to isolate alerts that may be identified at the border.
- The ETU at Rwebisingo is nearing completion and the teams from Bundibugyo and Ntoroko met to share notes on the construction works.

Kasese District

- The WHO team visited Bwera Hospital and briefed the administration about the upcoming of the IAOC delegation from Geneva, WCO and Ministry of Health. A subsequent meeting was held with , ADHO, the Assistant Commissioner (National Disease Control) MOH, Town clerk Mpondwe Town Council and the Hospital Administration to prepare for the IOAC visit including participation by the the different partners.

Kabarole District

- The DHO, WHO and Fort Portal Regional Referral Hospital administration held a meeting on the the IOAC visit. They agreed to highlight readiness and preparedness activities implemented so far, gaps and challenges.



SURVEILLANCE ACTIVITIES

Kasese District

- The district team supported by WHO visited two of the 5 major border crossing points i.e. Mpondwe main crossing point and Kayanzi landing site. The team reviewed the records and demonstrated to health worker manning the border points good screening techniques emphasizing the need for vigilance.

Kabarole District

- One alert case reported was reported. An adult male, who presented with bleeding from the nose, bloody urine and shivering with body temperature of 36.5°C. A sample was picked and sent to Uganda Virus Research Institute(UVRI) for testing.
- The district team supported by WHO conducted surveillance supportive supervision in three health care facilities (Reproductive health Uganda Fort Portal branch HC II, Kida hospital and Rutete HC III). A total of 17 HCWs were trained and 30 community members were sensitized on EVD. All the Health facilities visited received the revised EVD case definitions.

Ntoroko District

- No alerts reported in the districts.
- Save the Children funded training for 97 VHTs and volunteers from different sites on EVD surveillance that was conducted by DHT and WHO teams. The participants were from Ntoroko town council, Rwangara H/C III and Butungama town council.

Hoima and Kikuube Districts

- No EVD alert or suspected case reported in both Hoima and Kikuube districts on Monday 15th October 2018 as at 18:00 hours.
- Point of Entry (POE) EVD screening continues to take place at Sebagoro, Nsonga and Kaiso ports with a total of 78 new arrivals from DRC, as at 18:00 hours on Monday 15th October 2018.



CASE MANAGEMENT AND IPC

Kasese District

- There was one suspected case on 15th October admitted in the ETU at Bwera hospital. The alert suspected case is a Congolese national, a health worker working in a drug shop in Butembo in DRC who had come to visit relatives in Bwera three days ago. He developed nasal bleeding for one day before admission to the ETU. A blood sample was taken and sent to UVRI for testing.
- The WHO team engaged the administration of Bwera Hospital on two key issues that needed to be urgently addressed:
 1. The state of the Ebola treatment Unit compound that had over grown grass and needed slashing.
 2. The poor disposal of medical waste generated within the hospital and being stored just in front of the ETUnit.
- After discussions the administration slashed the overgrown grasses at the ETU and also cleared / relocated the medical waste that was within the ETU compound. The hospital needs support to find a solution to these problems such as construction of an incinerator in the hospital.
- IPC baseline assessment conducted in Bwera Hospital ETU, Mpondwe border area screening and Kayanzi H/C II. Bwera ETU and Kayanzi HCII had IPC scores of 72% and 42% respectively.

Kabarole District

- There is an alert case of a prisoner currently isolated within in the prison premises. He is being managed for malaria and supportive treatment pending laboratory results from UVRI.
- The DHT with support from WHO conducted baseline minimum facility IPC assessments for emergency in three health care facilities (Reproductive health Uganda Fort Portal branch HC II, Kida hospital and Rutete HC III). A total of 17 health center workers were mentored on IPC and 30 community members were sensitized on IPC with emphasis on hand hygiene, use of PPE and waste disposal.



Ntoroko District

- No alert case on 15th October 2018.
- WHO team visited Katanga landing site that had a problem of community members who had refused to wash hands suspecting the water to be dirty. After engagement with assistance of community leaders (LCI and II) community member agreed to support the site by providing clean water from the lake for hand washing. Community members were reminded about the EVD community case definition, transmission, prevention, case identification and reporting. They were asked to be vigilant in their communities and report any cases that meet the case definition to the VHT or nearest health facility.
- Work continues at the ETU in Rwebisengo is near completion.

RISK COMMUNICATION/SOCIAL MOBILIZATION

Ntoroko District

- There was a community dialogue on EVD for staff of Rwangara H/C III and the community on EVD transmission, prevention, case identification, community surveillance and case search. The community members were advised to watch out for alerts and to report to the district surveillance team or to the nearest health facility in case they come across any.

Bundibugyo District

- Risk communication team assessed the risk posed by a Roman Catholic Church in Busaru in Bundibugyo that hosted a big congregation (over 200 followers) from DRC for prayers with claims of healing Ebola. The church is in close proximity of DRC Congo (about 50 metres from the border), there are EVD knowledge gaps in the community, rumours and myths with the potential of fueling EVD transmission if importation occurs were rife in the Basuru community. The team met the church priest and engaged the community in Busaru on the potential risk for EVD in the area. Although the team tried to address some of the issues with the few community members reached, further community engagement is still needed.



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- **Note:** The need for UNICEF to urgently fund the risk Communication budgets to facilitate community dialogues was emphasised. The DHT teams need pay surprise visits to some churches to ascertain whether they do admit patients is also urgently needed.

Kabarole

- The Health facility staff received IEC materials from UNICEF and Uganda Red Cross Society (URCS) and shared them with VHTs and community members. There was a general meeting with URCS volunteers and community engagement with groups such as boda boda riders in Kagote. The team agreed with the chairperson LC1 and local councilors to undertake door to door mobilization with emphasis on EVD risks in the community.

CROSS BORDER ACTIVITIES

Kasese District

- No alert cases at the border point.
- The DHT, WHO and MoH team led by the Assistant Commissioner (National Disease Control) visited Mpondwe border screening point. They note three key issues that need urgent attention:
 1. The need for new infrared thermometers as seven out the 15 thermometer supplied by WHO have malfunctioned. WHO was informed and has already dispatched four new ones from Kampala.
 2. The need to fast track the installation of the scanners at the border point. Mpondwe Town Council is working on extension of the electricity line to the border point after which WFP will move in to complete the installation of scanner.
 3. The issue of lack of toilet and changing room/ for the staff manning the Mpondwe border screening point was noted – The Commissioner NDC MOH was contacted and he promised to help urgently address this issue.

LOGISTICS

Kasese District

- The delayed delivery of the cupboard for storage of the supplies at the Bwera Hospital ETU was noted. WHO was requested to expedite on this delivery as some of the supplies are currently poorly stored.

Kabarole District

- The National Infection prevention and Control (IPC) consultant currently deployed to Kabarole/ Bunyangabu finally received a laptop to facilitate her field work.

Ntoroko District

- There is pending delivery furniture for the Ntoroko ETU at Rwebisengo Health Centre from WHO. WHO to fast track the procurement and /or delivery of the furniture for this ETU.

-End-

For more information, please contact:

Dr. Issa Makumbi – issamakumbi@gmail.com

Dr. Allan Muruta – allanmuruta@yahoo.com