



HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

8TH AUGUST 2018 (12:00 HRS) – UPDATE NO 5

Situation Update from Democratic Republic of Congo as on 7th August 2018

- Cumulative cases are: 43
- Confirmed cases : 16
- Probable : 27
- Total deaths : 36
- Cases under investigation : 46
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina
- Results from genetic analysis from INRB in DRC confirm the strain in the current outbreak to be Ebola Zaire. The sequencing does not demonstrate close linkage with the recent outbreak in Equateur.

Note : There is no suspected or confirmed case in Uganda

EVD Preparedness in Uganda

i) Coordination

- The WHO representative is leading a team to the high risk districts to assess the readiness levels and capacities.
- There was a coordination meeting in Kasese attended by Uganda Red Cross, CDC, Africa Union CDC, Ministry of Agriculture Animal Industry and Fisheries and IDI that discussed updates on preparedness among others issues. The meeting noted that all response pillars are functional. Bwera border crossing was noted to have a lot of cross-border activities including direct transport to and from Beni which call for more vigilance.
- CDC plans to review and discuss the possibility of JMEDIC extending support to all high risk districts in the region.

ii) Laboratory investigations/Surveillance

- In Kasese district, the MoH and WHO teams started orienting health facility workers on EVD case definition, detection and reporting.
- There is increased population movements into Uganda through Mpondwe border post for trade and security reasons. Screening activities have not yet identified any indication of Viral Haemorrhagic Fevers.



- All STOP Team members have been repurposed, oriented on EVD and positioned in the high risk districts to reinforce surveillance activities.
- CDC is working with UVRI to strengthen sample collection and packaging. CDC is also helping to review the Hub system to support quick sample transportation.
- In the meantime, WHO has provided vehicles for sample transportation to UVRI in case of suspected cases from all high risk districts.
- AFENET working with other teams focused on capacity building for case management including case definition and surveillance in health facilities.
- Screening of people from DRC at Mpondwe border crossing is set to start following preparation and training of people to carry out the activity.
- There is urgent need for mass production of surveillance tools for all health facilities in the region.

iii) Risk Communication

- The Ministry of Health finalised three radio spots covering prevention, signs and symptoms and transmission of EVD with support from UNICEF and WHO. These spots will be aired through 21 radio stations in 13 high-risk districts for three months in 13 languages.
- UNICEF supported transmission of ten approved short messages on Ebola prevention and control sent to 98,665 using the U-report platform. These U reporters are located in 22 districts on the western border with DRC (14 of which have been identified as high-risk areas).
- UNICEF also supported transmission of two approved EVD messages to 52,946 Health workers in 5,684 facilities in 13 high-risk districts.
- There is however lack of IEC materials in local languages in all the high risk districts.

iv) Cross-border Activities

- Fifteen (15) border workers (police, medics, immigration officers) at Bwera Border post were oriented on EVD by the MoH/WHO Rapid Response team. Screening will also be enhanced at the border.
- CDC is bringing in an expert to assist with border health surveillance.
- The Infectious Diseases Institute working with local authorities identified up to 12 un-gazetted crossing points in Kasese district. They also noted that community gathering on both sides of the border are common despite declaration of the outbreak. 25% of patients who utilize HIV services at Bwera hospital are also from DRC. There is therefore need for increased surveillance and screening for possible suspected cases.



v) Case management

- The MoH and WHO teams assessed EVD case management preparedness at Bukuku and Kichwamba health facilities and identified several gaps. The teams recommended urgent actions to enhance capacities at health facilities to be able to deal with a potential EVD outbreak or health related events.
- MSF has set up a temporary isolation facility at Bwera hospital.
- There is need for more Infection Prevention and Control logistical support in all the districts.

vi) Logistics

- World Food Programme (WFP) is preparing to support storage and logistics management in case of an outbreak. A team from WFP will visit high risk districts later in the week to assess logistical capacities and gaps that can be urgently addressed.
- Field teams have noted a lot of logistical needs that require support.

Vii) Capacity Building

- WHO and CDC staff held a meeting Kasese district and identified preparation of realistic budgets as one of the major challenges for the district. They agreed to complement each other to build district capacity in budget preparation, surveillance, case management, risk communication among others.

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