



HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

11TH AUGUST 2018 (12:00 HRS) – UPDATE No 8

Situation Update from Democratic Republic of Congo as on 10th August 2018

- Cumulative cases: 48
- Confirmed cases : 21
- Probable : 27
- Total deaths : 38
- Cases under investigation : 51
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina

Note : There is no suspected or confirmed case in Uganda

EVD Preparedness in Uganda

i) Coordination

- The Kasese District Task Force met chaired by the Resident District Commissioner. All sub are functional. The World Food Programme (WFP) logisticians attended the meeting and brief the meeting about on the logistics component of the preparedness.
- The Kasese DTF meetings are now regular and the preparedness and response plan was finalized. The meeting identified resource mobilization as the major challenge to implementation of the plan.
- The DHO Bundibugyo convened a meeting of all health in-charges. This presented an opportunity for the team to sensitize the health workers on EVD. Topics covered included overview of EVD, enhanced surveillance including active case search; filling of the alert, case investigation and contact tracing forms; sample collection, packaging, and transportation; Infection Prevention and Control; and steps in dealing with a suspected case.
- In Ntoroko the MOH and WHO team continued to mobilize resources for setting up hand washing facilities at border crossing points (goggles, masks, aprons, rain boots, bins etc.).
- The MOH and WHO team met with 67 district personnel, implementing partners and Fort Portal Regional Referral Hospital workers. Offices represented included DHO's office, health inspectors, press, different cadres of health workers at the hospital and



implementing partners like; Red Cross, Obulamu, Baylor Uganda, JMEDICC and UPMB. A presentation on the overview of Ebola Virus Disease and lessons learned was delivered. Areas emphasized in this presentation were infection prevention and control, surveillance, laboratory testing of suspects and early supportive clinical care of suspects and confirmed EVD cases.

- The advance team took the different stakeholders through the terms of reference for the different committees of the district task force and rapid response teams for both the district and the regional referral hospital. Thereafter selection of members to the different committees followed. This activity was led by the office of the DHO.

(ii) Laboratory investigations/Surveillance

- An alert messages was sent to all health facilities and Village Health Team members in Kasese district using the mTrack platform.
- The MoH/WHO team distributed surveillance tools to the high risk facilities along the border and in Kasese town. These included case definitions, contact tracing and case investigation forms.
- The screening of travellers at Mpondwe border entry point started yesterday. Four more entry points were identified. There is urgent need to support immediate screening at these points.
- There is need to train more health workers in all facilities on health facility-based surveillance, case investigation and contact tracing.
- The health workers at several screening points need to be provided with meals.
- The MoH/WHO quantified manpower necessary to manage the 4 more screening points that will be established at Karambi, Kitoma and Kayanzi. They followed up an alert case reported by a boda boda rider as having come from Beni to Uganda to escape the EVD outbreak. The case was assessed and found to have no risk to the community.
- In Bunyangabu the surveillance team composed of the WHO STOP consultant and the District Surveillance Focal Person continued visiting health facilities and sensitizing patients and health workers on EVD.

ii) Risk Communication

- Three radio talk shows were held yesterday focusing on EVD public information. Community dialogues were held for special groups such as Boda boda riders at Mpondwe border, teachers of 5 schools and school children



- Religious leaders were brief and given EVD information for sharing be their congregations.
- The team sensitized leadership of Kayanzi community, lakeshore and Nyakiyumbu. They also held dialogue session with taxi operators, boda boda riders and bus companies. They oriented 33 VHTs and health workers at Karambi health facility.
- The surveillance and health education team conducted community sensitization activities in the following places:
 - Rwebisengo- VHTs met at the town council
 - Rwebisengo SSS- students and teachers sensitized at the school ground
 - Bweramule- VHTs sensitized at the health center grounds

iv) *Cross-border Activities*

- The Uganda Red Cross Society continued screening at two border points (Busunga and Butoogo) in Bundibugyo District, and Ntoroko in Ntoroko District. 491 individuals were screened in Busunga, while 216 were screened at Butoogo. There are however other 16 crossing points that are not yet carrying out screening.
- The team also visited two border crossing points to assess sites for setting up hand washing facilities and on site sensitization. These included Chapa and Kayanja crossing points.

v) *Case management*

The team picked and followed up an alert case yesterday. The sample was picked and shipped to Uganda Virus Research Institute (UVRI)

- Assessment was done at Bwera Hospital and the following gaps were identified:
 - Inadequate equipment in the isolation facility
 - The possible treatment facility has not yet been identified
 - Health workers to receive and mange suspects need more training.
 - Laboratory staff need more training on safe collection, packaging and transportation of EVD samples
 - The case management team needs to be strengthened
- Bundibugyo hospital admitted an adult male with symptoms of vomiting blood and bloody diarrhea. The patient has no history of travel to the DR Congo. He was admitted in isolation ward and a blood sample has been taken for testing at UVRI.



vi) Logistics

- EVD supplies were received from WHO and stored at Bwera Hospital. More tents were provided at the screening point and isolation unit. Hand washing supplies and infrared screening thermometers were also provided.
- The WFP Logisticians expressed their readiness to support transportation of both supplies and equipment as need. They promised to mobilize more tents as soon as the need is quantified.

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