



Ministry of Health

## HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

5<sup>th</sup> February 2019 (12:00 HRS) – UPDATE No 82

**a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 4<sup>TH</sup> FEBRUARY 2019 WITH DATA UP TO 3<sup>RD</sup> JANUARY 2019**

- Cumulative cases: 785
- Confirmed cases: 731
- Probable: 54
- Total deaths: 484

**b) EVD SITUATIONAL UPDATE IN UGANDA**

- **There is NO confirmed EVD case in Uganda.**
- Active case search continues in all communities, health facilities and on formal and informal border crossing in all districts especially in the high-risk ones.
- Alert cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI). The alerts are highlighted in the specific district reports below **under the Surveillance section.**

**c) PREPAREDNESS IN THE FIELD (PROGRESS AND GAPS)**

### VACCINATION

- EVD vaccination team is now in Hoima and Kikuube districts currently mobilizing health workers for the exercise that is scheduled to start on 5<sup>th</sup> February, 2019.
- Held engagement sessions with the DTFs and health facility in charges on the vaccination.



## COORDINATION

### **Bundibugyo District**

- DHT compiled the detailed list of WASH requirements for PoEs, health facilities and 43 schools and submitted to UNICEF and Save the Children for possible support.
- Workshop on surveillance for Health Workers scheduled to start today.

### **Ntoroko District**

- DTH submitted a comprehensive list of PoE requirements and submitted it to Save the Children.
- DHT and WHO made a pre-visit to Transami PoE in preparation for the DFID visit scheduled for Wednesday 6<sup>th</sup> February 2019.

### **Kasese District**

- The surveillance subcommittee met and agreed to intensify EVD active search and Support Supervision; and to engage the 1,850 VHTs by sending them regular bulky SMS reminders to report community alerts.

## SURVEILLANCE ACTIVITIES

### **Bundibugyo District**

- Conducted support supervision in Butogho central, Butogho 2, Bundinamandi and Busunga PoE where temperature screening was progressing well by Uganda Red Cross Society. Trained VHTs are also active in these areas.

### **Kasese District**

- Conducted a support supervision visit in Busongora North Rwesende HC IV & Bugoya HCIII and mentored health workers on EVD Surveillance, IPC and Case anagement.
- Supportive supervision and active search conducted at Nyabugando HC III. No unreported or missed case of EVD recorded at the facilities.
- Six health care workers mentored and information shared on the situation of EVD in DRC, copies of the community alert definition were shared with the facility.



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- Health sub district surveillance focal person trained on the job on the use of the ODK among others.

*Screening at POEs at selected PoEs in Kasese District on 4<sup>th</sup> February 2019.*

No	POE site	Number of persons screened
1	Mpondwe	8943
2	Lake Katwe	71
3	Kayanzi	04
4	Mirami	234
6	Kithoma	334
	Total	9586

### Challenges/Gaps

- Lack of EVD SoPs, surveillance monitoring charts and IDSR guidelines
- There is no isolation unit in the facilities.
- Inactive IPC committees in the health facility

### Hoima and Kikuube District

- A VHF death alert reported on Saturday 2<sup>nd</sup> February 2019 (L.S) a male, aged 52 years, a hunter by occupation, from Kimina village, Kiruli parish, Pakanyi sub county in Masindi district was negative for Ebola, Marburg, CCHF and Rift Valley fever.
- 226 new arrivals from DRC screened at Sebagoro, Kaiso and Nsonga PoEs on 4<sup>th</sup> February 2019. No suspected cases were detected.

## CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)

### Bundibugyo District



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- IPC follow-up 6 health workers at Bupomboli HC II and mentored them on IPC, hand washing and mixing chlorine.

### **Kasese District**

- Miriam Medical Centre scored 32% on IPC assessment due to:
  - Staffs do not adhere to the five moments of hand hygiene
  - No bucket system in the maternity ward.
  - Un-coded waste bin and mixed waste.

### **Actions Taken**

- 2 staffs mentored on IPC on chlorine mixing and hand washing.
- Advised to conduct IPC meetings and make cleaning schedules.
- Kirembe HC III scored 37% on IPC assessment and four staff mentored on IPC, hand washing and cleaning schedules.

### **Kabarole District**

- The results of the alert case reported on Friday were negative for EVD, Marburg and CCHF; the patient is improving.
- Conducted IPC assessment and mentorship for 15 health care workers at Kabarole H/C III, distributed SoPs for hand hygiene, chlorine mixing and standard precaution.

### **Gaps and Challenges**

- The facility does not have access to clean of running water.
- The floor at the health facility is broken.
- The facility is in urgent need of fumigation due infestation by bats especially in the OPD and maternity wards.
- The patient latrine is very dirty.
- IPC committee not active.
- No burn pit in the facility.
- There is still poor waste segregation and disposal.



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- Tooro Kahuna H/C III scored 65% on IPC assessment compared to 45% before mentorship. Ten health workers were further oriented on IPC, hand hygiene, chlorine mixing and standard precaution.

### Gaps/Challenges

- Hand washing facility was not placed at the entrance of the health facility.
- The staff do not adhered to the five moments of hand hygiene.
- The staff not trained on the use of comprehensive PPE.
- The staff not trained on initial management of suspected cases.
- The patient's latrine are very dirty.
- Kkatojo HC III scored 65% as compared to 53% before mentorship. Five health workers at the facility oriented on IPC, hand hygiene, chlorine mixing and standard precaution.

### Gaps and Challenges

- The IPC committee are not active.
- The patient's latrine was very dirty.
- Nyantabooma HC III scored 59% on IPC assessment. Three health workers mentored on IPC hand hygiene, chlorine mixing and standard precaution.

### Challenges

- Poor patient latrine.



## RISK COMMUNICATION/SOCIAL MOBILIZATION

### Bundibugyo District

- Met nine VHTs Katumba, Nyankiro and Bundikeki parishes in Kirumya Sub County who updated the team on their activities such as alert reporting, promotion of hand washing in the community, warning community members about the dangers of eating dead animals and follow up of visitors in the community.
- Visited 14 VHTs members from Kirindi and Kinyante parishes in Busaru Sub County. They are involved in community sensitization, holding village meetings, promotion of hand hygiene, follow up of visitors in the community and reporting alive and dead EVD alert cases.
- URCS continues with house-to-house sensitization through the volunteers and film shows in different Sub Counties in the district.

### Gaps and Challenges

- VHT reporting tools/forms for EVD surveillance.
- Identification for VHTs e.g. T-shirts, gum boots, clear bags
- Lack of transport and allowances for VHTs to hold monthly meetings at the Sub County
- Bad terrain of the places i.e. hard-to-reach areas for home visits.
- Lack of IEC materials in the local languages.

### Ntoroko District

- Team visited Kigungu, Ntoroko Main, Fridge, Transami and Kanara PoEs in Kanara Town Council, mobilized them for EVD work and distributed a few IEC materials.

### Kasese District

- Followed up trained LCs and VHTs in Isango sub-county and Katwe Kabatooro town council. Some VHTS and LCs are passing messages on EVD to the public. They were given 101 EVD posters to support them in their mobilization work.

### Gaps/Challenges



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- Lack of the IEC materials for the LCs and VHTs to distribute to the communities.
- Lack of transport and Safari Day Allowances for the LCs and VHTs.
- Some VHTs and LCs have EVD knowledge gaps.
- Poor working relationship among some LCs, VHTs and volunteers in some communities.

## LOGISTICS

- Continued to support distribution of case definitions posters to various health facilities
- Eight (8) infrared thermometers borrowed from Ntoroko and Bundibugyo districts and delivered to Kasese (Mpondwe PoE) which had acute shortage.

### Gaps/Challenges

- Inadequate infrared thermometers especially in Kasese district.
- Need to purchase the 100 AA batteries for Infra-red thermometers at the PoEs.

**End-**

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