

#### HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

21st MAY 2019 (12:00 HRS) - UPDATE NO 118

# SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 20th MAY 2019 WITH DATA UP TO 19th MAY 2019

Cumulative cases: 1,826

Confirmed cases: 1,738

Probable: 88

Total deaths: 1,218

## a) 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.
- b) PREPAREDNESS IN THE FIELD (PROGRESS AND GAPS)

#### COORDINATION

#### **SURVEILLANCE ACTIVITIES**

#### **Kasese District**

#### **Achievements**

- Two (2) suspected cases from Kyaka II Camp were detected, samples were picked and taken to Uganda Virus Research Institute (UVRI) for testing.
- 32 school zonal leaders were trained on chlorine preparation at the district headquarters.

## Gaps and Challenges



• There is lack of EVD logistics such as gloves, infrared thermometers, batteries, triple packing etc.

## **Ntoroko District**

## **Achievements**

- Support supervision was conducted at PoEs in the district.
- Surveillance team visited Stella Maris HCIII and MTI facilities where they updated staff and volunteers on EVD.

Number of people screened at PoEs in Ntoroko District on 20th May 2019.

No	PoE site	No of persons screened
1	Kigungu	34
2	Ntoroko Main	67
3	Fridge	0
4	Transami	153
5	Kanara	0
6	Rwagara	258
7	Katanga	56
8	Kamuga	99
9	Katolingo	24
10	Mulango	43
11	Rwentuhi	65
12	Haibale South	57
13	Kabimbiri	0
14	Куара	53
15	Kayanja I	31
16	Kayanja II	69
17	Budiba	0



Total	1,009

## **Gaps and Challenges**

- Some PoEs have no tents.
- Inadequate infrared thermometer at PoEs
- There is no water supply at some PoEs
- There are travelers from DRC who land at night which compromises EVD preparedness efforts because they are not screened.
- Lack of furniture (tables and chairs) at PoEs.

## **Bunyangabu District**

MSH supply chain program trained 10 health works on EVD and logistical management in the district.

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

#### **Kasese District**

#### **Achievements**

- Case Management team visited Kilembe Mines Hospital and assessed WASH services.
- The team followed up the LCIII Chairperson for Muhokya sub-county over water issue at Muhokya HCIII.
- EVD drills including cleaning premises were conducted at the district ETU.

## Gaps and Challenges

- There is no water at Muhokya HCIII which affects WASH services.
- Kilembe Mines Hospital has only one hand washing facility at the gate, no chlorine or soap. Most
  patients and visitors enter the hospital without washing hands.
- The four (4) hand washing facilities supplied by UNICEF to Kilembe Hospital are still kept in the store.

  The administration staff were asked to immediately set them up for use.



#### RISK COMMUNICATION AND SOCIAL MOBILIZATION

#### **Kasese District**

#### **Achievements**

- Funds from UNICEF for risk communication and social mobilization were released by district finance and procurement department. Implementation of activities scheduled to begin soon.
- The Micro Plan to orient community resource persons on EVD was finalized with support from UNICEF.
- The risk communication team engaged Muhokya sub-county staff on EVD. They updated them on the EVD situation emphasizing the need for leadership and involvement of leaders in preparedness activities. The leaders agreed to include EVD on the regular sub-county meeting agenda.

## **Gaps and Challenges**

- There is lack of regular EVD updates for hospital staff which is affecting readiness.
- There is a spreading belief that EVD is no longer a threat hence the hospital administration has scaled down on EVD preparedness activities.
- There is increasing EVD fatigue and complacency in the community.

#### **Ntoroko District**

#### **Achievements**

- Health talks at health facilities and in communities continue to be conducted.
- Risk communication team distributed case definition EVD posters and leaflets at health facilities and in communities.

-End-

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