

1. Situation update



On 11th June 2019, the Minister of Health, Hon Dr Jane Aceng, made an official statement of an Ebola Virus Disease (EVD) outbreak in Kasese District, South West Uganda.

The index case was a 5-year-old male who travelled from the Democratic Republic of Congo (DRC) with his mother on 9th June 2019 after attending a burial of the grandfather who had succumbed to EVD. The grandfather was a pastor who lived in Mabalako health zone in Aloya health area about 30 km from Beni. The mother was of Congolese origin but married to a Ugandan and residing in Kasese District. However, she had travelled back to DRC to nurse her father who succumbed to Ebola. The health authorities in Beni identified 12 suspect cases from the same family and put them in isolation for monitoring. However, 6 of the 12 suspect cases escaped and crossed over to Uganda. Of the 6 who crossed to Uganda 4 were children and 2 adults with 81 contacts in Kasindi and 40 contacts in Mutwanga, areas bordering Uganda in the DRC. One of the people who crossed over was the wife of the deceased pastor – grandmother to the index case. Three of people who crossed were of Congolese origin.

The child and his family entered the country through the market at Mpondwe bypassing the official border post. On 10th June, the mother sought medical care for the child at Kagando hospital as the child was not feeling well by the time they came into Uganda. The child presented with the following symptoms; vomiting blood, bloody diarrhea, muscle pain, headache, fatigue and abdominal pain. On suspicion of EVD, the clinicians transferred him to Bwera ETU where a sample was collected and shipped to Uganda Virus Research Institute (UVRI) on 10thJune 2019 for confirmatory testing. The grandmother and 3-year-old

brother who had also started showing signs of EVD were isolated at the same ETU and their samples collected on the 11th June 2019. The 5-year old's results were confirmed positive for Ebola Zaire by PCR on the evening of 11th June 2019 and he later succumbed to EVD at about 9.45 pm.

Today, the samples of the 50-year-old grandmother and 3-year-old brother to the index case tested positive for Ebola Zaire by PCR. The grandmother has also succumbed to EVD. Twenty-seven contacts have been line listed for follow up so far.

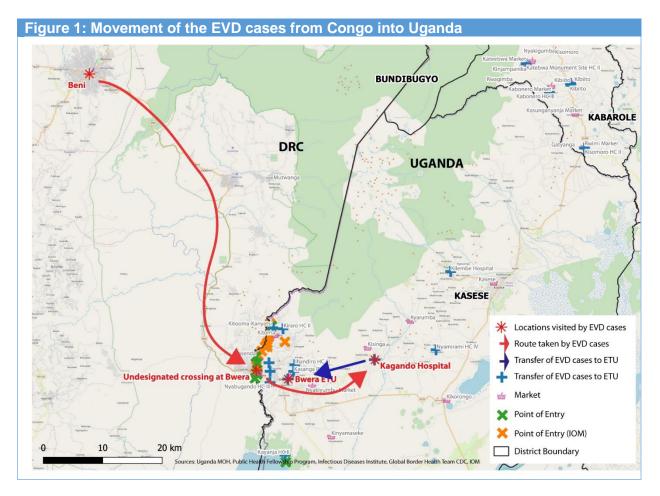


Table 1: Ebola virus disease cases by classification

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SUMMARY OF CASEES	
New cases	
New cases suspected	01
New cases probable	00
New cases confirmed	02
New deaths	01
New deaths in suspected	00
Cumulative cases (suspected and confirmed)	04
Cumulative deaths (suspected and confirmed)	02
Total number of cases on admission	02
Cumulative cases discharged	00
Run aways from isolation(Cumulative)	00
Number of contacts listed in the last 24 hours (New)	27
Total number of contacts currently listed in the district	27
Number of contacts followed up in the last 24 hours	00
Total contacts that completed 21 days follow up	00
Contacts with lost to follow-up	00
Number of households visited in the last 24 hours	00
Total households visited	00
Total number of contacts followed up today	00
Current admissions of health care workers	00
Cumulative deaths of health care workers	00
Specimens collected and sent to the lab. Today	01
Cumulative specimens collected	04
Cumulative cases with lab confirmation	03
Date of discharge of last suspected or confirmed case	NA
Confirmed cases that have died	02

2. Public Health Actions to date

Coordination

An EVD Joint Task Force meeting was held today at Bwera Hospital chaired by the Resident District Commissioner- Kasese to do a quick assessment of the situation and to plan for the outbreak response. The meeting was attended by the Minister of Health, WHO Country Representative, Director General of Health Services (DG), National EVD Incident Manager, CDC Director for Global Health Security, Kasese District Task Force and partners. The minister greatly appreciated the Bwera team for managing the cases. She pledged to support the district to manage the outbreak. The minister directed the district team to prepare and submit a response plan and budget within 24 hours. She highlighted the following points:

- Mass gatherings henceforth not allowed
- Ring vaccination of contacts and health workers to be done
- Coordination and leadership are key to successful management of the outbreak
- Partners must get clearance from the Director General of Health with clear terms of reference
- Partners must work under district leadership following MoH guidelines not their own guidelines
- Only the Minister and the Director General of Health are to engage the press
- Should continue to be alert and vigilant at the PoEs

The WHO Country Representative Dr Yonas Tegegn informed the audience that the Director General of the WHO was to convene an International Advisory Committee soon to decide if the outbreak was of international concern. He also mentioned that 3500 vaccine doses were to be delivered soon to vaccinate contacts and health workers. He re-emphasized leadership by district and partner coordination.

The DG, Dr Henry Mwebesa, asked the District Health Officer (DHO) to compile names of all staff that had not yet been paid so that they are paid.

The meeting was later joined by a delegation from the Ministry of Health of the DRC to discuss crossborder collaboration in the EVD response. The DRC team described the situation under which the grandfather of the index case died and their efforts to identify and isolate contacts. The delegation requested to be allowed to return the cases to the ETU in Beni for further care. The minister agreed but on condition that the cases agreed to be transported back. According to international health regulations (2005), patients can be transported across borders to access better care; in this case the DRC offers investigational therapeutic treatments that may offer some benefit to the patients which Uganda does not do.

Surveillance and Laboratory

There are currently 3 cumulative confirmed cases since the date of identification of the index case. These are MA (5-year-old male, fatality), MM (50 years old female, fatality) and KA (3-year- old male, alive).

One suspected case (PN, 23 male from Mukungu village, Katwe Town Council) has been identified and isolated at Bwera Hospital isolation unit. He presented with symptoms of vomiting blood and bloody diarrhoea. A blood sample was picked and has been sent to UVRI for further testing.

So far 27 contacts to the index case have been listed. All are from Kagando Hospital (5) and Bwera Hospital (22). Of the 27 contacts listed, 8 are contacts to MA and 19 to MM. The team continues to identify and list more contacts to the confirmed cases.

Case management

There are two cases currently isolated in the ETU at Bwera Hospital including one confirmed and one suspected case.

Safe and Dignified Burials (SDB)

A safe and dignified burial for MA has been successfully conducted by the SDB team of Bwera Hospital.

Risk Communication / Social Mobilization

The Risk Communication and Social Mobilization subcommittee met immediately after the DTF. The meeting was attended by the DHT, WHO, UNICEF, Uganda Red Cross and agreed on the following actions:

- Convene the bigger sub-committee tomorrow 13th June 2019 and allocate areas or responsibilities to all members for immediate implementation.
- DHT to attend radio talk shows starting today 12th June 2019 and inform the general public about the outbreak.

- The DHT members to inform all trained community religious and cultural leaders and traditional healers to start work immediately
- DHT to draft radio announcements for review by the RCSM and broadcast supported by UNICEF.
- UNICEF/URCS to order for more IEC materials in Rukonjo, RRR, Swahili, French and English tomorrow 12th June 2019.
- DHT to activate all trained community engagement structures i.e.: VHTs, teachers, LCIs
- Prepare/revise the RCSM budget for presentation tomorrow 13th June 2019 as directed by the DTF.
- Select members of the subcommittee to engage the transport sector (Boda Boda, Taxis, Buses) on EVD through their association/organization on 13th June 2019.

Vaccination

The DRC team delivered 400 doses of Ebola vaccine to Bwera Hospital. Ring vaccination is expected to start on Friday 14th June 2019.

3. Conclusion

There is an EVD outbreak in Kasese, Uganda with its origin in the DRC. There are 3 confirmed cases with 2 deaths. There is one suspect case awaiting lab confirmation. Twenty-seven contacts have been identified so far. The district task force with support from the national task force have started the response in high gear and are developing a response plan and supporting budget. The ministry of health and partners are ready to support the district response.