



# EBOLA VIRUS DISEASE IN UGANDA

25 June 2019 as of 20 00 Hrs

Situation Report

SitRep #14



## 1. Situation update

Cases

 **03**

Deaths

 **03**

## Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **12** since the death of the last confirmed case who passed on the 13 June 2019 while on transfer to the DRC for further management
- There are **108** contacts under follow up
  - **105** were followed up today
- **03** suspect cases on admission in ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response team continue to investigate all alerts
- Cumulatively **1063** individuals have been vaccinated: **74** contacts, **740** contacts of contacts and **249** frontline health workers.
- **82** individuals were vaccinated today: **00** contacts, **13** contacts of contacts and **59** front-line health workers

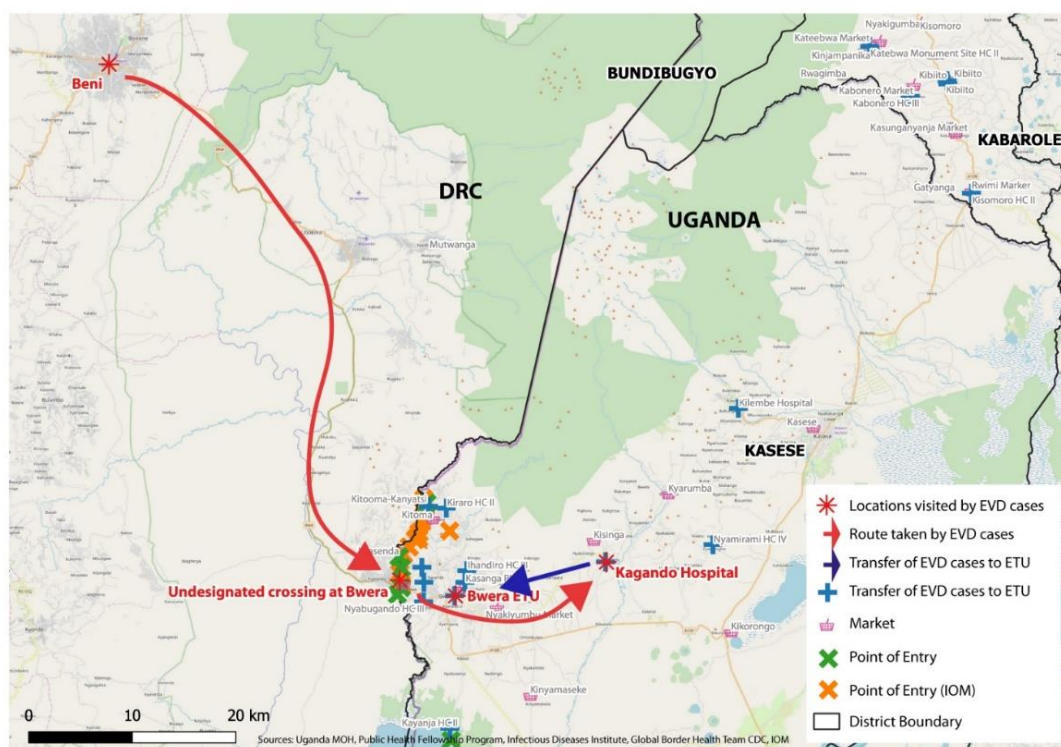
## EPIDEMIOLOGICAL SUMMARY

### Background

On 11<sup>th</sup> June 2019, the Ministry of Health of Uganda declared the 6<sup>th</sup> outbreak of Ebola Virus Disease (EVD) in the country affecting Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the Democratic Republic of Congo (DRC). This child was one of 6 people that travelled from the DRC while still being monitored as suspect cases

following a burial of the grandfather who succumbed to EVD. The child was ill by the time he crossed into Uganda and the mother took him for medical care at Kagando hospital in Kasese district with symptoms of vomiting blood, bloody diarrhea, muscle pain, headache, fatigue and abdominal pain. The child tested positive for Ebola Zaire by PCR and he later died on 11<sup>th</sup> June 2019. Two other members of the family, a grandmother and 3-year-old brother also tested positive for Ebola on 12 June 2019 and the grandmother died later the same day. The 3-year-old brother also died on the 13 June 2019 since then no new confirmed EVD case has been reported in Uganda. There are 03 EVD suspect cases in the ETU with negative laboratory results on 1<sup>st</sup> sample.

**Figure 1: Movement of the EVD cases from Congo into Uganda**



**Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019**

SUMMARY OF CASES (as of 21/June/2019)	Number
New suspect cases today	03
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 <sup>1</sup>
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	02
Runaways from isolation	00

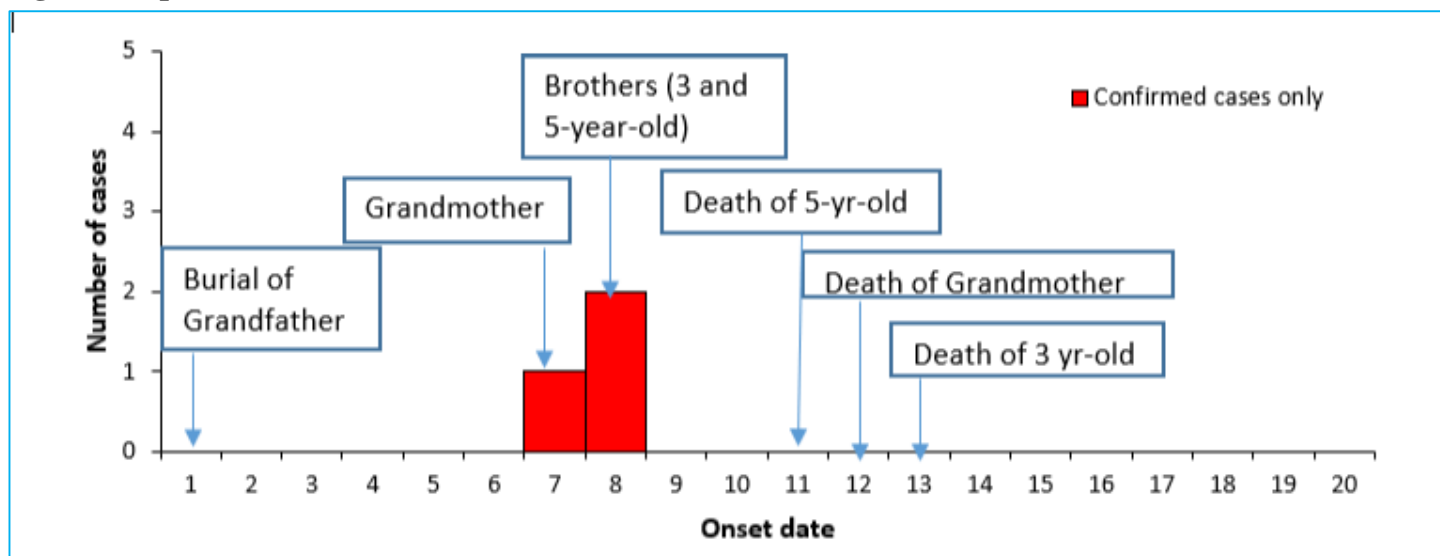
Cumulative number of contacts listed as of today	107
Number of contacts that have completed 21 days	09
Number of contacts under follow up	107
Number of contacts followed up today	103
<b>Cumulative number of individuals vaccinated</b>	<b>1063</b>
Number of contacts vaccinated	74 <sup>2</sup>
Health workers	04
Community	70
Number of contacts of contacts vaccinated	740
Health workers	00
Community	740
Number of front-line health workers vaccinated	249
<b>Number of contacts vaccinated today</b>	<b>00</b>
Health workers	00
Community	00
Number of contacts of contacts vaccinated today	13
Health workers	00
Community	13
Number of front-line health workers vaccinated today	69
Specimens collected and sent to the lab. Today	00
Cumulative specimens collected	24 <sup>3</sup>
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	14
Specimens with pending results	00
Date of discharge/death of last confirmed case	13-June-19

<sup>1</sup> includes 1 death in the DRC

<sup>2</sup> reduction in number from yesterday's record due to data cleaning

<sup>3</sup> includes 7 repeat samples

**Figure 2: Epidemic curve of Ebola Virus Disease outbreak in Kasese, June 2019**



## 2. Public Health Actions to date

### Coordination

Two District Task Force meetings were conducted. The DTF received subcommittee reports and reviewed actions from the previous DTF meeting. It is important to note that one of the meetings focused on preparations for the delegation that will accompany the WHO Africa Regional Director on her visit to Kasese.

Other issues discussed during the meeting

- Delays in restructuring the ETU by MSF
- Political leaders to be included in the teams that are going to the field
- Revision of the budget to include the activities that are not funded
- Terms of reference to be developed for field teams to achieve targets

### Surveillance

- The alert desk did not receive any notification today
- The community-based disease surveillance team engaged VHTs from three sub counties: two in Bukonzo West and one in Busongora North, where they sensitized 208 VHTs from 80 villages
- Event based surveillance team sensitized and screened 547 mourners at a burial in Kasenyi village, Buhuhira subcounty
- The contact tracing team followed (96.3)103 contacts out of 107. Among the 4 contacts not followed-up, 1 declined followed-up, 2 have not yet been tracked and one traveled to Kampala
- **Nine contacts** completed their 21 follow-up days today.
- Screened 23,421 travellers at the border crossing points, supplied tents to bus terminals and unofficial PoEs
- Active case search team visited 4 health facilities and reviewed records. No case was identified

### Laboratory

- A cumulative total of samples referred for testing to-date is 24 including seven repeats. Three tested positive, 14 tested negative
- No new samples were collected today at Bwera ETU
- The laboratory received results for two samples referred yesterday; Both are negative

### Case management

- There have been no new admissions to the ETU today
- There are 02 patients in the ETU: BJ, Male, 19yr has negative EVD-PCR results from UVRI and a 2<sup>nd</sup> sample is to be taken off tomorrow. The 2<sup>nd</sup> suspect is MA, male, 40yrs also got negative EVD-PCR result from UVRI. His 2<sup>nd</sup> sample is to be taken off tomorrow.
- BR, Female, 52yrs has been discharged to the Medical ward of Bwera hospital following 02 negative results. PCR tests from UVRI, Entebbe. The epistaxis and headache are markedly reduced but she is planned for further management on the Medical ward.
- The 02 admitted patients are in fair general condition and are on supportive management with IV fluids, antimalarials and antibiotics
- All the persons presenting to the ETU green zone were documented with temperatures less than 37<sup>0</sup>C

## **Infection Prevention and Control**

Today, the team conducted an orientation of 31 health workers on importance of infection prevention and control at 5 health facilities including; Katwe HCII, Nyakatonzi HCII, Kyambogho SDA Clinic, Mushenene and Mpondwe-Lhubiriha.

### **Observations**

Katwe HCIII: Incinerator in place, hand washing at entrance, running water at facility, clean toilets

Nyakatonzi HCIII: Gloves are available, chlorine in stock, IEC materials in place

Kyambogho SDA clinic: 3 bucket system in use, hand washing facility in place and clean environment

Mushenene HCIII: chlorine mixing effectively done while adhering to the five moments of hand washing

### **Risk Communication**

- Sensitised 46 individuals including VHTs, Para-social workers and local leaders in Ruggedabara sub-county Sensitised a total 1764 individuals from- Nyakalingijo in Bugoye subcounty, New hope P/s, Star junior P/s, St Andrew, Runoni P/s, Mohunga, Rwenzori national park wardens and Egeuter snow Lodge
- Activated 28 VHTs from Nyabugando and Kasanga sub-counties on their basic roles in the prevention and control of the Ebola Virus Disease
- Sensitised 83 individuals of Rukooki Prison community; 68 male prisoners, 9 male & 6 female warders
- Exposed 1586 individuals from communities including Mweya Safari Lodge, Mweya Lower, Mweya upper, Mweya barracks, Katuguru-Kazinga trading center, Kasenyi Landing site, Hamukungu landing site and Kikorongo Trading Center on EVD through community drives
- Sensitised 4992 individuals Ibanda Kanya T/C Nyambuku SDA P/S, Snow Junior, Amazing Grace P/S, Kanya SDA Church, Kanya Market, Day Care Nursery and P/S, Bugoye S/C Isengera village, Nyabuka Trading Centre and 100 boys, 110 girls at Kristi Orphanage Centre
- Sensitised 57 Local council chairpersons from Bwesumbu (27) and Buhohera (30) sub-counties on EVD
- Exposed 7293 (3279M,4014F) individuals in Maliba Sub-county from- Kisojo, Bwizibwra, Kyarugomoka, Maliba T/C, Nkayiga Catholic Parish, Kakindo, Kyanya Trading Center, Ibanda trading Centre, Nyakabwoya and Nyakalengijo villages to EVD messages through community drives
- Conducted one radio talk-show
- Conducted school activations and sensitized 2,913 students and pupils in the following schools: 770 in Karambi SS, 523 in Karambi P/S, 789 in Mirami P/S, 314 in Star of Hope PS and 517 in Kituti P/S
- Oriented 54 teachers as shown in the following schools: 20 in Karambi SS, 8 in Karambi PS, 10 in Mirami PS, 9 in Star of Hope PS and 7 in Kituti PS
- Conducted 8 group discussions and 3 one on one discussions reached 63 people with EVD messages in the following villages: Karambi subcounty (Mirami II, Kyamuhmira, Kisolholho, Buhunda II, Kisanga, Karambi, Kituti), Maliba I, Katunguru)
- Sensitized 166 persons including Community development officers, sub county chiefs, town clerks, chairperson LCIII, Youth councilors, sub county councilors on EVD prevention and control messages

### **Psychosocial**

- Offered psychosocial support to 2 ETU staff
- Held a meeting to draw a counseling schedule for patients at the ETU and their attendants
- Made a follow visit to a nurse at Bwera Hospital who was a contact to offer continued psycho-therapy and she is positively coping
- Had a follow-up counseling session with a family where contacts have resisted vaccination at Kiburara
- The team offered phone follow-up counseling with the 2 contacts and the driver at Kamwokya

## WASH

- Conducting continuous monitoring, supervision and follow ups to public places( schools, markets, Eating houses, Milling houses, factories and churches among others
- Participating in VHT orientations where key messages on Hand hygiene were passed
- Conducted microplanning for Distribution of WASH Supplies
- Continued with assessment of water needs at selected high-risk health facilities

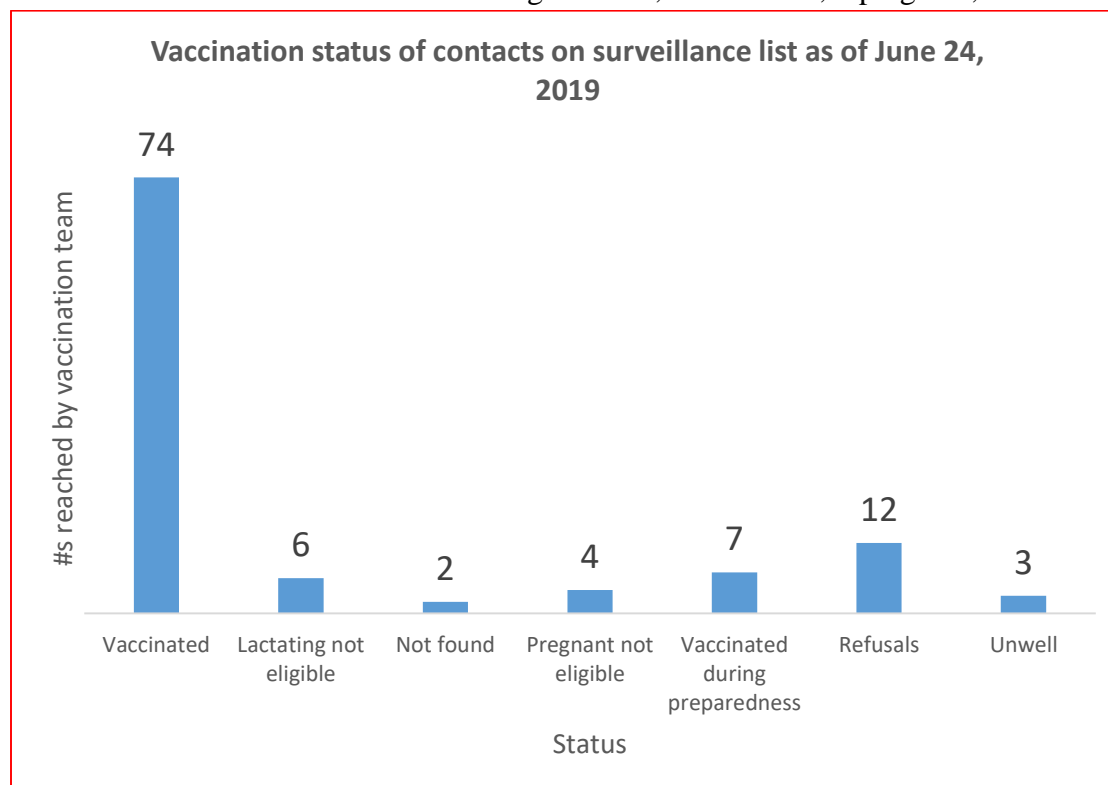
## Observations

- Visited 3 Health units which all had water but not treated. Had adequate water supply from Kyabolokya GFS serving Kituti parish in Karambi Subcounty. There was no safe water source for Kanyatsi Screening point. They use river water
- Reached 5 schools, all with good Sanitation facilities with functional hand washing facilities (HWF)
- One 1 market visited and its two gates provided with functional HWF
- Two restaurants reached in Kyarumba Town council and all had good sanitary facilities with HWFs
- Kitswamba HC III: has a full latrine, no nearby water source and the HU management has decided to close the OPD section

## Vaccination

Cumulatively 1063 individuals have been vaccinated including 73 contacts of whom 04 are health workers, 740 contacts of contacts and 248 frontline health workers. Today 80 individuals were vaccinated including 13 contacts of contacts and 69 front-line health workers.

Those not vaccinated included 6 lactating mothers, 2 not found; 4 pregnant, 12 refusals, 3 sick, 7 had been vaccinated.



## Logistics

- Received 130 gumboots, 272tins of chlorine, 66boxes of laundry soap, 46 packs of chlorine PH test, 49packs of chlorine PH pool

- Received 17 tents for screening areas around the boarder points
- The team has received no facilitation for paying labourers that do the offloading
- Team requests the DHT to work on their allowances and other costs
- Encourages all requisitions from other subcommittees should be submitted to logistics team early

### 3. Current Risk Assessment

The contact follow-up rate is encouraging and has been consistent for the last 11 days. Currently, social mobilisation, WASH and IPC have been intensified throughout the entire Kasese District and have been so instrumental in containing the EVD threat. A competent case management team is on standby to manage all cases identified as well as a laboratory sample management system that can provide a definitive diagnosis within 24 hours of identification of a case. The vaccination campaign has supported containment of the threat by forming two protective rings around contacts to the three confirmed cases identified in Uganda as well as those contacts who attended the burial and are linked to the grandfather who died in DRC. Many frontline health workers have also been vaccinated.

Surveillance systems have been enhanced to support Community Based Disease Surveillance (CBDS), Points of Entry surveillance, active case search, Event Based Surveillance including mortality surveillance and alerts management.

However, there is need to support PoE surveillance especially in identifying and manning screening points at previously unknown ground crossing points. Screening at other crossing points still occurs during the day and hardly at night. The persons who eventually turned positive for EVD crossed over from the DRC into Uganda during the night. Whereas CBDS and EBS structures have been activated, they are still not strong enough to effectively contribute to early identification and reporting of cases. A local coordination mechanism for CBDS and EBS is still not yet well institutionalised to support EVD surveillance. The VHTs who were activated to lead the implementation of this system (2 per village) seem inadequate and less motivated to support this system.

Overall, the risk of spread of the current outbreak within Kasese District remains low as all high-risk contacts have been identified and are closely monitored. Most of these contacts have been vaccinated. However, the risk of importation of any other EVD cases from DRC into Uganda is still imminent and a high possibility, especially following the ongoing clashes between the Lendu and Hema tribes in Eastern DRC, the epicentres of the EVD outbreak in DRC.

### 4. Partnerships

We acknowledge the support from the following partners in response to Kasese Ebola outbreak.

Thematic Area	Partner
Coordination	WHO, UNICEF and Save the Children, Uganda Red Cross
Surveillance	IRC, AFENET, WHO, CDC, Uganda Red Cross
Laboratory	WHO, CDC Uganda
Risk Communication	UNICEF, WHO, UPDF, BRAC-Uganda, USAID CHC-Obulamu, URC, Save the Children, St. John's Ambulance,
Case Management	WHO, MSF
Infection Prevention & Control/ WASH	WHO, UNICEF, Baylor Uganda, St. John's Ambulance, Save the Children, Uganda Red Cross, IRC
Psychosocial Support	AFENET, WHO, UNICEF

Logistics	WHO, UNICEF, Baylor Uganda, WFP, Uganda Red Cross, BRAC Uganda
Security	UPDF, Uganda Police
Points of Entry	WHO, AFENET, Uganda Red Cross, IRC, IOM, UNICEF
Vaccine and therapeutics	WHO, MSF
Financial support	World Bank/EAPHLNP

## 5. Challenges

- Myths about vaccination and vaccination team not consulting sub-county leaders and school heads on vaccination.
- Some unofficial border points are not operational due to limited logistics.
- Uncertainty of the lead agency responsible for facilitating personnel at the border points.

## 6. Conclusion

Surveillance and community awareness have been intensified. Integration (Teaming) of response teams have lessened transport challenges and there is more political involvement in the response. However, we need to further strengthen community engagement for communities to better understand the importance of vaccination and address myths and misconceptions emerging in the communities. Kasese remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross boarder movements.