



EBOLA VIRUS DISEASE IN UGANDA

26 June 2019 as of 20 00 Hrs

Situation Report

SitRep #15



1. Situation



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **13** 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 **96** contacts under follow up
 - **94** were followed up today
 - **17** contacts completed 21 days of follow up
- No admission in the 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 **1196** individuals have been vaccinated: **75** contacts, **747** contacts of contacts and **374** frontline health workers
- **133** individuals were vaccinated today: **01** contacts, **10** contacts of contacts and **122** front-line health workers

EPIDEMIOLOGICAL SUMMARY

Background

On 11th June 2019, the Ministry of Health of Uganda declared the 6th 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 11th 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.

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

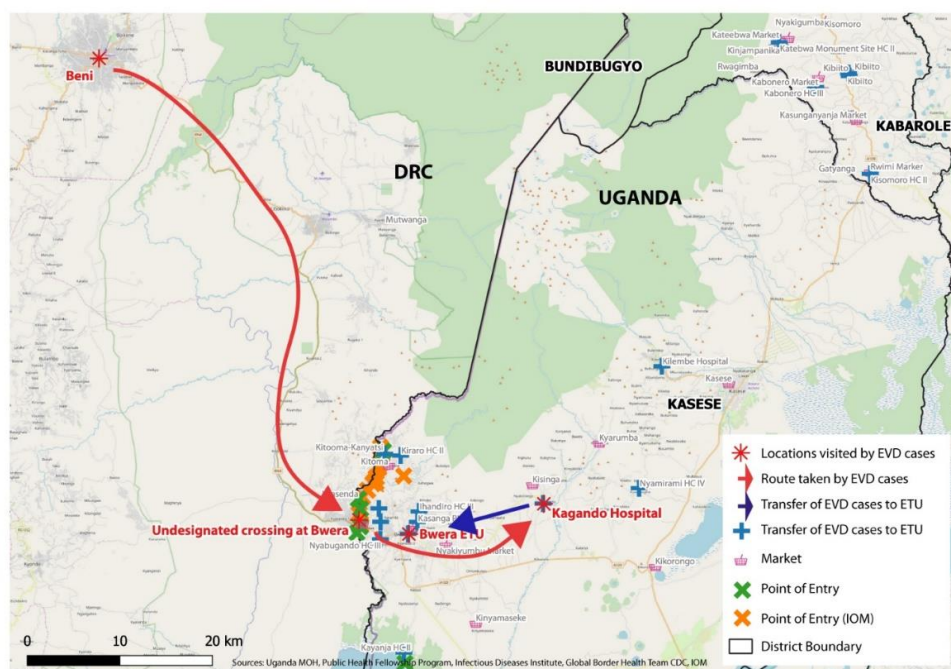


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

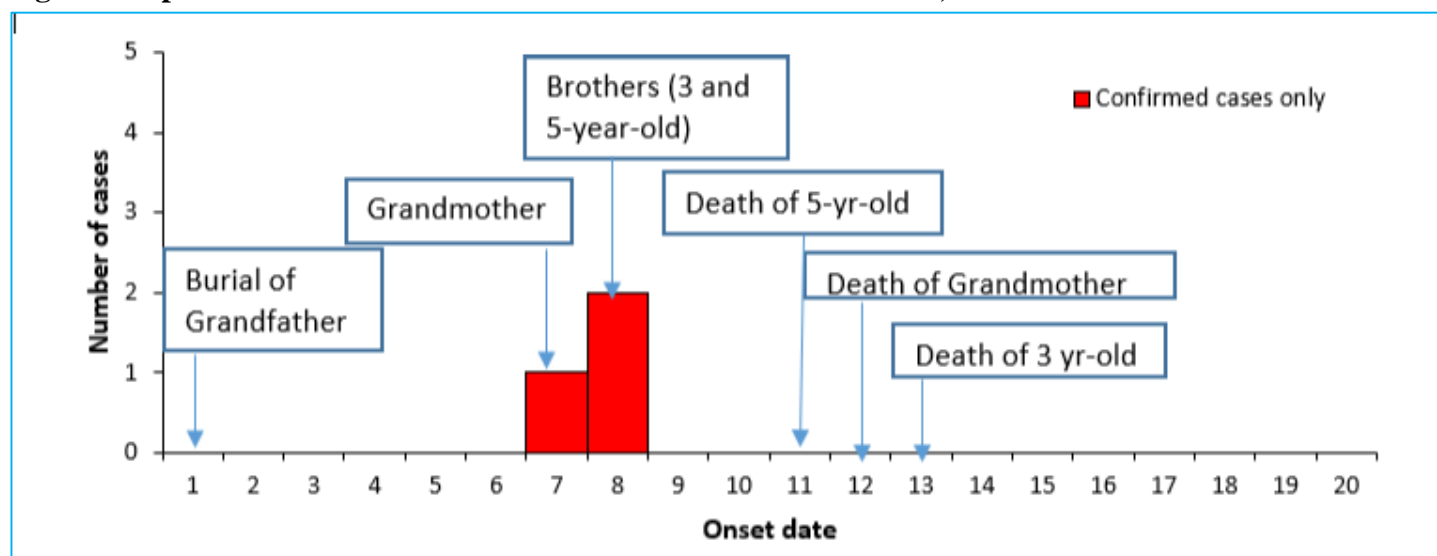
SUMMARY OF CASES (as of 21/June/2019)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission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

Cumulative number of contacts listed as of today	113
Number of contacts that have completed 21 days	17
Number of contacts under follow up	96
Number of contacts followed up today	94
Cumulative number of individuals vaccinated	1196
Number of contacts vaccinated	75
Health workers	4
Community	71
Number of contacts of contacts vaccinated	747
Health workers	00
Community	747
Number of front-line health workers vaccinated	374
Number of contacts vaccinated today	01
Health workers	00
Community	01
Number of contacts of contacts vaccinated today	10
Health workers	00
Community	10
Number of front-line health workers vaccinated today	122
Specimens collected and sent to the lab. Today	02
Cumulative specimens collected	26 ²
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

¹ includes 1 death in the DRC

² includes 9 repeat samples

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



2. Public Health Actions to date

Coordination

Today, the district held its 14th DTF meeting chaired by the Deputy Resident District Commissioner. The WHO Regional Director, the Uganda Minister of Health and the WHO Country Representative visited Kasese district and held a meeting with the district health team, politicians and partners. The Minister recognised and applauded the work done by the District Task Force including; cross border collaboration, the community led response which is a game changer and media professionalism. She appealed to the political leadership to support the response regardless of their political affiliations. .

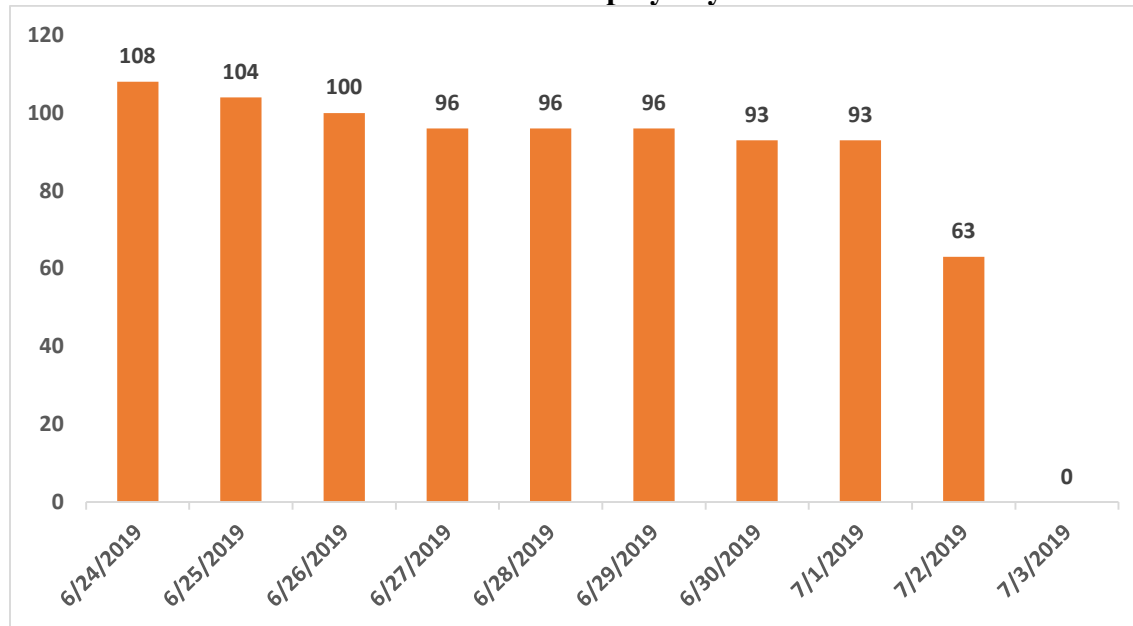
The following were the directives from the Minister of Health

- That all contacts should be vaccinated because the vaccine is effective and safe
- Porous border points should be manned during day and night to prevent the risk of importing more cases
- Daily allowance for frontline health workers should be set at a minimum of 70,000/=
- Uniformed personnel should be facilitated for the work they are doing
- Partners should construct permanent not temporary structures
- District Task force to hold a partner accountability forum for EVD response

Surveillance

- The alert desk received two notifications today. Mysterious death in a 6-year old boy who was verified to not have had any symptoms consistent with EVD and a 30-year old gentleman who had suddenly collapsed but was verified to have had an epileptic fit.
- The community-based disease surveillance team engaged 200 VHTs from 89 villages from three sub counties in Bukonzo West, Bukonzo East and Busongora North.
- Events-based surveillance team screened 1,227 mourners at two burial sites in Mukathi and Kyangwali villages in Buhuhira subcounty and Kitswamba Town Council respectively.
- The contact tracing team followed 94 contacts out of 96 (98%). The two contacts not followed-up have not yet been traced. Four contacts were discharged from follow-up.
- Screened 11,421 travellers at the border crossing points. BRAC delivered all promised tents to bus terminals and unofficial PoEs. Bwera Hospital donated gumboots, face shield, facemasks and gloves, and trained 20 VHTs and URCS volunteers.
- Active case search team visited 3 health facilities and reviewed records.

Figure 3 Number of contacts to be followed up by day



2 July 2019 will be the last day of follow up of contacts with 63 contacts discharged on that day.

Laboratory

- A cumulative total of samples referred for testing to-date is 26 including nine repeats. Three tested positive, 14 tested negative
- Two blood samples were collected today at Bwera ETU in duplicate; both tested negative by the mobile laboratory. Results from UVRI pending
- The laboratory received results for two samples referred yesterday; Both are negative

Case management

- The WHO Regional Director, the Uganda Minister of Health and the WHO Country Representative visited the Bwera ETU today. The WHO Regional Director thanked the ETU staff for their work in the ETU. She thanked them for their courage and resilience and noted that they are now international EVD experts.
- The Minister of Health thanked the members for their contribution to the control of EVD. She noted that working on EVD case management is not for money seeking individuals but for those with dedication to serve.
- There are currently no admissions in the ETU
- Two patients whose second test results were negative at the onsite laboratory were negative were discharged in fair general condition.
- A simulation was conducted to assess the readiness to conduct investigations for critically ill EVD patients and identify the needed investigative machinery in the ETU.

Risk Communication

- The team translated the case definition to Lukonzo
- Activated 63 (27M, 33F) VHTs in Ihandhiro Sub-county and Lake Katwe Sub-county
- Reached an estimated 2300 individuals in Katwe T/C, Kitoro Ward, Katwe Primary School and Kayanja Landing site with messages on EVD through community drives
- Conducted two radio talk-shows
- Conducted one community sensitization in Kamasasa parish in Mpondwe Lhubiriha sub-county and reached 45 individuals with messages on EVD

- Sensitised 57 teachers in Bukonzo West
- Disseminated 1,500 IEC materials (500 posters and 1,000 leaflets)

Observations:

- There are still many misconceptions about the vaccine

Psychosocial

- The team offered psychosocial support to 4 staff at the ETU
- Conducted group psychosocial therapy to 30 distraught attendants on the ward at Bwera Hospital where a patient from the ETU had been transferred
- Talked to a contact at Kisaka Cell I about the advantages of vaccination, which she had declined to accept and she promised to uptake the intervention.
- Offered psychotherapy to a bereaved family of 8 members who are contacts of a confirmed case at Bukhuna II -Kalambi subcounty. The community stigmatizes them and the household head was dismissed from work because "he has ebola".
- We visited a pastor at Bukhuna II Village who is a contact to a confirmed case that died. She said her church now has a hand-washing facility and they are vigilant. She is however stressed about being in confinement.
- We made a follow-up visit on a family at Kiburara that had declined to be vaccinated but they were all not home. We tried reaching them on phone in vain. We shall continue following them up.

Infection Prevention and Control

- Conducted orientation of 43 Health workers on IPC from 7 health facilities
- In the facilities visited, the following observations were made
 - Sharps containers available in all corners, hand hygiene adhered to (Kahokya HCIII)
 - IPC charts displayed (MBH HCIII and Kamukumbi HCII)
 - Waste segregation done, clean compound, cleaning done by mopping (Kisolholho)
 - Clean compound, hand washing in place, IPC Charts displayed
 - They had chlorine, health facility in place, has running water (Kabatunda HCIII)
 - Functional IPC Committee, safe storage of decontaminated instruments (Rwesande HCIV)

WASH

- Conducted mentorships, supervision, monitoring of WASH interventions (provision and use of hand washing facilities (HWF), safe solid and liquid waste , safe management, excreta disposal) to 4 lodges in Ibanda T/C,2 P/S and 5 lodges in Katwe town council. All the places visited had provided HWFs though with challenges of treating water
- Followed up the sanitation standards of Kitswamba H/C III and Kinyabwamba H/C III; inspections of the 2 health units revealed that the only 2 stance latrine at Kitswamba HU is full and requires emptying

Observations

- The risk communication team, community-based surveillance and WASH members need to harmonize their movements
- Kitswamba HC III: has a full latrine, no nearby water source and the HU management has decided to close the OPD section

Vaccination

The WHO RD visited an EVD vaccination site with ongoing vaccination of frontline health workers. The visiting team was taken through the steps for the vaccination including; registration, receiving of consent and finally the vaccination.

Cumulatively 1196 individuals have been vaccinated: 75 contacts, 747 contacts of contacts and 374 frontline health workers

Today 133 individuals were vaccinated including 01 contact, 10 contacts of contacts and 122 front-line health workers

Logistics

- Received 1508 cartons of laundry soap
- Received two tents to be used as a store at the District HQ and Bwera hospital
- Received 36 pairs of heavy duty gloves
- Received 10,000 EVD posters and 30,000 leaflets
- Issued 500 posters and 1000 leaflets of EVD ICE material to mobile van
- Issued 36 pairs of heavy duty gloves, 3500 posters, 30,000 leaflets for distribution at PoEs
- Issued 500 hand wash leaflets, 4 job aids, 500 EVD posters for Risk communication

3. Current Risk Assessment

The contact follow-up rate is encouraging and has been consistent for the last 10 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

The supervision visit by the Minister of Health and WHO RD has boosted coordination of response and actively energised the response team. 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. Kasese remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross boarder movements.