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 escaped 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 died later the same day.

Today, the 3-year confirmed case and his mother (asymptomatic) were returned to the DRC for further management together with 3 other family members including the father, house help and an 8-month old brother. As of today, there is no confirmed case in Uganda, however 4 suspected cases have been admitted at Bwera Ebola Treatment Unit. Ninety-eight contacts have been line listed for follow up so far.
Figure 1: Movement of the EVD cases from Congo into Uganda

<table>
<thead>
<tr>
<th>Table 1: Ebola virus disease cases by classification</th>
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</thead>
<tbody>
<tr>
<td><strong>SUMMARY OF CASES</strong></td>
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<tr>
<td>New cases</td>
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<tr>
<td>New cases suspected</td>
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<tr>
<td>New cases probable</td>
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<tr>
<td>New cases confirmed</td>
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<tr>
<td>New deaths</td>
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<tr>
<td>New deaths in suspected</td>
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<tr>
<td>Cumulative cases (suspected and confirmed)</td>
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<tr>
<td>Cumulative deaths (suspected and confirmed)</td>
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<tr>
<td>Total number of cases on admission</td>
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<tr>
<td>Cumulative cases referred</td>
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<tr>
<td>Run aways from isolation(Cumulative)</td>
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<tr>
<td>Number of contacts listed in the last 24 hours (New)</td>
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<tr>
<td>Total number of contacts currently listed in the district</td>
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<tr>
<td>Number of contacts followed up in the last 24 hours</td>
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<tr>
<td>Total contacts that completed 21 days follow up</td>
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<tr>
<td>Contacts with lost to follow-up</td>
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<tr>
<td>Number of households visited in the last 24 hours</td>
</tr>
<tr>
<td>Total households visited</td>
</tr>
<tr>
<td>Total number of contacts followed up today</td>
</tr>
<tr>
<td>Current admissions of health care workers</td>
</tr>
<tr>
<td>Cumulative deaths of health care workers</td>
</tr>
<tr>
<td>Specimens collected and sent to the lab. Today</td>
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<tr>
<td>Cumulative specimens collected</td>
</tr>
</tbody>
</table>
### 2. Public Health Actions to date

#### Coordination
Two EVD District Task Force meetings were held today focusing on priority activities of the different sub committees. The second, held later in the day, was a feedback meeting for the various field activities conducted. The meeting was attended by members from MoH, WHO, UNICEF, MSF, Uganda Red Cross, CDC, St. John Ambulance, Obulamu and the Kasese District Task Force.

#### Surveillance and Laboratory
There are currently 3 cumulative confirmed cases. Two of the confirmed cases have died giving a case fatality rate of 66.7% (2/3). The surviving confirmed case has been referred to the DRC for further management alongside his family members.

In addition, four suspected cases are isolated and managed at Bwera ETU. These suspected cases are neither related nor contacts of the confirmed cases and have tested negative for EVD by PCR.

A cumulative total of 98 contacts to the confirmed cases have been listed.

#### Planned activities
- Initiate an alert management desk
- Continue contact listing and follow up at Kagando, Bwera and Mpondwe
- Conduct active case search in health facilities in all Health Subdistricts
- Monitor the gathering at the burial of the Rwenzururu Queen Mother
- Map out more border crossing points around the Mpondwe and Bwera area
- Trace for the whereabouts of one high-risk contact
- Identify and reorient VHTs to support contact follow up

#### Operational challenges
- More vehicles to support active case search and contact tracing
- Digital thermometers (200) for the contacts to self-monitor as well as non-contact infrared thermometers (30) for the contact tracing team, health facilities and newly set up points of entry needed
- Funds to support contact tracing especially payments for sub county supervisors and VHTs
- Airtime to support operations of the alert desk and internet for the district data management team
- A laptop to support data management

#### Laboratory
1. Delivery of Standard Triple Packaging boxes (12 boxes) to Bwera Hospital stores to support sample packaging during referral. The cumulative number available is seventeen
2. Conducted comprehensive needs assessment for the laboratory at the Ebola Treatment Unit (ETU) in Bwera
3. The two suspected cases identified on 12th June 2019 tested negative for EVD by PCR. Two repeat samples will be collected from them and sent to UVRI for further EVD testing tomorrow.
4. One blood sample from a suspected case was collected and shipped to UVRI. Seven cumulative samples have been collected, with 5 having results and 2 pending.

**Operational challenges**
1. Limited stock of sample collection supplies (vacutainer tubes, needles, swabs, ziplock bags, sharps containers and biohazard bags, 10% formalin)
2. Dedicated car for laboratory support especially for laboratory personnel on night calls

**Planned Activities**
1. UVRI lab team to supply vacutainers and needles (500pcs), ziplock bags (200pcs) red biohazard bags (100) and more gloves
2. Field visit to orient lab staff on biorisk management in Kalambi HC III, Nyabugando HC III, Kasanga HC III and Kagando hospital

**Case management**
There are 4 suspected cases currently isolated in the ETU at Bwera Hospital. One confirmed case was referred to Beni ETU for further management together with his family.

**Safe and Dignified Burials (SDB)**
The team has conducted a safe and dignified burial for the 50-year old female who died on the 12th June 2019.

**Risk Communication /Social Mobilization**
1. DHT and URCS met and sensitized 3 transport providers including; 2 Link bus company managers, 2 boda boda managers and 1 taxi owner manager
2. A visit to 2 sub-counties of Mpondwe Lhubiriha, Nyabugando boda boda stage and sensitized 30 riders and Nyakiyumba and met 30 residents, 5 LC1 chairpersons, and 2 councillors, Kamasasa primary school and addressed 1000 pupils.
3. UNICEF and MOH visited and reached 179 UPDF soldiers of 29th Battalion with messages on EVD
4. UNICEF met with URCS and developed budget to engage volunteers and VHT for interpersonal communication.
5. Two radio talk shows on Light FM and guide radio were conducted by DHT
6. Met with Vice LC5 Chairperson and discussed engagement of district councillors to lead the teams for all the sub-county social mobilization activities.
7. A total of 830 IEC materials were distributed: 750 posters (100 Kyarumba hydro, 550 Kiburara hydro, 100 Lhubiriha hydro, 80 leaflets to Transporters (Link bus company, Boda boda, Taxi association)

**Operational Challenges**
1. Limited hand washing facilities in some areas like in taxi parks
2. Lack water at Kamasasa primary school
3. Lack of IEC materials in Swahili and English in Military detach/barracks

**Planned activities**
1. Orientation of boda boda and Taxi owner’s association.
2. Enhancement of groups and companies to purchase hand washing facilities.
3. Meeting Sub-county leaders to discuss provision of water to schools.
**Vaccination**

More EVD vaccines and the vaccination team have arrived in Kasese in preparation for the vaccination of the frontline team and contacts on 14 June 2019.

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**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 are 4 suspect cases. Ninety eight 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.