



# EBOLA VIRUS DISEASE IN UGANDA

23 June 2019 as of 20 00 Hrs

Situation Report

SitRep #12



## 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 **10** 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
  - **106** were followed up today
- **No** case on admission in ETU
- Active case search and death surveillance are ongoing in the health facilities and communities as the district response team continue to investigate all alerts
- Cumulatively **846** individuals have been vaccinated: **82** contacts, **586** contacts of contacts and **178** frontline health workers
- **99** individuals were vaccinated today: **08** contacts and **89** contacts of contacts and **02** front-line health workers

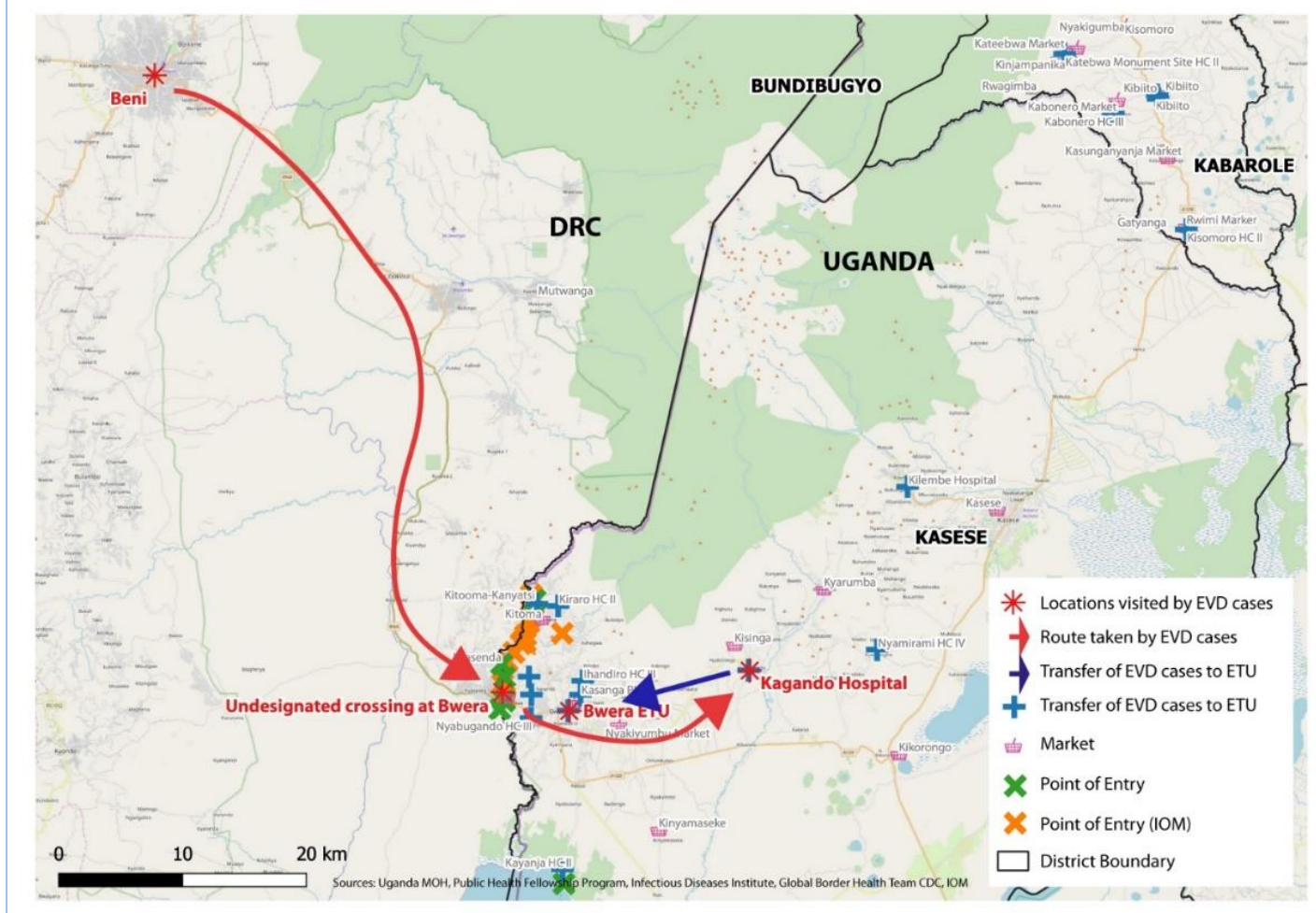
## EPIDEMIOLOGICAL SUMMARY

### 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.

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



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

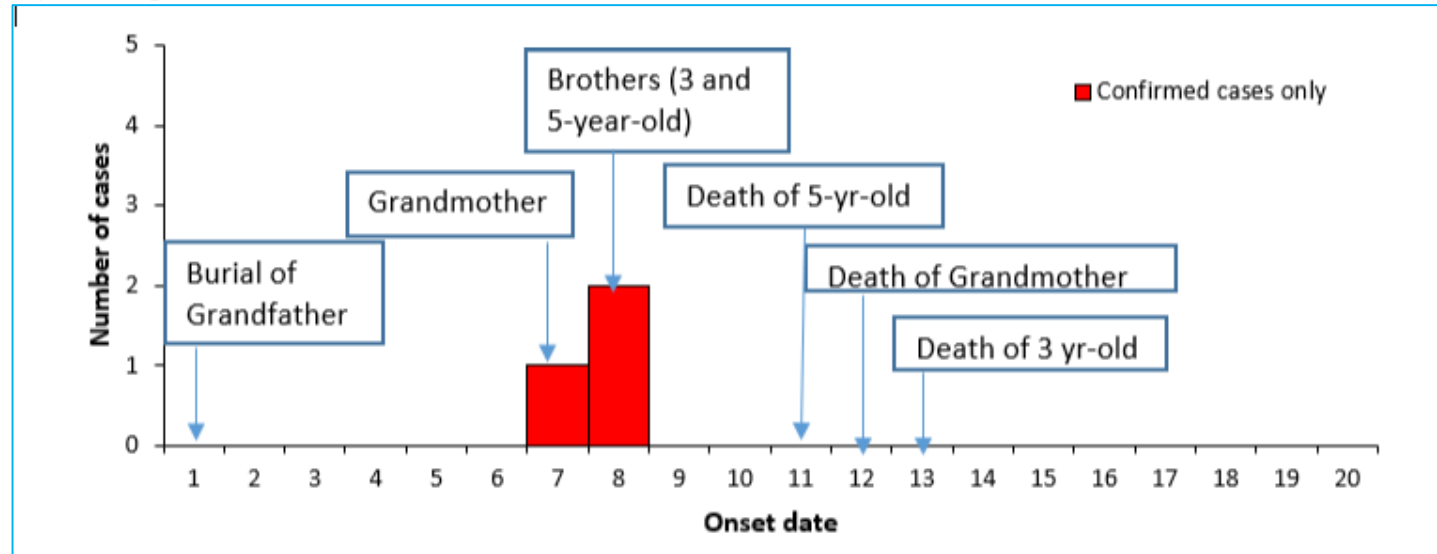
<b>SUMMARY OF CASES (as of 23/June/2019)</b>	<b>Number</b>
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 <sup>1</sup>
Health facilities	03
Community	00

Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	00
Runaways from isolation	00
Cumulative number of contacts listed as of today	108
Number of contacts that have completed 21 days	00
Number of contacts under follow up	108
Number of contacts followed up today	106
<b>Cumulative number of individuals vaccinated</b>	<b>846</b>
Number of contacts vaccinated	82
Health workers	03
Community	79
Number of contacts of contacts vaccinated	586
Health workers	00
Community	586
Number of front-line health workers vaccinated	178
<b>Number of contacts vaccinated today</b>	<b>08</b>
Health workers	00
Community	08
Number of contacts of contacts vaccinated today	89
Health workers	00
Community	89
Number of front-line health workers vaccinated today	02
Specimens collected and sent to the lab. Today	01
Cumulative specimens collected	21 <sup>2</sup>
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	11
Specimens with pending results	00
Date of discharge/death of last confirmed case	13-June-2019

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

<sup>2</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

A list of teaming for effective integrated response was finalised and submitted to the field Incident Manager. Data harmonization meeting between the surveillance and vaccination teams was held.

Key outputs during the data harmonization meeting included;

- Consolidated list of contacts generated
- Focal persons for the two teams were appointed
- A WhatsApp forum of all team leads were setup
- Standard case definition were reviewed
- Developed an SOP for identifying, listing and vaccinating of contacts

### Surveillance

- The contact tracing team followed up 98% (106/108) of contacts today with 1 refusal and 1 contact had travelled from Kinyamaseke to Bwera. None had developed EVD signs or symptoms
- The alert desk did not receive any alert today. The cumulative total of alerts received still remains at 13 (five suspects, 7 none case and one contact)
- A total of 14636 individuals were screened today at the 6 official border points, 5 bus terminals, 1 airfield, and 5 porous border points
- The event-based team attended a funeral of a female religious leader where they screened 20 people at Kaboko and 617 at Misaka. None of the mourners had a high fever or symptoms suggestive of EVD.
- The active case search team visited Kagando Hospital and reviewed OPD records of 108 patients but no suspect EVD case was identified

### Laboratory

- Cumulative number of referred samples to date is 21 including seven repeats. Three samples tested positive and eleven tested negative.

- Carried out onsite testing of one (duplicate) sample in the mobile laboratory at Bwera hospital. Presumptive result is negative (Ebola zaire) awaiting confirmation by UVRI. Pending results for one sample referred to UVRI by confirmatory testing.

#### **Case management**

- The one suspect case on admission was discharged today after conducting a repeat test at the onsite lab at Bwera Hospital that turned out to be negative. A duplicate sample was sent to UVRI for confirmation and results are pending.

#### **Risk Communication and Community Engagement**

- Conducted community meeting of 79 people in Karambi sub-county and addressed the cause of the hostility to EVD responders
- Engaged Rusesse prisons in Bwera and sensitised 127 persons on EVD basic facts. Visited 6 churches and sensitized 906 people on EVD
- Engaged 105 LCIs in Bulyambya and Kinyamaseke and sensitised them on EVD
- Conducted community drives in 2 sub-counties of Kitwamba and Karambi, reached 1,274 people on EVD
- Sensitized 502 pupils and 2 teachers at Mutanywana Secondary school on EVD

#### **Logistics**

- Issued PPE kits to Bwera ETU
- Issued 210 EVD vaccine doses

#### **Psychosocial**

- The team offered psychotherapy to the family and relatives being stigmatized by the community following the sudden death of their kinsman in Kagoro Village
- Offered psychosocial support to a contact who had travelled to Kamwokya (Kampala) who accepted to travel to Kasese today for vaccination.

#### **Vaccination**

Cumulatively 846 individuals have been vaccinated including 82 contacts of whom 3 are health workers, 586 contacts of contacts and 178 frontline health workers. Today 99 individuals were vaccinated including 8 contacts, 89 contacts of contacts and 2 front-line health workers. Eight people declined to be vaccinated because of myths and misinformation about vaccination. These are part of the 13 contacts who declined to be vaccinated yesterday. The other 5 accepted to be vaccinated. One of the contacts was very weak and could not be vaccinated. The contact who was in Kampala travelled to Kasese today and will be vaccinated tomorrow. Two contacts could not be reached today. The remaining unvaccinated contacts will be vaccinated tomorrow if they consent to be vaccinated.

### **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
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
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
Vaccine and therapeutics	WHO, MSF

## 5. Challenges and Recommendations

### Challenges

- **District response plan is not yet funded**
- Refusal of vaccination among contacts and contacts of contacts
- Some unofficial border points are not operational due to limited logistics
- There are no security personnel at PoEs except the airfield and Mpondwe
- Uncertainty of the lead agency responsible for facilitating personnel at the border points

### Recommendations

- **MoH should expedite funding of district response plan to enable increased community led response**

**interventions.**

- The psychosocial and risk communication teams should work closely with vaccination teams to re-engage the resistant communities.
- NTF should guide on the facilitation of intending security deployment at all 30 PoEs.

## 6. Conclusion

Surveillance has been intensified in the district and community awareness has also been heightened. The new strategy of response teams teaming will ease on transport challenges and increase on political involvement. Harmonisation of risk communication and vaccination teams on message contents will strengthen community engagement and myths and misconceptions against vaccination. Kasere remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross boarder movements.