**Key Highlights**

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases died (**CFR =100%**)
- Today is day 16 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
  - **95** were followed today and found okay.
- There are **3** admissions in Bwera Hospital ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response teams continue to investigate all alerts
- Cumulatively **1378** individuals have been vaccinated: **79** contacts, **747** contacts of contacts and **552** frontline health workers
- **103** individuals were vaccinated today: **01** contacts, **00** contacts of contacts and **102** 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 six 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. He presented 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**

![Map showing movement of EVD cases from Congo into Uganda](image)

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

<table>
<thead>
<tr>
<th>SUMMARY OF CASES (as of 21/June/2019)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>New suspect cases today</td>
<td>00</td>
</tr>
<tr>
<td>New deaths today</td>
<td>00</td>
</tr>
<tr>
<td>Cumulative cases (probable and confirmed)</td>
<td>03</td>
</tr>
<tr>
<td>Probable</td>
<td>00</td>
</tr>
<tr>
<td>Confirmed</td>
<td>03</td>
</tr>
<tr>
<td>Cumulative deaths (probable and confirmed)</td>
<td>03¹</td>
</tr>
<tr>
<td>Health facilities</td>
<td>03</td>
</tr>
<tr>
<td>Community</td>
<td>00</td>
</tr>
<tr>
<td>Deaths among confirmed cases</td>
<td>03</td>
</tr>
<tr>
<td>Number of cases on admission (probable and confirmed)</td>
<td>00</td>
</tr>
<tr>
<td>Probable</td>
<td>00</td>
</tr>
<tr>
<td>Confirmed</td>
<td>00</td>
</tr>
<tr>
<td>Suspect cases on admission under investigation</td>
<td>03</td>
</tr>
<tr>
<td>Runaways from isolation</td>
<td>00</td>
</tr>
<tr>
<td>Cumulative number of contacts listed as of today</td>
<td>114</td>
</tr>
</tbody>
</table>
Number of contacts that have completed 21 days | 18
Number of contacts under follow up | 96
Number of contacts followed up today | 95
Cumulative number of individuals vaccinated | 1378
Number of contacts vaccinated | 79
  Health workers | 04
  Community | 75
Number of contacts of contacts vaccinated | 747
  Health workers | 00
  Community | 747
Number of front-line health workers vaccinated | 552
Number of contacts vaccinated today | 01
  Health workers | 00
  Community | 01
Number of contacts of contacts vaccinated today | 00
  Health workers | 00
  Community | 00
Number of front-line health workers vaccinated today | 102
Specimens collected and sent to the lab. Today | 00
Cumulative specimens collected | 35
Cumulative cases with lab confirmation | 03
Cumulative samples tested negative | 21
Specimens with pending results | 2
Date of discharge/death of last confirmed case | 13Jun19

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

1 includes 1 death in the DRC
2 including 9 repeat samples
2. Public Health Actions to date

Coordination
The District held its 18th DTF meeting chaired by the chairman of the Social Services Committee. After detailed discussions, the meeting agreed on the following action points:

- All partners should declare their commitment and resources for EVD control at the District Health Office.
- There will be a Partners accountability forum on Tuesday 2nd July 2019.
- There is need for chlorine generation machines at high volume health facilities like Hospital, HCIVs, and High volume HCIII.
- Provide hand washing facilities, protective gears to staff and security at new points of entry.

Surveillance
- The active case search team visited 4 health facilities in Kasese Municipality where they reviewed health facility records. No Ebola suspect cases were detected. The team also oriented health workers on case definitions of Ebola, infection prevention control, provided alert lines and assessed for knowledge and the level of preparedness of the health facilities to receive Ebola suspects.
- The contact tracing team followed up 99% of contacts (64/65) at Bwera area. All contacts 100% (31/31) at Kagando area were followed up today.
- 15,418 people were screened at border crossings and bus terminals.
- The surveillance team sensitized with 13 VHT members and 5 local leaders in Karambi sub-county. There were 2 events in Kyasenda I village, and VHTs were alerted and urged to be vigilant.
- Supervised an ordination ceremony at Nsenyi Parish, Kisinga Town Council for. Over 8,000 people attended the ceremony and there were sufficient quantities of hand-wash facilities.

Laboratory
- Today, the mobile laboratory tested two samples; all were negative.
- One sample was referred to the central testing laboratory (UVRI).
- Five negative results from the central testing laboratory were received.
- There are two pending results awaiting confirmation by UVRI.
- Cumulative number of samples collected and referred for testing is thirty-five (35) including nine repeats. Three samples tested positive and twenty-one tested negative for EVD.

Case Management
- No new admission in the ETU today. However, three patients are on admission since the previous day. Two of the three patients were tested PCR Negative for Ebola while the third received negative presumptive results from Bwera mini laboratory awaiting for confirmation from the central laboratory.
- Four patients were discharged upon receiving negative results and were successfully integrated into their community. These four members belonged to the same family.

Risk Communication
- Conducted one evening radio talk-show at Messiah FM.
- Held two community meetings (Kayanzi-Nyakiyumba sub-county and Kitoma- Kitholu sub-county) reaching 232 individuals with EVD messages on EVD community case definition as well as prevention.
- Exposed an estimated 500 individuals in Isango sub-county to EVD prevention messages through a community drive.
Infection Prevention and Control

- The team worked with the Bwera Hospital ETU team to clearly demarcate the red and green zones in the ETU. The team rearranged the donning and shower areas.
- Relocated the chlorine area to the shade at the entrance of the ETU.

Vaccination

- 103 people were vaccinated including 1 contact and 102 front-line health workers.
- Cumulatively 1378 individuals have been vaccinated including 79 contacts including 4 health workers, 747 contacts of contacts and 552 frontline health workers.

Psychosocial

- The team followed up 3 contacts at Kisika I, Nyamwambuka and Kyanzi II who had not consented to vaccination. The contact at Kyanzi, an elderly man eventually got vaccinated at Bwera Hospital vaccination site while the one at Kisaka I was not at home today.
- The team offered psychosocial support to one of the contacts at Kinyamaseke, her major concern is about her business which is not running because she has been advised to limit her movement. She is also worried about her relatives in DR Congo whom she fears may contract EVD.
- The team followed up one health worker (nurse) who is a contact. The PSS team resettled a family of 4 members who were discharged from the Bwera Hospital ETU and urged the community of Muhindo village not to stigmatise and discriminate against them. The team explained and assured the community that they do not have Ebola.

### 4. Partnerships

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

<table>
<thead>
<tr>
<th>Thematic Area</th>
<th>Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>WHO, UNICEF and Save the Children, Uganda Red Cross</td>
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<tr>
<td>Surveillance</td>
<td>IRC, AFENET, WHO, CDC, Uganda Red Cross, IDI</td>
</tr>
<tr>
<td>Laboratory</td>
<td>WHO, CDC Uganda</td>
</tr>
<tr>
<td>Risk Communication</td>
<td>UNICEF, WHO, UPDF, BRAC-Uganda, USAID CHC-Obulamu, URC, Save the Children, St. John’s Ambulance,</td>
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<tr>
<td>Case Management</td>
<td>WHO, MSF</td>
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<tr>
<td>Infection Prevention &amp; Control/</td>
<td>WHO, UNICEF, Baylor Uganda, St. John’s Ambulance, Save the Children, Uganda Red Cross, IRC, IDI</td>
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<td>WASH</td>
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<tr>
<td>Psychosocial Support</td>
<td>AFENET, WHO, UNICEF</td>
</tr>
<tr>
<td>Logistics</td>
<td>WHO, UNICEF, Baylor Uganda, WFP, Uganda Red Cross, BRAC Uganda</td>
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<tr>
<td>Security</td>
<td>UPDF, Uganda Police</td>
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<tr>
<td>Points of Entry</td>
<td>WHO, AFENET, Uganda Red Cross, IRC, IOM, UNICEF</td>
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<tr>
<td>Vaccine and therapeutics</td>
<td>WHO, MSF</td>
</tr>
<tr>
<td>Financial support</td>
<td>World Bank/EAPHLNP</td>
</tr>
</tbody>
</table>
5. Challenges

- Some border points are not operational due to limited logistics
- Uncertainty on the Infection Prevention and Control strategy and facilitation for IPC responders
- Shortage of IEC materials translated into local languages (Lukhonzo and Runyakitara)

6. Conclusion

The support supervision by the IC has boosted the coordination mechanism and actively energised the response team. Integration (teaming) of response teams has improved coverage and utilisation of available resources.

Kasese remains at high risk for an Ebola outbreak given the on-going outbreak in the DRC coupled with unofficial points of entry with high volume cross border movements. The recent tribal clashes in the Ituri Province in the DRC, and the resulting displacement of populations puts Uganda at more risk, especially in the districts of Hoima, Kikuube, Kagadi, Ntoroko, and Bundibugyo with high refugees’ influx.