



EBOLA VIRUS DISEASE IN UGANDA

3 July 2019 as of 20:00 hrs

Situation Report

SitRep #22



1. Situation



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **20** 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 were no **contacts** under follow up
- There are 5 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 **1,507** individuals have been vaccinated: **78** contacts, **747** contacts of contacts and **682** frontline 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. There are currently 5 admissions in the ETU with negative EVD results.

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

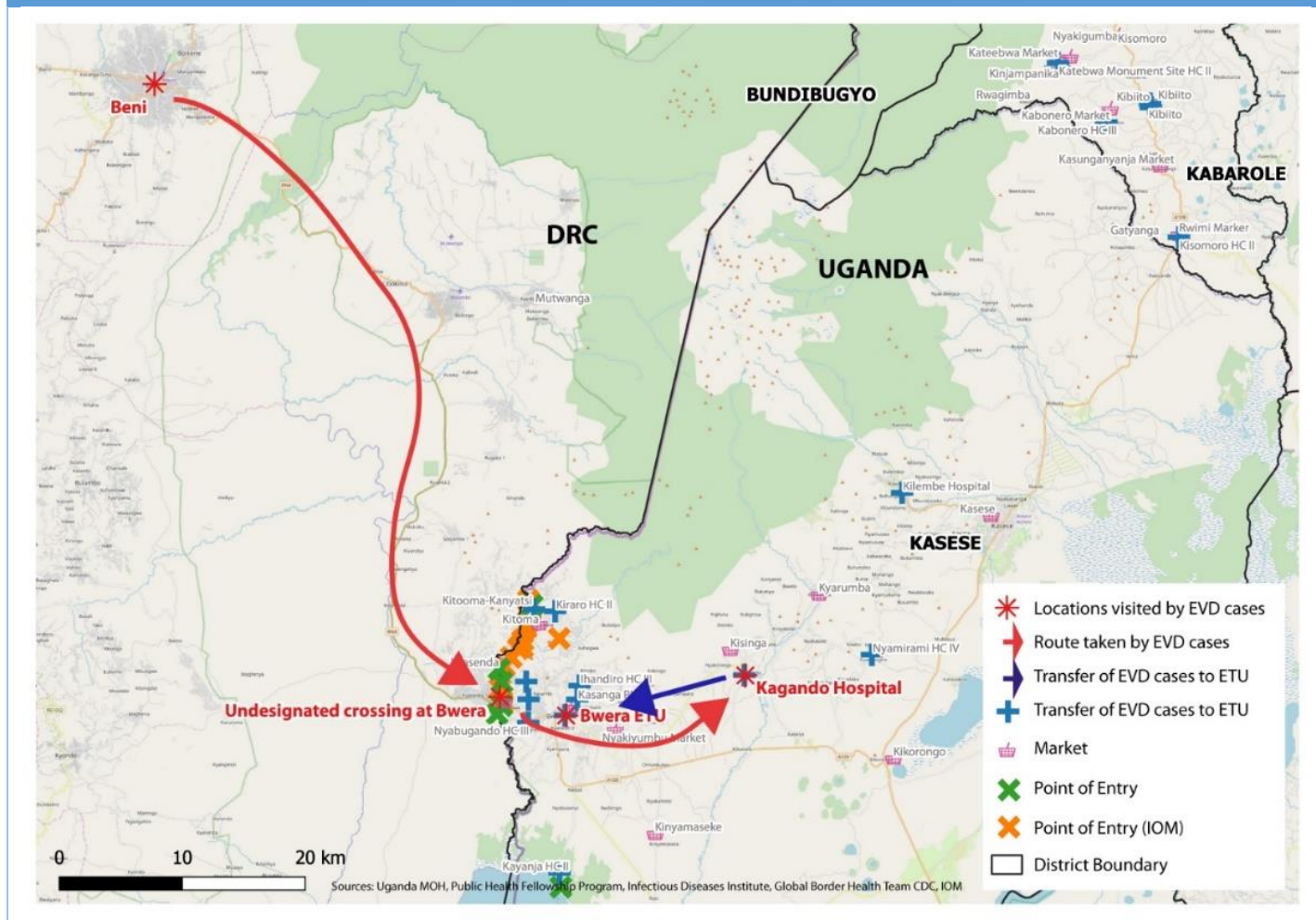


Table 1: Summary of Ebola virus Disease outbreak in Kasese, Jun-Jul 2019

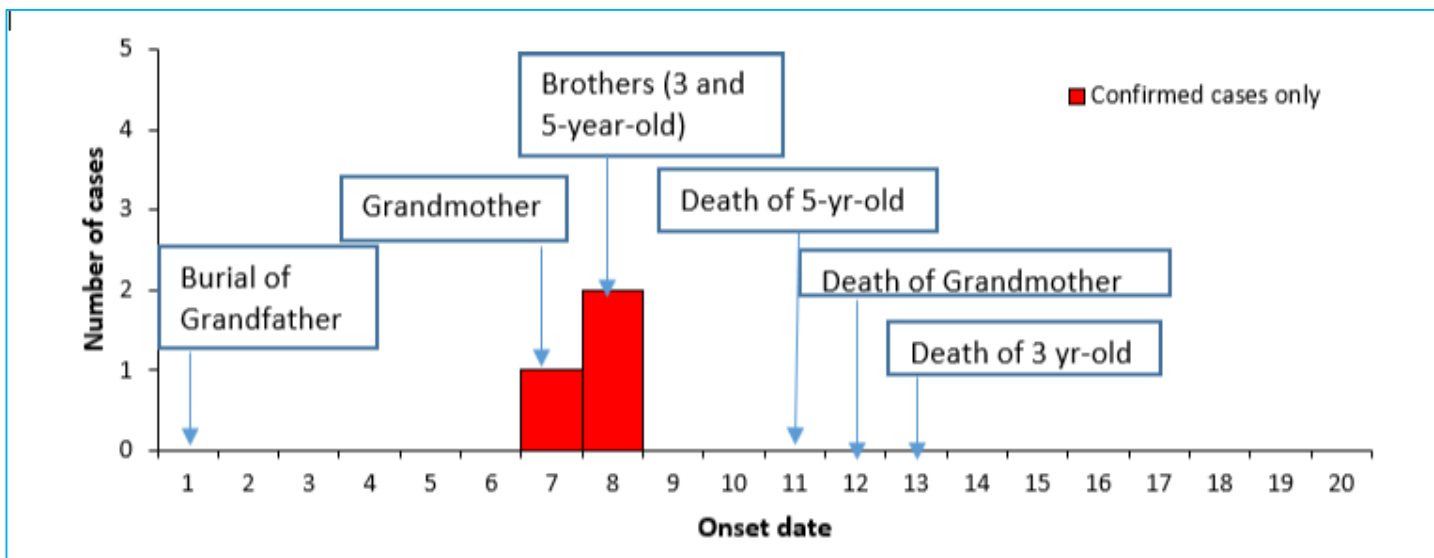
SUMMARY OF CASES (as of 3/July/2019)	
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	00
Probable	00
Confirmed	00
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00

Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	05
Runaways from isolation	00
Cumulative number of contacts listed as of today	114
Number of contacts that have completed 21 days	114
Number of contacts under follow up	00
Number of contacts followed up today	00
Cumulative number of individuals vaccinated	1507
Number of contacts vaccinated	78
Health workers	04
Community	74
Number of contacts of contacts vaccinated	747
Health workers	00
Community	747
Number of front-line health workers vaccinated	682
Number of contacts vaccinated today	00
Health workers	00
Community	00
Number of contacts of contacts vaccinated today	00
Health workers	00
Community	00
Number of front-line health workers vaccinated today	00
Specimens collected and sent to the lab. today	05
Cumulative specimens collected	49
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	29
Specimens with pending results	04
Date of discharge/death of last confirmed case	13-6-2019

¹ includes 1 death in the DRC

² including 12 repeat samples

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



2. Public Health Actions to date

Coordination

Today, the coordination committee reviewed the District EVD response budget as recommended from the EVD accountability forum. A member of social services committee chaired the meeting. The focus of the meeting was to refine the budget for the next 21 days.

Below are the action points;

- Subcommittee heads to refine their pillar specific budgets
- Partners to identify critical items for support
- Final draft to be shared tomorrow

Surveillance

- Screened 16435 travellers at the border crossing points and bus terminals.
- **There are no contacts under follow-up.**

Laboratory

- Four negative results have been received from UVRI.
- The cumulative number of samples are 49 as of today with one pending result from UVRI

Case Management

- There are five admissions (5) in the ETU today.
- Restructuring of the ETU still on going to provide a cubical per patient
- Four patients had their results negative from UVRI and will be discharged tomorrow.
- One patient will have his second sample picked for retesting

Risk Communication

- Conducted one evening radio talk show on Messiah FM

- Distributed MOH VHT household visit forms and rumour tracking tools to four health facilities (Kyarumba PHC HCIII, Kyarumba HCIII government Kyondo HCIII and Bwethe HCII) and activated three VHTs to conduct household visits.
- Distributed 215 EVD posters to farmers at a meeting in Bukonjo west.
- Sensitized 152 people on Ebola during community meeting in Mirami village Karambi sub county and 93 people in Katoho village, Munkunyu sub-counties.
- Conducted monitoring visit to Kinyabwamba HCIII, Kihyo HCII and Mukathi HCIII. All three facilities had EVD posters and had integrated EVD messages in health education talks. All the VHTs attached to the facilities had recently had mentorship on EVD and were activated to conduct community sensitisation on EVD.
- The team visited Kyarumba Primary School to follow up on action plans developed during orientation of teachers. The school had EVD posters and children were practicing hand washing. Agreed with deputy head teacher to engage VHT/health worker at next PTA meeting to orient parents on Ebola.

Infection Prevention and Control

- The IPC team visited Kanyatsi HC II to assess IPC functions and offered IPC mentorship to health facility staff. This is a high priority facility near the border that treats clients from DRC. Majority of health staff have received an orientation on Ebola
- The facility has multiple (3) functional hand washing stations in different locations within the premises with 0.05% chlorine whose preparation is done once a day
- Sterilization of medical equipment is done at the facility

WASH

- The team assessed existence and compliance to WASH activities in health facilities of Bukonzo and Busongora North Health Sub districts.
- In Busongora North HSD, Kinyabwamba HCIII, Kihyo HCII and Mukathi HCIII had hand washing facilities with chlorinated water/soap and had enough stock.
- Chlorine mixing steps were written on paper and hanged on the wall. The health facility staff reported that clients are keen on washing hands.
- The team distributed 2 Hand washing facilities, 25Kgs of chlorine, 2 pairs of gumboots, 2 buckets and chlorine testers to Kyarumba HCIII, Kyarumba HCIII, Kyondo HCIII and Bwethe HCIII

Vaccination

- No vaccination was conducted today

Psychosocial support

- The team engaged the LC 1 chairperson and family members of the EVD index case at Kirembo Village in preparation of the return of the family from DRC.

3. Partnership

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	AFENET, WHO, Uganda Red Cross,
Laboratory	WHO, CDC Uganda
Risk Communication	UNICEF, WHO, UPDF, BRAC-Uganda, USAID CHC-Obulamu, Uganda Red Cross, Save the Children, St. John's Ambulance,
Case Management	WHO, MSF
Infection Prevention & Control/ WASH	WHO, UNICEF, St. John's Ambulance, Save the Children, Uganda Red Cross, IRC, IDI
Psychosocial Support	AFENET, WHO, UNICEF
Logistics	WHO, UNICEF, WFP, Uganda Red Cross, BRAC Uganda
Security	UPDF, Uganda Police
Points of Entry	WHO, Uganda Red Cross, UNICEF
Vaccine and therapeutics	WHO, MSF
Financial support	World Bank/EAPHLNP

5. Challenges

- Uncertainty on the Infection Prevention and Control strategy and facilitation for IPC responders
- Shortage of IEC materials translated into local languages (Lukhonzon and Runyakitara)
- Shortage of bedding materials for patients admitted in the ETU
- Majority of central responders have left the field

6. Conclusion

All contacts have completed their 21 days of follow-up. None of them developed EVD signs or symptoms. However, Kasese remains at high risk for importation of EVD given the outbreak in the DRC, and high population movements between the two countries.