



# EBOLA VIRUS DISEASE IN UGANDA

4 July 2019 as of 20:00 hrs

Situation Report

SitRep #23



## 1. Situation



### Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 21 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 is 1 admission 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

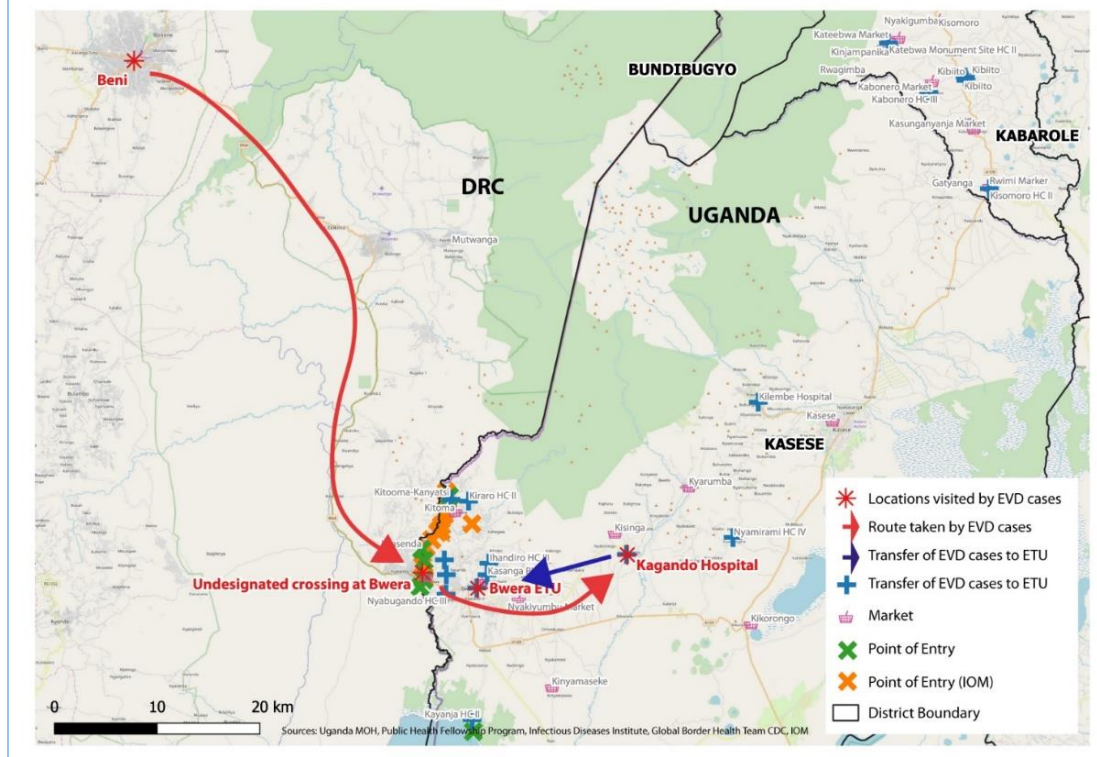
### EPIDEMIOLOGICAL SUMMARY

#### Background

On 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 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 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. There is currently 1 admission in the ETU.

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



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

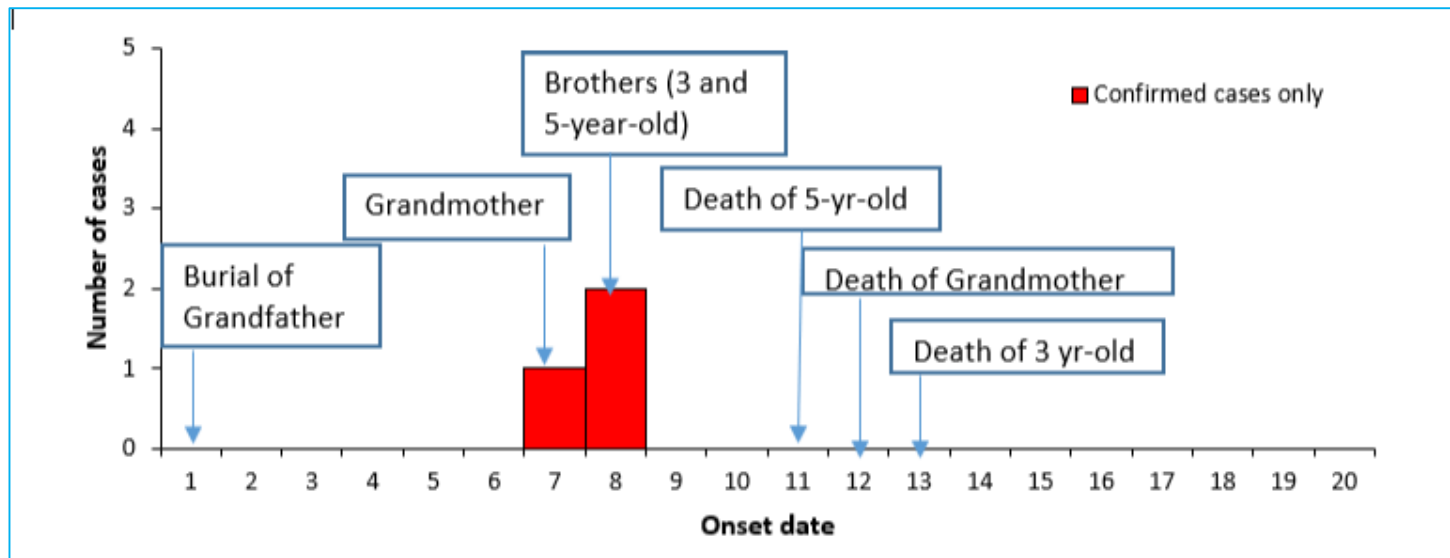
SUMMARY OF CASES (as of 4/July/2019)	Number
New suspect cases today	01
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 <sup>1</sup>
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	01
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	01
Cumulative specimens collected	50 <sup>1</sup>
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	29
Specimens with pending results	01
Date of discharge/death of last confirmed case	13Jun19

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

<sup>2</sup> including 18 repeat samples

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



## 2. Public Health Actions to date

### Coordination

The daily District Task Force meeting was conducted chaired by the District Surveillance Focal Person. The meeting was mainly focused on re arrangement of response strategy for the next 21 days. The DTF observed that most central teams had gone back and the outbreak was entering the next phase of 21 days. The meeting agreed on the following action points;

- Develop an operational plan for 21 days in each pillar
- DTF will take place three times a week (Monday, Wednesday and Friday) unless there is a new case.
- Intensify supervision of all activities
- Access funds and begin remuneration of district response teams especially those on frontlines.

### Surveillance

- Recall all HSD surveillance officers and integrate most surveillance activities
- Enhance Community based disease surveillance, Point of Entry surveillance and active case search
- Today, Screened 18240 travellers at the border crossing points and bus terminals.
- Two alerts were received today from St. Paul HCIV. These were verified as non-cases for EVD.
- The data management team harmonized and the updated line list with case management records

### Laboratory

- One (1) repeat sample was collected and transported to UVRI for testing and the results are pending. However, the presumptive results from the onsite laboratory was negative.
- Four (4) negative results from repeat samples received from UVRI.

### Case Management

- There is one new admission (1) in the ETU today. This new admission is a 25-year-old male from Kyanduli cell, Mpondwe Lhubiriha town council identified at Mpondwe PoE on his way from DRC. He presented with high temperature of 39.0°C with a negative Malaria DRT.
- Five patients with negative EVD repeat tests were discharged today.

### Risk Communication

- The team meet to develop an integrated IEC distribution plan. Agreed that additional materials such as Glue should be provided.
- Continue with community engagement dialogues and orientations
- The team conducted one evening radio talk-show at Messiah FM
- Conducted a sub-committee meeting to prioritize activities for the next 21 days including activation of leaderships in 6 sub-counties (Kitwamba, Central Division, Nyamwamba Divison, Kilembe, Muhokya, and Karusandara),
- The team distributed 115 IEC in Mahango sub-county, Kabuyiri P/S, Nyangorongo P/S and Isule P/S
- Two review meetings were conducted with VHTs in Nyakatonzi S/C (30) and Katwe Kabatoro (35) with focus on EVD prevention, signs and symptoms
- Intensify Radio talk shows

## **Infection Prevention and Control**

- The IPC approach is still under intensive discussion.
- The IPC team at Bwera ETU reported;
  - All colour coded bins were available in all stations
  - All chlorine containers were under shade as recommended
  - The ETU was clean in all sections
  - Hand washing are readily available in all recommended areas

## **WASH**

- Team will conduct assessment of all the facilities and public places
- Assessed the level of implementation of Wash interventions in five primary schools (Ngaiga, St.Johns Maliba, Izinga, Mubuku Moslem and Mubuku) as a follow up. Of these, four (4) had hand washing facilities with low hand washing practices observed among teachers and pupils.
- The team conducted follow up of 4 out of 6 Health units that have chlorine generators. Three out of four were efficiently using the machines and generating adequate amounts of Chlorine.

## **Vaccination**

- No vaccination was conducted today

## **Psychosocial support**

- The team made a follow-up counselling session with the family of the index case and the L.C I chairman at Kirembo Village. This was intended to psychologically prepare the family for the return of their son and his wife from Congo after they lost their children to EVD
- The team offered psychosocial support to the parents of the index case whom we received at Mpondwe customs as they came from Congo today (4.07.2019).
- Psycho-education of community members at Bukhuna I Village was conducted emphasizing on acceptance of one of the contacts who had completed 21 days of follow up earlier.

## **Logistics**

- The IM requested for Logistics technical officer from MoH.
- The district received the following items from partners; 13 hand washing facilities, 5 Googles, 220 aprons, 5 spray pumps of 20 liter capacity, 3 pumps of 1 litres. 16 pairs of heavy-duty gloves, 8 Hand disinfectants (Sarayas), 8 basins, 17 cartons of disposable gloves, 17 cartons of large gloves, 3 Tents, 2 sets of colored waste bin, 2 sets of general waste bin, 8 Safety boxes, 4 Thermoflashes, 17 pairs of Gumboots, 14 Pairs of Batteries AAA, 1 bucket of chlorine powder, 20 liters Buckets.
- All these items received were issued to Rwasende, Kinyamaseke, Katwe, and Kabatunda health facilities.
- The vaccination logistics in the district store were dispatched for healthworker vaccination in Arua.

### 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

- Shortage of IEC materials translated into local languages (Lukhonzon and Runyakitara)
- Majority of central responders have left the field
- Infection Prevention and Control strategy lacking. Partners not committed to supporting district IPC mentors. Two Partners have committed to support 15 facilities (IDI= 5 facilities and IRC =10 facilities). **This is 15/117=12.8% facilities cover.**
- Logistics management and tracking is inadequate. MoH logistician needed urgently to manage huge supplies and logistics inflows

### 6. Conclusion

The Ebola response has completed the first cycle of 21 days without any transmission. The district Task Force is preparing for the next phase, with mixed approach. Some interventions will be intensified including surveillance, risk communication, IPC and Wash and coordination while others will be scaled down. However, Kasese remains at high risk for importation of EVD given the outbreak in the DRC, and high population movements between the two countries.