



EBOLA VIRUS DISEASE IN UGANDA



5 July 2019 as of 20:00 hrs

Situation Report

SitRep #24



1. Situation update



Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 22 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 0 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 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 no admission in the ETU.

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

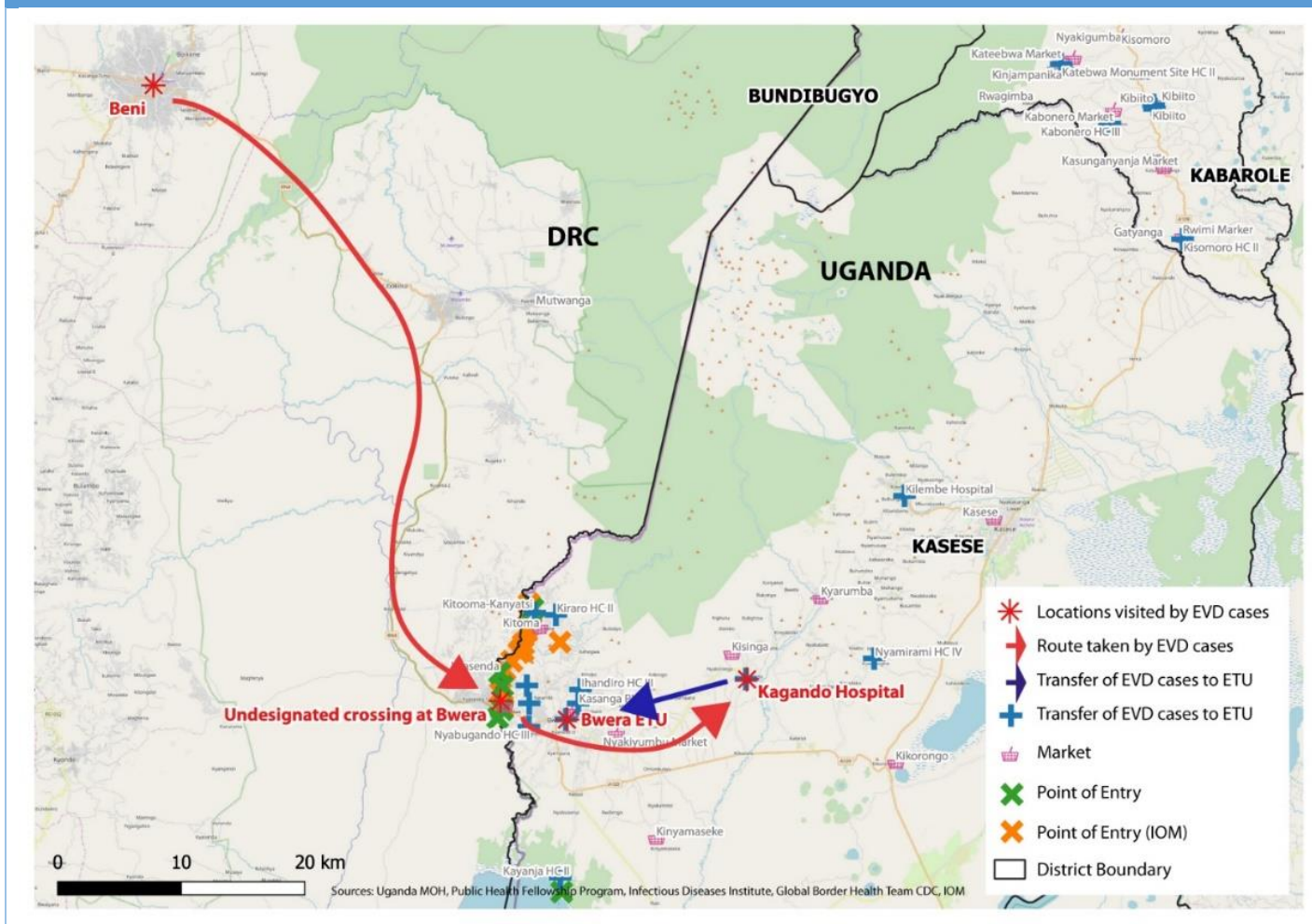


Table 1: Summary of Ebola virus Disease outbreak in Kasese, Jun-Jul 2019

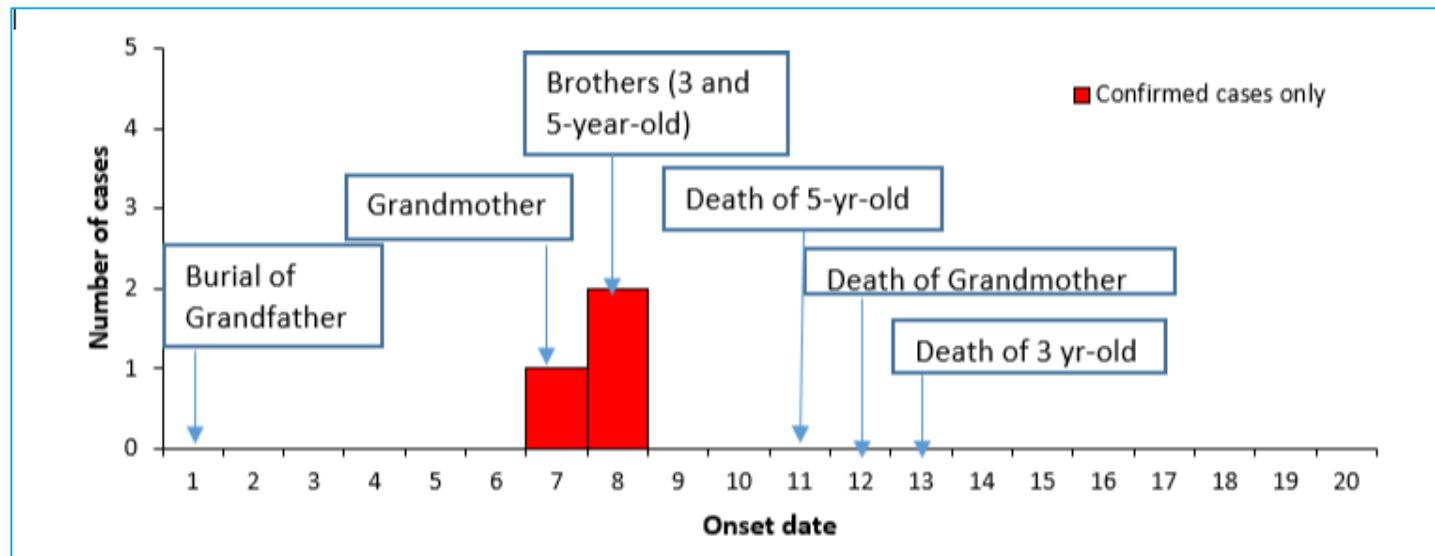
SUMMARY OF CASES (as of 5/July/2019)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	00
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	55 ¹
Cumulative cases with lab confirmation	03

Cumulative samples tested negative	30
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 18 repeat samples

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



2. Public Health Actions to date

Coordination

A member of District social services committee chaired the 22nd District Task Force . The following action points were made during the meeting.

- The need to strengthen the psychosocial subcommittee for the district
- The need to improve the quality of IEC materials because the current ones are easily destroyed by weather.
- A select committee was formed to discuss possible issues affecting logistics management
- The need to strengthen Infection Prevention and Control measures in all facilities within the district.

Surveillance

- No alert was received today
- The team conducted active case search in four (4) health facilities in Kasese Municipality by reviewing health facility records.
- The team re-oriented health workers on EVD case definitions, alert lines for notification and also provided health education and screening to patients at OPD
- A total of 34,525 people were screened at 27 border crossings and bus terminals

Laboratory

- Five samples were collected today. The mobile lab tested five samples that were negative for EVD. Four samples were transported to the central testing lab (UVRI). The four samples were from three family members and a repeat. One family member (1 yr old), had insufficient sample collected that could only be tested by mobile lab.
- One negative result of a sample referred the previous day was reported from the central testing lab.
- Cumulative number of samples collected and referred are fifty-five (55) including three samples that tested positive, 34 tested negative and 18 repeat samples.

Case Management

- There is no admission in the ETU today. One person was discharged today given the Negative repeat results from Mobile Laboratory.
- The team received four members (4) of the family of the index case who had travelled to DRC on 13th June 2019. These were subjected to EVD testing and the results from the mobile lab were negative.

Risk communication

- One evening radio talk show was conducted at radio Messiah FM
- The team activated six (6) subcounties reaching 90 people as follows; Buhuhira (15), Kitswamba (15), Muhokya (15), Central Division (15), Kirembe (15), and Nyamwamba (15)

Infection Prevention and Control

- Infection Prevention and Control strategy developed.
- Partners are discussing implementation of the new strategy.
- A meeting has been scheduled by IM with all IPC supporting partners and responders to streamline IPC interventions

Psychosocial support

- The team resettled the parents of the index case at their new home at Nyabugando
- The team offered a psycho-sensitization session at Kabelele Village, Kinyabisiki, and emphasized community members to support people affected by EVD
- 85 Para-social workers completed their training in child care and protection in the EVD context today.
- Central team to identify and screen a new district psychosocial team for training and sustainability

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 (Lukhonzo and Runyakitara)
- 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.