



EBOLA VIRUS DISEASE IN UGANDA



18 June 2019 as of 20 00 Hrs

Situation Report

SitRep #07



1. Situation update



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day 5 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 93 contacts under follow up
 - 86 were followed up today
 - None has developed symptoms to date
- 02 suspect cases on admission in ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response team continue to investigate all alerts
- 147 contacts have been vaccinated today
- High level community engagement was done in Karambi subcounty to address community hostility against response teams
- Welfare of ETU health workers need urgent attention

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 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 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. As of today, there is no confirmed EVD case in Uganda, however 2 suspect cases are admitted at Bwera Ebola Treatment Unit. Ninety-three (93) contacts are being followed up.

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

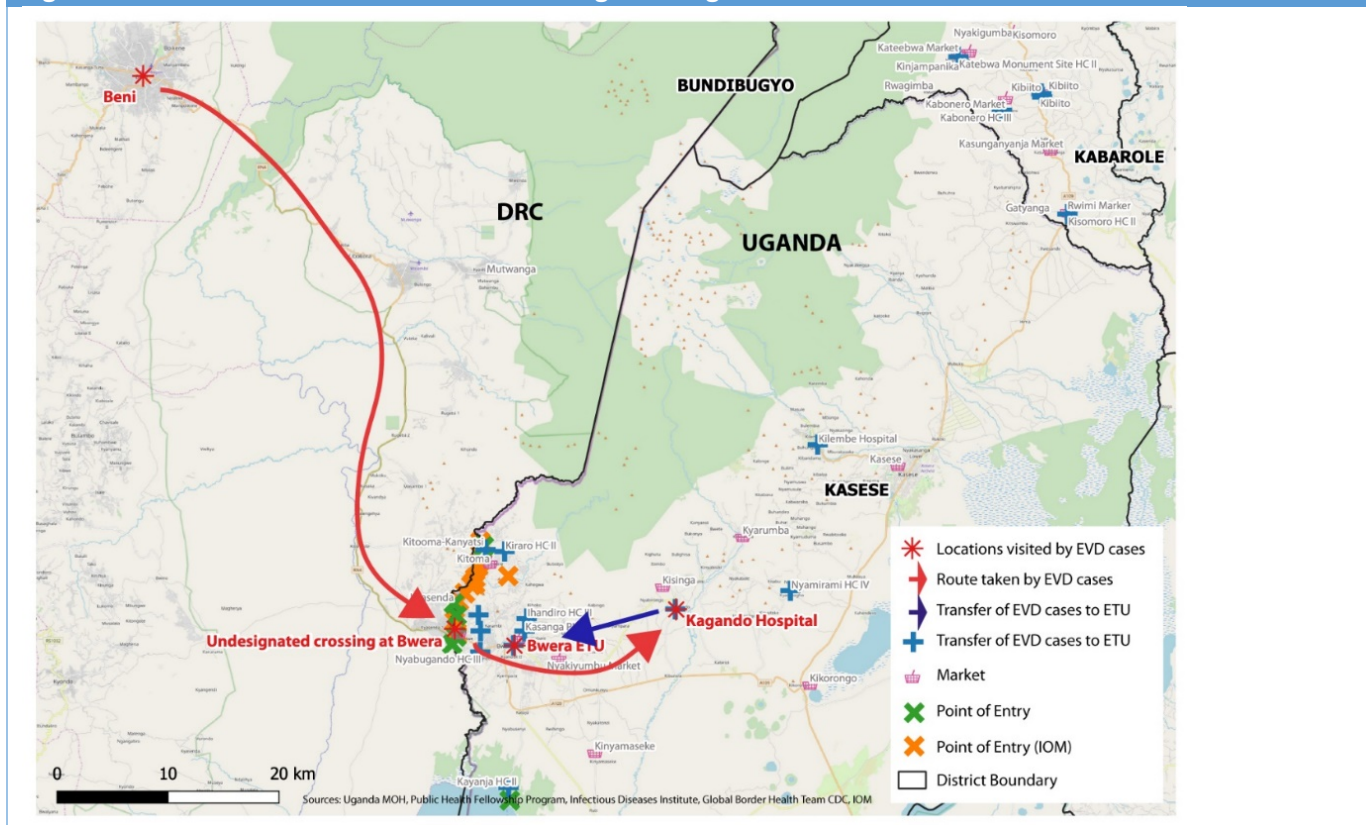


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

SUMMARY OF CASES (as of 17/June/2019)	
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 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	02 ²

Cumulative confirmed cases discharged	00
Cases who are health workers	00
Runaways from isolation	00
Cumulative number of contacts listed as of today	93
Number of contacts that have completed 21 days	00
Number of contacts under follow up	93
Number of contacts followed up today	86
Cumulative number of contacts who developed symptoms	00
Cumulative number of contacts vaccinated	275 ³
Number of contacts vaccinate today	147 ³
Specimens collected and sent to the lab. Today	2
Cumulative specimens collected	18 ⁴
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	09
Specimens with pending results	00
Date of discharge/death of last confirmed case	13 June 2019

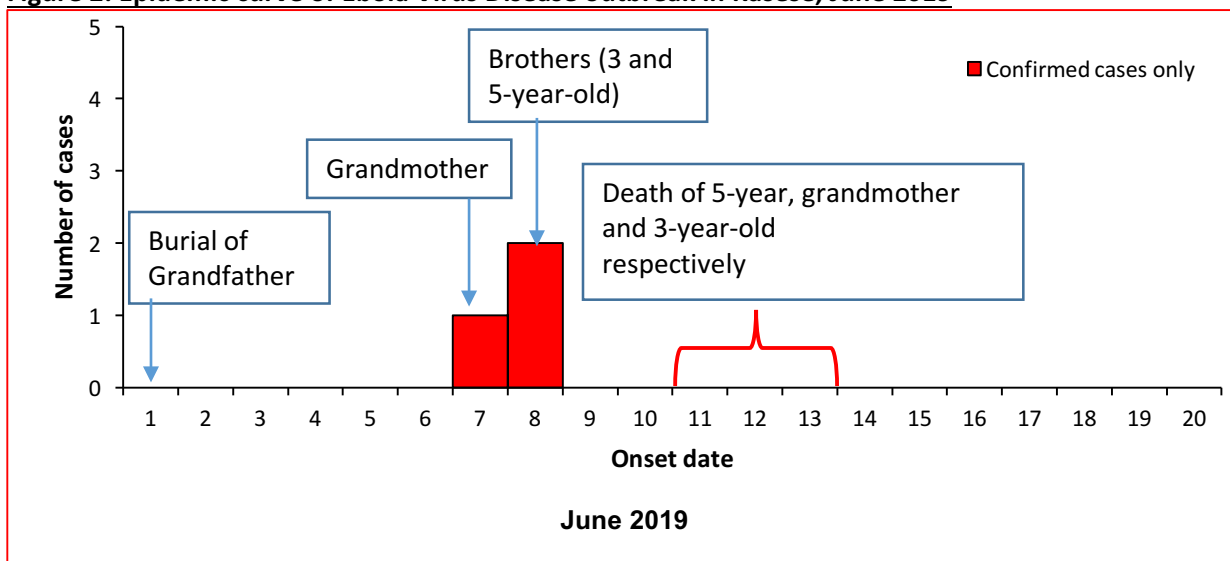
¹ includes 1 death in the DRC

² Excludes two cases with repeat negative PCR planned for discharge tomorrow.

³ Includes contacts of contacts

⁴ 6 are repeat samples

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



2. Public Health Actions to date

Coordination

Today the EVD District Task Force meeting was chaired by Deputy Resident District Commissioner. The meeting discussed action points raised during the DTF meeting held the previous day. It also received feedback from the sub-committees following the activities conducted the previous day. A community engagement meeting in Karambi Sub-county was held to intensify social mobilization and risk communication since the community was becoming hostile

due to Ebola response. The political leadership emphasized community led Ebola response and asked all community leaders to cooperate and support response teams.

Other key issues discussed included;

- The need for adequate coordination between the surveillance teams in DRC and those in Uganda to understand clearly the outbreak patterns.
- The need for more Radio Airtime to cover other radio stations as current efforts are focusing on only two Radio stations (Messiah FM and Guide FM) Leaving out other radio stations.
- Delayed payment of staff who were trained since Ebola preparedness phase. These people were to be paid by WHO. This is demoralizing staff from participating in ongoing activities in Response.
- The urgent need to stop VHTs activities in community malaria diagnosis and offering family planning services (injectable) in communities until further notice because of the increased risk of Ebola.

Surveillance

- One alert was received that was verified as a non-case. Cumulatively, 9 alerts have been registered of which 3 were verified as suspect cases, 5 verified as none case and 1 as a known contact with no symptoms.
- Screened 317 mourners at a burial in Nyabugando town during Event base surveillance.
- Community Based Disease surveillance group re-oriented 29 VHTs and 7 local leaders in 12 out of 15 villages in Isango subcounty focusing on facts about Ebola and notification mechanisms and IEC materials on EVD.
- From active case search the team identified five cases of bloody diarrhoea diagnosed as dysentery at Kabirizi Katwe HC II of which one was followed up and confirmed that symptoms resolved upon treatment. The other four cases could not be traced as they are mobile communities.
- Active case search in schools yielded no symptomatic cases.
- Screened **12886** people at 6 point of entry (POEs). However, there are no screening services at 18 PoE and 6 bus terminals due to shortage of manpower and logistics (hand washing, tents, thermometers and chlorine)

Laboratory

Cumulative number of reported samples to date is 12 (excluding 6 repeat samples), three positive and nine negative

- Procured services for electrical and furniture fitting into the mobile lab work room
- Started on the set up of the mobile lab at Bwera hospital upon staff decontaminating the work space
- Results for yesterdays’ two referred samples were reported. One was a repeat and the other was for a new admission. All are PCR negative.

Planned activities

- Electrical and furniture fitting in the mobile lab work room
- Develop standard guidelines on management of samples and waste in the mobile laboratory.
- Secure power backup (Generator and Ups) to support constant lab work operations. Procurement of these items has been initiated and is moving forward

Case management

Today, the ETU has four admissions including one new suspect case who was admitted last night at 8:30pm, and three patients who were carried on from the previous day as summarized in the table below.

Table 2.0 Summary of patients admitted in ETU as of 18-June-2019

Case	Description	1 ^s Sample	2 nd Sample	1 st Result	2 nd Result	Comment
Case 1	45year/Male	Taken	to be taken tomorrow	Negative	-	Investigation ongoing
Case 2	3year/Male	Taken	taken	Negative	Negative	To be discharged after psychosocial team has prepared his village to receive him

Case 3	3year/Male	taken	to be taken tomorrow	Negative	-	Investigation ongoing
Case 4	7year/Male	taken	taken	Negative	Negative	To be discharged tomorrow, awaiting psychosocial to prepare his community

The Coordination team held a meeting with ETU members to discuss their grievance with respect to their facilitation. It was observed that they have never been paid since August 2018 and they are totally frustrated. We advised on the logistics management and increased human resource management. The remaining 4 non vaccinated health workers in ETU will be vaccinated tomorrow. ETU security has been beefed up with Military.

Risk communication and social mobilization

- Sensitised 201 sub-county councilors, local council one chairpersons and UPDF soldiers on EVD
- Community drives with film van sensitised an approximate of 385 people, 625 Market vendors, 1,812 pupils in 6 schools, one on one discussion sensitized 105 people, conducted 37 small group level discussions, sensitised and 36 household visits sensitised 175 people
- Distributed 110 posters, 219 leaflets targeting market vendors and UPDF soldiers

Psychosocial team

- Conducted a follow-up visit with the 2 young men who were transferred from the ETU and are currently receiving treatment on the general ward at Bwera hospital. They are recovering and their families are now more supportive.
- Counsellor the nurse who is a contact and she has not reported any symptoms today
- Offered psychosocial support to attendants of 2 patients transferred from ETU to the general ward

Vaccination

The vaccination team has vaccinated a cumulative number of 275 contacts with 147 vaccinated today in two main rings. The 147 vaccinated included 51 health workers. The team continues to identify new contacts and contacts of contacts.

WASH

- The WASH team assessed the WASH interventions in 6 schools, landing site of Kigendo and National Water and Sewerage Corporation offices in Katwe T.C
- Trained 101 Early Child Development centre Head Teachers and caregivers on hand washing and water treating strategy
- Assessed the availability and functionality of hand washing facilities and water; 7 schools, 7 restaurants, 3 health facilities, 2 churches and 1 market in Kabatoro Town Council, Hima Town Council, Mpondwe Lhubiriha and Ibanda Kyana Town Councils
- Key observations made; Out of the 26 institutions visited, only 15 had hand washing facilities provided with jik or chlorine as a disinfectant

Infection prevention and control

The team oriented health workers on importance of clean environment, use of protective wear, waste disposal at 6 health facilities; Bikunya HC II, Bubotoyo HC II, Buhungamuyagha HCIII, Ihandiro HC III and Bwera General Hospital

Logistics

- Conducted EVD vaccine supply inventory. The district logistics management team was trained in public health emergence supply chain management by MSH

Key planned activities

- Conduct active case search, contact listing and follow up in health facilities in all Health Sub-districts
- The wash committee together with all environmental health staff in the district will visit more institutions (schools, markets, health facilities) to assess the WASH interventions towards EVD prevention and control
- The risk communication team to continue working with vaccination team in Bwera on community engagement to address rumors through community dialogue meetings
- Engagement of community leaders in Kilembe and Mukunyu on hostility against Congolese nationals
- Sensitise community members, stop mass gatherings, alleviate fears and anxiety among community members on EVD and encourage people to hand wash and stop handshaking. The community will also sensitise on the importance of safe and dignified burial following resistance at SDB of a suspect case.
- Community engagement at markets to enhance alertness and enable reporting of any Ebola-related events to the district authorities
- The risk communication team will visit the markets and other public places to conduct sensitization and engagement meetings on EVD alertness
- Involvement of VHT/volunteers to support risk communication at POEs with risk communication teams

Challenges

- **The ETU members are requesting for Perdiem since they rent their accommodation to be close to the treatment Unit.**
- Inadequate screening services at 18 PoE and 6 bus terminals
- One of the contacts undergoing psychosocial support has refused to be vaccinated
- People in Katiri village, Kyanjuki parish in Bulembya people have a belief that if you take firewood ash you would be treating Ebola. Also believe that eating bush meet you live longer
- Screening at Mirami mwanalho being done in open with no tent and chairs
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3. Conclusion

Community awareness of the risk of Ebola infection is high and the community is very suspicious of anyone with a recent travel to the DRC. Supplies of response items have improved but more forecasting is needed to avoid stockouts of essential items like PPEs and other sundries. The Welfare of the health workers in ETU need to be urgently addressed.

4. Partnerships

The following partners are supporting Ebola response in Kasese district; WHO, CDC, USAID CHC, UNICEF, Red Cross, AFENET, ECHO, DFID, UNHCR, IRC, IOM, Baylor, BRAC Uganda, MSH, Save the Children and MSF.