



# EBOLA VIRUS DISEASE IN UGANDA



19 June 2019 as of 20 00 Hrs

Situation Report

SitRep #08



## 1. Situation update



### Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 6 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 106 contacts under follow up
  - 103 were followed up today
- 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
- 181 contacts have been vaccinated today

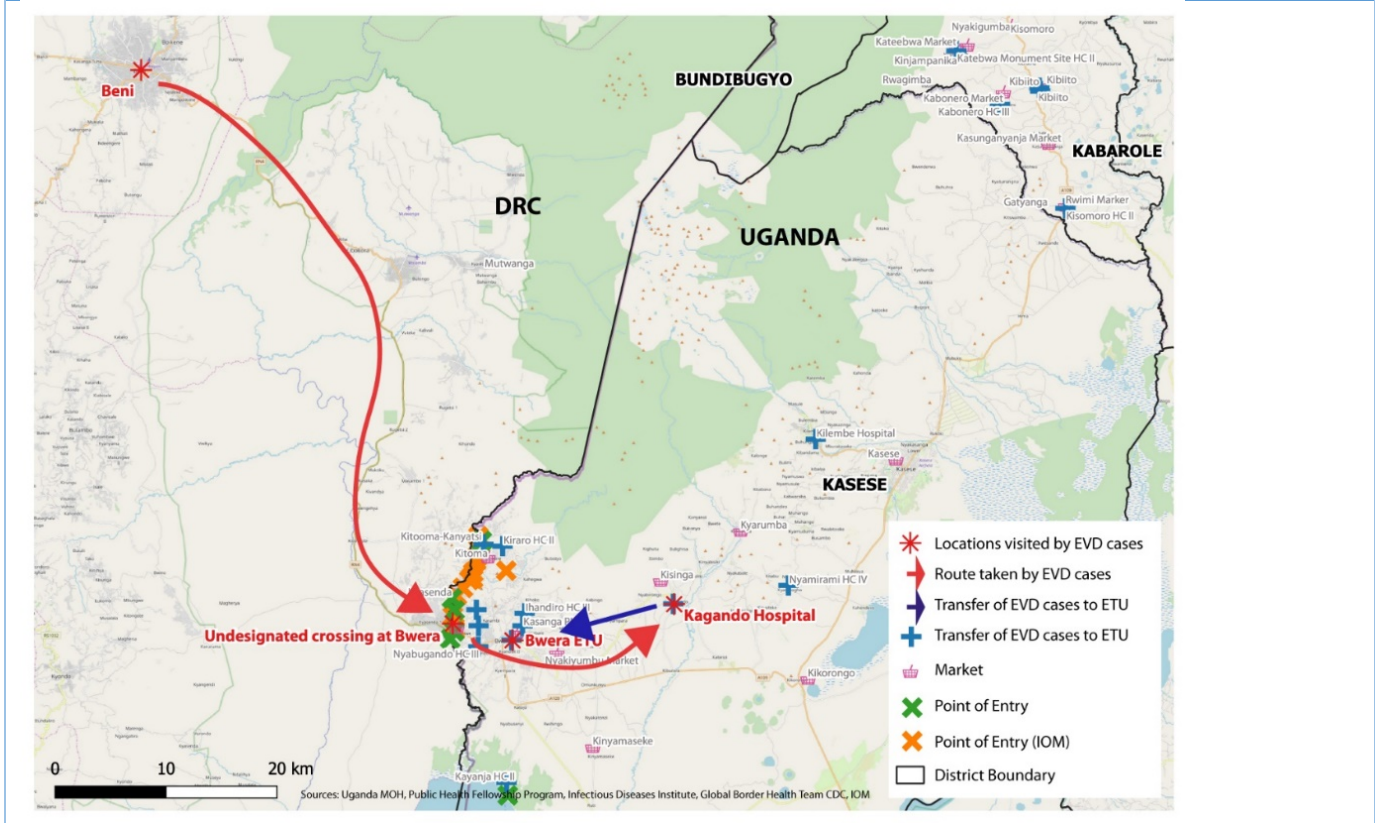
### EPIDEMIOLOGICAL SUMMARY

#### 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 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 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. As of today, there is no confirmed EVD case in Uganda, however 2 suspect cases are admitted at Bwera Ebola Treatment Unit. One hundred-six 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**

<b>SUMMARY OF CASES (as of 19/June/2019)</b>	
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 <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	02
Cumulative number of health workers discharged	00
Runaways from isolation	00
Cumulative number of contacts listed as of today	106

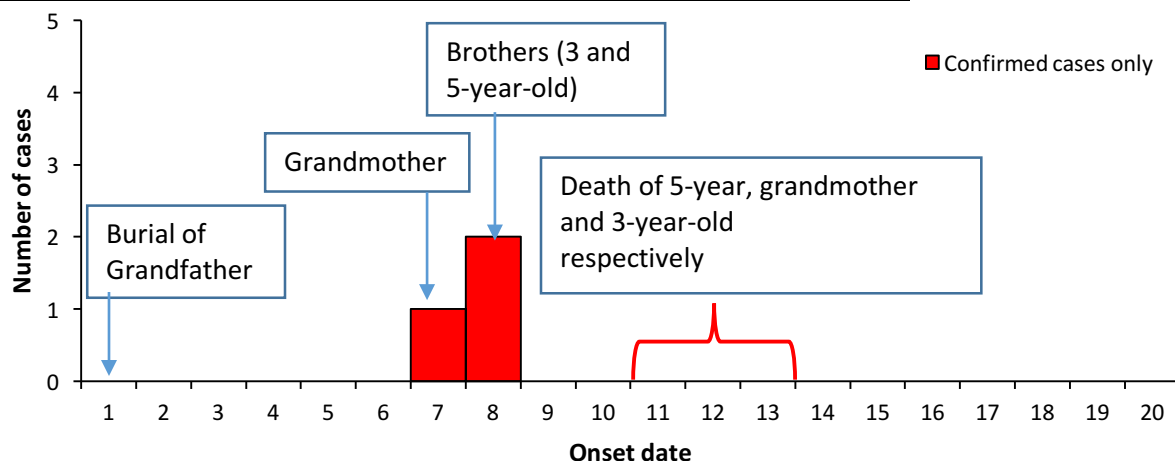
Number of contacts that have completed 21 days	00
Number of contacts under follow up	106
Number of contacts followed up today	103
Cumulative number of contacts vaccinated	456
Number of contacts vaccinated today	181
Specimens collected and sent to the lab. Today	2
Cumulative specimens collected	20 <sup>3</sup>
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	09
Specimens with pending results	2
Date of discharge/death of last confirmed case	13-June-2019

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

<sup>2</sup> includes contacts of contacts

<sup>3</sup> includes 6 are repeat samples

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



## 2. Public Health Actions to date

### Coordination

The District chairperson social services committee chaired today's EVD District Task Force meeting. The community dialogue in Karambi subcounty yesterday tasked the community leaders to inform the community members about the Ebola virus disease situation in the district. They urged the community leaders to embrace the interventions put in place. 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 4 W matrix was developed and will be presented to the district for discussion.

Other key issues discussed included;

- The need for consistent sharing of contacts lists between DRC and Uganda of Uganda for adequate follow-up of contacts.
- The need for more support from the corporate companies in the district
- Provision of refreshments for staff working in the ETU
- Re-structuring the ETU to relocate the entrance or mortuary location to be addressed by MSF

- The coordination team supervised PoE sites and assessed current practices

### **Surveillance**

- Contact tracing team and vaccination team met to harmonize their operations
- Received two alert reports. One as a sudden death of a seemingly healthy 40-year-old man. Verification including sample collection is under way with burial planned for tomorrow. The second alert is a 40-year-old man from Katungulu subcounty; was verified and found to be a non-case. Cumulatively, 11 alerts have been registered of which 4 were verified as suspect cases, 6 verified as none case and 1 as a known contact with no symptoms.
- Screened 292 people who had gathered at a church choir practice at Nsenyi catholic parish.
- Conducted community engagement and sensitized people in Nsenyi parish focusing on EVD prevention and notification.
- Re-oriented 64 VHTs and 12 local council leaders from 15 villages in Kathulho subcounty focusing on facts about Ebola and notification mechanisms and IEC materials on EVD.
- A team from WHO country office trained the data team on Go Data software and installed it on the district computers.
- The active case search reviewed records at 5 health facilities including Kasanga HC III, MBH Marternity clinic, Kyambogo Clinic, Mpondwe HC III and Nyabugando HC III. No case was identified.
- A total of 106 contacts have been line listed. Of these, 103 have been followed today. Three people were not followed because, one could not be located, one moved to Kamwokya in Kampala and the other had gone to trade in the market and could not be located.
- One of the contacts of a confirmed dead 50-year-old woman developed a high temperature. However, she had been vaccinated the previous day. She is currently managed with antipyretics and IV fluids in the general ward.
- A total of 13 new contacts were identified today.
- Screening was conducted at 6 PoEs and 6 porous points. A total of 3271 men, 2,204 women and 821 children excluding Mpondwe screening points which has a huge population movement.
- Received 8 tents from BRAC-UGANDA for some porous points of entry.

### **Laboratory**

- Secured electrical and furniture fitting into the mobile lab room.
- Two samples were referred to the central testing laboratory (UVRI). They are both repeat samples.
- Two pending results for the repeat samples collected today.
- Cumulative number of referred and tested samples is 20 including 6 repeats. Three positive and nine negative.
- Developed standard guidelines on sample and waste (both solid and liquid) management during mobile lab operations.

### **Laboratory Planned activities**

- Delivery of power backup equipment (generator and UPS) to Bwera from UVRI.
- Set up of the equipment in the mobile lab.

### **Case management**

- Today, the ETU has two admissions of 2 suspected cases carried on from the previous day. Two persons were discharged and integrated into their communities.

### **Risk Communication and Community Engagement**

- Engaged 35 VHTs in Maliba Sub-county on EVD
- strategically distributed 75 posters and 16 fliers
- Engaged leadership of Mubuku prison top management and agreed on a sensitisation program
- Reached Mpondwe Lhubiriha and Mpondwe porous border entry points and risk communication is still ongoing

- Engaged 6 health workers at 2 drug shops and 2 pharmacies and they were sensitised on EVD prevention
- Reached 1410 students and 33 teachers in Nyamwamba division with messages on EVD
- Reached 736 individuals in Muhokya Sub-County and Mubuku Town Council with messages on EVD and Sensitized 122 UPDF soldiers in Kayanzi barracks
- Developed a radio talk-show schedule and conducted on radio talk-show

### **Infection Prevention and Control**

The team oriented 32 health workers on importance of clean environment, use of protective wear, mixing of chlorine, waste disposal at 6 health facilities; Kamasasa HC II, Kambukamabwe HC II, Bukangara HCII, Karambi HC III and Kanyatsi and Kitholhu HCIII.

### **Psychosocial**

- Conducted a follow up counselling visit at St. Paul Health Center IV where some health workers were distressed following contact with a suspect case
- We also did community psycho-sensitization in a community at Kitano that was hostile to one of the contacts
- We visited a contact who had refused to receive a vaccine but has finally agreed today
- We visited one of the patients (23-year-old) who was transferred from the ETU to general ward. He is still weak and being managed.
- We were able to resettle the two children that have been admitted at the ETU at Mirami and Ihandiro. The communities and their families have received them well.

### **Logistics**

- Continued with training the district logistics management team in public health emergence supply chain management. The training was conducted by MSH
- Carried out vaccines supply inventory
- Issued 100 IEC materials
- Received 02 motorcycles and one vehicle from MOH dedicated for Ebola response
- Received 100 tins of JIK (5litres) from BRAC and 08 infra thermometers

### **WASH**

- Conducted inspection of public places and assessed the level of sanitation and hygiene conditions in regard to the selected wash aspects geared towards the EVD control and prevention: in Katwe Kabatoro Town Council (3 schools, 1 church, 1 hotel and 1 company establishment), Kinyamaseke Town Council;6 bars, Kyarumba Town Council; 3 schools, 2 hotels, 1 market and 3 bars were visited.
- The team also visited 1 school, 1 church, 2 hotels and 1 market were also inspected in Bulembia Division, 4 schools were visited in Ibanda Kyana Town Council, 4 schools in Nyamwamba Division and 3 private schools, 3 hotels and 5 bars were also visited and inspected in Mpondwe Lhubiriha Town Council respectively
- Mpondwe Lhubiriha screening point, Kayanzi screening point, Katwe screening point and Kyakitale screening point were visited to assess the level of sanitation and the availability of water and hand washing facilities

### **Vaccination**

- 181 contacts were vaccinated (of these 92 are HCWs/FLWs and 3 high-risk contacts. The rest were contacts of contacts) The team continues to identify new contacts and contacts of contacts.

### **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 and observations

- Negative attitudes of health workers on use of PPEs. Eg in Karambi HCIII
- The communities still have fears about the EVD vaccine
- Prisons need infra-red thermometers
- Inadequate screening services at 18 PoE and 6 bus terminals
- One of the contacts undergoing psychosocial support has refused to be vaccinated
- Reluctance by most private institutions to provide the necessary sanitary facilities such as hand washing facilities
- Stock out of IEC materials
- Inadequate risk communication personnel on the ground as well as transport for the team
  - Need more risk communication personnel from MoH
- Patients going to a traditional healer
  - Need to engage traditional healers in the response
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## 3. Conclusion

Surveillance has been intensified in the district and Community awareness has also heightened. Transport challenges have lessened and there is more political involvement in the response.

## 4. Partnerships

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

Thematic Area	Partner
Coordination	WHO
Surveillance	IRC, AFENET, WHO, CDC, Uganda Red Cross

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

## 5. Pictorial



Screening at PoE

Psychosocial team addressing the community