EBOLA VIRUS DISEASE

Republic of Uganda





Situation Report 10

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Situation Report 10 -

Data as reported as of: 29th September 2022 as of 22:00 HRS

1. Key Highlights

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Confirmed CASES

Co

DEATHS onfirmed Probable

07

18

- EVD infection has been detected in one additional district Kagadi, bringing the total affected districts to four Mubende, Kyegegwa, Kassanda and Kagadi.
- Four (04) new infections have been detected in the past 24 hours three in Mubende, one in Kagadi.
- One (01) new confirmed death has been reported from Kagadi.
- Cumulative cases currently stand at 54, of which 35 are confirmed
- Cumulative fatalities currently stand at 25, of which 08 are confirmed. CFR among confirmed is 08/35 (22.9%)

2.0 Summary of Cases as of 29th September 2022

| | | Combined | | | |
|--|---------|----------|----------|--------|-----|
| | Mubende | Kyegegwa | Kassanda | Kagadi | |
| New confirmed cases in the past 24 hours | 03 | 00 | 00 | 01 | 04 |
| New confirmed deaths in the past 24 hours | 00 | 00 | 00 | 01 | 01 |
| Cumulative EVD cases | | | | | |
| Probable | 19 | 00 | 00 | 00 | 19 |
| Confirmed | 29 | 03 | 02 | 01 | 35 |
| Cumulative deaths | | | | | |
| Probable | 17 | 00 | 01 | 00 | 18 |
| Confirmed | 06 | 00 | 00 | 01 | 07 |
| Suspected cases currently isolated | 27 | NA | NA | NA | 27 |
| Confirmed cases currently admitted | 16 | NA | NA | NA | 16 |
| Recoveries in the past 24 hours | 00 | NA | NA | NA | 00 |
| Cumulative Recoveries | 02 | NA | NA | NA | 02 |
| Runaways from isolation in past 24 hours | 00 | NA | NA | NA | 00 |
| Healthcare worker infections | | | | | |
| In the last 24 hours | 01 | 00 | 00 | 00 | 01 |
| Cumulative infections | 08 | 00 | 00 | 00 | 08 |
| Cumulative Fatalities | 01**1 | 00 | 00 | 00 | 01 |
| Cumulative number of contacts listed to date | 427 | 51 | 23 | 16 | 517 |
| Contacts newly listed in the last 24 hours | 39 | 02 | 02 | 16 | 59 |
| Contacts followed up on the last 24 hours | 148 | 43 | 23 | 16 | 230 |

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| | | Combined | | | |
|---|----------|----------|----------|----------|----|
| | Mubende | Kyegegwa | Kassanda | Kagadi | |
| Contacts followed up in the last 24 hours | 05 | 00 | 02 | 00 | 07 |
| who developed symptoms | | | | | |
| Contacts followed up in the last 24 hours | 01 | 00 | 02 | 00 | 03 |
| with symptoms who were evacuated | | | | | |
| Contacts that have completed 21 days | 00 | 00 | 00 | 00 | 00 |
| Alerts received in the last 24 hours | 19 | 14 | 01 | 00 | 34 |
| Alerts verified in the last 24 hours | 17 | 13 | 01 | 00 | 31 |
| Alerts received that turned into suspected | 14 | 01 | 00 | 00 | 15 |
| cases in last 24 hours | | | | | |
| Suspected cases from alerts evacuated in past | 05 | 00 | 00 | 00 | 05 |
| 24 hours | | | | | |
| Specimens collected and sent to the lab in | 32 | 01 | 01 | 00 | 34 |
| the last 24 hours | | | | | |
| Cumulative cases with lab confirmation | 29 | 03 | 02 | 01 | 35 |
| Date of death for last confirmed case | 29-Sept- | NA | NA | 28-Sept- | |
| | 2022 | | | 2022 | |

^{**1}A probable death among an enrolled midwife at St. Florence which happened on 16th September 2022

I.I Background

On 20th September 2022, the Ministry of Health declared an outbreak of EVD after a case of the Sudan ebolavirus was confirmed in the Mubende district. The Uganda Virus Research Institute (UVRI) confirmed the case after testing a sample from a 24-year-old male managed at Mubende Regional Referral Hospital (MRRH). This follows investigations by the National Rapid Response team of suspicious deaths that had occurred in the district earlier in the month. This is the first time in more than a decade that Uganda reports an outbreak of Sudan ebolavirus.

Distribution by Classification

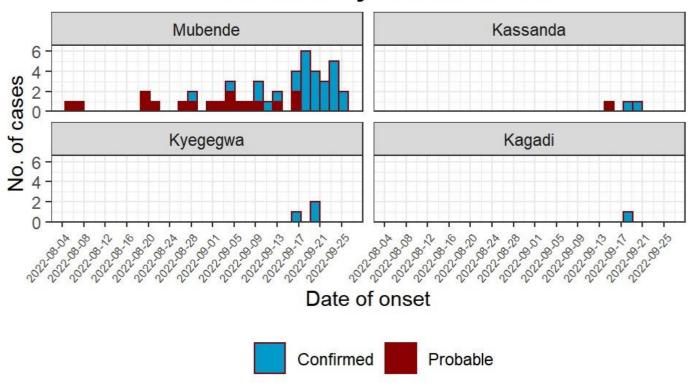
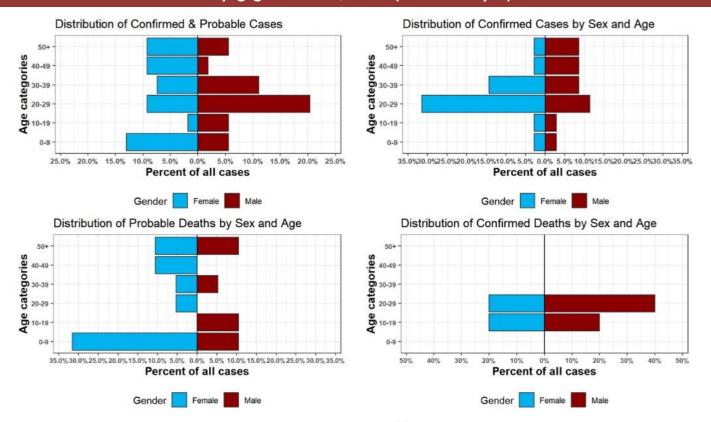


Figure 2: Age and Sex characteristics of the Confirmed and probable cases in Mubende, Kassanda, Kagadi and Kyegegwa districts, n = 54 (Person Analysis)



Of the 54 confirmed and probable cases 50% (27) are female. Their mean age is 29, with a range of 1-62 years.

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Figure 3: Map showing Confirmed and probable cases in Mubende, Kassanda, Kagadi and Kyegegwa districts, n

= 54 (Place Analysis),

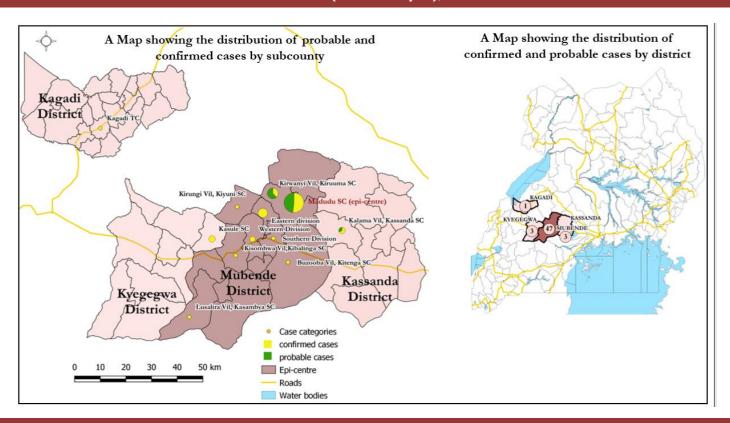
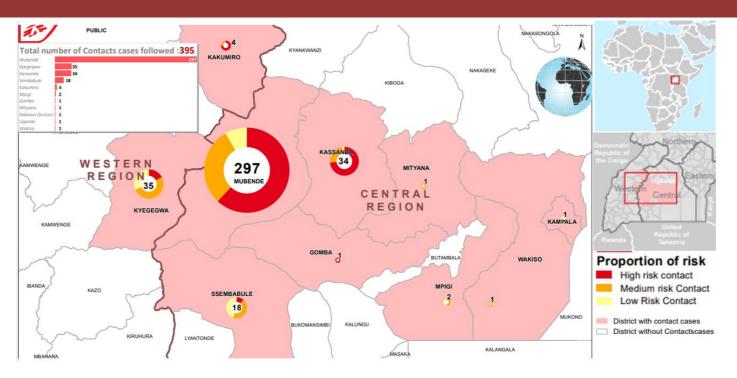


Figure 4: Map showing distribution of contacts within locations neighbouring Mubende district



The highest risk is still concentrated in Mubende districts as shown by the number of high risk contacts. However, movement of high risk contacts from the epicenter to the neighboring districts has led to the emergence of clusters in Kyegegwa and Kassanda. The Surveillance pillar is reviewing its risk mapping and ramp up surveillance activities in all districts with contacts

3. Actions to date

The Ministry of Health (MoH), Districts, and partners in Uganda are implementing several outbreak control interventions, in Mubende and her surrounding districts to contain the disease spread.

An overview of key activities is summarized below:

3.1 Coordination

- ♦ HE the President of Uganda addressed the country and gave updates concerning progress efforts for controlling the outbreak
- Daily National and District Task Force meetings take place in Mubende and Kyegegwa, as chaired by the DGHS and RDCs respectively.
- The Hon. Minister of Health expected to return to the affected districts on Friday to meet all response teams as a way of consolidating gains achieved so far, and morale-boost the response teams.
- Daily partner meetings happening at 8.00 AM in Mubende and Kyegegwa to discuss resource gaps, partner support is being updated within the 4W matrix.

3.2 Surveillance and Contact Tracing

- Daily de-briefing surveillance meetings conducted at 8.00 AM prior to daily field deployments, Surveillance pillar currently structured into five sub-pillars.
- Trained 949 VHTs in in the sub-counties of Nabingola, Kiruma, Madudu, Kasambya, Kasambya TC, Kitenga, Kyenda, Kayebe, Kalonga, Mubende MC, Butologo, Kibalinga and Nabingola TC in contact tracing.
- The alert desk in Mubende district was boosted with two new lines, two new lines and two new staff.
- Oumulative contacts listed in currently stand at 517 of which 230 were followed up in the last 24 hours. Follow-up rate in the past 24 hours was 44.4%.
- Total alerts received in the past 24 hours were 34 of which 15 (62.5%) turned into suspected cases.
- Alerts received from the rest of the country include VHF suspects from Sheema (01), Kampala (02), Yumbe (01), Amuru (01), Kagadi (03), Kikuube (02), Wakiso (04) and Kakumiro (02). Of these, one CCHF confirmation was detected in Amuru district.

3.3 Laboratory

Collected 32 samples from Mubende in the past 24 hours, of which 03 samples are a re-bleeds and 29 suspected cases.

- Ourrently establishing an on-site mobile testing laboratory at the Mubende RR Hospital. Equipment are being assembled, staff and space are identified.
- Capacity being built for all surrounding districts in sample collection, packaging and transportation including bio-safety

3.4 Case management

- Discharged two (02) patients who recovered yesterday.
- Exercise Telephones 24 Nours 24 Nours 24 Nours 25 Nours 26 Nours 2
- One new health-worker infection registered at the ETU, to be referred to the JMEDDIC facility at Fort Portal RR Hospital tomorrow for specialised management.

3.5 Emergency Medical Services

Responded to 22 requests for intra-facility transfers, 02 inter-facility transfers and evacuated 06 suspected cases from communities to the ETU.

3.6 Infection Prevention and Control, WASH, Safe and Dignified Burials

- Supervised and decontaminated one drug shop and one clinic in Madudu sub-county in Mubende municipality.
- Chaired a meeting with the ETU health workers and resolved on observing ideal SOPs while in the ETU in regards to Waste management, sharps safety and use of PPE.
- Onducted a "Happy shower" of the two discharged patients from Mubende ETU.
- Instituted a unidirectional flow for staff and patients with ambulance drop off in Mubende ETU
- Re-training of 14 burial team members and 11 hygienists in Mubende
- DIPC mentorships have been enhanced, currently targeting 122 healthcare workers as IPC focal persons in Mubende. At least 59 mentees have been trained today with a target of reaching out 270 IPC focal person in the region.
- Disinfected 16 homes of the EVD confirmed patients

3.7 Risk communication, social mobilization and community engagement

- More IEC material distribution has taken place in the affected districts. These include EVD fact sheets, banners and posters. More than 500 IEC materials have been distributed in Mubende district today.
- Sensitization of Sub-county councilors and head teachers at Kitenga, Kayebe, Kalonga, and Kyenda Town council has taken place by the Risk communication team to empower them to carry out community sensitization and mobilization.
- Sensitization of students and teachers at schools was done at St. Zion secondary school reaching out to 250 students (120 females and 130 males)

- Three (3) film vans have been deployed to Kitenga, and Mubende Municipality and carried out sensitization throughout the day.
- Four local radio stations (Point FM, Mubende FM, Heart FM and Tropical FM) and all village community radios are currently running daily talk-shows and spot announcements on EVD awareness for the next 3 months; government radio talk-show airtime allocated to EVD awareness by RDC in Kyegegwa.

3.8 Logistics

- Received four (04) operational tents to be stationed at Mubende district.
- One 30000cm3 tank connected to the national water grid, 20000cm3 tanks received at Madudu HCIII
- Five (5) additional mobile toilets have been received at Madudu HCIII
- Received seven (7) hand washing facilities, 30 chlorine buckets of 45Kg, 70 tins of JIK, one hand-held pump all to support disinfection of the district facilities.
- Response in Mubende currently has a fleet of 32 vehicles and four (08) ambulances from MoH and partners. Planning to train all fleet operators and drivers

3.09 Strategic Information, Research and Innovation

- Extension of NITA-U internet connectivity to the Mubende council was undertaken yesterday, works are in progress today.
- Currently supporting teams in updating data within applications of Go-Data, eIDSR and RDS.

4. Challenges and Immediate Needs

- Ocordination pillar in Mubende has not yet been facilitated with funds to mount effective response.
- More staff needed to conduct contact tracing and manage alerts
- Ontact tracing has only been initiated in 13/19 sub-counties in Mubende district Some community members do not believe that Ebola outbreak is real, so they are hesitant to observe SOPs.
- Ommunities still have low risk of EVD perception. For instance, people in Kalonga still feast on dead animals and two markets have been identified.

5. Recommendations

- Increase number of staff working on alerts and contact tracing
- Strengthen risk communication to increase community's risk perception of EVD.
- Ontinuous community engagement to have communities rally behind the EVD containment strategies