



EBOLA VIRUS DISEASE

Republic of Uganda



Situation Report 24

Data update as of 13th October 2022 at 22:00 HRS

	Affected	Confirmed	Deaths				
	Districts	Cases	Confirmed	Probable			
New	00	04	01	-			
Total	05	58	20	20			

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On 20th September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus (SVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI). 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.

- 4 new SVD confirmed cases and in the past 24 hours. The cases were reported in Kasambya (02), Kiruma (01), Butologo (01) sub-counties. All within Mubende
- 3 of the new cases were known contacts under follow up
- All new cases have been reported in Mubende district
- Cumulative confirmed cases currently are 58
- CFR among confirmed is 20/58 (34%).
- Contacts follow-up rate in the past 24 hours was 97%.

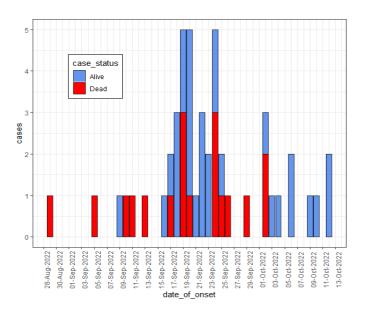
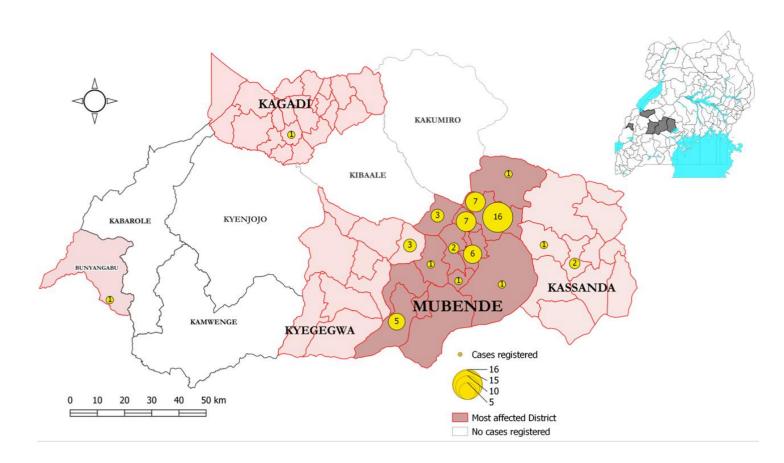


Figure 1: Epi curve showing confirmed cases

Figure 2: Geographical distribution of confirmed cases as of 13 October 2022



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Summary of Confirmed Cases and probable deaths by Sub-County as of 13th October 2022 at 22:00 HRS

District	Sub-County	Confirmed Cases	Confirmed Deaths	Probable Deaths*		
	Madudu	16	07	13		
	Eastern Division	07	01	00		
	Southern Division	06	01	00		
Mubende	Bayeza	01	01	01		
	Western Division	02	01	00		
	Kasambya	05	00	00		
	Kibalinga	01	01	00		
	Kiruuma	07	03	05		
	Kitenga	01	00	00		
	Butologo	01	00	00		
	Kiyuni	03	02	00		
Kyegegwa	Kasule	03	01	00		
17 1	Kassanda	02	00	01		
Kassanda	Kalwana	01	00	00		
Kagadi	Kagadi TC	01	01	00		
Bunyangabu	Rwimi TC	01	00	00		
Total		58	19	20		

Data harmonisation is an on-going process as patient classification changes between admissions, recoveries and fatalities.

Contact Tracing, Alert Management and Laboratory summaries as of 13th October 2022 at 22:00 HRS

II. 4-4-4 120 -422 -4 22.00 l	Last 24 Hours							Cumulative								
Updated 13Oct22 at 22:00 hrs	MUB	KYE	FPC	KAS	KAG	KAK	BUN	Total	MUB	KYE	FPC	KAS	KAG	KAK	BUN	Total
Contacts listed	132	0	0	0	0	1	0	133	1334	58	3	52	23	59	48	1,577
Contacts completed 21 days of follow-up	496	0	0	15	0	0	0	511	496	48	0	24	0	30	0	598
Contacts under active follow-up	750	0	1	23	23	29	47	873	-	-		-	-		-	-
Contacts followed-up today (% follow-up rate)	723 (96)	0	1 (100)	23 (100)	23 (100)	29 (96)	47 (100)	778 (97)	-	-		-	-		-	-
Number of Contacts developing symptoms	2	0	0	1	0	1	0	4	-	-		-	-		-	-
Number of Contacts evacuated	1	0	0	0	0	0	0	1	-	-		-	-		-	-
Signals / Calls received	35	0	8	3	1	4	17	68								
Alerts received	17	1	8	3	1	4	17	51								
Alerts verified (%)	17 (100)	1 (100)	8 (100)	3 (100)	1 (100)	4 (100)	17 (100)	51 (100)	-	-		-	-		-	-
Alerts meeting suspect case definition	14	0	0	3	1	0	1	19	-	-		-	-		-	-
Alerts evacuated	9	0	0	3	1	0	0	13	-	-		-	-		-	
Samples collected	63	0	6	1	0	0	1	71	371	22	17	10	0	0	0	420

^{*}All probable deaths reported as occurring before 20th September 2022.

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:

Response Pillar	Key Updates in the past 24 hours
Coordination	All sub-county task forces in Kassanda activated for SVD response
	Daily DTF meetings, partners meetings and pillar meeting held in all affected districts
	A delegation from Africa CDC was received at the District Headquarters in Mubende and
	discussed on areas for support as well as additional resources.
	A delegation from World Food Programme was received at the District Headquarters and
	agreed to support all the food for patients ever since the outbreak started.
	The approach to the response was revised to integrate a hotspot targeted approach where
	small teams composed of members from each pillar are deployed in all villages of a given hotspot district to ensure implementation of pillar specific activities.
Surveillance and	One new subcounty in Mubende district identified a case (Butologo)
Contact tracing	Total contacts under follow up is 873. The follow up rate for contacts is at 97%
8	All contacts from Kyegegwa have completed 21 day follow up with no new cases identified
	in the period.
	All the sub pillars i.e alerts management, case investigation, contact tracing, and active case
	search are active and continue to report daily
	51 alerts were received in the last 24 hours, 100% of these received were verified and evacuation was done
	Ecological Surveillance
	Secological surveillance is ongoing and 189 bats have been captured using purposive
	sampling in sub counties and villages that have reported both probable and confirmed
	Cases. The areas of Virgues up to Vitanda cold mine were evalured but no bots were transed.
	The areas of Kiruuma up to Kitanda gold mine were explored but no bats were trapped neither were there any abandoned mines that could be inhabited by bats.
	The team had sampled bats from Kabulasoke Focus Primary School in Bulongu village,
	Ngabano-Madudu
	Currently there no reports of dead monkeys or any other deaths from non-human primates
	hence no need for them to be sampled.
	The team is expected to retreat to the UWA Diagnostic and Research Lab in Mweya on
	Monday 17th October 2022 and start testing all the samples collected. A tentative report
	for the results will be expected on Wednesday 19th October 2022
	The ecological work is expected to continue post epidemic for at least 3 to 4 months given
	the magnitude and scope of the activities
Laboratory	All laboratory results were returned within 6hours in Mubende.
•	The laboratory received furniture for the ETU Laboratory office from Mildmay
	The training for Laboratory staff on sample management is ongoing in the 20 selected
	districts and 20 staff are being trained from each District. This is mainly supported by
	MOH and WHO
	The internet connectivity at the Mobile Laboratory has been boosted to support uploading
	of results on RDS
Case	Eight (9) cases active on admission (1 health worker, 8 non-health workers) in Mubende
Management	ETU. One case admitted in Entebbe isolation facility
	Cumulatively their 51 cases (3 health workers, 48 non-health workers)
	Cumulative recoveries are 19 (1 health worker, 18 non-health workers)
	Cumulative facility deaths stand at 17.
Emergency	The EMS system has been activated for the entire country
Medical Services	The ENS system has been activated for the entire country
Infection	The monitoring of IPC measures in the ETU continues to be done daily
Prevention and	
Control and	

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Response Pillar	Key Updates in the past 24 hours
WASH	A scorecard assessment for IPC/WASH status was carried out at the regional referral
	hospital to ascertain current IPC/WASH status and results will be disseminated on 14th
	October 2022
	An IPC/WASH kit was received from MSF
	There ongoing campaigns for IPC and WASH within 10 villages in Mubende District.
	The sensitization of pupils and teachers at primary schools continues
Risk	Ten Community audio towers in Madudu and Kiruma sub counties continue to air out
Communication	messages on SVD.
	Five radio stations continue to conduct radio talk shows and play spot messages on SVD
	plus DJ mentions.
Logistics	The verification and reconciliation process of stock delivered by WHO at the District
	stores was completed
	480 packs of Ready to Use Therapeutic Food (RUTF) to support the ETU were received
	from UNICEF
	A delivery of Bed units (40 beds, 40 mattresses, 80 blankets, 80 bedsheets) was made for
	the ETU
Mental Health	Psychosocial support is currently being offered to 16 Clients at Madudu.
and Psychosocial	The administration for Senkulu Primary School where a daughter to one of the recently
Social Support	discharged cases goes to school was engaged to help the student be accepted back into the
	school
	9 recoveries have been successfully resettled back into the community.
	Two recoveries from the Emergency Unit are being prepared for resettlement and one for
	pretest counselling.
	The EMS team was oriented on proper communication while handling cases during
	evacuation.

Critical Challenges listed

- Some communities still exhibit a poor acceptance of SVD response, sometimes resulting in hostility to responders
- Families affected by Ebola are still stigmatized by the communities, SVD suspects and survivors still face rejection within the communities.
- Low stocks of response supplies including gumboots, scrub-suits, JIK, digital thermometers, handwashing facilities, gloves, spray pumps, bins (large-240ltrs and small 120ltrs), infra-red thermometers, googles, among others
- There is still low perception of Ebola from the community members since most of the things are still running like business as usual compared to COVID-19. Additionally, some of the VHTs are compromised and do not believe in Ebola.

Key messages to the public

- People in the community should call an alert hotline or go to a health facility if they have symptoms (e.g., fever, headache, weakness, vomiting, bloody diarrhoea or urine, bleeding from body openings).
- © Current hotline numbers are: 0800200043 (Toll-free), 0762640374, 0762640379, 0708062203, 0702869375, 0708052008, 0762659215 (Not toll-free)
- Free alert SMS on **6767** starting with the 'ALERT' key word
- Ommunity should not fear people who have been discharged from the ETU and returned home.