



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

31st AUGUST 2018 (12:00 HRS) – UPDATE No 21

Situation Update from Democratic Republic of Congo for 30th August , with data up to 29th August 2018

- Cumulative cases: 116
- Confirmed cases : 86
- Probable : 30
- Total deaths : 77
- Suspect Cases under investigation : 08
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina

EVD Preparedness in Uganda

Note :

- **There is no suspected or confirmed case in Uganda**

Coordination

- In Bundibugyo WHO supported the district health team to form various response pillars like Surveillance, case management, logistic committee and coordination.
- In Kabarole District, a security meeting was held and chaired by the District Resident Commissioner (RDC). During this meeting WHO shared



updates on the ongoing EVD preparedness and also the current disease update in DRC. The RDC was grateful for the support the country is receiving from WHO and he pledged to support the preparedness activities.

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Surveillance

- Refugees from the Ebola hot spots in DRC are being monitored daily for any features of EVD at transit centers/entry points. During the week, 50 were received in Ntoroko and 9 of them are being monitored, 576 in Nyakabande (Kisoro district) and 12 are being monitored, and 68 in Kanungu district of which 9 are being monitored by UNHCR
- In Kanungu, on the 28/8/18, 1 national male, 9 years of age presented with fever, vomiting some blood and diarrhoea. Was immediately isolated in Kambuga Hospital in Kanungu. The DHO in collaboration with UVRI took samples for further investigation and the results returned today as negative but with a positive malarial slide. Patient is on treatment and is steadily recovering.
- Screening continues to take place at Sebigoro and Nsonga landing site/port of entry (POE) in Kikuube district. A total of 42 new arrivals were screened as at 18:00 hours Thursday 30th August 2018 and no person coming from a high-risk area in DRC.

Kasese

- Screening is ongoing at 3/5 identified border entry points with over 10000 people screened on a normal day while market days the number shoot up to 20000
- No alert received on 30th August Thursday
- A team composed of WHO, RED CROSS and district staff conducted supportive supervision of the 5 screening points and found work going on well at the 3 points except the two that need structures and materials for use, it was noted that the none functioning units are used by boda bodas who trade in coffee/cocoa from deep inside Congo

Bundibugyo/Ntoroko

- The WHO team supported DHT to conduct technical support supervision to Kikyoo, Nyahuka HCIVs, Busunga, Butogo 1 and 2, landing site/ports of entry (POEs) and Busoru check point to assess on their ability to identify suspected EVD cases and take appropriate actions
- In Ntoroko a VHT coordinator was found on the ground who informed the WHO team of a suspected case that had intended to cross to Uganda but was turned back by people of the island called Mulango.

Kabarole/Bunyangabo

- One alert was reported in Kabarole, a 53yr old deceased male from Ntezi Village. He presented with fever, general malaise, bleeding and had first visited a traditional healer but no history of travel to DRC, skin snip was



Ministry of Health

taken after being investigated by a team of staff from WHO, FPRRH, Virika hospital staff, and the District Health Office.

Case management

- Construction of ETU at Kasonga in Kyangwali refugee settlement camp is on-going, UNHC and MSF the two IPs supporting ETU construction are requested to fast track its completion.

Bundibugyo/Ntoroko districts

- At Kikyoo, and Nyahuka HCIVs, Busunga, Butogo 1 and 2 and Busoru check points, the WHO staff sensitized a total of 15 (9H/ws and 6 check point staff) on standard and community case definitions and their application, mixing of chlorine, hand washing, use of gloves and safe waste disposal.
- WHO/DHT did an IPC/case management assessment at Nyahuka HC IV. Hand washing facilities are available in most of the clinical areas. (using soap and water) and an isolation room previously used for cholera was available.

Challenge: 1. Stock out of disposable gloves, Chlorine, comprehensive PPE materials 2. Inadequate waste disposal

Actions: A mentorship exercise on chlorine mixing was done

Kasese

- In Kasese ETU (Bwera) the patient who had been admitted was discharged after improvement

Risk Communication



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- UNICEF continue to support EVD Radio shot spots messages on liberty local FM stations for both Hoima and Kikuube districts.
- WHO continue to support distribution of EVD IEC materials in both Hoima and Kikuube district, on 30th August 2018 4 HF's were supported.

Bundibugyo

- The WHO team sensitized Butogo community on EVD and together with the DHT, WHO participated in radio talk show on UBC radio situated in Bundibugyo TC. The objective of the talk show was to demystify rumors about DHT picking infected blood samples from DRC to infect locals.

Kasese

- The district health team conducted a radio talk show yesterday and had good Q& A session
- WHO/Uganda RED CROSS supplied IEC materials about EVD to the RED CROSS volunteers who are conducting door to door sensitization to the community around the border.
- The DHE of Kasese conducted public sensitization using mobile van in Bwera
- The WHO team conducted EVD sensitization to two nursing training institute in Kasese and Kagando

Challenges/gaps

- Stock out of disposable gloves, Chlorine, comprehensive PPE materials In Bundibugyo and Hoima districts
- Challenges in adequate waste disposal in Bundibugyo



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- No face masks, gloves, aprons and hand sanitizers in Hoima
- Bi UDSR technical guidelines and priority disease standard case definitions charts in Health facilities in Hoima and kikuube districts

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