



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

12th October 2018 (12:00 HRS) – UPDATE No 34

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 15TH OCTOBER 2018, WITH DATA UP TO 14TH OCTOBER 2018

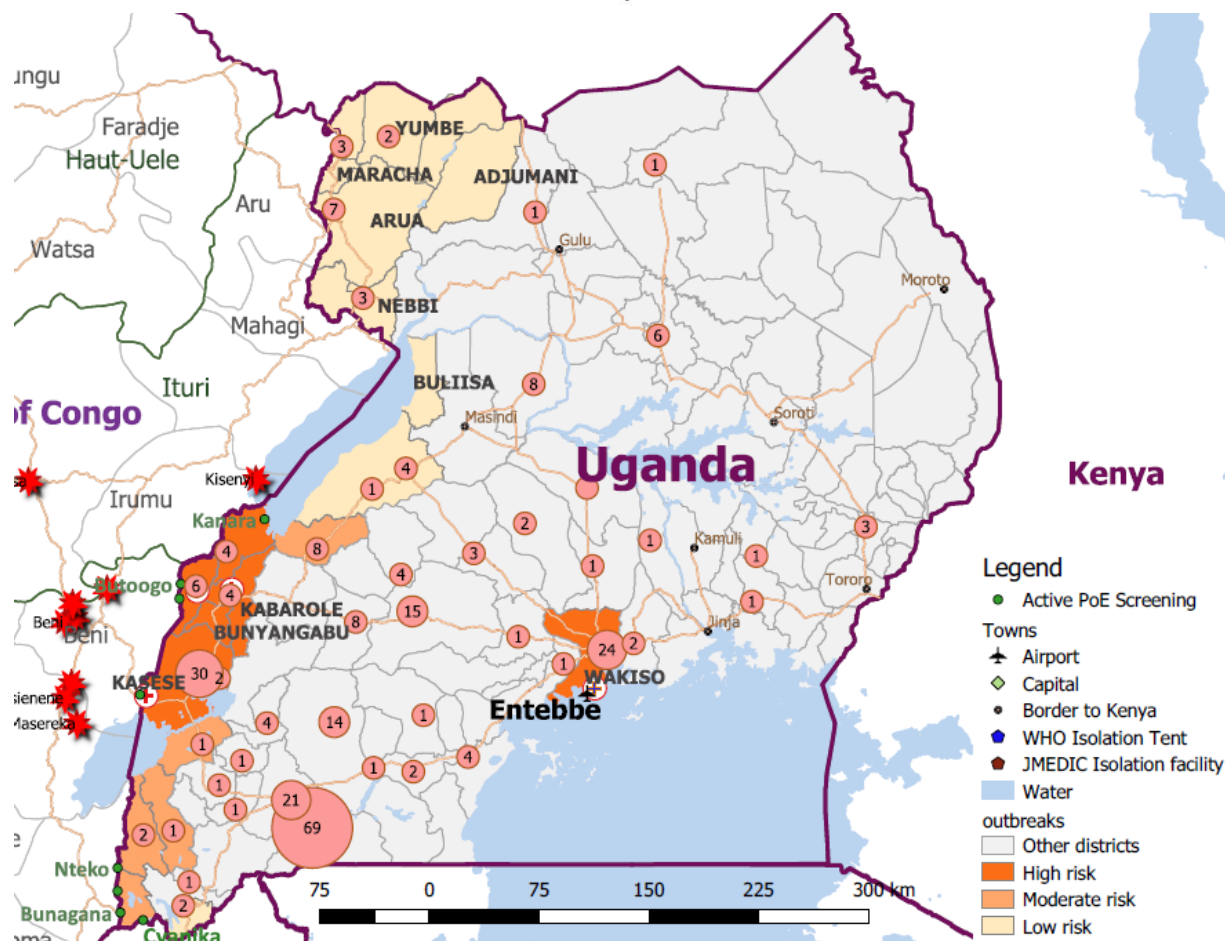
- Cumulative cases: 207
- Confirmed cases : 172
- Probable : 35
- Total deaths : 130
- Suspect Cases under investigation : 26
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated
- Security concerns limiting contact tracing.

b) EVD SITUATIONAL UPDATE IN UGANDA

- **Uganda does not yet have a confirmed nor suspected case of Ebola**
- **There are no alerts or admission in all the ETUs in all districts**
- **Active case search ongoing in all the districts.**



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c) PREPAREDNESS ACTIVITIES IN THE FIELD AND NATIONAL (PROGRESS AND GAPS)

COORDINATION

Bunyangabu District

- The DTF meeting was held in which WHO staff participated. The DTF noted the dire need for transport worsened by the departure of the WHO STOP officer who was deployed to support Kasese district. The appeal was made to MoH and partners to support the district with transport.

SURVEILLANCE ACTIVITIES

Hoima and Kikuube Districts

- No EVD alert or suspected case reported in both Hoima and Kikuube districts on Thursday 11th October 2018 as at 18:00 hours.



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- 30 health inspectors and Village Health Team (VHT) members completed a one day training that was supported by WHO on contact tracing with special focus on EVD.

Kasese District

- The DHT conducted surveillance training for 63 health care workers from St. Elizabeth Medical Centre, Mt. Rwenzori Medical Centre, Jace Medical Centre, Prime Medical Centre, Saruti HC II, Kemihoko HC II, Rukoki HC III, Mubuku Irrigation HC II, Bwethe HC II, Kabirizi HC II and Nyakatonzi HC II. They were trained on EVD case definition, causes, transmission, symptoms and signs, and prevention. Five Village Health Team (VHTs) members assigned to these Health Facilities (HFs) were also coached and oriented in EVD.
- Active case search was also done in all health facilities through the OPD registers but no case of EVD and VHF were found. All patients at the HF were also oriented on EVD.
- Facility surveillance officers were oriented on the need to intensify active search for cases in the facility and also coordinate the search in communities using VHTs.
- The contact number of the surveillance officer was shared with community members and health workers to help report and aid communication in case of any suspected EVD case.
- VHTs were urged to support health staff but not to take up consultation of patients. They will be supplied with gloves.

Ntoroko District

- Supportive supervision and data collection were conducted at landing sites of Transami, Fridge, Ntoroko main and Kigungu. Screening was on-going and no alerts were picked in the past five days. At Transami landing site, two out of the three volunteers are said to have withdrawn while at Kanara the volunteer was said to have closed for the day. The remaining Volunteers were reminded to continue to be vigilant.
- Supportive supervision and mentorship were conducted at Rwangara H/C III by the WHO team and (1) health care provider was involved. The health care worker was reminded of the EVD case definition and strongly advised to be vigilant.
- A one page laminated job aid on the case definition for Ebola virus disease was distributed to Ntoroko H/C III and the one health care worker found was advised to share the information and job aid with the rest of the staff. In addition, he was asked to inform the others to start daily health education sessions within the facility and to record the activity on form for monitoring.
- A new EVD community alert definition was introduced to 30 volunteers and health care providers who participated in a training session on the door-to-door community EVD search.
- Heavy duty gloves were supplied to Kigungu landing site intended to reduce the use of disposable gloves.
- Work continues at the ETU in Rwebisengo which is nearing completion.



Note: There is urgent need to address withdrawal by volunteers who are helping with screening at the border crossing points as the numbers are increasing everyday. Therefore, the WHO team today met the members of the DTF specifically the CAO and LC V Chairman who agreed to summon an urgent meeting on Saturday 13th October, 2018 to address the issues.

CASE MANAGEMENT AND IPC

Hoima and Kikuube Districts

- WHO IPC expert worked with the DHO Hoima to identify the District IPC focal person and started preparation for training on IPC for Health Facilities scheduled for next week.

Bunyangabu District

- Hand washing facilities are not being used in some health care facilities which calls for regular mentorship and support supervision to address the problem.
- A burial team was constituted and trained yesterday and a request made to MoH and WHO to preposition PPEs in the district.
- The teams noted proper segregation of waste in some health facilities. However, burn pits in almost all facilities are full. There is need to mentor health workers on maintaining the burn pits.

Kasese District

- IPC Baseline Assessment was conducted at Kilembe Hospital, Kilembe HC II, St Paul HC IV (PNFP), and Afiya Kamili HC III (PFP) in Kasese and they scored 63%, 69%, 39%, and 52% respectively highlighting the need for more health workers' mentoring on IPC implementation which is ongoing in the district.

Kabarole District

- There was training for 10 staff on safe and dignified burial for the burial teams through presentations and practical sessions by the IPC Consultants.

Bunyangabu District

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RISK COMMUNICATION/SOCIAL MOBILIZATION

- EVD radio messages and spots continue to be broadcast on FM station in all districts supported by UNICEF.
- All DHT are distributing IEC materials with support from WHO, URCS and UNICEF

Bundibugyo District

- The District Health Educator together with WHO staff held community dialogues at Burondo and Kyakatimba trading centres in Burondo subcounty. The dialogue was attended by 68 community members who included LC1 chairperson, Village Health Team members, health assistants and religious members among others. The discussions centered on basic facts on EVD, regular hand washing and a demonstration; and addressed many community concerns including myths and rumours. IEC materials were distributed at the end of the dialogue.

Bunyangabu District

- There are few VHTs and URCS volunteers working in the district - only 12. UNICEF pledged to increase the number of URCS volunteers to cover more areas in Bunyangabu.
- Many schools have no hand washing facilities. Support is urgently needed on that aspect.

CROSS BORDER ACTIVITIES

Hoima and Kikuube Districts

- Point of Entry (POE) EVD screening continues to take place at Sebagoro, Nsonga and Kaiso ports with a total of 37 new arrivals from DRC, as at 18:00 hours Thursday 11th October 2018. No suspected case or alerts detected.

LOGISTICS

Kasese District

- A meeting was held with Senior Nursing Aid who was sitting in for the administrator and the District Supplies Officer and the following EVD requirements were identified:
 - Replacement of 4 Thermal Flash thermometers which are faulty at Mpondwe boarder post screening site.
 - Supply of more alcohol hand rub.
 - More buckets and 20 litre basins are needed to replace those that are getting damaged due to use of Jik.
 - Stools for sitting while screening are required. One worker reported that she had been standing while screening for too long which caused her pain in the legs.
 - Scrub suit with long sleeves for using while screening are also needed.
 - Bin liners to be supplied.



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- Another meeting was held with Supplies Officer representative at Bwera Hospital and the following are resolved:
 - The hospital provided a store for Ebola logistics
 - With WHO support the room was cleaned and Ebola logistics were stored.
 - An inventory for the Ebola logistics was then carried out.

-End-

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