



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

1st November 2018 (12:00 HRS) – UPDATE No 45

a) **SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 31st OCTOBER 2018, WITH DATA UP TO 30TH OCTOBER 2018**

- Cumulative cases: 279
- Confirmed cases : 244
- Probable : 35
- Total deaths : 179
- Suspect Cases under investigation : 51
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Contacts under follow up: 5,679 (still problematic as evidenced by high proportion of recent cases that were not known contacts)
- Health workers and contacts vaccinated: 24,863
- Security concerns limiting contact tracing.

b) **EVD SITUATIONAL UPDATE IN UGANDA**

- **There is NO confirmed EVD case in Uganda.**
- **Progress on preparedness for VACCINATION:**
 - The country has 2160 doses of rVSV EVD vaccine that will be given to health care workers(HCWs) and front line workers (FLWs) in the very high and high risk districts
 - The IRB of Makerere University College of Health Sciences granted an approval of the protocol “**Compassionate use of rVSV Vaccine for HCWs/FLWs and ring vaccination on 31st October 2018**”
 - The UNCST has also endorsed the protocol for the vaccination to take place
 - The vaccination team is currently assembling together all the logistics and tools that have been approved and endorsed



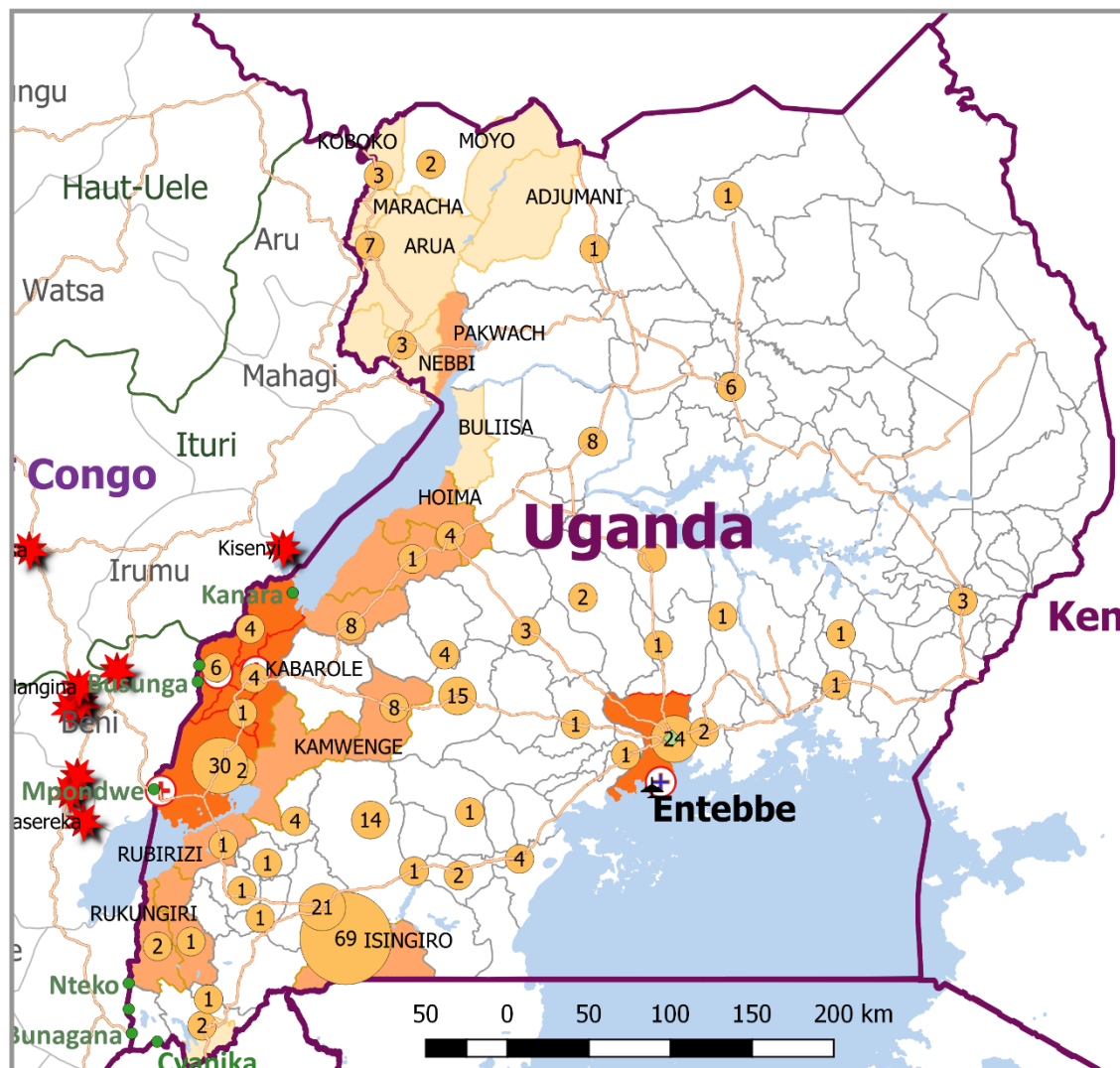
Ministry of Health

- Information sharing and sensitization of Health Care Workers/Front line workers is being conducted by the district teams in the five high risk districts.
 - “Frequently asked Questions” fact sheets have been shared with field teams.
 - The Vaccination exercise targeting health care workers and front line workers will commence early next week.
 - Re-orientation of vaccination teams will be conducted over the weekend, 3-4 Nov, 2018.
 - Plans are underway to **conduct a mini launch** and the expected guest of Honour is Hon Minister of Health.
 - It is estimated that all HCWs/FLWs from the very high and high risk districts will have been vaccinated by 30th November 2018.
- Active case search continues in all communities, health facilities and on formal and informal border crossing in all districts especially in the high risk ones.
 - Alert cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI). The alerts are highlighted in the specific district reports below under the Surveillance section.



Ministry of Health

EVD High risk districts and VHF Alerts since May 2018



Legend

District Classification ETUs

Other districts

High risk

Moderate risk

Low risk

EVD sites in DRC

ETU in preparation

Ready ETU

Border Crossing

International Border

Roads

Water

Key Towns

Airport

Capital

Alerts Location

EVD alerts

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

COORDINATION

Kasese District

- District coordination meeting took place chaired by the new RDC who thanked the team for keeping the fire burning for preparedness against EVD.
- WHO reported the planned support in areas of capacity building for IPC to all health facilities and the telephone handset plus air time for surveillance which will be provided.
- WHO was requested to train another burial team to cover the northern parts of Kasese. This has been scheduled to take place next week.
- The need for a thermal scanner at Mpondwe is still a priority and WHO was asked to follow up with WFP about the construction of the shelter for the scanner. WFP was followed up and indicated that the structure is being fabricated and will be installed as soon as possible.
- Four (4) more screening points have been identified and they need to be made functional with provision of shelters, training human resources and materials. A detailed process for supporting this is to be done by WHO and the District Surveillance Focal Person and support sought.
- Lack of transport to facilitate surveillance in terms of (5) motorbikes at sub-district level and the district vehicle was raised. A quick assessment to quantify and consolidate this need was charged to the district with support of WHO. The outcome to be escalated to the MOH for support.
- A mini partner coordination meeting was held after the DTF and partners agreed to resume the partner coordination meetings, the next planned for Friday 2nd Nov 2018.

Bundibugyo

- The DTF convened yesterday and was chaired by the new RDC.

Gaps/challenges

- Inability/delayed access of funds for preparedness activities due to IFMS.
- Slow response from UNICEF to fulfil their pledge in printing of translated IEC materials, supplying of wash equipment i.e. aqua tabs and mobilets for PoE as well as availing of funds for the planned social mobilization activities.
- Low morale and involvement among DTF subcommittee members.

Hoima and Kikuube Districts

- 2 WHO vehicles are in the field supporting both Hoima and Kikuube districts



Ministry of Health

- Next District Task Force meetings to be held on Tuesday 6th November 2018 and Wednesday 7th November 2018 for Hoima and Kikuube districts respectively.
- Next Health coordination meeting to be held on Wednesday 6th November 2018 at Kyangwali refugee settlement.

SURVEILLANCE ACTIVITIES

Ntoroko District:

- An Alert case was reported to the district surveillance team. A cattle herd's man who was reported to have been missing since two days ago was found dead in the fields in the community of Kazigos. According to the information from the family and community members, he left home on Monday well and sober without any complaint or sign of illness. He has no history of travelling out of Uganda in the past 6 months. No history of being visited by someone from DR Congo. On site, the dead body was found starting to decompose with a sign of being stabbed under the chin, bruise around the wrist and knees. The case was therefore taken to be a suspected case of murder and not probable EVD.
- WHO team and DHT conducted orientation meeting with officers of a town council and sub county namely in Rwangara sub county, (13), Kanara town council (16). Information was shared on the situation of EVD in DRC and on the mode of transmission, signs and symptoms, prevention and the community case definition for alerts. Copies of the community case definition were distributed among the participants and were asked to be vigilant in their respective communities and work places highlighting the importance of reporting cases that qualify the community case definition to the nearest health facility and to the district surveillance team for prompt and adequate response.
- WHO/DHT conducted supportive supervision and data collection at the landing sites of Rwangara, Katanga and Kamuga. Screening was ongoing and the volunteers given some reminder on the case definition, mode of transmission, preventive measures and the community case definition of EVD. The volunteers were advised to be continuously vigilant, refer to the health facility, and report to the surveillance team any identified case that qualifies the alert definition for prompt and effective response.

Kasese District

- Screening continued in the 5 designated screening points
- Save the Children Fund trained 35 VHT members on community based surveillance.

Bundibugyo District

- WHO/DTF surveillance team conducted supportive supervision at Ebenezer HC III and Ntandi HC III.
- At both health facilities EVD posters were displayed and hand washing among clients is being promoted. The main gaps include non-availability of job aides for surveillance and the IDSR manual. Two (2) HCW were sensitized on EVD surveillance and reporting mechanisms in case they got alerts.

Hoima and Kikube Districts

- One suspected VHF case reported in Hoima regional referral hospital (HRRH). A male aged 37 years and a herd from Busoberwa village, Mpasana parish, Mpasana sub county in Kakumiro district. He is reported to have developed symptoms (fever, body weakness, muscle and joint pain) on 27th October 2018, the same day he sought medical treatment from Mpasana clinic of Dr. Kyezimbwa phone contact 0775183555. On 29th October 2018, he was referred to HRRH where he was suspected of VHF after noticing that he had developed difficulty in breathing and swallowing, Jaundiced, hiccups, skin rash, blood stained stool and confusion. The suspect has no history of travel or attending to a patient or a burial in the last 3 weeks, he has been isolated at HRRH and CCHF has been suspected, blood sample collected for shipment to CPHL on Thursday 1st November 2018.
- At all POE, Sebagoro, Nsonga and Kaiso a total of 81 new arrivals from DRC of which 14 and 4 are from Tchomia and Kasenyi respectively were screened as at 18:00 hours Wednesday 31st October 2018, no suspected case detected among the new arrivals.

CASE MANAGEMENT AND IPC

Ntoroko District

- No alert or suspected case.
- DHT conducted supportive supervision at Bweramule H/C II. Health care providers were mentored on IPC and advised to share the information on IPC with the communities.

Kasese District

- No alert or suspected cases.
- WHO and the district held discussions with **BAYLOR** and Aids Free-Country Grant director on considering long term solution for in Bwera Hospital waste management.
- In addition, a discussion was held with **Green label services** regarding the infrequent pickups of health care waste in Kasese health facilities. It was revealed that the frequency is determined by availability of funds from USAID through Aids Free Country



Ministry of Health

- DTF held a meeting during which a request on IPC orientation and training for the security forces (Army, Police, Prison and Wild Life Officers) was made by the district. WHO will follow up the feasibility of this training.
- There was an IPC Mentorship conducted at Kilembe Mines Hospital: 55 participants attended comprised of 35 Health Care Workers and 20 Midwives and Student Nurses.
- IPC mentorship also was conducted at St. Paul HC IV, where a total of 26 participants attended the session.
- During the training sessions above messages about EVD vaccination were passed on and there was willingness to receive the vaccine.

Bundibugyo District

- There are no cases in the ETU.
- WFP replaced the tent in the green zone with a 6.5x8m tent. The old tent was unstable during mild stormy weather

Hoima and Kikube Districts

- The refugee settlement camp commandant has requested UNHCR to prioritize completion of the remaining part of the ETU and repairing of screening tents at POE. UNHCR reported that their shelter team will be on ground as soon as possible on ETU completion by end of this week.
- WHO IPC consultant conducted an IPC assessment in two HFs (Butema and Ngururwe in Hoima and Kikuube respectively) and IPC on job training conducted to 26 health staff basing on the gaps identified.
- CARE in process of printing IPC hand hygiene posters in order to strengthen IPC in health facilities.

RISK COMMUNICATION/SOCIAL MOBILIZATION

Bunyangabu District

- A team comprised of Risk Communication and Surveillance officers from WHO, 2 DHT members, health assistants and URCS visited Kasunganyanja Health Centre III and Mujunju Health centre II where 64 persons were sensitized. They also visited Bujonjo Primary School Kasunganyanja primary



Ministry of Health

school St. Ambrose Primary School Mujunju Primary School Royale High School Kabale Primary School reaching 32 people.

- **Activities done included dialogue discussions with** VHTs, LC1 and II chairpersons in Kasunganyanja and Mujunju Health Centers; assessing knowledge on EVD; provided detailed basic facts on EVD, identified roles and responsibilities of participants in relation to EVD and activity plans drawn.
- With support from **UNICEF, Uganda Red Cross Society volunteers**, other areas visited include activities include Bubwiika in kibiito sub-county Rwimi A, Kibate in kisomoro sub-county and Busanda in kabonero sub county. They reached 327 people.

Kabarole district

- **URCS** visited 224 House Holds (1075 Males, 358 Females) and activities included Community engagements; house to house Ebola risk communication, distributed IEC materials and conducted hand washing demonstrations

VACCINATION

Kasese District:

- District vaccination team (of 6 people) and a cold chain team trained
- A micro plan was developed and health workers to be vaccinated was identified per facility was identified from both Bukonzo west and part of Bukonzo East.

LOGISTICS

Ntoroko District

- 5 beds were handed over to Ntoroko District, received by the District Chief Administrative Officer and the District Health Officer. A last mile delivery was made to Rwebisengo ETU.

-End-



THE REPUBLIC OF UGANDA
Ministry of Health

For more information, please contact:

Dr. Issa Makumbi – issamakumbi@gmail.com

Dr. Allan Murta – allanmuruta@yahoo.com