



Ministry of Health

## HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

5<sup>th</sup> February 2019 (12:00 HRS) – UPDATE No 83

**a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 5<sup>TH</sup> FEBRUARY 2019 WITH DATA UP TO 4<sup>TH</sup> JANUARY 2019**

- Cumulative cases: 788
- Confirmed cases: 734
- Probable: 54
- Total deaths: 486

**b) EVD SITUATIONAL UPDATE IN UGANDA**

- **There is NO confirmed EVD case in Uganda.**
- 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.**

**c) PREPAREDNESS IN THE FIELD (PROGRESS AND GAPS)**

### COORDINATION

#### Bundibugyo District

- DHT/WHO team oriented 45 VHTs including clinicians and cleaners on CBDS at Bundibugyo hospital.

#### Ntoroko District

- 30 health workers sensitized on surveillance
- DTF made preparations for the DFID visit and resolved to mobilize health workers and communities to be ready to host the visitors.

#### Kabarole District



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- The DFID team visited Kababarole district and were received by district leadership, health workers and partners. The district leadership hailed the support provided by the partners in preparing the district for the EVD challenge which has boosted the district technical capacity and increased EVD awareness in the community. They appealed for more support to sustain the preparedness efforts.
- The DFID team also visited the WFP ware house that has been set up to handle supplies in the event of the outbreak.
- The team visited the Fort Portal Regional Referral Hospital, JMEDIC ETU and witnessed patients flow, the laboratory facilities and the process of sample collection packaging and transportation.
- The team latter visited Nyakabira village in Hurugongo sub county where they witnessed and participated in a community dialogue on EVD. They also watched drama and listened to songs and a poem by a community group which is doing risk communication in the sub county. The community group is supported by URC, UNICEF and WHO.

## CROSS BORDER ACTIVITIES

### Kasese District

- There was a cross border meeting between the DHT/WHO team and the Medical Officer in charge of health at Kasindi border post in DRC in which the following issues were discussed:
- The two Ebola contacts that were reported to have crossed into Uganda i.e.:
  - KM, a 23 year old female business woman travelled to Uganda (Kampala) on 1<sup>st</sup> February, 2019 for business. She is expected back in DRC on the 6<sup>th</sup> February 2019. She was vaccinated against EVD.
  - KK a 63 years old female, peasant arrived in Bwera town council on 3<sup>rd</sup> February 2019 and she is staying with her brother. She was vaccinated against EVD and she is still within 21days follow-up.
- The death of an EVD confirmed EVD case near the Uganda border. This was on 1<sup>st</sup> February, 2019 in Bulongo town which is 35km to Kasindi border post. He is reported to be have a runaway from Butembo where he came into contact with over 200 people including health workers. Thirty nine (39) of the contacts are in Kasindi sub-county close to Mpondwe border post. So far only 100 contacts have been vaccinated.

### **Proposed Actions:**

1. Interact further with the Kasindi DRC Medical Officer for more details on the above contacts and take appropriate action in terms of timely notification and movement of contacts.
2. Trace the location of the contact in Bwera town council for daily tracing (set the Bwera contact tracing team in action)
3. Discuss these findings with the DTF surveillance subcommittee to undertake the proposed actions and initiate heightened alert in the district with emphasis on Bwera Town council.

### **VACCINATION**

- The Ministry of Health and WHO started EVD vaccination in Hoima district on 5<sup>th</sup> February 2019. A cumulative total of 150 health workers that meet the criteria received the vaccine. The exercise will end on Friday.
- As of today, a cumulative 3,408 frontline health care workers have been vaccinated against EVD in ten (10) district out of the 13 targeted districts.

### **SURVEILLANCE ACTIVITIES**

#### **Bundibugyo District**

- Temperature screening is going on at most PoEs conducted by Uganda Red Cross volunteers.
- Trained VHTs and LCs are active which has led to increased alertness in the community.

Number of People screened PoEs in Bundibugyo District on 5<sup>th</sup> February 2019.

<b>PoE</b>	<b>No Screened</b>
Busunga Bundinamandi	2550
Busoru II	333
Kasiri	490
Butoogo main	697
<b>Total</b>	<b>4070</b>

### Kasese District

- Supportive supervision and active search conducted at Kirembe H/C III; no unreported or missed case of EVD recorded in the facility; 16 health workers mentored on IPC.

*No of People screened at selected PoEs in Kasese District on 5<sup>th</sup> February, 2019.*

No	POE site	No Screened
1	Mpondwe	31965
2	Lake Katwe	54
3	Kayanzi	11
4	Mirami	369
6	Kithoma	359
	<b>Total</b>	<b>32758</b>

### Kabarole District

- A team from UVRI and DHT visited a survivor of CCHF at Kasenda village and took a blood sample. This is because some cases have been reoccurring. The survivor also reported feeling tired and fatigued after any activity.

### Hoima and Kikuube District

- The two alerts NS (dead) and TS (alive) reported by Hoima Regional Referral Hospital on 4<sup>th</sup> February 2019 were negative for Ebola, Marburg, CCHF and Rift valley fever.
- EVD community and health facility surveillance continues in both districts supported by WHO.
- 319 new arrivals were screened at Sebagoro, Kaiso and Nsonga PoEs on 5<sup>th</sup> February 2019. No suspected case were detected.

## CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)

### Ntoroko District

- Plumbing work and electrical installations (solar) in the Rwebisengo ETU were done yesterday and the facility is almost complete now.



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- One culvert was procured to serve as temporary waste disposal and burning area for the ETU as it is not possible to operate a burn-pit in the event of rain.

### **Kasese District**

- Mpondwe PoE was supplied with IEC materials on chlorine mixing and hand washing and staff reoriented on chlorine mixing.

### **Gaps and Challenges**

- Lack of a wooden platform on which to mix the chlorine.
- Lack of a sponge and basin for foot disinfection with chlorine.

## **RISK COMMUNICATION/SOCIAL MOBILIZATION**

### **Bundibugyo District**

- DHT/WHO team conducted orientation for 46 district political leadership (councilors) on EVD. The orientation was opened by the Resident District Commissioner who called for more action and vigilance by all people.
- 45 Health workers were oriented on integrated disease surveillance and response and community disease surveillance. This will improve community engagement and sensitization by health workers, as key people in the preparedness plan for EVD in the district.
- URCS continues with home visits in all the sub counties by volunteers for effective community engagement and sensitization including film shows in selected places.

### **Gaps and Challenges**

- Delayed access of funds that contributed to delayed orientation of political leaders.
- Limited funding options to involve all councilors in the community engagement activities.
- Inadequate IEC materials in the local language.

### **Ntoroko District**

- Mobilized Town Council leadership, local transporters, religious leaders, traditional healers and VHTs in Kanara Town Council.



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- Monitored Kigungu, Ntoroko Main, Fridge, Transami and Kanara PoEs in Kanara Town Council.

### **Gaps and Challenges**

- Lack of facilitation/allowances for ToTs supporting field visits.
- Delayed transport refund for local leaders, sub county leaders and traditional healers who participated in the district trainings.

### **Kasese District**

- Followed-up VHTs community engagement activities in Kyabolochya, Kalithusi, Rukungu and Kisaka1 villages and gave them more information on EVD for community engagements. They were given a few community mobilization IEC materials.
- The trained VHTs are active in their communities clarifying EVD misinformation and rumours, sharing facts, mobilizing in churches and funerals among other community activities.

### **Gaps and Challenges**

- Lack of identification for the VHTs (T-shirts, badges or flak jackets).
- Lack of field support materials for VHTs such as umbrellas and gum-boots.
- Lack of transport or transport allowances.
- Lack of IEC materials in the local languages

### **Bunyangabu District**

- DHT/WHO team interacted with traders in Kasunganyanja market on EVD. Many traders were sufficiently knowledgeable about the disease which points to success on awareness raising implemented in the early stages of EVD preparedness.
- The team visited 13 households in Mirambi village and shared EVD information/messages with 53 people (17 males, 20 females and 16 children) including visitors from DRC. 15 Posters were distributed and displayed in this community.

**End-**



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