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HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

29th January 2019 (12:00 HRS) – UPDATE No 78

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 28th JANUARY 2019, WITH DATA UP TO 27th JANUARY 2019

- Cumulative cases: 736
- Confirmed cases: 682
- Probable: 54
- Total deaths: 459

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

- The Ag DHO and harmonized the draft the minutes to be forwarded to the DTF and eventually to the NTF.

SURVEILLANCE ACTIVITIES

Bundibugyo District

- Monitored Busunga PoE at Busunga Town Council which some laxity was noted among Boda Boda riders who don't wash hands.



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- The PoE needs bigger hand washing facility and more supplies such as chlorine given to high volume of people who use it.
- Busunga, Butogho central, Butogho 2, Busoru2, Kasiri, Kazaraho, Bundinandi PoEs are currently active as seen from the table below depicting movements on 27th and 28th January 2019.

Screening point	Sunday 27/1/19	Monday 28/1/19
BUSUNGA		
BUNDINAMANDI	1190	854
BUTOOGHO II	287	462
BUTOGHO Main	608	674
KASIRI	810	685
KAZAROH	1271	1015
BUSORU 2	568	551
TOTAL	4734	4241

Ntoroko District

Summary Table (reported work on 25th Jan 2019)

Alerts today	Investigated alerts	Cumulative alerts	Suspect cases	Suspects cumm.	Cases in isolation	% POEs active (N=19)
2	2	23	0	3	0	95%

- There was one alert case at Ntoroko HCIII that was investigated, treated for malaria and discarded.



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- Several PoEs monitored via telephone and others such as Fridge, Kanara, Ntoroko Main, Kigungu and transami supervised directly. Distributed a register and soap to Fridge.

Gaps and Challenges

- Lack of air time and data to send daily Sitreps and monitoring volunteers at PoEs.
- Lack of a Lap top computer and a modem for easy report writing and submission.
- No Safari Day Allowances for the surveillance
- Long field distances leading to delayed daily reporting

Kasese District

- There was a surveillance subcommittee meeting which among others critically analyzed the weakness in Community Based Disease Surveillance.
- Supportive supervision and active search conducted by WHO and district health team at Karusandara H/C III. No unreported or missed case of EVD or VPD recorded in the facilities. Health care workers (3) in the facility were reminded about the case definition of EVD and advised to be vigilant.
- Health care seekers found in the facility were given basic information on the community case definition of EVD and advised to quickly report any case that meets the case definition to the district surveillance team.
- It was agreed that daily information sharing on EVD and VPDs with emphasis on community case search will be conducted through health education sessions as a way of reaching more people in the community.
- Surveillance subcommittee agreed to draft a concept note on improving reporting of community alerts by the VHTs.
- WHO, Uganda Red Cross Society and District Surveillance Focal Person were requested to conduct verification/assessment of all PoEs in the district.
- EVD support supervision by the HSD-SFP in health facilities continues.
- 6 MPH students from Makerere School of Public Health are conducting EVD surveillance activities in district for 1 week.

EVD screening at selected POEs on 27th January 2019



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No	POE site	Number of persons screened
1	Mpondwe	10564
2	Lake Katwe	55
3	Kayanzi	09
4	Mirami	215
5	Kisolholho	388
6	Kithoma	267

Gaps and Challenges

- Some health staff are not adequately trained on initial management of suspected cases and use of PPEs.

Bunyangabu District

- There was an alert of a 49 old female who had died in Naguru Hospital in Kampala due to hypertension and asthma. She was a resident of Kigoro village in Kasese district. Nevertheless, a blood sample was picked and the body accorded safe and dignified burial.

Gaps and Challenges

- Inadequate PPEs as well as hand washing facilities and other supplies to hand suspected cases and dead bodies

Kabarole District

- There was an alert case of a 75 years old business man from Rwangara fishing village [boarder], Rwangara parish, Kanara Sub County in Ntoroko district. He was detected and admitted at Fort Portal Regional Referral Hospital with history of dizziness and bloody diarrhea. Blood sample collected for analysis at UVRI.

Hoima and Kikuube Districts



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- On 27th January 2019, four (4) EVD community alerts were reported following exposure to two community deaths in Kaiso village, Tonya parish, in Buserukasubcounty of Hoima districts. WHO supported deployment of Hoima district rapid response team that picked four (4) whole blood samples from the alert cases. The samples were taken to UVRI for analysis. The alert case are admitted at Sebagoro health center III.
- 232 new arrivals from DRC were screened at Sebagoro Kaiso and Nsonga PoEs. No suspected case were detected.
- The WHO/MoH Case Management team conducted an assessment of the ETU at Kasonga in Kyangwali refugee settlement in Kikuube district. The major areas assessed were ETU layout, staff and patients flow, triage, inpatient area (red zone), waste management, laundry, general infrastructure and staff preparedness. Modification on the ETU will be proposed later.
- Kihukya HC III in Hoima Municipality and Bujugu HC III were assessed on IPC and they scored 34% (red) and 66%(orange) respectively. The four (4) staff were oriented on formation of the IPC committee, hand hygiene, personal protective equipment, waste management, sharp safety, isolation, environmental hygiene and chlorine preparation.
- Radio spot on EVD continue to be aired out on local FM stations in Hoima district.

CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)

Bundibugyo District

- Bundimulangya HCII scored 42.9% on IPC assessment due to:
 - No IPC policies and procedures on display
 - No IPC committee
 - Staff not trained on IPC and not adhering to the five moments of hand hygiene
 - Waste handlers not trained in IPC
 - All staff not vaccinated against Hepatitis B
 - No regular cleaning schedule.

Action Taken

- IPC committee was formed with emphasis commitment



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- 11 health care providers mentored on IPC with emphasis on hand washing stations at all clinical practicing area, mixing and use of chlorine.
- 5 moments of hand hygiene and 7 steps of hand washing and waste segregation were also done
- **Ngamba HC II** score **45.2%** on IPC assessment due to:
 - Staffs do not adhere to the five moments of hand hygiene
 - Hand hygiene not performed immediately after removal of PPE
 - No latrine for the health facility
 - All the staff at the facility have not vaccinated against Hepatitis B
 - Burning pit not fenced

Action Taken

- IPC committee was formed and advised to adhere to the five moments of hand hygiene, conduct IPC meetings and make cleaning schedules
- Eight (**8**) health care providers mentored on IPC with emphasis on hand washing stations at all clinical practicing area, mixing and use of chlorine, 7 steps of hand washing and waste segregation was emphasized

Ntoroko District

- There is no patient in isolation at the ETU
- There were two alerts presented at Rwebisengo HC III with fever, diarrhoea and vomiting No history of bleeding or history of having travelled to Congo. They were investigated and found to be suffering from gastroenteritis (Bacillary) and treated appropriately. They improved within two hours after treatment and were discarded.
- IPC support supervision was done today at Karugutu health centre IV, Musandama health center II and Rwebisengo health center III were 4 health workers with oriented on IPC.

Kasese

- Kasese municipal health centre III supplied with SoPs for chlorine mixing and staff given tips on chlorine mixing. Security guard instructed to ensure that people wash hands as they enter the facility

RISK COMMUNICATION/SOCIAL MOBILIZATION



Bundibugyo District

- Eight (8) VHTs and one health assistant supervised at Butama HCIII and Mitunda town council and the LC III chairperson together with staff were engaged on EVD.
- WHO team and Obulamu visited 19 households in Butama –Mitunda Town Council and Ndugutu Sub County and sensitized family members on EVD.
- The Obulamu team staged Video at Butama centre in the evening at Bundibuga village, Butama Central ward attended by many people.
- The joint team sensitized the pastor at Galiraya Church of Uganda in Kasanzi parish on EVD and requested her to pass the same information to her congregation.
- URCS continues with house to house sensitization and film shows in different Sub Counties in the district.

Ntoroko District

- Engaged 10 top management and Heads of Department of Tooro Semliki Game Reserve on EVD basic facts held at Game Reserve offices in Karugutu. Roles and responsibilities of the Warden and Game rangers in infection prevention and control were defined and agreed on.
- A schedule to engage all the rangers and their families on EVD at all the game reserve out posts was made and will start on on 12th February 2019.
- WHO supported the District Health Team (DHT) and District TOTs to review the six months Community Engagement and Risk Communication work plan. The exercise identified activities not yet done, the support required and immediate activities for urgent implementation.
- The 2 VHT Volunteers deployed at Kayanja II POE in Bweramule Sub County were engaged on EVD community engagement and CBDS issues.
- The team met the Immigration officers at the POE as well as the security personnel at the nearby UPDF detach and appealed to them for support in ensuring that all new arrivals are controlled and screened

Kabarole District

- 30 (7 females and 23 males) members and leaders of lower SACCO Association at St Peter Primary School in South Division were oriented on EVD. They agreed to continuously sensitize other people



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about Ebola. They requested for posters to ease their work. They promised to promptly report and suspicious cases in the community.

- Engaged 35 people on EVD at Hurugongo Market comprising of youths, hair dressers, fish mongers and butcher operators.

Kasese District

- Supervision of the recently oriented local leaders and VHTs conducted in Kasenyi, Katungulu, Hamukungu in Lake Katwe Sub County.
- LCI Chairpersons and their executive members in those villages were also met.
- The LCI Chairperson and VHTs are knowledgeable on EVD and they have been doing regular sensitizations at the landing sites
- The fishing people acknowledged the EVD risk and the importance of being vigilant and they requested for sensitization sessions which were fixed on 31st January 2019; and on 2nd and 3rd February 2019.

Gaps and Challenges

- No megaphones to facilitate communication in all the villages.
- Community dialogues cannot be conducted because they are not facilitated in terms of refreshments and district personnel's lunch allowances.



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