



EBOLA VIRUS DISEASE IN UGANDA

12 July 2019 as of 20:00 hrs

Situation Report

SitRep #31



1. Situation update

Cases

03

Deaths

03

Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 29 since the death of the last confirmed case who passed on the 12 June 2019 while on transfer to the DRC for further management
- There were no contacts under follow up
- There is 1 admission in Bwera Hospital ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response teams continue to investigate all alerts
- Cumulatively 1,507 individuals have been vaccinated: 78 contacts, 747 contacts of contacts and 682 frontline health workers

EPIDEMIOLOGICAL SUMMARY

Background

On 11th June 2019, the Ministry of Health of Uganda declared the 6th outbreak of Ebola Virus Disease (EVD) in the country affecting Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the Democratic Republic of Congo (DRC). This child was one of six people that travelled from the DRC while still being monitored as suspect cases following a burial of the grandfather who succumbed to EVD. The child was ill by the time he crossed into Uganda and the mother took him for medical care at Kagando hospital in Kasese district. He presented with symptoms of vomiting blood, bloody diarrhoea, muscle pain, headache, fatigue and abdominal pain. The child tested positive for Ebola Zaire by PCR and he later died on 11th June 2019. Two other

members of the family, a grandmother and 3-year-old brother also tested positive for Ebola on 12 June 2019 and the grandmother died later the same day. The 3-year-old brother also died on the 13 June 2019. Since then no new confirmed EVD case has been reported in Uganda. There is one admission in the ETU.

Figure 1: Movement of the EVD cases from Congo into Uganda

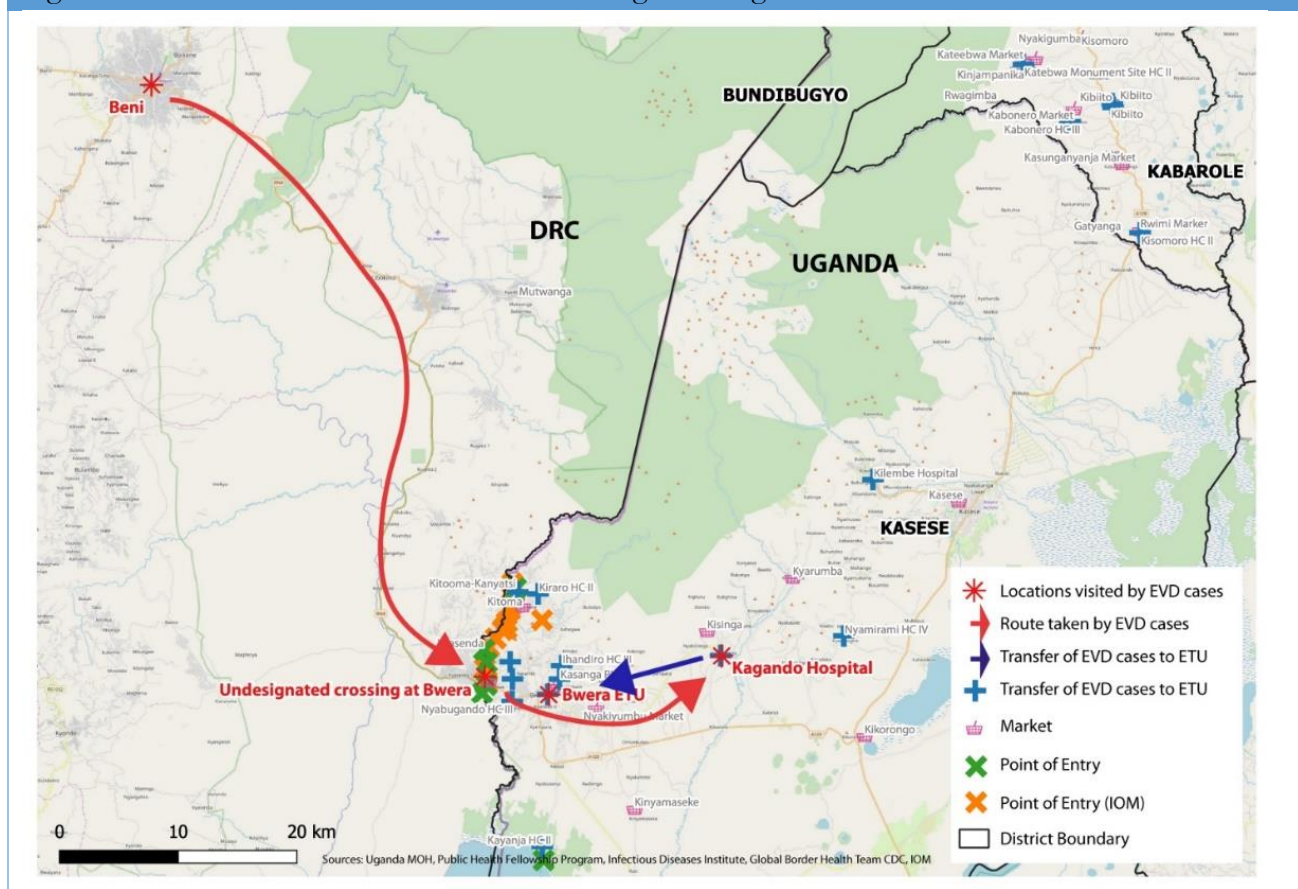


Table 1: Summary of Ebola virus Disease outbreak in Kasese, Jun-Jul 2019

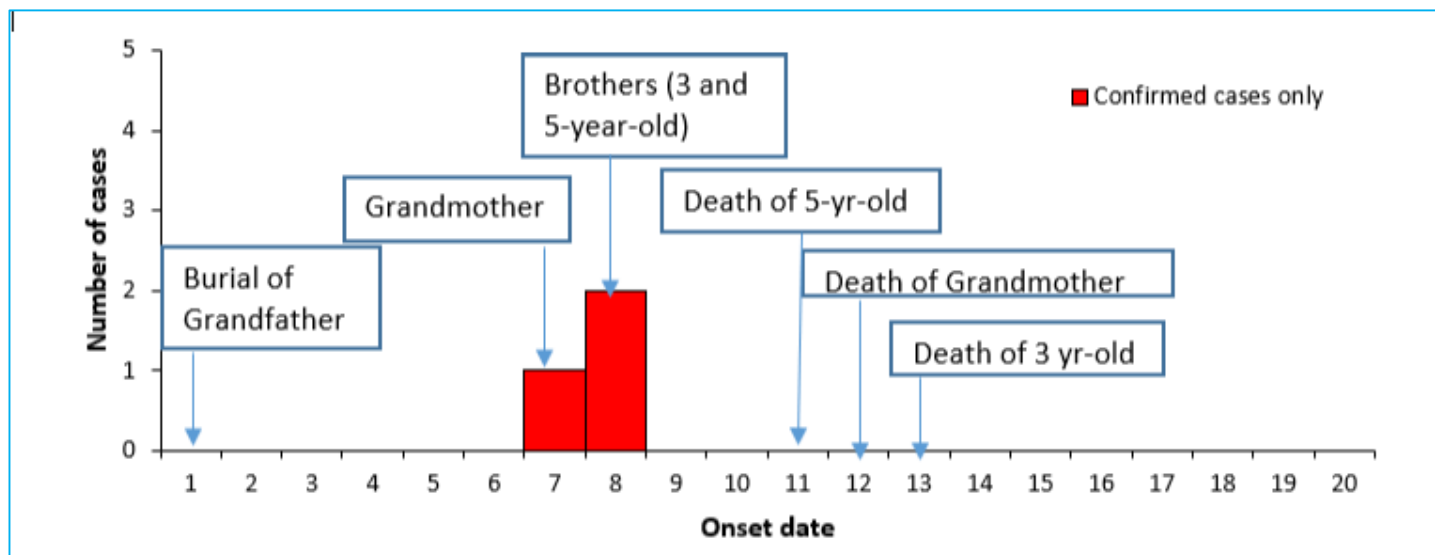
SUMMARY OF CASES (as of 12/July/2019)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	01
Runaways from isolation	00
Cumulative number of contacts listed as of today	114

Number of contacts that have completed 21 days	114
Number of contacts under follow up	00
Number of contacts followed up today	00
Cumulative number of individuals vaccinated	1507
Number of contacts vaccinated	78
Health workers	04
Community	74
Number of contacts of contacts vaccinated	747
Health workers	00
Community	747
Number of front-line health workers vaccinated	682
Number of contacts vaccinated today	00
Health workers	00
Community	00
Number of contacts of contacts vaccinated today	00
Health workers	00
Community	00
Number of front-line health workers vaccinated today	00
Specimens collected and sent to the lab. today	00
Cumulative specimens collected	58 ¹
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	38
Specimens with pending results	00
Date of discharge/death of last confirmed case	13-6-2019

¹ includes 1 death in the DRC

² including 18 repeat samples

Figure 2: Epidemic curve of Ebola Virus Disease outbreak in Kasese, June 2019



2. Public Health Actions to date

Coordination

Kasese District health team held one coordination meeting today. The key action points included:

- CAO to make formal request under minute of DTF recommendation for a vehicle to NTF/ MOH.
- DTF to write a formal dissatisfaction letter to Executive Director IDI on how its staff executed the Response
- DHT to come with a detailed schedule to enable DTF members to conduct monitoring & supervision of all supplies in the field
- Need for the brief report on status of payment of responders
- DTF to come up with exit strategy for all partners in the field
- Support VHT reviews at parish level as well community dialogues
- Logistics subcommittee to make budget to be included in main consolidated District budget

Surveillance

- Alert desk recorded 4 alerts that were verified as non-cases
- Active case search of Ebola suspects through OPD/IPD records review at 5 health facilities in Busongora North and Bukonzo East health sub-districts. Two of these facilities were repeat visits
- Health educating and screening patients at OPD/IPD in Busongora North and Bukonzo East health sub districts
- Re-orienting health workers on case definitions of Ebola, alert lines in case they get suspects and infection control
- Assessing the level of preparedness of the health facilities to receive Ebola suspects
- Screened **31,645** travellers at all 30 border crossings and bus terminals
- **Uganda Red Cross Society** to support volunteers at PoEs for the next 6 months with support from IFRC

Laboratory

- Cumulative number of samples collected and transported for testing at the central lab is 60 including three samples that tested positive, 39 tested negative and 20 repeat samples
- Both samples from 2 EVD suspects tested negative
- One of the suspects remains at ETU after admission last night. A re-bleed is planned for tomorrow
- The other suspect who stayed back in Rubirizi District will have the rebleed sample on Sunday 14th July 2019

Case Management

- There was no new admission today
- There are currently two EVD suspects in the ETU
- The 5 days Safe and Dignified Burial training ended with a simulation exercise in the community. The training was sponsored by **Uganda Red Cross Society** and supervised by Ministry of Health. The new team will cover death incidents from Busongora North and South HSD.

Risk communication

- The Para-social workers of Kagando Parish in Kisinga Sub-county visited 180 households and sensitised 330 adults and 507 children on Ebola
- Activated 105 sub-county councilors and leaders of Maliba, Bugoye, Kyondo, Kyarumba, Munkunyu and Kinyamaseke sub-counties to strengthen social mobilization and community engagement. The councilors of Bugoye recommended formation of sub-county task force to guide interventions
- One radio talk show conducted on Messiah radio station. Only two slots are left, DTF requested UNICEF for additional support to at least 2 radio stations on Kasese Guide Radio and Messiah Radio for wider reach

Infection Prevention and Control

- Distribution of IPC equipment i.e. hand washing facilities, infrared thermometers, hand sanitizer to Buthale Hc II, and Saraya, infrared thermometers to Mahango Hc III and Nyakabingo Hc II
- Delivered 3 EVD procedures and guidelines (SOPs) to all facilities
- Conducted CMEs on chlorine mixing and EVD standard case definitions

Psychosocial

- The parasocial workers of Bwera subcounty provided 170 children and 82 adults with psychosocial support/counseling

Logistics

- Distribution of IPC equipment i.e. hand washing facilities, infrared thermometers, Saraya to Buthale Hc II, and Saraya, infrared thermometers to Mahango Hc III and Nyakabingo Hc II

3. Partnership

We acknowledge the support from the following partners in response to Kasese Ebola outbreak.

Thematic Area	Partner
Coordination	WHO, UNICEF and Save the Children, Uganda Red Cross
Surveillance	AFENET, WHO, Uganda Red Cross,
Laboratory	WHO, CDC Uganda
Risk Communication	UNICEF, WHO, UPDF, BRAC-Uganda, USAID CHC-Obulamu, Uganda Red Cross, Save the Children, St. John's Ambulance
Case Management	WHO, MSF
Infection Prevention & Control/ WASH	WHO, UNICEF, St. John's Ambulance, Save the Children, Uganda Red Cross, International Rescue Committee
Psychosocial Support	AFENET, WHO, UNICEF
Logistics	WHO, UNICEF, WFP, Uganda Red Cross, BRAC Uganda
Security	UPDF, Uganda Police
Points of Entry	WHO, Uganda Red Cross, UNICEF
Vaccine and therapeutics	WHO, MSF
Financial support	World Bank/EAPHLNP

4. Challenges

- Delays in facilitation of both national and district response teams. All district frontline responders including PoE screening staffs, ETU staff, contact tracers, community VHTS, security officers, etc have not been paid.
- Politicians are agitated by slow pace of district responders' facilitation including inability to refund their DTF attendance reimbursement

5. Conclusion

The Ebola response completed the first cycle of 21 days without any transmission. The district Task Force continues to prepare for the next phase using mixed approach. Most interventions have been intensified including surveillance, risk communication, IPC, Wash, and coordination while others scaled down. However, Kasese remains at high risk for importation of EVD given the outbreak in the DRC, and high population movements between the two countries.

6. Pictorial



Safe and Dignified Burial simulation exercise conducted by RedCross Society at Kanyagenya Village in Kasese district.