



EBOLA VIRUS DISEASE IN UGANDA



15 July 2019 as of 20 00 Hrs

Situation Report

SitRep #34



1. Situation update



Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day **32** 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 are **3** admissions 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 are three (3) admissions in the ETU.

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

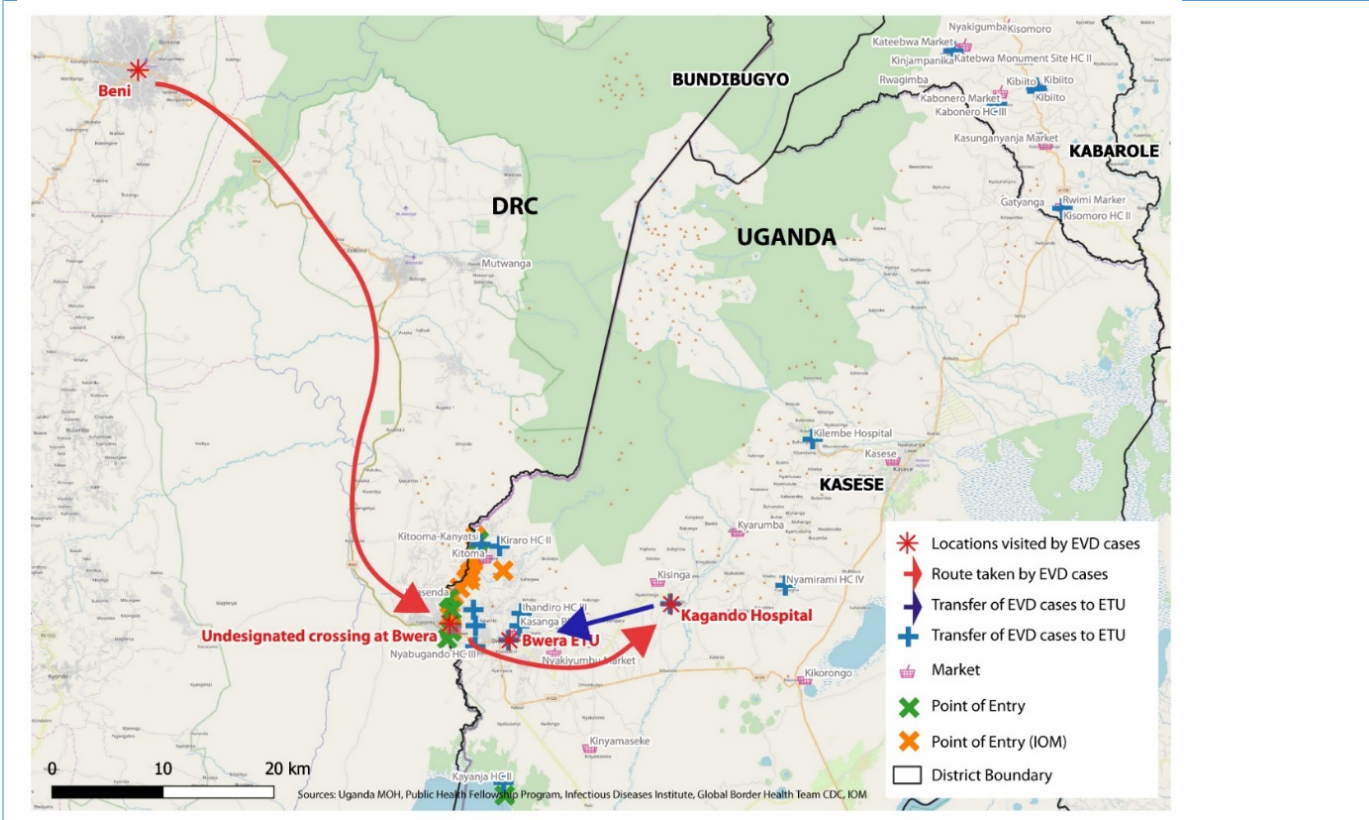


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

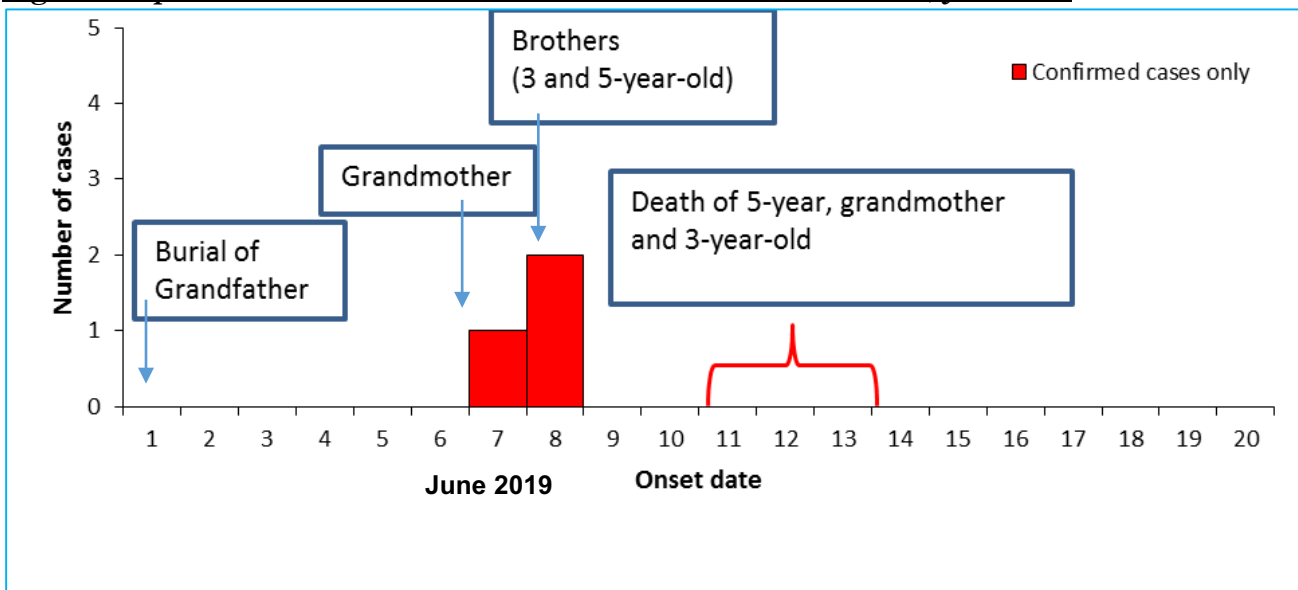
SUMMARY OF CASES (as of 15/July/2019)	Number
New suspect cases today	02
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	03
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	03
Cumulative specimens collected	60 ¹
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	23
Specimens with pending confirmatory results	03
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

There was DTF meeting today chaired chairman social affairs. DTF had prolonged discussion on key issues affecting response and agreed on the following action plans

- All responders must be Paid by Friday 19th July 2019
- The WFP should expedite provision of logistics tracks to quicken the transport of consumables and logistics to facilities and public institutions from the district store
- The district psychosocial team need to spearheaded by district focal person and he or she be charged with sustainability processes
- The DTF will hold a district exit planning meeting tomorrow so that a well laid strategy is used by all partners as they conclude their response

Surveillance

- Active case search of Ebola suspects through OPD/IPD records review and screening patients at OPD and inpatient wards at 5 health facilities 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
- Health educating and screening patients at OPD
- Assessing the level of preparedness of the health facilities to receive Ebola suspects
- Screened **31,345** travellers at all 30 border crossings and bus terminals

The surveillance team received 3 alerts that were verified and 2 suspects admitted to Bwera ETU for further scrutiny.

The surveillance team also received a call from DRC team later in the day, with information about a lady who traded in Fish from Uganda by **11th July 2109** and went back to Beni DRC. The lady was isolated in Beni ETU and tested positive and unfortunately died today Morning.

Quick planned measures

- The surveillance team including contact tracing team will work with DRC surveillance team and Bwera ETU staff to locate all possible contacts associated with this case
- The Market visited by the lady and all timelines are already known.
- The Vaccination team has been alerted for immediate response
- Community VHT system activated

Following the last week crossborder meeting, a cross border surveillance team and data sharing platform through WhatsApp was formed. This will be useful in executing joint surveillance activities especially in identifying contacts.

Additionally, the alert desk was also informed of a 50yr female old community death with no known illness from Kyamboma, Kalehe Bwera subcounty. Oral swab taken, preliminary results from UVRI bwera Lab are Negative. Samples to UVRI entebbe are on the way. Burial to be conducted tomorrow by family.

Laboratory

- Cumulative number of samples collected and transported for testing at the central lab is 60 including three samples that tested positive, 40 tested negative and 20 repeat samples
- Three specimens were collected today. Two samples from two suspects and one oral swab from suspect community death. All specimens were EB Zaire negative by field mobile Genexpert testing

Case management

- There were 2 new admissions today. The first suspect was 27yr female from DRC with PV bleeding and generalized abdominal pain, fever for four days, MRDT negative, was admitted in a general hospital in DRC called Kyondo with no improvement. Provisional results Negative for Ebola Zaire. UVRI ENTEBBE sample on the way.
- Second suspect was 3. 27yr old male from Kambukamabwe, Mpondwe customs with history of fever, bloody diarrhoea, vomiting blood, general fatigue for 5days. Treatment history with Tabs Panadol bought over

counter with no Improvement. MRDT negative, preliminary results Negative for Ebola Zaire, sample to UVRI Entebbe on the way.

Risk communication and social mobilization

- Activated 60 leaders from three sub-counties Ihadiro (15), Kisinga (15), Nyakatonzi (15) and Kisinga Town Council. The leaders received a refresher on EVD with focus on signs, symptoms and community case identification.
- Conducted a monitoring visit to Kyamiza PS and Muhokya PS and engaged 10 pupils who all had basic information on EVD. At both schools EVD IEC materials were visible.
- Met 7 teachers of Kisinga Primary School and reviewed action plans made during the teacher's orientations on EVD. The teachers were implementing the actions agreed and had reached 1010 pupils with EVD messages as well as sensitized parents during the school PTA meeting on July 9.

Psychosocial team

- Conducted the first follow up counseling sessions for 2 Kagando Hospital Staff ever since they were discharged after 21 days of observation
- Held an advocacy meeting with the District Probation Officer over the welfare of one of the children of a confirmed case who succumbed. We reached an agreement and the boy will be linked to care.
- Offered psychoeducation to 15 workers of Industrial Globus Uganda at Nyakakindo village on Ebola. They were distressed about one of their workers who was a high risk contact.

Infection prevention and control

- Conducted mentorship of health workers at Muhindi, Muhokya, Nyamirami HCIV, Prime Medical Centre, Maliba HCIII and Kavera HCIII on IPC. Additionally, followup was made katwe Kayanzi and kasanga under IRC WASH.
- A total of 40 health workers were mentored at 6 health facilities that included: Muhindi (3) and Muhokya (8), Nyamirami HCIV(9) Prime Medical Centre(5), Maliba HCIII(5), Kavera HCIII(10)

Logistics

- Logistic subcommittee currently carrying out needs assessment of EVD supplies to inform distribution
- Logistic subcommittee has organized for EVD supplies to be distributed to various health centers and schools with the support from WFP
- A draft budget for Logistic management has been prepared. To be discussed at the LSC tomorrow

4. Partnerships

Acknowledgement

- 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.
- High level population mobility across the DRC- Uganda Border and multiple porous crossing points
- Poor morale in response teams-across the entire district response structures

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 approaches. Most interventions have been intensified including surveillance, risk communication, IPC, Wash, and coordination. However, **Kasese remains at high risk for importation of EVD given the outbreak in the DRC, and high population movements between the two countries.**