



EBOLA VIRUS DISEASE IN UGANDA



24 June 2019 as of 20 00 Hrs

Situation Report

SitRep #13



1. Situation update



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **11** since the death of the last confirmed case who passed on the 13 June 2019 while on transfer to the DRC for further management
- There are **108** contacts under follow up
 - **105** were followed up today
- **03** suspect cases on admission in ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response team continue to investigate all alerts
- Cumulatively **980** individuals have been vaccinated: **73** contacts, **727** contacts of contacts and **180** frontline health workers.
- **110** individuals were vaccinated today: **05** contacts and **103** contacts of contacts and **02** front-line 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 6 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 with symptoms of vomiting blood, bloody diarrhea, 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 03 EVD suspect cases in the ETU with negative laboratory results on 1st sample.

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

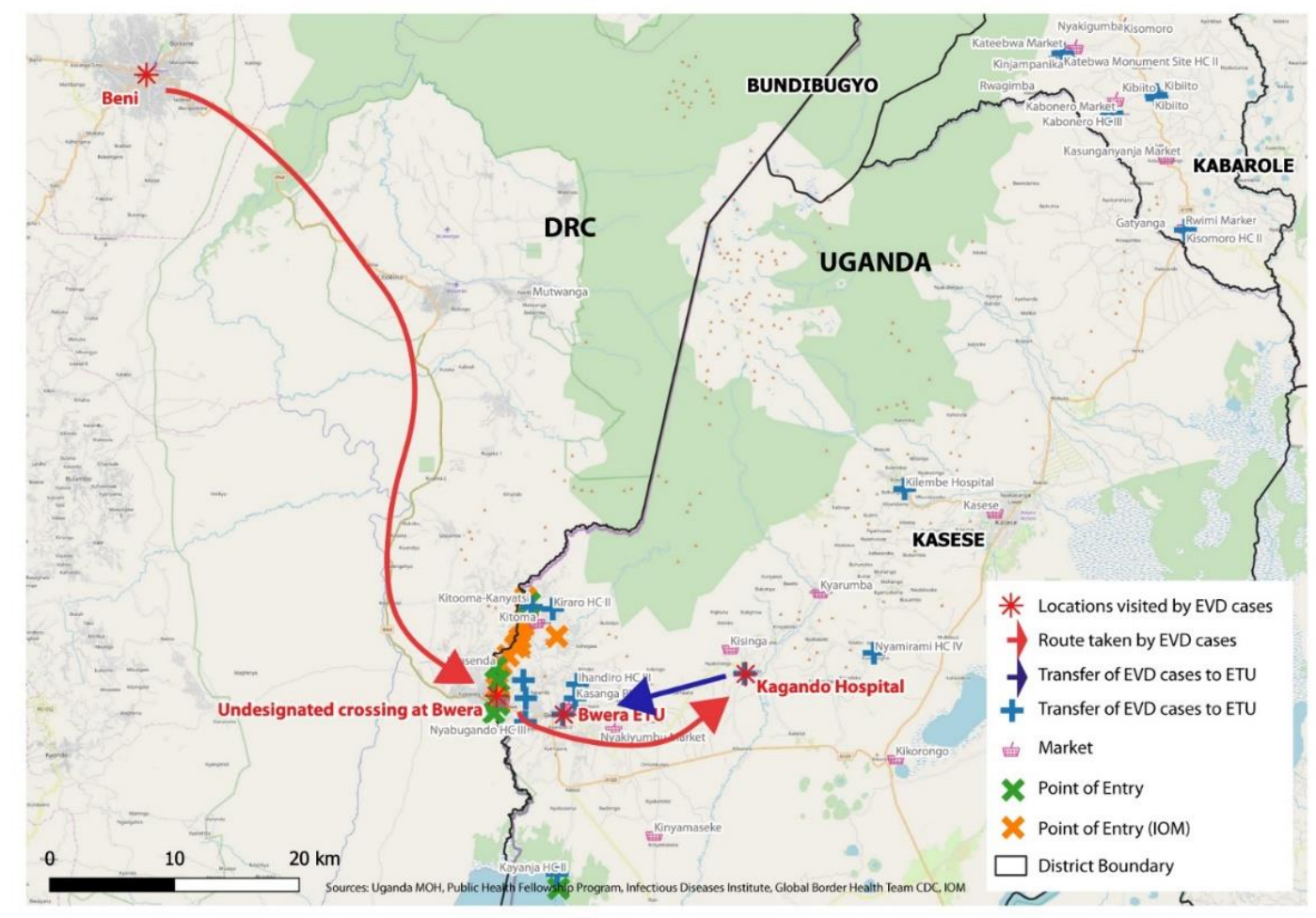


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

SUMMARY OF CASES (as of 21/June/2019)	Number
New suspect cases today	03
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	108
Number of contacts that have completed 21 days	04
Number of contacts under follow up	108
Number of contacts followed up today	105
Cumulative number of individuals vaccinated	980
Number of contacts vaccinated	73 ²
Health workers	04
Community	69
Number of contacts of contacts vaccinated	727
Health workers	00
Community	727
Number of front-line health workers vaccinated	180
Number of contacts vaccinated today	110
Health workers	00
Community	05
Number of contacts of contacts vaccinated today	103
Health workers	00
Community	103
Number of front-line health workers vaccinated today	02

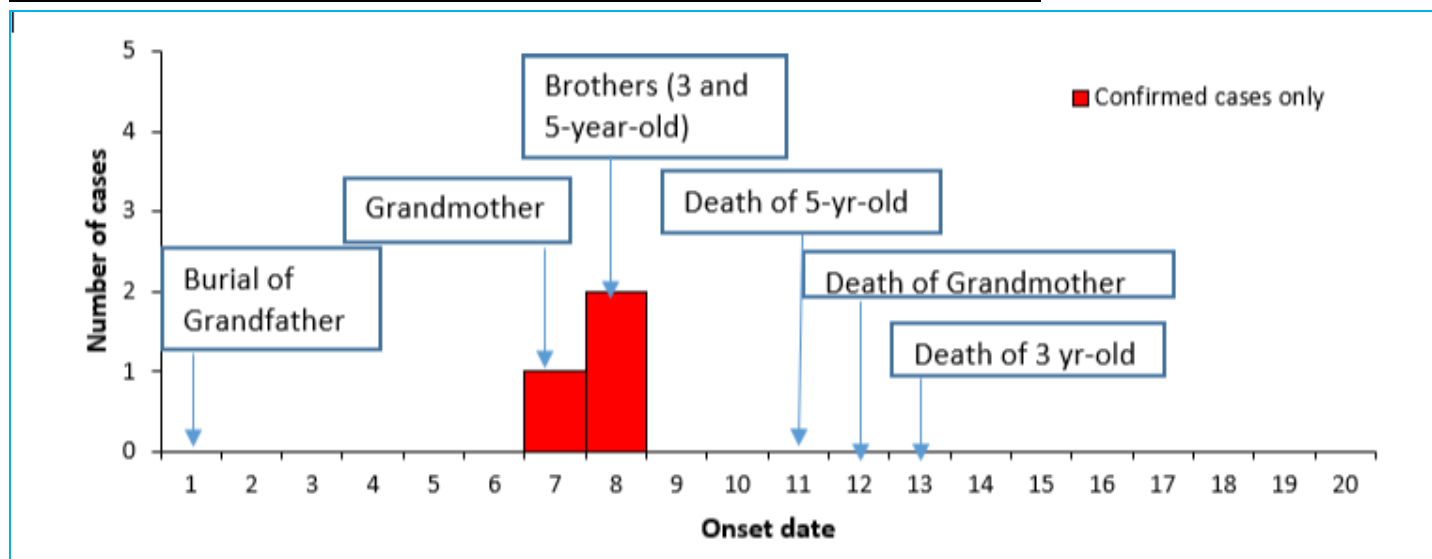
Specimens collected and sent to the lab. Today	03
Cumulative specimens collected	24 ³
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	12
Specimens with pending results	02
Date of discharge/death of last confirmed case	13-June-19

¹ includes 1 death in the DRC

² reduction in number from yesterday's record due to data cleaning

³ includes 7 repeat samples

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



2. Public Health Actions to date

Coordination

Today, the Deputy Resident District Commissioner chaired the District Task Force meeting. The DTF received subcommittee reports and reviewed actions from the previous DTF meeting.

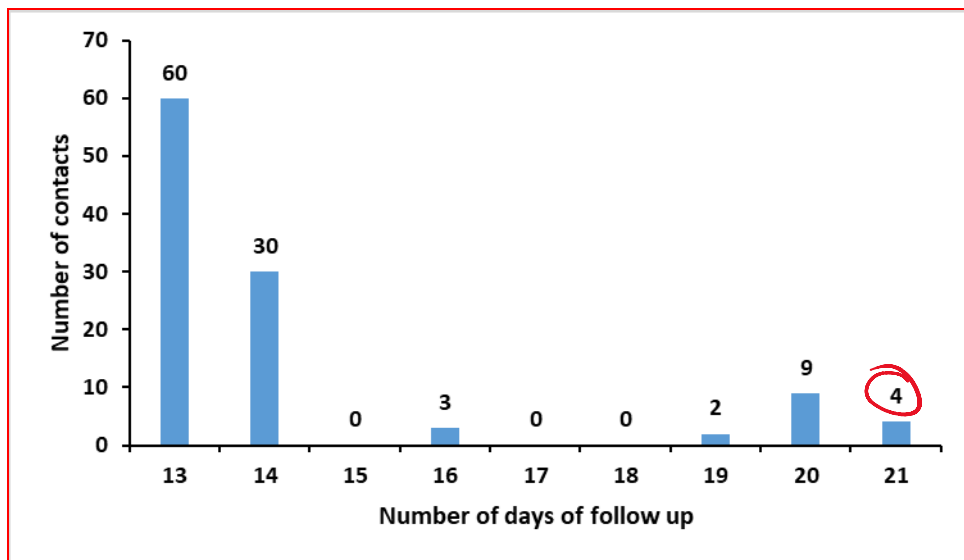
Key issues discussed during the meeting

- 14 PoEs are not functional
- Delays in restructuring the ETU by MSF
- Political leaders to be included in the teams that are going to the field
- Revision of the budget to include the activities that are not funded
- Terms of reference to be developed for field teams to achieve targets

Surveillance

- The alert desk received one notification from Mungunyu subcounty with fever, headache and general body weakness following vaccination. He was verified as a non-case.
- The community-based disease surveillance team visited three sub counties one: in Bukonzo West and two in Busongora north, where they sensitized 44 VHTs and 85 local leaders.
- Event based surveillance team screened and sensitised 467 mourners at a burial in Minana village, Buhuhira subcounty.
- The contact tracing team followed 105 contacts out of 108. Among the 3 contacts not followed two were not at home and could not be located while 1 declined to be followed.
- Four contacts have completed their 21 days of follow up today and 9 other contacts will complete tomorrow (Figure 3)
- Screened 15, 244 travellers at the border crossing points, 3 bus terminals and 1 airfield
- Distributed 6 tents to Bonamayi, Byakatonda, Malaba, Kiraru, Isango and Kisabu points of entry
- Active case search team visited 5 health facilities and reviewed records. No case was identified

Figure 3 Number of Days of Follow-up as of 24 June 2019



Laboratory

- Cumulative number of samples referred for testing to-date is 24 including seven repeats. Three tested positive, 12 tested negative
- Three samples were collected and sent to the central testing laboratory (UVRI)
- Result of one sample referred today was reported. It is negative
- The mobile laboratory at Bwera hospital tested, three samples today, presumptive results are negative.

Of the three, one has been confirmed as negative by the central testing lab (UVRI)

- There are two results (by confirmation) pending from UVRI

Case management

- There are 03 admissions to the ETU.
- 1. BR, Female, 52yrs from Kitakombya village, Mpondwe Lhubiriha trading center in Kasese district presented with severe headache and bleeding from the nose but no fever; onset date of 22nd June 2019.
- 2. BJ, Male, 19yrs was picked from Mponde PoE. He presented with vomiting, fatigue, anorexia and confusion for the last three days.
- 3. MA, male, 40yrs from Lhubiriha village in DRC. He presented with fever at 38.50C, vomiting, diarrhea, headache, joint pains, bloody diarrhea, and blood in sputum that developed 3 days ago. He reports attending a recent burial in DRC.

Blood samples were collected and submitted to the onsite lab and UVRI for testing. All samples tested at the onsite lab tested negative while the UVRI testing is still pending.

- Restructuring work on the ETU commenced today
 - Including construction of a second pit latrine for the female ETU staff.
 - Electrical supply for the different sections of the ETU has commenced.
 - The contractors are working on removing the present tents in the green zone for replacement with new ones and shifting the PPE donning area from inside the red zone tent to the green zone to this new tent.

Infection Prevention and Control

Today, the team conducted an orientation of 54 health workers on importance of infection prevention and control at 5 health facilities including; Kilembe HCII, Kilembe Hospital, Kyarumba PHC, Kasanga PHC and Nyabugando HCIII. The team observed overcrowding in the wards at Kasese Community HC IV and Katadoba HC III with limited stock of protective gear in all the health facilities visited.

Observations

- Kilembe HCII: Good hygiene and sanitation, beds are well spaced
- Kyarumba HCIII: colour coded bins used, running water, proper waste segregation
- Kasese Hospital: 3 bucket system in use, hand washing facility in place, clean environment
- Kasanga PHC HCIII: Proper waste segregation, running water in place, clean compound
- Nyabugando: waste pit well fenced, incinerator in place, functional hand washing facilities. Inadequate gloves
- Kyarumba PHC: waste pit in place, safe water in place
- Inadequate skills in chlorine mixing (Nyabugando HCIII ; Kasanga PHC III and Kyarumba PHC)

Risk Communication

- Sensitised 37 Local Council one chairpersons of Bugoye sub-county and 8 members of Ibanda Kanya town council technical planning committee on EVD.
- Sensitised 171 prisoners and 21 prison officers of Nyabirongo and lake Katwe Prisons on EVD.
- Community drives by mobile rig trucks covered 12 villages of Kyarumba town council and Kyabarungira sub-county and sensitised 5078 people one EVD
- Engaged Bugoye police post and sensitized 9 UPDF officers, 5 police officers, 2 children and 33 members of the community
- Engaged 2 schools (Ntanywaana and Hamukungu Secondary Schools, Hamukungu primary school) and sensitized 734 pupils on EVD
- Conducted dialogue meeting at Musyenene trading centre in Nyakiyumbu sub-country and sensitized 96 people on EVD
- Oriented 51 VHTs of Karambi sub-county and 7 teachers of Hamukungu primary school and 4 teachers from Hamukungu SS on EVD
- Met Health Inspector Bukonzo West and developed mentorship plan for VHTs of 6 sub-counties of Bukonzo West
- Distributed 16 posters IEC materials and conducted 1 radio talk show at Radio Messiah

Psychosocial

- The team offered psychotherapy to the bereaved family of a suspected case at Kyasenda I, Karambi.
- Supported the vaccination team following resistance from one family at Kiburara Village
- They conducted counseling for 2 contacts from Kamwokya and their driver, and they accepted vaccination

WASH

- Continued with assessment of water needs at selected high-risk health facilities in Bukonzo west
- Conducted continuous monitoring, supervision and follow ups of public places such as schools, markets, churches among others
- Educated people on EVD preventive messages with emphasis on hand hygiene to VHTs being oriented on ICCM in Bukonzo West HSD
- Kayanzi water source (borehole) was assessed and samples collected – water was safe but with high levels of turbidity
- Katwe Health centre had piped water, samples were picked and tested for safety and had high turbidity levels; also, did not have residual chlorine at tap outlets

Observations

- Visited 3 Health Centers that were used as meeting place for VHTs in Bugoye Subcounty; all had functional hand washing facilities and often use jik
- Visited 4 lodges used by mountain climbers in Bugoye Subcounty; had no HWFs and agreed to have

them by 26th June 2019

- All 9 schools visited in Munkunyu and Nyakatonzi Subcounty had functional facilities with water disinfected with jik and adequate sanitary facilities
- Two screening points in Katwe still have poor sanitation standards and inadequate stocks of disinfectants
- In Kyabarugira subcounty, 3 Schools, 1 factory and 1 market were inspected and some still practice crude dumping of refuse since pits are not provided for local composting. More still, majority of the institutions are not using disinfectants for hand hygiene

Vaccination

Cumulatively 980 individuals have been vaccinated including 73 contacts of whom 04 are health workers, 727 contacts of contacts and 180 frontline health workers. Today 110 individuals were vaccinated including 05 contacts and 103 contacts of contacts and 02 front-line health workers.

Those not vaccinated included 6 lactating mothers, 2 not found; 3 pregnant, 7 refusals, 2 sick and 15 not yet reached by the vaccination team.

3. Current Risk Assessment

The contact follow-up rate is encouraging and has been consistent for the last 10 days. Currently, social mobilisation, WASH and IPC have been intensified throughout the entire Kasese District and have been so instrumental in containing the EVD threat. A competent case management team is on standby to manage all cases identified as well as a laboratory sample management system that can provide a definitive diagnosis within 24 hours of identification of a case. The vaccination campaign has supported containment of the threat by forming two protective rings around contacts to the three confirmed cases identified in Uganda as well as those contacts who attended the burial and are linked to the grandfather who died in DRC. Many frontline health workers have also been vaccinated.

Surveillance systems have been enhanced to support Community Based Disease Surveillance (CBDS), Points of Entry surveillance, active case search, Event Based Surveillance including mortality surveillance and alerts management.

However, there is need to support PoE surveillance especially in identifying and manning screening points at previously unknown ground crossing points. Screening at other crossing points still occurs during the day and hardly at night. The persons who eventually turned positive for EVD crossed over from the DRC into Uganda during the night. Whereas CBDS and EBS structures have been activated, they are still not strong enough to effectively contribute to early identification and reporting of cases. A local coordination mechanism for CBDS and EBS is still not yet well institutionalised to support EVD surveillance. The VHTs who were activated to lead the implementation of this system (2 per village) seem inadequate and less motivated to support this system.

Overall, the risk of spread of the current outbreak within Kasese District remains low as all high-risk contacts

have been identified and are closely monitored. Most of these contacts have been vaccinated. However, the risk of importation of any other EVD cases from DRC into Uganda is still imminent and a high possibility, especially following the ongoing clashes between the Lendu and Hema tribes in Eastern DRC, the epicentres of the EVD outbreak in DRC.

4. Partnerships

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

5. Challenges

- Myths about vaccination and vaccination team not consulting sub-county leaders and school heads on vaccination.
- Some unofficial border points are not operational due to limited logistics.
- There are no security personnel at PoE except the airfield and Mpondwe.

- Uncertainty of the lead agency responsible for facilitating personnel at the border points.

6. Conclusion

Surveillance and community awareness have been intensified. Integration (Teaming) of response teams have lessened transport challenges and there is more political involvement in the response. However, we need to further strengthen community engagement for communities to better understand the importance of vaccination and address myths and misconceptions emerging in the communities. Kasere remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross border movements.