



EBOLA VIRUS DISEASE IN UGANDA

2 July 2019 as of 20:00 hrs

Situation Report

SitRep #21



1. Situation



Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 19 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 were 63 contacts under follow up
 - 62 were reviewed today and found okay
 - 63 contacts completed their 21 days of follow-up
- There are 5 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 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 currently 05 admissions in the ETU with negative EVD results.

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

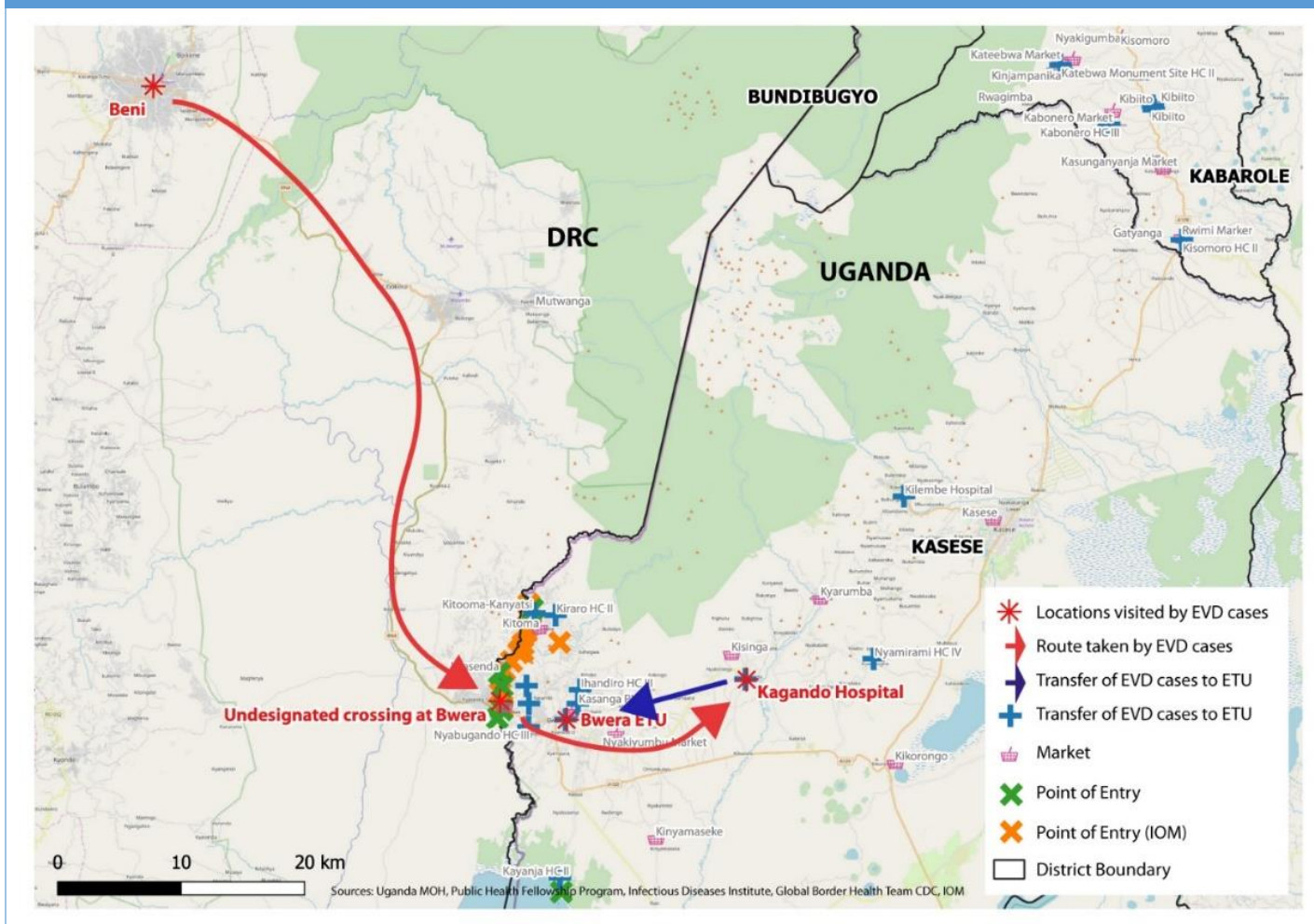


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

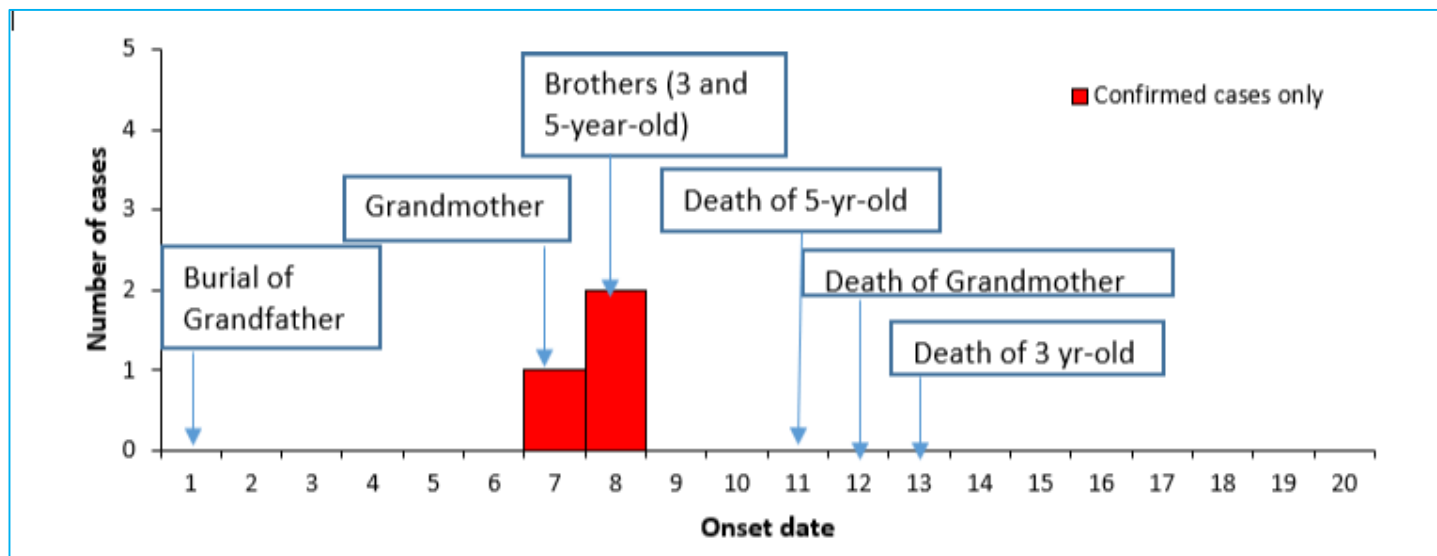
SUMMARY OF CASES (as of 2/July/2019)	Number of cases
New suspect cases today	01
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 ¹
Health facilities	03
Community	00

Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	05
Runaways from isolation	00
Cumulative number of contacts listed as of today	114
Number of contacts that have completed 21 days today	63
Number of contacts under follow up	00
Number of contacts followed up today	63
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	01
Cumulative specimens collected	45 ²
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	29
Specimens with pending results	01
Date of discharge/death of last confirmed case	13-6-19

¹ includes 1 death in the DRC

² including 12 repeat samples

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



2. Public Health Actions to date

Coordination

Today; the district held its first EVD response accountability forum. The Deputy Resident District commissioner chaired the meeting. The meeting was honoured to have the **National Incident Commander, WHO Country Representative** and the **Manager PHEOC** in attendance. The Incident Commander congratulated the response team for completing 21 days of follow-up. He appealed to the team to focus on sustainable interventions. The WHO Country Representative advised the response team to remain vigilant even after 21 days of follow-up. He also advised the response team to allocate resources to best priorities and praised the spirit of accountability that promotes transparency.

Key highlights from the EVD accountability forum

- All partners on ground presented their accountabilities
- The response budget was presented highlighting the funds received and the existing gaps
- Partners need to submit exit plan so that they do not leave the district handicapped.
- Partners should submit lists of personnel to be paid or paid during response to DTF for verification.
- All Partners to contribute a percentage of their support towards coordination
- All staff in the ETU and other frontline response areas should be facilitated as soon as possible
- Formal directive from the **Minister** instructing new allowance structures was communicated
- All partners to cost their non-cash contributions including supplies so as to fit into the response budget
- A select committee will revise the response plan and align Partners support to critical **strategic gaps** for the response

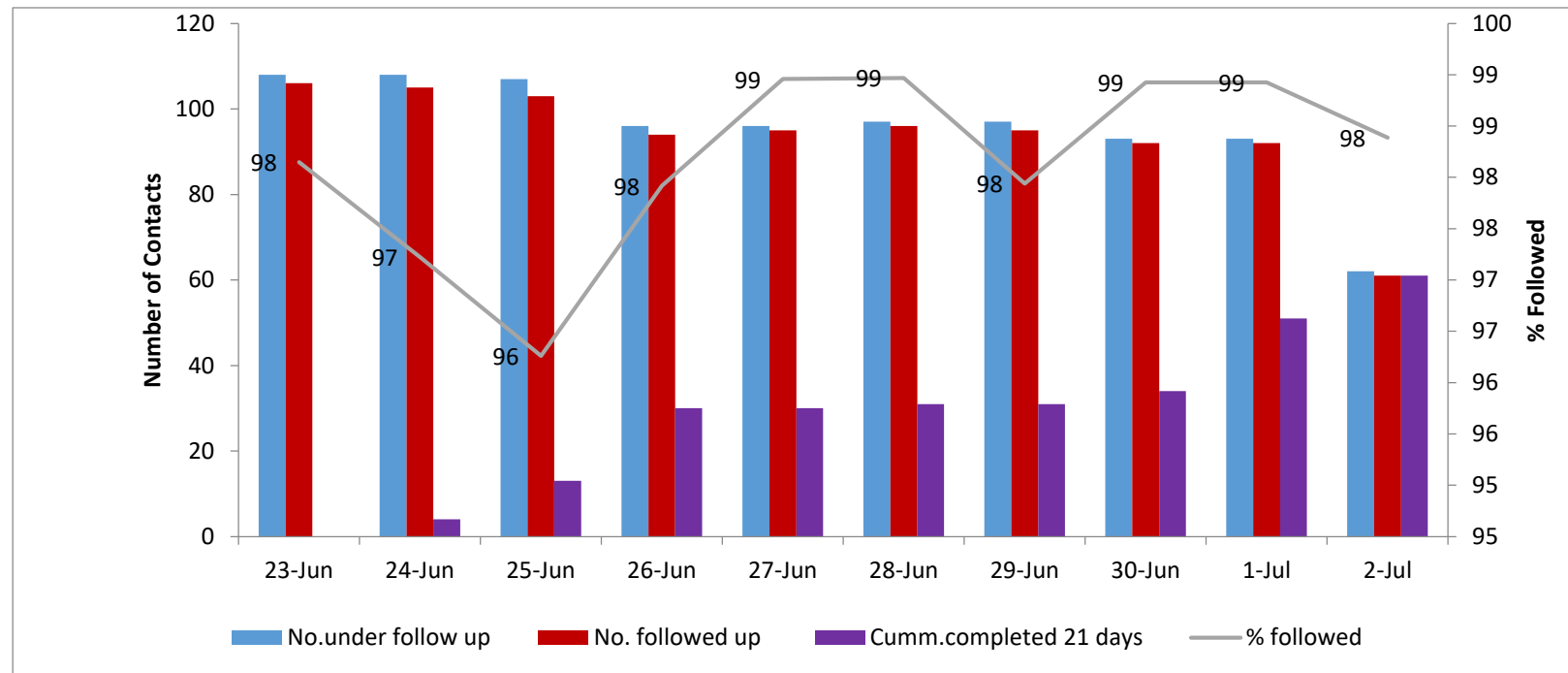
The meeting was also informed that majority of central responders supported by Partners including MOH NRRT are leaving the field on 2nd and 3rd July 2019. There is need to consolidate the remaining expert support to sustain the next phase of 21 days.

Surveillance

- The alert desk did not receive any notification today
- Screened **31,719** travellers at the border crossing points including at bus terminals and unofficial PoEs.
- The contact tracing team followed 62 contacts out of 63 who completed their 21 days of follow-up today. **All the contacts were**

in good condition and were informed of their end of 21 days of follow-up. Below is a graphic presentation of contact follow up.

Figure 2.0: Trend of contact follow-up



Laboratory

- One sample was collected from a new admission and transported to UVRI for testing. A duplicate sample will be tested by Mobile lab early 3rd June 2019.
- Five negative results were received from UVRI today.
- Cumulative samples collected and submitted for testing is 45 including 9 repeats, and one pending
- Three of the samples submitted for testing were positive and 29 were negative.

Case Management

- There are five admissions in the ETU today, one of which is a new admission. The new admission is a 19 years old male who had gone to his farm in DRC and returned with a high temperature of 38.9^oC as detected at a screening point. He was admitted to the ETU by 1900hrs and tested for malaria which was positive on RDT. This case is being managed in the ETU.
- Four patients were discharged from the ETU today.
- Restructuring of the ETU still on going to provide a cubical per patient
- Power house structure for the generator as an alternative power source has been established at the ETU
- Power sockets have been installed for patients to charge their phones while on admission

Risk Communication

- 1 evening radio talk show conducted on Messiah radio
- Conducted 2 VHT review meetings on Ebola reporting in Isango and Nyakibumbu sub counties attended by 40 in Isango and 35 in Nyakiyumbu.
- The team oriented 82-Para social workers in child protection and psychosocial support for children and families in EVD outbreaks.

Agreed to engage churches and schools to deliver EVD messages and share reports.

Infection Prevention and Control

- The team conducted a hand hygiene drill to the ETU staff

Vaccination

- Cumulatively **1,507** individuals have been vaccinated: **78** contacts, **747** contacts of contacts and **682** frontline health workers
- **No vaccination was conducted today**

Psychosocial support

- The team held a psych education session with the commanding officer and 40 UPDF soldiers at Kamukumbi Army Barracks in preparation to resettle two UPDF soldiers who were contacts and have been monitored at Bwera hospital detatch for 21days.
- The team engaged the LC1 chairman and community members of Kinyamaseke-Pirida Ward where one of the contacts has been under confinement and monitoring for 21 days. Psycheducation was conducted with emphasis on stigma and support for contacts.

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, IRC, IDI
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

5. Challenges

- Uncertainty on the Infection Prevention and Control strategy and facilitation for IPC responders
- Shortage of IEC materials translated into local languages (Lukhonzo and Runyakitara)

- Shortage of bedding materials for patients admitted in the ETU
- Majority of central responders have left the field

6. Conclusion

All contacts have completed their 21 days of follow-up. None of them developed EVD signs or symptoms. However, Kasese remains at high risk for importation of EVD given the outbreak in the DRC, and high population movements between the two countries. The recent tribal clashes in the Ituri Province in the DRC, and the resulting displacement refugee influx into Uganda has heightened the risk of EVD importation to the districts of Hoima, Arua, Kikuube, Kagadi, Ntoroko, and Bundibugyo.