



# EBOLA VIRUS DISEASE IN UGANDA

10 July 2019 as of 20:00 hrs

Situation Report

SitRep #29



## 1. Situation update



### Key Highlights

- 03 cumulative cases (00 probable 03 confirmed)
- All (03) confirmed cases have died (CFR =100%)
- Today is day 26 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 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

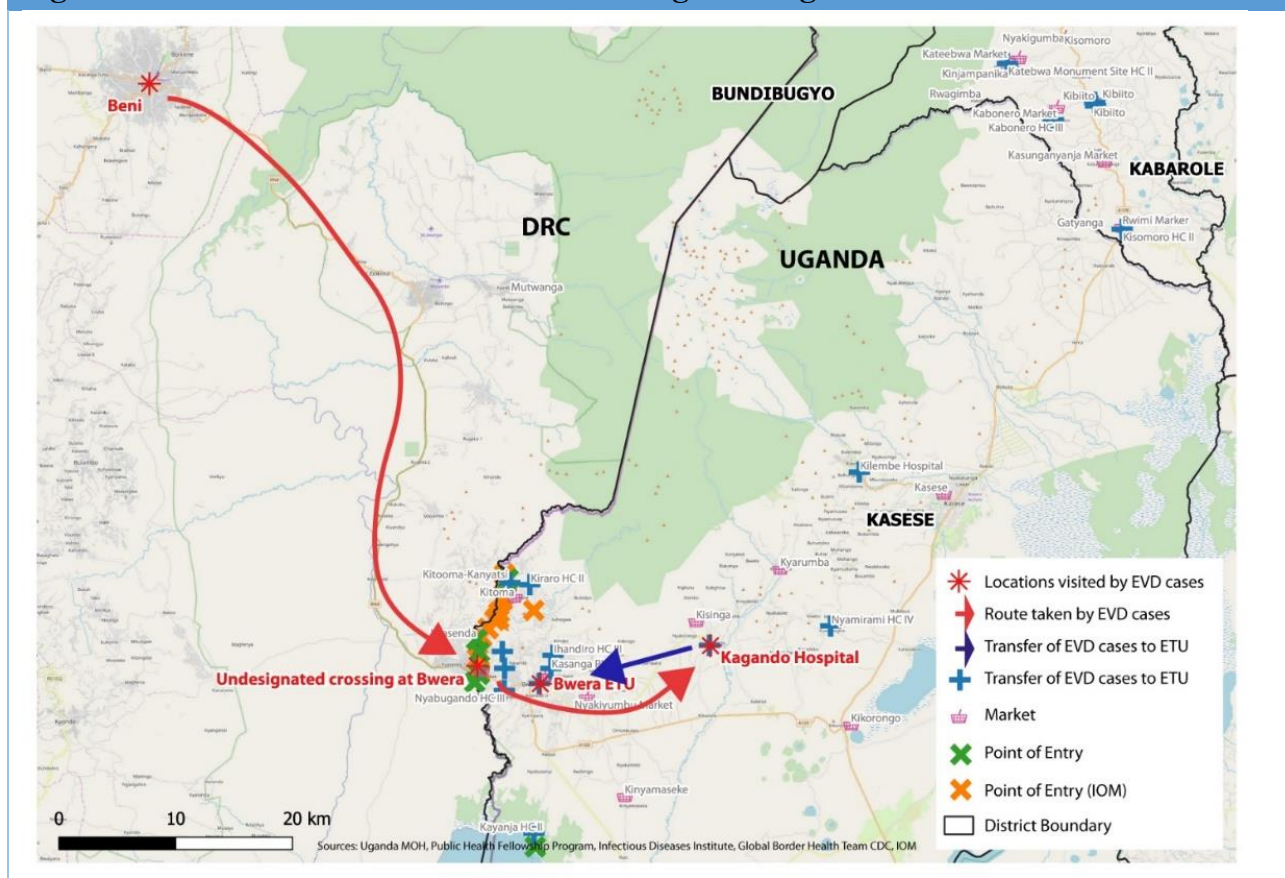
### EPIDEMIOLOGICAL SUMMARY

#### Background

On 11<sup>th</sup> June 2019, the Ministry of Health of Uganda declared the 6<sup>th</sup> 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 11<sup>th</sup> 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**

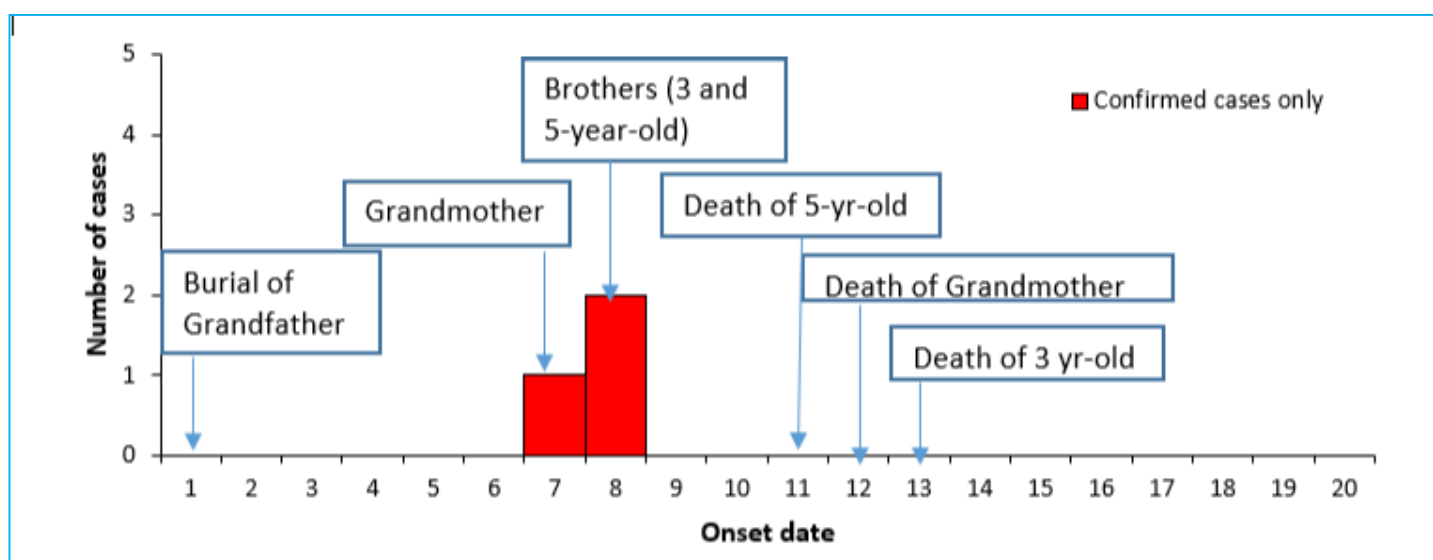
SUMMARY OF CASES (as of 10/July/2019)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Cumulative deaths (probable and confirmed)	03 <sup>1</sup>
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission (probable and confirmed)	00
Probable	00
Confirmed	00
Suspect cases on admission under investigation	00
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 <sup>1</sup>
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

<sup>1</sup> includes 1 death in the DRC

<sup>2</sup> including 18 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 Task Force meeting was chaired by a councillor on social services. The key action points included:

- Writing to partners who left the district without notifying the District task force (DTF) for an exit strategy
- DTF to write to MOH asking for improvement in the quality of IEC materials
- Partners need to contribute physical cash for support to coordination and Logistics committee
- Invite head of Para-social workers in the District for next DTF. This followed observation that the community based department was not fully involved in Psycho-social activities in relation to Ebola
- Awaiting clarification from MOH on when suspended community activities like safe male circumcision, VHT testing and Viral load camps will commence

The coordination committee held a budget meeting with WHO field team and carved out activities for WHO support. A budget of 144,800,000= was sent by district to WHO for immediate support in surveillance, case management and partial coordination.

### Surveillance

- The surveillance trainings in go-data and border health are still ongoing
- Alert desk recorded no alert case today
- A total of **21 072** people were screened from 30 PoEs and 6 bus terminals.
- The team reviewed health facility records in 3 health facilities of Kalibu HCIII, Mbuga HC II and Mweya

### Laboratory

- No new sample was collected by the team today
- One suspect case still admitted in the ETU is pending a repeat testing tomorrow
- Cumulative number of samples collected and transported for testing at the central lab remains at 58 including three samples that tested positive, 38 tested negative and 19 repeat samples

### Case Management

- Bwera ETU did not record any new admissions today
- The 31 year old male suspect who was admitted yesterday is improving greatly

### Risk communication

- Conducted a sub-committee meeting and agreed to;
  - Stick to the risk communication and social mobilisation inventory as a way of avoiding duplication of activities by partners
  - Develop a micro-plan for the VHT activations with a detailed script including facilitators
- Activated 50 VHTs (14M, 36F) from 25 villages, 3 parishes (Bikhone, Mubuku, and Buhunga) in Maliba sub-county. The meeting focused on how to strengthen community engagement and community based surveillance for EVD
- Orientated 93 (18F, 75M) teachers from 82 primary schools in Busongora North on EVD and developed action plans to deepen message reach
- Disseminated 16400 IEC materials (2000 posters, 14400 leaflets)

### Infection Prevention and Control

- Conducted mentorship of 18 health workers on IPC at 5 health facilities (Kayanzi HCII, St, Elizabeth HCIII, Kanamba HCIII, Nyakatonzi HCIII, Mukathi)
- Overall facilities have insufficient infection prevention and control practices
- Plan for one day orientation of all facility IPC focal persons is underway

### Psychosocial

- The team offered psychosocial support to a Kenyan national who was admitted in the Bwera ETU today
- Offered phone follow up support to the four contacts and parents of the index case. Family is still suffering from self-stigma

### Logistics

- Delivered supplies of 20 thermometers at 20 screening points
- Received a laptop for logistics support
- Supplied hand washing facilities and other IPC supplies at PoE

## 3. Partnership

### 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, 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

## 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, etc have not been paid.**
- Chlorine supplied at health facilities have different concentrations ( 55%, 65%, 68%, 70%, 90% etc). **Possibility of NTF to regulate this.**

## 5. Conclusion

The Ebola response has completed the first cycle of 21 days without any transmission. However, the crossborder meeting between Uganda and DRC revealed that Ebola outbreak in DRC is still at large and far from ending. There is need for long term sustainable and resilient interventions to continue mounting the necessary preparatory efforts.