



# EBOLA VIRUS DISEASE IN UGANDA



## Situation Report



Deaths

**03**

Cases

**03**



### 1. Situation update

- **03** cumulative cases (**03** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- There are 96 contacts under follow up
  - None has developed symptoms to date
- 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
- The burial of the Queen Mother tomorrow has been moved to Bundibugyo. Several interventions have been put in place; hand washing facilities, screening of all people attending the burial, securing of all entrances, footbaths set up and education of the masses about EVD

### 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 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 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.

As of today, there is no confirmed case in Uganda, however 2 suspect cases are admitted at Bwera Ebola Treatment Unit. We have listed a cumulative total 96 contacts for follow up.

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

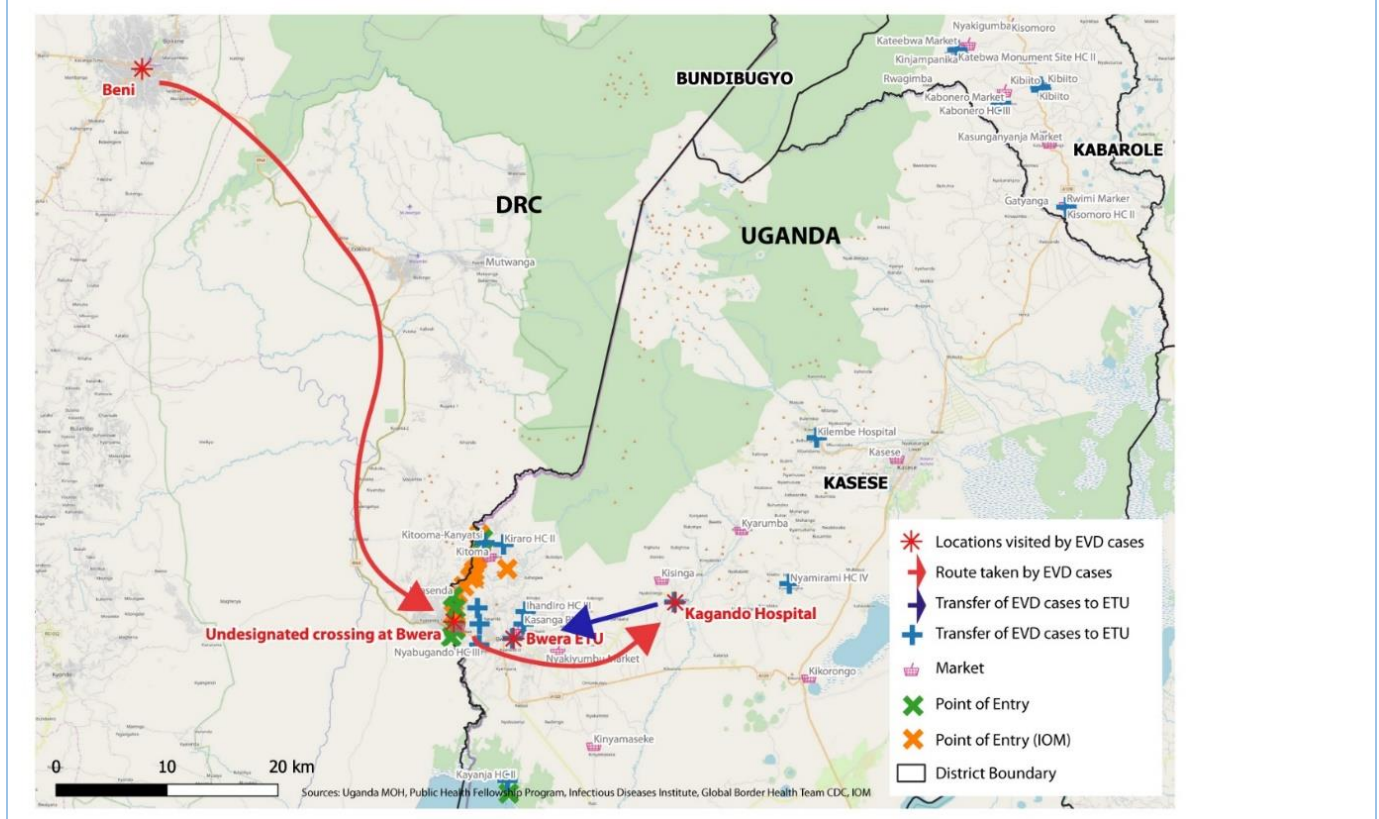


Table 1: Ebola virus disease cases by classification

SUMMARY OF CASES (as of 15/June/2019)	
New suspect cases today	01
New deaths today	00
Cumulative cases	05*
Suspect under investigation	02
Probable	00
Confirmed	03
Cumulative deaths (suspect, probable and confirmed) in	03**
Health facilities	03
Community	00
Deaths among confirmed cases	03
Number of cases on admission	02
Suspect	02
Probable	00
Confirmed	00

Cumulative cases discharged	03
Suspect	03
Confirmed	00
Cases who are health workers	00
Suspect	00
Probable	00
Confirmed	00
Confirmed cases of health workers who have died	00
Current admissions of health care workers	00
Suspect	00
Probable	00
Confirmed	00
Cumulative number of health workers discharged	00
Runaways from isolation	00
Number of contacts listed as of today	96***
Number of contacts that have completed 21 days	00
Number of contacts under follow up	96
Number of contacts followed up today	83
Cumulative number of contacts who developed symptoms	00
Specimens collected and sent to the lab. Today	01
Cumulative specimens collected	12****
Cumulative cases with lab confirmation	03*
Cumulative samples tested negative	05
Specimens with pending results	01
Date of discharge/death of last confirmed case	13 June 2019

\* dropped 4 that tested negative on second PCR test

\*\* includes 1 death in the DRC

\*\*\* numbers reduced after cleaning contact tracing list

\*\*\*\* 3 are repeat samples

## 2. Public Health Actions to date

### Coordination

EVD District Task Force meeting was held today in the morning discussing action points raised during the DTF held on 14<sup>th</sup> June and the feedback from the sub-committee following the activities conducted on 14<sup>th</sup> June in response to EVD outbreak in the District. Partners submitted a list of deployed staff for better follow up of the response team and filling of the 4W matrix for accountability is ongoing.

Key issues discussed included;

- Updating the logistics requirement list
- Mobilisation of local resources and redistribution of surplus commodities
- Review of response team actions
- Intensify social mobilization to understand issues of concern in the community
- Encouraged risk communication, surveillance and psychosocial teams to move and work together

- as they address related issues
- More involvement of political leaders

### **Surveillance**

Uganda still records 3 cumulative confirmed cases who have all died giving a case fatality rate of 100% (3/3). Currently there are two suspect cases admitted in the ETU. Both cases have no relation with the confirmed cases.

The first case is a 3-year-old male who was admitted in the ETU on 14 June 2019. He was referred from Ihandiro HC III and had crossed from the DRC. He presented with a high fever (39°C), vomiting and diarrhoea and anemia but no history of bleeding. A malaria RDT was done and it was positive. Today he started passing bloody urine. Results of the first sample taken were negative for all VHF. A second sample is to be taken tomorrow.

The second case is a 7-year-old male, from Mirami village, Karambi parish, Kasese district. He presented with a persistent high fever, general weakness and joint pains. The temperature taken at the PoE (Mirami crossing point) was 39°C. He reported no history of direct contact with a patient or a dead body however mother had travelled to the DRC on 12 June and while there the child developed a fever on 13 June. They returned today. A malaria RDT was done and it was positive. A sample was taken and sent to UVRI for investigation. Results are pending.

A cumulative total of 96 contacts to the confirmed cases have been listed. We followed up 86% (83/96) contacts in Kagando, Bwera and Mpondwe. Five new contacts were listed, and 2 alerts were received today. One alert was investigated within 24 hours and the other will be investigated today. No suspect case was identified through the health facility and community active case search.

### **Laboratory**

Cumulative samples tested to date is twelve.

- Orientation of lab staff in General Biorisk management and filling of case investigation forms at Kagando hospital laboratory
- Assessed the stock status to establish capacity to collect EVD samples
- Received results for the three samples referred yesterday. Two of these samples were repeat samples. All are negative
- One sample was collected and transported today to the testing laboratory (UVRI), results are pending

### **Case management**

There are 2 suspect cases currently isolated in the ETU at Bwera Hospital. Two suspect cases were discharged to the medical ward following a negative second blood test and one case awaits a repeat test. A new suspect case had their blood sample collected today.

### **Risk Communication /Social Mobilization**

- Sensitized communities of Bwera sub-county, Mid Valley and Bwera secondary school, Kyowanga, Kalinga, Kasinka and Kasanga technical institute
- Sensitized Batalion 27 and 168 UPDF soldiers and their families on EVD
- Sensitized 102 people on EVD in Isango sub-county, engaged 35 VHTs, engaged 45 community members of Kilembo village on vaccination where vaccination will take place and sensitized 131 sub-county concillors in Busongora South HSD

- Worked with vaccination team on community engagement and sensitized 35 health workers at Kagando hospital on community engagement and interpersonal communication
- Conducted a radio talk show on Guide FM
- Total of 56 EVD posters, 80 leaflets, 1 Flip chart were distributed to UPDF officers

#### **Water, Sanitation and Hygiene (WASH)**

- Visited public places and institutions to assess the availability of hand washing facilities and disinfection methods being used for treating water for hand washing and cleaning of articles and floors

#### **Psychosocial team**

- Sensitized community where a contact who carried the confirmed cases to Kagando Hospital had been rejected, before he was integrated back into the community. A village health team was assigned to him for daily follow up. The contact is concerned of his source of income given his home quarantine.

#### **Infection Prevention and Control (IPC)**

- Compiled a schedule for implementation of IPC activities
- Harmonized activities of IPC and WASH subcommittees

#### **Vaccination**

The vaccination team vaccinated a total of 20 contacts including 4 high risk contacts and 6 health workers at Kagando and Bwera hospital. Two rings were opened.

#### **Operational challenges, concerns and recommendations**

- Need more vehicles to support active case search and contact tracing
- Need digital thermometers for the contacts to self-monitor as well as non-contact infrared thermometers for the contact tracing team, health facilities, at airfield and newly set up POEs
- Funds to support contact tracing especially payments for sub county supervisors and VHTs
- Airtime to support operations of the alert desk and internet for the data management team
- Limited stock of sample collection supplies (vacutainer tubes, needles, swabs, ziplock bags, sharps containers and biohazard bags, 10% formalin)
- Stock out of chlorine and lack of soap in schools
- Scarcity of water at all schools visited
- Case definition and IEC materials need to be translated to local languages

#### **Key Planned activities**

- Continue contact listing and follow up at Kagando, Bwera and Mpondwe
- Conduct active case search in health facilities in all Health Sub-districts
- Work with vaccination team in Bwera on community engagement
- Engagement of churches and community members by IPC agents in Kilembe
- Engagement of community leaders in Kilembe and Mukunyu on hostility against Congolese
- Conduct radio talk show
- Identify and reorient VHTs to support contact follow up
- Sensitise community members, stop mass gatherings, calm the community members on EVD and encourage people to hand wash and stop handshaking
- Sensitisation of at least 10 churches

### 3. Conclusion

There is an EVD outbreak in Kasese, Uganda with its origin in the DRC. There are 3 confirmed cases with 3 deaths. There are 2 suspect cases today. Ninety-six (96) contacts have been identified so far and eighty-three (83) have been followed up today. Response activities have heightened in the district.

### 4. Partnerships

The following Partners are supporting Ebola response in Kasese district; WHO, CDC, USAID CHC, UNICEF, Red Cross, AFENET, ECHO, DFID, UNHCR, IRC, Baylor, Save the Children and MSF.