



# EBOLA VIRUS DISEASE IN UGANDA



17 June 2019 as of 20 00 Hrs

Situation Report

SitRep #06



## 1. Situation update

Cases

03



Deaths

03



### Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day 4 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 92 contacts under follow up
  - 89 were followed up today
  - None has developed symptoms to date
- 02 suspect cases on admission in ETU, one sample sent to UVRI for repeat test; 2 tested negative for Ebola by PCR
  - Result for the new suspect in ETU still pending
- 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
- 59 contacts have been vaccinated today

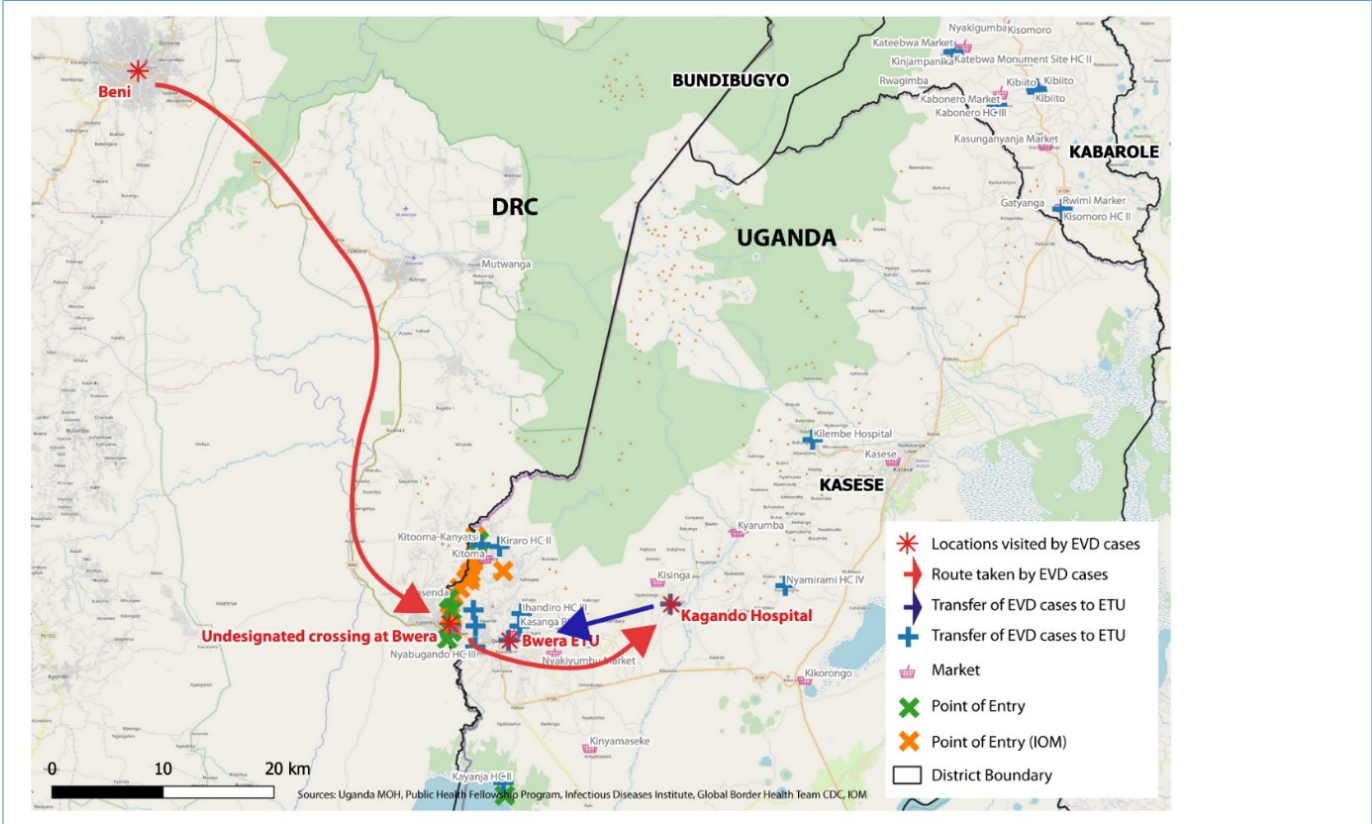
### EPIDEMIOLOGICAL SUMMARY

#### 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 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. The 3-year-old brother also died on the 13 June 2019. As of today, there is no confirmed EVD case in Uganda, however 2 suspect cases are admitted at Bwera Ebola Treatment Unit. Ninety-two (92) contacts are being followed up.

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



**SUMMARY OF CASES (as of 17/June/2019)**

New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	03
Probable	00
Confirmed	03
Suspect under investigation	02
Cumulative deaths (probable and confirmed)	03*
Health facilities	03
Community	00
Deaths among confirmed cases	03

Number of cases on admission	02 <sup>+</sup>
Suspect	02
Probable	00
Confirmed	00
Cumulative confirmed cases discharged	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
Cumulative number of contacts listed as of today	95**
Number of contacts that have completed 21 days	00
Number of contacts under follow up	92
Number of contacts followed up today	89
Cumulative number of contacts who developed symptoms	00
Cumulative number of contacts vaccinated	128***
Number of contacts vaccinated today	59
Specimens collected and sent to the lab. Today	01
Cumulative specimens collected	16****
Cumulative cases with lab confirmation	03
Cumulative samples tested negative	07
Specimens with pending results	01
Date of discharge/death of last confirmed case	13 June 2019

\*includes 1 death in the DRC

\*\* includes 3 contacts that have moved to DRC

\*\*\*includes contacts of contacts

\*\*\*\* 5 are repeat samples

+ excludes one case with a repeat negative PCR maintained on the ward for blood transfusion since the patient is anaemic

## 2. Public Health Actions to date

### Coordination

Today the EVD District Task Force meeting was chaired by the chairman of the social services committee. The meeting discussed action points raised during the DTF meeting held the previous day. It also received feedback from the sub-committees following the activities conducted the previous day. The vehicle and human resource tracking log was updated and submitted to district leadership for review.

Other key issues discussed included;

- The need to intensify social mobilization and risk communication especially in Karambi subcounty where majority

of cases are coming from.

- The EVD response plan was submitted to Ministry of Health.
- A community engagement meeting will be conducted tomorrow in Karambi involving the district and lower political leadership.
- More involvement of political leaders in the response

### **Surveillance**

- Uganda still records 3 cumulative confirmed cases who have all died giving a case fatality rate of 100% (3/3). Currently there are 2 suspect cases admitted in the ETU. All 2 cases have no relation with the confirmed cases. One (1) alert was received today and investigated within 24 hours but did not fit the alert definition so was disqualified. The alert was a *boda boda* rider at the border who presented with fever and headache. He was sent home with treatment and is to be monitored by a VHT.
- Additionally, 8 new contacts were listed today, giving a cumulative total of 92 contacts to the confirmed cases. Sixty-three (63) in Kagando and 29 in Bwera. We followed up 97% (89/92) of contacts in Kagando, Bwera and Mpondwe areas.
  - None of the contacts has developed symptoms consistent with EVD.
- Conducted active case search at 4 health facilities in Kagando sub district and oriented health workers on EVD in all those facilities
- Screened 45 people gathered at the home of the queen mother where a crowd had gathered anticipating the return of the King of Rwenzururu Kingdom
- Surveyed, mapped and sensitized vendors and leaders of Mahwa and Kizungu markets which draws traders from Kasese, Fort Portal, Bundibugyo and DRC on the need to have screening points and WASH facilities

### **Laboratory**

- Delivered Gene x-pert cartridges and equipment to support on site testing at Bwera hospital (upon approval by MoH with CDC, UVRI partnership).
- Established a workspace for mobile laboratory onsite testing. Assessed stock status to support lab operations at the ETU. Received results for two suspect samples collected from patients in the ETU and both were negative

### **Case management**

- There are two cases in the ETU today. Three lab results for three suspect cases were received today; all were negative; one was a repeat sample. One repeat sample was taken with pending results. No new suspect case admitted today.

### **Risk communication and social mobilisation**

- Sensitized communities of Katwe Kabatoro Twon council, Nyakatonzi, Nyakiyumbu Sub-County, Mukunyu Sub-County, Nyakatonzi Sub-County on EVD prevention and control measures using the mobile film van.
- Sensitized uniformed personnel with EVD messages in Kamukumbi and Karambi UPDF detachments.
- Distributed IEC materials, posters, leaflets, job aid cards, to the business communities, UPDF soldiers and community leaders.
- Sensitized chairperson LCs of Kyarumba, Kisinga, mukunyu, Kyondo, Lake Katwe subcounties on prevention and control

### **Psychosocial team**

- The team conducted group counselling for 6 traumatized medical personnel at St. Paul's HC. IV, who got into direct contact with a 3-year-old suspect yesterday and about 800 pupils and 23 teachers of Kinyamaseke Primary School

where a pupil who is a contact of contact is suffering stigma.

- Counselling the nurse who got into contact with a confirmed case at Bwera hospital and the motorcyclist who rode the index case

### **Vaccination**

The vaccination team has vaccinated a cumulative number of 128 contacts with 59 vaccinated today in two main rings. The focus was on high risk contacts and satellite cases. The team continues to identify new contacts and contacts of contacts.

### **WASH**

- The WASH team assessed the WASH interventions in 6 schools, landing site of Kigendo and National Water and Sewerage Corporation offices in IKatwe T.C
- Trained 101 Early Child Development centre Head Teachers and caregivers on hand washing and water treating strategy.

### **Infection control and prevention**

The team oriented health workers on infection prevention and control.

### **Logistics**

Uganda National Medical Stores (NMS) delivered medical supplies to support the Ebola response.

### **Key planned activities**

- Conduct active case search, contact listing and follow up in health facilities in all Health Sub-districts
- The risk communication team to continue working with vaccination team in Bwera on community engagement
- Engagement of churches and community members by IPC and social mobilisation teams to integrate EVD messages in their teachings
- Engagement of community leaders in Kilembe and Mukunyu on hostility against Congolese nationals
- Sensitise community members, stop mass gatherings, alleviate fears and anxiety among community members on EVD and encourage people to hand wash and stop handshaking. The community will also sensitise on the importance of safe and dignified burial following resistance at SDB of a suspect case.
- Community engagement at markets to enhance alertness and enable reporting of any Ebola-related events to the district authorities
- The risk communication team will visit the markets and other public places to conduct sensitization and engagement meetings on EVD alertness

## **3. Conclusion**

Community awareness of the risk of Ebola infection is high and the community is very suspicious of anyone with a recent travel to the DRC. Supplies of response items have improved but more forecasting is needed to avoid stockouts of essential items like PPEs and other sundries.

## **4. Partnerships**

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