



EBOLA VIRUS DISEASE

Republic of Uganda



Situation Report 25

Data update as of 14th October 2022 at 22 :00 HRS

	Affected Districts	Confirmed Cases	Deaths	
			Confirmed	Probable
New	00	00	01	-
Total	05	58	21	20

Key Highlights

On 20th September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus (SVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI). This follows investigations by the National Rapid Response Team of suspicious deaths that had occurred in the district earlier in the month. This is the first time in more than a decade that Uganda reports an outbreak of Sudan ebolavirus.

- No new cases were reported as of 14th October 2022 2200 HRS.
- One new death was reported in the ETU in Mubende
- Cumulative confirmed cases currently are 58
- CFR among confirmed is 21/58 (34%).
- Contacts follow-up rate in the past 24 hours was 97%.

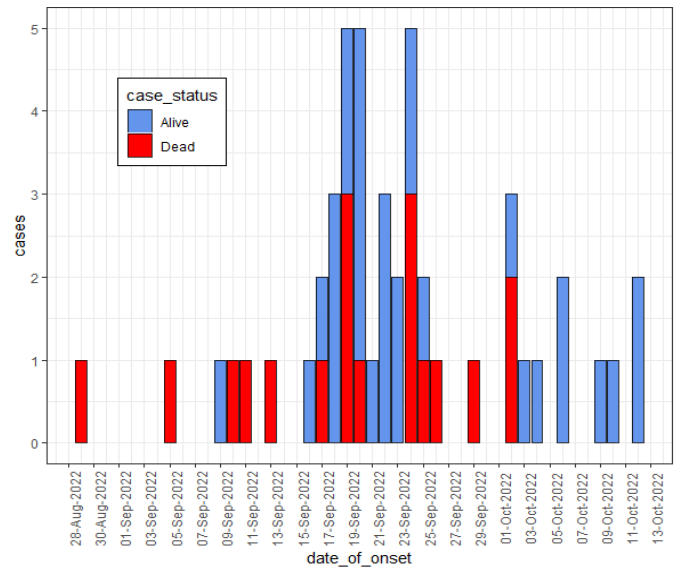
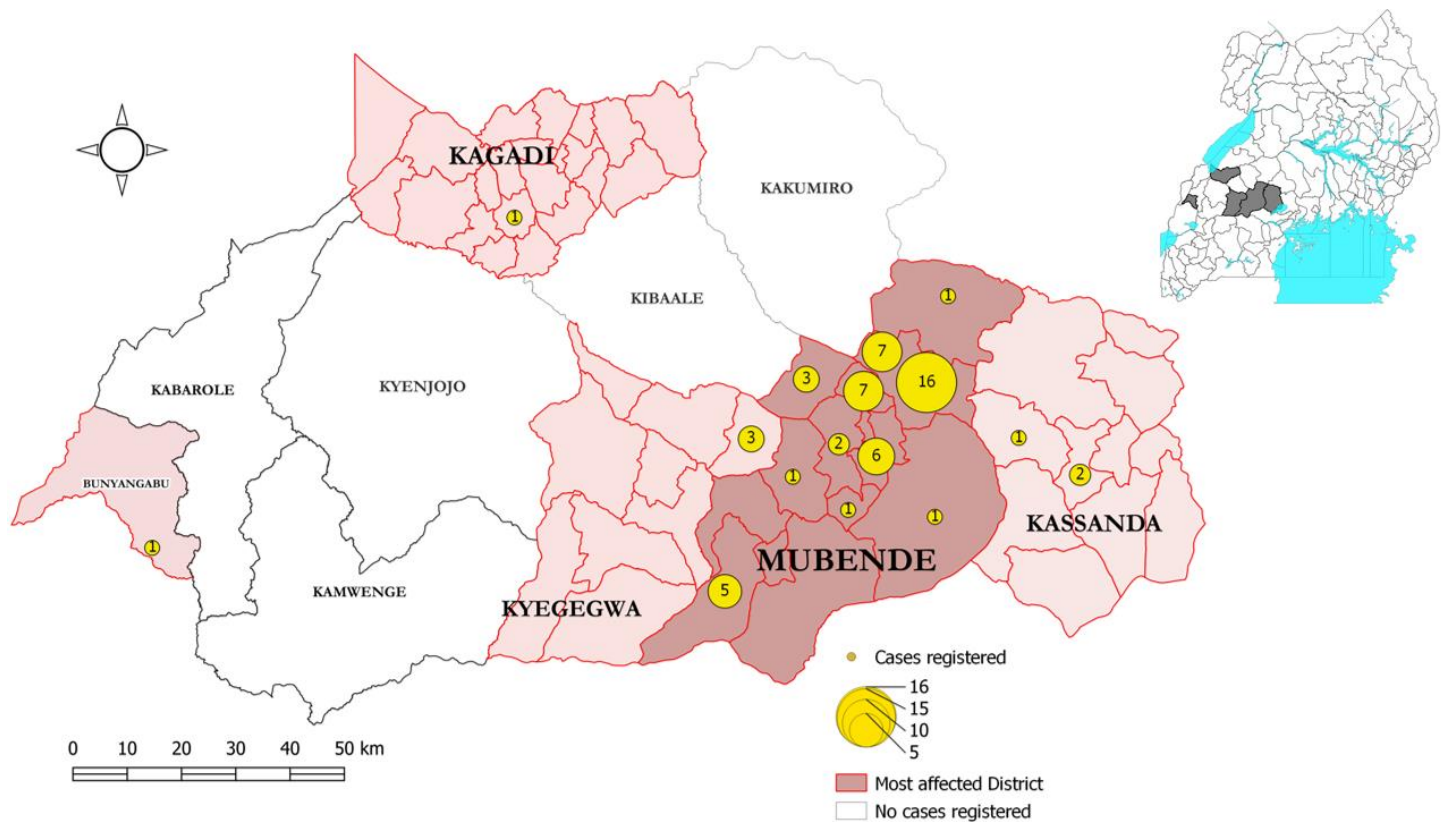


Figure 2: Geographical distribution of confirmed cases as of 14 October 2022



Summary of Confirmed Cases and probable deaths by Sub-County as of 14th October 2022 at 22:00 HRS

District	Sub-County	Confirmed Cases	Confirmed Deaths	Probable Deaths*
Mubende	Madudu	16	07	13
	Eastern Division	07	01	00
	Southern Division	06	01	00
	Bayeza	01	01	01
	Western Division	02	01	00
	Kasambya	05	00	00
	Kibalinga	01	01	00
	Kiruuma	07	03	05
	Kitenga	01	00	00
	Butologo	01	01	00
	Kiyuni	03	03	00
Kyegegwa	Kasule	03	01	00
Kassanda	Kassanda	02	00	01
	Kalwana	01	00	00
Kagadi	Kagadi TC	01	01	00
Bunyangabu	Rwimi TC	01	00	00
Total		58	21	20

Data harmonisation is an on-going process as patient classification changes between admissions, recoveries and fatalities.

*All probable deaths reported as occurring before 20th September 2022.

Contact Tracing, Alert Management and Laboratory summaries as of 14th October 2022 at 22:00 HRS

Updated 14Oct22 at 22:00 hrs	Last 24 Hours									Cumulative								
	MUB	KYE	FPC	KAS	KAG	KAK	KLA	BUN	Total	MUB	KYE	FPC	KAS	KAG	KAK	KAL	BUN	Total
Contacts listed	132	0	0	0	0	1	44	0	177	2317	58	3	52	23	59	118	48	2,678
Contacts completed 21 days of follow-up	496	0	0	15	0	0	3	0	514	496	48	0	24	0	30	3	0	601
Contacts under active follow-up	750	0	1	23	23	29	115	47	988	980	-	-	-	-	-	-	-	980
Contacts followed-up today (% follow-up rate)	723 (96)	0	1 (100)	23 (100)	23 (100)	29 (100)	45 (39)	47 (100)	778 (97)	-	-	-	-	-	-	-	-	-
Number of Contacts developing symptoms	2	0	0	1	0	1	0	0	4	-	-	-	-	-	-	-	-	-
Number of Contacts evacuated	1	0	0	0	0	0	0	0	1	-	-	-	-	-	-	-	-	-
Signals / Calls received	35	0	8	3	1	4	45	15	111									
Alerts received	17	3	8	3	1	4	45	15	96									
Alerts verified (%)	17 (100)	3 (100)	8 (100)	3 (100)	1 (100)	4 (100)	45 (100)	15 (100)	96 (100)	-	-	-	-	-	-	-	-	-
Alerts meeting suspect case definition	14	2	0	3	1	0	0	1	21	-	-	-	-	-	-	-	-	-
Alerts evacuated	9	2	0	3	1	0	0	0	15	-	-	-	-	-	-	-	-	-
Samples collected	63	0	6	1	0	0	37	0	107	371	22	17	10	0	0	65	3	488

MUB- Mubende; KYE- Kyegegwa; FPC – Fort Portal City; KAS – Kassanda; KAG – Kagadi; KAK – Kakumiro; KLA – Kampala; BUN - Bunyangabu

Actions to date

The Ministry of Health (MoH), Districts, and partners in Uganda are implementing several outbreak control interventions in Mubende and her surrounding districts to contain the disease spread. An overview of key activities is summarized below:

Response Pillar	Key Updates in the past 24 hours
Coordination	<ul style="list-style-type: none"> ➔ All sub-county task forces in Kassanda activated for SVD response ➔ Daily DTF meetings, partners meetings and pillar meeting held in all affected districts. ➔ Daily Greater Kampala Metropolitan Task force meetings continue daily with representation from Kampala Capital City, Wakiso and Mukono; briefing of senior political leadership in Kampala was completed ➔ Technical assistance from partners has been deployed to support the KMA response
Surveillance and Contact tracing	<ul style="list-style-type: none"> ➔ Total contacts under follow up is 873. The follow up rate for contacts is at 97% ➔ All contacts from Kyegegwa have completed 21 day follow up with no new cases identified in the period. Last positive case reported in Kyegegwa 20th September 2022 ➔ All the sub pillars i.e alerts management, case investigation, contact tracing, and active case search are active and continue to report daily ➔ 96 alerts were received in the last 24 hours from Mubende, Kampala, Fort Portal City, Kagadi, Kakumiro, Nunyangabu, Kyegegwa, 100% of these were verified; 21 met suspect case definition and evacuation was done for 15. A follow up protocol has been developed to monitor those declining evacuation, which includes sample collection. ➔ Baylor – Uganda and Public Health Fellowship Programme (PHFP) with KMA has started conducting PopCAB surveys to track the movement of contacts in Kampala ➔ WHO has deployed additional Human resource to support KMA (6 epidemiologists) under the GKMA Task Force
Laboratory	<ul style="list-style-type: none"> ➔ All laboratory results were returned within 6 hours in Mubende ➔ The internet connectivity at the Mobile Laboratory has been boosted to support uploading of results on RDS ➔ 14 laboratory staff, 5 DSFPs and one hub rider have been trained in sample collection, packaging, transportation, biosafety and biosecurity
Case Management	<ul style="list-style-type: none"> ➔ Current admissions in Mubende isolation stand at 25; 15 confirmed and 10 suspect cases. ➔ Cumulative facility deaths stand at 21. ➔ 22 recoveries have been reported ➔ Entebbe Isolation is fully functional with 1 confirmed case admitted; onsite clinical laboratory is being equipped and functionalised to support patient management ➔ Mulago Isolation facility has been fully operationalised; currently admitted suspect cases and high risk contacts ➔ Two tents have been setup at Kiruddu Referral Hospital (Kampala) with support from WHO to support triage within the facility and isolation of suspect cases early
Emergency Medical Services	<ul style="list-style-type: none"> ➔ The EMS system has been activated for the entire country ➔ 17 suspect cases were successfully evacuated as follows; (04) Interfacility, (03) Community to ETU, (05) Community to Emergency Department, (04) Community to ETU, (01) Community to Outpatient department. ➔ A total of seven ambulances have been deployed in Mubende district alone ➔ The GKMA EMS has been activated to support transfer of suspect cases as well as support continuity of essential health services
Infection Prevention and Control and WASH	<ul style="list-style-type: none"> ➔ The monitoring of IPC measures in the ETU continues to be done daily ➔ There are ongoing campaigns for IPC and WASH within 10 villages in Mubende District. ➔ The sensitization of pupils and teachers at primary schools continues ➔ Sensitization and IPC orientation has been done for the Police officers in Mubende municipality ➔ Mildmay and Mubende district team delivered supplies to Kirwanyi village that included 17 hand washing stations, five (20-liter Jerricans of liquid soap), and 40-liters of hand sanitizer. These supplies were meant to support churches, mosques, markets, boda stages, schools, clinics, saloons, and restaurants.
Risk Communication	<ul style="list-style-type: none"> ➔ The ten Community audio towers in Madudu and Kiruma sub counties continue to air out messages on SVD.

Response Pillar	Key Updates in the past 24 hours
	<ul style="list-style-type: none"> ➤ Three mobile public address systems were contracted to disseminate Ebola Virus Disease (EVD) messages to the public in three divisions of Mubende Municipal council and approximately 100,000 people were reached through this strategy. ➤ Over 3000 pieces of IEC materials (posters and fact sheets) in Luganda language were disseminated in the Municipality using the mobile public address system vehicles. ➤ Following an assessment to understand the level of EVD awareness, risk, and need for RCCE interventions at the gold mines in Kiruuma sub-country, it was discovered that there are high levels of EVD awareness, IEC materials were available and pinned up, and the risk perception of infection appeared to be low due to the site's lower population compared to that of the entire village ➤ Kaweri Coffee Plantation which has over 500 resident workers was visited and noted that information on EVD was well disseminated in all the 5 camps of the plantation. They have sufficient IEC resources. Additionally, there were hand washing stations available and often utilized at all access points, and the WHO recently taught the site's in-charge health facility on surveillance and alert reporting. ➤ 96 village health team members had been oriented on their roles in EVD outbreak and assigned them areas of responsibility in Kibalinga sub-county. ➤ The LCI chairperson, cultural leaders, VHTs, religious leaders, and councilor received EVD orientation from the Madudu Sub County task force.
Logistics	<ul style="list-style-type: none"> ➤ There is adequate stock for laboratory test kits with additional reagents expected in the pipeline to support testing at Mubende mobile laboratory and UVRI ➤ A delivery of hand washing facilities was made to Kirwanyi TC. ➤ Play materials for children that are in isolation were delivered by UNICEF. ➤ Received a delivery of Chlorine, 90 buckets (45kg) from Redcross. ➤ National Medical Stores dispatched PPE for MRRH. ➤ Received a delivery of 40 hand washing facilities from SORAK. ➤ Received a delivery of 200 litres of sanitizer from Mild May Uganda ➤ WHO is supporting in provision of fuel and facilitation for surveillance teams in the Kampala area
Mental Health and Psychosocial Social Support	<ul style="list-style-type: none"> ➤ Psychosocial support is currently being offered to 16 Clients at Madudu. ➤ Offered pre-counselling of the three children (8-year-old female, 12-year-old female, 5-year-old male) who were being evacuated from St. Paul Junior School Kilungi in Mubende Municipality. ➤ Post test counselling is being offered to all contacts with negative results. ➤ There is continued support for counselling services to all patients at the ETU. ➤ There are efforts being made for relatives of the isolated people at the ETU to talk to with their family members; current efforts focus on phone calls ➤ The resettling of the discharged persons and negative suspect cases into their community continues.
Continuity of Essential Health Services	<ul style="list-style-type: none"> ➤ A webinar was conducted for heads of RRHs, DHOs and general hospitals on maintaining essential health services throughout the response

Critical Challenges listed

- Some communities still exhibit a poor acceptance of SVD response, sometimes resulting in hostility to responders. The Ministry of Health has deployed an integrated community engagement approach in these hotspot areas to improve uptake of response actions.
- There is still low awareness/ risk perception of Ebola from the community members given the open business compared to COVID-19.
- Families affected by Ebola are still stigmatized by the communities, SVD suspects and survivors still face rejection within the communities. Deployment of psychosocial teams as a precursor to re-introduction into the communities is going on to address this.

Key messages to the public

- People in the community should call an alert hotline or go to a health facility if they have symptoms (e.g., fever, headache, weakness, vomiting, bloody diarrhoea or urine, bleeding from body openings).
- Current hotline numbers are: **0800200043 (Toll-free), 0762640374, 0762640379, 0708062203, 0702869375, 0708052008, 0762659215 (Not toll-free)**
- Free alert SMS on **6767** starting with the 'ALERT' key word
- Community should not fear people who have been discharged from the ETU and returned home.