

Summary

Since the declaration of the Ebola Outbreak in Uganda on September 20, 2022, the Ministry of Health with support from WHO and partners has initiated a fully-fledged response plan to guide the country's response and preparedness to the outbreak.

Today marks 94 days of responding to the outbreak, and 22 days since the last confirmed case. Since the beginning of the response, 09 districts have been affected including Kagadi, Mubende, Kyegegwa, Kassanda, Bunyangabu, Kampala, Masaka, Wakiso and Jinja.

The following report highlights WHO interventions in supporting the country's response.

➡ Articles and Press Releases on the response - <https://bit.ly/3Sk07EE>

➡ Daily SitReps by the Ministry of Health with support from WHO - <https://bit.ly/3TzkVZU>

In-kind Support as of 19 December 2022



Pairs of Scrub suits
655



Generators
03



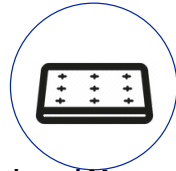
EVD lab test kits
1920



Incinerator
02



IEC materials
564,000



Beds and Mattresses
with PVC Cover
33



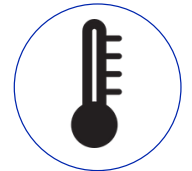
EVD kits
08



Spray pumps
07



Infra-red
thermometers
120



Digital thermometers
1,300



Glucometers
07



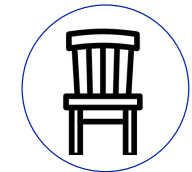
Tents (Isolation, Duty
station, storage)
17



Oxygen
Concentrators
13



Pulse
Oxymeters
28



Plastic chairs
50



Heavy duty
gloves and
boots
693



Biohazard bags
3,400



Surgical and
examination Gloves
52,150



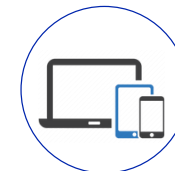
Patient beds with
Drip stands
13



Gowns and Reusable
Aprons
6,034



Alcohol handrubs and
dispensers
30



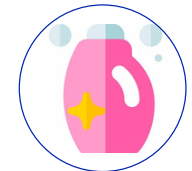
IT equipment (laptops,
Smartphones, power
bags, Book covers)
42



Masks
16,800



Coverall
10,525



45 kgs Chlorine
Powder
329



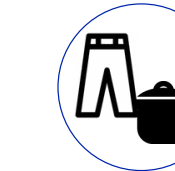
Vans/Cars hired to
support the response
98



Stationeries (notebooks,
pens, paper, books files,
sticknotes, stapeling
machine staple wires)
665



Medicines
(antibiotics drugs for
clinical management
and aneasthetis)
16,800



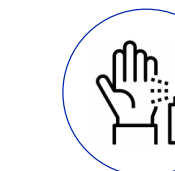
Admission/Discharge
packages (dresses, soap,
toothpaste, disposable
cups, plates and covers).
1,760



Community Audio
Towers contracted
10



Glucometer Strips
350



Alcohol handrub 1L
3754



Face shield, goggles
and Caps
2,590



MoH & WALIMU staff
supported by WHO
123



WHO staff Deployed
or Repurposed
166

Key Highlights as of 19 December 2022



Coordination and Resource Mobilization

- Supported the operationalization of the Incident Management System at the MOH and WHO.
- Co-chairing the National and District Task Forces in all affected districts to strengthen the response coordination with various stakeholders.
- WHO IMT's daily monitoring of the response to guide WHO interventions and decision making.
- WHO has supported Mubende, Kampala, Jinja, Masakka and Kassanda to set up and operationalize an appropriate coordination mechanism at city/district and division level to coordinate the response.
- WHO is guiding the overall response effort through the provision of technical and strategic advice to the Strategic Committee, National and District Task Forces and the technical pillars.
- Supporting the MoH in strategic planning, mobilizing, allocating and tracking of resources required for the Ebola response.
- WHO Compiled resources mobilized by partners and shared the report.
- **78** joint (MoH & WHO) situation reports have been published and disseminated.
- Supporting the implementation of the National Response Plan. Organization of regular high-level meetings and development of information tools to mobilize resources for the response.
- Organization of accountability forum and development of 4Ws Matrix and UN Resource Tracking Tools to inform decision making.
- Provision of technical support in conducting risk assessments to inform the response.
- Coordination of implementing partners and creating platforms for information sharing to ensure that different stakeholders are mobilized to support the response. Partners include Health Development Partners Group, Ambassadors, Heads of Missions, UN agencies, NGOs, Implementing Partners.
- High-level field visits and monitoring missions have been organized for different stakeholders to monitor the response, assess the needs at sub-national and health facility levels, engage with the community and stand by health workers at the frontlines.
- To ensure presence in the affected districts, WHO has established offices in Mubende, Kassanda, Jinja, and Masaka for better coordination. Ecological study team established to determine environmental risk factors in Madudu and Kiruma sub-counties in Mubende district.
- **09** senior technical officers have been deployed to support coordination and surveillance components (contact tracing and active case finding) of the response and **01** senior officer has been deployed to coordinate the response in Kampala alongside the Incident Commander.



Surveillance and Laboratory

- **30** experts deployed to support contact listing, case-investigations, and enhanced active case finding. Alert management system was established in Mubende, Kassanda, Kampala, Masaka and Jinja, and the team is receiving and evacuating suspected cases.
- **731** Village Health Teams (VHTs) have been trained in contact tracing and follow-up; and **2074** health workers have been trained in contact tracing, health facility surveillance, Go-data, alert reporting, and biosafety/biosecurity.
- Training materials have been developed for health workers on biological sample management, biosafety and biosecurity.
- **90** vehicles have been hired to support surveillance and sample transportation.
- **03** disease outbreak news were published on the WHO website.
- Rapid risk assessments on EVD in Uganda were conducted and finalized by the **three** levels of the organization (WHO country, regional and Headquarters levels).

- Fuel, airtime, data and facilitation fees provided to surveillance teams in all affected districts to enable the daily response activities.
- Provided **440** digital thermometers to support contact tracing teams.
- Procured **300** cartridges Chemistry panel tests (Piccolo), **1500** Viral RNA extraction kits **1500**, and **4320** Ebola PCR tests to support testing.
- Trained **2000** laboratory and health personnel to support sample collection and testing.
- Supported a multi-partner process of developing an alert verification algorithm to improve the alert verification process and ensure adherence to case definition before evacuation.

- **05** Ebola treatment units have been established in Mubende (**02**), Entebbe (**01**), Mulago (**01**) and Fort Portal (**01**); and **05** Isolation Units have been established in Madudu, Kasanda, Mulago, Kiruddu and Entebbe.
- Technical support provided for the construction of an additional treatment unit in Mulago hospital and construction of a 60-bed ETU in Kassanda.
- **201** health workers, district health teams, and health leadership at the district level have been oriented on early case identification and management.
- Trained **470** Healthcare workers on optimized care for Ebola patients. They were from Jinja, Masaka, Nakasongola, Nakaseke, Luwero, Gomba, Kakumiro, Kibaale, Kiboga and Kyankwanzi.
- A team of **08** case management experts, **01** Emergency Physician and **01** case management coordinator have been deployed to support case management at the Ebola Treatment Units and Isolation Units in the country. Through deployed consultants, WHO continue to support clinical care for a total of 06 new confirmed Sudan SVD cases in ETU and a total of 280 suspected Ebola cases who were admitted.
- MoH staff including **06** Case Management Experts, **04** IPC specialists, **04** Clinical Officers and Doctors, **06** Nurses, **03** Mental Health, Psychosocial Support Providers and a Senior Duo Trained Emergency and Critical Care Nurse have been deployed with WHO support to strengthen the management of cases in Mubende ETU, conduct IPC mentorship in health facilities, provide psychosocial support and provide care, bedside mentorship, and training respectively.
- Evidence-based modifications were conducted at the Mubende RRH to ensure the Emergency Department serves its role of providing a surge space for when the ETU bed space is exhausted. This includes designing patient and staff flow, donning and doffing areas, and admission protocols among other standards.
- Strengthened linkages between the Alerts management team and EMS Ambulance teams to create an integrated system that ensures alerts are evacuated in a timely, well-coordinated way and that the ETU and Emergency Departments are pre-notified before any evacuation through the Emergency Physician Deployment.
- Provided technical guidance to the task team involved in the review of Ebola Survivors' follow-up program monitoring tools. In addition, there is ongoing technical support and patient care at the Survivor's clinic which opened on 9/11/2022.
- Supported deployment of frontline health workers to provide mental health and Psychosocial support for patients, families, and community
- Supported the Formation of a consultative forum for the Ebola Survivors program partners (national authorities, NGOs, and UN agencies) to foster strong collaboration, coordination, and accountability for resources.
- Supported Training and deployment of 30 hygienists to the Mubende ETU.
- **02** washing machines procured by WHO and installed at the Mubende Regional Referral Hospital ETU.



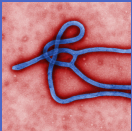
Case Management



Risk Communication and Community Engagement (RCCE)

- Supported the establishment, stocking, and ongoing operations of a Staff wellness clinic for UN field staff in Mubende.
 - Supported the conduct of safe burials and swabs collection for 81 burials by the safe and Dignified Burial (SDB) teams. Body bags were provided for the burials.
 - Ongoing technical and clinical support and mentorship in Entebbe ETU for staff by **02** local WHO case management consultants as well as **02** international case management consultants.
 - WHO supported the Entebbe ETU with discharge kits that contained **10** mattresses and **10** sets of men's clothing.
-
- RCCE structures were established and oriented in all the 19 sub-counties of the Mubende district.
 - **578,000** copies of Information Education and Communication (IEC) materials such as factsheets and community case definition posters in four different languages: English, Luganda, Runyoro, and Kiswahili were produced. Materials distributed to health facilities, schools, churches, and communities at the epicenter of the outbreak.
 - Supported the training of **450** Journalists on Reporting during the Ebola outbreak in Uganda.
 - **943** community and religious leaders, village health teams and community health volunteers oriented and engaged to create community awareness on Ebola.
 - **07** days accelerated campaign to raise awareness on Ebola in Kampala completed.
 - IEC materials and technical content have also been availed to film vans deployed in the affected districts for community mobilization.
 - EVD messages have been designed and disseminated through social media platforms.
 - **06** radio stations have been contracted and engaged for media interventions such as spot messages (18 daily), radio talk shows, and community audio towers; **5** radio talk shows are conducted on **5** different radio stations and **04** announcements are running on the **10** community radio towers.
 - Mapped and developed targeted messages with the anthropologists for communities to address the misinformation and myths.
 - **65** district leaders have been deployed to support community mobilization.
 - Conducted community dialogues in **7** villages in Mubende and **381** persons have been reached with Ebola messages.
 - Sensitized **200** church members in Mubende, **1,108** students including teachers from three schools, and **72** people in a Parents Teachers Association meeting in 2 schools.
 - Trained **40** District Health Educators and Communication officers from districts neighboring Mubende on EVD risk communication and community engagement.
 - Delivered **10** megaphones to Kiruma for community sensitization.
 - **5** Rapid Respond Teams officers, **06** MoH, and Locally hired systems supported and deployed to conduct RCCE activities in the affected districts.
 - Engaged in a 14-day Integrated community engagement in the **7** hotspot villages of Kassanda district by the multidisciplinary teams and the village taskforces.
 - **3** mobile audio systems mobilized communities in Kassanda & Mubende districts.
 - Hired and deployed **06** local RCCE consultants to Kassanda(2), Kampala (2), Masaka (1), and Jinja (1).
 - Supported deployment and supervision of MoH RCCE Rapid Response Team Members to Mubende (3), Kassanda (2), Jinja (1) .
 - Supported printing of more IEC in English and Luganda - 230,000 pieces for Kampala city and 194,000 pieces for Masaka, Mubende, Kassanda, and Wakiso.
 - Hired and deployed two (2) mobile audio systems for Jinja, Masaka, and Kassanda each.

- Planned and supported the implementation of integrated community engagement in hotspot villages i.e. 11 in Mubende, 7 in Kassanda, and 5 in Jinja.
- Contracted FM radio stations to broadcast messages and daily talk shows for 14 days – the number of stations per districts are Mubende (4), Kassanda (1), Jinja (2), Masaka (2), and Kampala (1).



Infection Prevention and Control (IPC)

- WHO provided technical support during the training of **2901** health workers from isolation facilities, ETU and non-ETU in the 09 Ebola affected districts. Topics included donning, doffing, decontamination, waste management and standard precautions for IPC.
- On the job IPC mentorship provided to **1215** healthcare workers in ETU isolation facilities and non-ETU facilities.
- **10** Infection Prevention and Control (IPC) members have been deployed to support the capacity building of health workers.
- Triage system established in health facilities including Kampala, Naguru and Entebbe.
- Patient flow and standard operating procedures (SOPs) as well as disease transmission-based precautions were established in each ward of health facilities.
- Completed IPC assessments for **10** health facilities in Nakawa and Makindye divisions and oriented **128** health workers and **34** VHTs on basic IPC in the EVD context.
- Provided technical guidance on Cleaning and decontamination of all health facilities that attended to confirmed EVD cases and disinfected **90%** of the households where the cases came from.
- Supported the development of a draft strategy for IPC Ebola readiness and response involving three main areas namely the ETU, Non-ETU, and the community.
- Supported capacity building and logistics to the Safe and Dignified Burial Team in the ETU.
- IPC sub-pillars provided technical support in setting up the ETU in Mubende, and in putting in place mitigation measures, hand hygiene stations, and waste disposal areas.
- WHO is supporting patient safety through provision of admission and discharge kits.
- Technical support was provided to MOH to develop national IPC readiness and response strategy, and to undertake national IPC partner mapping and gap analysis.
- Technical support was provided to MOH in the development of the following tools: core Ebola IPC SOPs; a harmonized IPC training package and modules; and to improve IPC data capture and indicator tracking for the response.
- Data support for IPC scorecard analysis and dashboard development.
- IPC assessment completed for Entebbe ETU and Mulago isolation unit and on-the-job technical supervision provided in 468 isolation, ETUs and Non-ETUs facilities.
- Technical support is provided for ring-IPC activation in Masaka, Kampala, and Wakiso.
- IPC EVD Webinar and training delivered to **28** EMS staff members, **753** health workers, **22** IPC focal points, and **96** frontline health workers in Masaka.
- Support provided to initiate IPC response in Jinja (training for staff, completion of IPC assessment, and 32 ring IPC, provision of IPC supplies to 216 health facilities, and development of isolation unit).



Psychosocial Support

- WHO is supporting the deployment of **07** MoH staff to provide mental health and psychosocial support for patients in ETU, during safe and dignified burials as well as for the reintegration of recovered patients back into the community.
- Community counseling has been provided to minimize stigma and discrimination against patients who are discharged.
- Basic survival materials are being provided for recovery upon discharge and during home visit with partners.



Research

- The country officially launched the vaccine trial on 08 December 2022 on arrival of **1096** doses of the first investigational product from Sabin Vaccine Institute.
- The investigation team was deployed to Kassanda district on **09** December 2022.
- WHO is supporting the rapid implementation of the vaccine trial.
- A need assessment has been conducted (HR, Supplies, Vehicles, etc.) and budget developed accordingly.
- The Good Clinical Practice (GCP) and Protocol training agenda have been developed
- The training materials and SOPs have been developed and ready to be implemented.
- The study base (Mubende) and the study backup base have been identified (Kampala).
- Completed renovation of the central trial base in Kampala as well as Mubende trial base.
- The country has received 1096 the first doses of one of the vaccines to be used
- An Ultra cold chain (UCC) in Kampala installed, tested and is fully functioning.
- ARKTEKs (UCC mobile) for mobile research teams fully operational.
- Procurement of local supplies ongoing.



PRSEAH

- Pre-deployment briefings on Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH) are conducted for all staff.
- Supported setting up of PRSEAH committees and appointed **02** PRSEAH focal points in all the districts.
- Oriented 720 church members and trained 597 people (251 females and 346 males) including health workers, district stakeholders, vaccine study team, prison service officers on PRSEAH.
- Trained 70 EVD responders (40 females and 30 males) from Kawempe Division on PRSEAH.

Summary of Key challenges

- Confirmed cases and communities in Jinja and Masaka not providing adequate details of contacts resulting in missing contacts.
- Mobility of communities from Mubende and Kasanda to non-outbreak areas remains a threat.
- There is low risk perception by communities in general due to the decrease in number of cases.

Recommendations

- There is a need to enhance community engagement on Ebola prevention in order for communities to support contact listing and follow up.
- Continued maintenance of high-level of index of suspicion at all the health facilities.

Facts about Ebola

Ebola is a serious and often deadly disease which presents with high fever and bleeding through body openings. It is very infectious, kills in a short time BUT can be prevented.

What are the signs and symptoms of Ebola?

- Sudden onset of fever
- Headache
- Intense body weakness
- Muscle pain
- Sore throat
- Vomiting
- Bloody diarrhoea or urine
- Bleeding from body opening

How is Ebola spread?

- Ebola is spread through direct physical contact with body fluids like blood, saliva, stool, vomit, urine, and sweat of an infected person or animal.
- It can also be spread through using skin piercing instruments that have been used by a person infected with Ebola.
- Ebola can also be got through contact with persons or animals that have died from Ebola.

How can you protect yourself from Ebola?

Persons who are suspected to have died from Ebola must be buried immediately, by a trained burial team to prevent the spread



Report any suspected cases of Ebola to the nearest health unit immediately.



Disinfect the bedding and clothing of any person suspected to have died from Ebola with JIK.



Wash your hands thoroughly with soap and clean water after handling a patient infected with Ebola



Avoid communal washing of hands during funeral rites.



Persons suspected to be suffering from Ebola should be taken to the nearest health facility immediately.



- Avoid direct contact with body fluids of a person suspected to be suffering from Ebola by using protective materials e.g. gloves and masks.
- Persons handling the body of a person who is suspected to have died of Ebola should wear strong protective materials like gloves and masks.
- Avoid contacts or eating bush meat especially from monkeys, bats, baboons, gorillas and chimpanzees

Partnership and Financial Contributions

WHO extends its sincere appreciation to partners who have so far generously contributed to the WHO Ebola Response Plan.

USD26.4 million have been already secured as per the below table. The funding gap stands at 41.6 million Dollars which represents 61% of the overall budget requirement.

WHO calls on all partners to urgently extend their contributions to support the response.

TIME IS OF ESSENCE TO ADDRESS THIS PUBLIC THREAT

Pillars	Budget Req	WHO CFE	Norway	USAID	UK Aid	Novo Nordisk Foundatic	CERF	Irish Aid	UNDP	DG ECHO	South Korea	Total	Gap
Coord	3,000,000	839,631	437,871	422,036	60,000	121,496	221,840	200,000	-	422,475	186,916	2,912,265	87,735
RCCE	2,400,000	120,000	200,000	250,000	-	-	-	200,000	-	-	-	770,000	1,630,000
Surv	3,250,000	766,783	380,000	1,316,867	200,000	-	358,236	300,000	-	660,178	-	3,982,065	- 732,065
POEs	304,000	-	-	1,959,105	-	-	-	-	-	-	-	1,959,105	- 1,655,105
Lab	1,880,587	199,874	431,862	200,000	125,000	-	-	200,000	-	-	-	1,156,736	723,851
IPC	1,488,683	321,058	0	3,420,078	-	-	-	200,000	-	-	-	3,941,136	- 2,452,453
Case Mngt	12,645,922	1,417,704	300,000	2,096,369	-	-	1,002,711	150,000	224,893	-	-	5,191,677	7,454,245
OSL	23,782,189	646,170	260,000	1,098,624	20,000	-	-	190,854	140,187	286,191	-	2,642,026	21,140,163
CEHS	1,398,494	20,000	0	80,000	-	-	-	-	-	-	-	100,000	1,298,494
Research	12,000,000	2,125,923	0	-	-	-	-	-	-	-	-	2,125,923	9,874,077
PRSEAH	400,000	30,000	32,056	-	-	-	5,998	10,000	-	-	-	78,054	321,946
Ext Coms	1,000,000	30,000	68,494	100,000	9,168	-	-	40,000	-	8,492	-	256,154	743,846
Total	63,549,875	6,517,143	2,110,283	10,943,080	414,168	121,496	1,588,785	1,490,854	365,080	1,377,336	186,916	25,115,141	38,434,734
PSC %	4,448,491	0	147,720	765,246	28,992	8,505	111,215	104,360	9,813	96,414	13,084	1,285,347	3,163,144
Grant Total	67,998,366	6,517,143	2,258,003	11,708,325	443,160	130,000	1,700,000	1,595,214	374,893	1,473,750	200,000	26,400,488	41,597,878
% Coverage	100%	10%	3%	17%	1%	0.2%	2.5%	2.3%	0.6%	2.2%	0.3%	39%	61%

* Research Budget line is managed through WHO HQ

* Any small differences in value are related to exchange rate





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