



HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

17TH AUGUST 2018 (12:00 HRS) – UPDATE No 13

Situation Update from Democratic Republic of Congo as on 17th August 2018

- Cumulative cases: 78
- Confirmed cases : 51
- Probable : 27
- Total deaths : 44
- Cases under investigation : 24
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina



EVD Preparedness in Uganda

Note :

1. 5 ALERT cases (details under surveillance)
2. There is no confirmed case in Uganda
3. Lab Results
 - a. None

i) Coordination

- To ensure a better sample transport coordination, tracking while in transit and timely delivery, all samples from the sub-region (Kabarole, Kasese, Bundibugyo, Ntoroko and Bunyangabu districts) will be transported to UVRI using one designated vehicle.
- A team from the World Health Organization, World Food Program, Centers for Disease Control and Prevention, and Infectious Diseases Institute of Makerere University had a meeting with the management of Bundibugyo Hospital to assess



their level of preparedness with regards to the Isolation facility. The meeting resolved to re-arrange the tents to ensure one-way flow and Infection Control and Prevention protocols. The District Engineer was requested to produce a structural plan and Bills of Quantities (BoQs) for the EVD Treatment Centre.

- In Ntoroko District, the surveillance and the communication teams were combined and travelled in one vehicle to the field. There is a shortage of vehicles to facilitate the movement of people to different areas/sites. The only vehicle available is of the WHO/STOP team that is supporting the district.
- In Kasese District, a partner coordination meeting attended by WHO, UNICEF, Baylor, MSF, USAID Malaria, IDI, Red Cross was held on 16th August. The meeting discussed issues concerning surveillance, case management, risk communication, logistics, and transportation of samples and continued to map partners to specific responsibilities to avoid duplication and confusion.

ii) *Laboratory investigations/Surveillance*

- WFP delivered two multi-purpose tents with chairs and tables to Kasese district on 15 August for border screening and isolation of Ebola suspects
- WFP arranged storage for WHO of 12 pallets of Personal Protective Equipment (PPE) in its Kampala warehouse
- UNHCR screened 363 new arrivals from DRC in Kyaka refugee settlement, 6 of these had elevated temperature but no alert raised and were provided with appropriate treatment. Out of the 363, 3 were from Beni.
- UNHCR continued to do house to house daily surveillance using the VHTs in Rwamwanja, Kyaka and Kyangwali and no alert was detected on 16th/08/2018
- UNHCR screened 82 in Nyakabande, 10 in Matanda and 4 screened in Ntoroko district and none had symptoms of Ebola and none was from Ebola affected areas in DRC



- In Kabarole District, WHO supported Red Cross to orientate a team of 30 volunteers for enhanced EVD surveillance in their respective communities.
- In Bundibugyo District, the WHO team visited Buusunga border point and assessed the ongoing screening process and supported the Red Cross team. The WHO Team suggested adding tables to create a physical barrier of at least one meter between the Red Cross screening team and the individuals being screened. The team also secured a temporary holding facility for individuals meeting the alert and suspected case definitions. The team also interacted with the civic authorities of Busungu Town Council who expressed support for the ongoing screening exercise.
- In Kasese District; the team continued to support screening at the border Mpondwe and worked on further preparation for screening in four other areas. One alert case was identified at this point and brought in for isolation, sample collected and shipped to UVRI. The Kayanzi screening point was to be equipped with a tent as soon as possible with support from Baylor. More tents for other three points to be organized.
- Distribution of surveillance tools and engagement of health facilities for more alertness was continued reaching more health facilities in Busongola North.
- The WHO team discussed with CDC team the alert/suspect case definition and made suggestions which will be presented to the NTF for ratification.
- In Ntoroko District, the surveillance team was provided with PPE items from Bundibugyo Hospital stores. The items requested and provided included face masks, goggles, aprons, gumboots, and coveralls. These will be used in the new screening sites.
- The WHO team visited Rwangara health center II including the community where active case search was conducted for Ebola and other VPDs. There were no identified or missed cases of Ebola, AFP measles, NNT, Yellow fever or AEFIs. The site is as well identified for establishment of a hand washing facility the following day and the LC I was asked to identify a few community volunteers who will be supervising hand



washing activities. Posters and flyers were distributed among the people to enhance information dissemination.

- Alert VHF sample from Nakivale Refugee settlement in Isingiro District was dispatched to UVRI for testing yesterday 16th August 2018. Results expected today.
- Alert VHF sample from Bwera Hospital in Kasese of a female 15y/o from Muvingi village sent yesterday 16th August 2018 for testing.
- Alert VHF sample from Bwera (Hima) of female 42y/o to be dispatched to UVRI for testing today.
- One Alert from Maracha district currently in Arua Hospital. Sample collected yesterday and sent through the Hub system to UVRI
- One Alert case admitted at Bundibugyo isolation ward

iii) Risk Communication

- USAID |CHC| FHI360 has sponsored spots airing on TV channels. This dissemination effort began on Monday 13th August.
- The airing of radio spots (in 13 languages) across 21 radio stations in 13 high-risk districts continue for three months (August – October 2018) is ongoing
- UNICEF continues distribution of posters and leaflets to the 13 high risk districts (English and several local languages). A full report of the end-users will be compiled in the week of 20 August 2018.
- 100 posters were distributed to the Mayor of Entebbe to have them placed at vantage points in the municipality.
- Using the U-report platform, ten approved short messages on Ebola prevention and control were sent to 98,665 U-reporters in 22 districts high and medium risk districts bordering DRC (14 of which have been identified as high-risk areas). On the U-report FACEBOOK page there are now 571 views.
- UNICEF also continues to ;
 - Monitor the media including radio broadcast activities



- Technical Support to Uganda Red Cross Society to develop assessment tool for interpersonal communication activities at high risk districts including the entry points.
- Technical support to URCS in implementation and monitoring of social mobilization activities including community dialogues and door to door campaigns.
- Ongoing Monitoring of social media and the U-Report feedback loop from U-reporters.

iv) *Cross-border Activities*

- In collaboration with WHO, UNHCR and URCS, UNICEF is supporting to the point of Entry screening including hygiene promotion.

v) *Case management*

- In Bundibugyo, One alert case is admitted in isolation ward. The meeting discussed his symptoms and unanimously agreed that he was an alert case. MR is a 24 yr old male from Hakitara. He reported to the facility with history of fever, chest pain and difficulty in breathing, genralized papular skin rash, and passing little urine. mRDT was negative/ A blood sample was been taken to UVRI and JMEDICC facility in Fort Portal. The preliminary result from JMEDICC was negative for Ebola Zaire using RT-PCR. The patient is being managed in isolation ward as an alert EVD with adult measles as a differential. He has been put on antibiotics, antimalarials, IV fluids and general supportive treatment, while awaiting results from UVRI. The meeting advised that if the result is negative for VHF, the sample should be referred to the EPI lab for testing for the presence of Measles IgM.



- The hospital staff complained of lack of training of health workers in EVD, risk allowance, and feeding of patients. WHO team assured the meeting that the training has been planned for and could commence next week. The issue of risk allowance would be handled by the MoH but would require clear documentation from the hospital. On feeding, it was agreed that for now the attendants provide food. If an outbreak occurs, World Food Program would be called upon to provide food stuffs which will be cooked in the hospital.
- In Ntoroko District, since the establishment of the committee, the team has identified gaps in this area which include inadequate knowledge of staff about Ebola case management, no space created for case management in the health facility, lack of PPEs, and no adequate hand washing facilities and disinfectants.
- In Kasese District, the case management team at Bwera was oriented more on proper EVD disease management with another chance to practice with another alert who was taken in the isolation unit with support from WHO and IDI. More work was done on the present isolation unit by working on the donning area for support and improving water provision with support from WHO. The designing of the bigger isolation unit was embarked on by MSF in consideration of the bigger tent provided by WHO and construction of necessary amenities by MSF is planned to start today. It was agreed that another tent be pitched near the present small isolation one increase the holding capacity for suspects. Items to support patients like food, bed sheets, water plates and cups were identified and WHO pledged to fill in this gap.
- UNHCR continues to train health workers on Ebola Rapid response team in Isingiro and Kyaka refugee settlements being facilitated by MoH trainers
- On Aug 15 and 16, JMEDICC in partnership with Baylor and FPRRH delivered training in IPC, Case Definition and Case Management to a total of 38 health care workers carefully selected from all health facilities in Kabarole district. The health care workers were selected by the District RRT. This training is intended to fill the



gap between now and when the MOH conducts a full and official training in the next couple of days. The overall goal of this initiative is to ensure that every health facility has a small Case Management Team able to handle a potential suspect before they receive external help.

vi) Logistics

- WFP logistics officer deployed to Fort Portal providing logistics advice and coordination support
- WHO facilitated provision and delivery of assorted commodities including Aprons, heavy duty gloves, hand sanitizers, gloves, Chlorine powder, and digital thermometers to Bundibugyo district hospital.
- In Bundibugyo, a WHO team inspected the stores to ascertain the availability of logistics and gaps. An emergency order was generated and sent to the Director General of Health Services for action.

UNICEF supply distribution for Batch 1 to districts;

•	• District	• Item Description	• Unit	• Qty
• 1	• Kisoro	• Hand Washing facilities	• EA	• 25
		• Water Purification (NaDCC) 67mg tabs	• EA	• 3
		• Laundry Soak	• Cartons	• 15
		• HTC Choline Powder	• 45kg each	• 5
• 2	• Kasese	• Hand Washing facilities	• EA	• 25
		• Water Purification (NaDCC) 67mg tabs	• EA	• 15



		<ul style="list-style-type: none"> • Laundry Soak 	<ul style="list-style-type: none"> • Cartons 	<ul style="list-style-type: none"> • 3
		<ul style="list-style-type: none"> • HTC Choline Powder 	<ul style="list-style-type: none"> • 45kg each 	<ul style="list-style-type: none"> • 4
	<ul style="list-style-type: none"> • Bundibugyo 	<ul style="list-style-type: none"> • Hand Washing facilities 	<ul style="list-style-type: none"> • EA 	<ul style="list-style-type: none"> • 25
		<ul style="list-style-type: none"> • Water Purification (NaDCC) 67mg tabs 	<ul style="list-style-type: none"> • EA 	<ul style="list-style-type: none"> • 15
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vii) Challenges

- Shortage of vehicles in Ntoroko district to effectively facilitate teams to the field.
- Health staff in Bundibugyo hospital indicated the need for the risk allowance. This was referred to the DGHS to be handled later

-End-



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