HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

21st September 2018 (12:00 HRS) – UPDATE No 26

a. Ebola situation in DRC

Situation Update from Democratic Republic of Congo for 20th September 2018, with data up to 19th September 2018

- Cumulative cases: 142
- Confirmed cases: 111
- Probable: 31
- Total deaths: 97
- Suspect Cases under investigation: 09
- Areas affected: Two provinces
  - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
  - Ituri - Mambasa, Mandina

b) EVD Preparedness in Uganda

![Map of Uganda showing areas affected by Ebola](image)
Note:

- There is no suspected or confirmed case in Uganda
- One alert received from Nebbi General Hospital under investigation

**c) Preparedness activities in the field and national (progress and gaps)**

**Coordination**

**Kasese:**

- A partners meeting that involved; WHO, UNICEF, WFP, Uganda Red Cross, Baylor and Save the Children was convened at the district on the 19th Sept 18.
- Issues discussed were:
  - Need to ensure that District is supported to play its role of coordination and leadership
  - Ensure that all support is documented and District is aware of specific partner support
  - Emphasized that we are supporting the District Preparedness Plan and therefore we should alert District that part of the plan has been funded (Though in Kind)
- Progress
  - Committed to speak with one-voice as partners towards the Preparedness activities. Avoid sending mixed messages since we are not competing but complementing.

**Kabarole**

- A Kabarole DTF meeting was held on the 20th Sep 18.
  - Issues raised;
    - Knowledge and skills gaps among hygienists and burial team
    - Churches, schools and other areas with many numbers of people still lack hand washing equipment.
    - There is still no EVD isolation/treatment unit in the district, no partner has committed yet (it’s not yet clear with NTF).
    - Need to have PPEs and other supplies prepositioned.
- Progress
  - WHO presented the partners matrix to the DHO and partners in the meeting
  - There is reportedly a channel of communication between NTF and District health office now
  - Support supervision was conducted by the WHO country team, and the field teams requested that more of these meetings be held
Bunyangabu:

- Bunyangabu DTF meeting on the 20\textsuperscript{th} Sept 2018 and many issues were discussed.

- Action points
  - DHO and the surveillance Officer to select 10 staff who were trained in case management to received additional training in Kasese District
  - DHO to compile the list of water sources in health facilities (HC IIIs, HC II and HCIVs)

**Surveillance activities**

Kasese:

- A DSFP led team visited Kitswamba HC III and R widesande HCIV to sensitize healthcare workers on EVD, IPC surveillance and active case search.
- The team interacted with 34 health workers. The health workers have not been trained on EVD and IPC. No deliberate measures had been put in place to prepare for EVD.

Kabarole

- No alert case reported in the district.
- WHO/DHO’s office conducted surveillance training for a total of 13 health care workers in Kijura HC III, Tisatie HC II, and Alpine HC II. All were trained on EVD definition, causes, transmission, symptoms and signs, prevention, and contact tracing.
- Active case search was also done in the above health facilities.

Bunyangabu:

- No alert case reported in the district
- Conducted surveillance training for a total of 15 health care workers from Divine Mercy Clinic HC II, Andre Medical Center II, Light Medical Centre, Kisomoro HC III and Rubona Medical Centre HC II. They were trained on EVD definition, causes, transmission, symptoms and signs, and prevention.
- Active case search was also done in all health facilities through the OPD registers.
- Facility surveillance officers oriented on the need to intensify active search for cases in the facility and also coordinate the search in communities by using VHTs.
Case management and IPC

Kabarole

- DHO’s office conducted support supervision of health care workers in Kijura HC III, Tisatie HC II, and Alpine HC II. A total of 13 health care workers were trained on EVD (definition, causes, symptoms and signs, and prevention).
- The HCWs were also mentored on how to prepare appropriate (0.5% or 0.05%) Chlorine solutions for use accordingly, and proper hand washing using a video on hand washing.

Bunyangabu

Progress

- Facility IPC has been enforced. Staff and patients were taught on proper hand washing
- Isolation rooms were identified in each facility
- Health staff taught on how to mix the Chlorine powder into either 0.5% or 0.05%
- Health staff were mentored on Ebola case definitions, transmission, IPC, chlorine mixing and safe use and disposal of gloves and discussed recommended waste segregation and disposal

Gaps Identified:

- Poor knowledge of hand washing solution mixing
- No PPE in facilities for minor IPC activities
- Poor waste disposal habits; no bin linings
- Private health facilities lack hand washing equipment

Actions taken

- Staff mentored on proper hand washing solution constitution
- Proper waste disposal methods discussed with staff
- Link up UNICEF to supply private health facilities

Kasese

- Kitswamba HC has no reliable source of water, relying on rain harvest and a river which is 2km away. The only latrine is full. Medical waste is disposed and burnt in an open pit.
- The two units don't have emergency PPEs and isolation area to keep suspected EVD.
- These gaps have been brought to the attention of DTF. Further discussion with DHT on how best to resolve these gaps is being held on Friday
Risk Communication/Social Mobilization

Kabarole & Bunyagabu

- DHO’s office distributed IEC materials to the visited health facilities and also numbers for HCWs to contact the DRRT in case they do get any alert case.

Logistics

- Cold chain equipment installed at NMS in Entebbe on the 18th Sept 18

Fig 1 & 2 – Left; Installation of Cold-chain for Ebola Vaccine in Entebbe at NMS. Right – WHO and MOH staff configuring the temperature reading on the cold chain freezers

Kabarole

- All the visited health care facilities were provided Chlorine powder, Soap, JIK, hand sanitizers, heavy duty gloves and disposable gloves.
- DHO’s office requested WFP through NTF to provide materials and also construct an ETU for Kabarole.
Bunyungabu

- UNICEF distributed the following hand washing facilities to 23 health facilities in the district
  - Hand washing equipment
  - Soap
  - Chlorine tabs

Fig 3 – Kabarole DTF 19th September 2018 (Left)
Fig 4 – Ambulance stationed at EOC, supported by WFP and URCS (Right)

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