



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

23rd October 2018 (12:00 HRS) – UPDATE No 39

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 23rd OCTOBER 2018, WITH DATA UP TO 22nd OCTOBER 2018

- Cumulative cases: 244
- Confirmed cases : 209
- Probable : 35
- Total deaths : 157
- Suspect Cases under investigation : 37
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated
- Security concerns limiting contact tracing.

b) EVD SITUATIONAL UPDATE IN UGANDA

- **There is NO confirmed EVD case in Uganda**
- Active case search continues in all communities, health facilities and on formal and informal border crossing in all districts especially in the high risk ones.
- Alert cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI). The alerts are highlighted in the specific district reports below under Surveillance section.



c) PREPAREDNESS ACTIVITIES IN THE FIELD AND NATIONAL (PROGRESS AND GAPS)

COORDINATION

Bundibugyo District

- WHO engaged the DHO on allowances for Ebola Treatment Unit (ETU) staff. After consultations with Baylor Uganda, it was resolved that a formal request requesting for allowances be sent to the Executive Director Baylor Uganda for action.

SURVEILLANCE ACTIVITIES

Kasese District

- The DHT and WHO team visited Kyarumba CH III, Kyarumba Government HC III, ST. Francis of Asisi HC III (Kitabu) and Kahokya HC II, Ihandiro HC III, Kikyo Health centre II and Bikunya HC II intended to enhance EVD surveillance. They specifically assessed surveillance activities, EVD infection control preparedness and information dissemination to patients in the Out Patient Department and to the general public. Mentorship, advice and capacity building were given in each of these facilities.

Kabarole District

- Two Suspected cases reported in Kabarole district.
- The first suspect is a 53 year male who was admitted at Fort Portal Regional Referral Hospital on 17th October 2018 with a history of liver disease and high fever. He has no history of contact with a known Ebola case or history of recent travel to the DRC. On 22nd October 2018 the patient developed rash on the face and reddening of the eyes. Blood samples collected and sent to Uganda Virus Research Institute (UVRI) for investigations. Attending Medical Officer advised to isolate the patient.
- The second suspect is an 18 years male admitted on 22nd October 2018, with history of fever and bleeding from the nose. The onset of the illness was on 19th October 2018 with fever on 22nd October 2018 bleeding later on. He has no history of contact with any known Ebola case or recent travel to the DRC. A blood sample was collected and sent to UVRI for investigations. He is in isolation and on supportive treatment. Currently both patients are in stable and on medication.



Ministry of Health

- Contact tracing is ongoing for 19 people who are contacts of the Congo Crimean Haemorrhagic Fever (CCHF) case currently admitted to the JMEDICC facility in Fort Portal Regional Referral Hospital. Listing of more contacts is still ongoing especially from within the Regional Referral Hospital and from home.

Ntoroko District

- No alerts reported.
- WHO team, Uganda Red Cross Society (URCS) and District Health Team (DHT) conducted an orientation meeting with traditional herbalist (8), boat, boda-boda and taxi drivers (17) at Kanara town council. They were updated on EVD situation in DRC and preventive measures as well as to remain vigilant by reporting all alert cases.
- Supportive supervision conducted at Rwangara H/C III by the WHO team and DHT. The health care providers were updated on EVD situation and urged to remain vigilant for alert cases and observe infection control protocols.
- WHO and DHT conducted supportive supervision at Rwangara, Katanga and Kamuga landing sites and at and Kayanja II border crossing where the volunteers were again given reminders to be continuously vigilant and to report alert cases to the health facility and the district surveillance team. Volunteers are still requesting for financial support.

CASE MANAGEMENT AND IPC

UNICEF field teams conducted end user monitoring for IPC and WASH supplies in the districts of Kikuube and Kanugu. Below is a summary of points of care and facilities reached;

- i. 57 health facilities
- ii. 37 schools (28 primary schools, 6 secondary schools and 3 tertiary institutions)
- iii. 6 border points of entry

Bundibugyo District

- No patient currently admitted in the Bundibugyo district Ebola Treatment Unit (ETU).
- WHO did a follow up Infection Prevention and Control (IPC) to Kyondo HC II. The facility was found to have IPC coordination structure with IPC focal person. There was availability of infrastructure for hand washing, color coded bins with bin liners and sharps boxes for segregation and safe disposal of waste



as well as burn pit. Effective screening for Ebola and strict adherence to IPC practices were emphasised.

Kasese District

- No suspect in isolation in the Bwera ETU.
DHT and WHO conducted IPC assessment at in Kisojo HC II, Case Clinic-Hima, Hima Government HC III and Hima Star Private HC II; the facilities had scores of 19.2%, 58% , 20 % and 54% respectively. Key issues identified were poorly managed waste and burning pit for medical waste, lack of hand washing facilities at the entrance of the units, and generally dirty environment in some of the health facilities with only sweeping and no signs of regular cleaning visible.

Kabarole District

- A 30 years old female patient who tested positive for CCHF is currently admitted to Fort Portal Regional Referral Hospital JMEDICC facility. Presentation was initially with high fever, tremors and later developed history of bleeding from the nose. Currently, there is patient stable, pale and on supportive treatment. Two units of blood transfused and one pending. Active tracing of contacts ongoing.

RISK COMMUNICATION/SOCIAL MOBILIZATION

- UNICEF is supporting additional mass media messaging (13,508 radio spots for the next four months and 35 radio talk shows on EVD) across 22 high-risk districts, including ten very high risk districts. UNICEF will continue to monitor the media including radio broadcast activities and social media. As of 23/10/2018, with UNICEF support, 9,858 radio spots and 49 mentions by 7 radio stations in 16 districts including Kampala.
- As of 23/10/2018, UNICEF had deployed four teams supporting Rubirizi, Rukungiri, Bundibugyo, Ntoroko, Kasese, Kabarole and Kikuube districts in areas of risk communication, WASH IPC in schools and health facilities.

Community dialogue

EVD at risk district	No. of sub-counties reached	No. of individuals reached through community engagement/dialogue	No. of individuals reached personal communication/ house-to-house comm
Kabarole	7	22,521	22,521
Bunyangabu	4	3,873	7,904
Bundibugyo	12	5,157	3,992
Ntoroko	10	1,082	842
Kasese	4	5,198	7,361
Kanungu	5	3,434	4,969
Kisoro	5	48,201	10,237
Total	47	89,466	57,826

Bundibugyo District

- Uganda Red Cross Society (URCS) volunteers conducted 194 house- to-house visits reaching 647 people (295 males, 352 females and 480 children) with EVD messages.
- Fifteen (15) EVD dialogue meetings were conducted in schools, town centers and villages reaching 906 people i.e. 484 males, 422 females and 3626 children. Seventy-two (72) posters and 120 leaflets with EVD messages were distributed. Several rumours and misinformation were addressed.

Kabarole and Bunyangabu Districts

- WHO held review meetings with risk communication teams in Kabarole and Bunyangabu districts attended by 25 URCS volunteers out of 30 (from both districts) together with their district focal persons. They were updated on the EVD situation in the DRC; advised to start daily reporting of their community activities to the DHT; and requested to start active community engagements to reach all households. There was also house to house visits in Kagote, Harungongo, Karago, Kiculeta (south division, Fort Portal) that covered 94 households reaching 100 females, 126 males, 80 children.
- Some community members suggested playing of EVD jingles and spot messages in night clubs and bars as well as use of drama and songs to sensitize communities on EVD.

Challenges

- Hand washing facilities and EVD IEC materials in local languages are still inadequate in some schools and communities. While the radio and TVs continue to disseminate EVD information people are demanding for personal interactions to explore and understand EVD more.
- Cooperate institutions such as banks and hotels are not well targeted with EVD messages.

CROSS BORDER ACTIVITIES

Bundibugyo District

- No alerts at all border Points of Entry. The WHO team visited Kasili border crossing and Supplied 10L of Jik and 2 bars of soap. Volunteers working with the URCS staff are still complaining about lack of allowances since they started working.

Kasese District

- The World Food Programme team from Kampala inspected Mpondwe border PoE where they are going to install a thermo scanner.

LOGISTICS

Kabarole District

The Logistics subcommittee (LSC) of the NTF Field assessed EVD logistical needs at the district stores, Kichwamba HCIII, Fort Portal Regional Referral Hospital. They also inspected the area (land) in Kitumba that was provided by the district authorities for construction of a regional epidemic preparedness store.

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