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HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

28th September 2018 (12:00 HRS) – UPDATE No 28

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 27 TH SEPTEMBER 2018, WITH DATA UP TO 26th SEPTEMBER 2018

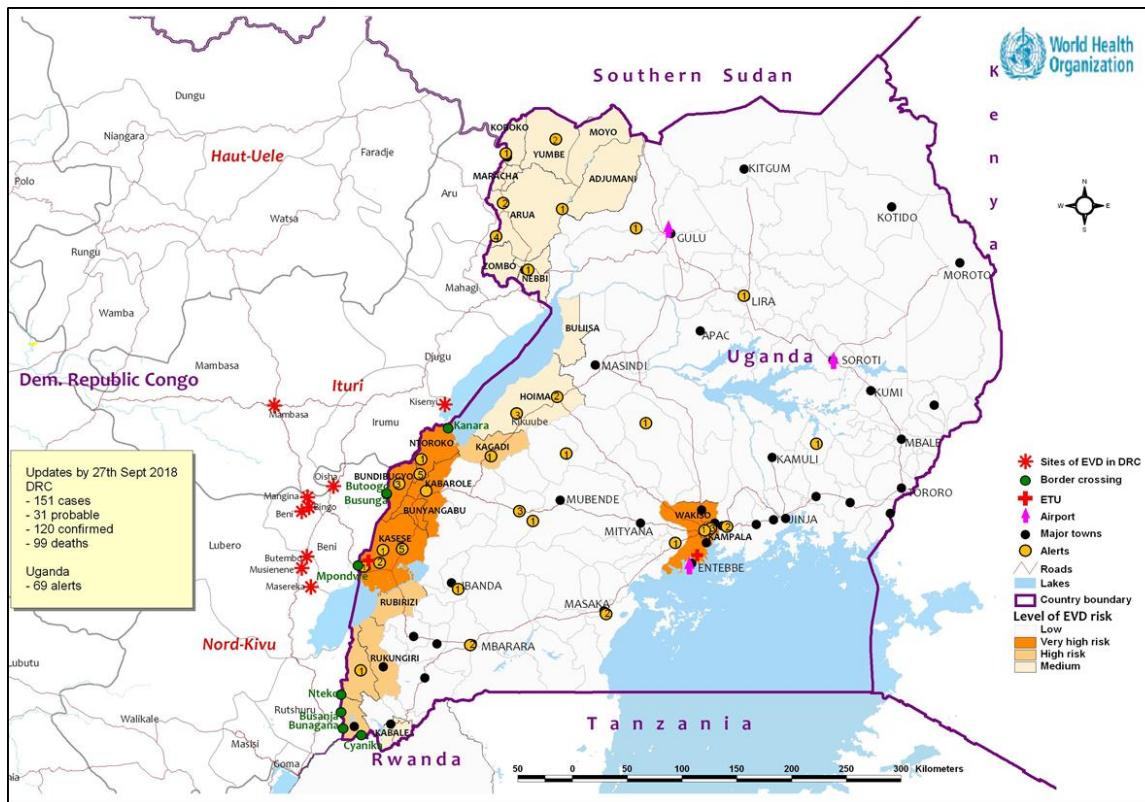
- Cumulative cases: 154
- Confirmed cases : 123
- Probable : 31
- Total deaths : 101
- Suspect Cases under investigation : 11
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
 - “Ebola in Tchomia: 108 contacts , health and front line workers vaccinated”. Security concerns limiting contact tracing.

b) EVD PREPAREDNESS IN UGANDA

- **Uganda does not yet have a confirmed nor suspected case of Ebola**
- **One alert case at Bundibugyo Hospital, under investigation**
- **We are verifying reports of five contacts to a confirmed case in Tchoma, three who are being followed up by UNHCR and two who we are following up through the DLFP in Bundibugyo. We will get more details as they emerge**



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

COORDINATION

Kasese

The WHO team met with the Co-Chair of Case Management and Logistics Sub-Committees and encouraged the tpo have regular meetings.

Kabarole

There awas a DTF meeting and the following issues raised:

- IPC subcommitte not yet functional.
- DHO’s office informed the meeting that funds for preparedness from MOH have not yet been received and no official document received about the said funds.
- DTF to guide in developing TORs for each Sub-Committee.

Bunyangabu

- DTF meeting in Bunyangabu raised the following issues;
- UNICEF should provide IEC materials in Rutooro, Rukonzo, Rukiga and English.
- Inadequate Red Cross volunteers for community engagement. MOH and partners to work with Red Cross & increase the number of volunteers from 12 to at least 50
- Engage the community on IPC, ensure IPC focal persons are active, and ensure presence of functional IPC committees.

Surveillance activities

Ntoroko

- An alert of **a sudden death in Kachuankumu village** and the deceased buried before the arrival of the surveillance team. The deceased was an inhabitant of village and had no history of travelling out of the community for the past months. He was said to have not complained of any illness and even cooked for himself last night and ate well. With an interaction, the wife mentioned that the man trapped a tortoise yesterday and roasted it before cooking it. The woman did not eat the tortoise according to her but cooked her own food separately. This morning the wife went to see him and found him dead and had diarrhea all around him and discharge oozing from the mouth.
- WHO and district health team supported URCS orientate 40 science teachers and religious leaders of the district on community case definition of EVD, mode of transmission, prevention, case identification and reporting.

Bunyangabu

- No alert case reported in the district
- Active case search ongoing

Bundibugyo

There is a missing alert/suspect case;

o Murungi Tom, 21yrs Male from Rwebisengo who lived in Fort portal. He had come to Bundibugyo to seek for employment at a cocoa drying plant (where the relative (Edith Kageye) works). The relative reports that he arrived on Sunday. On Tuesday 25/9/18 he was brought by the relative and a neighbor to Bundibugyo general hospital where he reported history of fever, rash, chest pain, sore throat and general body weakness. The attending clinician suspected measles but wasn't sure about suspecting for EVD. He prescribed Ampicillin, gentamycin, tetracycline eye ointment and vitamin A. This treatment was given and the boy who returned home. The neighbor reported an episode of vomiting blood after receiving the treatment while at home. This was communicated to the clinician, who later queried EVD. However, when



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rumors spread in the compound that the boy could have EVD, the relative decided to let the boy go to fort portal to stay with the mum.

Actions:

- WHO together with the Bundibugyo district surveillance focal person and surveillance focal person for Bwendera health sub district went to Ngamba sub county; interviewed the LC3 chairman, about the missing person. And efforts to trace him where instituted. The mother later informed the team that the boy was better.

The surveillance team visited Kazaroho border Point.

- Surveillance for fever by local volunteers was ongoing. However, the tent assembly was not yet completed, teams lacked moral due to lack of facilitation; there were stock outs of Chlorine and a basin for shoe disinfection

Kasese

- Conducted surveillance training for a total of 13 health care workers in Kibirizi HC II, Kyanya SDA HC III, Bikone HC II, and Mt. Rwenzori HC III. They were trained on EVD definition, causes, transmission, symptoms and signs, and prevention.
- A total of 14 VHTs assigned to these HF were also coached and oriented in EVD.
- Active case search was also done in all health facilities through the OPD registers but no case of EVD and VHF were found.
- 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
- Contact number of the surveillance officer was shared with community members and health workers to help report and aid communication of any suspected EVD case

Case management and IPC

Bundibugyo

- Bundidugyo General Hospital ETU

Case 1

- Baguma Pasikali 32/M from Buganikele IV, Mirambi Parish. Presented with high grade fevers x 4 days associated with severe headache, joint pains, chest pain, rash and red eyes. No history of travel to DRC, No other sick people at home and in the community, No history of



participating in suspicious funerals. However, when probed by different clinicians, some history wasn't coherent. RDT for malaria done in the ETU: NEGATIVE

Case 2

- Tumusiime Ronald 21/M from Kisuba. Presented with high grade fever x 6 days associated with joint pains, general body weakness, muscle pains, cough, sore throat, red eyes, and skin rash for 1 day. No history of travel to DRC, No other sick people at home and in the community, No history of participating in suspicious funerals. Currently being admitted in the ETU and being management for ??measles/ septicemia R/O EVD. RDT for malaria done at Kisuba: NEGATIVE

- Currently both are being managed on Ampicillin/Gentamycin, paracetamol. The blood samples have been sent to UVRI for EVD testing. Awaiting results.

Strength: DRRT becoming more coherent and understanding of the task asked of them.

- CME on Ebola Virus disease Busaru HC IV
- WHO conducted a CME on Ebola Virus disease for 20 HCW at Busaru HC IV. Discussion concentrated on signs and symptoms, effective screening using case definitions, transmission, protection using usual IPC practices, and symptomatic management while the patient is in isolation

Gaps

- IPC supplies are running low at ETU and therefore there is need for urgent replenishment of stock.

Kasese

- The WHO and DHO team visited Nyamirami HC IV in Bukonzo East and Ihandiro HCIII in Bukonzo West to assess the level of IPC, sensitise health workers about EVD preparedness and do active case search.

At Ihandiro HC the physical structures were in good condition, the unit was clean and orderly, hand hygiene units were strategically placed at the entry and service points. Health workers were alert and screening for EVD, they had gloves, aprons, chlorine solution and masks. The facility has constant supply of water from gravity flow, waste bins, open waste disposal site and functional latrines for staff and patients.

- The team mentored 34 health workers on EVD preparedness and IPC. The units were advised to form IPC committees and designate separate rooms for isolation of suspected cases.
- Staff and patients were taught proper hand washing procedures



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- HC III were made to identify a n isolation unit in each facility in case a suspect is identified
- IPC Needs /Risks assessment successfully conducted in the following Facilities; Kinyamaseke HC 111; Nyabirongo HC 111; Kyondo HC 111; Kyarumba HC 111; Kitabu HC 111

Observations

- o Poor attitude to hand washing protocols by staff
- o 3 out of the 6 facilities visited have no means of water supply to the facility and rely on travelling miles to get water
- o Poor waste management habits by staff observed
- o Facilities do not have standing IPC committees
- o None of facility visited was a beneficiary of the hand washing facility given by UNICEF
- o Positioning of few existing hand washing facilities were not need/risk based.
- o No identified rooms for isolation in all the facilities
- o Kinyamaseke especially is in dire need of working space and logistic supply considering it was an epicentre for cholera previously
- o Nyabirongo HC 111, in dire need of assistance, water tank available but collector leaks so no single water at the facility. Staff travels for miles to get water
- o Logistic supplies; gloves, aprons, face masks and soap needed.

Actions taken

- o Staff (53 in all) mentored on proper waste disposal habits with regards to segregation of wastes
- o Supported facilities to identify isolation rooms for any possible suspect
- o Mentored staff on channel of notification/reporting in emergency situations
- o Staff mentored on proper hand washing solution constitution
- o Supportive supervision on hand hygiene compliance and dangers of laxity
- o Staff mentored on proper alert case identification, notification and surveillance
- o Redistribution of hand washing facilities conducted to ensure coverage based on assessment
- o Staff were advised to get clean water from nearby houses to use



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- o Liaised with DHOs office and other partners to supply hand washing facilities to affected health centres
- o Staff were advice to disposed their waste when its $\frac{3}{4}$ full
- o Staff were advice to use their bin lining in the store

Gaps

- Ihandiro HC did not have an IPC focal person and committee, isolation area, lacked some PPEs and had old mattresses with torn covers.
- There were no water sources in Bikone HC II and Kibirizi HC II
- Nonfunctioning hand washing facility in Kibirizi HC II and Bikone HC II. Staff uses cup to wash hands in Kibirizi HC II
- IPC not practice in Kibirizi HC II and Bikone HC II because their sharps disposer containers were full but were still in used
- There were no bin lining in the waste disposal containers

Ntoroko

- Meeting with the district engineering team to finalize work on the structural layout of the ETU and the final copy will be out by Friday 28 Sept.
- Quantification and budgeting for the requirements of the ETU a copy of which will be circulated by the case management team
- Support surveillance pillar in case investigation

Risk Communication/Social Mobilization

Bunyangabu

- WHO/URCS/DHO conducted EVD sensitization of more than 2000 students at Kibiti Secondary school in Bunyangabu district. The students were sensitized on signs and symptoms of EVD, through practical demonstration were taught how to hand wash using soap and water, and were informed to reports any EVD alert cases to the DRRT at first glance. School authorities were advised to provide water and soap for routine hand washing for every one accessing the school.

Kasese

- WHO/DHO's office distributed IEC materials to the visited health facilities
- Distributed IEC materials on EVD to soldiers, VHTs and community members



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Gaps

- All VHTs did not have IE&C materials on EVD

Actions

- WHO/DHOs office distributed IE&C materials to VHTs
- Facility in-charges were provided with posters with key messages on EVD to be posted at vantage points at the health facility

-End-

For more information, please contact:

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