



Ministry of Health

## HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

31<sup>st</sup> October 2018 (12:00 HRS) – UPDATE No 44

**a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 30<sup>TH</sup> OCTOBER 2018, WITH DATA UP TO 29<sup>TH</sup> OCTOBER 2018**

- Cumulative cases: 276
- Confirmed cases : 241
- Probable : 35
- Total deaths : 175
- Suspect Cases under investigation : 65
- 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 the Surveillance section.



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

#### **COORDINATION**

##### **Kasese District**

A team from CDC (including Senate budget officials) on fact-finding mission visited and held a meeting with Kasese District officials. They expressed interest in what partners were contributing in the EVD preparedness, including WHO's support. The WHO field coordinator summarized WHO's role so far in these preparedness activities both at district and national levels based on the pillars for the response which was commended by both the district and the visiting team.

##### **Hoima and Kikuube Districts**

- **Hoima DTF meeting was Tuesday 30<sup>th</sup> October 2018. The following issues were noted;**
  - The number of participants are reducing more especially district politicians.
  - World vision to continue supporting facilitation of screeners at Kaiso POE, the DHO requested to formally request extension of support on behalf of DTF
  - UNICEF support towards EVD radio talk shows scheduled to end on 3<sup>rd</sup> November 2018. The DHO requested to formally request for an extension of the support as radio talk shows are key in social mobilisation.
  - Samples transportation through the regional Hub take long-time to reach CPHL and UVRI hence long lab turnaround time, the DSFP to hold a meeting with Hub coordinator for appropriate remedy.
  - HF's stores are overstocked with alcohol due lack knowledge on dilution, 360 ml of distilled water per 1 litre of alcohol have recommended, the DHO to communicate to all HF facility in charges.
- **WHO team held a meeting with UNHCR and Camp Commandant,**
  - WHO raised a concern of overpopulation at Kagoma refugee reception, currently there are about 2000 refugees of which most travelled from DRC high risk areas i.e. Tchomia and Kasenyi. In order to decongest the reception UNHCR will provide a team of 10 technical personals to help OPM speed up registration and plot allocation, this will help to avoid amplification of EVD in case one of the new arrivals happens to develops symptoms.
- **Health coordination meeting held in attendance was the Camp Commandant from OPM, the following were agreed upon;**
  - UNHCR to complete the remaining part of the ETU and repairing of screening tents at POE. UNHCR reported that their shelter team will be on ground as soon as possible to completion this work by end of this week.



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- Health managers of implementation partners district inclusive to ensure that CMEs on EVD surveillance and case management are conducted in respective health facilities to avoid knowledge loss acquired during trainings.
- A sprayer with a pump have been deployed at Nsonga/Buhuka POE to support screeners decontaminate screening tents daily.
- Kikuube district forwarded for a feedback on a request for PPEs sets to be used for supporting EVD screening at POEs (Buhuka, Sebagoro and Kaiso)
- Kikuube district cholera outbreak response budget was formally submitted to Ministry of Health for funding, the district is looking forward for facilitation of health workers that worked tirelessly to stop transmission of the most recent cholera outbreak in Kikuube and Hoima districts.

## SURVEILLANCE ACTIVITIES

### Bundibugyo District

- There was one (1) alert from Buhundu in the Bundibugyo Town Council.
  - WHO received an alert call at 2:30 pm of 47/M alcoholic reported to have vomited once after having a meal. Vomitus had a trace of blood.
  - The team could not also establish any history of contact or history of travel. The patient had no fever and no other EVD related symptoms.
  - The alert didn't fit suspect case definition. The team prescribed some medication for the patient who will be followed up tomorrow.
- WHO/DTF surveillance team did supportive supervision at Burondo HC II and Mantroba HC II. Below were the observations: EVD posters were well displayed; Hand washing among clients is being promoted; a concern was raised about the use of common weighing pants to weigh the children during immunization sessions.
- **Action:** Nursing mothers were advised to acquire individual weighing pants to be used during immunization activities
- During review of OPD records for September/November two (2) P.V bleeding cases were seen, had been treated and discharged without notifying them as alert cases.
- **Action:** Staff of the health unit were urged to alert/inform the surveillance Team of any bleeding cases.
  
- In Busongora North, WHO and DHO visited three facilities: KABATUNDA Health centre 111, KASANGALI H/C 11 BWESUMBU H/C 11; and oriented health workers and VHTs on EVD Preparedness and readiness as well as on IPC. Interacted with 15 health workers and 4 VHTs. **Challenges identified included:** lack of IPC guidelines, no isolation space for EVD suspected cases, no hand hygiene units, absence of PPEs (gum boots, heavy duty gloves, aprons, disposable gowns, masks and goggles)
- A total of 15 health workers and 4 VHTs were reached and sensitized on EVD signs, symptoms, causes and its prevention and control. Health workers were updated on the current situation in DR Congo. The VHTs were reminded to be reporting any EVD suspected cases to the nearest health



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facility and also to sensitizing their communities on the disease and what to do in case they come across any suspect. Health workers were also urged to be more vigilant and also avoid managing any EVD suspects but instead to isolate and make a call for its evacuation.

- All the 15 health workers interacted with were willing to be vaccinated against EVD
- Training of VHTs for community based surveillance was conducted in Kyarumba sub-county where 52 were trained.

**Ntoroko District:**

- Who team and DHT conducted orientation meeting with officers of town councils and sub county namely; Bweramule sub county (12), Rwebisengo sub county (26), Butungama town council (17), and Kibuku town council (9). Information was shared on the situation of EVD in DRC and on the mode of transmission, signs and symptoms, prevention and the community case definition for alerts. All participants were asked to be vigilant in their respective communities and work places highlighting the importance of reporting cases that qualifies the community case definition to the nearest health facility and to the district surveillance team for prompt and adequate response.
- The community alert that was reported and referred to Bweramule H/C II for management yesterday was followed up this morning. She had a positive malaria RDT and treatment given as per guidelines.

**Kabarole District**

- There is no new alert case reported in the district.
- Active case search continues with in the district.
- Results for the repeat CCHF test was positive and all the 3 EVD suspected cases have tested negative for EVD and other VHFs.
- WHO/DHT conducted sensitization of KIU medical students who had developed phobia for the ward because of the CCHF patient and EVD suspect case earlier reported in Kanungu district. A total of 200 students were taken through a full lecture on EVD using power point presentation and videos. All questions were answered and anxiety was allayed.
- WHO/DHT also conducted sensitization of 24 staff of Ministry of water in the Albert water management zone composed of 4 institutions. The staff were sensitized on EVD and CCHF symptoms and signs, IPC practice, surveillance for any case and how best they can contribute to the preparedness and readiness of this disease. Answers to all questions were answered and the staff pledged to support the preparedness and readiness for EVD and any other VHF.

**Bunyangabu**

- Active case search on-going



- No alert case reported
- WHO/DHT conducted support supervision and training of 3 health care workers and 25 VHTs in Kateebwa HC II where they were oriented on EVD surveillance and IPC. The VHTs were imployed to have the case definition and to report each and every EVD suspected case they come across anywhere in the community.

Other surveillance activities were conducted in Butyoka, Bunaiga and Bughumba communities and schools. The sensitized included 30 people; community development officers, LC1s, school teachers and pupils and VHTs.

### **Hoima and Kikube Districts**

- No EVD alert or suspected case reported in both Hoima and Kikuube districts as at 18:00 hours Tuesday 30<sup>th</sup> October 2018.
- At all Point of Entry (POE): Sebagoro, Nsonga and Kaiso there was a total of 68 new arrivals of which 10 are from Tchomia who were screened as at 18:00 hours Tuesday 30<sup>th</sup> October 2018, no suspected case detected among the new arrivals.

## **CASE MANAGEMENT AND IPC**

### **Bundibugyo District**

- There are no cases in the ETU
- WHO held a consultative meeting with Ntoroko case management team to discuss and finalize the layout of the ETU at Rwebisengo.

### **Kasese District**

- **No alert cases in the ETU**
- WHO held a meeting with (MSF) the Implementing partner and discussed issues related to IPC issues in the district.
- Visited AFIYA HC III and Alleluia HC III to make mentorship appointment dates that will be conducted on 7<sup>th</sup> November 2018 and 2<sup>nd</sup> November 2018 respectively.
- Continued with IPC Mentoring at Katadooba HC III: 32 Health Care Workers together with Student Nurses and Midwives attached to the unit for their practicum were trained.
- Other IPC Mentorship program is scheduled for Wednesday October 31, at Kilembe Hospital in the morning hours staring at 8.30 am and St. Paul HC IV in the afternoon.

### **Ntoroko District**

- No suspected case or alert cases
- Held a planning meeting and agreed on the final outlay of the ETU facility. The meeting comprise of 3 WHO technical officers namely Dr Tenywa, Dr. Muzafalu and Dr. Musoke.



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- Held a meeting of IPC focal persons in the district aimed at coordinating and strengthening activities of the IPC in the facilities and the communities

### **Kabarole District**

- The 30y/F with CCHF is doing better and still in isolation at JMEDICC, however, her results for the repeat test have not yet been relayed back. The 3 new suspected cases in FPRRH results are not yet out.
- Results for the 3 new EVD suspected cases turned out negative for EVD. One of the EVD suspected cases a 28y/f passed on.
- WHO/DHT conducted sensitization of KIU medical students and ministry of water staff (a total of 224 staff). They were oriented in IPC in which we emphasized proper and frequent hand washing, use of gloves at all times and changing gloves between patients.
- The students were informed that once proper IPC is followed, HCWs can be protected in order for them to be protected so that they continue serving

### **Hoima and Kikube Districts**

- WHO IPC expert:
  - Conducted an IPC assessment with focal person at Maratatu B a HF managed by MTI, gaps identified were; (waste management, staff and patient's safety) these were prioritized, and incorporated in their work plan. On job training conducted to 10 health staff basing on the gaps identified.
  - CARE in process of printing IPC hand hygiene posters in order to strengthen IPC in health facilities.
- ETU at Kasonga is ready for admitting patients however, electrical installation, additional tents for psychosocial support and Laundry, and maram for ambulance decontamination area are required. The refugee settlement camp commandant has requested UNHCR to prioritize completion of the remaining part of the ETU and repairing of screening tents at POE. UNHCR reported that their shelter team will be on ground as soon as possible on ETU completion by end of this week.

## **RISK COMMUNICATION/SOCIAL MOBILIZATION**

### **Kasese District**



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- Training of VHTs for community based surveillance was conducted in Kyarumba sub-county where 52VHTs were trained.

### **Bunyangabu District:**

- Visited a number of villages including Kateebwa village, Bunaiga village in Bunaiga Sub county.
- WHO, URCS, and the DHT teams held 2 dialogues with VHTs, LC1 and II chairpersons in the above villages
- Assessed knowledge on EVD and found to be adequate
- Identified roles and responsibilities of participants in relation to EVD
- Activity plans were drawn and village meetings are to be held/called in 2 weeks'

### **Observations/concerns/challenges**

- High EVD risk perception reported in many communities thus no rumors/misconceptions reported
- The rainy season disrupts community based surveillance by the VHTs
- The hunters have got a cultural attachment to the vice thus messages addressing bush meat have to be repackaged to communicate the EVD risk.

### **Hoima and Kikube Districts**

- UNICEF support towards EVD radio talk shows scheduled to end on 3<sup>rd</sup> November 2018. The DHO requested to formally request for an extension of the support as radio talk shows are key in social mobilisation.
- Currently 24/7 toll free phone line is not yet established for reporting EVD and other diseases of epidemic potential from health facilities and community.

### **CROSS BORDER**

- WHO visited Kasili and Kazaroho PoEs. Screening of people crossing from DRC was continuing normally and people are adhering to hand washing practices.
  - Registration of names and phone numbers of volunteers done.
  - Start dates for screening at these PoEs also noted.

### **LOGISTICS**

#### **Ntoroko District**



- Three tents provided by MTI/UNHCR were set up at Kigungu, Fridge and Kanara landing sites by the WFP technical team.

### **Kasese District**

- Logistics that had run out at Bwera ETU and Mpondwe screening post were replenished. These included: Scrubbing suits 08; Disposable Aprons 08; Saraya 02; Surgical Masks (Box of 100) 02; N-95 Masks (Box of 20) 02; Heavy duty gloves 08 pairs; Disposable gloves(Box of 100) 02

### **Issues:**

1. UNICEF support towards EVD radio talk shows in HOIMA and KIKUBE districts are scheduled to end on 3rd November 2018. The DHO requested to formally request for an extension of the support as radio talk shows are key in social mobilisation.
2. Inadequate stocks IPC supplies in health facilities
3. In Hoima district, the 24/7 toll free phone line is not yet established for reporting EVD and other diseases of epidemic potential from health facilities and community Coordination and communication becoming a
4. Challenge to field staff due to unavailability of airtime and data bundles
5. Ned for further support to VHT with gumboots, rain coats and umbrellas

### **Recommendations/Actions**

1. UNICEF should consider extending support of radio talk shows in HOIMA and Kikuube districts on EVD beyond 3<sup>rd</sup> November.
2. NMS should consider supplying extra gloves to health facilities in EVD high risk areas in order to strengthen IPC.
3. In Hoima district, the district, MOH and partners should consider supporting Kaseeta HCF with mobile toilet temporary while planning to construct a permanent one for outpatients.
4. MOH should urgently consider supply of face masks, gloves, aprons and hand sanitizers to a central store at Hoima.
5. Health facilities in Hoima district should be availed with posters of hand hygiene (moments of hand washing and hand hygiene using alcohol based hand rub).
6. MOH should consider assisting districts of Hoima and Kikuube to established 24/7 hot lines
7. Kikuube is a new district without a single vehicle to coordinate preparedness and response activities hence the district urgently needs assistance in this regard
8. Generally consider strengthening and supporting the VHT EVD community surveillance by providing gumboots, rain coats and umbrellas etc



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9. Replenish airtime and data bundles to maintain effective coordination and communication among the field staff.
10. In Hoima District, considering the proportion of people that missed OCV, MOH should consider supporting districts to administer a round of OCV to affected parishes in order to increase on the herd immunity, since there was is no cholera case reported among people that received 2 dozes of OCV.

**-End-**

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