



HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

30th October 2018 (12:00 HRS) – UPDATE No 43

a) *SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 29TH OCTOBER 2018, WITH DATA UP TO 28TH OCTOBER 2018*

- Cumulative cases: 274
- Confirmed cases : 239
- Probable : 35
- Total deaths : 174
- Suspect Cases under investigation : 32
- 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

SURVEILLANCE ACTIVITIES

Kabarole District

- Three (3) EVD alert cases were reported on 29th October 2018.
 - i) KR, a 16 year old female from Rwimi-Bunyangabu, presented with fever, bloody stools, abdominal pain, intense fatigue, diarrhoea, and muscle pains for 2 days.
 - ii) KR, a 28 year old female from Kyakiroro-Kyenjojo presented with fever, muscle and articular pain, abdominal pain, anorexia, loss of appetite and Hematuria for 3 days.
 - iii) KJ, a 61 year old male from Karugutu-Ntoroko, presented with diarrhoea, loss of appetite, hematemesis, and chest pain for 3 days.
- All the three patients had no history of contact with anybody with VHF, no history of attending any burial, and no history of travel to any known current outbreak area. Blood samples were collected and sent to Uganda Virus Institute (UVRI) for testing.
- DHT and WHO team conducted support supervision at Kasesenge and Kitule HC IIs and made recommendations to improve health facility surveillance. The facilities were given the new laminated EVD Case definition.

Bundibugyo District

- No alert received in the district
- The WHO team assessed Bundigoma HC II and found that the facility has no Surveillance Focal Person; has no posters on display; and lacks water for hand washing by staff and clients. Thirty Five (35) clients at the Out Patient Department (OPD) were sensitized on the EVD Community Case Definition. Sixteen (16) health workers were sensitized on EVD surveillance, case definition and on Infection Prevention and Control. Information, Education and Communication (IEC) materials with key EVD messages were provided.



Ntoroko District

- One community alert was reported, referred to a health centre for assessment, diagnosed with malaria treated and discharged.
- Another community alert was referred to Bweramule H/C II for management – had headache and was vomiting. He is a student at Kabimbiri Primary School who recently visited DRC. He has no epi-link with the outbreak area. The Surveillance team will follow him up today.
- DHT and WHO team held an orientation meeting with officers from Karugutu Town Council (9), Nombeh Sub County (8), Karugutu Sub County (12) and Kibuku Town Council (9). They were updated on the EVD situation in DRC, given information on EVD transmission, signs and symptoms, prevention and the Community Case Definition for alerts.

Kasese District

- DHT and WHO team visited Isule HCIII, Mukathi HCII and Maliba HC III to assess surveillance activities, IPC and EVD preparedness. Sixteen (16) health workers and five (5) VHTs were mentored on EVD preparedness and readiness as well as on IPC. Gaps identified in the facilities included lack of IPC guidelines, no isolation spaces for EVD alert cases, lack of hand hygiene facilities and other PPEs such as gum boots, heavy duty gloves, aprons, disposable gowns, masks and goggles.
- Forty one (41) VHTs and one (1) Community Development Officer from Kyondao sub-county were trained on EVD community-based surveillance supported by Save the Children.

Hoima and Kikuube Districts

- No EVD alert case reported in both Hoima and Kikuube districts as at 18:00 hours Monday 29th October 2018. At all PoEs, Sebagoro, Nsonga and Kaiso, a total of 73 new arrivals were screened as at 18:00 hours Monday 29th October 2018, no alerts were detected.
- Kikuube district has requested for PPEs to facilitate EVD screening at PoEs (Buhuka, Sebagoro and Kaiso).



- The WHO team conducted Integrated Disease Surveillance and Response (IDSR) on job training at Butema HC III on detection (use of standard case definitions) and reporting with special focus on VHF and other diseases of epidemic potential. It was also noted that universal standard precautions are not adhered to by health workers. The Health Facility was provided with a copy of IDSR technical guidelines. The WHO IPC expert will follow up and mentor staff on IDSR and IPC on Wednesday 31 October 2018.

CASE MANAGEMENT AND IPC

Kabarole District

- Another blood sample was collected from the confirmed case of Crimean Congo Haemorrhagic Fever (CCHF) and sent to UVRI for a repeat test. The patient is still receiving treatment at Fort Portal Regional Referral Hospital.
- Twenty (20) health care workers from Sarah Medical Clinic, Vine Hospital, Iruhura HC and Lillah – all private facilities, were mentored in a video-assisted session on appropriate PPE use, hand hygiene and hand hygiene procedures, mixing of Chlorine, waste segregation and management and IPC.

Bundibugyo District

- No alert cases in the ETU as of 29th October, 2018.
- WHO conducted IPC drills for nine (9) members of the Bundibugyo ETU with focus on donning and doffing of PPEs.

Ntoroko District

- There was a support supervision at Kamuga landing site where it was noted that many people crossing into Uganda were refusing to wash hands and the temperature screening. This will be brought to the attention of the Resident District Commissioner and the police.

Kasese District

- There are no alert cases in ETU.



- Twenty one (21) health workers at Katadooba HC III were mentored on IPC. Kilembe Hospital and St Paul HC IV were visited and plans made for mentorship of staff on Thursday this week.

VACCINATION

Bundibugyo District

- The Bundibugyo-Ntoroko team responsible for Ebola compassionate vaccination implementation led by the DHO Bundibugyo Dr Christopher Kiyita held meetings and interviews with some health workers on the use of the vaccine. The majority of health workers welcomed the idea given that they are frontline health workers who are at risk.
- At Kikyo HCIV the in-charge and staff were receptive to the idea apart from one. Community members around the facility also welcomed the exercise so long as the vaccine is provided by the Ministry of Health.
- In Bundimulangya HC II, the In-charge who is a survivor of Ebola 2007, thought he is already protected against Ebola out of that experience. The team enlightened him on several Ebola strains that can affect him despite his “protection” from the strain that affected him. He agreed to take the vaccine when it’s availed.
- At Ntandi HC III the team interviewed 12 health workers. Four are ready to take the vaccine, seven were undecided and one person declined. The undecided seven said they would take the vaccine only if sufficient information is provided and if WHO and MoH assure them on its safety.

Ntoroko District

- WHO team started assessment of the knowledge and attitude of health care providers towards the EVD vaccine that is likely to be introduced soon. Health workers in two facilities were reached and the exercise will continue with engagement of more health workers in other facilities.



RISK COMMUNICATION/SOCIAL MOBILIZATION

Bunyangabu District

- The DHT, WHO, Uganda Red Cross Society teams held a joint meeting on integration of Risk Communication and Community-based Surveillance (CBDS) activities. The meeting agreed to:
 - Orientate the structure, roles and responsibilities of the Risk Communicators to also focus on CBDS
 - Develop the implementation plan for CBDS, risk communication and community engagement
 - Identify various stakeholders to participate in the radio talk shows on EVD risk communication and CBDS.
- The district requires more IEC materials in local languages
- There is still low EVD risk perception in many communities which calls for more community engagement.
- Communication for Health Communities (CHC) was requested to expedite deployment of the film van to complement community engagement activities in busy places.
- There is need to use of a projector in schools and organized gatherings for EVD sensitization
- VHTs working at the health centres will be engaged more on CBDS.

Bundibugyo District

- WHO provided a vehicle to DTF risk communication subcommittee to conduct community engagement for 50 VHTs (17 females and 33 males) in Sindila Sub County. Key EVD messages were shared focusing on transmission and screening using community case definitions and vaccination for Ebola. The VHTs appreciated and welcomed the idea of ring vaccination. They requested for more IEC materials in the local languages.

Kasese District

- The LC 5 Chairman was engaged about the need for him to go on radio and dispel some rumours and misinformation on EVD that are increasing in some communities. He will be hosted on Thursday 1st November 2018.



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

- Save the Children Provided the following items to the district: 21 pairs of Gum boots, six buckets, 20 boxes of heavy duty gloves, 60 boxes of surgical gloves, 60 boxes of disposable gloves, 1 box of goggles, one box of face masks, two boxes of bar soap, 19 infrared thermometers, 200 disposable aprons, 24 boxes of N 95 and 6 hand washing cans.
- The Logistics team prepared distribution plans/routing for IPC materials to the five high-risk districts.

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