



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

23rd November 2018 (12:00 HRS) – UPDATE No 60

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 22st November 2018, WITH DATA UP TO 21st November 2018

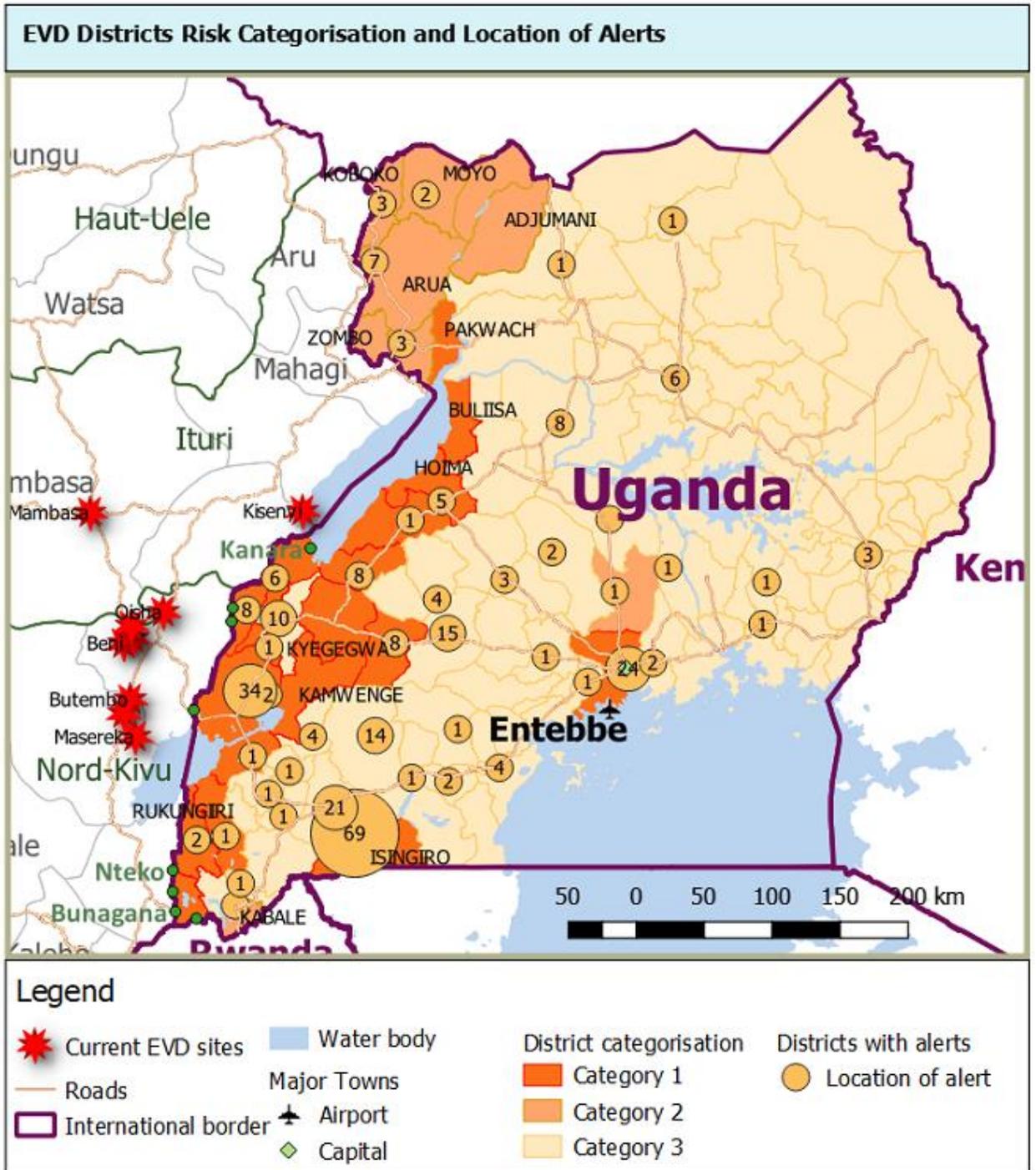
- Cumulative cases: 393
- Confirmed cases : 346
- Probable : 47
- Total deaths :222
- Suspect Cases under investigation : 73
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated

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.**



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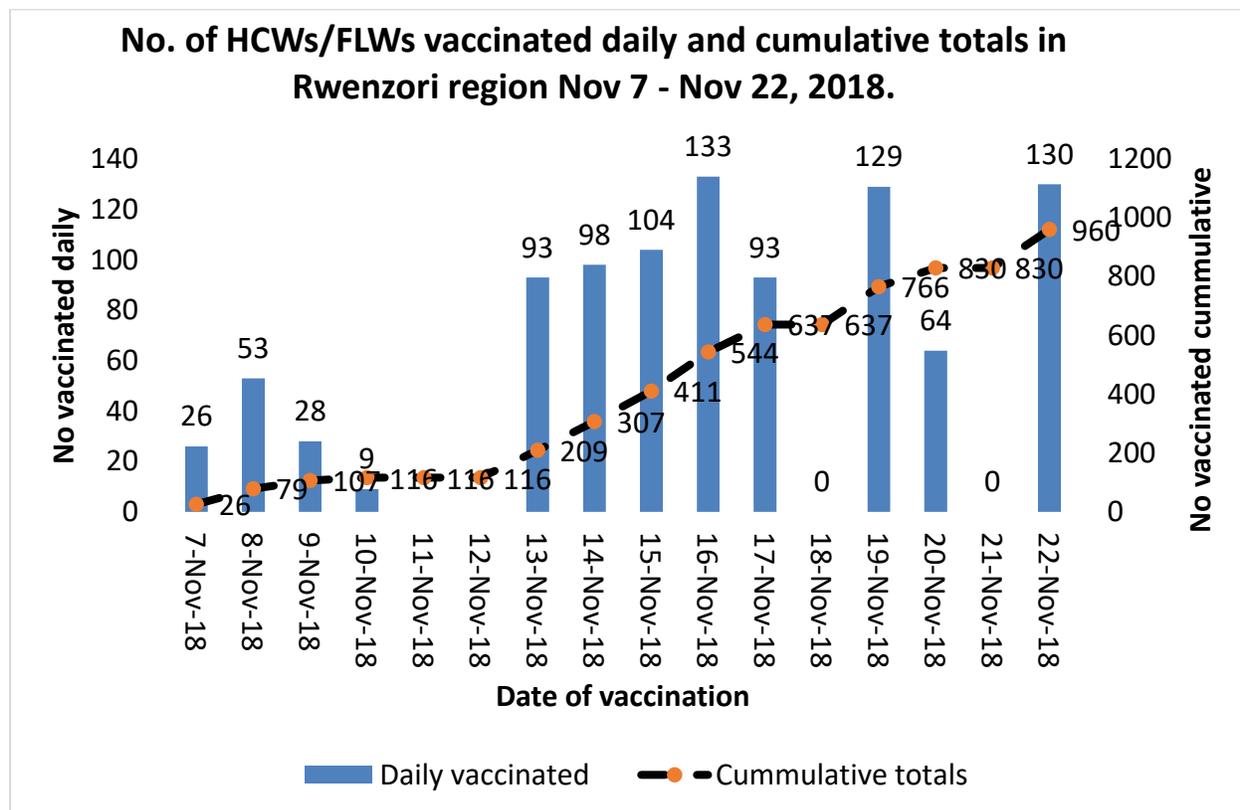
c) PREPAREDNESS ACTIVITIES IN THE FIELD AND NATIONAL (PROGRESS AND GAPS)



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VACCINATION

- WHO/MOH sensitized 75 HCW at Bundibugyo general hospital about the vaccine
- A total of 130 HCW were vaccinated on 22nd November, 2018 from 5 health facilities (Bundibugyo Hospital, Kisuba HC III, Burondo HC II, Butama HC II and Nyahuka HC IV).



COORDINATION

Bunyangabu District

- There was a District Task Force meeting at Kibiito HC IV boardroom. The following were noted:
 - Health workers in 80% of the health facilities have been mentored on Infection Prevention and Control (IPC).
 - Local leaders were involved in the risk communication trainings
 - Some DHT members are in Kabarole attending the regional risk communication training



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- There will be training of VHTs to be sponsored by UNICEF.
- UNICEF will deliver hand washing equipment to 31 schools.
- Psychosocial committee members are currently attending a 3 days training on psychosocial counselling.

Issues of concern

- Some hand washing equipment are not used and there is no one to ensure that the people accessing public areas such as health facilities do wash their hands
- District Chairman was concerned about the residents in the mountains where many people have relatives in DRC.
- There is lack of IPC SOPs for waste segregation, hand hygiene, chlorine mixing in some health care facilities
- It was recommended that Community Development Officers (CDOs) need to be part of the ongoing Psychosocial training in order to help better with psychosocial issues in the communities.

Bundibugyo District

The DTF meeting was chaired by the RDC and attended by the Assistant Commissioner Health education/MOH, WHO, UNICEF, RED CROSS and OBULAMU. The following issues were noted:

- There is need to urgently operationalize the eleven (11) new Points of Entry (PoEs) that have been mapped with support from WHO. This requires stationing volunteers and their allowances, tents, chairs, mobilelets, etc.
- The DHO's vehicle has no tyres to enable him and his teams conduct the necessary supportive supervision in the district.
- Risk communication and social mobilization should be scaled up urgently. This should also include a dissemination plan for the translated materials that are urgently needed in the community.

SURVEILLANCE ACTIVITIES

Kabarole District

- No alert or suspected cases reported in the district.
- Active case search on-going

Bunyangabu District

- No alert or suspected cases reported in the district
- Active case search on-going

Kasese District

- Eleven (11) workers from Integrated Medical Health Centre, JACA Medical Health Centre, Saruti Health Centre, and Family Medical Clinic were oriented on EVD. Focus was on IPC, surveillance and health education for the patients who visit their facilities.

Ntoroko District

- There was an alert case reported at Transamii landing site in Ntoroko town council. He is a 26 year old male who was detected with a temperature of 39.1°C and headache. A malaria RDT done at Ntoroko health center was positive. He was given malaria treatment and discharged.
- The DHT and WHO team conducted supportive supervision and data collection at Kyap, Kabimbiri, Haibale North and Haibale South PoEs. Temperature screening was ongoing and the volunteers were given more tips on personal protection, community engagement and prompt reporting of cases. However, they need more PPEs such as gumboots and a tent at Haibale North to facilitate screening.

Bundibugyo District

- WHO/DHT visited Kayenje HC II where they sensitized two health workers and the VHTs of Kirindi parish on EVD surveillance and response actions. A review of patient registers for the past three months indicated no alert cases seen at the facility.
- EVD preparedness assessment was also done which indicated:
 - EVD posters were on displayed



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- Hand washing among clients is being promoted.
- Health Facility Surveillance focal person well equipped to identify EVD cases and take necessary actions

Actions

- Staff of the health unit were urged to be alert and inform the Rapid Response Team about any bleeding cases for assistance.
- Posters and leaflets with key messages on EVD were provided to the Surveillance Focal Person.

Community Based Surveillance

- A community based surveillance activity was conducted in Namugongo village on EVD and AFP.
- Community members have not seen any bleeding case or unexplained death in the past 21 days.
- One community members complained of headache and fever. Further assessment showed that she did not meet the EVD case definition. She was urged to seek health care from Kayenje HC II.
- The LCI and 17 households were engaged on EVD. The community was briefed on action to take in case of any EVD alerts

Hoima and Kikuube

- No EVD alert or suspected case detected in both Hoima and Kikuube districts as at 18:00 hours Thursday 22nd November 2018.
- One hundred and seven (107) new arrival were screened at Sebagoro, Nsonga and Kaiso PoEs. No alert or suspected case detected.
- UNHCR started work to complete Kasonga ETU. The WHO team gave technical advice the construction which is scheduled to be completed on 27th November 2018. MTI has deployed a permanent security guard and a cleaner at the ETU.



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- DHT/WHO team supervised cross border surveillance at Nsonga/Buhuka PoE. The screening tent was destroyed by wind and UNHCR has been notified accordingly.

CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)

Ntoroko District

- No alert or suspect cases in isolation on 22nd November, 2018.
- UNICEF supported WASH/IPC sensitization at Bwermule HC II, Rwebisengo HC III, Ntoroko Medical Centre, Rwebisengo Maternal HC, and Bethesaida Daycare Center.
- UNICEF also supported Itojo, Kabimbiri, Kibuku, and Bugando primary schools as well as Kyapa, Haibare I and Haibare II landing sites with WASH/IPC.
- Four (4) health workers and five (5) volunteers were mentored on chlorine solution preparation and hand hygiene practices. In addition, four (4) head teachers were sensitized on hand hygiene practice using soaps after spot check.

Bundibugyo District

- There was no case is admitted in the Bundibugyo ETU.
- DHT and WHO team followed up Buhanda HC II and Kisuba HC III; buffer stocks of IPC supplies were delivered at both facilities
- Absenteeism issues at Buhanda HCII were brought to the attention of the DHO for appropriate action.

RISK COMMUNICATION/SOCIAL MOBILIZATION

- It was day 4 for the Regional ToT on Community Engagement (CE) and Community Based Disease Surveillance (CBDS) for the district teams. The attendance was 98% and a web story on the training was published on the WHO website (<https://afro.who.int>).

LOGISTICS

- UNICEF released 161 cases of chlorine granules (65%, 1/2kg), 23 boxes of bar soaps (25 bars/box), 14 boxes of water purification tablets, and 26 PH-test kits to 10 health centers and 11 landing sites in Ntoroko district.



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