



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

30th January 2019 (12:00 HRS) – UPDATE No 79

a) SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 29th JANUARY 2019, WITH DATA UP TO 28th JANUARY 2019

- Cumulative cases: 743
- Confirmed cases: 689
- Probable:54
- Total deaths: 461

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 IN THE FIELD (PROGRESS AND GAPS)

COORDINATION

Bundibugyo District

The District Task Force agreed to identify, list and repair all dysfunctional motorcycles.

Ntoroko District

- UNICEF participated in the DTF meeting chaired by the CAO
- Indicated a remarkable delay in response to alert cases which is creating discouragement in community. Surveillance team to meet on Thursday to sort out the issues highlighted.

SURVEILLANCE ACTIVITIES

Bundibugyo District

- An alert case at Kayanja II PoE was not responded to urgently and it was noted that similar incidents have been occurring. Construction of the ETU at this PoE needs to move fast in order to start admitting patients.
- WHO/DHT team supervised Kazaroho PoE in Sindila Sub County and Busunga PoE in Busungwa town council where they oriented health workers on EVD preparedness. Good EVD practices such as temperature screening and IPC were noted.

Gaps and Challenges

- Inadequate PPEs such as gloves.
- Lack of water and chlorine solution.

The table below shows the number of people who crossed in Uganda from DRC on 28th and 29th January 2019.

Screening point	Monday 28/1/19	Tuesday 28/1/19
BUSUNGA	4812	5565
BUNDINAMANDI	854	
BUTOOGHO II	462	503
BUTOGHO Main	674	585
KASIRI	685	870
KAZAROHU	1015	1145
BUSORU 2	551	352
TOTAL	9053	9020

Kasese District



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- Supportive supervision and active search conducted at Maliba H/C III. No unreported or missed case of EVD detected.
- Nine (9) health care workers were mentored and information shared with them on the situation of EVD in DRC. Copies of the community case definition were distributed to the facility.
- It was agreed that daily information sharing on EVD with emphasis on community case search be shared through health education sessions as a way of reaching more people in the community.
- Health sub district surveillance focal persons were trained on the job on the use of the ODK

Number of people screening at selected POEs in Kasese District on 29th January 2019.

Entry Point	Number screened
Mpondwe	25255
Kithoma	311
Mirami	383
Kisolholho	142
Kayanzi	18
Katwe	71

Gaps and Challenges

- Lack of PoE infrastructure (tent, tables and chairs) except at Mpondwe and Kitoma.
- Lack of functional thermometers at some PoEs.

Hoima and Kikuube Districts

- There was an alert case at Hoima Regional Referral Hospital (HRRH) on 29th January 2019 of a female (OF) aged 18years, a housewife from Kitekende village, Mutuha Sub County in Kiboga District who presented with vaginal and nasal bleeding. A sample was picked and taken to Uganda. Results were returned the same day indicating that she was negative for all VHF. She is currently receiving treatment at HRRH.



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- 104 new arrivals from DRC were screened at Sebagoro Kaiso and Nsonga PoEs on 29th January 2019. No suspected cases detected.

CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)

Bundibugyo District

- Mirambi HCII scored 45.2% on IPC assessment due to:
 - No IPC committee,
 - Staff not adhering to the five moments of hand hygiene
 - Inadequate waste handling
 - All staff not vaccinated against Hepatitis B
 - No regular cleaning schedule.
 - Inadequate knowledge on chlorine mixing

Actions taken

- IPC committee was formed
- The health care workers taught chlorine powder mixing and IPC
- Buhanda HC II scored 35.7% on IPC assessment due to:
 - Staffs do not adhere to the five moments of hand hygiene hand hygiene not performed immediately after removal of PPE
 - Latrine is very dirty
 - All the staff at the facility have not received Hepatitis B vaccination
 - Burning pit not fenced
 - Inadequate knowledge for chlorine mixing
 - Proper hand washing

Actions taken

- Staff taken through a practical session on 7 steps of hand washing.
- Staff given some tips on IPC and mixing chlorine.



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- Facility IPC committee formed and advised to adhere to the five moments of hand hygiene.

Kasese District

- Rukoki HC III, Kasese municipality HC III, St. Paul HC III, Kasese community medical Centre HC III, Katodoba HC II, Mbunga HC II, Kilembe mines hospital, Rwenzori mountaineering HC III and Kasese hospital given IPC materials.

Kabarole District

- WHO/DHT team supervised Kataraka H/C IV and advised the 13 staff on importance of hand hygiene, waste management and segregation, disinfecting of surfaces mixing of chlorine powder.
- The facility scored 70% on IPC assessment which was a big improvement from the previous one that was 46%.
- Kasusu H/C III scored 59% on IPC assessment. The 10 staff at the facility were mentored on IPC and EVD preparedness.

Kikuube district

- UNICEF supported the orientation of 23 health workers from (Buhuka HCIII, Sebagoro HCIII and Kikuube HC III) on proper chlorine mixing and use for IPC. Training also included how to generate chlorine on site using chlorine generators donated by UNICEF and funded by DFID. The Chlorine Generators use Sola Energy and Electrode to produce chlorine from normal salt and water at range of 0.6%.

Rukungiri District

- All health facilities in the district have now been supplied with UNICEF procured hand washing facilities.

Hoima District

- UNICEF supported the orientation of 17 health workers from (Hoima Referral Hospital, Buseruka HC III and Kigoroby HC IV) on proper chlorine mixing and use for IPC. Training also included how to generate chlorine on site using chlorine generators donated by UNICEF and funded by DFID. The



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Chlorine Generators use Sola Energy and Electrode to produce chlorine from normal salt and water at range of 0.6%.

RISK COMMUNICATION/SOCIAL MOBILIZATION

Bundibugyo District.

- WHO/DHT team conducted EVD visits in 19 households in Galiraya village, Kasanzi Parish in Ndugutu Sub County.
- The team also engaged the LC III chairperson at Ndugutu Sub County on EVD and urged him to increase sensitization and mobilization in the community.
- URCS continues with house-to-house sensitization and film shows in different Sub Counties in the district.

Ntoroko District

- WHO/DHT team held a meeting with 36 organized groups in Kanara Town Council to develop an inventory of all CBOs, associations and Saving and Lending groups. An engagement schedule to be implemented later was agree upon.
- With support from UNICEF, URCS volunteers had reached 2518 HH, held 17 Community Engagements, distributed 254 posters and 103 leaflets the previous week.
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Rukungiri District

- The district continues to conduct mass media campaigns supported by UNICEF.

Kikuube district

- UNICEF delivered initial 1,000 child friendly posters, 300 EVD leaflets, 100 leaflets and 300 posters for WASH. 150 primary teachers oriented on key EVD messages and 600 child friendly posters and



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150 leaflets for EVD and 150 posters and 100 leaflets for WASH disseminated at Kizirafumbi secondary school.

- Met Ag DHE Kikuube and finalized radio talk schedules.

Kabarole District

- A sensitization meeting was held with 26 people in Mugusu town Council, Senyoza Cell. In the last weeks the following people have been reached with EVD messages in the district.

Sub-County	Village	People reached	Posters disseminated	Leaflets distributed
Bukuuku	Kihwera	68	6	13
Karago	Blbonde	35	20	0
Karangura	Nyakarongo	56	13	17
Harugongo	Nyantabooma and magunga	85	19	26
South Division	Kijanju	83	17	0
West Division	Rwengoma A	42	08	10
East Division	Kanwankoko	56	12	15
Karambi	Nyamtoma	62	17	25
Kasenda	Busingye	50	10	0
Hakibaale	Kayanja	65	15	11
Mugusu	kiseeru	86	20	24

Kasese District

- WHO/DHT team conducted community engagements in Kikorogo, Kahandaro and Muhokya villages with active participation of the trained VHTs and LCs.



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- VHTs and LCs reported sensitisation meeting they conducted in churches, at weddings and burials and that they register all visitors who come to their areas of jurisdiction. They have also discouraged the public from eating meat of dead animals.
- Uganda Red Cross Volunteers reached 88 households interacting with 450 persons on EVD messages in Bwera and Isango areas.

Gaps and Challenges

- Lack of IEC materials for distribution to community
- Poor relationship between the LCs and HHTs
- Delayed payment of allowances
- Continued spread of rumours and misconceptions
- There is limited support from the sub county leadership
- Poor relationship between LCs and the VHTs in in Kikorongo village.

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