



EBOLA VIRUS DISEASE IN UGANDA

27 June 2019 as of 20 00 Hrs

SitRep #16

Situation Report



1. Situation



Key Highlights

- **03** cumulative cases (**00** probable **03** confirmed)
- All (**03**) confirmed cases have died (**CFR =100%**)
- Today is day **14** since the death of the last confirmed case who passed on the 13 June 2019 while on transfer to the DRC for further management
- There are **96** contacts under follow up
 - **95** were reviewed today and found okay.
- There was no admission in the Bwera ETU
- Active case search and death surveillance are ongoing in the health facilities and the communities as the district response team continue to investigate all alerts
- Cumulatively **1275** individuals have been vaccinated: **78** contacts, **747** contacts of contacts and **450** frontline health workers
- **80** individuals were vaccinated today: **00** contacts, **00** contacts of contacts and **80** front-line health workers

EPIDEMIOLOGICAL SUMMARY

Background

On 11th June 2019, the Ministry of Health of Uganda declared the 6th outbreak of Ebola Virus Disease (EVD) in the country affecting Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the Democratic Republic of Congo (DRC). This child was one of 6 people that travelled from the DRC while still being monitored as suspect cases following a burial of the grandfather who succumbed to EVD. The child was ill by the time he crossed into Uganda and the mother took

him for medical care at Kagando hospital in Kasese district with symptoms of vomiting blood, bloody diarrhea, muscle pain, headache, fatigue and abdominal pain. The child tested positive for Ebola Zaire by PCR and he later died on 11th June 2019. Two other members of the family, a grandmother and 3-year-old brother also tested positive for Ebola on 12 June 2019 and the grandmother died later the same day. The 3-year-old brother also died on the 13 June 2019 since then no new confirmed EVD case has been reported in Uganda.

Figure 1: Movement of the EVD cases from Congo into Uganda

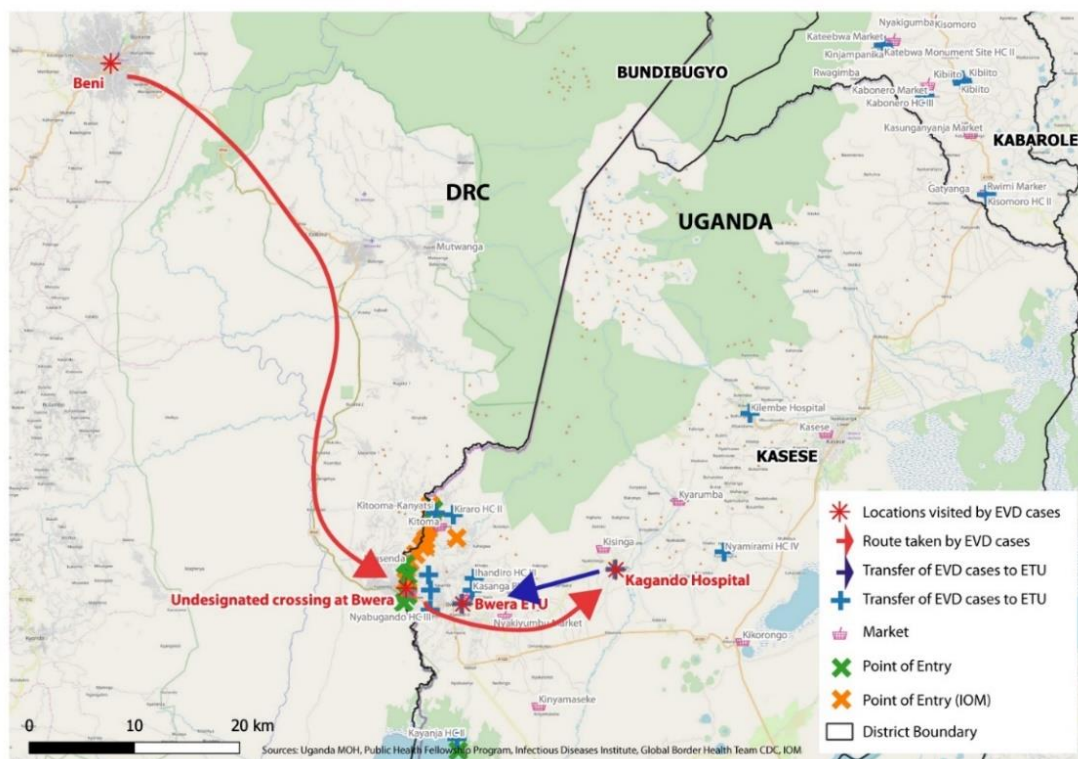


Table 1: Summary of Ebola virus Disease outbreak in Kasese, June 2019

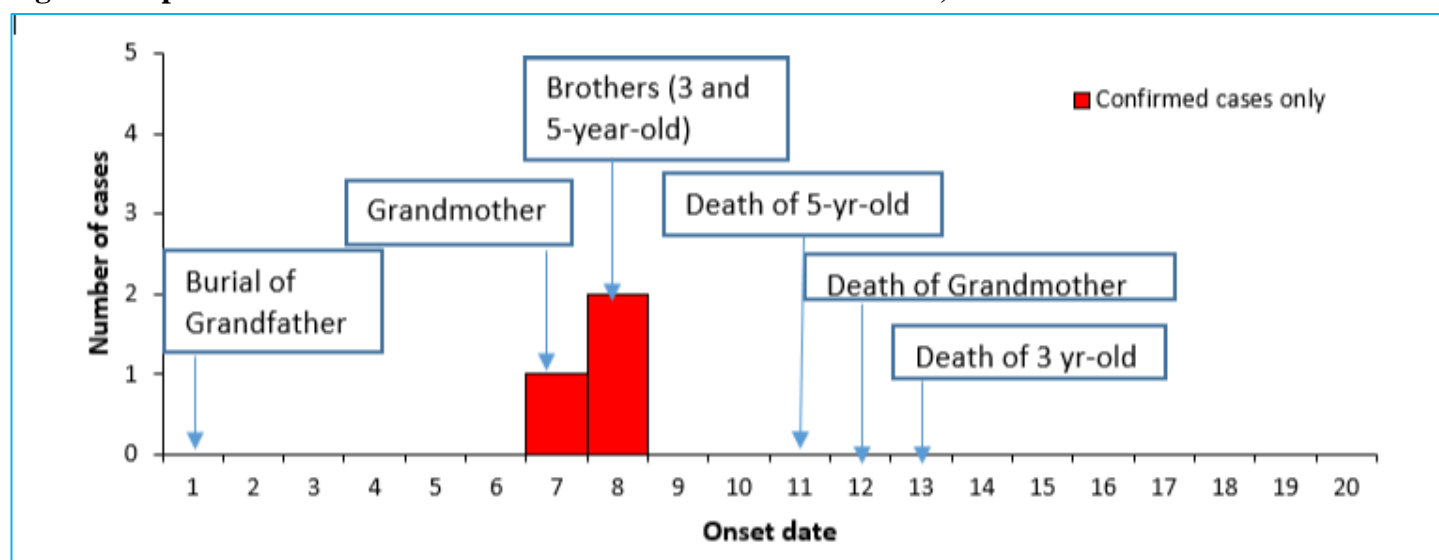
| SUMMARY OF CASES (as of 21/June/2019) | Number |
|---|-----------------|
| New suspect cases today | 00 |
| New deaths today | 00 |
| Cumulative cases (probable and confirmed) | 03 |
| Probable | 00 |
| Confirmed | 03 |
| Cumulative deaths (probable and confirmed) | 03 ¹ |
| Health facilities | 03 |
| Community | 00 |
| Deaths among confirmed cases | 03 |
| Number of cases on admission (probable and confirmed) | 00 |
| Probable | 00 |
| Confirmed | 00 |
| Suspect cases on admission under investigation | 00 |
| Runaways from isolation | 00 |
| Cumulative number of contacts listed as of today | 113 |
| Number of contacts that have completed 21 days | 17 |

| | |
|--|-----------------|
| Number of contacts under follow up | 96 |
| Number of contacts followed up today | 95 |
| Cumulative number of individuals vaccinated | 1275 |
| Number of contacts vaccinated | 78 |
| Health workers | 04 |
| Community | 74 |
| Number of contacts of contacts vaccinated | 747 |
| Health workers | 00 |
| Community | 747 |
| Number of front-line health workers vaccinated | 450 |
| Number of contacts vaccinated today | 00 |
| Health workers | 00 |
| Community | 00 |
| Number of contacts of contacts vaccinated today | 00 |
| Health workers | 00 |
| Community | 00 |
| Number of front-line health workers vaccinated today | 80 |
| Specimens collected and sent to the lab. Today | 00 |
| Cumulative specimens collected | 27 ² |
| Cumulative cases with lab confirmation | 03 |
| Cumulative samples tested negative | 14 |
| Specimens with pending results | 01 |
| Date of discharge/death of last confirmed case | 13-June-19 |

¹ includes 1 death in the DRC

² includes 9 repeat samples

Figure 2: Epidemic curve of Ebola Virus Disease outbreak in Kasese, June 2019



2. Public Health Actions to date

Coordination

The District held its 15th DTF meeting chaired by a member of social services committee. After detailed discussions, the following recommendations were made;

- All the VHTs involved in the response should be vaccinated
- Risk communication and psychosocial support teams to reach out to unvaccinated people
- DTF and political leaders to conduct support supervision and monitoring of response activities and PoEs
- The need for more Infra-Red thermometers from National Medical Stores

Surveillance

- The alert desk received one alert of a 70-year old woman who was admitted at Bwera Hospital. She had peptic ulcer disease and vomited blood. She later died. A swab was taken and was found negative for EVD. The family was allowed to take the body for burial.
- The active case search team visited 3 health facilities and reviewed records, re-oriented health workers on case definitions.
- A total of 95/96 (99%) contacts were followed up today. A cumulative total of 17 contacts have completed their 21 days of follow up.
- A total of **15,001** persons were screened today at both ground crossing and Kasese airstrip
- The community based disease surveillance team visited Bwera sub-county in Bukonzo West, Kyabarungira sub-county in Busongora North, and Kisinga Town Council in Bukonzo East and sensitised 156 VHTs in 69 villages.
- The event-based surveillance team sensitized about 650 mourners at a burial in Kajwenge village in Kisinga subcounty

Laboratory

- One sample (oral swab) was collected from a body of an old woman who died on the ward in Bwera hospital. The old woman was diabetic and had peptic ulcer disease. She vomited blood prompting EVD suspicion. The sample, in duplicate, was sent for testing at both the onsite and central testing laboratory (UVRI). Presumptive results by mobile lab were **negative**.
- Negative results of two repeat samples referred to UVRI were received today
- Cumulative number of samples collected and referred for testing to date is 27 including nine repeats. Of these, 3 samples tested positive, fourteen-tested negative and one pending confirmation.

Case management

- There are no admissions in the ETU today
- The ETU remodelling is underway by MSF

Risk Communication

- The team conducted a community dialogue with 30 community influencers at Kyempara HCII Isango sub-county
- Sensitised 77 Local Council I chairpersons of Isango, Bwera and Mpondwe Lhubiriha sub-counties
- One evening radio talk show was conducted at Guide FM
- The team conducted a community drive and reached an estimated 18700 people with messages on EVD prevention
- 9 schools were sensitised on EVD reaching 2987 students and 77 teachers

Psychosocial

- The team sought an appointment with an employee of one of the suspected cases who had been stigmatized at his place of work. The employee scheduled an appointment to sensitize all the employees in the organization. A follow up visit will be conducted tomorrow.
- The team met with the risk communication and vaccination team to strategize on how to reach the contacts that had declined vaccination.

Infection Prevention and Control

- The team visited three health facilities (Rukoki HC III, Case Medical Center Hima and Alleluiah medical center) and oriented health workers on waste segregation, hand washing, donning and doffing.

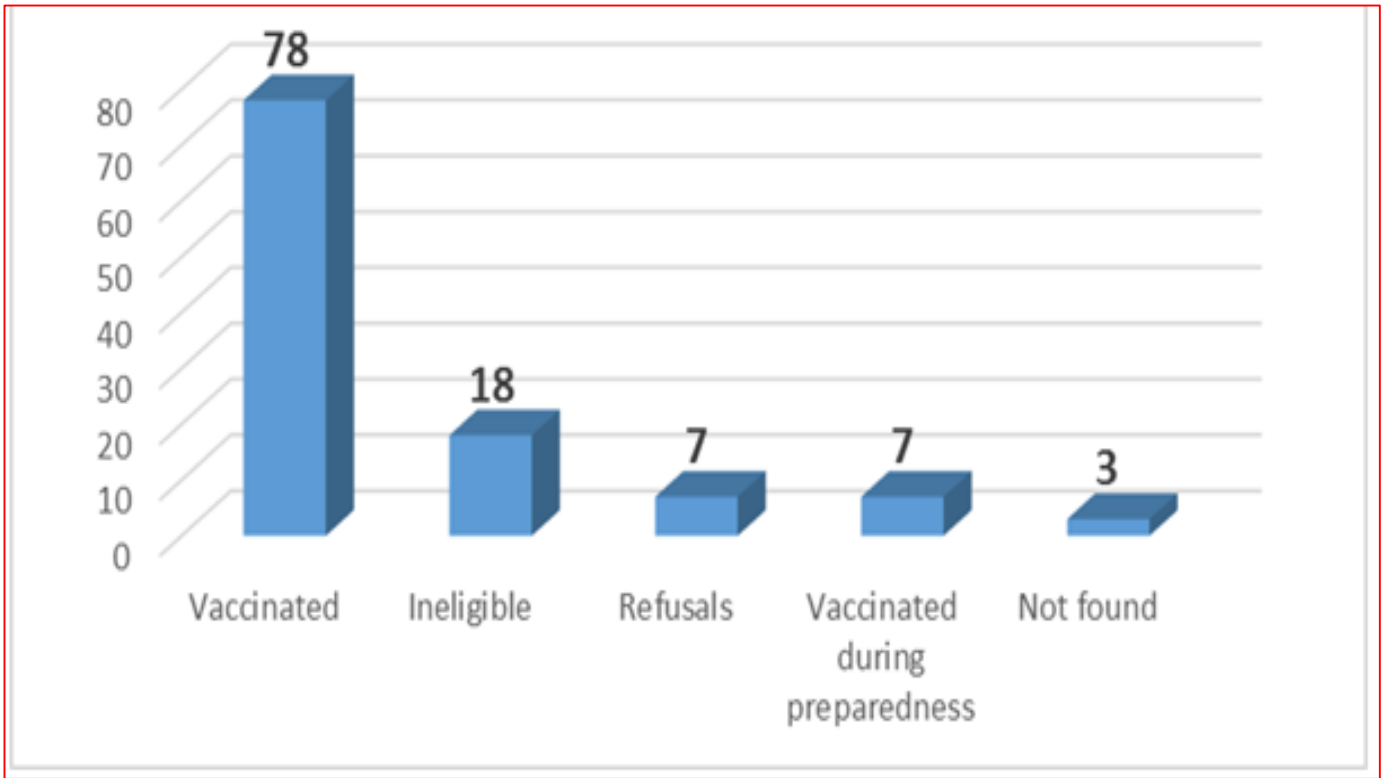
WASH

- Conducted inspection of public places and supervised utilization of WASH interventions (provision and use of HWF, safe solid and liquid waste management and safe excreta disposal). This activity was conducted in 5 schools and 1 lodge in Rugendabara town council (TC), 1 restaurant and 2 bodaboda stages in Kyanya TC, 5 schools, and 1 police post in Kisinga TC, 1 Church, 1 school and 1 police post in Ihandiro

Vaccination

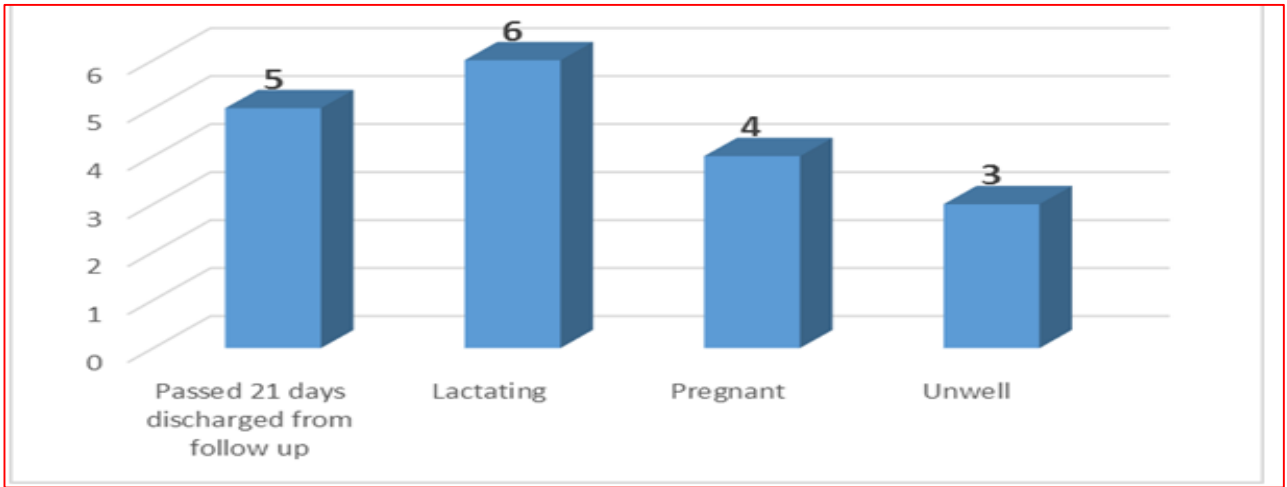
Today only 80 front-line health workers were vaccinated. Cumulatively 1275 individuals have been vaccinated including 78 contacts of whom 04 are health workers, 747 contacts of contacts and 450 frontline health workers. Those not vaccinated included 18 ineligible, 7 refusals, 7 vaccinated during preparedness and 3 not found.

Figure3: Vaccination status of contacts as of 27th June 2019, Kasese district.



However, the risk communication and psychosocial team have made new strategies on how to reach out to the 7 remaining refusals.

Figure 4: Reasons for ineligibility (N=18)



3. Partnerships

We acknowledge the support from the following partners in response to Kasese Ebola outbreak.

| Thematic Area | Partner |
|---------------|---|
| Coordination | WHO, UNICEF and Save the Children, Uganda Red Cross |
| Surveillance | IRC, AFENET, WHO, CDC, Uganda Red Cross |

| | |
|--------------------------------------|--|
| Laboratory | WHO, CDC Uganda |
| Risk Communication | UNICEF, WHO, UPDF, BRAC-Uganda, USAID CHC-Obulamu, URC, Save the Children, St. John's Ambulance, |
| Case Management | WHO, MSF |
| Infection Prevention & Control/ WASH | WHO, UNICEF, Baylor Uganda, St. John's Ambulance, Save the Children, Uganda Red Cross, IRC |
| Psychosocial Support | AFENET, WHO, UNICEF |
| Logistics | WHO, UNICEF, Baylor Uganda, WFP, Uganda Red Cross, BRAC Uganda |
| Security | UPDF, Uganda Police |
| Points of Entry | WHO, AFENET, Uganda Red Cross, IRC, IOM, UNICEF |
| Vaccine and therapeutics | WHO, MSF |
| Financial support | World Bank/EAPHLNP |

4. Challenges

Vaccine stock outs at district level to cover the eligible at-risk health workers and RRT

- Some border points are not operational due to limited logistics
- Uncertainty of the lead agency responsible for facilitating personnel at the border points
- Shortage of IEC materials translated into local languages

5. Conclusion

The high-level supervision by the Hon Minister and WHO Regional Director boosted the coordination and actively energised the response team. Surveillance and community awareness have been intensified. Integration (teaming) of response teams has lessened transport challenges and there is more political involvement in the response. Kasese remains at high risk for an Ebola outbreak given the unofficial points of entry with high volume cross boarder movements.