



EBOLA VIRUS DISEASE IN UGANDA

Situation Report



1. KEY HIGHLIGHTS

- Six (06) new confirmed cases in last 24 hrs.
- Cumulative confirmed cases rise to 07; (Case fatality Rate 14%; (1/7));
- Cumulative deaths remain 08 (01 – confirmed; 07 - probable)
- No new health facility and community deaths registered

EPIDEMIOLOGICAL SUMMARY

As of 21st September 2022, at 22:00 HRS, a total of 14 EVD case-patients, including 07 confirmed cases and 07 probable. Four (04) are currently suspected to have EVD infections. Of the total confirmed and suspect case-patients, 67% ($n=12$) are female, 27% ($n=5$) are children aged less than 18 years, and 5% ($n=1$) was healthcare worker, median age of those affected is 29 years (IQR= 25-45).

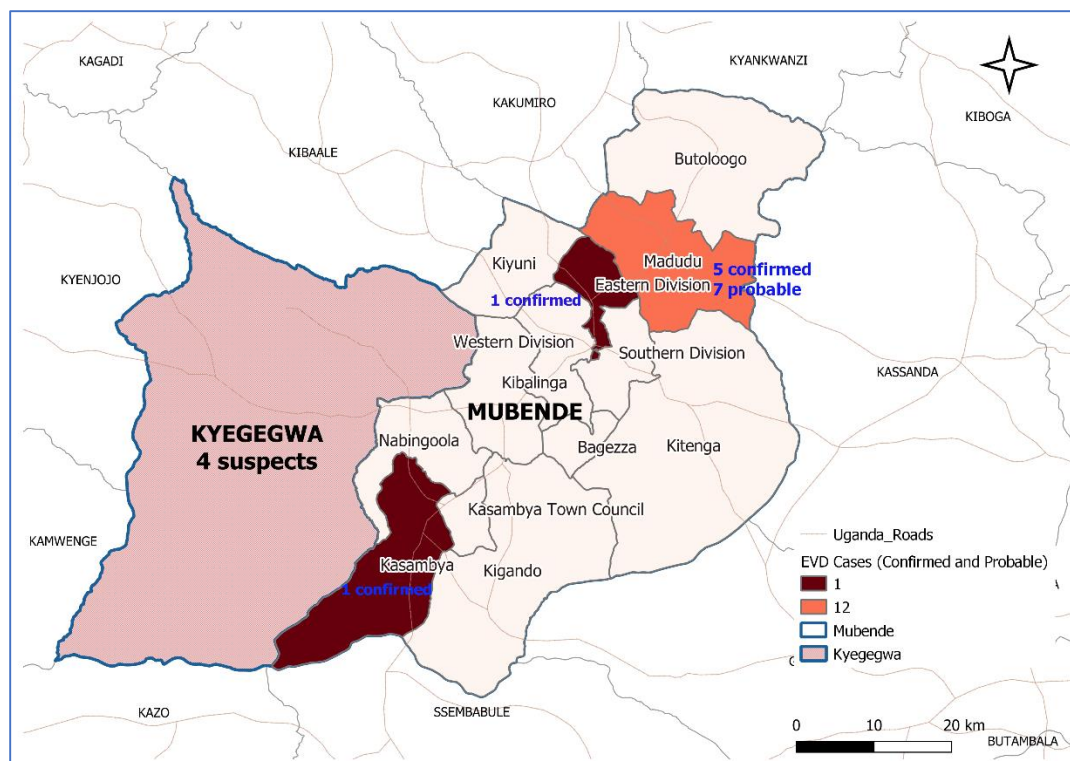


Figure 3: Map showing distribution of EVD confirmed and probable cases in Mubende and Kyegegwa District

Table 1: Summary statics of EVD outbreak in Uganda as of 21st - Sept-2022

SUMMARY OF CASES (AS OF 21/Sept/2022)	Number
New suspect cases today	00
New deaths today	00
Cumulative cases (probable and confirmed)	14
Probable	07
Confirmed	07
Cumulative deaths	08
Health facilities	02
Community	06
Deaths among confirmed cases	01
Cases currently on admission	10
Suspected	04
Confirmed	06
Runaways from isolation	00
Cumulative number of contacts listed	43
Number of contacts listed in the last 24 hours	43
Number of contacts that have completed 21 days	00
Number of contacts under follow up	11
Number of contacts followed up today	11

SUMMARY OF CASES (AS OF 21/Sept/2022)	Number
Specimens collected and sent to the lab in the last 24 hours	08
Cumulative specimens collected	14
Cumulative cases with lab confirmation	07
Date of death for last confirmed case	19/09/2022

Transmission tree of one of the probable cases in the outbreak.

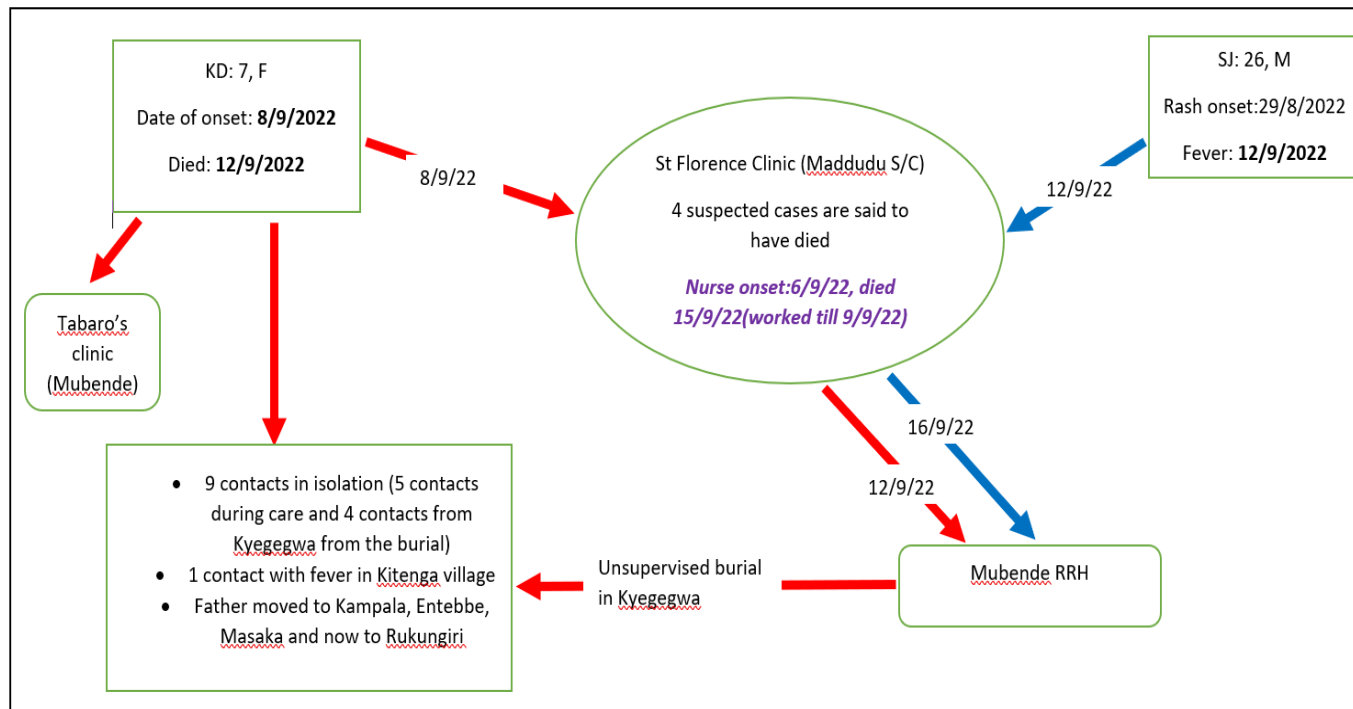


Figure 1: Outbreak Transmission Tree, EVD outbreak in Mubende as of 21st September 2022

From the figure 1 above, there has been a history of unexplained deaths in Mubende district. Reportedly most deaths were occurring in Madudu sub-county. Most suspected cases had a link to having visited St. Florence clinic in Ngabano.

On 29th /08/2022, SI 26/M from Ngabano village developed a chicken pox-like rash and fever. On the 12th the fever worsened and he sought medical care from St. Florence clinic in Ngabano village. The symptoms further worsened, he developed dizziness, abdominal discomfort, body weakness, difficulty in breathing, and blood-stained diarrhea. On 16th /09/2022, he was admitted to Mubende RRH where he died on 19th/09/2022.

On 6th/09/2022, SK a 35yr/M old nurse working at St. Florence clinic developed symptoms of fever (detailed history not known yet) and died on 15/09/2022 (9 days later).

On 8th /09/2022, KD 7yr/F from Kisamula village in Madudu sub-county reportedly developed a history of fever and body weakness. He was admitted for 3 days at St. Florence clinic in Ngabano where she worsened, and developed nose bleeding. She was transferred to Mubende RRH where she died. KD had 5 contacts during care who developed symptoms and are all in isolation at MRRH.

KD was buried in Kabalungi village, Kyaka, Kasule sub-county in Kyegegwa district. Of the known contacts during burial, 4 are symptomatic in isolation at the Mubende RRH, one is symptomatic at home in Kitenga sub-county, Mubende district

and one is asymptomatic BUT the father, who touched the body, HAS SINCE TRAVELLED TO ENTEBBE, MASAKA, AND NOW RUKUNGIRI.

Presenting symptoms of the 14 Case-patient

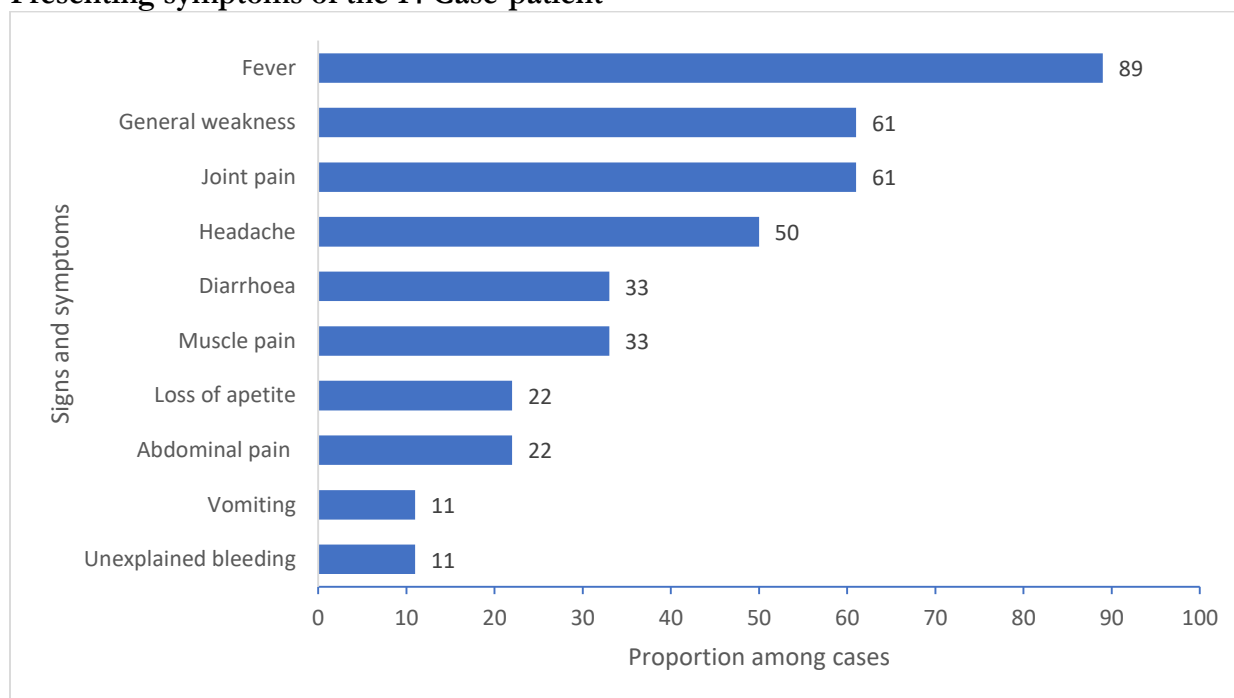


Figure 4: showing Signs and symptoms among cases, in Uganda as of 21st September 2022

2. PUBLIC HEALTH ACTIONS

Coordination

- Daily National Task Force meetings are being convened by Director General Health Services at 11.00 AM
- National EVD response plan being drafted
- District Task Force (DTFs) meetings activated in Mubende, Sembabule, Kyankwanzi, Kampala, Mityana, Kyegegwa, Gomba, Kiboga, Kassanda, Kazo, Kakumiro and Kibaale.
- Rapid Response Teams that were deployed to the 12 districts are to activate the response mechanisms, conduct risk assessments and support districts develop EVD response plans

Surveillance

- Epidemiological investigation, contact tracing, case finding in the districts ongoing

Laboratory

- Laboratory experts deployed from national level and capacity building support, sample collection, packaging, and transportation is ongoing

Risk communication

- IEC materials reviewed and are being disseminated to the affected and high risk districts.

- Airtime allocated to EVD to facilitate public awareness.
- Risk Communication team conducted a radio talk show with support from the RDC's airtime on Point FM and Tropical FM to mobilise the public to support the response to EVD.

Case management and IPC

1. Management of patients ongoing at Mubende RR Hospital
2. Case management pillar deployed experts for Infection Prevention and control as well patient care and treatment to support Mubende RRH.
3. Trained more mortuary attendants in safe burial practices.
4. Team initiated the process of zoning the ETU at the Mubende RRH with support from the MoH team

Logistics

- Ebola kit and tent have been received.

CHALLENGES

- Risk communication needs strengthening in order to management crowds and anxiety and rumor management
- No specific isolation unit at the Mubende RR Hospital
- Low follow up rate of contacts

RECOMMENDATIONS

1. Strengthen risk communication through community health sensitization and Surveillance, distribute IEC materials and job aids to both the communities and HFs in the region
2. Support Mubende RRH in establishing a functional isolation unit.
3. Zoning of the isolation unit and source of water to the isolation unit.

NEXT STEPS

- a. Enhance surveillance and contact tracing within health facilities, communities and active case search using the case definition and update epidemiological data and information
- b. Train health workers in detection of EVD and management of cases
- c. Heighten risk communication to the public
- d. Finalise EVD Response Plan

The Incident Management Team welcomes feedback and any information that could help improve this report.

Send any comments and feedback to: E-mail: mohugpheoc@gmail.com