



EBOLA VIRUS DISEASE IN UGANDA

Situation Report



Key Highlights

Cases
34

Deaths
21

- Three (03) new confirmed cases and 02 new deaths in the last 24 hrs.
- Cumulative cases stand at 34 (16 confirmed, 18 probable)
- Twenty-one (21) cumulative deaths (4 confirmed, 17 probable)

Table 1: Summary statistics of EVD outbreak in Uganda as of 24 Sept 2022

SUMMARY OF CASES	Number
New suspect cases today	05
Cumulative cases (probable and confirmed)	34
Probable	18
Confirmed	16
New deaths	02
Cumulative deaths	21
Health facilities	04
Community	17

SUMMARY OF CASES	Number
New admissions	05
Cases currently on admission	30
Suspected	17
Confirmed	13
Cumulative admissions	44
Runaways from isolation	08
Cumulative number of contacts listed	223
Number of contacts listed in the last 24 hours	10
Number of contacts that have completed 21 days	00
Number of contacts under follow up	20
Number of Alerts received today	11
Number of alerts evacuated	05
Samples collected and referred for testing	08
Results received	06
Results pending	02

EPIDEMIOLOGICAL SUMMARY

Person Characteristics

As of 24th September 2022, at 22:00 HRS, a total of 34 EVD case-patients, including 16 confirmed cases and 18 probable were registered. Twelve (12) are currently suspected to have EVD infections. Of the case-patients (confirmed and probable), 62% are female and 38% are male. Mean age is 24, median 26 with a range of 1-60. Overall, the median age of the affected females is higher than that for males.

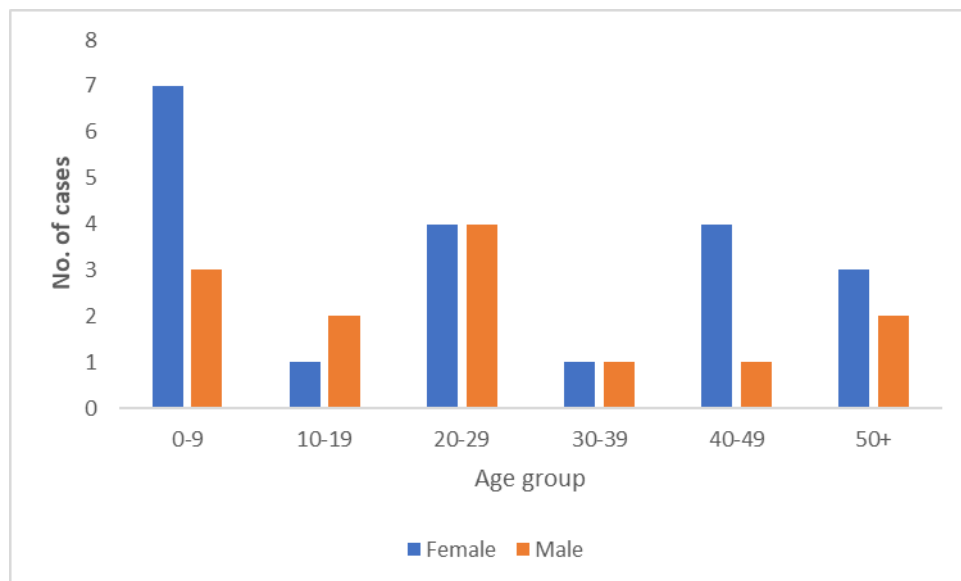


Figure 1: Showing distribution of cases by age and sex

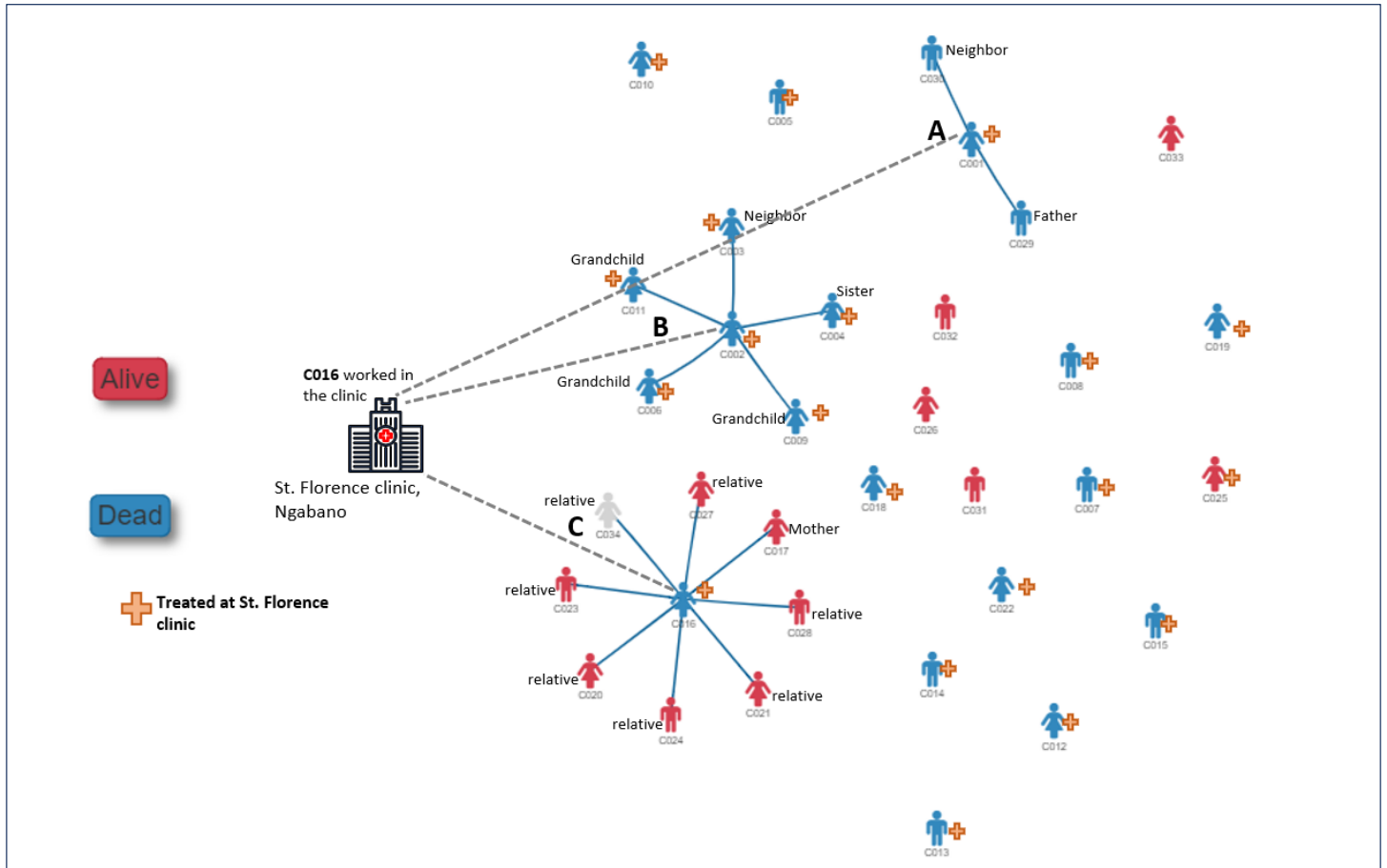


Figure 2: Outbreak Transmission Tree, EVD outbreak in Mubende as of 24 September 2022

There are three family clusters identified in Madudu sub-county. All the index cases in the three clusters were managed at St. Florence clinic, Ngabano village in Madudu sub-county.

Cluster C: On 8th September 2022, C016 a 7yr/F from Kismula village in Madudu sub county developed fever and body weakness. She was admitted for 3 days at St. Florence clinic in Ngabano where she worsened, developed nose bleeding. She was reportedly admitted on the same CO16 was nursed. She was transferred to Mubende RRH where she died. C016 had 8 listed contacts who were immediate family members who either participated in nursing her or preparing the body for burial. She was buried in Kabalungi village, Kyaka, Kasule sub-county in Kyegegwa district

Cluster A and Cluster B: Investigation ongoing

St. Florence clinic: 41% (14/34) of cases were managed at the clinic in Ngabano, Madudu Sub-county. The field team is investigating the potential source of infection.

Time Characteristics

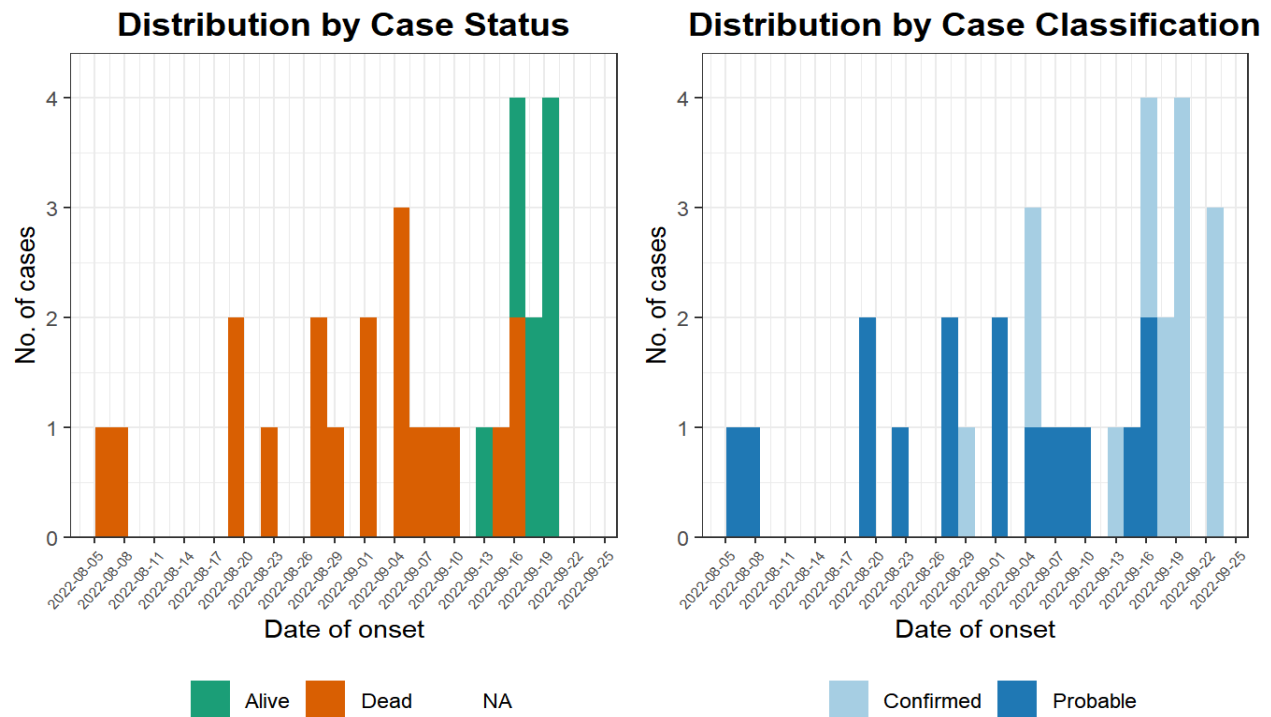
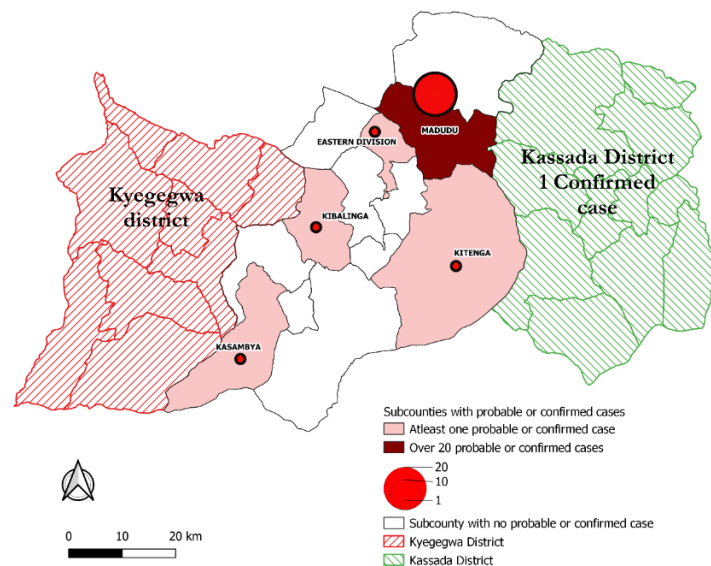


Figure 3: Epicurve disaggregated by case status and classification as of 24th September 2022

Place Characteristics



**Some cases are not reflected on the map because the new sub-counties are not updated in the shapefiles and therefore cannot be mapped at the time of submission of this sitrep. This will be included once the GPS coordinates are verified*

Figure 4: Map showing distribution of EVD confirmed and probable cases in Mubende and Kyegegwa District

Madudu Subcounty in Mubende is the epicenter of the EVD outbreak. Cases have also been registered in Kasambya, Kitenga and East Town Council



Figure 5: Map showing distribution of EVD confirmed and probable cases in Kyegegwa and Kassanda

As of 24th September 2022, two districts neighboring Mubende including Kyegegwa and Kassanda registered 3 and 1 case(s) respectively. The 3 cases in Kyegegwa were family members who participated in caring for and burial of a probable case who fell sick and died in Madudu but was buried in Kyegegwa. The confirmed case in Kassanda participated in a burial of a probable case in Madudu and later returned to Kassanda district where he developed symptoms and later tested positive on 24th September 2022.

PUBLIC HEALTH ACTIONS

Coordination

- The Hon. Minister held the NTF in Mubende district and held discussions centred on bridging gaps to strengthen response interventions
- The DTF meetings continue to happen every day and are being chaired by the deputy RDC

Surveillance

- Active case search in communities in Mubende and surrounding districts

Case management

- Staff training for Emergency Management Teams
 - Hand hygiene
 - Donning and doffing of WHO PPE
 - Patient evacuation and transport
 - Decontamination of ambulance.
- Daily, 10 min-VHF related CMEs scheduled to happen during 08:00 am staff meeting
- Continued technical guidance and support to IPC and clinical care at ETU

Risk communication

- MOH with support from UNICEF to send 70M funds to Mubende & Kyegegwa districts by 29th September 2022 for grass root risk communication and community engagement.
- Health education materials have been delivered and distribution has commenced.

- Two film vans have been deployed in Mubende for 14 days to specifically support RCCE.

CHALLENGES

- Some of the communities have become violent and will require intensified and regular engagement.
- Inadequate staffing (need 4 nurses, 2 doctors, 2 hygienists and 1 psychosocial staff per 3 shifts i.e 27 HCWs per day)
- No deployed hospital medical officer on the ETU team
- No communication link with between the team in the ETU and the Green zone team
- No WASH facilities for confirmed cases
- No food for patients who can't eat solid foods
- Staff confounding COVID-19 management experience with EVD case management hence a low risk perception

RECOMMENDATIONS

- Immediately institute WASH at ETU
- Strengthen VHF IPC training for ETU, and non-ETU staff
- Institute an intercom to ease communication between the care team and Green zone
- Lobby for safer VHF user-friendly ambulances
- Fast-track functionalizing the new facility to become the Isolation unit
- Institute an ETU at the epicenter to minimize patient movement to a distant community to decongest MRRH
- Strengthen IPC trainings/mentorship for clinical care staff
- Mobilize WASH supplies for the unit