

EBOLA VIRUS DISEASE

Republic of Uganda



Situation Report 07

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Data as reported by: 26th September 2022 as of 22:00 HRS

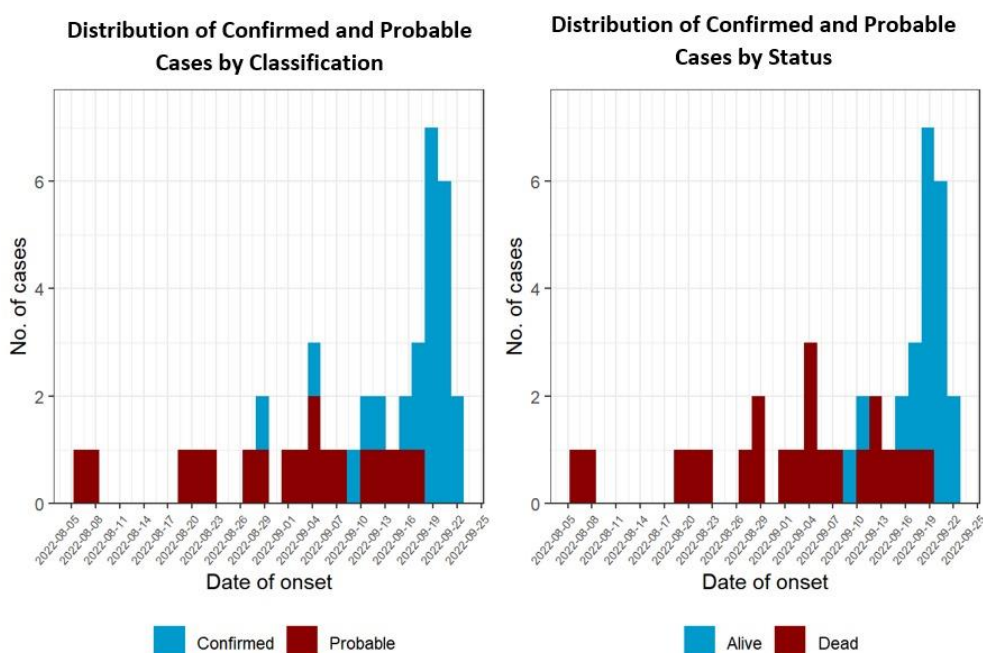
1. Key Highlights

| CASES | | | DEATHS | | |
|-------|-----------|----------|--------|-----------|----------|
| | Confirmed | Probable | | Confirmed | Probable |
| | 24 | 19 | | 05 | 18 |

On 20th September 2022, the Ministry of Health declared an outbreak of EVD after a case of the Sudan ebolavirus was confirmed in the Mubende district. The Uganda Virus Research Institute (UVRI) confirmed the case after testing a sample from a 24-year-old male managed at Mubende Regional Referral Hospital (MRRH). This follows investigations by the National Rapid Response team of suspicious deaths that had occurred in the district earlier in the month. This is the first time in more than a decade that Uganda reports an outbreak of Sudan ebolavirus.

As of 26 September 2022, at 22:00 hrs, a total of 43 EVD cases, including 24 confirmed and 19 probable cases, were reported. In the last 24 hours, five new confirmed cases and zero deaths have been reported. The latest death follows a re-classification, previously reported as confirmed to the probable case-list. Cumulative number of deaths currently stand at 23 including 4 confirmed and 10 probable (overall Case Fatality Rate: 53% [23/43]).

Figure 1: Epidemiological Curve showing Confirmed and probable cases, n=43 (Time Analysis)



Distribution by Outcome

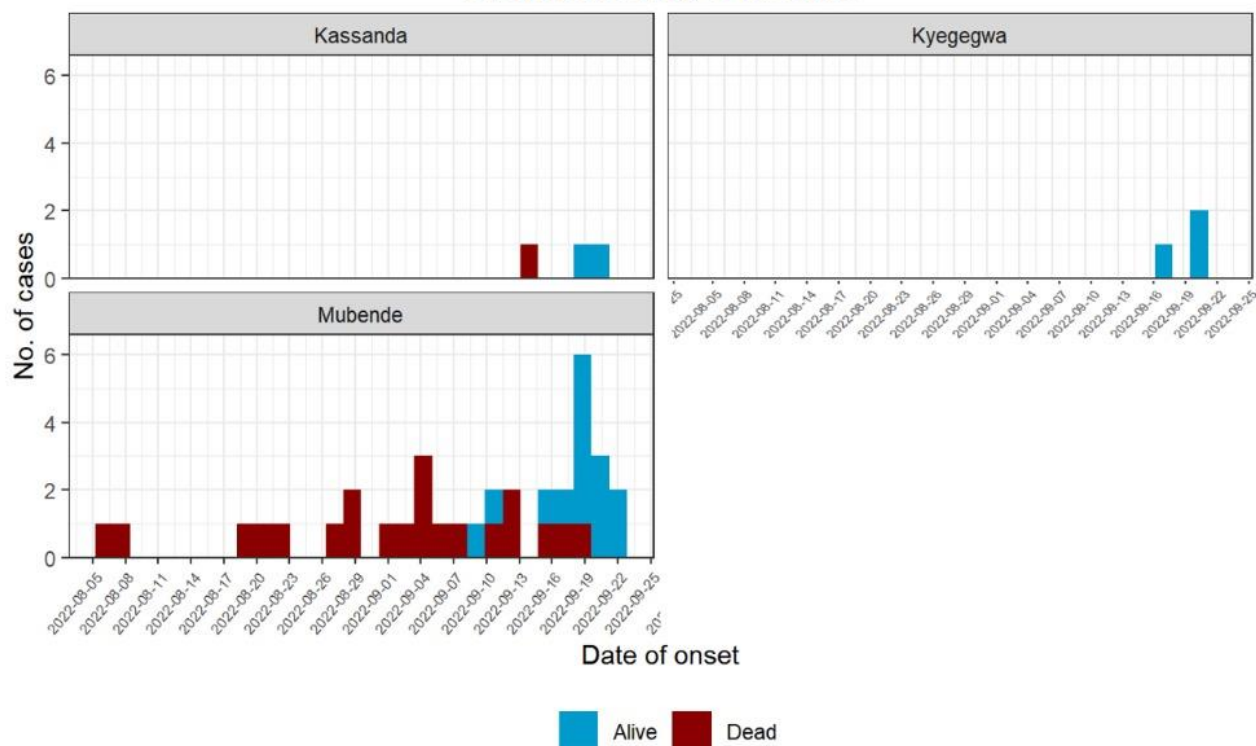


Figure 2: Map showing Confirmed cases, n= 24 (Place Analysis),

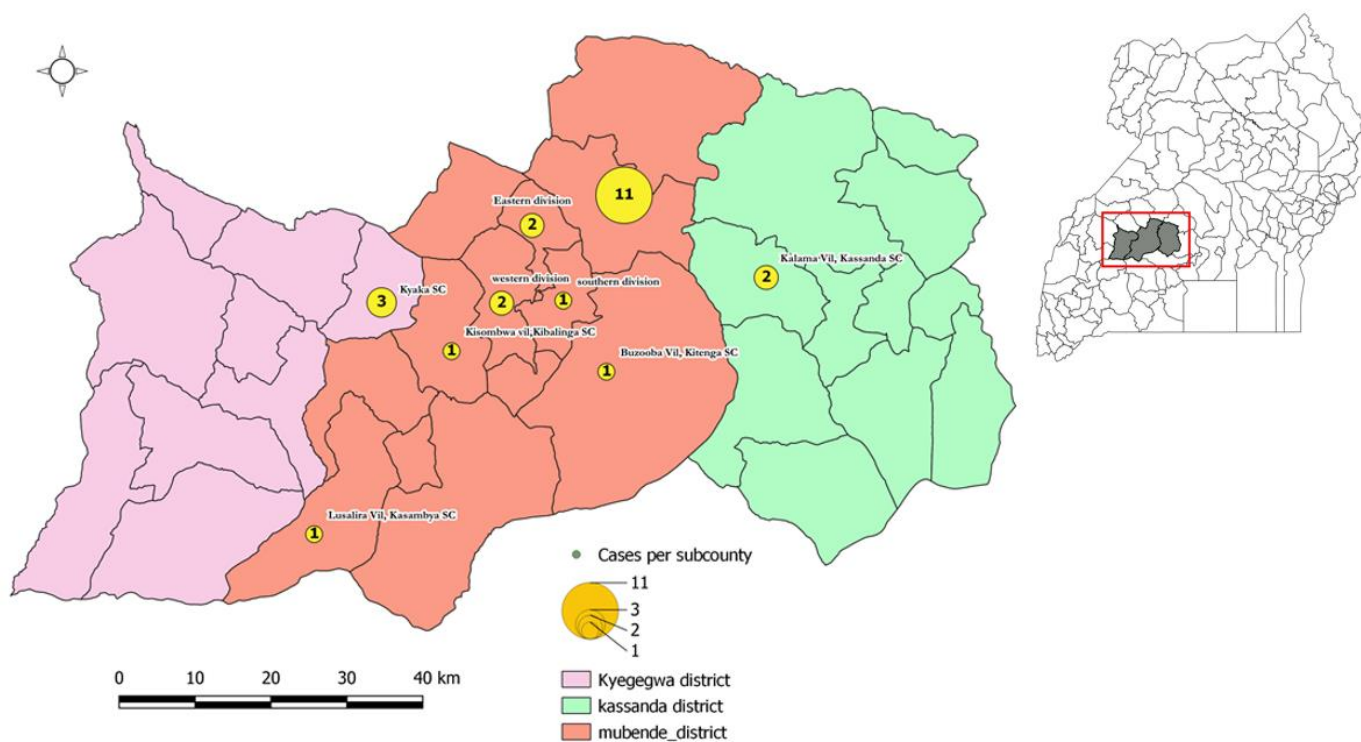
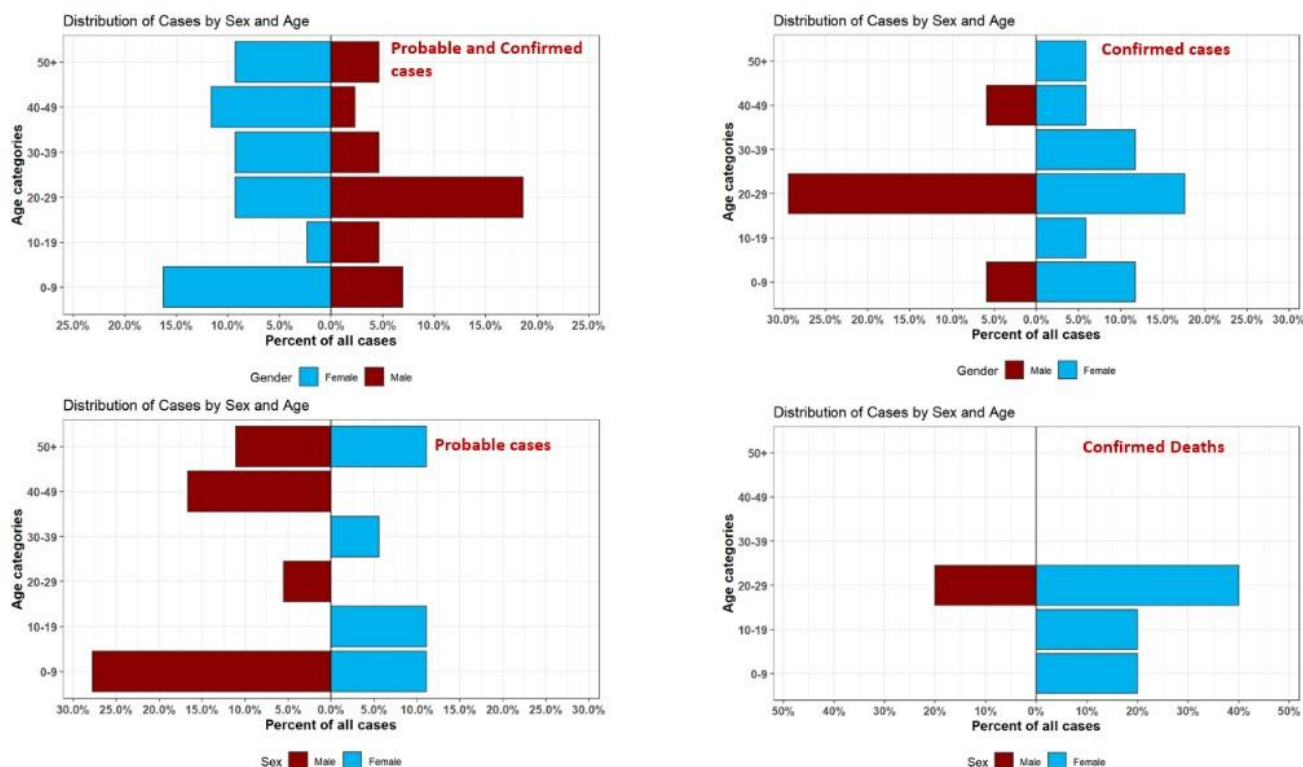


Figure 3: Age and Sex characteristics of the Confirmed and probable cases, n=43 (Person Analysis)



Of the 43 confirmed and probable cases 58% (25) are female, and 42% (18) are male. The mean age is 27, with a range of 1-60 years.

Table I: Confirmed and probable cases by classification and subcounty

| District | Subcounty | Cumulative cases by classification | | | Cumulative deaths | | |
|--------------|-------------------|------------------------------------|----------------|-------------|------------------------------|-----------------------------|--------------|
| | | Confirmed cases | Probable cases | Total cases | Deaths among confirmed cases | Deaths among probable cases | Total deaths |
| Mubende | Madudu | 11 | 13 | 24 | 05 | 12 | 17 |
| | Eastern Division | 02 | 00 | 02 | 00 | 00 | 00 |
| | Kasambya | 01 | 00 | 01 | 00 | 00 | 00 |
| | Kibilinga | 01 | 00 | 01 | 00 | 00 | 00 |
| | Kiruuma | 00 | 05 | 05 | 00 | 05 | 05 |
| | Kitenga | 01 | 00 | 01 | 00 | 00 | 00 |
| | Southern Division | 01 | 00 | 01 | 00 | 00 | 00 |
| | Western Division | 02 | 00 | 02 | 00 | 00 | 00 |
| Kyegegwa | Kasule | 03 | 00 | 03 | 00 | 00 | 00 |
| Kassanda | Kassanda | 02 | 01 | 03 | 00 | 01 | 01 |
| Total | | 24 | 19 | 43 | 05 | 18 | 23 |

2. Actions to date

The Ministry of Health (MoH), Districts, and partners in Uganda are implementing several outbreak control interventions, in Mubende and her surrounding districts to contain the disease spread.

An overview of key activities is summarized below:

2.1 Coordination

- Daily National and District Task Force meetings take place daily as chaired by the DGHS and Mubende RDC respectively.
- Daily DTF meetings also meet in Kyegegwa and Kassanda districts.
- EVD IMT has been activated and meets daily.
- The national EVD preparedness response plan is to be presented in tomorrow's Strategic Committee meeting for approval and lobbying support.
- Partner support is being updated within the 4W matrix.
- National-level risk assessment has been conducted with three categories:
 - Category I: At least one Confirmed case (Epi Centre) and includes Mubende, Kyegegwa and Kassanda
 - Category II: Proximity to the Epi Centre, ease of morbidity, presence of a probable case and possessing unique characteristics.
 - Category III: Rest of the country (Moderate risk).

2.2 Surveillance and Laboratory

- There are three districts currently reporting confirmed cases: Mubende, Kyegegwa and Kassanda
- A total of 425 cumulative contacts have been listed (26 newly listed yesterday). Of these, 127 are actively being followed up (30% follow-up rate).
- Two non-toll-free phones and two personnel are currently deployed to manage alerts and link them to appropriate mechanisms including ambulance services. Currently, the alert system is still manual.
- Ten (10) alerts were received today, 6/10 (60%) were linked to ambulance services for evacuation.
- Twelve (12) samples have been collected today, of which 5/12 were confirmed.

2.3 Case management

- There is currently one operational Ebola Treatment Unit (ETU) at Mubende RR Hospital.
 - An assessment for the isolation unit at Madudu HC III and Kyegegwa Hospital was conducted, currently implementing recommendations

- ➔ Today, eight (08) new cases were admitted in the ETU. Current admissions are 37 bringing the cumulative admissions to 62 cases.
- ➔ A cumulative total of 13 cases (no new ones in the last 24 hours) have escaped from the suspect isolation, of which one (01) tested positive. Details of the confirmed escapee were shared with the security team, and the search is on.
 - As a solution to escapees from ETU, security has been amplified and the Mubende RR Hospital's Accident and Emergency department has been dedicated to holding EVD suspected cases.

Infection Prevention and Control

- ➔ The IPC team has demarcated the ETU at Mubende RR Hospital and has instituted proper patient flow routes.
- ➔ Held a national webinar which was attended by at least 500 health workers where IPC principles for ETUs and routine healthcare were revisited and communicated.
- ➔ Oriented 70 Health care workers in Mubende RRH on IPC transmission-based precautions and SOPs in relation to EVD.
- ➔ Oriented 37 volunteers on safe and dignified burial to support Mubende region.
- ➔ Triage 1,444 people entering Mubende RRH and was able to get 02 suspects now admitted in suspect ward with 1 contact forwarded for investigation.

2.5 Risk communication, social mobilization and community engagement

- ➔ Awareness drives have been started in all the sub-counties within Mubende and Kyegegwa districts.
- ➔ Communities continue to be oriented on Community Based Surveillance (CBS) concerning EVD risk and communication strategies.
- ➔ Four local radio stations and all village community radios are currently running spot announcements on EVD awareness.

2.6 Logistics

- ➔ Logistical quantification still ongoing in Mubende and Kyegegwa
- ➔ MoH and partners have provided at least 40 smartphones to support contact tracing and alerts management

3. Challenges and Immediate Needs

- ➔ The ETU still lacks a formal streamlined workflow of patients, health workers as well as clear identification for patients – say using uniforms or wristbands.
- ➔ Inadequate medicines, medical equipment (including linen) for the ETU
- ➔ Field teams are still encountering several EVD myths and misconception within the communities.
- ➔ Inadequate personnel and phones to conduct contact tracing and manage alerts
- ➔ Inadequate vehicles, ambulances and fuel to support contact tracing and evacuation of suspected cases

4. Recommendations

- ➔ IPC to clearly demarcate proper workflows for patients and healthcare workers within the ETU.
- ➔ Improve on the ETU infrastructure and services including feeding, WASH and beddings.
- ➔ Provide clear identification for patients within the ETU, say uniforms or wristbands
- ➔ Continued community engagement and social mobilisation to have communities cooperate to the EVD control strategies being implemented.
- ➔ Deploy more personnel and phones to conduct contact tracing and manage alerts
- ➔ Deploy more vehicles, ambulances and fuel to support contact tracing and evacuation of suspected cases
- ➔ Mobilise and train at least 150 VHTs for one month to support contact tracing and community alerts validation.

ANNEX I: Current case definition (Subject to change as more details emerge)



CASE DEFINITIONS FOR EBOLA VIRUS DISEASE

COMMUNITY CASE DEFINITION

Illness with onset of fever and no response to treatment OR at least one of the following signs: bleeding (from the nose or any other part of the body, bloody diarrhea, blood in urine) OR any sudden death

SUSPECT CASE DEFINITION

Illness with onset of fever and no response to treatment for usual causes of fever AND at least three of the following signs:

- Headache, vomiting, diarrhoea, anorexia/loss of appetite, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccups, convulsions

OR Illness with onset of fever and no response to treatment for usual causes of fever AND at least one of the following signs

- Bloody diarrhea
- Bleeding from gums
- Bleeding into skin (purpura)
- Bleeding into eyes and urine
- Bleeding from the nose

OR any person with a history of fever ($\geq 38^{\circ}\text{C}$) and at least one of the following:

- History of contact with a suspect, probable or confirmed Ebola case
- History of travel to an area with a confirmed outbreak of Ebola

OR: sudden/unexplained death

OR: unexplained bleeding

PROBABLE CASE

Any person who died from 'suspected' EVD and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease

CONFIRMED CASE

A suspected case with a positive laboratory result for either virus antigen or to viral RNA detected by RT-PCR or IgM antibodies against Ebola.



ANNEX II: Current 4W matrix for Mubende region

| Thematic area | Agency | Activity and Support | Where |
|--|--|---|---|
| Coordination & Operations Support/ Management | Baylor / CDC | Provided one 65-inch Screen, data bundles and technical support to establish and operationalize the Situation Room to support EVD response coordination. | Mubende District |
| WASH & IPC | UNICEF | Provided five (5) mobile toilets to the hospital; and two 10,000 litres tanks. | Mubende Regional Referrall |
| Case Management | Medecins Sans frontieres (MSF) | Provided two (2) tents with six (6) bed capacity each finalised and already in use. Finalised Installation of 2 tents with capacity of 12 patients pending beds Installation; 1 Incinerator, 2 Latrines (4 pit Latrines and 4 showers); Triage area have been completed; Fencing with the Chain Link fence around the ETU. Madudu assessment has been done; ground has been cleared for tent installation | Mubende Regional Referral Madudu Health Center 3 |
| | Infectious Diseases Institute / CDC | Trained 50 Staff in Mubedde RRH on Ebola situation and overveiw and IPC EMS trained in advanced IPC Daily mentorship to the staff at the ETU Measures in place to reduce the escapees Provided three Nurses and One Medical doctor from JM MEDIC to support clinical care and on job mentorship and training from JM MEDIC | Mubende Regional Referral |
| Risk Communication and Sensitization | World Health Organisation | Supported the Mubende District Health Educator to develop 3 Month Community engagement and risk communication plan Provided 12000 IEC posters and 12000 leaflets for distribution in Mubende in 4 local languages Supported 10 community radios in Buwekula constituency | Mubende |
| | UNICEF | Initiated Risk community and Community Engagement coordination pillar meetings that bring together all RCCE responders supporting district. They will be held daily at 8:00am Held a live 30-minute television broadcast on "See TV" featuring the MoH officer on EVD | Mubende |

| Thematic area | Agency | Activity and Support | Where |
|----------------------------|---|---|--------------------------------|
| | | <p>Deployed 2 MoH film van to Madudu and Kiruuma sub counties for community mobilization</p> <p>Distributed IEC materials to schools, churches, and communities in the epi center of the outbreak</p> <p>Sanitization of 5 schools in Madudu sub country on EVD.</p> <p>Engaged 4 radio station in Mubende to initiate airing of WHO sponsored messages and talk shows.</p> <p>Gave an update to the DTF on RCCE highlight achievement and challenges</p> | |
| Safe and Dignified burials | Infectious Diseases Institute / CDC | 43 volunteers in SDB | |
| | | EMS trained in advanced IPC | |
| | RedCross | supervised 2 community deaths | |
| Emergency Medical Services | | The ministry of Health deployed 10 EMS focal persons to map available Ambulances and set up a command center | Mubende, Kassanda and Kyegegwa |
| Surveillance | World Health Organisation | Provided fuel for co tact tracing in Mubende | Mubende, Kassanda and Kyegegwa |
| | Baylor / CDC | Supporting technical support in surveillance; printing of contact follow-up forms; Data management and information products | Mubende |
| | METS school of public health / CDC | Supporting contact tracing. Support to the alert desk (personnel, airtime) | Mubende |
| | Public Health fellowship program / CDC | Conducting case investigation | Mubende and Kyegegwa |
| | UNICEF | Provided vehicles for contact tracing | Mubende |
| | Africa CDC | Support to Contact tracing | Mubende |