



HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA AS OF 6TH AUGUST 2018 (12:00 HRS)

Situation Update from Democratic Republic of Congo

- Cumulative cases are: 43
- Total deaths : 33
- News admissions on 5th August 2018:
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina

EVD Preparedness in Uganda

i) Laboratory investigations/Surveillance

- The laboratory team in the districts is assessing the hub system for quick specimen transportation in case a suspected case. WHO has stationed a vehicle in each of the districts at high risk (Kasese, Kabarole/Bunyangabo, Bundibugyo/Ntoroko) that should be used for rapid transportation of specimens to the Uganda Virus Research Institute laboratory in Entebbe.
- WHO has provided some EVD rapid diagnostic tests to UVRI laboratory and more have been ordered. Plans are being made for the field teams to be able to conduct immediate testing of suspected cases while samples are sent to Entebbe for confirmatory testing.
- WHO has provided vehicles to support surveillance in the districts
- Case definitions and contact tracing guidelines have been shared with the districts

ii) Coordination of Partners

- Given the number of partners who are willing to support districts with preparatory activities, it is essential that they are well coordinated to ensure effectiveness of the support. WHO is therefore supporting government and district leadership in coordination of partners in the field.
- Districts are being supported to complete work plans and budgets for submission to the National Task Force. Approved work plans by government will be supported by government and partners

iii) Cross-border Activities

- There was a cross-border meeting between the Bundibugyo DHT and district leadership with the DRC counterparts in Busonga on the DRC side. The



meeting discussed collaboration in EVD prevention and control, and sharing of information.

- It was noted that the DRC side has set up screening facilities including hand washing, temperature checks, and assessment of exposure risk. The Uganda team is setting up similar facilities on the Uganda side of the border.
- The meeting discussed the porous nature of the border with over ten active border crossing. It was agreed to increase surveillance activities on these crossings.
- Mass gatherings during market days were noted as a major concern. These usually take place Wednesday, Thursday, Friday and Saturdays on the DRC side and on Saturday on the Uganda side in various places. Active surveillance will be undertaken in this places on all market days.
- A screening facility has been set up on the Mpondwe border point between DRC and Kasese district. Health workers to man the border screening facility are being trained today.
- The Uganda Red Cross Society is supporting screening at all border crossings in the districts. Volunteers are being oriented on EVD signs and symptoms and equipped with tools for screening.

iv) Risk Communication

- The Ministry of Health has developed radio messages on EVD. However there is urgent need for support to finalize, translations into local languages and broadcast on the local FM radio stations
- The WHO team in field held two community dialogue meetings at Butogo. Approximately 250 people were reached with EVD messages on prevention, early detection, referrals, contacts, and burials. A security meeting is scheduled on Wednesday in the same place and EVD messages will be disseminated. There is critical shortage of IEC materials which is hindering effective community engagement/mobilization
- The DSFP travelled with the team to the Ntoroko Refugee collection centre where 246 Congolese refugees are gathered and discussed with them EVD and Polio surveillance issues. It was noted that there many border crossing with high movement of traders.
- Radio talk shows have been held in some districts and religious leaders briefed on EVD while requesting them to assist with community mobilization activities.



v) Case management

- The case management sub-committee assessed Nyahuka HCIV as possible Ebola Treatment Unit. While the facility has over 50 staff, none has been trained in EVD case management or Infection Prevention and Control in the recent past. The facility will be supplied with PPEs
- In Kasese, Bwera Hospital at the border with DRC has been identified as the possible ETU and is being prepared for this.

vi) The Logistics

- WHO is supporting districts to conduct an inventory of EVD commodities to identify and fill shortages.
- The 4 VHF kits that were expected in-country over the weekend have not yet been received.

Vii) Capacity Building

- Plans are underway for training of:
 - A case management team in each district
 - Health facility based health workers on case definitions, detection, reporting, and investigation of suspected EVD cases
 - A team of health workers (including community health workers) on contact tracing.

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