



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

**STATEMENT TO PARLIAMENT ON EBOLA OUTBREAK IN DRC AND
GOVERNMENT PREPAREDNESS IN UGANDA**

Hon. Dr. Joyce Moriku Kaducu

Minister of State for Health Primary Health Care

Holding the Portfolio of Minister of Health

November 13, 2018

Rt. Hon. Speaker
Hon. Members of Parliament,

Preparedness for the Ebola Viral Disease (EVD) Disease in Uganda

As of today 13th November 2018, there is no confirmed case of Ebola Viral Disease (EVD) in Uganda. The Ministry of Health remains on highest alert ever and together with partners, efforts have been put in place to not only screen but also manage any identified suspect cases in specially established Ebola Treatment Centres (ETU).

The ministry completed an assessment of all the national border districts with DR Congo and prioritized them into high risk, moderate risk and low risk districts. This is in addition to Kampala and Wakiso district including the Entebbe international airport.

The DR Congo EVD statistics as of 11th November 2018

Ever since the Ebola Outbreak, the Ministry of Health in DRC has so far registered 329 Cumulative cases, 294 Confirmed cases and a total of 205 deaths, translating into a case fatality of 62.3%

The areas affected: Two provinces in DRC.

- North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
- Ituri- Mambasa, Mandina, Tchomia

Health and front line workers in the affected provinces have been vaccinated but security concerns remain the biggest challenge, therefore limiting contact tracing.

Preparedness and response to EVD outbreaks in Uganda

- There is NO confirmed EVD case in Uganda.
1. Risk assessment of the current risk for EVD spread from DRC to Uganda

On 28 September 2018, World Health Organization revised its risk assessment for the outbreak, elevating the risk at regional level, including Uganda, from 'high' to 'very high'. Within Uganda, 28 border districts have been categorized from very high risk, high risk to medium risk of EVD cross border spread due to the worsening security situation, considerable cross border population movement from daily commuters (>5000 to 20,000 on market days), traders and refugees from Ituri and North Kivu (250-300 per day) arriving via formal and informal crossing points.

The detailed district categorization is as follows:

- **Category one (high risk):** Districts with direct links with affected health zones in Ituri and North Kivu provinces and refugee hosting close to affected area: Ntoroko, Kasese, Kabarole, Bundibugyo, Bunyangabu, Kanungu, Kisoro, Rukungiri, Rubirizi, Kikuube, Hoima, Kampala and Wakiso.
- **Category two (moderate risk):** Districts with direct links with DRC but not with Ituri and North Kivu provinces, other refugee hosting: Arua, Maracha, Nebbi, Zombo, Yumbe, Moyo, Adjumani, Koboko, Lamwo, Kabale, Kamwenge, Kyegegwa, Kyenjojo, Isingiro, Buliisa, , Kagadi, Pakwach, Kampala, Wakiso.
- **Category three (low risk):** The rest of the districts in the country.

2. EVD preparedness strategy for Uganda

The EVD preparedness strategy was recommended by the National Task Force for managing Disease Outbreaks (NTF), with the main objective of enhancing Uganda's capacity to prevent, detect early, and effectively respond to Ebola Virus Disease spread from DRC to Uganda. A draft national EVD contingency plan has been developed, pending approval by the NTF. The following strategies have been proposed for the achievement of this objective:

The Ministry of Health and partners have, since the declaration of the EVD outbreak in DRC in August 2018 implemented the preparedness strategy.

Rt. Hon. Speaker and Hon. Members of Parliament

3. What has been done by the Ministry so far

Activation of the NTF at and the District Task Forces (DTF) of the High risk districts

- NTF has ensured coordination and mobilization of resources for effective EVD preparedness and response. The chair of this pillar is the DGHS at national level while at the district; it is chaired by the Resident District Commissioners (RDCs).
- Screening of all people crossing into Uganda at official designated boarder points in the high risk districts.
- Active case search continues in the community and health facilities in all high risk districts by Uganda Red Cross Volunteers and Village Health Teams.
- Suspected cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI).
- Ebola Treatment Centre have been established at Bwera, Bundibugyo, Fortportal and Ntoroko Hospitals, just in case we got any cases requiring admission.
- Infection Prevention and Control (IPC) Training has been conducted in all the 5 Districts of Kabaraole, Bunyangabo, Kasese, Bundibugyo and Ntoroko
- Case Management and Surveillance Trainings have been conducted in 7 districts of Kabaraole, Bunyangabo, Kasese, Bundibugyo, Ntoroko, Wakiso and Kampala
- Risk communication and community engagement is ongoing Nationwide, this is to ensure that communities are sentisised and can timely report any suspected EVD case.

Vaccination and Research

- Currently, there is ongoing compassionate use of recommended EVD vaccines for healthcare and frontline workers.
- The NTF has mobilized all logistical support for the EVD preparedness and response.
- Two walk-through temperature scanners have been installed at Entebbe International Airport, (general and VIP arrival lounges). One scanner is going to be installed at Bwera in Kasese and at Kisunga border point in

Bundibugyo within two weeks. Another scanner will be installed in Busia in due course.

Visit by the WHO – IOAC; implementation of recommendations

The Ministry of Health hosted the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Program 15 – 19 October 2018 with the objective of reviewing the Uganda EVD preparedness. They visited four of the 12 high-risk districts namely Kasese, Bundibugyo, Ntoroko and Kabarole where they made the following recommendations to strengthen EVD preparedness.

- The committee was satisfied with the country's level of preparedness. However they advised the Ministry to intensify community surveillance because of people who might use non official border points.

Cross border meetings

On 2-4 October 2018, Ministry of Health Uganda hosted a cross-border meeting in Entebbe that brought together Rwanda, Tanzania, Burundi, Kenya, South Sudan, and Uganda. The key output of the cross-border meeting was an updated Memorandum of Understanding between the aforementioned countries on cross-border surveillance and working more closely together to control the outbreak and further spread.

Sample Transportation

- Five Sample transportation vehicles distributed across the 7 districts: To quickly transport samples from suspect cases to UVRI for testing and confirmation of EVD.
- WASH (Water Sanitation & Hygiene Hand): Wash facilities with soap and JIK have been provided at hospitals, HC IV, HC IIIs and HC II facilities to improve HWC and patient hygiene.
- PPE (Personal protective equipment): These have been prepositioned at the regional referral hospitals of Fort Portal and Hoima. The NTF, however

recommended that these be provided at each of the high risk district offices to shorten response times.

- Establishment of Ebola Treatment Unit ETUs (ETU): ETU have been established at border crossing points in Kasese, Bundibugyo, Kabarole for isolation of those cases that meet the EVD case definition and any confirmed cases for specialized treatment.

Rt. Hon. Speaker and Hon. Members of Parliament

What is Ebola: The Ebola virus causes an acute, serious illness which if not treated early is often fatal. Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the forest.

Ebola spreads from human-to-human via direct contact with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. Burial ceremonies that involve direct contact with the body of a person who has died of Ebola can also contribute to the transmission of Ebola. Humans are not infectious until they develop symptoms.

Presentation of Ebola: Ebola cases present with a sudden onset of fever, fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools).

Prevention of Ebola

- Avoid contact with fruit bats or monkeys/apes and the consumption of their meat.
- Avoid direct or close contact with people with Ebola symptoms, particularly with their bodily fluids, without appropriate protective wear.
- Wash hands with soap and water or use alcohol hand rub regularly, especially after visiting patients in hospital.

- Report promptly any person in your home or neighborhood with Ebola-like symptoms to the nearest health facility or the above toll free number.
- Practice prompt and safe burial of people suspected to have died of Ebola, with the help of trained health workers.
- Health care workers should use infection prevention and control measures when handling all patients.

The public is therefore requested not to panic because the Ministry of Health is prepared to control and contain Ebola should it cross to Uganda. The public is further requested to be vigilant and report any rumour, alert or suspected case of Ebola to the nearest health facility or the following toll free-number **0800100066**

I thank you Rt. Hon. Speaker & Hon. MPs

I beg to submit



Hon. Dr. Joyce Moriku Kaducu (MP)
Minister of State for PHC
Holding the Portfolio of Minister of Health