



“Life in all its fullness” John 10:10

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COMMENTS ON THE SITUATION REGARDING EBOLA OUTBREAK June 18th 2019

An outbreak of Ebola Viral Haemorrhagic Fever (VHF) has been developing in eastern Democratic Republic of Congo (DRC) and has continued to escalate as healthcare interventions have been restricted by security instability in that area. Kagando is a sister hospital to Kisiizi and is around 4 – 4.5 hours drive from Kisiizi. It regularly receives patients from DRC. It diagnosed the first case of Ebola to come into Uganda earlier this month. The family had been under observation in DRC for possible Ebola but “escaped” from the facility and crossed the border at an unofficial point and then lied to Kagando staff about the symptoms but thankfully the case was identified before moving to a ward area. The family was moved to an Ebola treatment centre. The child and grandmother died and the others were repatriated to DRC.



The map shows the relationship of Kisiizi to the area of the outbreak. Rwentobo is the clinic recently started by Kisiizi.

The blue stars represent official border crossing points between Uganda and DRC.

The thick red line shows the edge of the districts which have reported any cases while the dotted line shows approximately the main areas of the outbreak and extends north-west beyond this map.

Kisiizi does not normally receive any patients from DRC.

Unlike eastern DRC, Uganda does not have the insecurity and its health system can function. Uganda has previous experience of handling outbreaks of Ebola and in fact there was an outbreak only 2 hours north of Kisiizi in 2012 followed six months later by an outbreak of Marburg disease, another VHF, two hours south of Kisiizi which was handled well

and contained effectively. In fact Uganda provided expert support to the large outbreak in West Africa.

UK Aid has supported a range of measures to help Uganda prepare for the possibility of Ebola crossing the border and there are rapid response teams.

- Since 7 November 2018, as part of the preparedness activities, Uganda has vaccinated health and frontline workers in areas at risk of expansion of the outbreak. To date, 4699 health care and frontline workers from 165 health facilities have been vaccinated.
- Immunisation with the new vaccine has been conducted in different units including some Kisiizi staff. The reported protection offered is 95-97.5% so quite high.
- Nine Ebola Treatment Units (ETU) are in place in the districts bordering North Kivu and Ituri. The MoH is setting up more units in the affected district and at referral hospitals to handle cases if they occur.
- The MoH is intensifying community education, psychosocial support and will undertake vaccination for those who have come in contact with the patient and at-risk health workers who were not previously vaccinated.
- Disease monitoring has been intensified at border posts, health centres and communities, and health workers are being trained on recognizing symptoms of the disease. The district administration and local councils in the affected area have been directed to ensure that any person with Ebola signs and symptoms in the community is reported to the health workers immediately and provided with advice and testing.

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WHO assessment 13th June 2019: <https://www.who.int/csr/don/13-june-2019-ebola-uganda/en/>

“Considering that to date i) the EVD (Ebola Virus Disease) cases confirmed in Uganda were epidemiologically linked to the DRC; ii) all three cases belong to single family cluster with a common high-risk exposure to a confirmed case, iii) the level of preparedness and the proven experience of Ugandan authorities to manage previous EVD outbreaks, and iv) the rapidity of the detection and a limited geographical area affected (Kasese district), the overall level of risk at national level is assessed as moderate. Moreover, given that there is no evidence of local transmission of EVD in Uganda and the location of the outbreak being close to the DRC border, the overall risk posed at regional level by the Ugandan outbreak is considered low. However, the overall regional risk posed by the outbreak in DRC remains very high. The overall risk at international level remains low.”

WHO advice

WHO advises against any restriction of travel and trade to Uganda based on the currently available information. WHO continues to monitor travel and trade measures in relation to this event, and currently there are no restrictions of the international traffic in place.

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JOINT PRESS RELEASE WHO DIRECTOR GENERAL VISITS UGANDA TO ASSESS EBOLA RESPONSE Kampala, 17 June 2019:–

<https://reliefweb.int/report/uganda/who-director-general-visits-uganda-assess-ebola-response>

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Based on the facts as we know them at present, Kisiizi has low risk of seeing cases. We are not complacent and have undertaken staff training and put in place contingency plans so if necessary we will start triaging everybody arriving at the hospital and any who are triaged as possible cases will then go to a designated screening area for more thorough assessment and , if necessary, will move to a high security high isolation area at which point national authorities will be informed with the expectation rapid-response-teams would come to take the patient and organise contact tracing.

What of course is uncertain is whether more infected people cross into Uganda from DRC. The problem is that in the incubation period (usually around 8 days but can be up to 21 days) the person infected has no symptoms or fever so any checks at borders will fail to recognise that they are infected. Thankfully the person will not be infectious to others at that stage but only when symptoms start to appear which is usually rapid and severe.

The advantage of the recent publicity surrounding the cases in Kasese is it has focussed people on the need to be vigilant. Various measures have been introduced to reduce risk of spread e.g. avoiding large meetings etc. and the importance of careful burial practices has been underlined.

Let's pray the outbreak is contained and controlled. Thank you.