



# EBOLA VIRUS DISEASE IN UGANDA

## Situation Report



### Key Highlights

 Cases  
**31**

 Deaths  
**19**

- Three (03) new confirmed cases in last 24 hrs.
- Cumulative cases stand at 31 (15 confirmed, 16 probable)
- Nineteen (19) cumulative deaths (3 confirmed, 16 probable)

**Table 1: Summary statistics of EVD outbreak in Uganda as of 23<sup>rd</sup> Sept 2022**

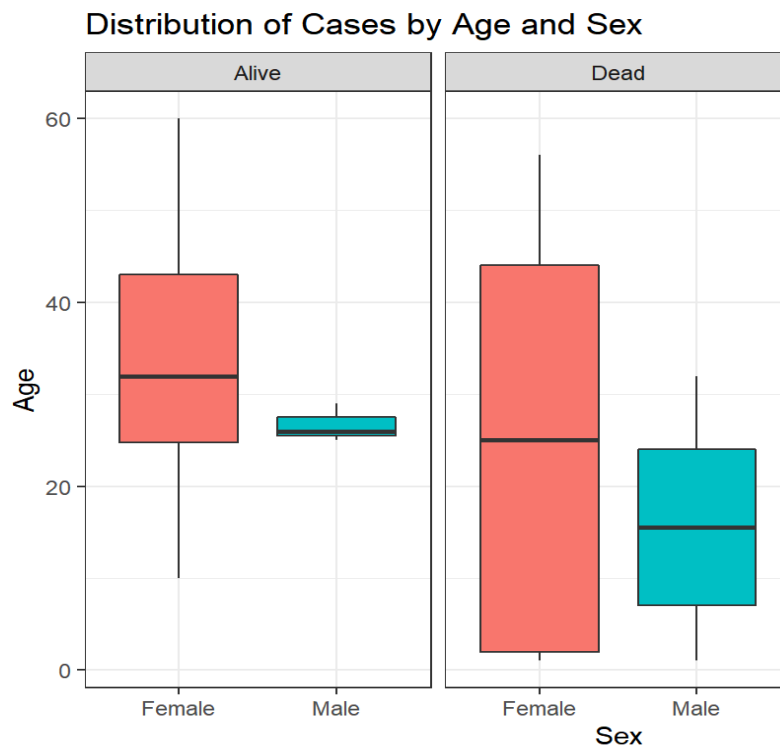
SUMMARY OF CASES	Number
New suspect cases today	11
Cumulative cases (probable and confirmed)	31
Probable	16
Confirmed	15
Cumulative deaths	19
Health facilities	04
Community	15
Cases currently on admission	29

SUMMARY OF CASES	Number
Suspected	18
Confirmed	11
Runaways from isolation	00
Cumulative number of contacts listed	213
Number of contacts listed in the last 24 hours	128
Number of contacts that have completed 21 days	00
Number of contacts under follow up	13
Number of Alerts received today	24
Number of alerts evacuated	11

## EPIDEMIOLOGICAL SUMMARY

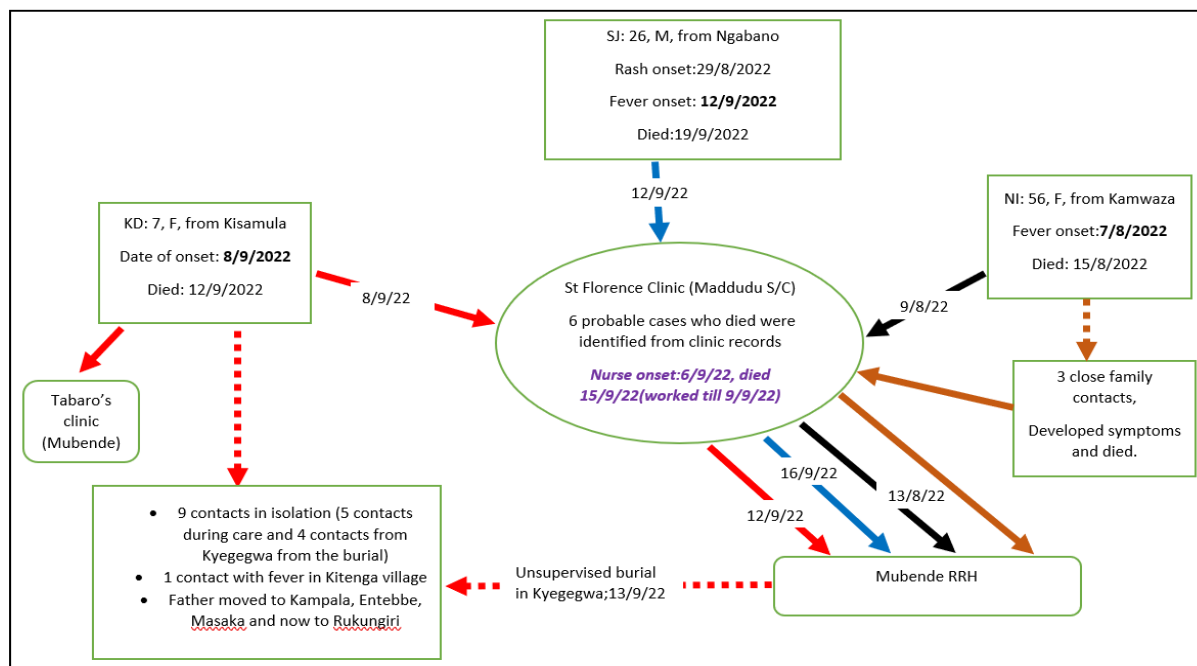
### Person Characteristics

As of 23<sup>rd</sup> September 2022, at 22:00 HRS, a total of 31 EVD case-patients, including 15 confirmed cases and 16 probable were registered. Two (02) are currently suspected to have EVD infections. Of the case-patients (confirmed, probable and suspected), 69% are female and 31% 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**

### Transmission tree of one of the probable cases in the outbreak.



**Figure 2: Outbreak Transmission Tree, EVD outbreak in Mubende as of 23<sup>rd</sup> September 2022**

There has been a history of unexplained deaths in Mubende district. Reportedly most deaths were occurring in Madudu subcounty. Most suspected cases had a link of having visited St. Florence clinic in Ngabano.

On 29<sup>th</sup> August 2022, SI 26/M from Ngabano village developed a chicken-pox like rash and fever. On 12<sup>th</sup> September, the fever worsened and he sought medical care from St. Florence clinic in Ngabano village. The symptoms further worsened, he developed dizziness, abdominal discomfort, body weakness, difficulty in breathing and blood-stained diarrhea. On 16<sup>th</sup> September, he was admitted in Mubende RRH where he died on 19<sup>th</sup> September 2022.

On 6<sup>th</sup> September 2022, SK a 35yr/M old nurse working at St. Florence clinic developed symptoms of fever (detailed history not known yet) and died on 15<sup>th</sup> September 2022 (9 days later).

On 8<sup>th</sup> September 2022, KD 7yr/F from Kisamula village in Madudu subcounty reportedly developed history of fever and body weakness. He was admitted for 3 days at St. Florence clinic in Ngabano where she worsened, developed nose bleeding. She was transferred to Mubende RRH where she died. KD had 5 contacts during care who developed symptoms and are all in isolation at MRRH.

KD was buried in Kabalungi village, Kyaka, Kasule subcounty in Kyegegwa district. Of the known contacts during burial, 4 are symptomatic in isolation at the MRRH, one is symptomatic at home in Kitenga subcounty, Mubende district and one is asymptomatic BUT HAS TRAVELLED TO ENTEBBE, MASAKA AND RUKUNGIRI.

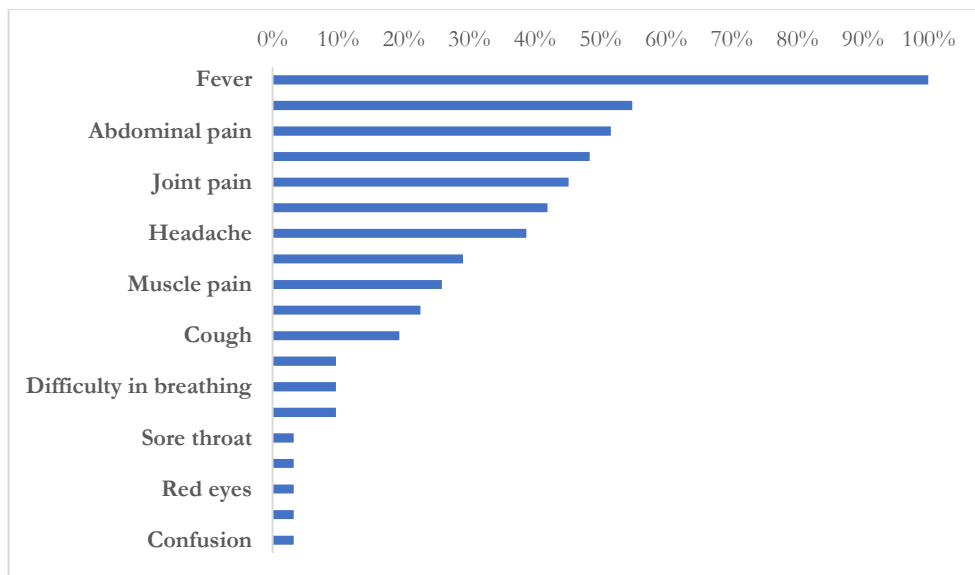


Figure 3: showing Signs and symptoms among cases, in Uganda as of 23<sup>rd</sup> September 2022

## Time Characteristics

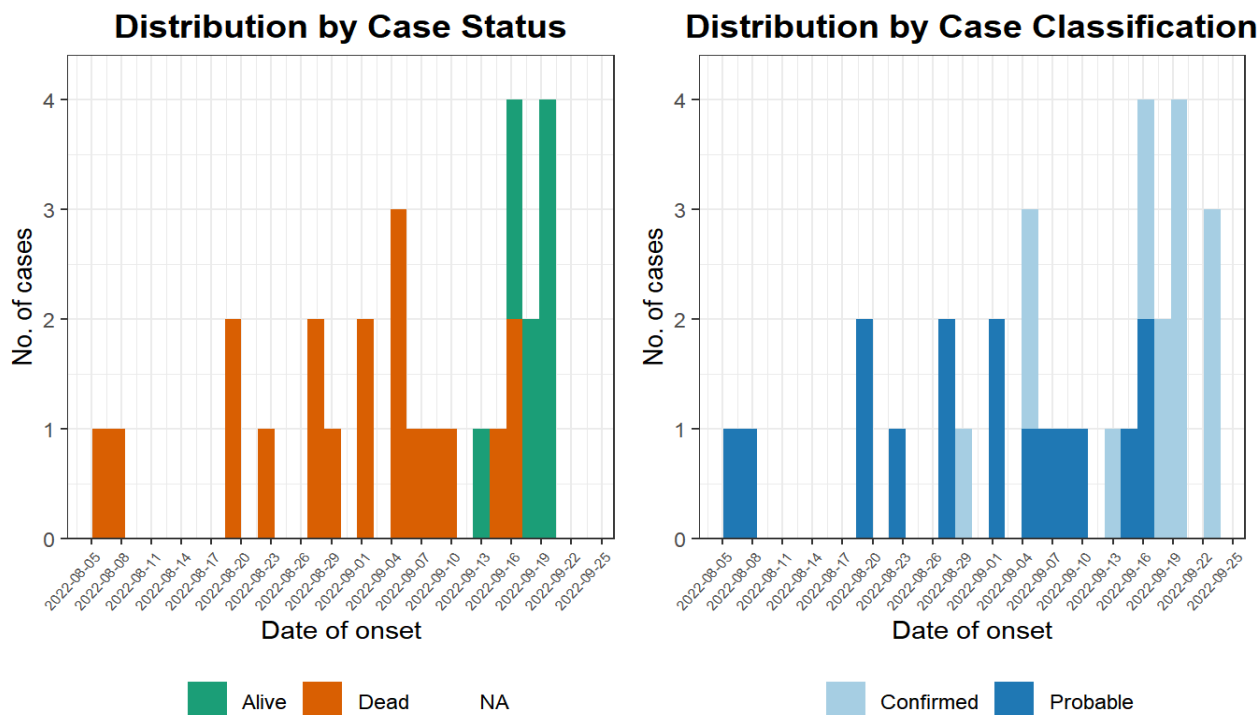
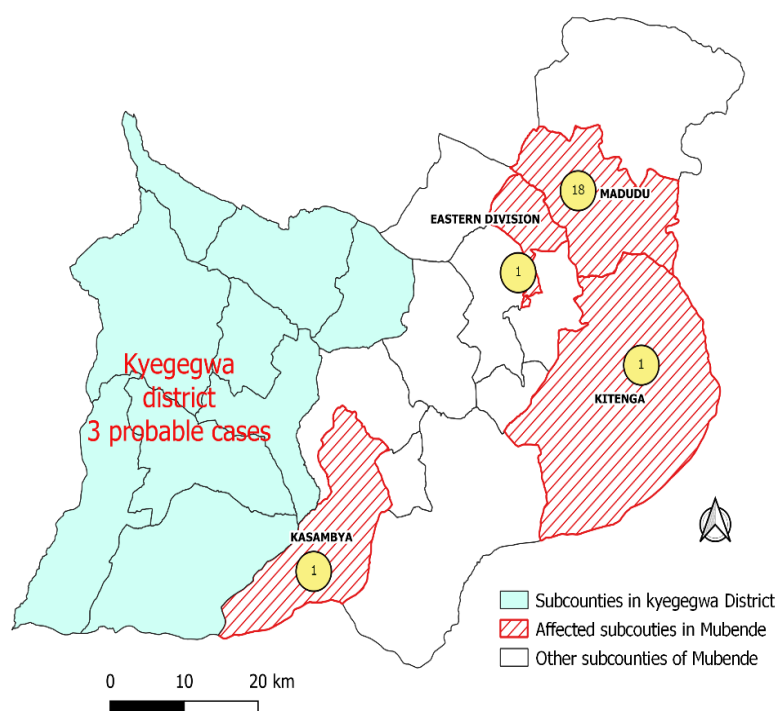


Figure 4: Epicurve disaggregated by case status and classification as of 23<sup>rd</sup> September 2022

## 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.*

**Figure 5: Map showing distribution of EVD confirmed and probable cases in Mubende and Kyegegwa District**

### PUBLIC HEALTH ACTIONS

#### Coordination

- The DTF meetings continue to happen every day and are being chaired by the deputy RDC
- DIC held meeting with partners to harmonize the response
- District coordination meeting held and all district structures and pillars have been assigned
- Generated and submitted priority needs
- Mobilized district for the Hon. Minister's meeting
- Supported district with evacuation of Madudu HC III
- Identified space to set up the situation room

#### Surveillance

- The cumulative number of contacts listed is 213
- 118/213 (55%) are health workers
- 128 contacts listed today
- 13 contacts followed up

#### Case management

- Improvised space at Mubende RRH emergency unit for up to 20 cases
- Modifications on the new building to create 50-bed capacity for confirmed case on-going to be completed in 5-7 days

- Designed ETU patient and ambulance flow

### **Risk communication**

- All the required health education materials (print, audio, audio visual) have been developed.
- Daily press releases are prepared and disseminated widely.
- There has been live broadcast on several radio and TV stations. Senior officers from ministry & district have attended to talk shows at the National and Local level.

### **CHALLENGES**

- The doctors at the isolation facility are very few, limiting the number of times the patients are reviewed.
- There are no toilets at the isolation facilities.
- Some of the communities have become violent and the Chairperson of Kibaale was beaten up by community members

**The Incident Management Team welcomes feedback and any information that could help improve this report.**

**Send any comments and feedback to: E-mail: [mohugpheoc@gmail.com](mailto:mohugpheoc@gmail.com)**