(EBOLA OUTBREAK IN UGANDA
National Task Force Situation Report(Sitrep No 3) as at 08.00 Hrs; 18th May 2011

Summary of cases	Luwero	Other Districts		National Total
18th May 2011	**Hospital**	**Kampala**	**Bugiri**	
Listed contacts	25	0	0	25
Contacts traced	25	0	0	25
Contacts who developed symptoms	3			
Cumulative alert cases	2	1	0	3
Cumulative suspect cases	3	0	1	4
Cumulative deaths suspect cases	2	0	0	2
Inpatients	2	1	1	4
New alert cases	0	0	0	0
New admissions (suspect cases)	2	0	1	3
New deaths (suspect cases)	0	0	0	0
New discharges	0	0	0	0
Cumulative discharges	0	0	0	0
Cumulative cases in health workers	1	0	0	1
Cumulative deaths in health workers	0	0	0	0
Cumulative discharges in health workers	0	0	0	0
New admissions among Health workers	1	0	0	1
New deaths among Health workers	0	0	0	0
New specimens collected	3	1	0	4
Cases with lab. Confirmation	**1**	0	0	1
Confirmed cases that have died	1	0	0	1
Confirmed cases discharged	**0**	0	0	0
Confirmed cases still admitted	**0**	0	0	0

1. Epidemiology/Laboratory(Situation in the field):

Cases

- The putative index patient was a 12 year old female from Nakisamata village, Ngalonkalu Parish, Zirobwe sub-county, Luwero district who passed away on 6th May 2011 following a febrile hemorrhagic illness that lasted six days. Laboratory investigations done through both real time PCR testing and Antigen detection by ELISA confirmed Sudan Ebola virus (SEBOV).
- Three of the contacts to the putative index patient developed and are being observed.
- One of these contacts had a positive blood slide for malaria and a negative PCR test for Ebola. The blood samples for the other two contacts are being analyzed at UVRI. Two contacts are reported to be improving on treatment with antimalarials.
- Two alert cases have been reported as indicated below:
  - The first alert case was a soldier at Bombo military hospital on ARVs and anti-TB treatment who developed bleeding while on admission and died on

14th May 2011. Laboratory investigations on this case revealed a thrombocytopenia with a negative test result for Ebola by PCR.

- The second alert case has been reported by Mulago hospital today(17TH May 2011). The patient is a 29 year old male from Muwafu zone, Makindye Division, Kampala. He was admitted on 16 May 2011 with history of vomiting blood and bloody diarrhea for one day without fever or headache. He gave no history of travel or contact with a patient in the recent past. The patient is improving on rehydration and ciprofloxacin. The blood sample obtained tested negative for Ebola by PCR and ELISA Antigen testing.

- One suspect case was admitted in Bombo GMH in the evening of 17/May//2011; a 10 year old girl from Ngalonkalu village, Zirobwe sub-county who presented with four days history of fever, vomiting with epistaxis and abdominal pain. The child has been isolated and blood drawn for investigations.
- A new suspect case has been reported in an 8 year old male from Busoga village, Buwunga sub-county, Bugiri district who presented early today with a three days history of fever, measles like rash, bleeding gums and epistaxis. The hospital has requested to be supported by the national rapid response team since they don't have anticeptics, gloves, or PPEs.

Contact Tracing

- A total of 25 contacts are being followed up in Luwero; 12 in Bombo General Military Hospital; 3 in Kisakye clinic, Zirobwe Town; 9 in Nakisamata village, Zirobwe sub-county; and 1 in Negulumye village, Wakiso district.
- All these contacts were followed up yesterday (17th May 2011) with just three of them manifesting with fever and are reported to be improving on antimalarials.
- None of the febrile contacts has tested positive for Ebola.

Specimen collection

- Seven blood samples have been obtained.
- Only one 14% (1/7) sample has tested positive for Sudan Ebola virus (SEBOV) through both real time PCR testing and Antigen detection by ELISA.
- All these samples have been tested at Uganda Virus Institute, Entebbe and aliquots have been shipped to CDC Atlanta, USA.

Continued investigation

- Further investigations into potential source of the current outbreak were conducted by a joint MoH, WHO, CDC team in Nakisamatta village:
  - Household bats were identified in the house of the putative index case.
  - Bats were also identified in the neighboring Ngalonkalu Primary school and neighboring houses that are under construction.
  - The team visited the area where the family of the putative index case went for gardening and collect firewood and observed that the area was close to thickets that harbor monkeys.
  - An ecological team from CDC is in the country and has been engaged to trap bats in the area. The locals have been alerted to keep away from the infested structures.

Continued surveillance

- All the listed contacts are being monitored on a daily basis to ensure that they are isolated as soon as they manifest with symptoms.
- All the districts on the contact pathway have been put on high alert
- Surveillance tools based on Ebola experience have been adapted and will be distributed to all affected districts starting today. These are: Case definitions, Case reporting forms and contact tracing sheets and follow up forms.

2. Coordination – Collaboration:

- The National task force travelled to Luwero to support the district task force in Luwero, Bombo General Military hospital, and all the other district stakeholders to initiate a coordinated response to contain the outbreak.
- The NTF is meeting on a daily basis to monitor the progression of the epidemic and control activities.
- A national response plan to the tune of Shs 3.632 billion has been developed to facilitate mobilization of resources from the Government of Uganda and health partners.
- The MoH convened an emergency meeting with the Chief of Medical Services in the UPDF to streamline coordination in response to the current outbreak.
- Emergency hotlines have been set up at the national and district level to facilitate suspect case reporting.

3. Case Management and Infection Control

- An isolation facility is being established at Bombo General Military Hospital with support from MSF Spain.
- Trainings for the isolation unit staff, ambulance and burial teams have commenced at Bombo General Military Hospital with support from MSF Spain.
- Additional trainings are planned and these will target the health workers in Luwero district, the five neighboring districts and health workers in the rest of the country.

4. Logistics:

- The National Medical Stores has been alerted to provide emergency medical supplies.
- Additional medical supplies and personal protective equipment have been mobilized from partners (WHO, CDC, MSF).
- Personal Protection Equipment (PPEs) from WHO and CDC have been given to Bombo General Military Hospital and Mulago hospital.
- A format of Logistic input, supplies and materials is being prepared to determine the available supplies e.g. PPE, disinfectants, spray pumps
- Partners have been requested to provide information on available supplies and materials for proper coordination and distribution.

5. Social mobilization, media and psycho social support:

- Regular media briefings and press releases are being held to update the public on the evolution of the outbreak.
- IEC materials used during the 2007 Ebola outbreak are being reviewed to support sensitization on the Ebola outbreak in Luwero.
- Psychosocial support is being arranged for the family of the putative index case as well as the contacts that are currently being monitored.