

## Minutes of the 1<sup>st</sup> meeting of Health, Nutrition and HIV/AIDS cluster

**Date:** 7<sup>th</sup> February 2008

**Venue:** World Health Organization Boardroom-Kampala

### **Agenda**

1. Communication from the chair
  - o Ebola in Bundibugyo
  - o Meningitis in West Nile
  - o Hepatitis E in Kitgum
  - o Cholera in Kampala and West Nile district
- 2 Confirmation of minutes of the previous meeting and matters arising
3. Presentations
  - o HIV/HIDS working group by IOM
  - o Analysis of nutrition trend in Northern Uganda (MoH/UNICEF/WFP/WHO)
  - o Household survey in Kitgum district by IRC
4. Cluster plan for 2008
  - o Retreat
  - o Work plan 2008
  - o Cluster report 2007
5. AoB

<b>Summary of discussions</b>	<b>Decisions/action to be taken</b>	<b>Focal point</b>
<p><b><u>Minute 01/01/08 (Communication from the chair)</u></b></p> <ul style="list-style-type: none"><li>• The meeting was called to order at 2:30 pm by the Chairperson Dr.Olushayo Olu. He welcomed members to the first Health, Nutrition and HIV/AIDS cluster meeting in 2008.</li></ul> <p><b><u>Ebola in Bundibugyo</u></b></p> <ul style="list-style-type: none"><li>• The chairperson said that the epidemic outbreak of Ebola in Bundibugyo is controlled and yesterday 6<sup>th</sup> February marked the final countdown of 42 days since the last Ebola case was discharge. Ebola National Tusk Force two weeks ago agreed to set 20<sup>th</sup> Feb 2008 as the day to declare Bundibugyo Ebola epidemic free.</li><li>• In total 200 case and 37 deaths were recorded (among those are negative case and those who have not tested negative but suspects).</li><li>• Psychosocial support to victims and families was completed yesterday.</li><li>• Exit strategy which included among others training of VHT's and health workers, strengthening surveillance, contact tracing and installation of communication radios have been done especially in the hard to reach areas of Bundibugyo</li></ul>		

- Retrospective study is being carried out by MoH and CDC to know who was affected and who is not.
- The chairperson stressed on the need to evaluate the response, document the lessons learnt during the epidemic and reclassification of the epidemic.
- The chair informed members that yesterday 6<sup>th</sup> Feb 2008 he received message from Bunia in DRC of 9 suspected cases of Ebola. Plans are underway to fly samples to Entebbe for investigation.

### ***Meningitis***

- The epidemic outbreak of meningitis hit the districts of Arua, Nebbi and Masindi. To date 257 cases have been registered from 10 sub-counties. Note that only eight of the 10 sub-counties in Arua district were vaccinated in July last year 2007.
- From the information available, the number of cases reporting seems to be going down.
- Case management, surveillance, infection control, contact tracing and community mobilization is ongoing.

### ***Hepatitis E in Kitgum***

- The first case of Hepatitis E was reported in Oct 2007. To date a cumulative total of 237 cases has been registered with 10 death (4.3%).
- 27 cases were notified in epi-week 5<sup>th</sup> as compared to 33 cases in epi-week 4.

### **Responses put in place**

- Training of VHT's
- Water quality surveillance and water chlorination at the point of collection
- Community education and mobilization for improvement in hygiene and good sanitation practices
- Weekly Task Force meeting chaired by the RDC.
- Active case search is being conducted by CBDS and the identified cases are referred to health facility for registration and health education.
- Line list is being maintained at health facility level and relayed to district level daily.
- Community dialogues are being conducted at parish levels to review progress in implementation of Community Action Plans.

### ***Cholera in Kampala and West Nile district***

- There are 6 cholera cases at Mulago isolation unit.
- First case was reported on 27<sup>th</sup> Jan 2008. 5 cases have been discharged. All the cases were from Kifumbira in Kamwokya.
- The Mulago isolation Unit has been re-activated to handle the cases.
- Community mobilization, case management and infection control



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