

Preliminary Report of Epidemic Investigation done in Madi Opei sub-county, Kitgum District

A report of a strange disease was reported to the District Health Office on Thursday 22 November 2007 by MSF-Holland medical team based in Madi Opei HC IV, Lamwo HSD [Kitgum District]. This prompted the district surveillance team to constitute a rapid response team (RRT) to conduct an outbreak investigation. The RRT conducted an epidemic investigation on 23 November 2007 and filed a report is hereunder:

Clinical presentation of suspected cases

A total of 6 patients were admitted in Madi Opei HC IV [Lamwo HSD] as of 23 November 07. The clinical presentations common to all the cases were fevers, head ache, malaise and abdominal pain; while a few cases had vomiting. This general feature was then followed by yellowing of the eyes and body within 2 – 5 days. Physical examination revealed deep jaundice in all the cases; 3 patients had tender hepatomegaly and 2 had splenomegally.

All patients had malaria screening using Rapid Diagnostic Test (RDT)/ Blood smears; and 2 were positive. [The positive cases were treated for malaria using co-artem but showed no improvement. Repeated Blood slides were negative].

Of the 6 patients, one died during the investigation exercise: a 26 year old female who developed fevers on 16 Nov 07 and became jaundiced on 20 Nov 07. She vomited blood and passed bloody stool before passing away shortly in the afternoon of 23 Nov 07. Blood sample was taken before the patient died and the serum kept under cold chain. A supervised burial was immediately conducted after disinfecting the dead body [and the beddings].

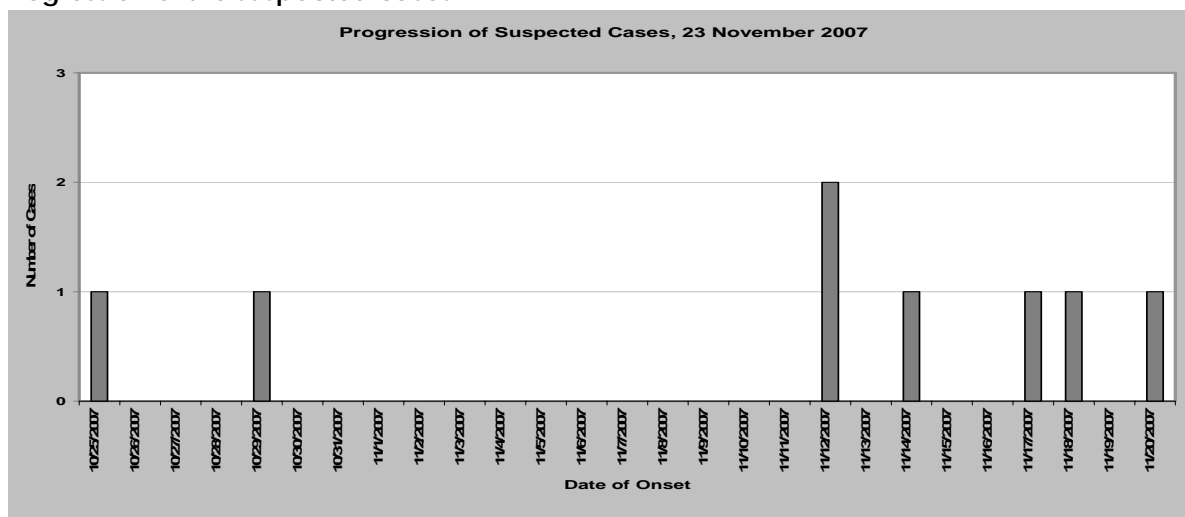
The rest of the patients are in stable conditions.

Epidemiological linkage

Review of records and community follow-up revealed that 2 patients were earlier on admitted with similar clinical picture on the 25 and 29 October 07 respectively. The case that presented on 25 October 07 was a 40 year old pregnant woman who came in labour. She had a normal delivery, later developed fevers and jaundiced; and died on 29 Oct 07 from Kitgum Hospital.

Of the 8 patients now line listed, 4 originated from Poyamo Village, Kal Parish [though not from the same households but sharing common water source and sanitation facilities]. Two [2] others come from Lakiula village, Okol Parish. The 2 clusters had epidemiological linkage through a 3 year old case that moved between the 2 villages. The last 2 cases were each not linked to any [isolated].

Progression of the suspected cases



Gender and age distribution

Seven [7] of the cases were females with only 1 male; meanwhile 7 of the cases are between 25 and 40 years and only 1 was 3 years.

✚ Provisional diagnosis

- 1. Yellow fever**
- 2. Hepatitis E**

Response so far

✚ Case management

An isolation ward was created in Madi Opei HC IV with a capacity of 10 beds. Staffing on the ground includes 1 Doctor [MSF], 3 Clinical officers [2 MSF], 5 Enrolled Nurses [4 MSF], 4 Nursing assistant [2 MSF]. There are adequate medical supplies, largely provided by MSF. MSF is still in position of providing adequate supplies for management of the initial cases.

There are no PPE at health facility level

✚ Surveillance

Contact tracing and community follow-up has been done [though not yet to all the contacts]. Community based disease surveillance (CBDS) focal persons have been mobilized to conduct active case search using a community case definition of 'fevers and yellowing of the eyes'.

✚ Laboratory investigation

8 serum samples were taken and sent to UVRI on Sunday 25 Nov 07

✚ Social mobilization

Convened a meeting with local leaders to disseminate 'cautious' information to the community to be on the alert and enhance early detection and referral of suspected cases to HF and promote good personal and environmental hygiene practices.

Recommendations and way forward

- ✚ Provide PPE to health workers conducting case management**
- ✚ Immediately orient health workers on barrier nursing and infection control**
- ✚ Strengthen active case search, follow up and contact tracing using CBDS**
- ✚ Initiate social mobilization and public health education activities**
- ✚ Convene an emergency Epidemic Preparedness and Response [EPR] Committee meeting on Monday 26 November 07**