

EBOLA OUTBREAK IN UGANDA
NTF Situation Report (Sitrep No. 23) as at 12.00 Hrs; February 14th, 2008
Seen and cleared by Dr. Sam Okware/Chairman/NTF & Dr Melville George,
WR/Uganda/Co chair/NTF

1. Situation in the Field:

- The Ebola outbreak is still under control with no new case being reported since 3rd January 2008.
- Contact tracing and retrospective investigation of the outbreak is now complete.
- International partners have all left the district.
- Epidemic to be declared over on 20th February, 2008.
- Suspected Ebola cases from DRC tested negative for Ebola.

2. Laboratory and Surveillance:

- The data base still has 200 suspected cases of which 42 are confirmed.
- Comments have been received from CDC and WHO/HQ; still awaiting comments from WHO/ICST. With the received comments the re-classification algorithm has been revised (see attached). This will be used to re-classify all cases and come up with the final numbers to communicate to the public on 20th February 2008.
- The case definitions have also been revised based on all these comments and discussions (see attached).
- There are some pending results that are still expected from CDC; these will be received before final classification is completed.
- A one-day Ebola response evaluation meeting is planned by WHO and MoH; tentatively scheduled for 19th March, 2008. All partners that participated in the response should be invited to participate in the evaluation meeting.

3. Case Management and Infection Control:

- There are no new patients in Bundibugyo. Both isolation units are closed.
- Plans for conducting training to enhance infection control in the country still ongoing. CDC TA will be available to start training next week.
- WHO, Ministry of Health and other Partners requested to look into the short-term, medium-term and long-term human resources for health needs of the district urgently to ensure continued health service delivery.

4. Coordination – Collaboration:

- The NTF held a meeting today February 14th, 2008, and this is the last meeting of the National Task Force on Ebola Response.
- The Minister of Health, Chair and Co-Chair of NTF, and some key Partners will hold a Press Conference to announce the end of the epidemic on 20th February. A Press Statement will also be issued.
- At district level, radio talk shows will be hosted by the local FM radio stations on 19th and 20th February to announce the end of the epidemic.
- At Bundibugyo Hospital, there will be a meeting with the staff members to announce that all hospital services should resume normally, and there will also be training in infection control on 20th February.
- District celebrations including awarding of certificates of recognition are postponed to 27th February 2008.

5. Logistics:

- Distribution of infection control supplies and PPEs for all health facilities nationwide is being undertaken by the MoH.
- WHO and UNICEF to meet all unmet obligations before the 27th February, if possible.
- Certificate of Recognition to be printed for all people who participated in the response.
- The team assigning task of preparing the “End of Ebola” celebrations to ensure all logistics are in place for 27th February.

6. Social mobilization, media and psycho social support:

- The district teams to continue with health education of communities and psychosocial support to avoid stigma and discrimination of survivors, contacts and their families.
- Press Statement, Press Conference and Radio Talk shows to be used to pass on information to the public about the end of the Ebola epidemic.

7. Travel advice:

- There is no travel restriction to the affected district or Western Uganda in general as this disease is transmitted through direct contact with an Ebola patient or contact with body fluids from an infected person. In addition, there is no new suspected case of the disease in the district since January 3rd 2008.

8. Challenge:

- The human resources for health crisis in Bundibugyo district remains a challenge. The district is rural and hard to reach or stay and thus does not attract many health workers; the MoH to try and intervene, on request by the district, to second health workers to the district. The district has worked out an incentive scheme to ensure retention of seconded staff.

Ebola in Bundibugyo district – Case Definitions

1. SUSPECTED CASE

Consider as a suspected case, a resident of or visitor to the 5 affected sub-counties in Bundibugyo District having the following from 1 August 2007:

- Sudden onset of fever plus at least four of the following symptoms:
 - Vomiting
 - Diarrhoea
 - Abdominal pain
 - Conjunctivitis
 - Skin rash
 - Unexplained bleeding from any site
 - Muscle pain
 - Intense fatigue
 - Difficulty swallowing
 - Difficulty breathing
 - Hiccups
 - Headache

OR

- Sudden onset of fever plus history of contact¹ with another suspected, probable, or confirmed case

OR

- Any sudden, unexplained death in the community

2. PROBABLE CASE

Consider as a probable case the following:

- A death occurring in a person meeting the suspected case definition who had fever plus at least three of the following symptoms:
 - Vomiting
 - Diarrhoea
 - Unexplained bleeding from any site
 - Conjunctivitis
 - Skin rash

AND

- Had an epidemiological link to a probable or confirmed case. This includes (1) having a history of exposure to a confirmed or probable case OR (2) being the source of infection for a confirmed or probable case. (3) Resident of an affected sub-county in Bundibugyo district

OR

- A person meeting the suspected case definition who had fever plus at least three of the following symptoms:
 - Vomiting
 - Diarrhoea
 - Unexplained bleeding from any site
 - Conjunctivitis
 - Skin rash

AND

- Had an epidemiological link to a probable or confirmed case. This includes (1) having a history of exposure to a confirmed or probable case OR (2) being the source of infection for a confirmed or probable case. (3) Resident of an affected sub-county in Bundibugyo district
- **No specimen was collected** from the person for laboratory testing
- **OR** A death occurring in a person meeting the suspected case definition who had fever plus at least three of the following symptoms:
 - Vomiting
 - Diarrhoea
 - Unexplained bleeding from any site
 - Conjunctivitis
 - Skin rash

AND

- Had an epidemiological link to a probable or confirmed case. This includes (1) having a history of exposure to a confirmed or probable case OR (2) being the source of infection for a confirmed or probable case. (3) Resident of an affected sub-county in Bundibugyo district
- Has negative laboratory result **but** specimen was collected **0 – 3 days** after onset of symptoms

3. CONFIRMED CASE

Consider as a confirmed case the following:

- A suspected case with laboratory confirmation of infection by:
 - Isolation of virus from any body fluid or tissue
- OR
- Detection of viral antigen in any body fluid or tissue by antigen-detection enzyme-linked immunosorbent assay (ELISA), reverse-transcriptase polymerase chain reaction (RT-PCR), or immunohistochemistry (IHC)
- OR
- Demonstration of serum ebolavirus-specific IgG antibodies by ELISA, with or without IgM

4. NOT A CASE

Consider as not a case the following:

- A suspected case with a serum sample collected day 4 through day 13 after symptom onset testing negative for both Ebolavirus-specific antigen detection AND anti-Ebolavirus IgG.

OR

- A suspected case with a serum sample collected day 14 or later after symptom onset testing negative for anti-Ebolavirus IgG.

OR

- A patient that does not meet the suspected case definition

¹ Contact is defined as any of the following within 21 days before onset: (1) direct contact (nursing, touching, kissing, or visiting) with a suspected case or dead body, (2) Touching linens or body fluids of a suspected case/deceased, (3) Sleeping in the same house/ward in Bundibugyo with a confirmed or suspected case of Ebola, (4) Contact with or having eaten a dead animal, (5) Working in a laboratory handling human and animal specimens

Algorithm for applying Ebola Haemorrhagic Fever Case Definitions

