

The number of new Ebola cases registered in Uganda has dropped for the third consecutive week after the peak observed in the week of 17-23 October, Ministry of Health said,

Since the outbreak declaration on 20 September, a total of 141 confirmed cases and 55 confirmed deaths (CFR 39%) from Ebola disease caused by the Sudan ebolavirus (SUDV) have been reported as of 21 November.

In addition, 22 probable cases (all are deaths) have been reported since the beginning of the outbreak. Overall, 19 cases with seven deaths occurred among healthcare workers (HCWs).

During the week commencing 7 November, five confirmed and one probable case was reported, including one confirmed case and one probable death from a newly affected district (Jinja), in the Eastern Region of Uganda, which is 80 km distant from Kampala.

The most recent confirmed case was reported by the Uganda MoH on 14 November, from Kampala district.

A higher proportion of cases are male (57.5%), and the most affected age group is represented by those aged 20-29 years, followed by those aged 30-39 years (Figure 2).

Around 25% of cases are reported among children under 10 years old, indicating potential household transmission.

Jinja is the only newly affected district, which leads to a total of nine districts that have reported confirmed SVD cases.

The most affected district remains Mubende with 64 (45%) confirmed cases and 29 (53%) confirmed deaths, followed by Kassanda with 48 (34%) confirmed cases and 20 (36%) confirmed deaths. Two districts, Bunyangabu and Kagadi, have not reported cases for more than 42 days.

Although there is significant improvement in surveillance activities in most affected districts in Uganda, contact tracing gaps have been reported in newly affected districts.

The suboptimal performance could be attributed to different factors, such as the

non-reporting of probable cases, high population mobility including the movement of non-listed and/or missing contacts, and initial gaps in human and material resources. Surveillance strengthening plans have been put in place in newly affected districts.

Since the beginning of the outbreak, 4652 contacts have been registered, of which 3599 (78%) have completed the 21-day follow-up period.

In addition to responding to this outbreak, the MoH and WHO are also responding to an ongoing outbreak of Crimean Congo Hemorrhagic Fever (CCHF) in Uganda.

WHO has revised the prioritization of the surrounding countries after conducting a risk assessment. In addition to the six surrounding countries that were assessed to be at-risk, five additional countries are being included, namely the Central African Republic, Ethiopia, Somalia, Sudan and Djibouti.

These countries have important population movements to and from Uganda. WHO has started to engage with these countries and will report their readiness activities in the next DON report.

The Ministries of Health of the six neighboring countries (Burundi, the Democratic Republic of the Congo, Kenya, Rwanda, South Sudan, and the United Republic of Tanzania), in-country and international partners, and WHO are supporting SUDV readiness actions.

Burundi, for instance, is scaling up its operational readiness by coordinating with provinces and districts on upcoming activities such as the reinforcement of points of entry bordering Tanzania and Rwanda.

In addition, training of community health workers and health care workers have been ongoing to enhance surveillance activities. As of 21 November, all alerts have been investigated and resulted negative for SUDV.

Democratic Republic of the Congo is focusing their readiness efforts on training staff at points of entry. As of 21 November, 98% of travelers at airports are being screened.

Kenya has strengthened their capacities in case management through conducting trainer-of-trainers and holding a comprehensive simulation exercise with WHO's support. Points of entry at high-risk counties have been conducting screenings as

well.

Rwanda is updating its contingency plan to guide the efforts in scaling up its readiness capabilities. Specifically, there are advancements in the establishment of Ebola Treatment Units (ETUs). The Ministry of Health is also reinforcing its core capacities in infection prevention and control and case management.

South Sudan has been enhancing its capacities in the areas of surveillance, case management and infection prevention and control. Health care workers at the subnational level have been undergoing training on SUDV management at health facilities.

Tanzania has conducted training in the areas of IPC including safe and dignified burials. Health promoters have completed training in risk communication and community engagement and in mental health and psychosocial support.