



COVID-19 Situation Report

17 March 2020, 18:00

Sitrep #30

1. Situation Update

Highlights

- A total of **224 new high-risk travellers** have been listed for follow up, making a cumulative total of **2,196 high-risk travellers** listed since the start of the preparedness activities.
- Today, **827/1,225 (68%)** of the identified high-risk travellers were followed up; **58%** of these were physically followed up while **42%** were followed up over the phone and all were found in good health.
- Fifty-six (**56 high-risk travellers**) completed their 14 days of follow-up today making a cumulative total of **971**.

Summary statistics as of 17th March 2020 at 1800hrs

Total (Cumulative) number of high-risk travelers identified	2,196*
Total (Cumulative) number of travelers from Category 1 countries:	2,148
China	1,336
Germany	211
United Kingdom	186
USA	119
France	61
Italy	54
South Korea	42
Netherlands	39
Malaysia	29
Belgium	24
Sweden	14
Switzerland	12
Spain	11
Norway	7
Austria	3
San Marino and Iran	00
Travelers from Category 2 countries	32
Travelers of Ugandan nationality	440
Number of high-risk travelers listed in the last 24 hours (new)	224

Total number of high-risk travelers under self-isolation	1,225
Number of high-risk travelers followed up in the last 24 hours	827
Cumulative total of high-risk travelers that completed 14 days follow up	971
Total number of high-risk travelers lost to follow-up	398#
Cumulative alerts	67
Cumulative alerts verified as non-cases	25
New alerts today	05
Cumulative cases identified (suspected and confirmed)	42
Suspected cases	42
Confirmed cases	00
Cumulative specimens collected and sent to UVRI	41
Number tested positive	00
Number tested negative results	40
Pending results	01
Specimens collected and sent to the laboratory (today)	01

* This total now excludes the people lost to follow up who completed their mandatory 14 day follow-up period.

These travellers had phone contacts that were out of reach, had been recorded wrongly or were not Ugandan lines

Background

On 7th January 2020, the World Health Organisation (WHO) announced a novel (new) Corona Virus disease later named as COVID-19. On 30th January 2020, the WHO declared this outbreak a Public Health Emergency of International Concern (PHEIC).

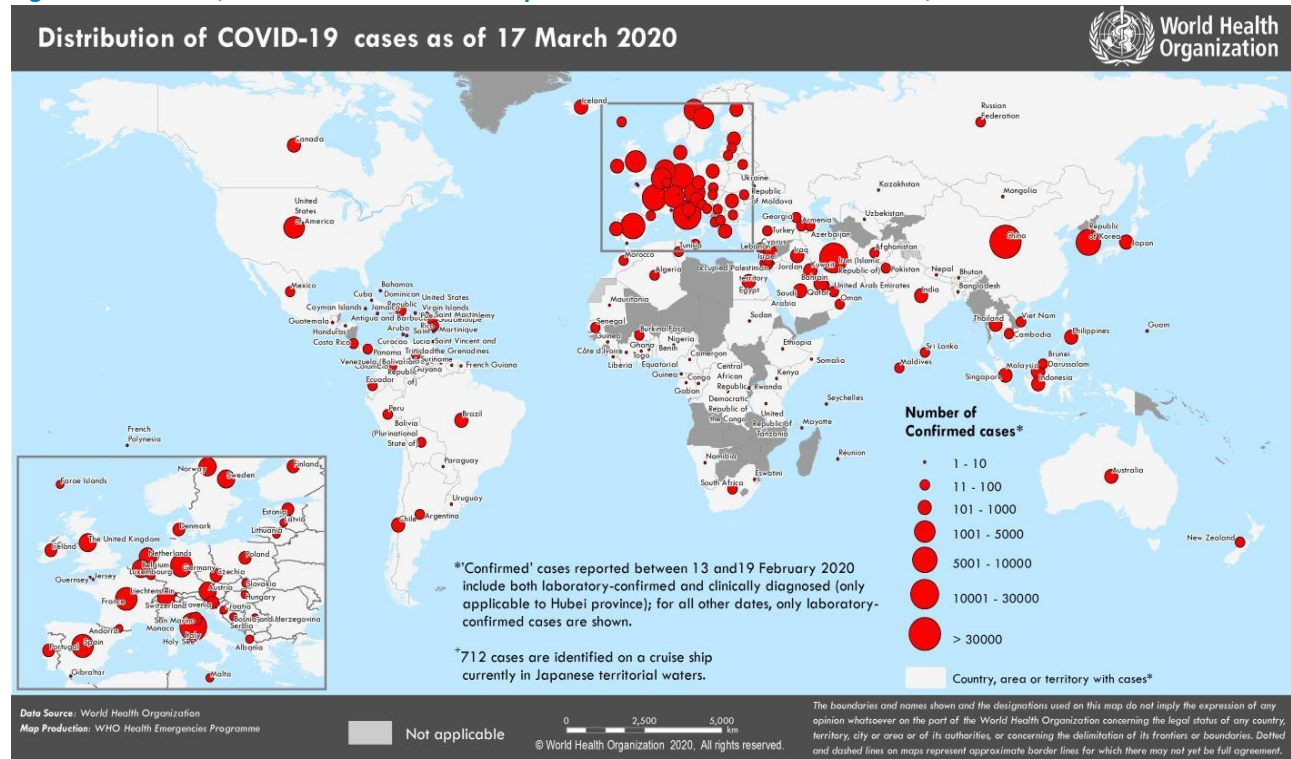
SITUATION IN NUMBERS	
total (new) cases in last 24 hours	
Globally	179 112 confirmed (11 526) 7426 deaths (475)
Western Pacific Region	91 779 confirmed (289) 3357 deaths (23)
European Region	64 189 confirmed (8507) 3108 deaths (428)
South-East Asia	508 confirmed (124) 9 deaths (2)
Eastern Mediterranean Region	16 786 confirmed (330) 873 deaths (3)
Regions of the Americas	4910 confirmed (2234) 68 deaths (18)
African Region	228 confirmed (42) 4 deaths (1)

According to WHO, 8 new countries (African Region [3], Eastern Mediterranean Region [1], Region of the Americas [3], and Western Pacific Region [1]) have reported cases of COVID-19 within the past 24 hours.

(<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>).

Within the African region, cases have been recorded in 30 countries; Egypt (166), South Africa (62), Algeria (60), Morocco (38), Senegal (27), Tunisia (20), Burkina Faso (15), Rwanda (7), Côte d'Ivoire (6), Ghana (6), Cameroon (5), Ethiopia (5), Seychelles (4), DRC (3), Kenya (3), Sudan (2), Nigeria (2), Namibia (2), Central African Republic (1), Congo (1), Equatorial Guinea (1), Eswatini (1), Gabon (1), Guinea (1), Mauritania (1), Togo (1), Somalia (1), Benin (1), Liberia (1) and Tanzania (1).

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 17 March 2020



Given the high level of risk, the Government of Uganda declared the COVID-19 a national emergency. The National Task Force (NTF) activated the COVID-19 Incident Management System to coordinate the implementation of various preparedness activities.

2. Public Health Actions

COORDINATION

- Inspected hotels to be used for the mandatory quarantine of high-risk travellers
- Provided more desk phones and staff to man the call centre at the PHEOC
- Supervised the construction of the new screening facility at Entebbe International Airport
- Held discussions with Civil Aviation Authority about the new innovations for screening travellers

Planned activities

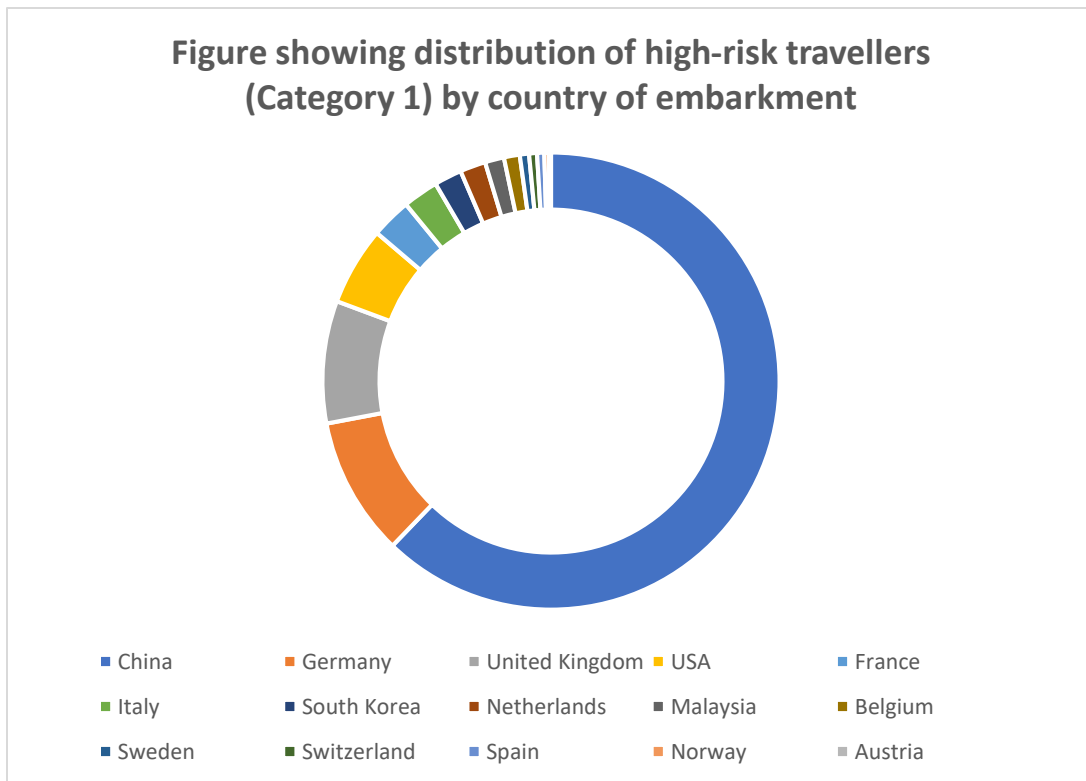
- The Honourable Minister of Health will hold a press conference on 18th March 2020 to update the general public on COVID-19 preparedness efforts in Uganda.

SURVEILLANCE AND LABORATORY

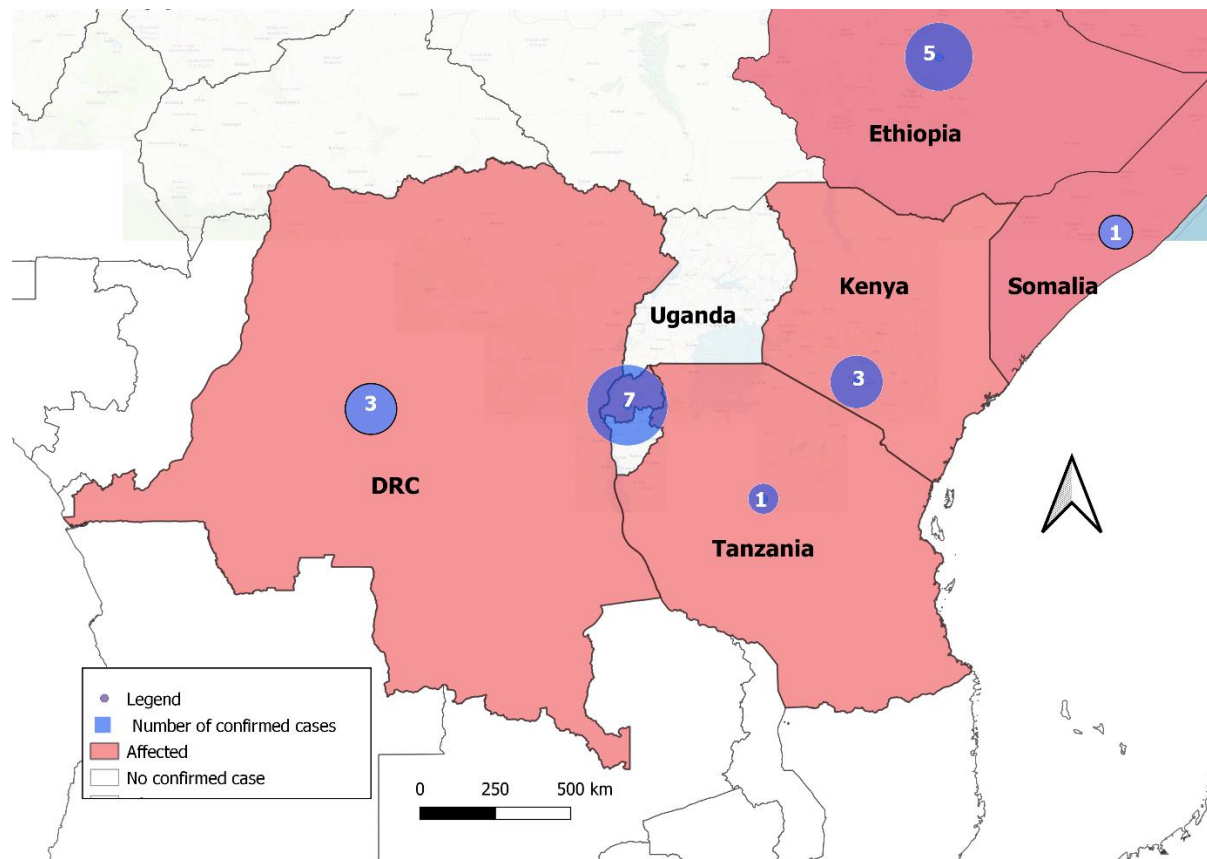
- The team conducted screening for the Uganda National High Council 2nd annual meeting (approximately 250 people) at Hotel Africana.

- Five (5) alerts were received through the Public Health Emergency Operations Centre. Upon verification, only 2 of these were legitimate. Below is a summary of the 2 alerts which met the case definition:
 - KS, is a 26-year-old female who worked in China as a broker. She reportedly returned to Uganda through Entebbe International Airport on 3rd March 2020. She reported feeling sick, dry cough, shortness of breath and fever on 4th March 2020. She sought care at Mildmay Hospital on 17th March 2020 where she was quarantined.
 - A 20-year-old female of Eritrean origin who travelled to Uganda from Dubai on 10th March 2020 and now has sore throat, coughs and is generally feeling weak. She reports that she left Dubai at the height of the outbreak there.
- A cumulative number of 41 samples from suspect cases have been tested by UVRI. Forty (40) of these tested negative while 1 is pending.
- The team designed and printed IDs for the follow-up and alert management teams for ease of identification.

Figure showing the distribution of Category 1 countries by country of embarkment



Map showing COVID-19 confirmed cases within affected East African countries.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Radio talk shows on CBS and Bukedde TV.
- Disseminated COVID-19 IEC materials to some primary schools in Old Kampala.

CASE MANAGEMENT

- Oriented 50 UPDF medical personnel in Bombo on COVID-19 case management and surveillance.

Planned activities

- Training air force staff on case management and surveillance scheduled for 18 March 2020
- Training medical personnel at al RRH

LOGISTICS

- UNICEF has committed to procure IPC and WASH supplies

ICT AND INNOVATION

- Held an ICT meeting to discuss new innovations

3. Conclusion

As a country, the Ministry of Health has established a strong response system to be able to prevent, detect and respond to suspected cases of COVID-19 in collaboration with other relevant ministries, agencies and departments of Government.

CASE DEFINITIONS

Community case definition

Anybody with flu-like symptoms should reported to the nearest health facility for assessment.

Suspect case

- A. Any person with acute respiratory illness with high temperature (above 37.5°C) and at least one sign/symptom of respiratory illness (e.g. headache, sore throat, cough, shortness of breath), **AND** with no other cause that fully explains the clinical presentation **AND** a history of travel in the last 14 days prior to symptom onset from a country/area or territory reporting local transmission of COVID-19 disease

OR

- B. Any person with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms

OR

- C. Any person with severe acute respiratory infection with high temperature (above 37.5°C) and at least one sign/symptom of respiratory illness (e.g., cough, shortness breath) **AND** requiring hospitalization **AND** with no other cause that fully explains the clinical presentation.

Probable case: A suspect case for whom testing for COVID-19 is inconclusive.

Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.