



COVID-19 Situation Report

16 March 2020, 18:00

Sitrep #29

1. Situation Update

Highlights

- A total of **130 new high-risk travellers** have been listed for follow up, making a cumulative total of **1,972 high-risk travellers** listed since the start of the preparedness activities.
- Today, **804/1,057 (76%)** of the identified high-risk travellers were followed up; **62%** of these were physically followed up while **38%** were followed up over the phone and all were found in good health.
- Two hundred and fifty-three (**253 high-risk travellers**) completed their 14 days of follow-up making a cumulative total of **915**.

Summary statistics as of 16th March 2020 at 1800hrs

Total (Cumulative) number of high-risk travelers identified	1,972*
Total (Cumulative) number of travelers from Category 1 countries:	1,930
China	1,273
Germany	204
United Kingdom	111
USA	93
France	57
Italy	52
South Korea	42
Netherlands	30
Malaysia	19
Belgium	12
Spain	11
Switzerland	10
Norway	7
Sweden	6
Austria	3
San Marino and Iran	00
Travelers from Category 2 countries	26
Travelers of Ugandan nationality	364

Number of high-risk travelers listed in the last 24 hours (new)	130
Total number of high-risk travelers under self-isolation	1,057
Number of high-risk travelers followed up in the last 24 hours	804
Cumulative total of high-risk travelers that completed 14 days follow up	915
Total number of high-risk travelers lost to follow-up	253#
Cumulative alerts	62
Cumulative alerts verified as non-cases	22
New alerts today	04
Cumulative cases identified (suspected and confirmed)	40
Suspected cases	40
Confirmed cases	00
Cumulative specimens collected and sent to UVRI	40
Number tested positive	00
Number tested negative results	36
Pending results	04
Specimens collected and sent to the laboratory (today)	04

* 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 and new cases in last 24 hours

Globally

167 511 confirmed
(13 903 new)
6606 deaths (862 new)

China

81 077 confirmed (29 new)
3218 deaths (14 new)

Outside of China

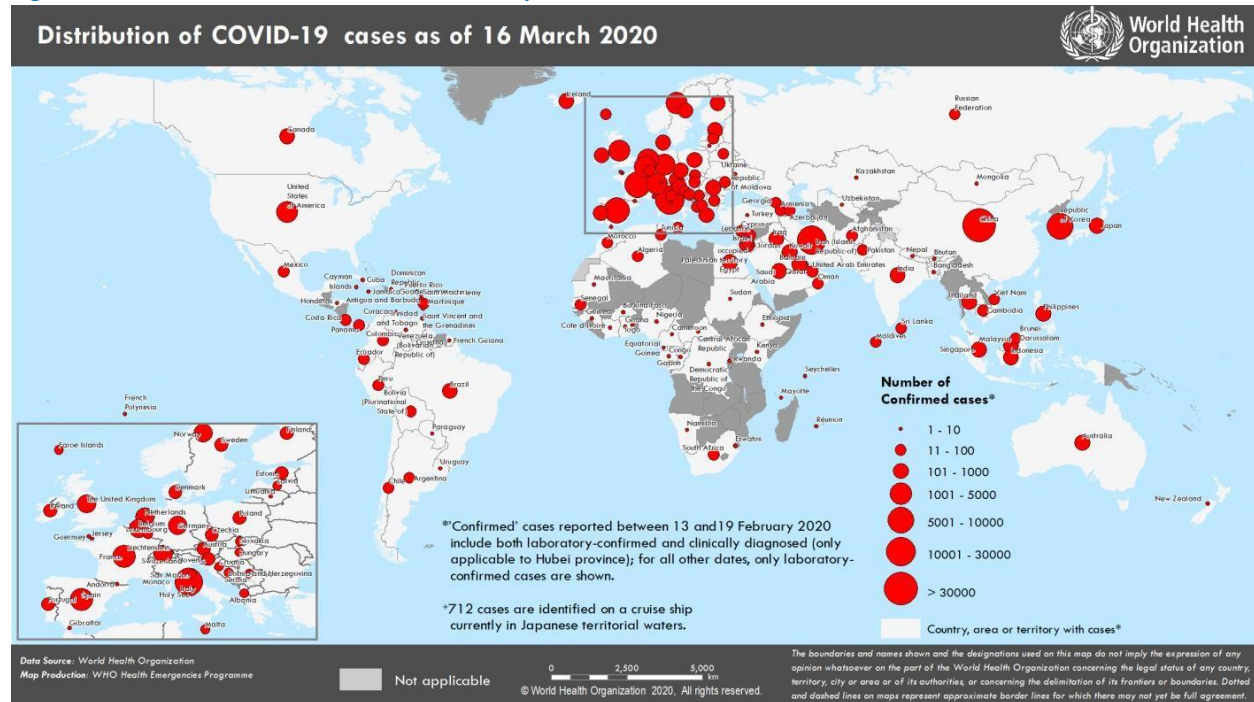
86 434 confirmed (13 874 new)
3388 deaths (848 new)
151 countries/territories/
areas (4 new)

According to WHO, 4 new countries (African Region [2], European Region [1] and Region of the Americas [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 26 countries; Egypt (126), South Africa (51), Algeria (49), Morocco (28), Senegal (26), Tunisia (18), Rwanda (5), Burkina Faso (3), Cameroon (3), Côte d'Ivoire (3), Nigeria (2), DRC (2), Ghana (2), Namibia (2), Seychelles (2), Central African Republic (1), Congo (1), Equatorial Guinea (1), Eswatini (1), Ethiopia (1), Togo (1), Gabon (1), Guinea (1), Kenya (1), Sudan (1), Mauritania (1) and Togo (1).

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 16 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

- The team held a meeting to finalize the World Bank proposal for COVID-19.
- A knowledge management portal and coordination dashboard was developed.
- The team presented a COVID-19 contingency plan to cabinet.

Planned activities

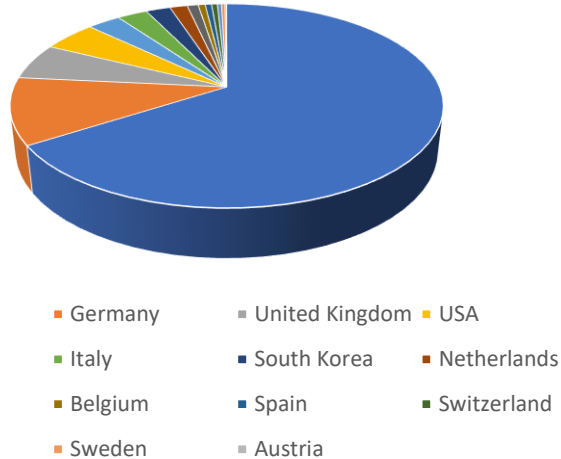
- The Honourable Minister of Health will hold a press conference on 18th March 2020 to update the general public on COVID-19 preparedness efforts in Uganda.

SURVEILLANCE AND LABORATORY

- The team conducted screening for 2 mass gatherings: an annual meeting (approximately 200 people) for Uganda National Council of Higher Education and the Uganda NGO Forum meeting (approximately 50 people) at Hotel Africana.

- Ten (10) alerts were received through the Public Health Emergency Operations Centre. Upon verification, 4 of these were legitimate while the remaining 6 were false alarms. Below is a summary of the 4 alerts which met the case definition and from whom samples were collected today:
 - KM, a 27-year-old Ugandan male who returned from the Netherlands on 16th March 2020 through Entebbe International Airport. He presented with symptoms suggestive of COVID-19 and is reported to have visited countries reporting local transmission of COVID-19 within the last 2 weeks.
 - DE, is a Ugandan male who returned from Dubai on 16th March 2020 where he was working as a taxi driver. He travelled through Rwanda, then continued to Uganda. He reported developing a fever, sore throat, a headache running nose and cough on 15th March 2020.
 - MK who travelled from Geneva, Switzerland going through Dubai International Airport and arriving at Entebbe on 5th March 2020. She lives at Bugolobi Flats and did not observe self-isolation since arrival in Uganda. She attended the Uganda-EU Business summit at Speke Hotel, Munyonyo on 9th-10th March 2020. She presented with tightness in the chest, flu-like symptoms and fatigue; no fever or cough.
 - JN who travelled from Lebanon passing through an airport in Doha, Qatar and arrived at Entebbe on 27th February 2020. On 10th March 2020, he started developing symptoms i.e. fever, fatigue, sore throat, dry cough that later became productive with blood.
- A cumulative number of 40 samples from suspect cases have been tested by UVRI. Thirty-six (36) of these tested negative while 4 are pending.
- The figure below shows the distribution of Category 1 countries by country of embarkment and the map shows their district of residence while in Uganda.

Figure showing distribution of travellers (Category 1) by country of embarkment



Planned activities

- Trace one of the high-risk travellers who has resisted physical follow up.
- To design IDs for the follow-up and alert management teams for ease of identification.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Disseminated electronic copies of COVID-19 IEC materials to organizations upon request.
- One hundred thousand (100,000) COVID-19 posters were delivered to the PHEOC.
- UCC started airing COVID-19 awareness announcements on all radio stations in Uganda today.

CASE MANAGEMENT

- Trained 40 UPDF staff on IPC and case management.

Planned activities

- To train medical personnel at all Regional Referral Hospitals.

LOGISTICS

- Plans are underway to deploy more supplies to all POEs and RRHs.

ICT AND INNOVATION

- Discussions regarding tech solutions for airport screening and self-quarantine monitoring are still ongoing.

Planned activities

- Meeting to test the different tech solutions is scheduled for 17th March 2020.

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.