



MINISTRY OF HEALTH
OFFICE OF THE DIRECTOR GENERAL

Telephone: (020) 2717077
Fax: (020) 2713234
Email: dghealth2019@gmail.com
When replying please quote

AFYA HOUSE
CATHEDRAL ROAD
P. O. Box 30016 – 00100
NAIROBI

REF: MOH/ADM/1/1/2

12th June, 2019

All County Director of Health
All Sub – County Medical Officers of Health
All Hospital Medical Superintends
All Port Health in-Charges

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The Chairman
Council of Governors
P. O. Box 40401
Waiyaki Way
NAIROBI

RE: ALERT TO HEALTH WORKERS FOLLOWING REPORT OF AN EBOLA OUTBREAK IN UGANDA

The Ministry of Health, Uganda and the World Health Organization (WHO) have confirmed a case of Ebola Virus Disease in Uganda. Although there have been numerous previous alerts, this is the first confirmed case in Uganda during the Ebola outbreak on-going in neighboring Democratic Republic of the Congo. The confirmed case is a 5-year-old child from the Democratic Republic of the Congo who travelled with his family on 9th June 2019. The child and his family entered the Country through Bwera Border post and sought medical care at Kagando hospital where health workers identified Ebola as a possible cause of illness. The child was transferred to Bwera Ebola Treatment Unit for management and confirmation was made by the Uganda Virus Institute (UVRI). The Ministry of Health,



Uganda and WHO have dispatched a Rapid Response Team to Kasese to identify other people who may be at risk, and ensure they are monitored and provided with care if they also become ill.

It is important to note that Kenya shares a 722-kilometer border with Uganda and routinely has substantial traffic of traders, long distance truck drivers and communities along the border. Moreover, Jomo Kenyatta International Airport (JKIA) is an important interconnecting hub for East and Central Africa region.

In view of this, it is necessary for all healthcare workers across the country to step up their surveillance for Ebola virus Disease to prevent spread to the country. The surveillance measures implemented should enable early detection, notification and appropriate management of any suspected case/s at all levels of health care system in Kenya-from the community to the national referral health facilities and at our ports of entry.

In this regard, all county and sub county health management teams, hospital management teams, health care workers in health facilities and those at the points of entry are expected to undertake the following:

1. Detailed personal, clinical and contact information of ALL travelers from the Democratic Republic of Congo and Western, Uganda at all ports of entry
2. Watch out for any person presenting with acute onset of fever and any of the following;
 - a. A history of travel from the Democratic Republic of Congo / Kasese Uganda or
 - b. contact with a person from the DRC / Western, Uganda within the previous three weeks PLUS any of the following;
 - c. Vomiting, diarrhea, abdominal pains, headache, sore throat, measles like rash, red eyes or bleeding from body openings.
3. If any patient fits the above criteria, then the following must be done immediately:
 - a. Notify the next administrative level immediately.
 - b. Immediately notify the Disease Surveillance and Response Unit immediately through the hotlines, 0800721316, 0729491414 or 0732353535.
 - c. Ensure you apply the standard infection prevention (IPC measures).
 - d. Use appropriate personal protective measures/materials (two pairs of gloves, head cover, impervious material gown, face mask, goggles/face shield, plastic apron and a pair of boots or impervious material shoe covers) as you handle these suspect cases.
 - e. Isolate the patient



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- f. Collect about 5 - 10 mls of blood into a sterile plain bottle/tube or vacutainer.
- g. Fill the integrated case-based investigation form (MOH 502).
- h. Triple package the whole sample of whole blood and sent to KEMRI laboratory, arboviral laboratory (Attention: Dr. Rosemary Sang, 0722759492 or Victor Ofula 0722899 066)
- i. If the sample cannot be transported immediately, refrigerate it, but do not freeze it, clearly label it "Bio-hazard" material accompanied by the case-based investigation form (MOH 502).
- j. Inform anyone handling the material that they are handling potentially infectious material
- k. Restrict/limit the number of personnel or support staff visiting/caring for the patient, and have their full contact details.
- l. Stop cleaners from going to the isolation room
- m. Stop visitors from seeing the patient.
- n. Keep the isolation room wastes disposal in buckets with 2% sodium hypochlorite (jik) solution.
- o. If caring for the patient, avoid contact with your body parts, e.g. scratching
- p. Create an adjacent room for staff changing of clothes and as soon as the leave the room they should change ALL clothes
- q. Follow staff who have been caring for confirmed case for 21 days after the last contact with the patient.

In addition, healthcare workers are advised to watch out for any unusual clustering, of any febrile illness cases or unexplained deaths in the community.

The sub county health management team is further advised to:

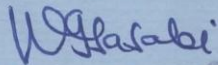
- Strengthen surveillance up to the village level and ensure 100% case reporting
- Ensure that all health care workers are conversant with the case definition and are sensitized on the risk of Ebola outbreak in Kenya
- Step up weekly IDSR reporting to ensure at least 90% of the facilities are reporting
- Enhance cross bonder disease surveillance activities including sharing information between their districts and the neighboring country districts.
- Conduct support supervision on a more regular basis
- Re-activate the outbreak management teams and make them ready to respond
- Improve laboratory capacity for specimen collection, diagnosis and possible shipment.



- Enhance involvement of all relevant stakeholders, e.g. security, private health institutions, communities and all partners in the sub county in surveillance and the appropriate advocacy activities.

You are asked to bring to attention the contents of this circular to ALL subcounty management teams, hospital management teams, private health institutions and points of entry in your areas.

Attached find a fact sheet containing information on Ebola hemorrhagic fever.



Dr. J. Wekesa Masasabi

Ag. DIRECTOR GENERAL FOR HEALTH

Copy: Chief Officers of Health
County Commissioners



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