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Date: 24<sup>th</sup> March 2020

Our Ref: .....

Your Ref: .....

Diocesan Health Coordinators,  
Hospital Managers,  
Health Facility In-Charges.

**RE: THE UGANDA CATHOLIC MEDICAL BUREAU GUIDANCE TO THE  
COVID-19 PANDEMIC in UGANDA**

The Uganda Catholic Medical Bureau is keenly following the unfolding landscape and impact of the COVID-19 pandemic in Uganda and the Government of Uganda’s commitment—through Ministry of Health, at containing the outbreak.

As you are already aware, the impact of the COVID-19 on all spheres of life is more devastating than previously anticipated, and all efforts are geared towards limiting the rapid viral infection spread.

As at Tuesday 24<sup>th</sup> March, the total confirmed cases globally were 386,932 with 16,748 reported deaths and 102,393 recovered. While it was in China—in the city of Wuhan, that the index case of Corona Virus infection was reported, the worst affected countries have been Italy, Spain and Iran—reporting more deaths per capita case than any other countries.

Locally, Uganda has Nine (9) confirmed cases with no local transmission and no recorded deaths so far.

Within the UCMB network, there have been isolated reported suspected cases in Lacor St. Mary’s Hospital, thankfully all the tests have proven negative. At this point I want to point out that people who prudently undertook self-isolation after returning from trips should not be stigmatized as having had Corona virus infection. They self-isolated in the interest of their families, communities and the country.

As part of a broader network and integrated national approach, the UCMB will continue to work closely with the Ministry of Health in the coordination, communication and monitoring of this evolving pandemic in Uganda, and we will appreciate your cooperation in stemming the spread of the pandemic.

The Bureau would wish to further highlight to you the following key issues for your attention.

**HEALTH FACILITY PREPAREDNESS & RESPONSE;**

The UCMB urges all accredited health facilities, in accordance with MoH guidelines to set up preparedness and response teams at health facility—which would constitute a core 3 – 5 member team—including the facility leadership.

The Health Facility COVID-19 Preparedness & Response Team shall among others, plan, and budget accordingly—for preparedness and management in the event of a suspect or a confirmed case of corona viral infection, and liaise promptly and regularly with the local District Health Management Teams (specifically the District Health Officer (DHO) or his/her designate).

- 1) While we cannot commit to the success, the UCMB will engage and liaise with MoH and any other possible partners to explore the possibility and availability of Personal Protective Equipment Sets (PPEs—incl. *gowns, gloves, goggles/face-protectors, boots & N95 masks* etc.)—either at a subsidized cost supplied through Joint Medical Store (JMS) or a limited amount of PPEs availed freely to high-risk (high-volume OPD UCMB facilities, and international border facilities). We shall update you of any progress made.

In any case, it is encouraged that individual health facilities closely engage with local district health authorities for this support.

Alternate supply mechanisms for PPEs, with support of local or international partners shall continue to be explored by the Bureau but we also wish to encourage Diocesan Health Offices to explore the same avenues.

- 2) The Bureau wishes to urge all health facilities to fully and extensively disseminate MoH Information, Education & Communication (IEC) materials on COVID-19.

It is important that ALL health facility staffs are appropriately aware with the correct and validated information on COVI-19 for their personal protection and disease prevention and for sharing within their respective communities. There are lots of *conflicting, some misleading and others sensational* information on COVID-19 which is not only dangerous but may perpetuate the spread of the disease at a great disadvantage of the communities you serve. In this regard I have forwarded to all hospitals and Diocesan Health Coordinators the training material from Ministry of Health which have been put together with materials from WHO, CDC and other partners.

- 3) Please note that front-line health workers may or could be the primary vectors of COVID-19 transmission to their families and communities, and will therefore require basic and appropriate but adequate personal protection. Moreover, it is imperative to keep in mind that if a **significant number** of facility personnel are placed on either self – or mandatory quarantine following suspected corona virus exposure for a period of 2 weeks, this may adversely affect the holistic quality of care at the health facility—including clinical service disruptions. It is therefore important that the facility leadership aggressively protects their personnel from risky exposure and/or infection to Corona viral infection.

Intensify infection control and prevention practices at the health facility level—such as basic hand hygiene and cleaning, encourage ‘social distancing’ at the clinics—at waiting rooms and areas which are ordinarily congested, and for clinics with chronic care clients—Diabetes Mellitus, Hypertension and HIV clients etc.—extended review dates may be provided.

- 4) In view of the above it is advisable to avoid unnecessary admissions of patients, especially the vulnerable ones unless really necessary as the congestion in a health facility may further increase their risk of exposure.

#### **SUSPECTED CASES:**

As part of the UCMB's guidance to preparedness and response, it is advised that hospitals and high-volume health facilities dedicate isolation units for suspected cases. All cases are to be reported to the District Health Management Team (or to the District Health Officer)—who shall arrange for sample collection, appropriate handling and transportation to the respective hubs for onward transmission to the National Virology Testing Laboratory (the Uganda Virus Research Institute).

The following shall be observed by all UCMB accredited health facilities;

- a) Avoid Panic referral of suspected cases. Communicate at all times with the District Health official designated for coordination.
- b) Ensure total privacy & confidentiality for suspected cases, keeping in mind our valued principle of “Respect and Dignity for the Human Person”. As already implied before, this confidentiality does not mean concealment of the case.
- c) Desist from taking and/or sharing photos of suspected cases. As you are aware, this is a breach of patient confidentiality and should never happen in any Catholic Church affiliated health facility.
- d) Staff **should not allow** client relatives and friends to take pictures of suspected cases.
- e) In case a health facility does not have an isolation quarantine unit, it should support clients to “self-quarantine” and IMMEDIATELY report the case to the District Health Official designated. Remember self-quarantine is only for suspected cases. However if the index of suspicion is high e.g. the person is known to have been in contact with a confirmed corona virus case or has returned from a travel to a place with cases of the disease within the last two weeks etc, the client must be kept in some temporary isolation. This therefore, nonetheless, calls for immediate identification of space at least for such temporary isolation.
- f) Just know that majority of confirmed cases of COVID 19 patients may not need Intensive Care Units (ICU) but may need High Dependency Units for supportive treatment. Other cases may be milder, while the majority may simply be like ordinary cough and flue. Nonetheless, they will need to be isolated. It is therefore important that each hospital identifies some place for the isolation of clinical cases.
- g) Please link with the District Health Department to get guidance of how suspected cases from lower level health facilities may be handled to the hospitals.
- h) Continuously provide education on COVID-19 pandemic at all health facility service points, if necessary through community radios, and ensure to allay fears of the staffs and communities. The MoH is providing regular updates, it is important that the health facility COVID-19 team regularly updates the health facility personnel. We have been sharing with you a number of materials that are authentic. The latest are the training materials already referred to above. You are advised to use these materials to orient all staff of the health facilities on how to handle this situation.

- i) If a facility health worker is the suspected case, it is important that the health facility provides additional social/emotional support in addition to standard care in accordance to the guidelines.
- j) There is currently **no approved medication** of either suspected cases or confirmed cases. Adhere to the recommended syndromic support approaches for cases.
- k) Try as much as possible to reduce congestion of patients in lines, wards and other places on the compound of the facilities. This also applies to care takers or attendants of the patients.
- l) Ensure presence of hand washing facilities in as many places within the facilities as possible so that care takers of patients and staff wash their hands with soap and water as frequently as possible between activities or touching items or surfaces that may potentially be infected.
- m) As already emphasized by government, discourage staff, family members of the staff from non-essential travels even to the neighborhoods. As much as possible, they should try to stock essential items in the house, including non-perishable food.
- n) Use of masks is good. However, it is important to know that in situations of shortage, it is more important for masks to be used by people who have flu-like illnesses and cough than by those who are not sick. This enables the ones who are sick not to spread to others. However, it may not be easy to get the commercially produced face masks because of the currently very high demands. It may therefore be useful to make local masks that are frequently washed and ironed before use.
- o) Please remind staff and clients alike about the importance of not touching the eyes, picking the nose and unnecessary touch of the mouth, as these are the entry points of the virus.

#### **SOURCES OF INFORMATION;**

Latest information on the National Daily Updates on the COVID-19 outbreak in Uganda is available on the **Ministry of Health** Website and international updates from the World Health Organisation (WHO) website, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

It is important that local updates on the COVID-19 outbreak are validated and corroborated with the District Health Officials.

The UCMB website ([www.ucmb.co.ug](http://www.ucmb.co.ug).) shall provide updates on the outbreak as it unfolds, and implication on service delivery and operations as appropriate.

#### **CROSS-CUTTING SUPPORT;**

The Uganda Catholic Medical Bureau shall continue to engage and collaboratively work with the Ministry of Health and other partners to support interventions and initiatives aimed at flattening the COVID-19 curve, including its impact on service delivery.

We will communicate appropriately to you as soon as we receive any support that can help you address any local issues related to the COVID-19 pandemic.

In the meantime, we urge you to remain calm with the assurance of Christ's saving power for Uganda.

It is imperative that in this time of crisis, UCMB-accredited health facilities do not lose the opportunity to share Christ's Redemptive Suffering and Love.

Dr. Sam Orochi Orach  
EXECUTIVE SECRETARY

