ANGOLA: MARBURG HAEMORRHAGIC FEVER OUTBREAK

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In Brief

CHF 65,000 HAS BEEN ALLOCATED FROM THE FEDERATION’S DISASTER RELIEF EMERGENCY FUND (DREF) TO RESPOND TO THIS OPERATION. UNEARMARKED FUNDS TO REPAY DREF ARE ENCOURAGED.

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For longer-term programmes, please refer to the Federation’s 2005 Annual Appeal for Angola, no. 05AA008 - http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA008.pdf.

The situation

Angola continues to respond to an epidemic of Marburg hemorrhagic fever. (Marburg fever fever is closely related to Ebola hemorrhagic fever). The first cases were reported in Uige province in October 2004. As of 9 April, 214 cases have been reported with 194 fatalities; this compares with 163 cases and 150 deaths as of 2 April. Cases have been identified in Uige, Luanda, Cabinda, Malange, and Kuanza Norte provinces. Uige remains the epicentre of the
outbreak, with 90 per cent of cases. To date, all cases detected in other provinces are thought to have originated in Uige. (Source: WHO, Marburg hemorrhagic fever in Angola, Update 10).

Angolan sanitation authorities, in collaboration with WHO and CDC, have established a surveillance system in Luanda, Cabinda and Zaire provinces. The epidemiologic surveillance systems in Bengo, Malange and Kwanza-Norte have been put on high alert; these are considered high risk areas due to their proximity to Uige province. The capacity of the Ministry of Health (MINSA) to implement outbreak control and to enhance surveillance and data collection is hampered by lack of trained human resources, lack of personal protective equipment and supplies, limited information systems to deal with case finding and contact tracing, and limited technical and operational coordination and logistics.

As well, neighbouring countries have placed their health services on high alert: South Africa, Namibia and Zambia have activated their health emergency response to a possible outbreak of the fever.¹ There are also unconfirmed reports that the border crossings between Angola and the Democratic Republic of the Congo are closed in an effort to stop the potential spread of the epidemic.

Coordination
MINSA is responsible for coordinating the national response to the Marburg epidemic. MINSA and Angola Red Cross ² operate under a cooperation agreement, signed in 1996. This agreement stipulates priority areas for coordination; the assistance and protection of the population during an epidemic caused by natural disaster is one such priority area. Angola Red Cross is also a member of the National Civil Protection Commission, which met most recently on 7 April and finalized a plan of action to control the spread of Marburg fever.

MINSA and its partners (WHO, UNICEF, CDC, and MSF) have created a National Technical Commission to combat the Marburg epidemic. This commission has strengthened coordination mechanisms in the areas of logistics, epidemiology, and social mobilization to prevent the further spread of the epidemic, and to direct isolation and treatment interventions in Uige, Luanda, and other locations where there are now confirmed or suspected cases. At national level, the Angola Red Cross is a member of the social mobilization sub-commissions; two national society staff are permanent members and participate in all meetings.

Red Cross and Red Crescent action
Angola Red Cross has more than 40 volunteers working together with MINSA staff and volunteers in disseminating information and advice on prevention and control to Uige population. The provincial secretary of the national society is part of the inter-sectorial emergency commission and participated at all coordination meeting in Uige. Angola Red Cross delivered medical supplies for the provincial hospital in Uige branch.

The Uige branch/delegation president is working with the sub-commission of mobilization at provincial level in sensitization about the danger and measures of preventing the spread of Marburg fever. The Uige branch volunteers were part of the more than 500 activist trained and mobilized by MINSA to conduct a door-to-door campaign in the province. The training aims to ensure that effective messages and means of prevention reach all areas of the province, including remote and hard-to-reach regions. Currently more than 445 door-to-door visits have reached over 2,000 beneficiaries.

The Red Cross branches in the high-risk areas of Bengo, Cabinda, Zaire, Malange and Kwanza Norte are working with local MINSA authorities. These branches are conducting information dissemination activities, community education, public talks at markets and schools in collaboration with community and church leaders and traditional healers.

¹ Source: UN-OCHA Integrated Regional Information Network (IRIN), as published by Reuters AlertNet 11 April 2005.
² Angola Red Cross – http://www.ifrc.org/where/country/check.asp?countryid=18
The Needs
A specialized medical technician will need to be deployed to the affected area to provide on-site support to Angola Red Cross branch. Federation Regional Delegation in Harare is currently organizing deployment of the medical technician with support from Africa Department in Geneva secretariat.

Currently, Angola Red Cross requires assistance and support for the implementation of social mobilization activities in other provinces. The national society needs to provide its volunteers in the other provinces with disinfectant, protective materials (boots, gloves, overalls, etc.), transport, information/dissemination materials and meals.

Immediate needs
The Angola Red Cross is implementing a three-month operation to support 50,000 beneficiaries, primarily through supporting the health facilities and through dissemination and awareness activities. The following items are urgently needed:

- Re-hydration products.
- Pulveriser, boots, masks, overall, gloves etc.
- Chlorine for water chlorination.
- Disinfectant detergent for hands.
- Megaphone for dissemination/awareness activities.
- Per Diem and transport support for volunteers during mobilization/dissemination activities.

Budget Summary
CHF 65,000 has been allocated from the Federation DREF. This will be used for operational materials (i.e. above), for operational support costs (i.e. volunteers), for coordination (i.e. health delegate, PSR), for technical support (i.e. medical specialist), and for other sundry cost not indicated here.

The Federation does not at this time anticipate further needs. Un-earmarked funds to repay DREF are encouraged.

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