

MINOR EMERGENCY



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ANGOLA: MARBURG HEMORRHAGIC FEVER OUTBREAK

no. 05ME021
05 April 2005

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In Brief

CHF 65,000 (USD 54,200 or EUR 42,000) 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 is currently experiencing an outbreak of Marburg hemorrhagic fever. The first cases were reported in Uige province in October 2004. As of 2 April, the Angola Ministry of Health (MINSa) has reported 163 cases with 150 fatalities. Cases have been identified in Uige, Luanda, Cabinda, Malange, and Kuanza Norte provinces. Uige remains the epicentre of the outbreak. To date, all cases detected in other provinces are thought to have originated in Uige. (Source: WHO, Marburg hemorrhagic fever in Angola, Update 6). See table, page 2.

Angola: Marburg hemorrhagic fever outbreak; Minor Emergency no. 05ME021

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.

Reported cases of Marburg hemorrhagic fever October 2004 to March 2005

Month Year	Cases reported	Deaths reported
October 2004	3	3
November 2004	4	4
December 2004	7	7
January 2005	20	20
February 2005	31	30
March 2005	53	47
Sub-Total, Uige province	118	111
Cases from other provinces	22	21
TOTAL	140	132

Note 1: Data above does not reflect April information. See text above.

Note 2: Mortality is in excess of 94%.

Note 3: After an incubation period of 5-10 days, the onset of the disease is sudden and marked by fever, chills, headache, and myalgia. Around the fifth day after the onset of symptoms, a maculopapular rash, most prominent on the trunk (chest, back, stomach) may occur. Nausea, vomiting, chest pain, sore throat, abdominal pain and diarrhea may then appear.

Coordination

The Angola Ministry of Health (MINSA) and Angola Red Cross¹ 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 29 March in Luanda; a plan of action is being completed with measures to restrain the spread of Marburg virus.

Under the joint coordination MINSA and WHO, mobile surveillance teams have been established and are investigating reports of additional cases in Uige province; these teams are also supported by MSF-Holland. A mobile field laboratory provided by the Canadian National Microbiology Laboratory has been set up in Uige (31 March). A dedicated isolation facility, operated by MSF-Spain, is prepared to receive further cases that may be identified by the mobile surveillance teams.

WHO has dispatched a further 500 kg of personal protective equipment and other supplies to assist in the immediate improvement of infection control in hospitals and the protection of 'front-line' staff. To facilitate real-time coordination of response operations and expedited information flow, WHO has dispatched mobile communication field kits.

In Luanda, international NGO's have held regular coordination meetings with the Luanda provincial health authority to plan the response to possible Marburg cases in Luanda city.

¹ Angola Red Cross – <http://www.ifrc.org/where/country/check.asp?countryid=18>

Red Cross and Red Crescent action

Since 20 March, 40 Angola Red Cross volunteers are working alongside MINSA staff and volunteers, and are disseminating information to Uige citizens about the fever and its prevention. The Angola Red Cross provincial secretary is a member of the inter-sectoral emergency commission, and has been an active participant in all coordination meetings in Uige. The Angola Red Cross president sent medicines to Uige branch, in support of the provincial hospital: aspirins, disinfectant alcohol, gauze, paracetamol, physiologic ORS, dextrose ORS, and syringes.

The Uige branch/delegation president is working with the Commission of Mobilization and Sensitization about the danger of disease and measures of prevention. Within this commission, the provincial health coordinator, as coordinator of the technical health commission, will ensure follow-up on activities.

The Angola Red Cross branches in Bengo, Cabinda, Zaire, Malange and Kwanza Norte are working with MINSA local authorities in information dissemination; house-to-house visits ensure good dissemination of the risks of Marburg fever. These ARC/Branches are carrying on information activities and community education, working with communities leaders, traditional healers, church leaders, running lectures at public places, markets and schools about the disease.

The Federation health delegate in Angola has been working closely with the national society to ensure consistent support to volunteers in their prevention activities in Uige branch.

The Needs

A specialized medical technician will need to be deployed to the affected area to provide on-site support to Angola Red Cross branches and volunteers; the Federation Regional Delegation in Harare is currently organizing this in conjunction with the Geneva Africa Department.

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

Immediate needs

The Angola Red Cross foresees 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 costs not indicated here. The Federation does not at this time anticipate further needs. Unearmarked funds to repay DREF are encouraged.

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