



## UGANDA: MARBURG FEVER OUTBREAK

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*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

### In Brief

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 129,275 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 9 August 2007 to respond to the needs in this operation. This operation is targeting to reach 1.32 million people in Kabarole, Kampala, Kamwenge, Kayunga/Mukono and Mbarara districts over 3 months. It will be completed by 12 November 2007; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

### Background and Current Situation

Uganda's Ministry of Health (MoH) has confirmed an outbreak of Marburg haemorrhagic fever (MHF)<sup>1</sup> in Kitaka goldmine, located in the Kakasi forest reserve, Kamwenge district, western Uganda. Reports from the Ministry indicate that two cases, with one death, were reported on 14 July 2007. The second case is under treatment and close monitoring. According to the World Health Organization (WHO), the disease was confirmed by laboratory diagnosis on 30 July 2007. Six more suspected cases have been identified in the same community and the infected are undergoing treatment at Kicheche Health Centre and are being monitored by the district health taskforce team. Fifty local miners residing in Kitaka are also being closely monitored. The mine has been closed until further notice.

There is fear of at least 47 suspected cases in Kampala as a result of secondary transmission/contact from the first infected person who traveled to Kampala where he was being treated before his death. There are further fears of the potential spread of the disease in Kayunga district since some gold miners from Kitaka traveled back to their homes in Kayunga. This scenario puts the neighbouring districts of Mbarara, Kabarole and Mukono at high risk. This viral infection can be traced back to 1977, when it affected 19 people in Nakibembe village in Busesa Bugiri district.

### Red Cross and Red Crescent Action

The Government/MoH and WHO have established a national taskforce comprised of both national and international experts, of which Uganda Red Cross Society (URCS) is a member. The National Society is participating in taskforce meetings organized by WHO and MoH in Kampala, and at the district level with the District Director of Health Services. The Red Cross Action Team is on standby in the affected districts and Red Cross branches are closely monitoring the situation.

The MoH has mobilized national rapid response teams to the area, supported by WHO and other partners in the field, to investigate the cause of the outbreak. Laboratory investigations are being supported by the Uganda Virology Research Institute, the Kenya Medical Research Institute and the Centres for Disease Control and Prevention, Atlanta – where the definitive laboratory diagnosis of MHF was conducted. An isolation unit has been established at Mulago National Referral Hospital. Health workers in Kayunga district have been put on alert and have set up an isolation unit, should there be any cases identified.

<sup>1</sup> Marburg haemorrhagic fever is a severe and highly fatal disease caused by a virus from the same family as the one that causes Ebola haemorrhagic fever. The illness caused by this virus begins with severe headaches, muscle pains, severe watery diarrhoea, abdominal pains, nausea and vomiting, accompanied by bleeding. The transmission of the virus is limited to close contact with blood/body fluids of the infected person with the incubation period of the virus (5-10 days).

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MoH has requested WHO to coordinate international assistance to support its response and containment activities. WHO, along with partners in the Global Outbreak Alert and Response Network (GOARN), will also be providing ongoing support in epidemiology, ecological studies, field communications, supplies and logistics. The containment and control measures that have been implemented by MoH to date are in accordance with international best practice. WHO has advised that there is no indication of the need for any restrictions on travel or trade with Uganda.

### **The needs**

There is lack of community level skills for managing MHF among the few health workers in the affected districts. To address this gap, Red Cross volunteers need to be trained to support health workers in community sensitization, case tracing and follow up of suspected cases, should the situation deteriorate. Protective gear (gum boots, gloves, overalls and face masks) and disinfectants are required to prevent the volunteers from contracting the disease. Information, education and communication (IEC) material are not readily available for community sensitization, while medical supplies – particularly intravenous fluids and antibiotics – are in short supply. There is a need to support the isolation units with blankets, disinfectants, intravenous fluids, basins and tents.

### **Proposed plan of action**

The Uganda Red Cross Society, with support from the International Federation, will implement an operation based on the identified needs resulting from the assessment of the situation over a 3-month period. The operation will cover Kabarole, Kampala (the 5 administrative divisions of Kampala central, Kawempe, Makindye, Nakawa and Rubaga), Kamwenge, Kayunga/Mukono and Mbarara, with a target population of 1,320,000 people. The intervention will involve door-to-door sensitization on causes, signs and symptoms, prevention methods and effects of MHF, health and hygiene education. It will also include active case identification at household level and referral by the volunteers using the ambulance centres. Community meetings will also be used as forums for sensitizing and educating the community.

**Goal: To prevent the spread of Marburg haemorrhagic fever in Uganda.**

**Objective: To mitigate the spread of Marburg haemorrhagic fever among 1,320,000 most vulnerable people in Kabarole, Kampala, Kamwenge, Kayunga/Mukono and Mbarara districts for 3 months.**

**Specific objective 1: To train URCS volunteers in basic management of Marburg haemorrhagic fever.**

#### **Planned activity:**

- Train at least 450 URCS volunteers on causes, signs and symptoms, prevention methods and effects of Marburg haemorrhagic fever.

#### **Expected result:**

- Basic knowledge about Marburg haemorrhagic fever among the Red Cross volunteers has increased.

**Specific objective 2: To equip URCS volunteers with IEC material on preventive measures against Marburg haemorrhagic fever for community awareness and sensitization.**

#### **Planned activities:**

- Print and distribute IEC materials for dissemination among the communities;
- Mobilize 450 volunteers for door-to-door sensitization of targeted communities on Marburg haemorrhagic fever transmission;
- Conduct public health education and hygiene promotion;
- Procure and distribute disinfectants;
- Equip isolation units with non-food items for infected persons;
- Advocate for provision of curative services by the Ministry of Health in areas lacking these services.

#### **Expected result:**

- Marburg haemorrhagic fever cases in the community/household level are identified and referred to the nearest health facilities within the shortest time possible.

**Specific objective 3: To undertake a detailed assessment of the situation in the affected areas.**

**Planned activity:**

- Conduct an assessment exercise in Kabarole, Kampala (the 5 administrative divisions of Kampala central, Kawempe, Makindye, Nakawa and Rubaga) Kamwenge, Kayunga/Mukono and Mbarara districts.

**Expected result:**

- Long-term prevention measures are established for potential future outbreaks.

**Coordination**

The overall management, monitoring and evaluation of the operation will be done by the National Society's disaster management team, with technical assistance from the health team. Logistical support will also be provided to the volunteers. Coordination will be at national, regional and local levels with all other stakeholders, including the Government (through the MoH and branch District Directorate of Health Services) for technical support and standardization of approaches. URCS staff and volunteers in the respective branches will implement the operation with technical support from the Federation Eastern Africa Zonal Office in Nairobi. The URCS will continue to attend coordination meetings, sharing information and experience.

**How we work**

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

**The Federation's Global Agenda**

The International Federation's activities are aligned with under a Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

**Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

**Contact information**

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