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# Information bulletin

## Uganda: Ebola outbreak

 International Federation  
of Red Cross and Red Crescent Societies

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### Information Bulletin n° 2

#### 30 July 2012

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**This bulletin is being issued for information only and reflects the current situation and details available at this time. The International Federation of Red Cross and Red Crescent Societies (IFRC) is not seeking funding or other assistance from donors for this operation.**

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## The situation

According to the Ministry of Health of Uganda, the first case of Ebola was reported in Kagadi hospital on July 7, 2012 and since then, there have been 27 confirmed cases in total, the last two new cases within the last 48 hours. As of this morning (July 30th, 2012), there are 7 patients currently admitted within the isolation facility of Kagadi Hospital, 5 of which are new admissions, all with epidemiological linkages to previous probable cases/deaths. So far, there has been 14 deaths (9 from the same family where the index case so far seems to have come from).

There are fears that the disease may have spread beyond Kibaale District. A patient who escaped the isolation ward two days ago has been retrieved and re-admitted. Also according to the same ministry, 7 samples have been collected (4 from new cases and 3 from convalescent cases) and have been shipped to the national laboratory at Uganda Virus Research Institute in Entebbe. One of the confirmed cases died in Mulago Hospital, prompting follow-up of all the health workers and other people who came into contact with that particular patient – none of them has so far come up with the disease.

The symptoms presented by people affected by this particular outbreak of Ebola are somewhat different from those of the past (for example, there was no haemorrhage in most cases), which made some people to think initially that the outbreak was cholera, another disease that is also currently quite active in the area.

There is an urgent need for communication/social mobilization capacity to strengthen public information and social mobilization. At the moment, follow-up is still not adequate. There is a serious need for an adequate surveillance mechanism and resources, which could allow for a proper follow-up of all the contact cases for 21 days. The extent of the epidemic is still unknown, therefore the epidemic is not contained. There is a high demand of Personal Protective Equipment (PPE) and medical supplies – demands that currently are being met; yet additional stock may be required.

The coordination mechanism at field level has yet to gather momentum and needs improvement. For example, there have been challenges in jump-starting public awareness campaigns, surveillance efforts, and tracking, among other activities. There are insufficient means of transport for patients and of surveillance teams and this has been highlighted during coordination meetings at Kampala (headquarters) level. Information to the public is another clear need that has been identified. Patients in the isolation units are also in need of food while it has been reported that Isolation facilities lack toilets.

According to the Ministry of Health, there is urgent need for more experts to beef up response to the outbreak with priority to epidemiologists to update the epidemiological information on cases, active case search, contact listing and follow-up and communication experts to enhance public information.

## Red Cross and Red Crescent action

Uganda Red Cross Society (URCS) has mobilized a team from the national headquarters that is currently in the area and will support the field team of staff and volunteers. This is expected to be expanded according to needs on the ground.

At the same time, the National Society is finalizing a Disaster Relief Emergency Fund (DREF) that will allow Uganda RCS to: train and deploy 100 volunteers<sup>1</sup> on public awareness campaigns (including house-to-house), case tracking, surveillance and direct support to families affected by the disease with non-food items (to only families whose household items will need to be destroyed as part of the management of the disease) psychosocial support (to help families and communities deal with stigma and discrimination that is typically attached to this disease); and support to case management (procurement of Personal Protection Equipment, body bags, etc.). The DREF will, thus, enable URCS to provide immediate assistance to about 1.6m indirect beneficiaries through community sensitization and community disease surveillance.

URCS has benefited from technical support from the IFRC East Africa regional office through the visit of the Disaster Management and health coordinators to URCS.

## Coordination and Partnerships

URCS is working closely with the Ministry of Health and other agencies that are active on the ground including WHO, Center for Disease Control (CDC), MSF Holland, Africa Epidemic Network (AFINET), World Vision and Uganda Red Cross Society.

The Director General of Health Services led a delegation of senior officials from the Ministry of Health of Uganda and the World Health Organization (WHO) to the affected district. The delegation held a meeting with the district task force and health workers. The mission was intended to assess the situation on the ground; support district response and build confidence of the healthcare workers.

The Ministry of Health of Uganda has continued to coordinate activities, and will chair one Task Force meeting every day for the foreseeable future during the epidemic period. The Ministry of Health is coordinating efforts to finalize the case definition, which will allow agencies to focus their efforts in treatment and public information campaigns. The Government of Uganda is in discussions with the World Food Programme (WFP) on the provision of food to patients who are in isolation.

Some PPE has been provided by WHO and some by Medecins Sans Frontiers (MSF). Already, URCS has dispatched these items to Kibaale to support the case management team and URCS volunteers with their work on ground as they also protect themselves against the fever.

MSF Holland arrived in the district to prepare the ground for an isolation unit that they are planning to set up in the area. This should be up and running by Tuesday, July 31 2012.

## Contact information

### For further information specifically related to this operation please contact:

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<sup>1</sup> The Uganda Red Cross Society (URCS) has already mobilized the 100 volunteers

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All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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