



## UGANDA: MENINGITIS

No. MDRUG004

28 February 2007

*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 69,000 (USD 55,200 or EUR 42,593) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 20 February 2007 to respond to the needs in this operation. This operation is expected to be implemented over three months, and will be completed by 20 May 2007; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

[<Click here to go directly to the attached map>](#)

This operation is aligned with the International Federation's 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.

### Background and current situation

Since December 2006, a meningitis outbreak has been ravaging Uganda's north western districts of the West Nile Region. On 19 February 2007, the Uganda Red Cross Society (URCS) reported a total of 2,728 cases, with 100 deaths in Arua/Maracha-Terego, Adjumani, Yumbe, Koboko, Nebbi and Moyo districts. 147 cases were also reported in the north eastern districts of Kotido, Moroto and Nakapiripit in Karamoja area.

The two strains of meningitis detected include sero-group A and sero-group X. While sero-group A can be controlled through immunization (and is predominant in the West Nile), the Karamoja area is dominated by sero-group X that cannot be controlled through immunization. There are also unconfirmed reports of similar outbreaks in the neighbouring Southern Sudan and eastern Democratic Republic of Congo (DRC), according to the World Health Organization (WHO). Reports from the WHO indicate that Uganda falls within the traditional African 'Meningitis Belt' which includes 21 most vulnerable African countries.

### Red Cross and Red Crescent action

The Red Cross Action Teams (RCATs) in Adjumani and Arua branches are carrying out intensive awareness campaigns and social mobilization using the African Red Cross Health Initiative (ARCHI) 2010 toolkit for community volunteers. The teams continue to disseminate Ministry of Health's (MoH) case management guidelines to the community. The URCS branches are also monitoring the situation and volunteers have been mobilized for the immunization campaigns.

The Uganda Red Cross Society was allocated CHF 69,000 from the International Federation's Disaster Relief Emergency Fund (DREF) on 20 February 2007 to support its response to the health emergency for three months.

## **Coordination**

The URCS is represented in inter-agency coordination and information-sharing meetings. The Federation is also working closely with the URCS in the implementation of its response, as well as providing the lead in planning an integrated approach in handling reported cases of Meningitis in Sudan and the Democratic Republic of Congo.

The Uganda MoH, Médecins Sans Frontières (MSF) France and WHO are working together on case management for the identified cases. Social mobilization is being undertaken mainly by the United Nations Children's Fund (UNICEF) and MoH through IEC material distribution, the mass media and community sensitization. Active community surveillance is ongoing, although the efforts are inadequate due to the low staffing levels in the districts. The alert threshold has been set at 5 cases out of every 100,000 people while the action threshold is at 10 cases out of every 100,000 people in one week.

Vaccination has started in Arua District, spear-headed by MSF France. So far, a total of 14 sub-counties have been covered. However, having realized that the pace is too slow to contain the epidemic, a change in strategy has been agreed upon by all partners. At the time of reporting, a team including WHO, URCS, MSF and UNICEF was planning to travel to the affected districts in West Nile Region in the week starting 26 February for micro-planning. Mass vaccination campaigns in the five districts started on 24 February 2007, planned to last for one week.

## **The needs**

The URCS has been requested by the MoH to step up its strategies in community case identification of the sero-group X Meningitis. The URCS has also been urged to use its tracing and community mobilization strategies ahead of a mass vaccination exercise expected to begin on 28 February. In addition, the MoH has requested for information, education and communication (IEC) materials for community awareness purposes.

## **Plan of action**

The URCS has prepared a plan of action which includes training of 300 volunteers on the causes, signs and symptoms of meningitis and production of IEC materials to sustain awareness among communities. The URCS response will target the most vulnerable and hard to reach communities already affected or likely to be affected by meningitis in Adjumani, Arua, Koboko, Kotido and Moroto districts.

**Goal: To prevent and mitigate the spread of meningitis in Uganda.**

**Objective: To contribute to the reduction of the spread of meningitis among 500,000 most vulnerable people in Adjumani, Arua, Koboko, Kotido and Moroto districts for 3 months.**

**Specific objective 1: To provide 300 URCS volunteers with basic knowledge about the causes, signs and symptoms, prevention and effects of meningitis.**

### **Planned activity**

- Training of 300 URCS volunteers on detection and prevention of meningitis.

### **Expected result**

- URCS volunteers have acquired the knowledge and skills necessary to create awareness on meningitis among the target population.

**Specific objective 2: To facilitate the URCS volunteer's activities to reach the target population with correct information on preventive measures against meningitis.**

### **Planned activity**

- Printing and distribution of IEC materials targeting 500,000 people.

### **Expected result**

- 300 URCS volunteers have reached 500,000 people with correct information on preventive measures against meningitis.

**Specific objective 3: To create awareness among the target population about the signs and symptoms of meningitis and promptly report meningitis cases to relevant authorities.**

**Planned activities**

- Carrying out an integrated approach on cross-border market days.
- Conducting door-to-door sensitization.
- Monitoring and evaluation.
- Setting up a community-based early warning and reporting system.

**Expected result**

- Meningitis cases in the community/household level are identified and referred to the nearest health facility within the shortest time possible.

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

- **In Uganda:** Alice Anukur, Secretary General, Uganda Red Cross Society, Kampala; Email [sgurcs@redcrossug.org](mailto:sgurcs@redcrossug.org); Phone +256.41.258.701; Fax +256.41.258.184
- **In Kenya:** Esther Okwanga, Federation Head of East Africa Sub-Regional Office, Nairobi; Email: [esther.okwanga@ifrc.org](mailto:esther.okwanga@ifrc.org); Phone +254.20.283.52.53; Fax +254.20.271.27.77
- **In Kenya:** Per Jensnäs, Federation Head of Eastern Africa Regional Delegation, Nairobi; Email: [per.jensnaes@ifrc.org](mailto:per.jensnaes@ifrc.org); phone +254.20.283.51.24; fax +254.20.271.27.77
- **In Kenya:** Youcef Ait Chellouche, Acting Disaster Management Coordinator, Nairobi; Email: [youcef.aitchellouche@ifrc.org](mailto:youcef.aitchellouche@ifrc.org); phone +254.20.283.52.11; fax +254.20.271.50.87
- **In Geneva:** Amna Al Ahmar, Federation Regional Officer for Eastern Africa, Africa Dept.; Email: [amna.alahmar@ifrc.org](mailto:amna.alahmar@ifrc.org); phone +41.22.730.44.27; fax +41.22.733.03.95

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 longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

[<Map below; click here to return to the title page>](#)



# Uganda: Cholera outbreak

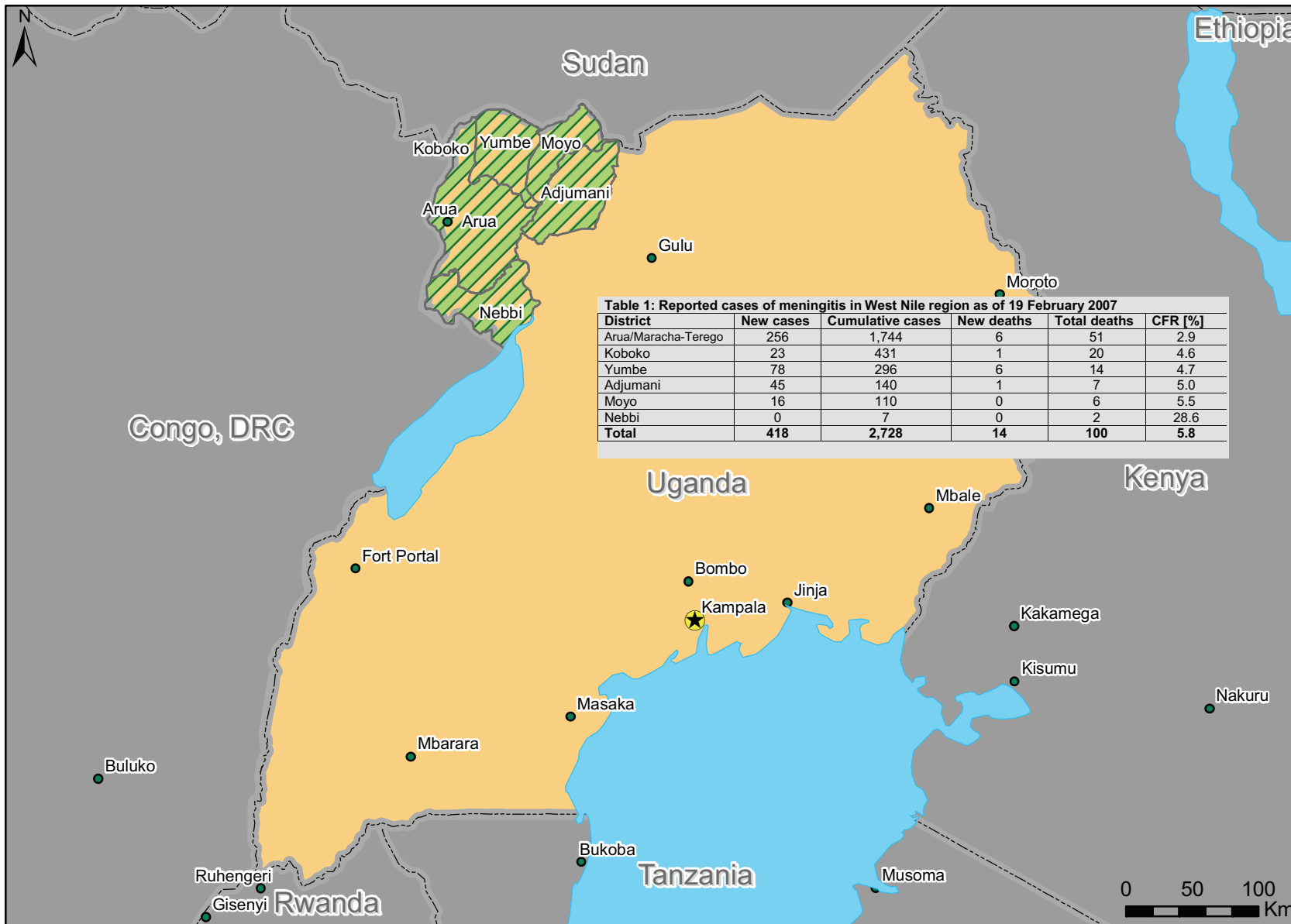
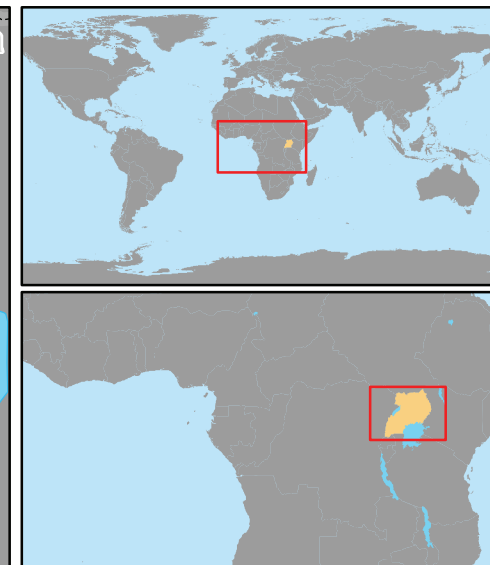
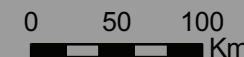


Table 1: Reported cases of meningitis in West Nile region as of 19 February 2007

District	New cases	Cumulative cases	New deaths	Total deaths	CFR [%]
Arua/Maracha-Terego	256	1,744	6	51	2.9
Koboko	23	431	1	20	4.6
Yumbe	78	296	6	14	4.7
Adjumani	45	140	1	7	5.0
Moyo	16	110	0	6	5.5
Nebbi	0	7	0	2	28.6
<b>Total</b>	<b>418</b>	<b>2,728</b>	<b>14</b>	<b>100</b>	<b>5.8</b>



- Main cities
- ★ Capitales
- ▨ Affected districts



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, GIST, Federation