

UGANDA: EBOLA OUTBREAK

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The Disaster

An outbreak of Ebola Haemorrhagic Fever was confirmed by the Uganda Health Ministry on Saturday 14th October 2000 in Gulu district in northern Uganda. By 14th November 2000, 329 persons had been reported infected with the disease, out of whom 110 had died. The epidemic has spread to three other districts. In Mbarara, 4 cases and all dead; in Masindi, 4 cases and all dead. In Gulu district, more than 150 people have been traced as contacts to the deceased.

From the outset of the epidemic, the Uganda Red Cross Society (URCS) supported by the International Federation and the International Committee of the Red Cross (ICRC), has been mobilising its resources to fight the further spread of the deadly disease. This mobilisation has taken place in both the affected districts and surrounding areas together with a nationwide alert. A joint URCS, Federation and ICRC Task Force is working closely with the Ministry of Health and World Health Organisation (WHO) to coordinate local and international efforts to provide protective wear, antiseptics, ambulance and transport and personnel. More than 100 Red Cross volunteers are disseminating information about the disease and its transmission to vulnerable communities in the densely populated and conflict affected districts of northern Uganda, Kampala, Mbarara and Masindi.

Ebola is a highly contagious and deadly disease for which there is no known cure and which kills up to 90% of all persons exposed to it. Its symptoms are manifested in high fever, headache, muscular pain, diarrhoea, failure to pass urine and massive haemorrhaging with uncontrollable bleeding from all body orifices.

The Response so far

The Government and the WHO carried out a comprehensive needs assessment in the affected Gulu Districts and nationals. The URCS, Federation and ICRC complement the overall response coordinated by the Ministry of Health, together with the WHO, at national and district levels. The national task force, meets daily at the Ministry of Health Headquarters. The URCS, the ICRC, and other partners attend the meetings. At district level, there are daily task force meetings as well.

The Government has appealed to donors to provide support for its response to the crisis. Several donors have responded with cash and in-kind contributions as follows;

- Chinese Red Cross USD 30,000
- British Red Cross CHF 34,000
- Danish Red Cross CHF 23,000
- German Red Cross DM 20,000
- Spanish Red Cross USD 25,000
- American Red Cross USD 5,000
- Norwegian Red Cross has pledged USD 30,000
- USAID - Uganda has pledged USD 25,000

The Government made an initial allocation of USH 500 million (approximately USD 275,000) to the Ministry of Health.

The Ministry of Health provides medical services for ebola victims, conducts surveillance and co-ordinates preventive and health education activities. The Ministry of Health has further instructed that all Ebola 'deaths' be buried immediately - by the police or army in communal backgrounds and that no cultural practices, such as the washing of bodies, be carried out. Special protective wear and safety equipment has been distributed to those directly handling the diseased victims and the dead bodies.

Red Cross/Red Crescent Action

Volunteers from the URCS are playing a crucial role in controlling the further spread of the virus. Fifty volunteers from Gulu branch, trained by the Health Ministry and WHO, make daily outreaches to affected communities in Gulu district. They disseminate information from house-to-house and assist in identifying possible cases, occasionally summoning an ambulance from the Health Ministry to collect potential Ebola patients. URCS has conducted a one-day coordination and planning workshop for Branch field officers from each of the 9 districts surrounding Gulu. A workshop was held by the public health (Ebola) specialist (seconded to the Federation by the Danish Red Cross) for all volunteers involved in the dissemination/identification process, and a group of volunteers who have trained to work as counsellors, to assist the reintegration process of those who have recovered from Ebola. In Mbarara District, 18 volunteers are in the field, Kampala district, 46 volunteers have been trained and are already in the field. A URCS ambulance mans the stand by isolation unit in Kampala.

The URCS provided 4 hospital tents and 10 tarpaulins to assist in the isolation of those afflicted with Ebola at the Gulu hospitals. Stretchers, chlorine, knapsack sprayers and a vehicle have also been made available to the branch.

The Federation has supplied radio communications equipment in the operations area. The public health specialist from the Federation has given training to ensure better preparedness in meeting any future spread of the disease and psychological and support to volunteers. Bicycles are also to be provided to volunteers in Gulu municipality, so that they can easily access communities with poor roads.

The ICRC has contributed drugs, IV fluids, gloves, hygiene materials and body bags to the Ministry of Health through World Health Organisation. Through its sub-delegation in Gulu, the ICRC has also provided communications equipment and two vehicles with fuel and drivers. The Danish, British, Norwegian, Chinese, Spanish and German Red Cross Societies have provided support including technical expertise, protective wear, and funding.

Other agencies' action

The international team of WHO experts in Gulu, some of whom have extended to other affected areas, has helped in containing the disease, trace the origin, strengthen capacity in Gulu and coordinate information management. MSF is involved in curative work, ferrying drugs, materials and experts to work on patients. World Vision has donated non-food items and mobilised 208 volunteers to be deployed for case search and locate suspected cases. USAID donated cash and sent six experts from the

American-based Centre for Disease Control (CDC). Additional support for laboratory services - set up in Lacor Hospital - and the burial of Ebola victims, has come from Germany. WFP is providing food in IDP camps, to patients in hospitals and to residents in areas where quarantine has been imposed. Many local NGOs have responded both on a national and district level.

Plan of Action

Over the six week emergency phase (14 October-30 November 2000), support will be maintained to the Health Ministry; the volunteers will continue health education to more than 200,000 people; further training will be given to approximately 1000 volunteers in community health education, information dissemination and tracing; pre-positioning at URCS headquarters of emergency stocks of protective wear, disinfectant, blankets, tents and other non-food items; printing and distribution of 10,000 information posters and leaflets in local languages; continued support from the Federation in technical assistance, training support and volunteer coordination and management; monitoring, reporting and evaluation activities.

A VHS video film is under production to document the Ebola Operation in Uganda for training and fundraising purposes. The Federation Delegation and URCS will publish practical guidelines for similar operations before the end of the year.

In the post emergency phase (1-31 December 2000), trained URCS volunteers will continue health education activities in communities, but shift from case and contact identification to explanation of cause and long-term prevention; assisting the discharged Ebola victims and families of the deceased to re-inforce community services, identification of counselling needs and rehabilitation services; replenishment of URCS emergency and stocks.

Needs

In addition to funds and materials to support ongoing URCS operations, contingency stocks are also needed which may be used to assist the Ministry of Health if supplies run short in Gulu district. The URCS Ebola operation will require financial support for the development and production of IEC materials, transport and communications, allowances for volunteers, administrative costs plus the production of training manuals and a video.

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