

# **UGANDA: CHOLERA**

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### ***The Disaster***

For the second time since December 1997, Uganda's capital city Kampala has been hit by a cholera epidemic. The most recent outbreak occurred between 5 - 30 January, 1999, with a total of 44 cases admitted to Mulago Hospital Cholera Treatment Centre (CTC). Of these cases, three died and 36 were eventually discharged. According to the Ugandan National Cholera Task Force, since 1997 there have been a cumulative number of 47,790 cholera cases throughout Uganda, with over 2,000 deaths.

In the Kampala district, cholera-infected victims have been traced to the Kisenyi, Kyebando, Kasubi Kanjansi, Natete, Luzira, Bweyegorere, Kansanga, Kalerwe and Kibuli areas. Surveys carried out in 8 of the affected areas reveal that poor household sanitary conditions and poor drainage systems which contaminate water storage facilities are largely the cause of the spread of the disease.

Outlying districts reporting cases of cholera are Kasese, Kabarole, Arua, Nebbi and Bundibugyo, all of which border the Democratic Republic of Congo (DRC) where cholera is prevalent. In addition, MSF-Holland has confirmed that a fresh cholera outbreak has also hit other isolated areas along the DRC-Uganda border. An assessment team has been sent to Masindi, Kabarole and Kananka to verify reports. A similar cholera outbreak hit 5 districts in the country last year as a result of the "El Nino" induced rains, claiming 611 deaths out of the some 10,000 cases reported country-wide. The Ugandan Red Cross Society (URCS) and the Federation have held discussions with MSF to consider coordination and strategies to address the problem. While no cases have been reported in the north of the country, MSF is monitoring developments.

### ***Red Cross/Red Crescent Action***

#### ***Government Action:***

The National Cholera Task Force (consisting of the Ministry of Health, Mulago Hospital, UN Agencies, the URCS and the Federation, and NGO's involved in cholera prevention and control) has resumed daily co-ordination meetings. The Task Force is charged with cholera surveillance, case management, community outreach, information education, and communication (IEC), sanitation and logistics.

#### ***Red Cross/Red Crescent Action***

A Cholera Treatment Centre has been set up at Old Mulago Hospital with staffing and basic facilities for case management. The government has also stepped up efforts on surveillance and a media campaign. The URCS has mobilised 50 volunteers who are carrying out health education, treatment of water sources with chlorine, and identification and referring/transporting cholera-related victims to Mulago Cholera Treatment Centre. The URCS has also donated 100 blankets, one hospital tent, 2 individual tents (used at the CTC), soap, plastic sheeting and chlorine powder.

The Federation's Delegation is providing administrative and logistical support, and has donated soap and jerry cans to the Mulago Hospital.

## *Needs*

The URCS has launched a local Appeal for a total of CHF 51,000 to provide water and sanitation/vector control chemicals, education materials, re-hydration salts, spray pumps and protective gear, as well as administrative costs for the operation. It is expected that this amount can be raised locally. Future efforts will include water source protection and construction of latrines.

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