

DREF bulletin update



International Federation
of Red Cross and Red Crescent Societies

Uganda: Marburg Fever Outbreak

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8 October 2007

Period covered by this Update: 20 August to 1 October 2007

Summary: CHF 129,275 was allocated from the Federation's DREF on 20 August 2007 to respond to the needs of this operation.

This operation is expected to be implemented for 3 months, and will be completed by 19 November 2007.

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Uganda Red Cross Society volunteers conduct a sensitization campaign.

Background and situation

Two cases of Marburg Haemorrhagic Fever (MHF), with one death, were confirmed by the Ugandan Ministry of Health (MoH) on 14 July 2007. The area affected is around Kitaka Gold Mine, Kamwenge District, located in western Uganda. Six other suspected MHF cases were identified within the district and directed to Kicheche Health centre. Two weeks later, the World Health Organization (WHO) declared a MHF outbreak in the area. Following the outbreak, it was feared that the disease could spread as far as Kayunga District due to movement patterns of gold miners between Kamwenge and Kayunga. The movement also put at risk other neighbouring districts such as Mbarara, Kabarole and Mukono.

The Government/MoH and WHO established a national taskforce comprised of both national and international experts, of which Uganda Red Cross Society (URCS) is a member. The National Task Force on MHF has been conducting follow-ups on 55 people who were reported to have had contact with the deceased. Upon conclusion of the follow-up programme on 5 August 2007, it was observed that they had not developed febrile illness, which is a symptom of Marburg Haemorrhagic Fever, and were therefore safe. However, field teams attached to the task force are still following up on the first case and those associated with the deceased whose laboratory results showed that they could have been infected. Additional follow-ups have been done in Kamwenge and Ibanda districts targeting 58 miners from Kitaka Gold Mine. Results have shown that these miners are safe. An additional 15 miners from the same locality have been screened and are still being monitored closely.

Health staff in regular contact with patients have also undergone thorough check-ups to ensure that infection rates remain as low as possible. Some eight health workers at Kuhumuro Health Centre in Kamwenge and 41 others at Ibanda Hospital who had contact with MHF patients have undergone medical screening as well. Follow-ups on 14 contact cases in Busana village of Kayunga District have been concluded and the area has been declared free of the disease. Meanwhile, the Kitaka Gold Mine has remained closed since the outbreak was declared. The Marburg Haemorrhagic Fever 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 Uganda Red Cross Society (URCS) has started implementing its plan of action following the allocation of CHF 129,275 from the International Federation's Disaster Relief Emergency Fund (DREF). In addition, the National Society actively participates in national task force meetings set up to control the epidemic. Through its branches within the affected areas, URCS is closely following up on contact cases with national and district task force teams.

Objectives, progress and impact and challenges

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.

Achievements

Expected result: Basic knowledge about Marburg haemorrhagic fever among the Red Cross volunteers has increased.

Between 6 August and 14 September 2007, a total of 450 URCS volunteers were trained in basic management of MHF. Nine Red Cross branches and one sub-branch were selected to provide the training. As shown in table 1 below, each branch has trained an average of 50 volunteers on signs and symptoms, prevention methods and effects of the disease. The training has improved the willingness of local health authorities to work closely with the URCS for the remaining duration of the operation.

Table 1: Training of volunteers in ten branches from 6 August to 14 September, 2007

District/Branch	3-day training		Overall benefits
	Volunteers	Training period	
Kamwenge	50	7 to 9 September	<ul style="list-style-type: none"> • Training compensated for limited resources at the disposal of district health authorities.
Kabarole	50	10 to 12 September	<ul style="list-style-type: none"> • Trained volunteers registered for URCS membership, increasing their commitment to use skills in achieving Red Cross objectives. • Team work between district health assistants and the URCS has improved.
Mbarara (Ibanda Sub-Branch)	50	8 to 10 September	<ul style="list-style-type: none"> • Local authorities have pledged to support office construction in Ibanda to improve close monitoring in the area.
Kampala North	50	12 to 14 September	<ul style="list-style-type: none"> • Improved team-work between URCS and Mulago Referral Hospital staff.
Kampala East	50	5 to 7 September	<ul style="list-style-type: none"> • Affected communities and local leaders have demonstrated cooperation and a positive attitude towards learning.

Kampala Central	50	12 to 14 September	<ul style="list-style-type: none"> As a result of effective training, communities have been sensitized on the disease and are on high alert.
Kampala South	50	6 to 8 August	<ul style="list-style-type: none"> Positive response from communities following the sensitization programme.
Kampala West	50	10 to 12 September	<ul style="list-style-type: none"> Affected communities have been cooperative showing that training and sensitization have been effective.
Kayungo	25	11 to 13 September	<ul style="list-style-type: none"> Affected communities have been sensitized on the epidemic.
Mukono	25	6 to 8 September	<ul style="list-style-type: none"> Communities responded positively to sensitization due to proper training on information dissemination.

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

Achievements:

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.

The URCS has been conducting intensified social mobilization and sensitization in Kabarole, Kampala (North, East, South, West and Central), Kamwenge, Kayunga, Mukono and Mbarara districts. The URCS volunteers met with members of the public in market places, churches, schools, police camps, parishes, zones and town councils. To strengthen dissemination of prevention messages, door-to-door sensitization has been going on alongside distribution of IEC materials (brochures and posters). So far, 15 per cent of the targeted population has been covered through distribution of information, education and communication (IEC) materials and sensitization.

Table 2: Communities reached with IEC materials and sensitization

Districts	Localities	Households	Populations
Kamwenge	Ntara, Kamwenge town council, Mahyoro, Kicheche, Kahungye	10,876	54,380
Kabarole	Kasenda, Busoro, Rwimi, Fort Portal, Rutete	3,791	18,995
Mbarara (Ibanda)	Katoma 1, Kagongo, Kasharara, Nyakarere, Ibanda town council, Nyarukubwa A and B, Katoma 1 and 2, Ibanda Cell	2,960	14,800
Sub-total		17,627	88,175
Kampala East	Zones-Dungu, Kanisa, Kulambiro, Katumba, Kandolo, Kasana, Tuba	4,183	20,915
	Trading centres-Kisasi, Ntinda, Nakawa		20,766
	Action Plan for Children centre	-	386
	Bweyogerere	106	530
	East High School (students)	-	550
	Naguru Housing Estate	680	3,400
	Police Barracks-Naguru/Ntinda	-	95

	(officers)		
	Kyambogo University (students)	-	8,176
	Parishes – Banda, Kireka, Bukoto 1, Nabisunsa	3,869	19,345
Kampala North	Kikuubo Zone	105	525
	Trading centres-Kanyanya, Kikaya B, Mperegwe, Kalerwe market	-	2,014
	Churches	-	2,221
Kampala Central	Kigugube Village	150	750
	Kivulu	200	1,000
	Kakajo 1 and 2	55	275
	Wandegeya Police Barracks	50	250
	Industrial Area	50	250
	Rubaga A	70	350
	Zones: Kasato, Muzana, Kiseka, Kisenyi II, Rubaga Road,	711	3,555
	Markets- Kiseka, Owino, Nakasero	315	2,040
Kampala South	Katwe Parish	216	1,080
	Kisugu and Gaba Parishes	800	4,000
	Kibuye 1	310	1,550
	Kabalagala Parish (5 mosques)	-	3,500
	3 churches	-	1,400
	Katwe II	200	1,000
Kampala West	Zones- Nsiika, Kayanja, Masanyalaze, Kimbumbiro, Kigaga, Nalukolongo, Kawaala, Kasubi, Kiwunya, Ndeeba	389	1,945
Sub-total		12,459	101,868
Kayunga	Kayunga Town Council	230	1,150
	Kayunga- East, Central, North, West	494	2,470
	Parishes-Ntenjeru, Ntente, Kisaaba, Kisaavu	888	4,440
Mukono	Town councils-Mukono, Kawolo	254	1,270
	Wards - Gulu, Ntaawo, Namumira, Nsube	220	1,100
Sub-total		2,086	10,430
Grand Total		32,172	200,473

As from 6 August, four Red Cross volunteers trained in safety measures and proper handling of suspected cases of Marburg Haemorrhagic Fever were deployed at the Kampala isolation unit managed by the Kampala North branch of the URCS. In addition, URCS is providing ambulance services at the isolation unit to enhance rapid case referral and treatment. Ten people were picked by the ambulance from Wobulence, Bombo, Lugazi and Mutukula, Masaka localities of Kampala North district between 1 and 26 September 2007. So far, the ambulance service has been able to transfer 36 suspected cases to the isolation unit and has remained on standby to offer additional support.

Note: The URCS has observed that relatives of the deceased have experienced discomfort due to stigmatization from neighbours. The National Society is monitoring the situation, in addition to reducing stigma through door-to-door sensitization.

Through a local FM station, the URCS conducted a one-hour radio talk show on Marburg Haemorrhagic Fever, its signs and symptoms and prevention measures. The talk show was aired in English and a local language to enhance a wider reach.

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

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

Findings of the situation assessment will be included in the next update.

Coordination and partnerships

Humanitarian agencies involved in controlling the spread of the Marburg Haemorrhagic Fever include the United Nations Children’s Fund (UNICEF), Médecins Sans Frontières (MSF) and the Malaria Consortium. These agencies have also been supportive to the taskforce teams.

Table 3: Support from humanitarian agencies

Humanitarian Agency	Interventions
Médecins Sans Frontières (MSF)	<ul style="list-style-type: none"> • Providing tents and personal protective equipment to Ibanda and Kampala isolation units. • Actively involved in task force meetings. • Provided training of trainers.
Malaria Consortium	<ul style="list-style-type: none"> • Supporting standardization of case definitions/communication.
United Nations Children’s Fund (UNICEF)	<ul style="list-style-type: none"> • Supporting local leadership at district level. • Conducting social mobilization.

The Ugandan government is working closely with the World Health Organization (WHO) through the MoH. With the aim of achieving a higher impact, the MoH is coordinating interventions at national level while WHO is focusing on international coordination. Two WHO media specialists are in Ibanda and Kamwenge to document response to the outbreak. The MoH is coordinating the national task force meetings and following up on contact cases. The national task force has in turn facilitated the establishment of four sub-committees to address case management, epidemiology/ laboratory, social mobilization and logistics respectively.

A training session to facilitate surveillance and data management, targeting hospital staff in Ibanda and Kamwenge districts was conducted by MoH on 23 and 24 August respectively. In addition, the action teams were provided with surveillance tools such as case definitions, case reporting forms, contact tracing sheets and follow-up forms to enhance information management.

The MoH has trained 18 staff of Mulago Referral Hospital in patient isolation, transportation and proper burial of dead bodies. In addition, the MoH has established isolation units which are on stand-by in Kampala, Kamwenge and Kayunga districts and has provided standard IEC materials for printing and distribution during community sensitization by the URCS. The US Centers for Disease Control (CDC) is also involved in the intervention and is working closely with the MoH, focusing on epidemiology and blood sampling with the aim of offering rapid expertise in case of new infections as well as boosting local capacities.

How we work

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The International Federation's activities are aligned with its 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.

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