An Ebola Hemorrhagic fever epidemic has been reported in Luwero District, Central Uganda with 1 death and 2 suspected cases in the isolation unit at Bombo Military Hospital. A team from World Health Organisation, Uganda’s Ministry of Health, Uganda Red Cross Society and MSF is already on ground.

To play an active role of community and house-house mobilization, the Uganda Red Cross has applied for a sh322m Disaster Relief Emergency Fund from the International Federation of Red Cross and Red Crescent Societies. The funds are among others aimed at reducing the spread of Ebola fever epidemic and related mortality through provision of emergency health services to 865,951 people in 5 districts of Central Uganda over 3 months period.

According to URCS Under Secretary General Programs and Projects Dr. Bildard Baguma said leading humanitarian agency is also focusing on improving early detection, reporting and referral of suspected cases of Ebola through active surveillance (Less than 50 percent case fatality registered in the project areas).

In addition, the URCS will strengthen the coordination and local response by supporting long term epidemic risk reduction actions and participating in the coordination and monitoring mechanisms.
The four agencies already on ground have conducted preliminary assessments and highlighted the main gaps that need to be addressed for the epidemic to be brought under control.

Neighbouring districts of Luwero like Wasiko, Kayunga, Nakasike, Nakasongola and Kampala districts just along the high way to Northern Uganda and Southern Sudan are being monitored. According to Ministry of Health officials, 23 suspected contacts so far from the military hospital are under surveillance.

Initial assessment done have not yet identified the source of the outbreak, but the national task force has singled out six districts neighbouring Luwero for active case search, surveillance and social mobilization for the ebola outbreak.

Blood samples of the other cases admitted have been sent to referral laboratories in Entebbe by the Uganda Ministry of Health and the World Health Organization (WHO) and more tests are being conducted to provide detailed information on the suspects.

Ebola Sudan, the type confirmed this time in Uganda is a highly contagious killer disease in the category of viral haemorrhagic fevers, with no known cure and with high fatality rate of up to 90% of people exposed to infection.

**Ebola symptoms**

- High fever,
- Headaches,
- Muscular pain,
- Diarrhea,
- Reduced urine
- Extensive bleeding through body openings such as nose, eyes, ears, gums and sexual organs.

**How Ebola is spread?**

It is spread through direct physical contact with body fluids of an infected person and consumption of animals carrying the virus. Uganda was last affected by Ebola in 2007 to 2008 in Bundibugyo where over 180 people were affected with 36 deaths including health workers. In
2000 and 2001 over 800 people were affected in Gulu and Masindi districts and more than 150 deaths were reported including health workers.

**Coordination and partnerships**

The Ministry of Health, URCS and other partners have conducted preliminary needs and capacity assessment in Luwero. The assessment has identified gaps as outlined below:

- A national taskforce has been set up in Kampala coordinated by the Ministry of Health and similar tasks force has been formed in Luwero and surrounding districts. Experts from the WHO are already in Uganda working closely with the Ugandan MoH to contain the epidemic and more are on the way. The WHO is providing technical support to the Ministry of Health and is coordinating the international response.

- An isolation unit has been established in Bombo military hospital equipped with protective tools provided by Centre for Disease Control (50 PPE Kits) to be used by those handling suspected Ebola cases.

- Save the Children has rehabilited the isolation units in Bombo military hospital.

- Two meetings so far have been organized and attended by partners to forge a way forward and the following action points have been agreed on:

  - Community mobilization and sensitization of the populations on the symptoms and preventive measures of Ebola in the six districts of Luwero the epi centre, Kampala, Nakasongola, Wakiso, Mukono/Kayunga and Nakaseke to be conducted by URCS and other partners

  - Information, education and communication materials that are context-specific and produced in local languages;

  - Active community surveillance case search and referral of contacts in the community

  - Being a permanent member of social mobilization sub-committee of the National and
district level epidemic task forces, URCS has been requested in these related activities in the Ebola operation.

- CDC, in collaboration with Central Public Health Laboratory (CPHL) will continue to receive samples from the affected districts in Northern Uganda and will continue supporting the Government of Uganda in screening samples in response to outbreaks.

- WHO country office with the MOH are part of the response team supporting the Case management- including Drug and sundries Medical supplies for the treatment of Ebola cases; Personal Protective Equipments (PPE’s) for the health workers and people involved in the response case management, monitoring the trend of the disease, capacity building with experts in the field.

- The Ministry of Health deployed technical officers to support case management, surveillance and referral activities in the affected districts.

- The NTF developed a response plan with a budget to respond to the current outbreak. The details of the activities in the plan will be provided by the different sub-committees.

- An alert to all the neighbouring countries about the current outbreak has been made by MOH.

- Additional support to the isolation units and provision of logistical support to the hospital is still being sought after.

- The central management of all ebola related communication to the media by the national task force chairman; the director general health services from MoH Uganda.

Uganda Red Cross Actions

Uganda Red Cross Society Ebola action team has so far:-

- Mobilized 50 volunteers in URCS Luwero Branch the epi centre and 10 volunteers each from the other affected branches to be trained in social mobilization and active case research in
the community.
- Actively participates in the national and district task force planning meetings for the Ebola response (a member of the communications and social mobilization team) in Luwero and Kampala.
- Provided some 30 PPE’s kits to MOH to assist in the Ebola response and have established a URCS Ebola task force which is meeting everyday.

The needs

Beneficiary selection:

Despite the fact that only indexed case of the 12 year old girl has been confirmed in Luwero districts, WHO threshold requires that only one laboratory confirmed case forms an epidemic and recommends for mass emergency response campaign for all residents within the affected districts.

Uganda has over 95 districts with Kampala having the highest population of over 1.2mn people. The Central region where there is the Ebola outbreak has about 16 districts. Luwero district the epi centre of the outbreak lies amid Latitude 2 Equator and 2north, and between longitude 32 and 33 east. It is bordered by Nakasongola Districts in the North, Nakaseke in the west, Mukono/Kayunga District in the East and Wakiso/Kampala District in the South. Luwero has a population of 474,000 (2002 population census).

Due to the high level of illiteracy in the affected rural and peri-urban population in Luwero and the Luwero rebellion that brought the current government in power, there is generally low level of community awareness on the risk factors of Ebola fever transmission, its identification, prevention and control strategies. This has led to panic in the affected communities.

The general needs that exacerbate the Ebola fever situation are:

• Due to low level of education, majority of the people in the affected communities lack the knowledge and understanding about the disease and what they need to do to avoid contracting
• The high level of poverty makes the residents spend time in the bush hunting for wild animals for alternative diet as well as income and grazing. This implies that the majority of residents in the affected communities are exposed to fruits, and animal diet that could expose them to the deadly virus.

• There is a general lack of resources for response. The National Task Force developed a plan of action that requires USD 2,200,000 to facilitate the planned activities, where over 50 percent of the funds are required for case management and the protective gears.

• Active surveillance and community follow up cases needs support. This calls for intensive health promotion campaign to sensitize the affected and/or at risk communities and creates public awareness about Ebola fever disease, the risk factors for its transmission, its prevention and control among the people in Central Uganda.

This operation will support five districts starting with the epi centre of the Ebola out break in Luwero district. The beneficiary districts that will be targeted are as below:

<table>
<thead>
<tr>
<th>District</th>
<th>Estimated population</th>
<th>Estimate of house holds to be reached with Ebola sensitization messages</th>
<th>Estimate of Ebola case contacts to be followed and referred based previous average record in Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Luwero</td>
<td>474,000</td>
<td>355</td>
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<tr>
<td>Nakaseke</td>
<td>137,300</td>
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<tr>
<td>Nakasongola</td>
<td>163,300</td>
<td>10,335</td>
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</tr>
</tbody>
</table>
Uganda Red Cross in fundraising drive for Ebola health emergency response

Written by Catherine Ntabadde
Wednesday, 18 May 2011 04:30 - Last Updated Wednesday, 18 May 2011 05:37

35

Wakiso

957,300

30,589

40

Kampala

1,200,000

30,000

30

Total

1,731,900
The proposed operation

The Ebola operation will provide immediate assistance to the affected population by improving the people’s knowledge on Ebola through awareness creation and sensitization. Engaging in active case search and referral of suspected ebola contacts and in the long run provide psycho social support to the affected individuals and families.

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