

# Alert

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Country – No. 42/2010

## Outbreak of Unidentified Disease in Uganda

Geneva, 2 December 2010

### 1. Brief description of the emergency

An unidentified deadly disease broke out in Abim village located in the Karamoja region in northeastern Uganda in late October 2010. Several cases of the disease were reported and several deaths have resulted. The disease then spread from Karamoja to neighbouring districts. On December 1, some cases were also reported in Gulu. The signs and symptoms of the disease indicate that it is most likely not dysentery, as it is sometimes thought to be in the absence of a clear diagnosis. Symptoms point to Ebola but authorities have been unable to confirm that disease. The most common symptoms are headache, fever and vomiting large quantities of blood. Tests have been done in Entebbe (Uganda) and in Atlanta (USA).

Unequipped medical staff are fearful of being infected, leaving their duty stations because they lack personal protective gear. Some refuse to take care of patients. Kitgum district also lacks transport, including ambulances to transport patients. Pader district had one ambulance which no longer functions. People refuse to transport patients for fear of being infected. In villages, residents do not know what to do or how to protect themselves. Some have tried to move out of affected areas, potentially spreading the diseases to new areas. The spread is fairly slow but follows common “travel routes” throughout the region.

The number of affected people is unknown. About 60 cases are known, with at least 20 deaths reported. However, there could be many more cases and deaths that are unreported, and many more carriers. The first six fatalities in Kitgum were one woman, three men, and two male youths. None had any serious previous medical history. One had malaria at the time of death. Death usually occurred within three days of the first symptom. (Sources: Dr. Alex Layoo, Medical Superintendent Kitgum Government Hospital, Dr. Tenywa (World Health Organisation), Medicin Sans Frontiers, Uganda Ministry of Health, and Agago District Local Government).

### 2. Impact

The death rates so far are 25 percent in Agago district (ie one in four people with symptoms have died), and in Abim, the death rate has also been about 25%. However, in Kitgum district, eight out of the 10 patients admitted to St. Joseph’s Hospital have died. Some connection with animal (domestic and wild) illness and death has been suggested. In Agago especially, links between sick animals and human cases have been examined. It seems to be established that the disease can be spread from human-to-human most likely through body fluids.

Two major factors for spreading the disease at the moment include people trying to move away from affected areas, spreading the disease further, and scared health staff who, without protective clothing, refuse to care for patients. There is need for mobilisation by agencies, sensitisation of population, patient care, patient isolation and proper and safe handling of bodies.

### **3. National and international response**

An emergency meeting was held in Kitgum on September 1 bringing together local and international NGOs, governmental institutions, UN agencies and ACT Alliance member LWF. It was agreed that all actors participate in the following coordinated response:

- DHO, KDLF, AVSI, URCS and IRC will work in the surveillance of cases and with epidemiology.
- District Hospitals, MSF and IRC will work on case management.
- CAO, DHO and UNOCHA will work with finances and logistics.
- The District Chairperson and UNOCHA will work with coordination.
- DHE, UNICEF, Care International, CRS, CARITAS, LWF, URCS, IRC, Mercy Corps and WHO will focus on social mobilisation and sensitisation.

The Ministry of Health has responded, together with WHO and NGOs. So far, the focus has been identifying the disease and therefore the appropriate response.

### **4. ACT Alliance response**

ICCO, DanChurchAid, Church of Uganda/PDR (the active members of the Uganda ACT Forum) have approved the Lutheran World Federation proposal to apply for ACT Rapid Response Funds. LWF's primary role at this stage will be community mobilisation and sensitisation to prevent further spread of the disease. Provision of protective gear to village health teams can also be considered so health care workers can move patients and bodies without being exposed to the disease.

### **5. Planned activities**

LWF Uganda, with approval from the ACT Uganda Forum, intends to apply for RRF, with focus on mobilisation/sensitisation of communities and possibly to provide protective gear for village health teams, in order to stop the outbreak and save lives. Discussions in working groups and coordination committees in Kitgum continues. More precise priorities will be set on December 2. Funds will be needed for (preliminary estimates):

- Radio spot messages/production and airing.
- Transport/travel costs.
- Posters, Information, Education and Communication (IEC) material.
- Possibly purchasing protective gear for village health teams.

The level of funding is estimated at between 40,000 – US\$ 50,000 but this will be confirmed after coordination meetings when a detailed budget has been worked out.

**Any funding indication or pledge should be communicated to Jean-Daniel Birmele, ACT Chief Finance Officer ([jbi@actalliance.org](mailto:jbi@actalliance.org)).**

**Thank you for your attention.**

**For further information please contact:**

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