Preparing for epidemics in Uganda.

In 2012, Olowo, Thembo, and Tumwebaze were beginning a normal day at work. They were all working at a health centre in the Kagadi district of the Democratic Republic of Congo, when a woman fell sick with a mysterious disease. Soon after, the woman’s child and sister fell ill. As they would with any patient, Olowo, Tumwebaze, and other healthcare workers attended to the sick. They only learnt later that they were dealing with an outbreak of Ebola.

All three remember their feelings of fear and confusion during this time.

“I handled 7 positive cases, but didn’t know it was Ebola. You can imagine the fear.” remembers Olowo.

With little public education about Ebola and other Viral Haemorrhagic Fevers (VHF), rumors and stigma began to spread. “My own brothers in Kampala told me not to come around,” says Thembo.
Once the outbreak was identified it was quickly contained with the help of the Ministry of Health, but not before seven people had succumbed to the disease. In the 8 years that have followed, Olowo, Thembo, and Tumwebaze have continued to work on epidemic preparedness and response in the hopes of preventing and containing future outbreaks.

Olowo is now the top ranking health official in the district, overseeing the preparation and response. Thembo and Tumwebaze both lead on specific technical areas, with the former focusing on disease surveillance, and the latter focusing on community health education.

Since July 2019, the District Teams have been supported by the EU and the International Rescue Committee to strengthen their teams’ capacity and resources for identifying and responding to various epidemics. Due to its location near the DRC border, Kagadi district can always expect to see intermittent cases of Ebola and other epidemics, and the support of the EU and the IRC is invaluable for preventing as many cases as possible, and ensuring that cases that do appear are contained before further transmission occurs.

Even today, the district teams are responding to an outbreak of Crimean Congo Haemorrhagic Fever, another VHF that is primarily spread through tick bites. However, because of the improved surveillance and response capacity in the district, the patient was identified, quarantined, and cared to before any further transmission could occur.

Even the community itself is more prepared to understand and react to these diseases.

“Because of the knowledge that [the community] has now, they know that this is not a normal disease,” Says Tumwebaze.

The three staff reflected on how different the 2012 outbreak could have been, had the district been as prepared as they are now. As Olowo states, “now it’s not as scary as before. This time I am prepared.”

*With support from EU Civil Protection and Humanitarian Aid, the International Rescue Committee is working to make sure that Uganda is ready and able to fight Ebola.*