

41 SUSPECTED EBOLA CASES TEST **NEGATIVE** IN KASESE

PHOTO BY LAWRENCE MULONDO

By Lawrence Mulondo and Sam Amanyiire

Forty-one suspected cases of the Ebola virus disease in Kasese district have turned out negative after being subjected to comprehensive tests, Joe Walusimbi, the resident district commissioner, has disclosed.

"There is no cause for alarm because Kasese is 100% safe. We have no case of Ebola," he said.

Walusimbi hailed residents for adhering to the safety precautions, insisting that the Uganda-DR Congo border at Mpondwe remains open only for cargo vehicles, but not people.

"Cargo vehicles must have a minimum of two people – the driver and turnboy," Walusimbi said.

He explained that all truck drivers entering Uganda undergo mandatory screening.

Arafat Bwambale, the Kasese district focal surveillance person, said a mobile laboratory has been deployed to carry out tests on suspected cases.

"We thank the Government for providing us with equipment that has enabled us to provide results within five hours," Bwambale said, while presenting a report to the Kasese Ebola task force during a meeting at Mpondwe yesterday.

He, however, stressed that the porous nature of the Uganda-DR Congo border makes it easy for people to enter and exit, which is a big challenge.

Another challenge that health workers have raised is inadequate medical/reagents supplies and bad infrastructure.

SURVIVOR DOCTOR SPEAKS

Dr Julius Monday Rude, a health expert and Ebola survivor, urged people to use condoms or even abstain from sex as one of the Ebola preventive measures.

"And for this matter, engaging bar owners, sex workers and truck drivers would be a commendable step towards preventing the spread of this deadly disease," Rude, who is a Member of Parliament of Bukonzo East in Kasese district, said.

WEST NILE

At the Vurra border crossing in Arua district and one of the busiest entry points in West Nile, health workers dressed in protective gear were busy screening truck drivers and turnboys.

The usually busy crossing



Health personnel sensitising a track driver (right) crossing from DR Congo to Uganda about Ebola at the Vurra border point in Arua district on Saturday

STRANDED TRAVELLERS

Over 200 DR Congo nationals remain stranded at the Mpondwe border post, which was closed due to the Ebola outbreak.

They told *New Vision* that they have run out of money for food and accommodation since the closure of the border about two weeks ago.

Dezile Kambale, a resident of Butembo in Ituri province, DR Congo, said he was supposed to travel to Kampala early this week.

Dekule Nzwandazi, another resident, said some of the stranded travellers are Kenyans and Tanzanians, who had travelled to DR Congo for business.

Joe Walusimbi, the resident district commissioner, promised to seek guidance from his superiors on how to handle the stranded people.

now has fewer travellers, with only cargo trucks being allowed through following a health ministry directive issued in May.

According to the ministry data released on Friday, Uganda had recorded 19 confirmed Ebola cases, including 14 imported cases and five local infections. Of the 13 patients that were admitted for treatment, four had been discharged after recovery, while two deaths had been registered.

Emmanuel Andama, the point-of-entry in-charge at Vurra border post, told *New Vision* that four health workers and two personnel deployed by the International Organisation for Migration are conducting screening and monitoring activities.

He said the facility recently received medical supplies from the National Medical Stores, including sanitisers, gloves and gowns, but noted that the quantities were insufficient for the growing needs.

"We received supplies this week, but they are not enough. Some critical items such as face masks were not included and we have already communicated our concerns,"

Andama said.

He explained that all truck drivers entering Uganda undergo mandatory screening. The process begins with handwashing, followed by temperature checks using temperature guns and infrared thermometers. Those with high temperatures undergo further assessment, including interviews about recent travel history and possible exposure to Ebola.

"If someone presents symptoms or has a high temperature, we isolate them immediately and co-ordinate with district authorities for further management," he said.

Suspected cases are tested, with samples sent to the Uganda Virus Research Institute laboratory in Arua. Results are usually available within three hours. So far, three samples tested at the facility have all returned negative results.

Andama said the border post lacks adequate handwashing facilities and additional screening stations needed to monitor travellers using unofficial crossing routes.

To strengthen compliance, authorities have introduced screening stickers issued

to travellers after health checks. The stickers indicate the traveller's name, date of screening, temperature reading and the signature of the health worker.

POROUS BORDERS

At Odramacaku border point in Arua district, the situation is even more challenging. The border market attracts traders from both Uganda and DR Congo and has few physical barriers separating the two countries.

Many pedestrians and bodaboda riders were observed crossing freely, while health workers focused mainly on screening truck drivers.

Charles Caicocabo, the point-of-entry in-charge at Odramacaku border post, said

communities on both sides are aware of the Ebola threat and have become more vigilant.

However, he noted that the facility lacks a temporary isolation unit and faces shortages of gloves, face masks and sanitisers. The screening tent currently in use was procured during the COVID-19 pandemic and offers limited protection during heavy rains.

"Truck drivers are easier to screen because they pass through the main checkpoint. Pedestrians and bodaboda riders often move through without any checks," Caicocabo said.

He called for more community sensitisation targeting bodaboda riders, hotel operators and traders who frequently interact with travellers from both countries.

ARUA SEEKS MORE RESOURCES

Arua district health educator Gasper Drani said the district immediately shifted from preparedness to active response after the health ministry announced the Ebola outbreak on May 15.

"We have received more than 40 alerts from communities and all suspected cases have been handled according to the Ministry of Health guidelines," Drani said.

The district has deployed surveillance teams, rapid response teams and community engagement initiatives to strengthen prevention efforts. However, funding constraints continue to limit operations.

Drani said information, education and communication materials such as posters, flyers and fact sheets are insufficient, making it difficult to reach all communities with lifesaving messages.

"Many people do not have access to radios, so printed information remains very important. We need more materials in local languages and more support for community outreach," he said.

Drani added that schools, markets, churches and other public spaces require additional educational materials to reinforce Ebola prevention measures.

PARTNERS STEP IN

To strengthen the response, Amref Health Africa Uganda, a non-governmental organisation, has mobilised sh100m to support Ebola preparedness and response activities in Arua and Koboko districts.

Emmanuel Ebitu, Amref's project manager in Arua, said the organisation is supporting co-ordination, surveillance, risk communication and community engagement.

The organisation has provided medical supplies including protective equipment to health workers at border points and distributed health ministry-approved information materials in multiple languages.

Amref is also using its network of village health teams to spread awareness and identify suspected cases within communities.