



**Primary Emergency Humanitarian Aid Decision**

23 02 01

Title: Emergency response to an outbreak of Marburg fever in northern Angola

Location of operation: AFRICA

Amount of decision: EUR 500,000

Decision reference number: ECHO/-AF/BUD/2005/01000

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**Explanatory Memorandum**

**1 - Rationale, needs and target population:**

1.1. - Rationale:

Recurring reports of a mysterious illness killing small children in Uige province in northern Angola came to a head when two members of the health staff treating patients in Uige hospital also died of similar symptoms. Blood specimens tested at the Institut Pasteur in Dakar tested negative for viral haemorrhagic fevers, including yellow fever, West Nile, Rift Valley, lassa, dengue, Chikungunya, Crimean-Congo. However, blood specimens sent to the laboratories of the Centre for Disease Control (CDC) in Atlanta, USA, tested positive for the Marburg virus, a rare cause of viral haemorrhagic fever belonging to the same family as Ebola. The results were issued on the afternoon of 22 March, and the Government of Angola declared an outbreak on 23 March. Because many of the signs and symptoms of Marburg fever are similar to those of other infectious diseases, such as malaria which is endemic in Angola, diagnosis is extremely difficult and all suspect cases must be treated as Marburg.

By the time the diagnosis was confirmed, the overall number of cases registered in the Provincial Hospital of Uige stood at 101, with 93 deaths. These figures are primarily a result of ongoing retrospective case investigation at the hospital. While some cases involving adults have been identified, children under 5 years of age represent 75% of total cases.

According to information published by the Centre for Disease Control Special Pathogens Branch, the Marburg virus was first recognized in 1967 in laboratories in Marburg, Germany, and recorded cases are extremely rare. It is an extremely contagious and virulent disease, with a reported case fatality rate of about 25%. According to data currently available, though, the case fatality rate of the Angolan outbreak is more than 90%. For example, from 18<sup>th</sup> March, when the samples were sent for analysis, to 21<sup>st</sup> March, five new patients were admitted to the hospital, of whom three have died. Though Marburg fever is a very rare human disease, when it does occur, it has the potential to spread quickly to other people, especially health care staff and family members who care for the patient.

After almost thirty years of conflict, peace came to Angola in April 2002. The conflict left the country devastated, with the provision of social services such as basic health care absent in many cases. Though the situation is improving somewhat, the weak capacity of the health staff, coupled with extremely poor hygiene practices among the general population, contribute to both causing and compounding the spread of disease.

#### 1.2. - Identified needs:

Though there is no specific treatment for Marburg fever, supportive hospital therapy and barrier nursing techniques to prevent direct contact with the patient must be envisaged. Supportive hospital therapy includes the provision of strong antibiotics and IV treatments to counter dehydration, delivered in an environment where the patient is kept in strict isolation. In order to avoid cross-contamination, each patient must be provided with individual containers for clean (chlorinated) water, and blankets which must be burned after use. Barrier nursing techniques include the wearing of total protective equipment by carers, such as suits and gloves which must be burned after each patient contact, rubber boots and goggles, constant disinfection, provision of clean water (such as bladder tanks), chlorine, bleach, etc. Epidemiological investigation will be required in order to identify and eliminate the source of the outbreak, which will need to be carried out by specialists in the disease, of which there are only a handful in the world.<sup>1</sup>

#### 1.3. - Target population and regions concerned:

For the moment, the outbreak appears to be limited to Uige town, Uige Province in northern Angola, and the surrounding area. The population of Uige town and its immediate surroundings is approximately 400.000. As the nature of outbreaks is unpredictable, and as data collection is notoriously difficult due to the long conflict and the isolation of much of the province, interventions funded from this decision may extend to other areas, even outside Angola.

#### 1.4. - Risk assessment and possible constraints:

The rainy season, which is very heavy and long in this area of Angola, may constrain the logistics aspects of this intervention. The main risk is the possible spread of the outbreak, possibly even to the bordering areas of the Democratic Republic of Congo, which are home

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<sup>1</sup> Information published by Centre for Disease Control, Atlanta. Additional elements kindly provided by Dr. Simon Mardell, epidemiologist at the Liverpool Institute for Tropical Medicine.

to the same Bakongo ethnic group. In order to avoid additional constraints to the rapid control of the outbreak, the Government of Angola is urged to waive visa formalities for epidemiologists specialised in Marburg fever entering the country.

## **2 - Objectives and components of the humanitarian intervention proposed:**

### **2.1. - Objectives:**

Principal objective : To support an emergency response to an outbreak of Marburg fever in northern Angola.

Specific objective :

- To support an emergency response to an outbreak of Marburg fever in Angola.

### **2.2. - Components:**

- Provision of emergency assistance to effect the isolation in hospital and in transport of patients suffering or suspected to be suffering from Marburg fever
- Provision of inputs to barrier nursing techniques, such as gowns, gloves, boots, goggles, for the protection of health staff and carers
- Provision of essential relief items such as blankets and water containers
- Provision of essential medicines, such as antibiotics and IV fluids
- Provision of hygiene and disinfectant items
- Provision of clean and/or chlorinated water
- Epidemiological investigation, active case detection/finding and contact tracing
- Community emergency education, information, dissemination (EID)
- Support to isolation of cases, quarantine and other public health measures

## **3 - Duration expected for actions in the proposed Decision:**

The duration of humanitarian aid operations shall be maximum three months from their start date.

Expenditure under this Decision is eligible from 23 March 2005.

If the implementation of the actions envisaged in this decision is suspended due to *force majeure*, or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the Specific Agreement will be applied.

#### **4 - Other donors and donor co-ordination mechanisms**

The World Health Organisation is working with the Government of Angola to coordinate the response. ECHO partners, some of whom are already working in the area, are coordinating together and with the Ministry of Health, the Provincial Health Directorate. The EU Delegation is fully involved in the coordination efforts, and is taking up the visa waiver issue with the Angolan authorities. By common agreement among ECHO partners, MSF-Spain will coordinate the response to be funded by ECHO in the framework of this decision.

The Italian cooperation has provided EUR 22.000 to an Italian NGO and ECHO partner CUAMM, who are already working in the area, whilst the Italian Embassy in Luanda has provided EUR 8.000 for the protection of its citizens.

#### **5 - Amount of decision and distribution of funding by specific objectives:**

5.1. - Total amount of the decision: EUR 500,000

5.2. - Distribution by specific objectives

<b>Principal objective:</b> <i>To support an emergency response to an outbreak of Marburg fever in Angola</i>			
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Potential partners<sup>2</sup></b>
Specific objective 1: To support an emergency response to an outbreak of Marburg fever in northern Angola.	500,000	Uige province, northern Angola, and other areas where cases of Marburg fever is identified	- MSF - ESP
TOTAL: 500,000			

<sup>2</sup> MEDICOS SIN FRONTERAS, (E)

**6 –Budget Impact article 23 02 01**

	CE (EUR)
Initial available appropriations for 2005	476.500.000
Supplementary budgets	
Transfers	
Reinforcement from Emergency aid reserve	100.000.000
<b>Total available appropriations</b>	<b>576.500.000</b>
Total executed to date (as at 22/3/2005)	372.151.370
Available remaining	204.348.630
Total amount of the Decision	500.000

## COMMISSION DECISION

of

**on the financing of primary emergency humanitarian operations from the general budget of the European Union in**

**THE COMMISSION OF THE EUROPEAN COMMUNITIES,**

Having regard to the Treaty establishing the European Community,  
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>3</sup>, and in particular Article 13 thereof,

Whereas :

- (1) An outbreak of Marburg haemorrhagic fever was declared in Angola on 23 March 2005 ;
- (2) In the process of diagnosis, the outbreak has already cost almost 100 lives, mainly children ;
- (3) Urgent measures need to be taken to isolate and support patients, to protect medical staff and carers, and to identify the source of the virus and prevent its spread ;
- (4) The duration of humanitarian aid operations financed by this decision will be of a maximum of three months ;
- (5) It is estimated that an amount of EUR 500,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to tackle the outbreak, taking into account the available budget, other donors' interventions and other factors .

HAS DECIDED AS FOLLOWS :

### *Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 500,000 for primary emergency humanitarian aid operations to provide the necessary assistance and relief to tackle the outbreak in Angola from budget line 23 02 01 of the 2005 general budget of the European Union,
2. In accordance with article 2 (a), of Council Regulation No.1257/96, the humanitarian operations will be implemented in the framework of the following specific objective :
  - To support an emergency response to an outbreak of Marburg fever in northern Angola.

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<sup>3</sup> OJ L 163, 2.7.1996, p. 1-6

*Article 2*

1. The implementation of humanitarian aid operations funded by this decision shall have a maximum duration of 3 months from their start date.
2. Expenditure under this decision is eligible from 23 March.2005.
3. If the actions envisaged in this decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

*Article 3*

1. This decision shall take effect on the date of its adoption.

Done at Brussels,

*For the Commission*

*Member of the Commission*