

Ugandan doctors face fear and shortages in Ebola outbreak



Ugandan Red Cross workers carry a coffin containing an Ebola victim during a safe and dignified burial on October 11, 2022 in Mubende, Uganda [Luke Dray/Getty Images]

Kampala, November 17 (RHC)-- Ugandan doctors have expressed fear that the Ebola outbreak may get out of control in the coming days and weeks. Case numbers remain low compared with a 2013-2016 Ebola outbreak in West Africa that killed at least 11,300. When Ebola broke out in Uganda in September, 10 doctors immediately stepped forward to work in an isolation unit at Fort Portal Regional Referral Hospital, but now only three are left.

Staff are reluctant to work in the unit for fear of catching the deadly haemorrhagic fever, and also because of exhaustion and delayed wages, said one of the trio, who asked not to be identified as they were not authorised to talk to the media.

Two health workers at the hospital in western Uganda have died from Ebola in this outbreak. Nationwide, 15 health workers have tested positive and six have died. The virus circulating in Uganda is the Sudan strain of Ebola, for which there is no proven vaccine. Total recorded cases have reached 141, with 55 dead.

“At the beginning the number of health workers willing to work in that unit was good but now we have low coverage. If we get five cases, the work we do is overwhelming,” said the doctor. “But if we all run away all of us will get sick,” the doctor said, adding the hospital sometimes lacked fluids essential for treatment.

Uganda has one of the world’s lowest doctor-to-patient ratios, with one doctor for every 25,000 people, versus the one-to-1,000 ratio recommended by the World Health Organization (WHO). The WHO and aid groups are providing Uganda with assistance to cope with the Ebola outbreak, and the United States says it has channelled \$22m through local partners.

Yet Uganda still faces significant funding shortfalls – a WHO official said an initial \$20m the government earmarked was burned through in the first month as cases soared. Ugandan health ministry incident commander, Dr Henry Kyobe Bosa, denied there are staff or resource shortages. Intensive care staff work a maximum of eight-hour shifts and personnel from Ebola-free regions are rotated in, he said.

But staff coverage was 40 percent before the outbreak, and Ebola is now “crippling the system indirectly,” according to Dr Alone Nahabwe, the Uganda Medical Association’s head of worker welfare. Staff lack personal protective equipment including face shields, gowns, gloves and gumboots, he added. “There are facilities where doctors and health workers are still touching patients without gloves because they (gloves) are not there,” Nahabwe said.

Government officials say after a chaotic start, the situation is improving. Case numbers remain low compared with a 2013-2016 Ebola outbreak in West Africa that killed at least 11,300 people. “The fact is we don’t have huge case numbers so we can cope,” said Bosa. “The only major fear we have is that cases come to Kampala.”

So far 20 cases have been confirmed in the capital, home to about two million people. At the isolation unit in Mubende district, the outbreak’s epicentre, one doctor said PPE and staffing crunches had eased as case numbers fell: in his unit, 12 of 60 beds were occupied last week, down from a peak of 48.

But experts worry about cases spreading. On Sunday, the first case was reported in the country’s east. “The staff numbers that you need under IPC (infection, prevention, and control), surveillance, contact tracing, the numbers are big,” said Miriam Nanyunja, a WHO adviser for emergency risk management currently in Uganda.

“While the numbers of cases are not many, the geographic spread is going up,” she said. “If it goes on much longer you will need a lot more resource mobilisation.”

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