

Temperature Check: Border Screening of Travelers Key to Stopping Ebola from Spreading

Posted by [Alma Golden](#) on Friday, September 14th 2018



A health worker dons personal protective equipment. / Alma Golden, USAID

With confirmation of the Democratic Republic of Congo's 10th outbreak of the Ebola virus in North Kivu and Ituri provinces, health officials have focused on border screening as a method to identify travelers who could pose a danger to local communities.

Recently, I traveled to the border between the DRC and Uganda with U.S. Centers for Disease Control and Prevention (CDC) Director Dr. Robert Redfield and U.S. Ambassador to Uganda Deborah Malac to see border health screening and surveillance efforts at two key checkpoints.

The border between Uganda and DRC is porous. Several times a week, small-scale traders, mostly women, ferry goods and food across the border by bicycle, cart or on their heads. In addition to traders, local farmers, merchants, business people and refugees move through the area.

At Busunga, a border crossing in western Uganda, the shallow Lamia River acts as a physical barrier between the two countries. People wade across the river by foot, while others do laundry, wash their motorbikes and take baths in the river that flows from the nearby Rwenzori Mountain Range. On market days there, Wednesdays in Uganda, almost 500 people are screened for Ebola.



USAID Senior Deputy Assistant Administrator for Global Health Alma Golden receives information about Ebola at a border crossing between the Democratic Republic of Congo and Uganda. / Courtesy Photo

There are another 16 informal crossing points nearby. At the busiest border crossing point, Mpwonde to the south, more than 12,500 travelers pass through each day. And on Tuesdays and Fridays, which are market days at Mpwonde, there can be a fivefold increase in travelers and shoppers.

Early identification, confirmation and isolation of possible Ebola cases is critical for stopping the outbreak as early as possible. Ugandan Red Cross Society volunteers are screening travelers at all border crossings. Volunteers have been trained on the signs and symptoms of Ebola and are equipped with tools for screening.

Health screening procedures include hand washing with chlorinated water and soap, and a temperature check of travelers using a thermoscan thermometer that can detect a fever in seconds. Those who are screened are given simple, illustrated brochures that provide information about the symptoms of Ebola and how to prevent the spread of the virus.

People with Ebola can have symptoms similar to those with malaria and other endemic infectious diseases, including typhoid and Rift Valley fever. Ebola spreads from an infected sick person to others when there is direct contact with bodily fluids.

Travelers suspected to have Ebola symptoms are referred to Bwera hospital for further assessment; ambulances are available to transport individuals with symptoms to an isolation unit until tests are completed. Health workers have been given protective gloves, gowns, masks and other equipment provided by WHO to reduce the chances of contact with the Ebola virus.

Border screening is just one important element of the complex response to this crisis.

In Uganda's neighbor, the Democratic Republic of the Congo, the U.S. Government, through USAID, is supporting core interventions to control the spread of Ebola, including: disease surveillance, contact-tracing, triage and isolation, and case management in Ebola treatment units; the prevention and control of infection; diagnostic laboratory support; community engagement; risk communication; interventions in water, sanitation and hygiene; and safe and dignified burial activities.

In DRC, through trusted messengers, community leaders and radio, communities are quickly learning how to protect themselves by learning the basics of the disease, how it is transmitted and what they can do to prevent it, care for and transport the sick, and to safely bury the dead. A targeted vaccination campaign is underway and is initially following a ring vaccination protocol: vaccines are being given to frontline health-care workers and response teams, contacts of confirmed cases, and contacts of those contacts.

The U.S. Government is also providing expertise and supplies. CDC and USAID have deployed over a dozen technical experts to the region in support the response. And USAID supported the

World Health Organization (WHO) to send 20,000 personal protection equipment kits (including full body coveralls, heavy duty gloves, and goggles) and 50,000 universal care kits (surgical masks, face shields and gloves, and disinfection materials) to support response efforts in the DRC provinces affected by Ebola.

The Congolese and Ugandans have demonstrated a strong capacity to manage outbreaks. However, never before has Ebola struck in an area quite like this one. The region suffers from chronic insecurity due to local militia groups, and is under a long-term humanitarian crisis, which limits international and national responders from fully deploying disease control measures.

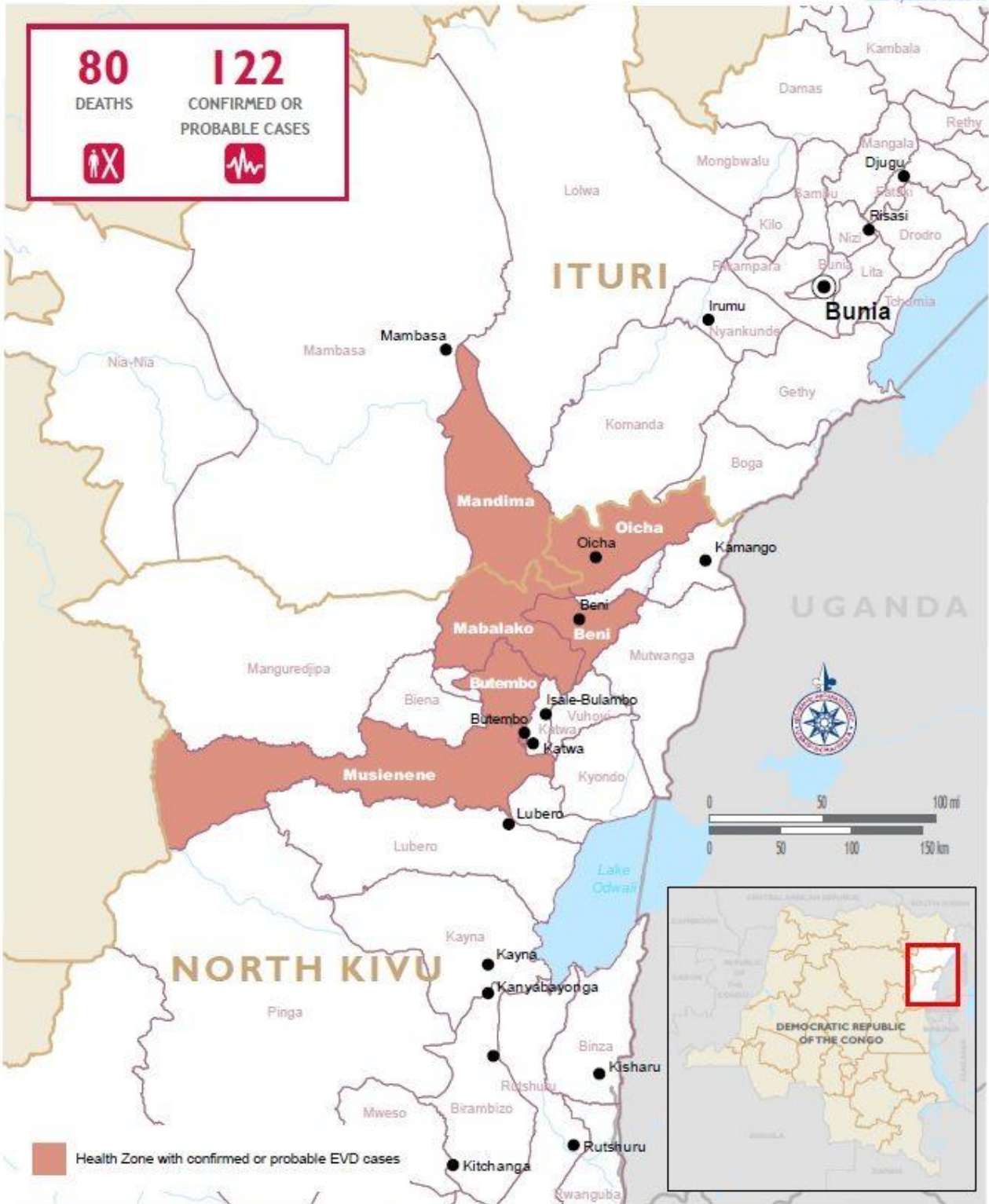
USAID has a long history of engagement in the health sector in the DRC, having worked to improve maternal and child health, immunizations, HIV diagnosis and treatment, and the prevention and management of malaria and tuberculosis.



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EBOLA OUTBREAK IN NORTH KIVU AND ITURI, DRC DISASTER DECLARATION

Last Updated 09/05/18



Map shows the Ebola outbreak in the Democratic Republic of the Congo as of Sept. 5, 2018. Latest figures from the [World Health Organization](#) indicate deaths have risen to 92, and confirmed or probable cases are now at 137.

The clinics, health workers, laboratories and health systems supported through USAID funding in both Uganda and the DRC provide the backbone of the response to the current outbreak. The DRC national laboratory, with supports from USAID and other donors, rapidly sequenced the virus, and provided critical laboratory capacity in the field to diagnose the disease at the site of the outbreak. The Ministry of Health is providing essential leadership, coordinating the response in the provinces and nationally.

My visit to the DRC and Uganda was enlightening. I am impressed by the dedication, determination and skill of our partners in the ministries of health and the countless epidemiologists, clinicians, logisticians, social mobilizers, vaccinators and volunteers working to stop the outbreak.

ABOUT THE AUTHOR

Alma Golden is Senior Deputy Assistant Administrator for Global Health at USAID.
