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Robust Ebola preparedness in Yei as fatality cases hike in neighbouring DR Congo

Report from [UN Mission in South Sudan](#)

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Know your enemy. Ebola awareness posters being distributed in South Sudanese communities bordering the DR Congo.

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By James Sokiri

South Sudanese refugees in the Democratic Republic of the Congo “commuting” to their home country in search of food not given to them across the border do not only constitute a sad humanitarian tale. Their desperate movements also increase the risk of the much-feared Ebola virus being transported to the world’s youngest nation.

“There is no cause of alarm, though, as no case of the disease has been reported in South Sudan. We are also as prepared as we can be to handle any eventuality if it breaks out,” says Dr. James Wani, Director General of the Yei River area’s Ministry of Health.

Some degree of anxiety, however, is to be expected with the often lethal virus wreaking havoc in the neighbouring country’s provinces of Ituri and North Kivu. While some distance away from the border, precaution is needed with the Ebola haemorrhagic fever having already claimed, according to Congolese government sources, at least 400 deaths and another estimated 300 or so infections.

To ensure effective health checking of cross-border travellers, Dr. Wani’s ministry is working tooth and nail with the World Health Organization (WHO) and the International Organization for Migration (IOM) to establish 15 screening sites across greater Yei, including at Kaya and Basi in Morobo, Jale in Kajo-Keji, Lasu in Ootogo and Tore in Tore. As of last week, eight of the facilities were operational.

The local Ministry of Health and Environment has formed an Ebola Taskforce consisting of a wide array of stakeholders, including the United Nations Mission in South Sudan, religious leaders, representatives of the

security apparatus and other government officials, immigration personnel, doctors, nurses and laboratory technicians, statisticians and logisticians. They have all been given the appropriate skills to handle and understand Ebola testing, coping and response mechanisms.

Another 120 Ebola response-trained health workers, half of them community leaders and the rest “social mobilizers”, go from door to door to create awareness of the disease, how to prevent it and methods of coping with the virus should it strike their towns and villages.

“An awareness campaign using radio jingles is in full force every day, and in Yei town key Ebola messages are spread across town every Tuesday and Friday,” Dr. James Wani said, adding that about 40 health workers have been given an in-depth training on how to perform dignified burials of anyone succumbing to the virus.

Some 100 health workers expected to be directly dealing with Ebola patients, should an outbreak actually take place, have been vaccinated with the support of the World Health Organization and the UN’s agency for migration issues. For the vast majority not inoculated, Dr. Wani offers words of comfort.

“Preventing Ebola is simple. You should wash your hands regularly with soap and clean water, desist from eating wild meat and never touch or kiss a deceased body whenever the cause of death has not been established.”

The two UN agencies have assisted local authorities in setting up a site, within the main Yei hospital, where infected patients can be kept isolated. An Ebola testing machine has also been provided, but the Dr. Wani says that an ambulance dedicated to victims of the virus would be a welcome addition to the arsenal of preparatory measures.

James Mugo Muriithi, Team Leader at the UNMISS base in Yei, is at hand to explain the role of the peacekeeping mission in the Ebola Taskforce.

“We facilitate access by providing the necessary protection force to enable medical personnel to penetrate areas otherwise inaccessible due to insecurity,” Mr. Muriithi says, adding that these efforts make it possible to establish Ebola screening centres where they are most needed.

UNMISS also uses its radio station Miraya and workshops to promote Ebola awareness among those most in need of it, hoping that these efforts will keep the virus at bay.

Knowledge is key to see through and dispel possible fear-inducing rumours and misinformation, but sudden large cross-border movements of people still constitute a possible risk, Mr. Muriithi points out. He mentions a recent trip to Lasu town, after alleged reports of some 7,000 returnees arriving in the area.

“Such kinds of uncontrolled mass movements due to the porous nature of the border could pose a significant threat of the disease spilling over into South Sudan,” he said

Ebola hemorrhagic fever symptoms are many and close between. They range from weakness, fever, aches, diarrhea, vomiting and stomach pain to skin rash, red eyes, chest pain, throat soreness, difficulty breathing or swallowing and bleeding. Signs of infection typically appear after eight to ten days after exposure to the virus, but may also appear after just two days, or only after a full three weeks.

Primary country

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Other countries

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