

Alert note**Tanzania, Marburg.**

The **alert note** is intended to alert all ACT Alliance members to an emerging emergency. It provides basic information to inform decision making within the Alliance regarding possible response options and it also forms the ‘immediate assessment’ of the situation and needs in the affected areas. An alert note should be completed **as soon as it becomes obvious there is a humanitarian emergency**.

The information in the alert note should be kept **short and concise**. Where you do not have information to address a question identified below simply state that the information is not currently available. You will not be expected to have all the information detailed below in the early stages of an emergency.

The alert note should be completed by the forum and sent to the Regional Humanitarian Programme Officer for review and circulation, with a copy to the Regional Representative.

Completed by: Dr. Paul Z. Mmbando (ELCT Health Programs Director)

Date completed: 30.01.2025

Forum: ACT Tanzania Forum

Type of emergency: Marburg Virus Outbreak

Date of emergency (if rapid onset): 20th January 2025

Funding Survey

If the forum indicates a plan to launch an appeal, we request funding members to please fill out this [survey form](#) which will help the **Emergency Steering Committee** assess the funding environment for this response. Please respond to this survey *within 24 hours of Alert publication*.

Note: Please write your inputs below each section heading. Text in red guides you on the information required under each heading.

1. The nature of the emergency

On 20th January 2025, Tanzania confirmed an outbreak of Marburg virus disease in the north-western Kagera region after one case tested positive for the virus following investigations and laboratory analysis of suspected cases of the disease.

The President of the Republic of Tanzania, Her Excellency Samia Suluhu Hassan, made the announcement during a press briefing alongside World Health Organization (WHO) Director-General, Dr Tedros Adhanom Ghebreyesus, in Dodoma.

Marburg virus disease is highly virulent and causes haemorrhagic fever very similar to the virus that causes Ebola virus disease. Illness caused by Marburg virus begins abruptly. Patients present with high fever, severe headache and severe malaise. They may develop severe haemorrhagic symptoms within seven days. Marburg virus is transmitted to people from fruit bats and spreads among humans through direct contact with the bodily fluids of infected people, surfaces and materials

Tanzania previously reported an outbreak of Marburg in March 2023 – the country’s first – in Kagera region, in which a total of nine cases (eight confirmed and one probable) and six deaths were reported, with a case fatality ratio of 67%. (*WHO Tanzania office report, January 20th, 2025*)

On January 13, 2025, the World Health Organization ([WHO](#)) reported a suspected outbreak of Marburg Virus Disease in Kagera Region, with case fatalities reported to have happened in Biharamulo and Muleba Districts. However, Officially the President of Tanzania announced one case which tested Positive for MVD on 20th January 2025.

In the African region, previous outbreaks and sporadic cases have been reported in Angola, the Democratic Republic of Congo, Ghana, Kenya, Equatorial Guinea, Rwanda, South Africa and Uganda

2. The impact and scale of the emergency

Based on ELCT assessment, information collected using focus group discussions held with ELCT doctors based within ELCT health centres and confirmed through health coordination meetings with government line ministries, the Marburg virus is presently a medium medical Emergency which if not contained well, may develop into a large-scale regional emergency. The regional risk is considered high due to Kagera’s region’s strategic location as a transit hub, with significant cross-border movement on the population to Rwanda, Uganda, Burundi and DRC ([WHO,2025](#))

Geographical areas and characteristics

Marburg Virus Disease (MVD) is currently confirmed in Kagera Region in Tanzania which borders Rwanda, Uganda, Burundi and DRC.

Numbers and Characteristics of people affected

On January 10, 2025, the Ministry of Health in Tanzania had initially reported an outbreak of an "unknown illness" in the same districts. The MOH report indicated that this outbreak initially affected nine individuals, of whom eight died, resulting in a mortality rate of 88.9%. Notably, two of the deceased in Muleba District had attended a funeral in Biharamulo, suggesting potential cross-district transmission of the illness.

The same report (MOH Report, January 10th, 2025) indicated that over 202 individuals who were in direct contact with the diseased victims were being closely monitored, including 57 healthcare workers from both public and private facilities

Many people have been affected including **Health workers** who were on the front line attending the infected patients and the dead, the community members (mostly the relatives of the patients who participated in the patients care and their funerals. The outbreak of Marburg Virus Disease (MVD) in the Kagera region of Tanzania would have significant effects on both **the local population** and the broader community, manifesting in both the short and long term. Here’s a breakdown of the possible impacts:

How the people have been affected

The contagious nature of Marburg can cause widespread fear and anxiety. Misinformation and a lack of understanding about the disease can amplify this panic, leaving people uncertain about how to protect themselves. Those infected or suspected of being infected (and their entire households) may face stigmatization, discrimination, and social isolation, which can exacerbate mental health issues.

The outbreak of MVD is likely to cause a Public Health crisis, and as a result, require reallocation of local resources to support the outbreak in a region with limited capacity to handle such an outbreak.

In addition, the outbreak may result in a surge in illness and death thus affected household incomes and overwhelming healthcare resources. Marburg Virus has a high fatality rate, which may range up to 90% (**WHO Tanzania report, January 2025**). This pose a risk for hospitals and clinics in the region would quickly become overwhelmed, making it difficult to provide adequate care to both those infected with Marburg and those needing treatment for other health conditions.

Impact on Economic activities

Quarantines and movement restrictions: To control the virus, the government may impose travel bans or curfews. This would disrupt daily life, affecting trade, farming, and other essential activities in the region. The outbreak would likely cause an immediate economic downturn, as local businesses and agriculture—key sources of income in Kagera—face disruptions. Tourism could also suffer, leading to financial difficulties for many households. The local economy, particularly in agriculture and trade, could experience prolonged setbacks. With fears of infection, people may be reluctant to work, travel, or engage in commerce, leading to reduced economic product

Impact on Education

To control the virus, education may be disrupted due to school closures, disrupting children's education and adding further strain on families, particularly those who rely on schools for childcare.

On Long-term Effects: The Outbreak of MVD, however small will impact Kagera region and Tanzanian community at large. The potential long term which might include straining of the Health system, Psychosocial impact, increased awareness for prevention as well as Political impact and loss of productive lives.

3. Local and national capacity

How are people coping

The community in Kagera region are in a state of shock as many households in the region tend to worry and panic as MVD is relatively new and the fact that MVD is known to have a high mortality rate.

Local Structures/resources available

The Evangelical Lutheran Church in Tanzania (ELCT) with its Headquarter office in Arusha is one of the largest Faith Based Organizations in Tanzania with a membership of more than 8.5m people and runs evangelical, education and health sector responses. ELCT has over 300 health and education institutions across Tanzania and overall provides at least 15% of all health services in Tanzania. ELCT owns 25 health facilities in Kagera Region which borders Rwanda, Burundi, Uganda and DRC. The other local structures available to deal with health-related disasters include the Ministry of Health coordinating the response, government and faith-based health facilities.

The Lutheran Church in Tanzania combined with the Catholic church own 12 health centres while the government owns 8 health centres in Kagera Region.

What is the plan and current response of local and central government.

In response to the outbreak, central government authorities have sent emergency medical personnel to support to contain the outbreak especially because a significant number of Health workers are already in quarantine following the outbreak to their health facilities and the faith-based health workers are also exposed and at same risk as their government counterparts.

Does the country have a national emergency response plan and is this being implemented.

WHO is supporting Tanzania health authorities to enhance key outbreak control measures including disease surveillance, testing, infection prevention and control, case management as well as increasing public awareness among communities to prevent further spread of the virus.

What is the plan and response of national and international organizations including the UN.

On 20th January 2025, [WHO](#) promised to donate USD 3,000,000 toward the outbreak, but unfortunately the following day on 21st January 2025, the new USA’s administration announced the withdraw of their membership from WHO.

In the likely event that America maintains their position on this withdrawal, then it is likely that the WHO operations and their commitments like this one made for Tanzania might face significant budgetary cut, thus affecting potential responses to the outbreak.

Is there a country coordination mechanism or a UN cluster system including working groups and has this been activated.

Yes, ELCT is involved in the National ACT forum which has been informed of this emergency and endorsed them (ELCT) to take the lead in this process.

4. Key needs and gaps

The major needs and gaps

The rapidly evolving situation has raised concerns that there are lack of isolation facilities and the critical shortage of essential medical supplies at our ELCT health facilities in Kagera and other health facilities. ELCT health facilities in Kagera region lack skills and infrastructure like isolation units for isolation to provide care to patients across the affected districts, which might impact their safety at workplace as well as possible impact to their patient as well as boosting their emergency transport to support referral mechanisms for patients and specimen for confirmatory tests to be done at the central laboratories.

Lack of essential Medical Supplies

ELCT health facilities lacks critical medical supplies: As part of ensuring the availability of essential medical supplies during this ongoing outbreak, the assessment conducted with the heads of the ELCT Hospitals in Kagera reveals the severe shortage of the following essential medical supplies:

- Gloves, N95 masks, sanitizers, and disinfectants
- Hospital boots, aprons, head caps, syringes
- Chlorine tablets for disinfection
- Protective jackets, theatre gowns, and other personal protective equipment (PPE)
- Supportive drugs for emergency use, including antibiotics and pain relievers (e.g., Paracetamol, ciprofloxacin etc)

Gaps in Preventive Education

- i) Training healthcare workers and community leaders: MVD being relatively a new outbreak in Tanzania and it face the reality of lack of skills and education on the prevention and safe management of Marburg Virus Disease for healthcare professionals, religious leaders, community leaders, and schoolteachers.
- ii) The local communities lack awareness about Marburg, with a focus on proper burial practices and hygiene.

Please indicate whether you are considering:

	Indicate your intention with an X below
Rapid Response Fund (<i>intended for small and medium scale emergencies</i>)	X
Appeal (<i>intended for large scale emergencies</i>)	

If you indicate an intention to launch an appeal, the secretariat will activate an Emergency Steering Committee meeting within two working days on receipt of this alert.

5. Forum Capacity and members intention to respond

ACT Member	Geographical focus	Sectors of expertise and experience
Evangelical Lutheran Church Tanzania	Kagera Region	Health Sector

Potential responses

Evangelical Lutheran Church in Tanzania (ELCT) is member of ACT forum Tanzania which has been endorsed for this response. The ELCT with its HQs office in Arusha is one of the largest FBOs in Tanzania which despite of their large membership, it also runs a wide range of Social services including health and Education. Through their 172 health facilities in Tanzania, ELCT provide up to 15% of all health services to the National population.

ELCT initial plan is to provide the support specifically on:

1. Medical supplies, awareness raising / education on prevention of spread and increased Hospital capacity to manage emergency patients with highly infectious cases and will require financial support.