Quotes from Stefan:

For the last two weeks I'm kind of representing WHO in Kahemba and participating in the surveillance meetings.

These meetings are not giving us any real picture of what is the actual situation on ground as there is no active case finding ongoing nor is there communication with the different health facilities due to non existence of mobile network and huge distances between the health facilities.

We have already around 400 sample kits in Kahemba, but due to lack of means they do not get to the places where they should be. What kind of support can we give MOH?

We might be also looking at training for nurses as these types of sample tubes have not been used in this area.

I requested a list of all the health facilities and in the 5 health zones including the availability of communication materials.

If we want to mobile lab to be of any use, we need to dramatically strengthen the surveillance component of the yellow fever epidemic response.

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The current "surveillance" activities are vey passive. On top of that we do not have regular communication with most of the health zones.

According to the surveillance committee "No communication" with a health facility meant NO suspected case, and was recorded as such.

I advised them that it should be recorded as "-"

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During yesterday's surveillance meeting MCZ again stressed the need for support to enhance surveillance in the different health zones with the priority of Panzi.

Can you let me know what would be the best way forward and when we can expect your answer regarding the proposal I forwarded last week

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Kindly find attached incident report from lab team regarding the quality of lab samples received yesterday evening.

It shows the importance of:

1) having the correct sample kits distributed to the health facilities,

2) a specific training to be conducted on how to use these sample kits including the safety aspect of manipulating and transporting urine or blood samples.

Both are justification to the proposal sent earlier for sample kit distributed, for which we are still awaiting your approval.

In any case we need to ensure healthcare workers are protected.

Today's suspected case turned out not to be a suspected case at all, so health care workers might benefit from additional training in terms of case definition.

Unfortunately, I do not have sufficient private funds left to be able to send a WHO vehicle with the MCZ.

I never received any operational funds.

From my arrival I have been funding this project with my private funds. From purchasing fuel for the vehicles to move for the supervision during the vaccination campaign to buying the fuel for the generators for PEV cold room.

Now I'm still using my money to buy fuel for the running of the hospital generator to ensure a 24h power supply for the EMLAB.

We only have 80 liters of fuel left for the generator to ensure the power to the lab, in combination with the solar/battery system this gives the lab another 7 days of power.