



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 22: 03rd June – 09th June 2024

Dear Reader, We are pleased to share the latest edition of Uganda’s weekly epidemiological bulletin for the year 2024. This bulletin serves to inform all stakeholders at community, district and national levels on suspected disease trends, public health surveillance and interventions undertaken in detecting, preventing and responding to public health events in Uganda on a weekly basis.

In this issue, we showcase the following updates:

- ◆ Routine and Sentinel Surveillance
- ◆ Indicator and Event Based Surveillance
- ◆ Maternal and Perinatal deaths surveillance

- ◆ Influenza and VHF surveillance
- ◆ Tuberculosis and Malaria status updates
- ◆ Point of Entry Surveillance
- ◆ Current Public Health Events in and around Uganda

For comments please contact:

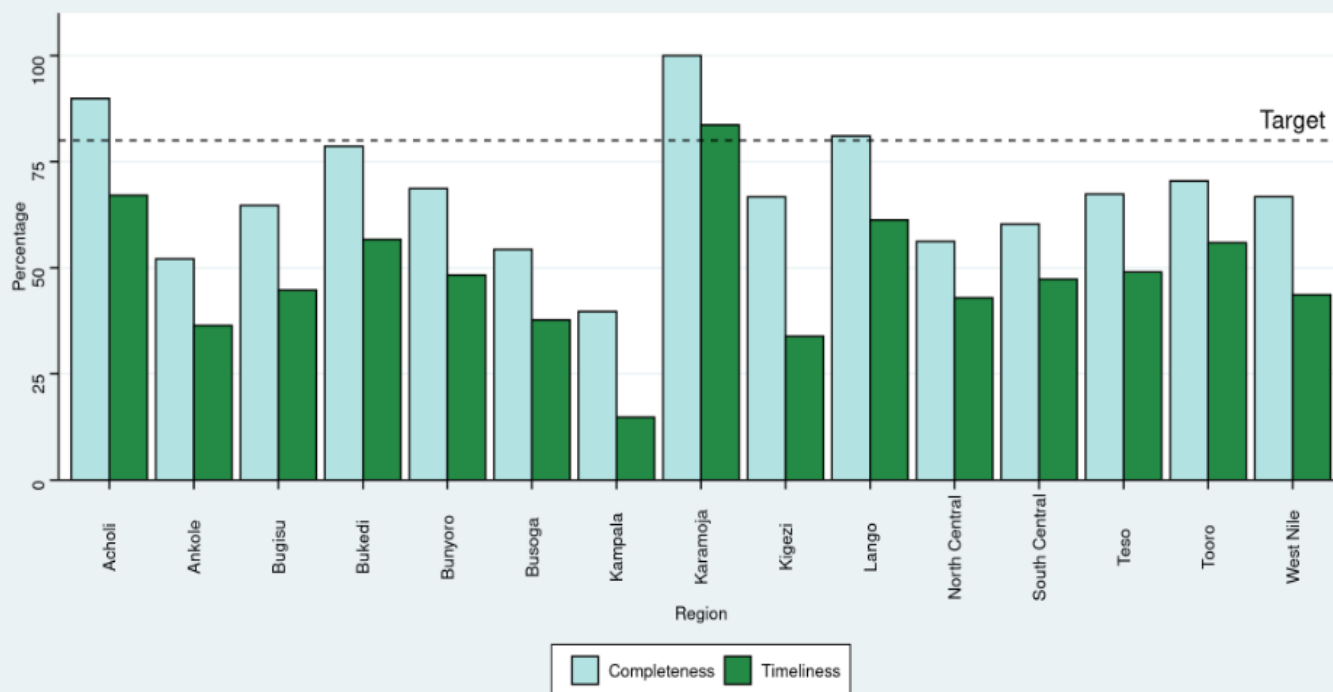
Dr. Allan Muruta,

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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 23



Source: DHIS2

Source: DHIS2

Most regions did not achieve the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 23 save for Acholi, Karamoja and Lango. Timeliness within most regions was below the 80% target save for Karamoja. Our recommendation is that district biostatisticians work with their health workers to identify and address bottlenecks to reporting. The breakdown of performance by district is shown on the next page.

Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 22 and 23

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK22	WK23	WK22	WK23		WK22	WK23	WK22	WK23
Abim	100	100	90.5	100	Hoima City	52.4	47.6	23.8	28.6
Adjumani	25.5	37.3	7.8	25.5	Hoima	47.4	84.2	10.5	36.8
Agago	100	100	16.3	60.5	Ibanda	34	48.9	4.3	36.2
Alebtong	90	90	45	85	Iganga	28.3	41.3	13	21.7
Amolatar	87.5	62.5	18.8	50	Isingiro	74.7	86.7	14.7	25.3
Amudat	100	100	61.5	100	Jinja City	42.4	54.2	8.5	40.7
Amuria	80.8	88.5	30.8	57.7	Jinja	38.1	33.3	21.4	21.4
Amuru	71.9	81.3	31.3	62.5	Kaabong	100	100	96.3	88.9
Apac	35.1	51.4	24.3	43.2	Kabale	96.4	82.1	28.6	44.6
Arua City	42.9	45.7	11.4	22.9	Kabarole	78.1	84.4	37.5	68.8
Arua	90.9	100	18.2	36.4	Kaberamaido	100	100	11.1	5.6
Budaka	47.1	82.4	23.5	58.8	Kagadi	40.6	43.8	9.4	37.5
Bududa	93.8	75	56.3	50	Kakumiro	71.4	60	42.9	48.6
Bugiri	60	70.9	14.5	36.4	Kalaki	16.7	33.3	0	25
Bugweri	100	100	100	100	Kalangala	100	100	29.2	95.8
Buhweju	30	35	5	20	Kaliro	62.1	51.7	24.1	17.2
Buikwe	30.4	34.8	11.6	14.5	Kalungu	65.7	74.3	8.6	34.3
Bukedea	35	40	15	30	Kampala	43.6	41.4	6.9	14.8
Bukomansimbi	51.9	55.6	33.3	37	Kamuli	60.9	47.8	26.1	17.4
Bukwo	9.1	31.8	0	22.7	Kamwenge	52.8	41.7	22.2	27.8
Bulambuli	40	56	12	44	Kanungu	58.9	75	26.8	28.6
Buliisa	31.3	62.5	25	37.5	Kapchorwa	37	48.1	18.5	37
Bundibugyo	22.6	48.4	6.5	38.7	Kapelebyong	14.3	64.3	14.3	57.1
Bunyangabu	94.1	94.1	17.6	50	Karenga	100	100	60	40
Bushenyi	41.3	52.2	26.1	47.8	Kasese	38	47.9	7.7	28.9
Busia	67.6	67.6	44.1	64.7	Kassanda	42.1	36.8	21.1	34.2
Butaleja	44	52	32	28	Katakwi	74.1	70.4	63	55.6
Butambala	8.3	37.5	8.3	29.2	Kayunga	57.5	72.5	12.5	35
Butebo	90.9	90.9	45.5	63.6	Kazo	25	43.8	9.4	31.3
Buvuma	100	100	28.6	100	Kibaale	50	50	23.5	32.4
Buyende	37	48.1	18.5	44.4	Kiboga	51.1	59.6	36.2	34
Dokolo	94.4	100	11.1	22.2	Kibuku	100	100	41.2	47.1
Fort Portal City	96.3	96.3	85.2	96.3	Kikuube	84.8	100	30.3	48.5
Gomba	60	44	44	36	Kiruhura	40.7	66.7	29.6	59.3
Gulu City	85.7	90.5	23.8	50	Kiryandongo	69.2	88.5	15.4	61.5
Gulu	100	100	0	56.5	Kisoro	21.3	72.3	4.3	21.3

Source: DHIS2

KEY

100
80-99.9
60-79.9
<60

Districts in red need immediate follow-ups and support regarding reporting by the district health teams.

Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 22 and 23

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK22	WK23	WK22	WK23		WK22	WK23	WK22	WK23
Kitagwenda	70.8	95.8	8.3	87.5	Nabilatuk	100	100	33.3	100
Kitgum	80	100	32.5	62.5	Nakapiripirit	100	100	84.6	92.3
Koboko	76.9	84.6	42.3	50	Nakaseke	56.7	56.7	43.3	46.7
Kole	85.7	62.9	42.9	20	Nakasongola	40.5	47.6	26.2	35.7
Kotido	100	100	54.5	59.1	Namayingo	39.5	36.8	15.8	21.1
Kumi	100	100	42.9	64.3	Namisindwa	100	81	52.4	38.1
Kwania	97.4	61.5	2.6	41	Namutumba	40	57.1	5.7	31.4
Kween	30.8	57.7	3.8	46.2	Napak	100	100	16.7	77.8
Kyankwanzi	100	100	95.8	95.8	Nebbi	61.5	73.1	19.2	53.8
Kyegegwa	76	60	36	48	Ngora	38.5	23.1	15.4	23.1
Kyenjojo	80.4	84.3	52.9	68.6	Ntoroko	66.7	66.7	0	44.4
Kyotera	95.1	74.1	76.5	54.3	Ntungamo	50.7	67.2	20.9	31.3
Lamwo	74.2	77.4	19.4	71	Nwoya	100	100	96.7	96.7
Lira City	100	100	88.9	88.9	Obongi	61.1	61.1	33.3	50
Lira	100	100	100	100	Omoro	92.6	100	37	63
Luuka	48.8	58.1	7	32.6	Otuke	64.7	88.2	35.3	64.7
Luwero	61.2	61.2	20.4	35.9	Oyam	100	100	91.7	97.9
Lwengo	43.2	43.2	10.8	24.3	Pader	97.6	100	31	81
Lyantonde	25	38.5	19.2	26.9	Pakwach	42.1	42.1	15.8	36.8
Madi-Okollo	33.3	61.9	14.3	38.1	Pallisa	100	100	93.8	100
Manafwa	84.6	100	30.8	53.8	Rakai	21.7	43.5	8.7	34.8
Maracha	83.3	83.3	44.4	44.4	Rubanda	21.1	34.2	2.6	21.1
Masaka City	100	100	28.9	94.7	Rubirizi	100	95	5	55
Masaka	100	100	93.8	100	Rukiga	97	100	21.2	54.5
Masindi	100	100	100	98	Rukungiri	36.2	50	8.5	33
Mayuge	73.6	76.4	55.6	68.1	Rwampara	30	30	10	10
Mbale City	61	68.3	31.7	43.9	Sembabule	37.5	25	22.5	12.5
Mbale	100	96.3	96.3	63	Serere	100	100	100	100
Mbarara City	76.3	68.4	26.3	42.1	Sheema	36.8	36.8	15.8	34.2
Mbarara	76.9	46.2	38.5	42.3	Sironko	33.3	60.6	15.2	48.5
Mitooma	13.6	36.4	4.5	36.4	Soroti City	48	44	20	40
Mityana	44.7	43.4	6.6	25	Soroti	37.5	81.3	25	81.3
Moroto	100	100	52.6	94.7	Terego	86.2	93.1	17.2	41.4
Moyo	51.6	64.5	29	54.8	Tororo	69.2	61.5	21.8	34.6
Mpigi	56.5	61.3	27.4	41.9	Wakiso	45	53.3	22.1	37.7
Mubende	13	44.4	5.6	35.2	Yumbe	100	100	35.1	52.6
Mukono	46.1	49	21.6	20.6	Zombo	56.5	69.6	13	60.9

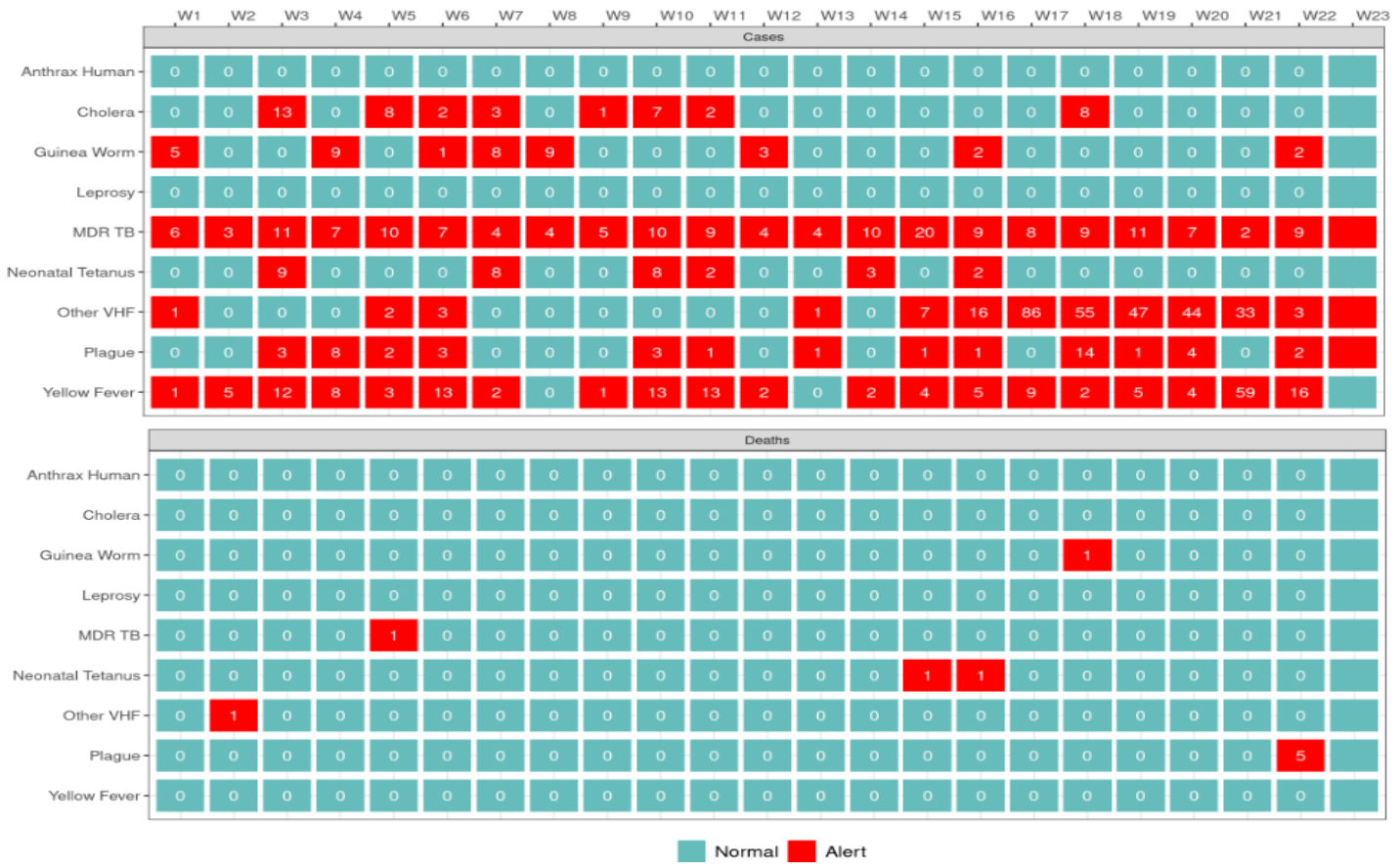
Source: DHIS2

KEY

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80-99.9
60-79.9
<60

Districts in red need immediate follow-ups and support regarding reporting by the district health teams.

Figure 4.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk23



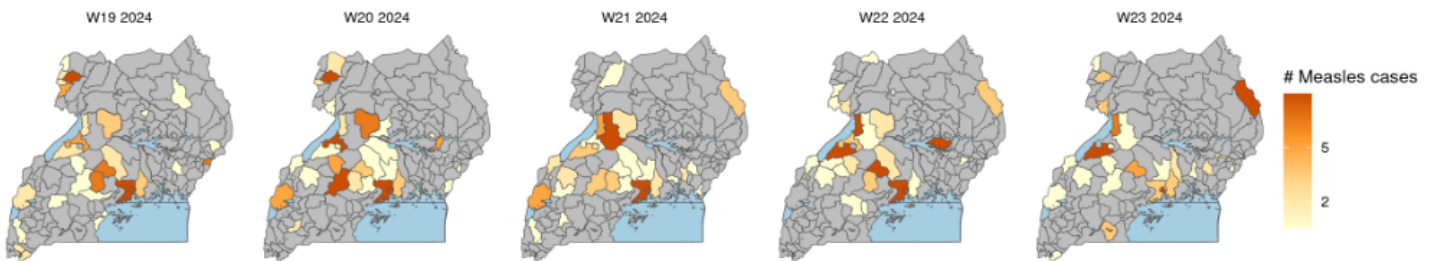
Source: DHIS2

DHIS2 Data

Key: VHF = Viral Hemorrhagic Fever; mDR TB = Multi-drug Resistant Tuberculosis

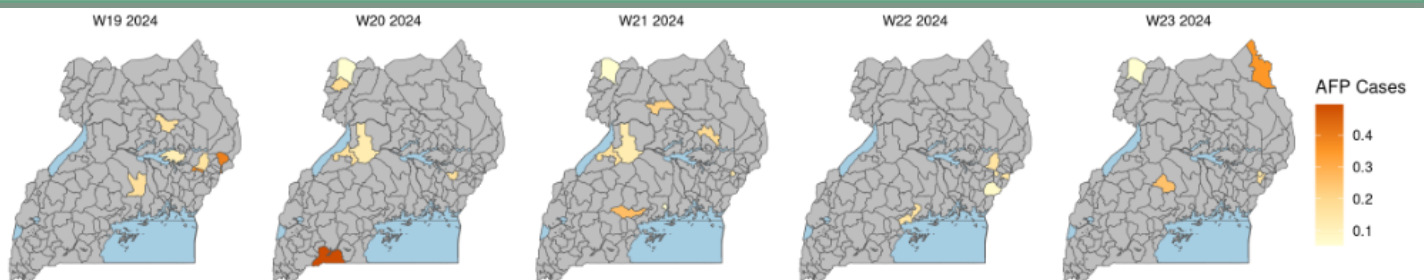
Within the reporting week 23 suspected cases were reported within the conditions of MDR-TB, Other VHF and Plague. These are suspected cases and verification is on-going. There was no suspected death due to any epidemic prone disease. .

Figure 4.2: Suspected and probable cases of measles reported in the past five weeks



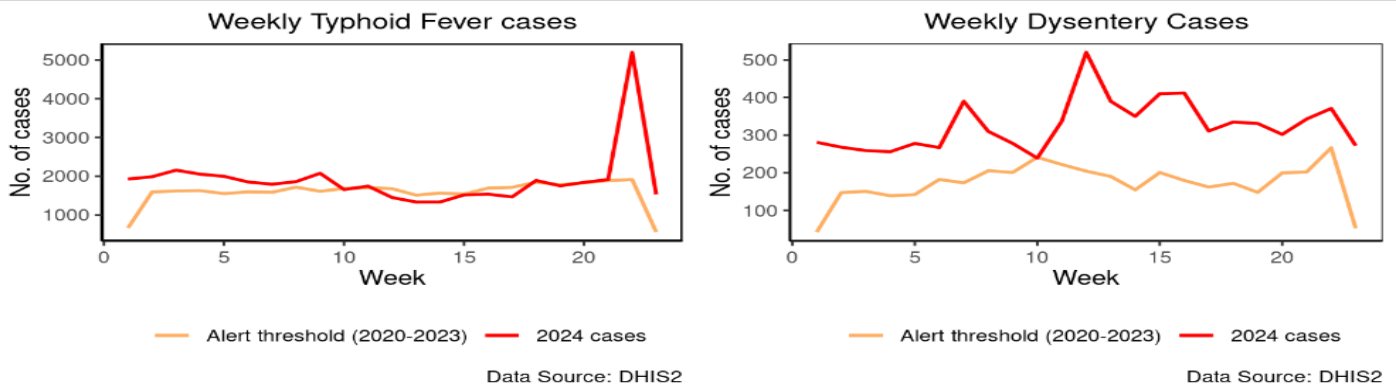
Data source: HMIS

Figure 4.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks



Data source: HMIS

Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk23



Notice that the alert threshold for typhoid fever and dysentery is calculated as the average number of weekly cases (suspected and confirmed) in the past three years. The observed threshold for both typhoid and dysentery were passed and this warrants an investigation

Figure 5.2 Weekly cases of diseases / conditions targeted for elimination or eradication by 2024 Wk23

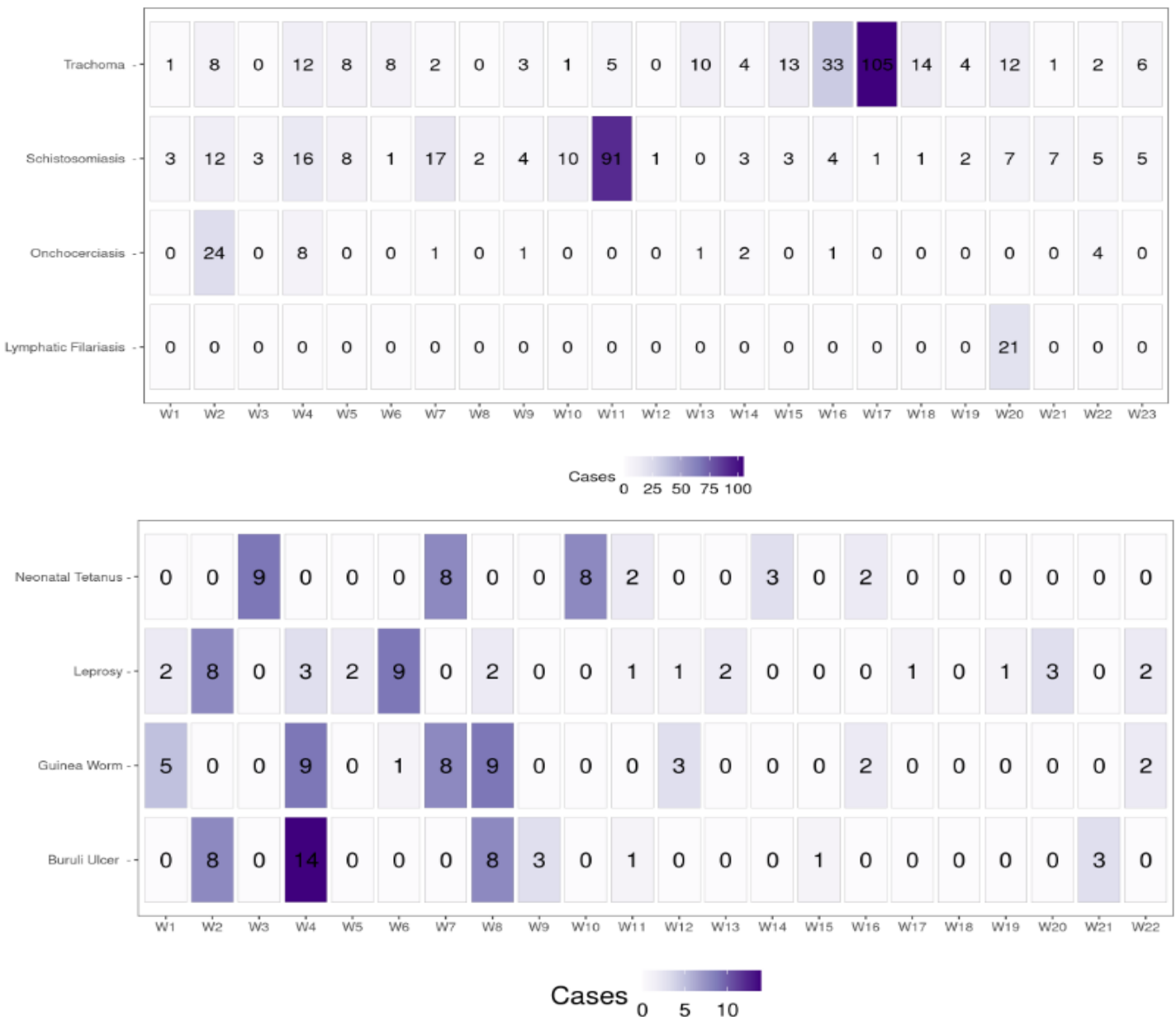
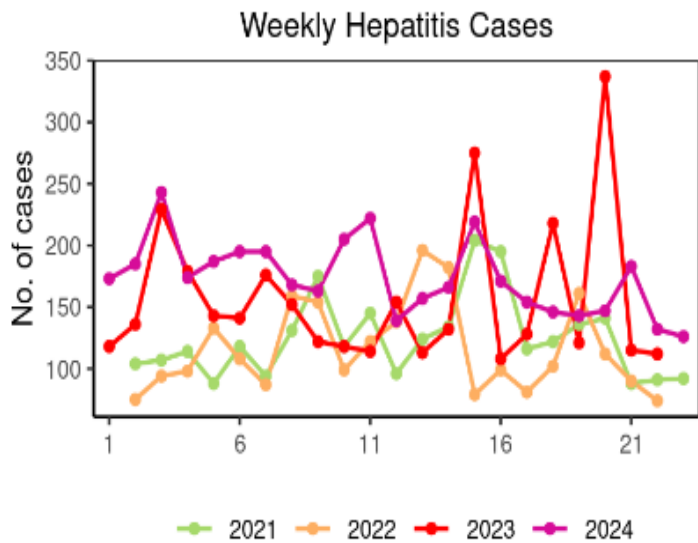
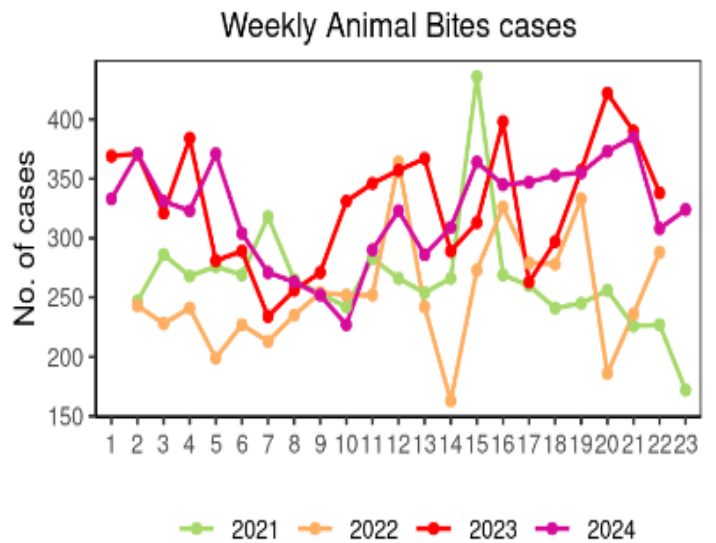


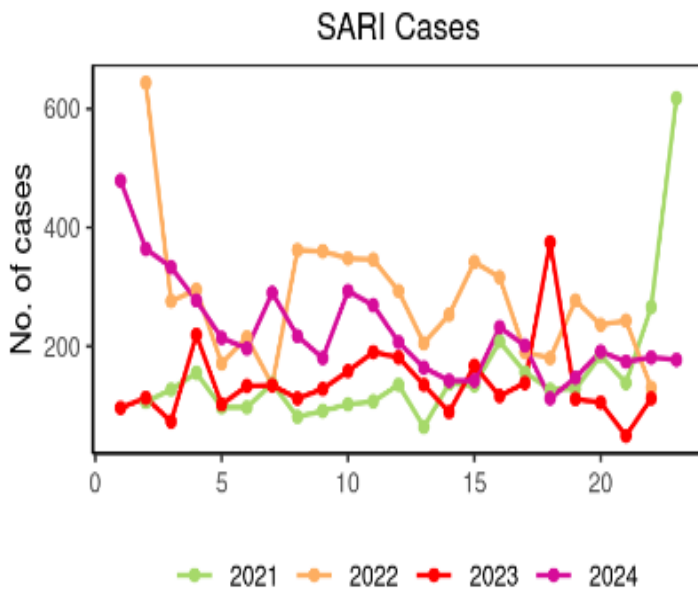
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk23



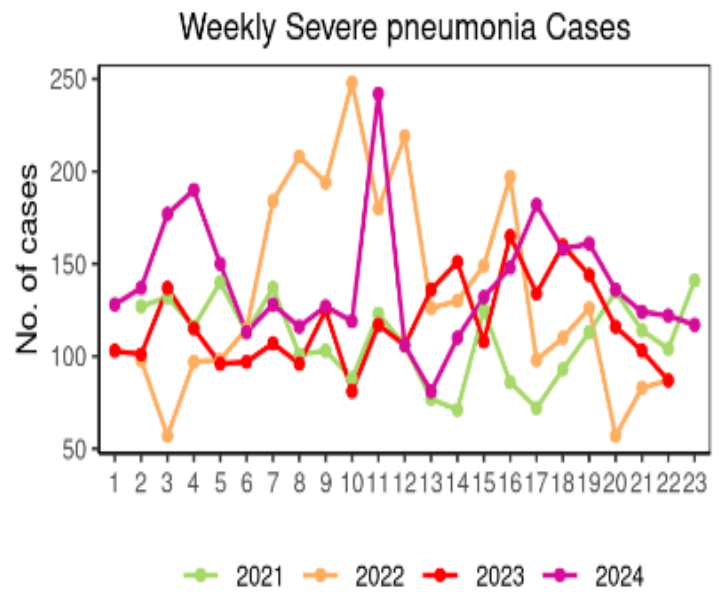
Data Source:DHIS2



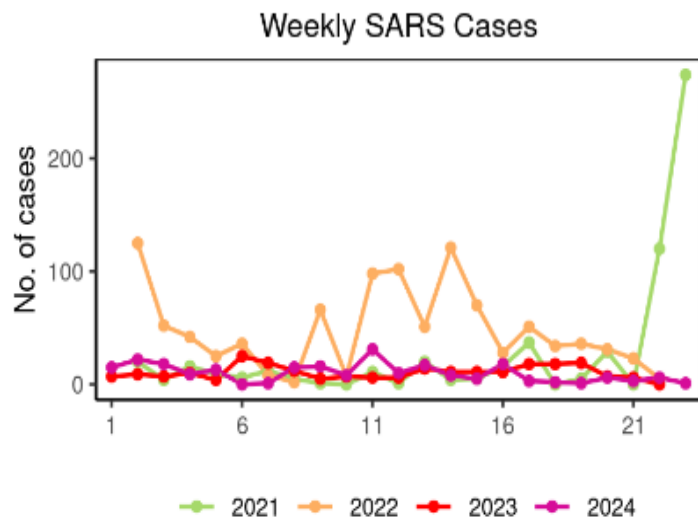
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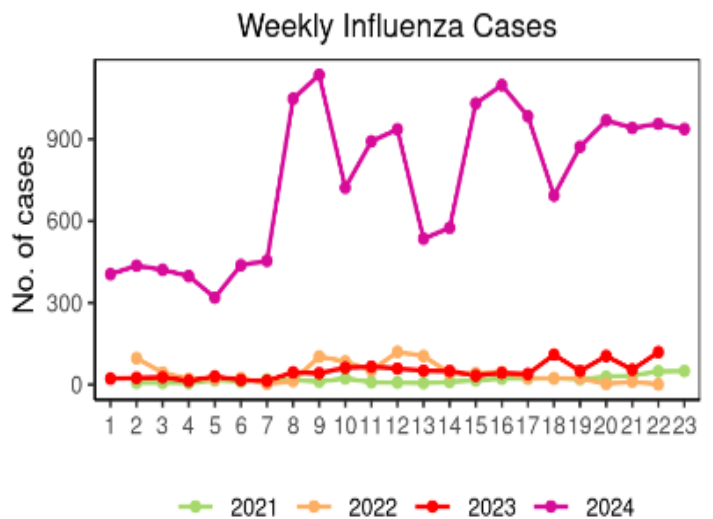
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Data Source:DHIS2



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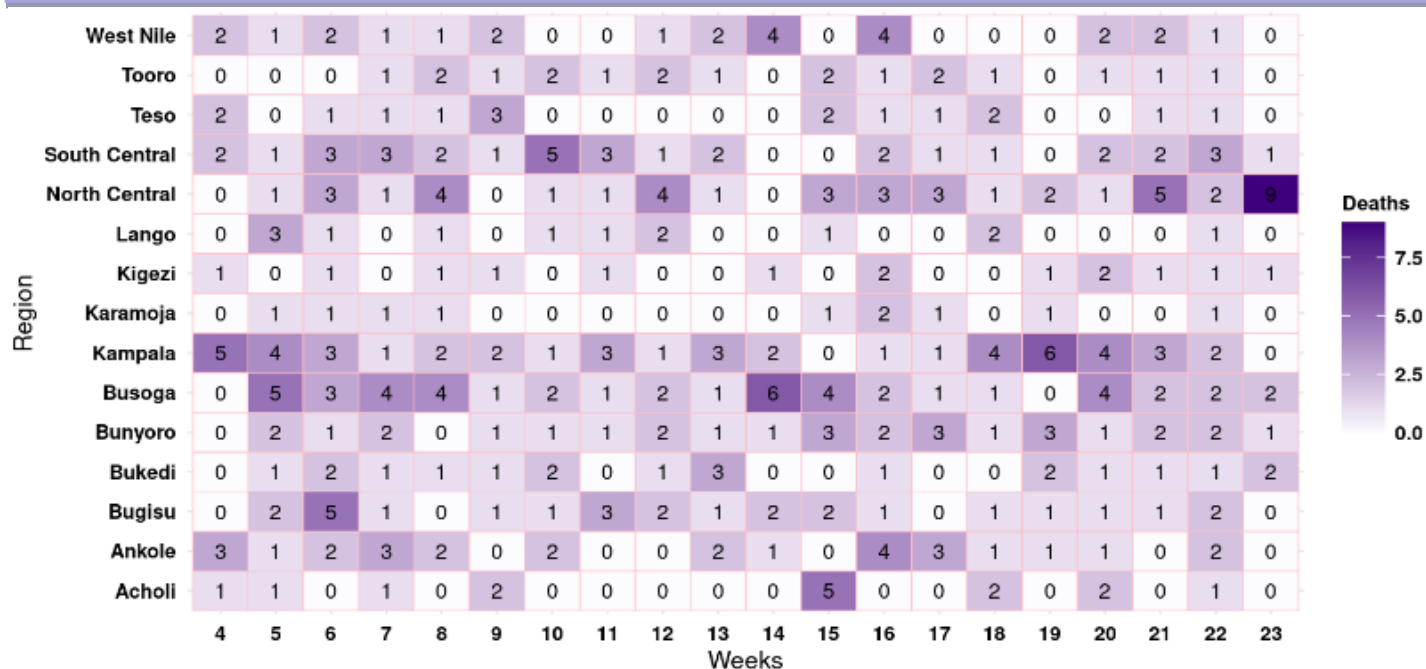


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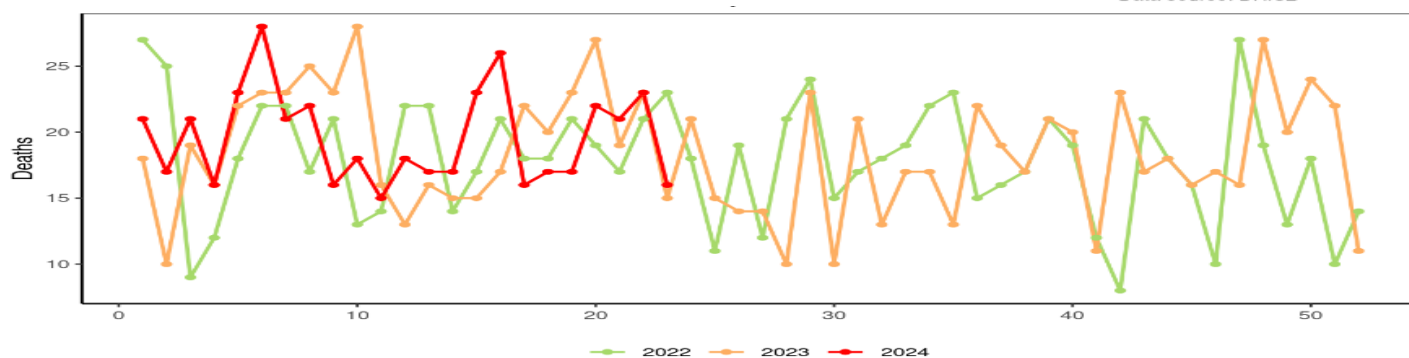
Maternal Deaths Surveillance

In week 23, there were 16 maternal deaths. There was a decrease of 7 maternal death as compared to the 23 deaths reported in week 22

Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 23



Data source: DHIS2



Data Source:DHIS2

Table 7.2: Facilities reporting Maternal deaths during 2024WK23

Regions	Districts	Facility	No. of maternal deaths
North Central	Kayunga District	Kayunga Regional Referral Hospital	3
Bukedi	Pallisa District	Pallisa General Hospital	1
North Central	Kayunga District	Kayunga Police Health Centre II	3
South Central	Masaka City	Masaka Regional Referral Hospital	1
North Central	Kiboga District	Kiboga General Hospital	1
North Central	Mubende District	Mubende Regional Referral Hospital	1
Busoga	Iganga District	Iganga General Hospital	1
North Central	Mukono District	Mukono General Hospital	1
Bunyoro	Hoima City	Hoima Regional Referral Hospital	1
Bukedi	Busia District	Dabani Hospital	1
Kigezi	Rukiga District	Kitanga Hilbe Health Centre III	1
Busoga	Buyende District	Kakooge Health Centre III	1

Perinatal Deaths Surveillance

In week 23, there were 271 perinatal deaths. There was a decrease of 24 deaths from the 295 deaths reported in week 22.

Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 23

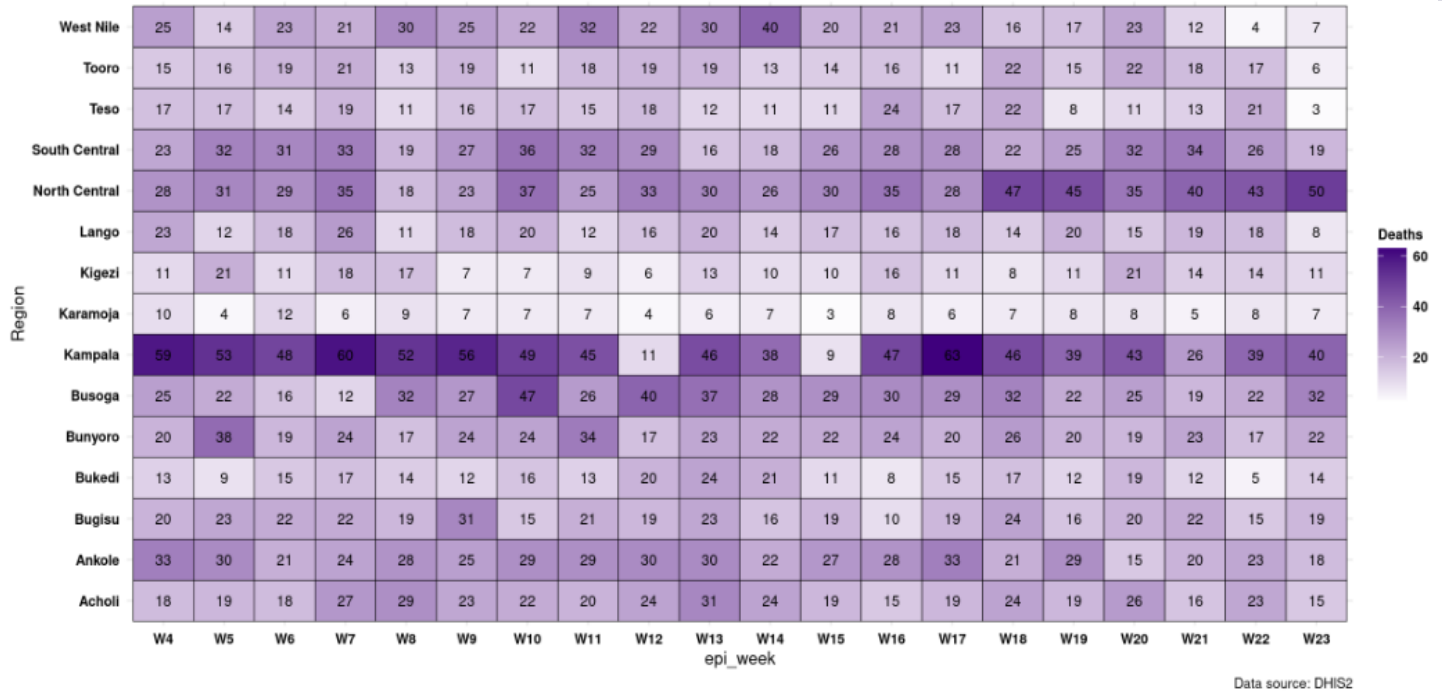


Figure 8.2: Forms of Perinatal deaths Reported during 2024WK23

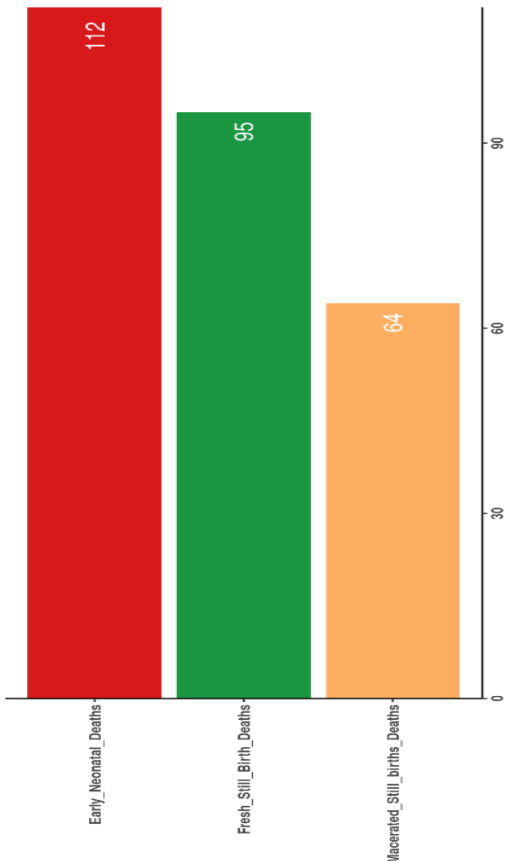
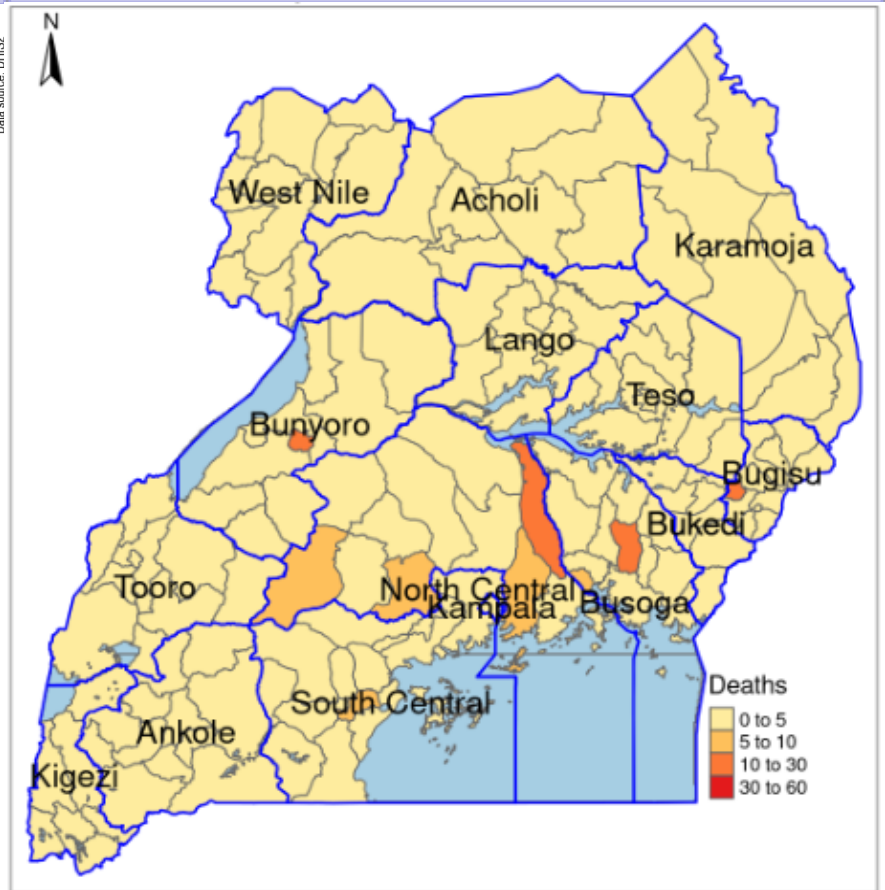


Figure 8.3: Perinatal deaths Reported during 2024WK23 by district



Influenza Surveillance

Results from the MUWRP Influenza Surveillance Sites: 2024Week23

Health Facility	Type of case	# of Specimens Tested (PCR)	# H3N2	# H1N1	# COVID-19
Kiruddu NRH	SARI	02	00	00	01
	ILI	10	00	00	01
Mulago NRH	SARI	02	00	00	00
	ILI	08	01	01	00
Jinja RRH	SARI	02	00	00	00
	ILI	08	00	00	00
Gulu RRH	SARI	02	00	00	00
	ILI	08	00	00	01
Totals		42	01	01	03

During week 23, forty-seven samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=09), Gulu RRH (n=10), Jinja RRH (n=12), and Bwera Hospital (n=06) sentinel sites. These were analyzed using PCR methods for Flu A, Flu B, and SARS-CoV-2 at the MUWRP-EIDP lab at UVRI Entebbe. One sample (02.13%) from Mulago NRH was positive for Flu B of the Victorian sub-type. Further, one sample (02.13%) from Jinja RRH was positive for SARS-CoV-2. All samples were negative for Flu A. Further, 38 samples collected during week 22 were analyzed for ten other viral causes of ILI/SARI. Human metapneumoviruses and adenoviruses were the most prevalent non influenza viral causes of ILI/SARI circulating at 18.42% and 10.53% respectively. Other circulating viral pathogens were RSV and PIV, each circulating at 07.9% (Table 9.2). In conclusion, hMPV and ADV were the most prevalent causes of influenza like illnesses during the epidemiological week.

Table 9.2: Results of Analysis for Other Viral Pathogens 2024Week22

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# hMPV Positive	# PIV Positive	# HBoV Positive
Kiruddu NRH	10	00	01	00	00	00
Gulu RRH	10	02	02	02	02	00
Jinja RRH	08	01	00	01	01	01
Mulago NRH	10	01	00	04	00	00
Total	38	04	03	07	03	01

Influenza Surveillance

Table 10.1: Monthly Influenza, COVID 19 and RSV Results 2024WK23

Month	Influenza					COVID19Result		RSVResult		Total
	A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Pending	Negative	Positive	Negative	Positive	
January	04	00	162	00	00	155	11	163	03	166
February	03	01	138	00	00	137	05	140	02	142
March	01	01	253	03	00	258	00	245	13	258
April	00	01	119	05	01	125	01	115	11	126
May	01	00	135	02	01	132	07	126	13	139
Total	09	03	807	10	2	807	24	789	42	831

Table 10.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024WK23

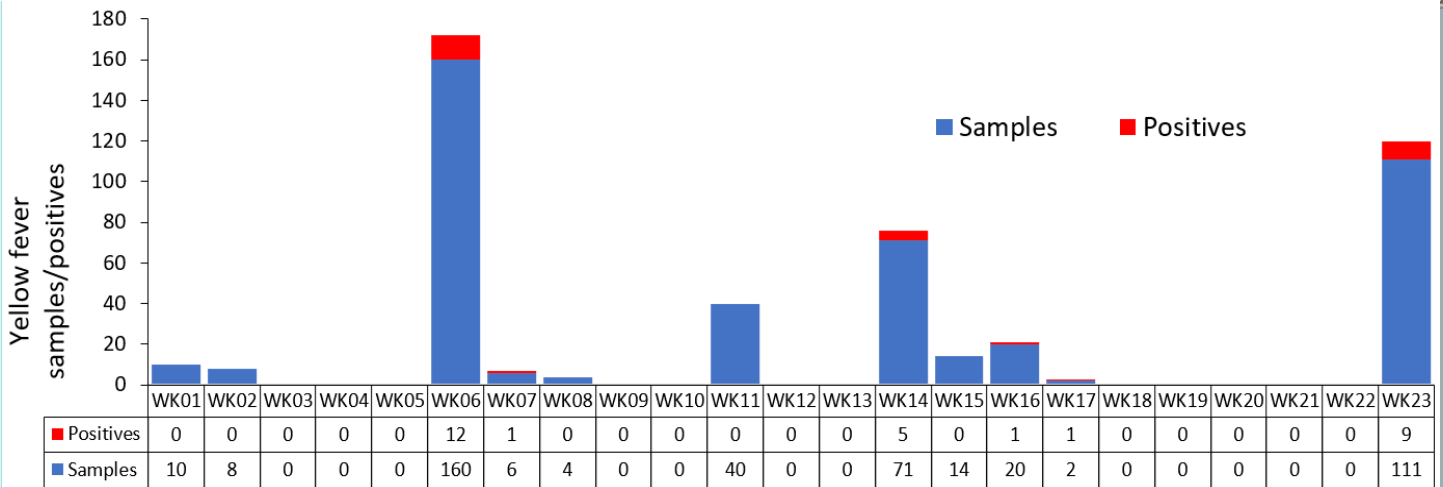
Sample Type/ Sentinel Site	Influenza					COVID19Result		RSVResult		Total	
	A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Pending	Negative	Positive	Negative	Positive		
ILI	Entebbe RRH	00	00	20	03	01	24	00	23	01	24
	Fort Portal RRH	00	00	01	00	00	1	00	01	00	1
	Jinja RRH	07	01	136	01	00	138	07	140	05	145
	Kawaala HC IV	00	00	02	00	00	2	00	02	00	2
	Kibuli Hospital	00	00	06	00	00	6	00	06	00	6
	Kiryandongo H	00	00	41	00	00	40	01	41	00	41
	Kiswa HC III	000	00	150	00	00	150	00	150	00	150
	Kitebi HC III	00	01	29	04	00	34	00	33	01	34
	Koboko H	00	00	13	00	00	13	00	13	00	13
	Mukono H	00	00	74	00	01	71	04	67	08	75
	Mulago NRH	00	00	44	00	00	44	00	44	00	44
	Nsambya H	00	00	24	00	00	24	00	24	00	24
	Tororo H	00	00	40	01	00	39	02	33	08	41
Total	07	02	580	09	02	586	14	577	23	600	
SARI	Entebbe RRH	00	00	04	00		3	01	04	00	4
	Fort Portal RRH	00	00	32	00		30	02	26	06	32
	Jinja R.RH	00	00	39	00		38	01	39	00	39
	Koboko H	00	00	11	00		9	02	11	00	11
	Mbarara RRH	02	00	36	00		37	01	34	04	38
	Nsambya H	00	01	77	00		76	02	75	03	78
	Tororo H	00	00	28	01		28	01	23	06	29
	Total	02	01	227	01		221	10	212	19	231
SARI-ILI	Entebbe RRH	00	00	24	03	01	27	01	27	01	28
	Fort Portal RRH	00	00	33	00	00	31	02	27	06	33
	Jinja RRH	07	01	175	01	00	176	08	179	05	184
	Kawaala HC IV	00	00	02	00	00	2	00	02	00	2
	Kibuli H	00	00	06	00	00	6	00	06	00	6
	Kiryandongo H	00	00	41	00	00	40	01	41	00	41
	Kiswa HC III	00	00	150	00	00	150	00	150	00	150
	Kitebi HC III	00	01	29	04	00	34	00	33	01	34
	Koboko Hospital	00	00	24	00	00	22	02	24	00	24
	Mbarara RRH	02	00	36	00	00	37	01	34	04	38
	Mukono H	00	00	74	00	01	71	04	67	08	75
	Mulago NRH	00	00	44	00	00	44	00	44	00	44
	Nsambya H	00	01	101	00	00	100	02	99	03	102
	Tororo H	00	00	68	02	00	67	03	56	14	70
Total	09	03	807	10	02	807	24	789	42	831	

Table 10.3: Weekly Influenza, COVID 19 and RSV Results for the past 5 weeks, 2024

EPIWEEK	Influenza					COVID19Result		RSVResult		Total
	A(H3)	B Victoria	Negative	Pandemic A(H1N1)	Pending	Negative	Positive	Negative	Positive	
18	1	1	19	0	0	0	21	0	18	3
19	0	0	51	2	0	0	50	3	46	7
20	0	0	26	0	0	0	25	1	23	3
21	0	0	33	0	1	1	32	2	32	2
22	0	0	15	0	0	0	14	1	15	0
Total	1	1	144	2	1	1	142	71	134	15

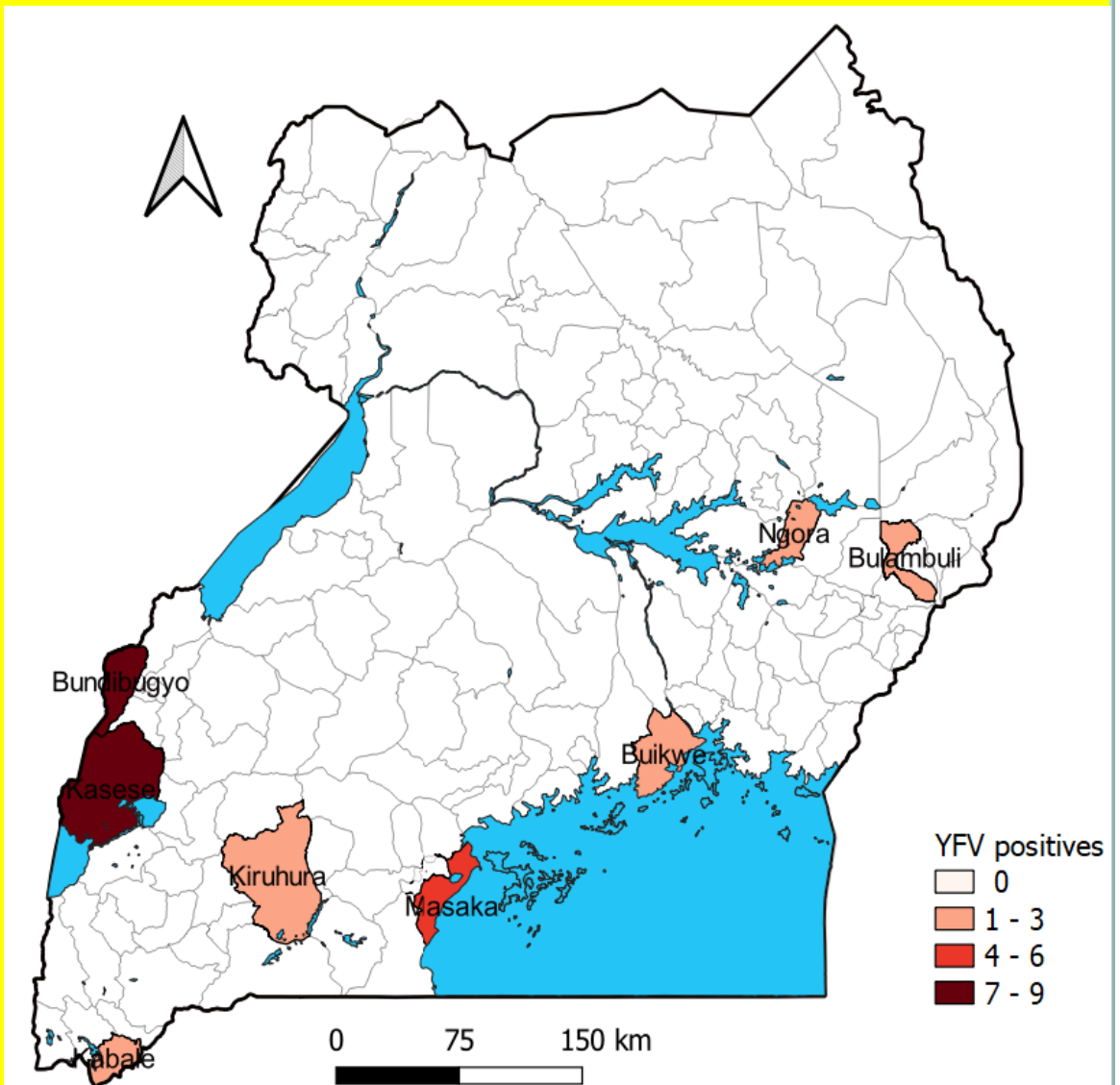
Yellow Fever Virus (YFV) Surveillance

Figure 11.1 : Weekly distribution of YFV samples and positives during 2024 EpiWeeks 01-23



During 2024 WK23, 111 yellow fever-suspected samples were submitted to UVRI and nine of them were positive (Figure 11.1). Cumulatively, 447 samples have been submitted and 30 have tested positive.

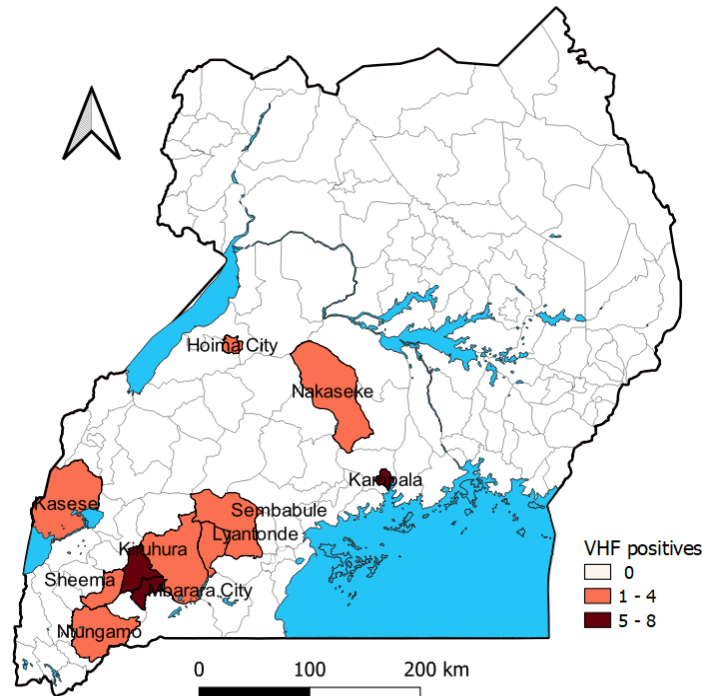
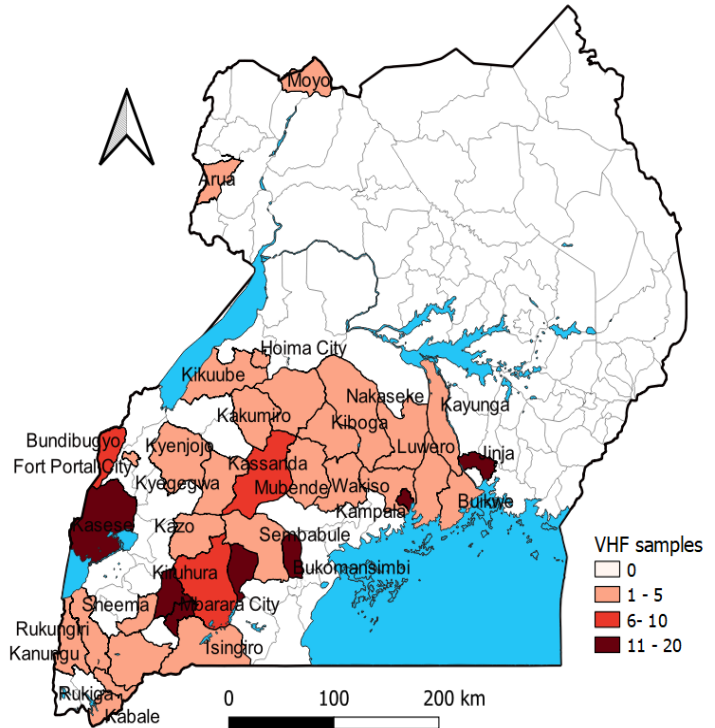
The map on the right shows Districts where the samples that tested positive came from during 2024 EpiWeeks 01-23



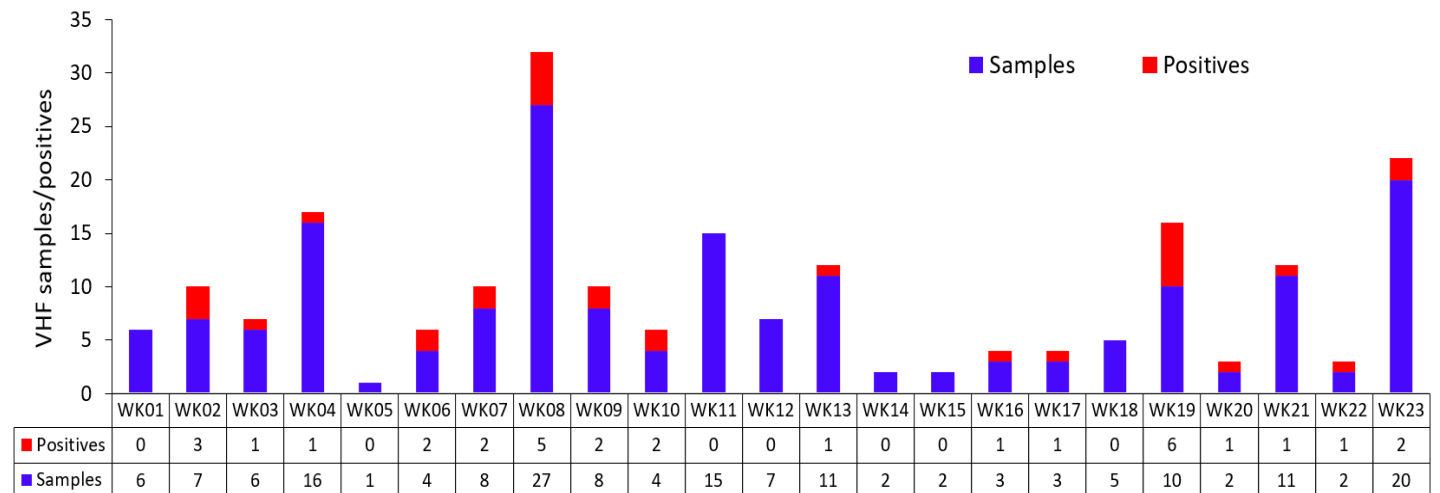
Viral Hemorrhagic Fevers Surveillance

Figure 12.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-23

Between 2024 WK01-23, a total of 180 VHF suspected samples were collected; 147 from alive and 19 from dead. Kasese District had the highest number of samples (20) followed by Bukomansimbi and Lyantonde districts (18 each) and Jinja (14). The map on the right shows the distribution of samples collected by districts. Most of them are from central and western Uganda.



Twenty samples tested positive for RVF and majority of them (12) were from Mbarara District and City. Twelve samples tested positive for CCHF of which 3 were from Lyantonde, 3 from Kampala, 2 from Kiruhura, 2 from Kasese, 1 from Mbarara and 1 from Hoima (as shown in the map on the left). These have been responded to as outbreaks under the zoonosis IMT.



Points of Entry (POE) Surveillance

Table 13.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week23

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)
1	Mpondwe	83,418	2,033
2	Elegu	19,397	9,160
3	Bunagana	10,017	3,344
4	Malaba	6,645	0
5	Cyanika	6,566	5,889
6	Busia	5,242	0
7	Busunga	4,707	4,121
8	Mutukula	3,775	2,311
9	Afogi	2,836	2,985
10	Katuna	2,765	0
11	Kokwochaya	1,993	1,012
12	Vurra	1,277	912
13	Mirama Hills	1,276	1,166
14	Alakas	1,180	658
15	Kyeshero	966	238
16	Goli	947	1,117
17	Odramacaku	881	370
18	Katwe	701	0
19	Arua Airport	657	259
20	Transami	476	309
	Total	158,002	37,371

During 2024 EpiWeek 23 a total of 158,002 incoming, and 37,371 exiting travelers at 29 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Elegu Bunagana and Malaba (Table 13.1). Presumptive Tuberculosis was identified among 9 travelers, 12 travelers were tested for TB, one was confirmed with TB and linked to care. (Table 13.2).

21	Kamwezi	424	21
22	Ishasha	383	239
23	Madi-Opei	307	89
24	Wanseko	264	308
25	Kayanzi	239	239
26	Ndaiga	233	97
27	Sebagoro	194	41
28	Hima Cement	151	364
29	Suam	85	89
	Total	158,002	37,371

Table 13.2: Tuberculosis screening among travelers during 2024Epi Week23

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Busia	02	02	00	00
Elegu	01	01	01	01
Kamwezi	00	03	00	00
Kokwochaya	05	05	00	00
Mpondwe	01	01	00	00
Total	09	12	01	01

Source: IOM, eIDSR

Event Based Surveillance (EBS)

Table 14.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK23

Region	Total Signals Received	Signals Verified as Events	Signals Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	07	07	00	07	00	00	00
Bukedi	04	04	00	04	00	00	00
Bunyoro	06	05	01	06	00	00	00
Kampala	06	06	00	06	00	00	00
N. Central	02	02	00	02	00	00	00
S. Central	05	05	00	05	00	00	00
Teso	01	01	00	01	00	00	00
Tooro	03	02	01	03	00	00	00
W. Nile	18	16	02	18	00	00	00
Total	52	48	04	52	00	00	00

A total of 52 signals were received within the reporting week, of which 92% (48) were verified as events. All of the signals received (52, 100%) were from the human sector (Table 14.1). The silent regions during the week were Acholi, Ankole, Busoga, Karamoja, Kigezi, and Lango.

Signals reported through the 6767 SMS platform that tested positive/ were confirmed as alerts during 2024 Epi-Week 23 (03rd–09th June 2024)

The signals received during the week were red eyes (conjunctivitis), measles/rubella, Acute Flaccid Paralysis (AFP), animal bites, meningitis, dysentery, cholera, and Covid-19 (Table 14.2). The other diseases included chicken pox, neonatal sepsis, mental disturbance, and fevers.

The most notable signal received during the week was the ongoing conjunctivitis outbreak (Table 14.2).

Table 2: Regional-based suspected conditions reported within signals received and triaged via the 6767 line during Epi-Week 23 (03rd–09th June 2024)

Table 14.2 : Regional-based suspected conditions reported within signals received and triaged via the 6767 line during 2024WK23

Region	Red eyes	Measles/ Rubella	AFP	Animal Bites	Meningitis	Dysentery	Cholera	Covid-19	Others
Bugisu	02	01	00	01	00	01	00	00	01
Bukedi	03	00	00	00	00	00	00	00	01
Bunyoro	00	00	00	01	01	00	00	00	03
Kampala	04	02	00	00	00	00	00	00	00
N. Central	00	00	00	00	00	00	01	00	00
S. Central	00	02	02	00	00	00	00	01	00
Teso	00	01	00	00	00	00	00	00	00
Tooro	01	02	00	00	00	00	00	00	00
W. Nile	08	01	02	00	01	01	00	00	03
Total	18	09	04	02	02	02	01	01	08

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 15.1: Active PHEs in Uganda during 2024WK23

PHE	Activation Date	Location	All Cases	Confirmed Cases	Human Deaths
Tuberculosis	14-Dec-19	Seven Health Regions			
cVDPV2 (environmental)	31-May-24	Mbale City			
Conjunctivitis	18-Feb-24	Sixteen health Regions	31,087	-	00
Rabies	24-May-24	Busia	03	03	00
Measles	08-May-24	Ntoroko	51	03	01
	18-Jun-24	Moroto	05	05	02
	05-Mar-24	Kakumiro	96	06	03
Black Water Fever	14-May-24	Kiboga	25	03	01
	08-Feb-24	Bukomansimbi	131	-	13
Rift Valley Fever	01-Mar-24	Mbarara	14	07	02
Crimean Congo Hemorrhaging Fever	30-May-24	Kasese	05	01	00
	24-Apr-24	Kiruhura	11	04	03
Anthrax	04-Jun-24	Amudat	12	08	00
	10-Jun-24	Kween	02	02	00

Uganda's PHEOCs are currently activated for an outbreak of Red cVDPV2 in Mbale City, Anthrax in Amudat and Rabies in Busia Eyes in 130 prisons located within all 16 health regions plus communities; Measles in Kakumiro, Moroto, Ntoroko and Kiboga districts; Tuberculosis upsurge in seven health districts; Complicated Malaria / Black Water Fever in Bukomansimbi district; Rift Valley Fever in Mbarara district, CCHF in Kiruhura and Kasese districts,

Within Uganda's neighborhood, three countries are responding to incidents of flooding, Poliomyelitis (cVDPV1 and 2), measles and Cholera. Other incidents include plague, anthrax and Monkey Pox in the DRC, RVF in Kenya, among others.

Table 15.2: Active PHEs around Uganda during 2024WK23

Country	PHE	Grading	Start Date	Total Cases	Confirmed Cases	Deaths	CFR
Kenya	Flood	Grade 2	24/04/2024	412,763		295	0.30%
	Cholera	Grade 3	19/10/2022	12,521	577	206	1.60%
	Dengue	Grade 3	24/03/2024	71	38	00	0.00%
	Rift Valley Fever	Ungraded	24/01/2024	145	07	00	0.00%
	Measles	Ungraded	29/06/2022	1,324	195	11	0.80%
	Poliomyelitis (cVDPV2)	Grade 2	06/07/2023	13	13	00	0.00%
South Sudan	Hepatitis E	Ungraded	03/01/2018	4,253	63	12	0.30%
	Measles	Ungraded	23/02/2022	429	116	04	0.90%
	Poliomyelitis (cVDPV2)	Grade 2	26/02/2024	04	04	00	0.00%
Tanzania	Yellow fever	Ungraded	24/12/2023	120	03	06	5.00%
	Flood	Grade 2	24/04/2024	-	-	-	0.00%
Rwanda	Cholera	Grade 3	03/10/2023	2,549	2549	46	1.80%
	Poliomyelitis (cVDPV2)	Grade 2	26/02/2021	118	118	00	0.00%
Democratic Republic of Congo	Poliomyelitis (cVDPV1)	Grade 2	27/08/2022	107	107	00	0.00%
	Plague	Ungraded	26/02/2024	259		07	2.70%
	Floods	Ungraded	09/01/2024				
	Anthrax	Grade 2	04/11/2023	20	01	04	20.00%
	Monkey Pox	Protracted 2	01/01/2024	5,768	632	332	5.80%
	Measles	Ungraded	01/01/2024	30,144	1,178	791	3%
	Cholera	Grade 3	01/01/2024	13,360	1,571	217	1.60%

Source: National PHEOC, WHO Bulletin