



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 08: 19th - 25th February 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:

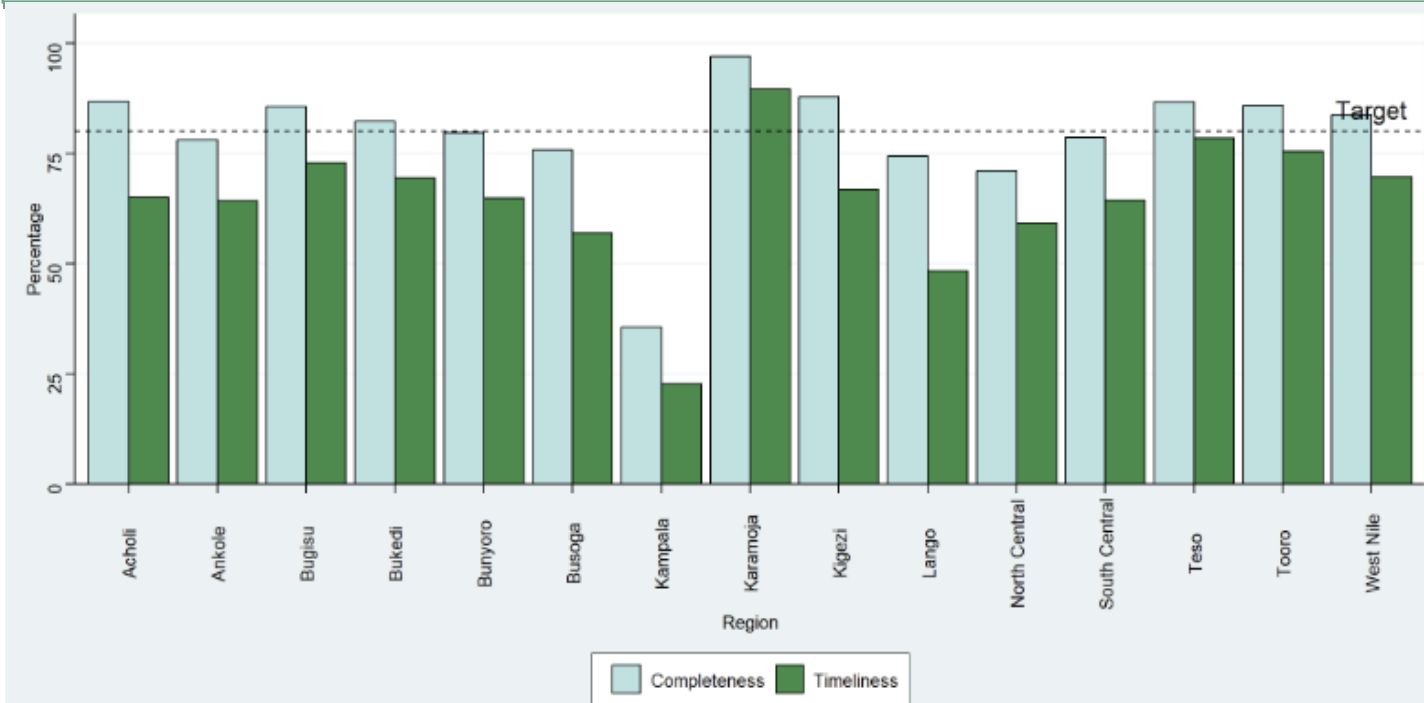
Dr. Allan Muruta,

Commissioner, Integrated Epidemiology, Surveillance and Public Health Emergencies - MoH;

P.O BOX 7272 Kampala, Tel: 080010066 (toll free); Email: esd@health.go.ug or esduganda22@gmail.com

Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 08

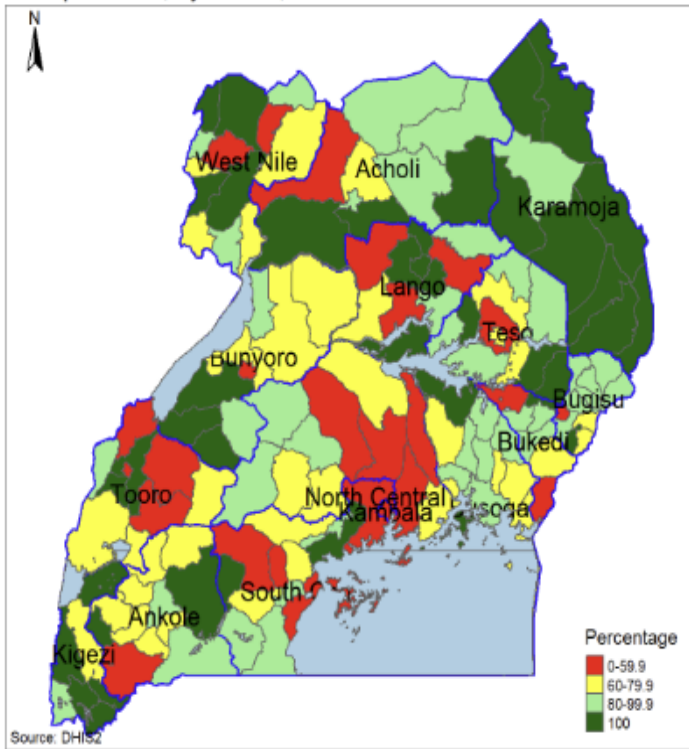


Source: DHIS2

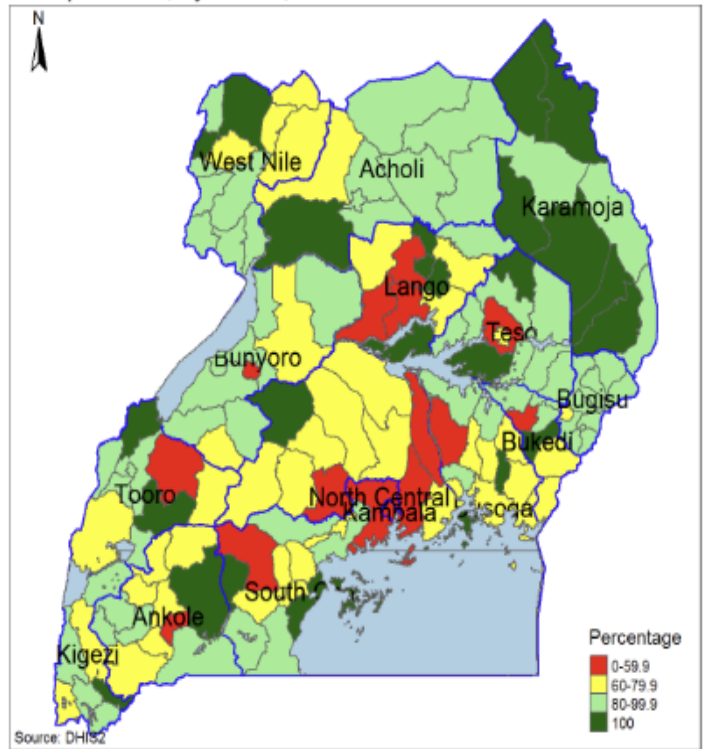
Most regions achieved the target of 80% for completeness for the weekly epidemiological reports within the EpiWeek 08 save for Ankole, Busoga, Kampala, Lango, North Central, and South Central. Timeliness within most regions was below the target save for Karamoja and this needs strengthening. Our recommendation is that district biostatisticians work with their health workers to identify and address bottlenecks to reporting. The break-down of performance by district is shown on the next page.

Figure 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 07 and 08

Completeness, by district, Week 7



Completeness, by district, Week 8



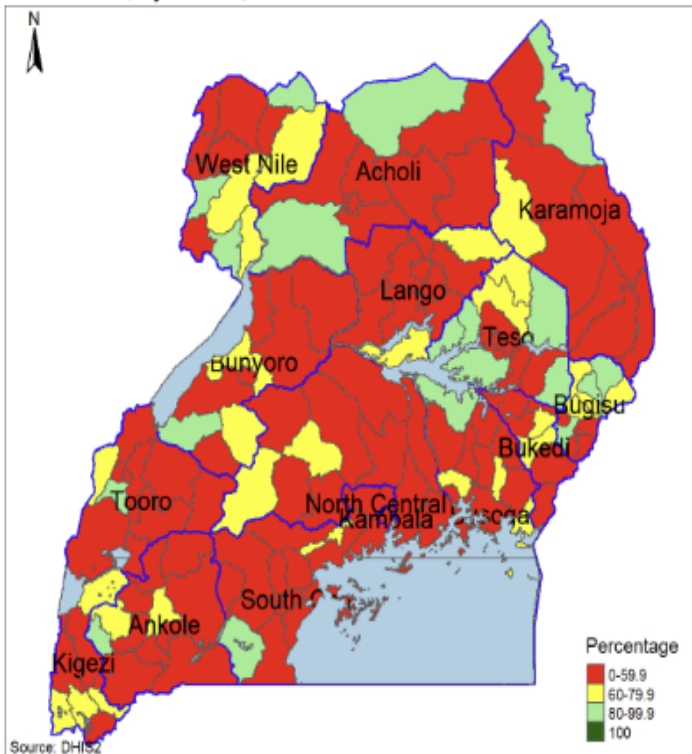
KEY

0-59.9	Poor performance
60-79.9	Average performance
80-99.9	Good performance
100	Best performance

Source: DHIS2

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

Timeliness, by district, Week 7



Timeliness, by district, Week 8

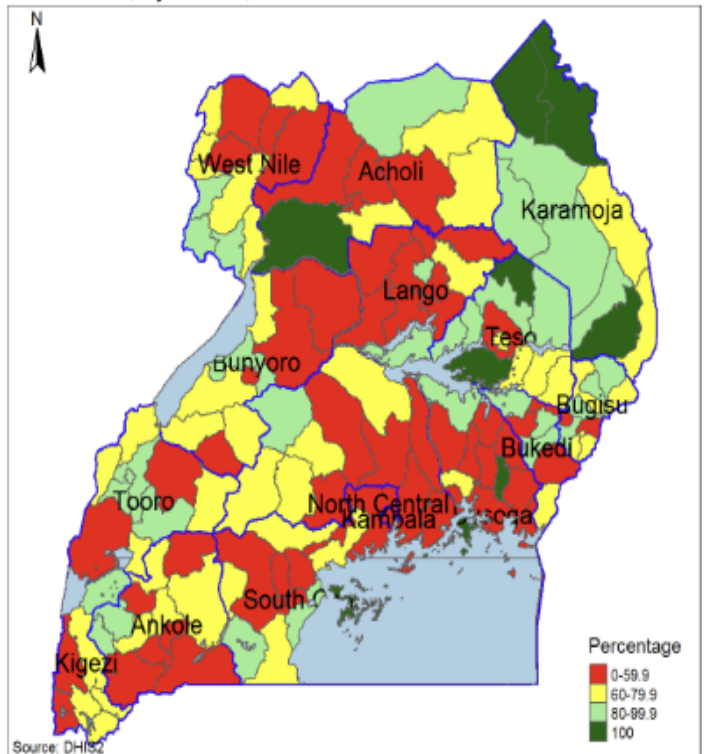


Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wko8



Source: DHIS2

Within the reporting week 08, suspected cases were reported within the conditions of Guinea worm, MDR-TB, neonatal tetanus and yellow fever.. These are suspected cases and verification is on-going. There was no suspected deaths reported.

Figure 3.2: Suspected and probable cases of measles reported in the past five weeks

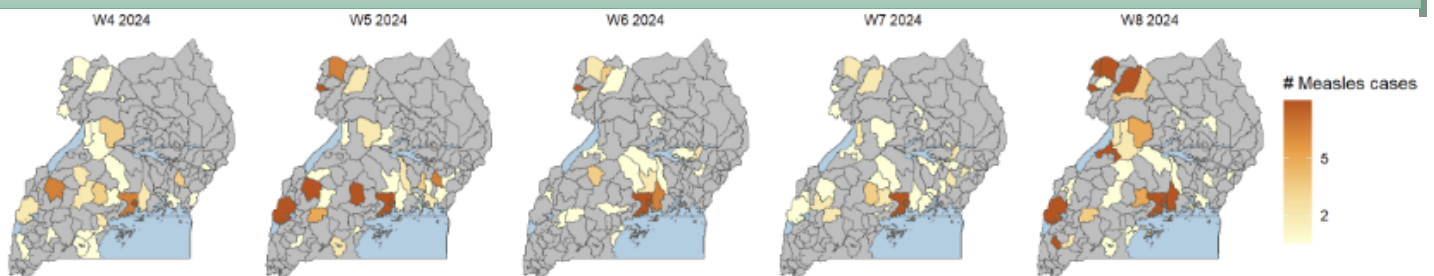


Figure 3.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

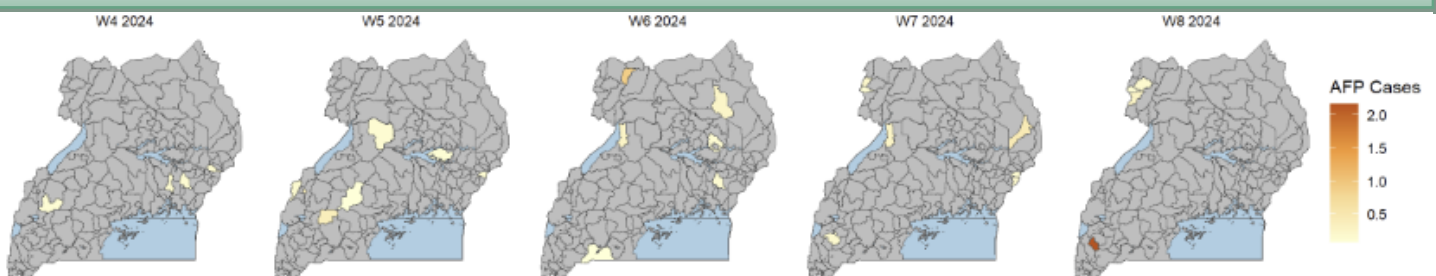
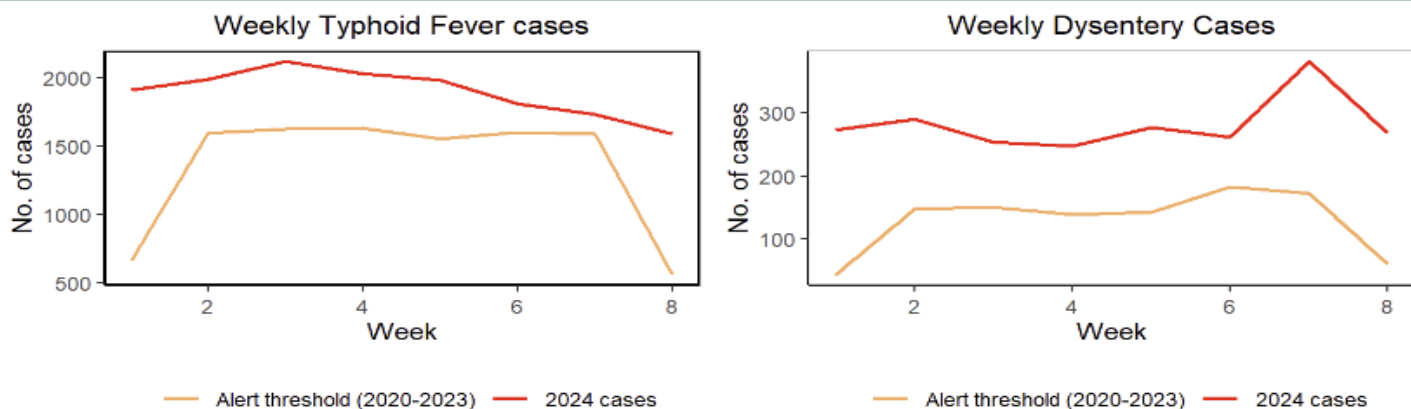


Figure 4.1: Suspected cases of Typhoid and Dysentery by 2024 Wko8



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 4.2 Weekly cases of diseases / conditions targeted for elimination or eradication by 2024 Wko8

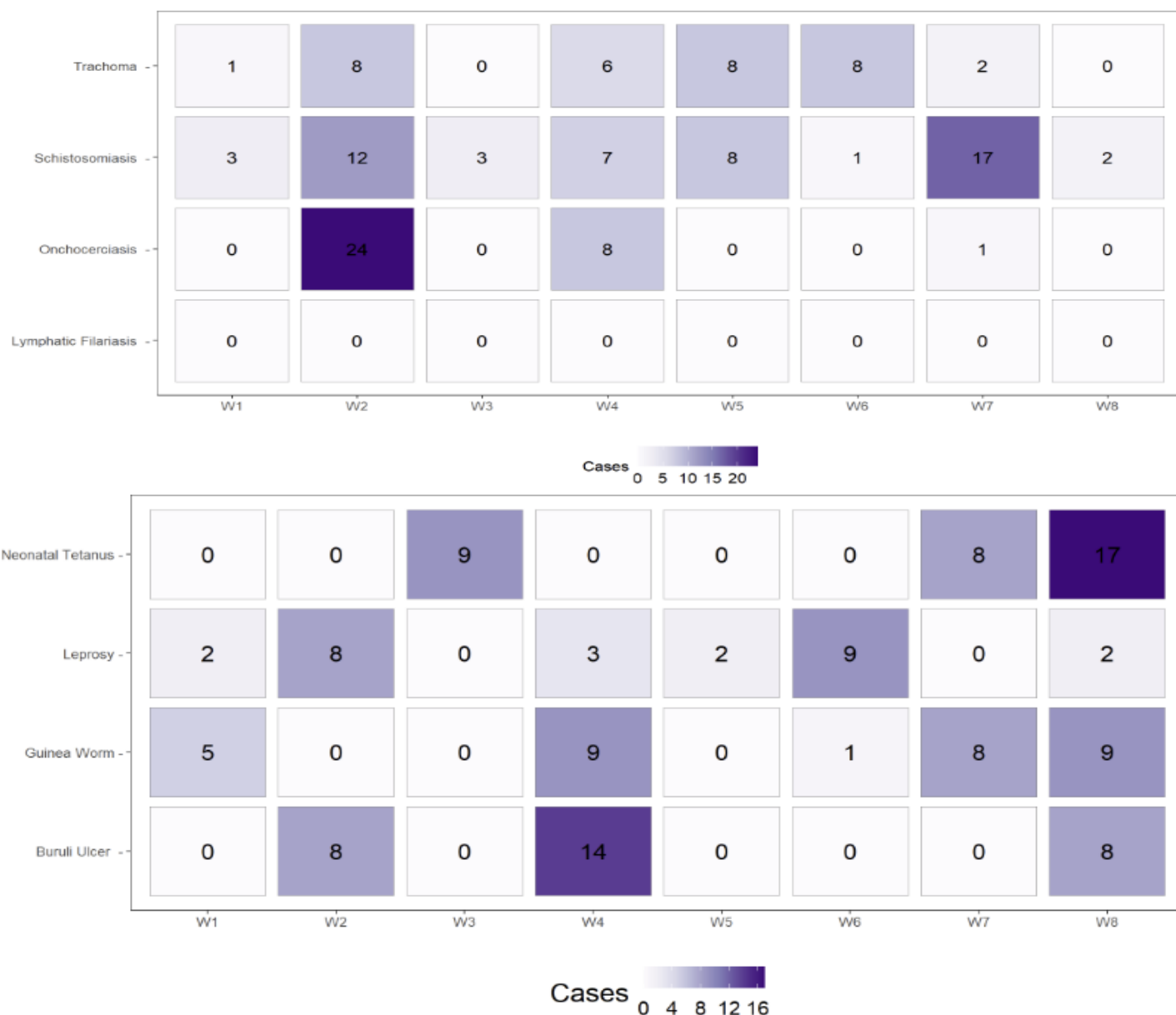
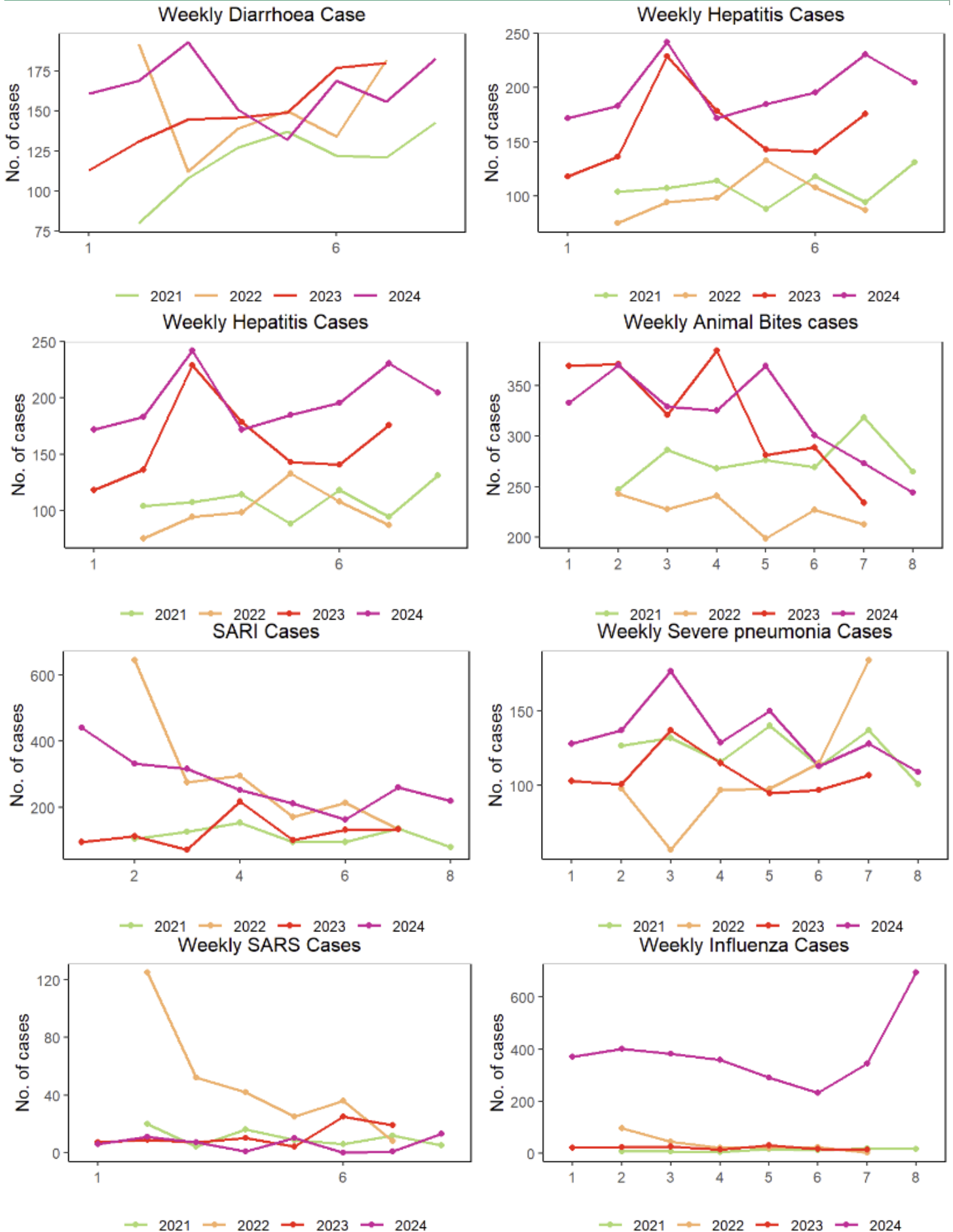


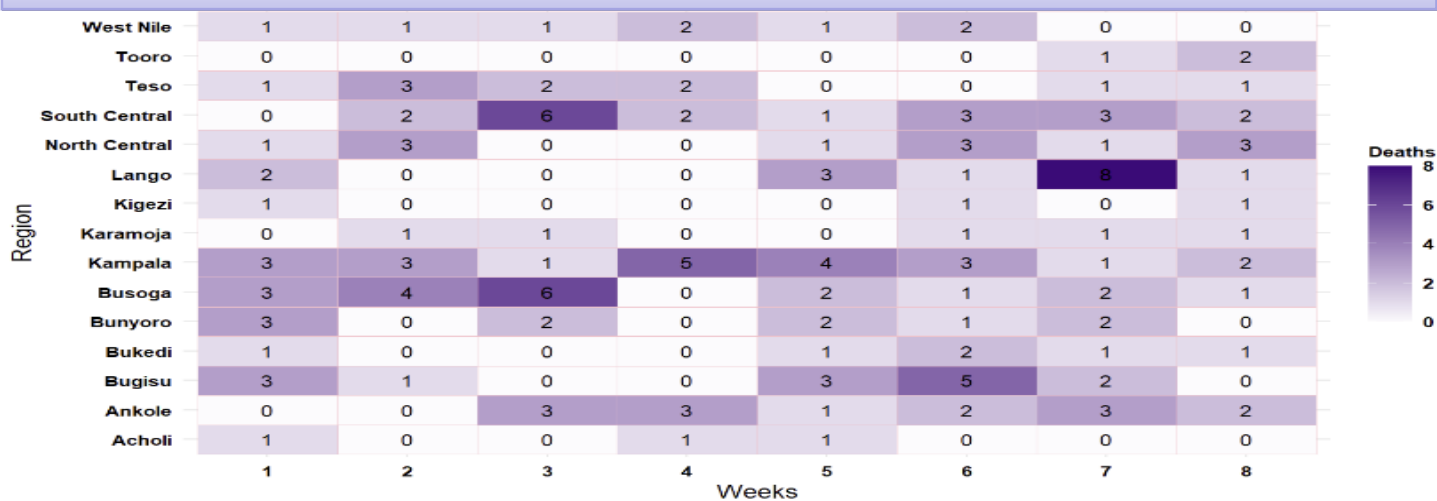
Figure 5.1: Suspected cases of other prioritized diseases and conditions by 2024 Wko8



Maternal Deaths Surveillance

In week 08, there were 17 maternal deaths. These were less by 09 deaths, from those (26 deaths) reported in week 07.

Table 6.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 08



Trend of weekly maternal deaths

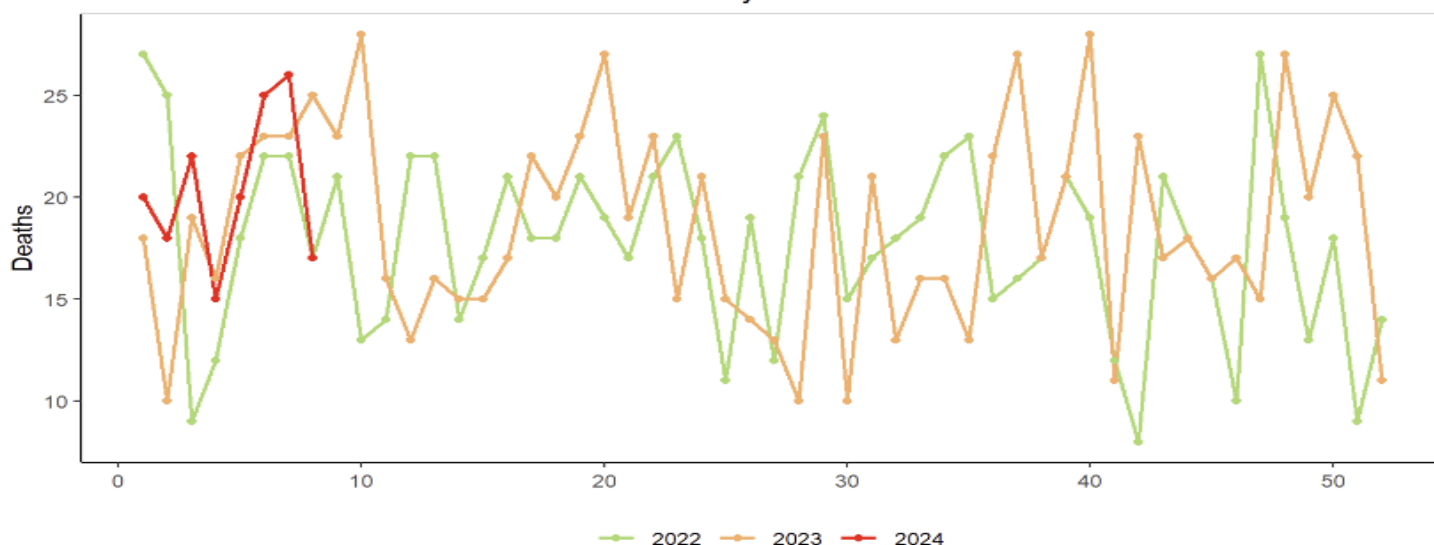


Table 6.2: Facilities reporting Maternal deaths during 2024WK08

Regions	Districts	Facility	No. of maternal deaths
North Central	Mubende District	Mubende Regional Referral Hospital	1
Ankole	Mbarara City	Mbarara Regional Referral Hospital	1
Lango	Oyam District	Aber Hospital	1
Busoga	Iganga District	Iganga General Hospital	1
Ankole	Isingiro District	Kakoma Health Centre III	1
Kampala	Kampala District	Kawempe National Referral Hospital	2
Teso	Serere District	Serere Health Centre IV	1
North Central	Mityana District	Mityana General Hospital	1
South Central	Mpigi District	Nkozi Hospital	1
Karamoja	Karenga District	Karenga Health Centre IV	1
Tooro	Fort Portal City	Virika Hospital	1
Kigezi	Rubanda District	Kiyebe Health Centre II	1
Bukedi	Butaleja District	Naweyo Health Centre III	1
North Central	Mukono District	Mukono General Hospital	1
Tooro	Kasese District	Kagando Hospital	1
South Central	Lyantonde District	Lyantonde General Hospital	1

Perinatal Deaths Surveillance

In week 08, there were 265 perinatal deaths. This was a reduction of 81 deaths, change from the 346 deaths reported in week 07.

Figure 7.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 08



Figure 7.2: Forms of Perinatal deaths Reported

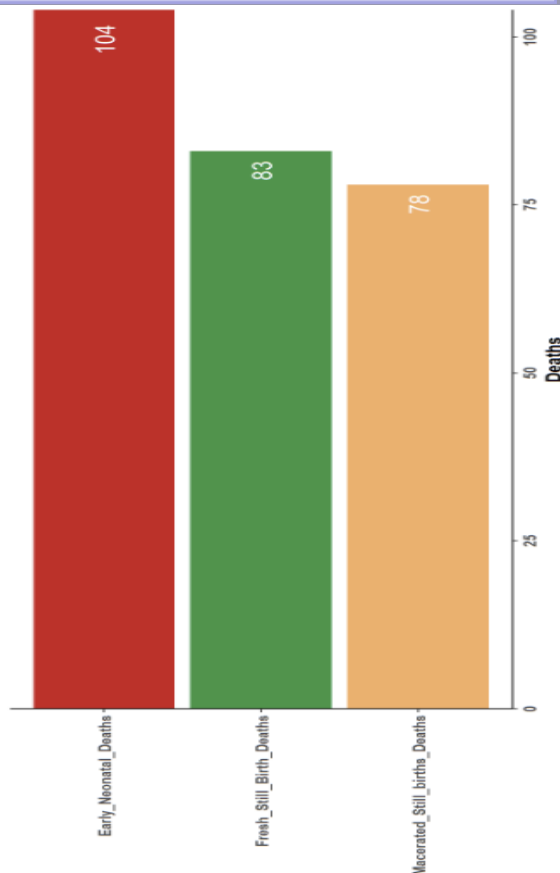


Figure 7.3: Perinatal deaths Reported during 2024WK08 by district



Influenza Surveillance

Table 8.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week 08

Health Facility	Type of case	# of Specimens Tested	
Kiruddu NRH	SARI	02	00
	ILI	08	00
Mulago NRH	SARI	02	00
	ILI	13	00
Jinja RRH	SARI	02	00
	ILI	08	01
Gulu RRH	SARI	02	00
	ILI	08	00
Totals		45	01

During week eight 2024, 45 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=15), Gulu RRH (n=10), and Jinja RRH (n=10). 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 (2.22%) from Jinja RRH was positive for SARS-CoV-2. All samples were negative for Flu A and Flu B.

Further, 27 samples collected during week 07 were analyzed for ten other viral causes of ILI/SARI. And circulation of Adenoviruses and Parainfluenza viruses were at 3.7% each respectively. Overall COVID-19 continues to linger in Uganda.

Table 8.2: Results of Analysis for Other Viral Pathogens 2024Week 08

Health Facility	Total Samples Tested	# ADV Positive	# PIV Positive
Kiruddu NR Hospital	4	0	0
Gulu RRH	10	1	0
Jinja RR Hospital	10	0	0
Mulago NR Hospital	3	0	1
Total	27	01	01

Influenza Surveillance

Table 5.1: Monthly Influenza, COVID 19 and RSV Results

Month	Influenza		COVID19Result		RSVResult		Total
	A(H3)	Negative	Negative	Positive	Negative	Positive	
January	4	125	120	9	127	2	129
February	0	9	9	0	9	0	9
Total	4	134	129	9	136	2	138

Table 5.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024

Sample Type/ Sentinel Site	Influenza		COVID19Result		RSVResult		Total	
	A(H3)	Negative	Negative	Positive	Negative	Positive		
ILI	Jinja RRH	4	35	33	6	39	39	
	Kiryandongo Hospital	0	26	26	0	26	26	
	Kiswa HC III	0	23	23	0	23	23	
	Mukono General Hospital	0	6	6	0	6	6	
	Nsambya Hospital	0	6	6	0	6	6	
	Total	4	96	94	6	100		100
SARI	Jinja RRH		7	6	1	7	0	7
	Mbarara RRH		12	11	1	11	1	12
	Nsambya Hospital		19	18	1	18	1	19
	Total		38	35	3	36	2	38
SARI-ILI	Jinja RRH	4	42	39	7	46	0	46
	Kiryandongo Hospital	0	26	26	0	26	0	26
	Kiswa HC III	0	23	23	0	23	0	23
	Mbarara RRH	0	12	11	1	11	1	12
	Mukono General Hospital	0	6	6	0	6	0	6
	Nsambya Hospital	0	25	24	1	24	1	25
Total	4	134	129	9	136	2	138	

Table 5.3: Weekly Influenza, COVID 19 and RSV Results, 2024

EPIWEEK	Influenza		COVID19Result		RSVResult		Total
	A(H3)	Negative	Negative	Positive	Negative	Positive	
1	0	11	10	1	11	0	11
2	1	47	43	5	48	0	48
3	3	23	25	1	26	0	26
4	0	28	26	2	26	2	28
5	0	24	24	0	24	0	24
6	0	1	1	0	1	0	1
Total	4	134	129	9	136	2	138

Source: National Influenza Center

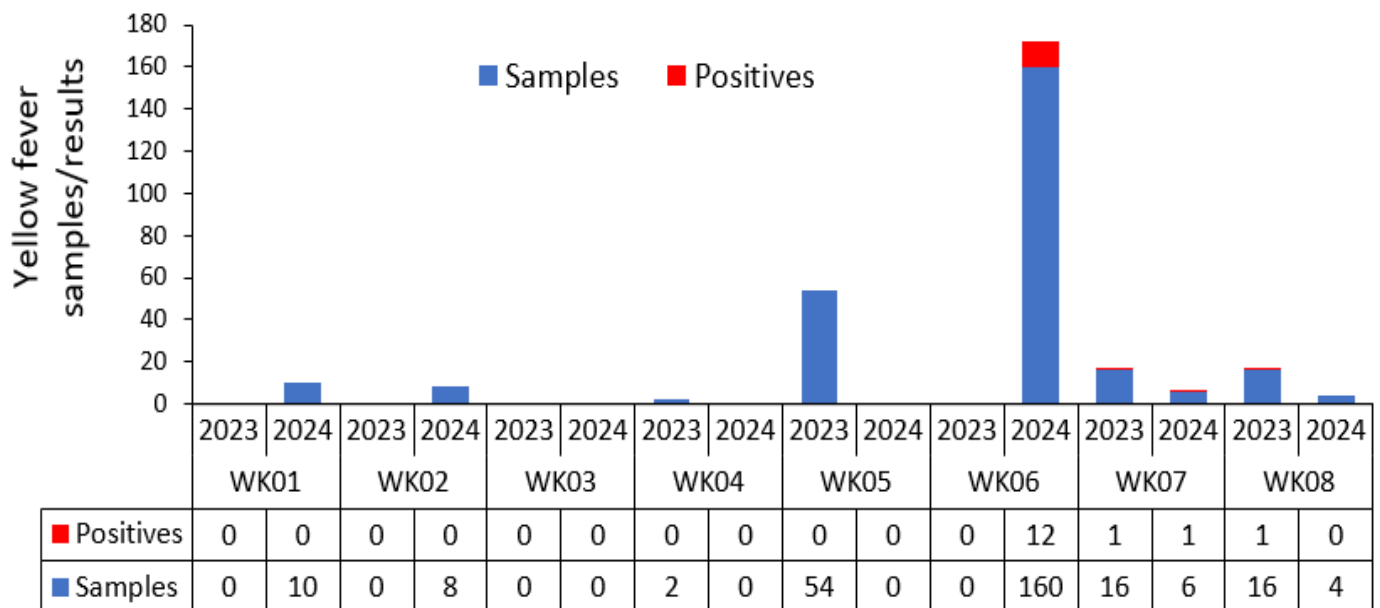
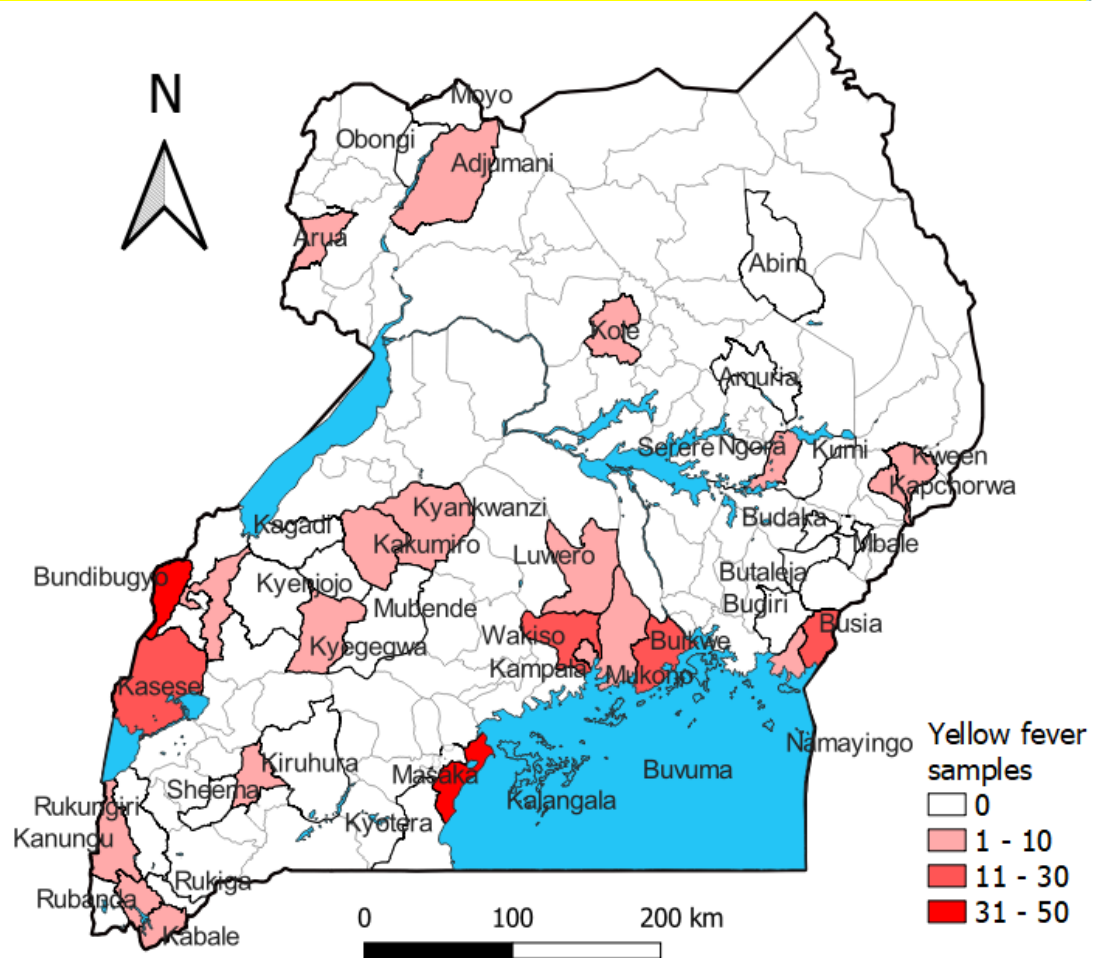
Yellow Fever Virus (YFV) Surveillance

Figure 6.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-08

During 2024 WK8, four Yellow Fever-suspected samples were submitted to UVRI.

Cumulatively, 188 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-08 2024). Most of these districts are within the regions of Western, Eastern and Central regions.

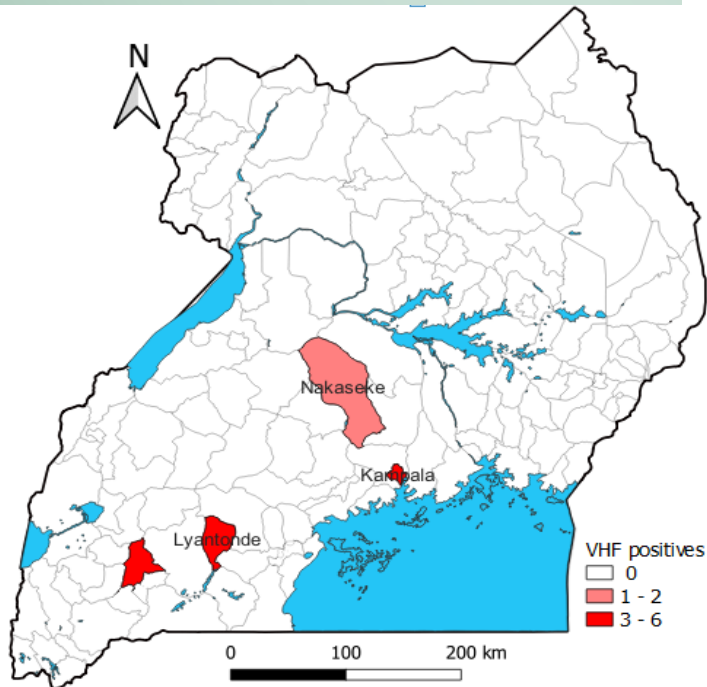
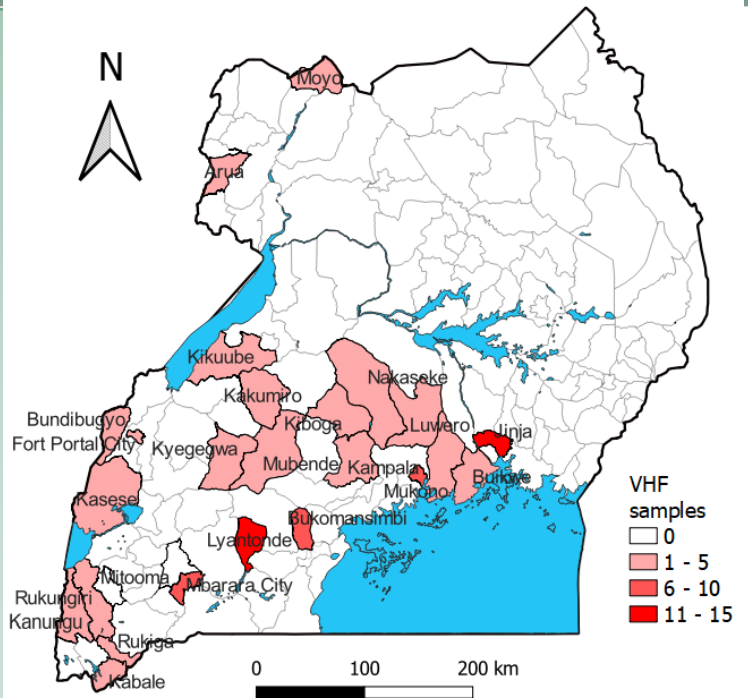
The figure below shows the cumulative number of YFV suspected samples submitted within the same period



Viral Hemorrhagic Fevers Surveillance

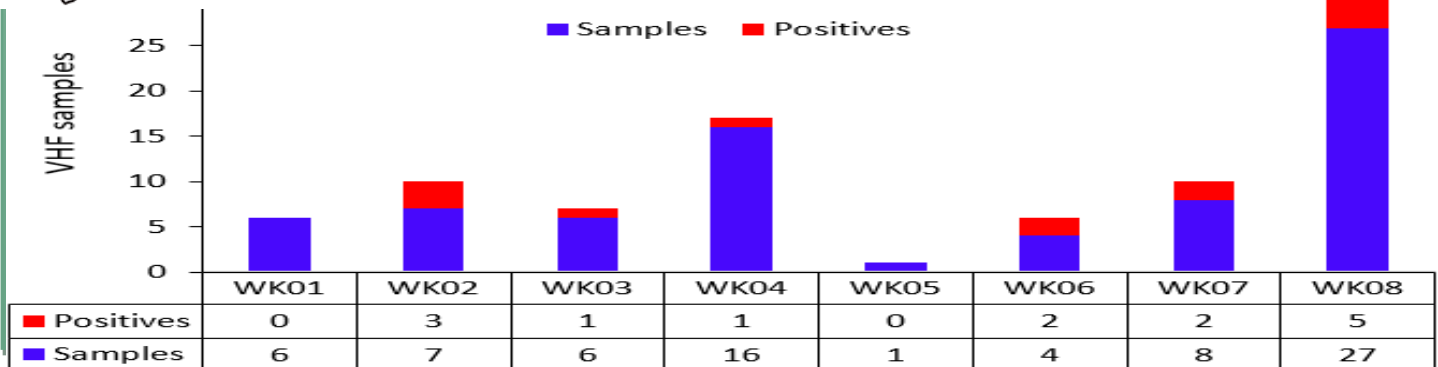
Figure 7.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-08

Between 2024 WK01-08, a total of 79 VHF suspected samples were collected: 69 from alive and 10 from dead. Jinja District had the highest number of samples (13) followed by Lyantonde (11), Mbarara (9) and Kampala (8) . The map on the right shows the distribution of samples collected by district. Most of them are from central and western Ugan-



da.

Five samples tested positive for CCHF of which 3 were from Lyantonde, and 2 from Kampala while 9 samples tested positive for RVF and of which 6 were from Mbarara City, 2 from Kampala and 1 was from Nakaseke as shown in the map



Points of Entry (POE) Surveillance

Table 12.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week08

POE	Travelers Screened (Entry)	Travelers Screened (Exit)	During 2024 EpiWeek 08 a total of 152,198 in-coming, and 49,882 exiting travelers at 28 Points of Entry (POEs) were screened. Highest traffic was registered at Mpondwe, Entebbe Airport and Elegu crossing points (Table 8.1). Presumptive Tuberculosis was identified among 32 travelers, of whom 17 were tested for TB. There were four TB confirmed cases and three were linked to care (Table 8.2).
Mpondwe	81843	1116	
Cyanika	7092	6429	
Busunga	4115	3667	
Mutukula	3321	3247	
Malaba	2974	000	
Busia	2894	000	
Mirama Hills	2090	000	
Entebbe Airport	14978	17127	
Elegu	13447	7117	
Bunagana	10499	4446	
Kokwochaya	1788	953	
Vurra	1238	901	
Goli	803	852	
Alakas	800	369	
Ntoroko Main	723	873	
Kyeshero	523	249	
Transami	424	296	
Ndaiga	415	97	
Arua Airport	375	141	
Lwakhaka	366	936	
Ishasha	273	169	
Kayanzi	253	253	
Sebagoro	241	26	
Odramacaku	195	85	
Suam	195	66	
Wanseko	167	157	
Hima Cement	85	310	
Katwe	81	000	
Total	152,198	49,882	

Source: IOM, eIDSR

Table 12.2: Tuberculosis screening among travelers during 2024Epi Week08

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Alakas	03	03	00	00
Bunagana	03	03	00	00
Busia	01	00	00	00
Hima Cement	02	02	02	02
Katuna	01	01	00	00
Kokwochaya	04	04	01	01
Kyeshero	12	00	00	00
Lwakhaka	03	03	00	00
Mpondwe	01	00	01	00
Mutukula	01	01	00	00
Ndaiga	01	00	00	00
Total	32	17	04	03

Tuberculosis Status Update

Figure 9.1: Tuberculosis burden during 2024 EpiWeek 07

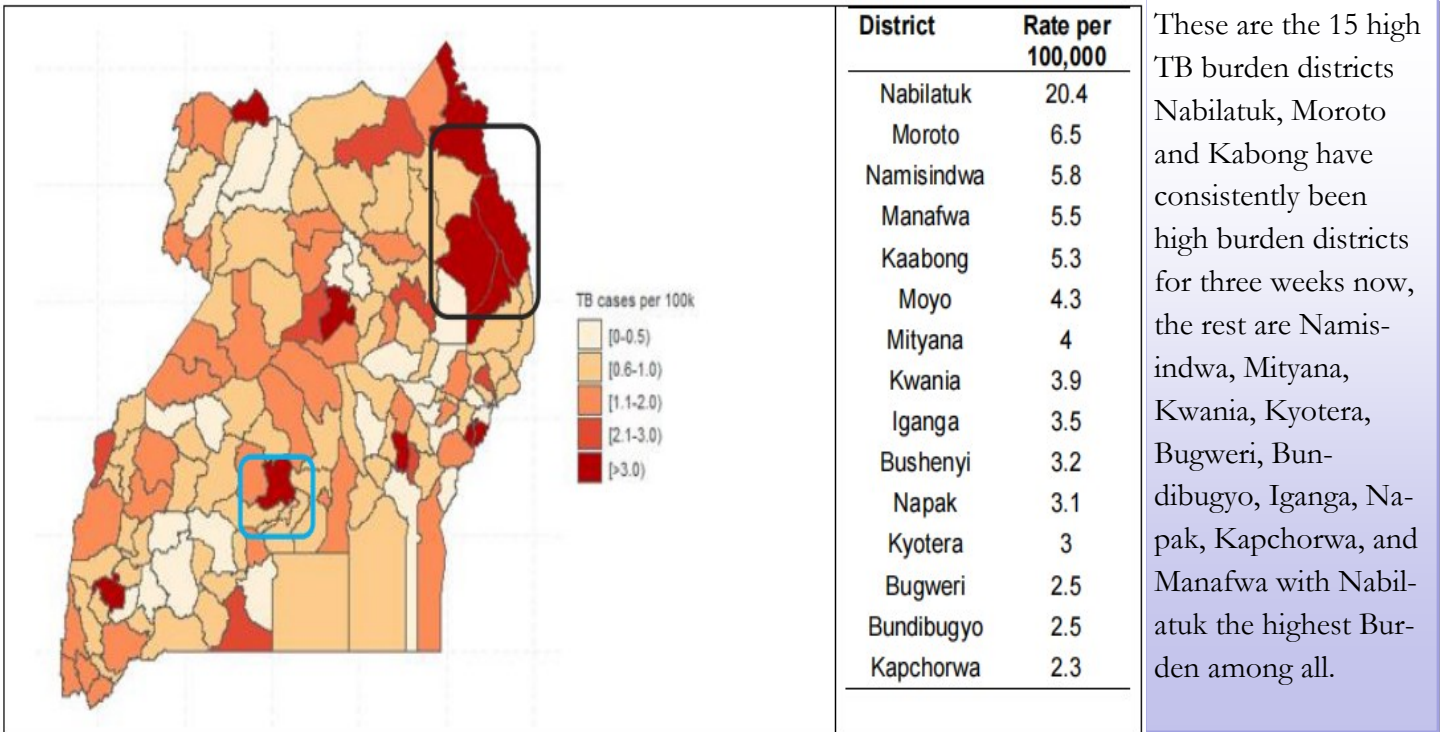


Figure 9.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2023 to Wk07 2024

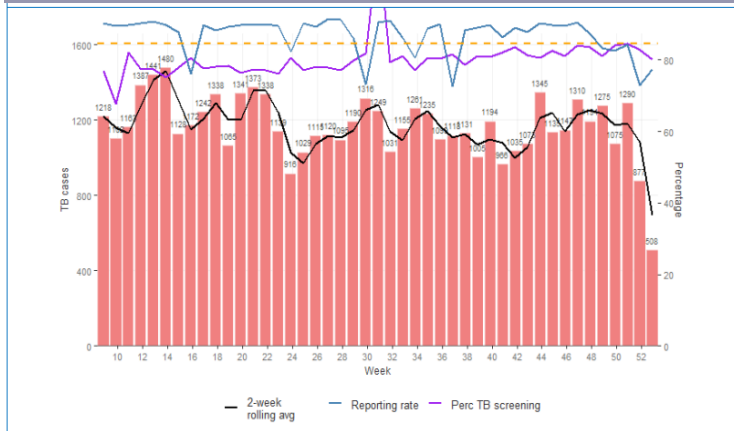


Figure 9.3: National weekly trends in New Relapse TB diagnosed by Wk07, 2024

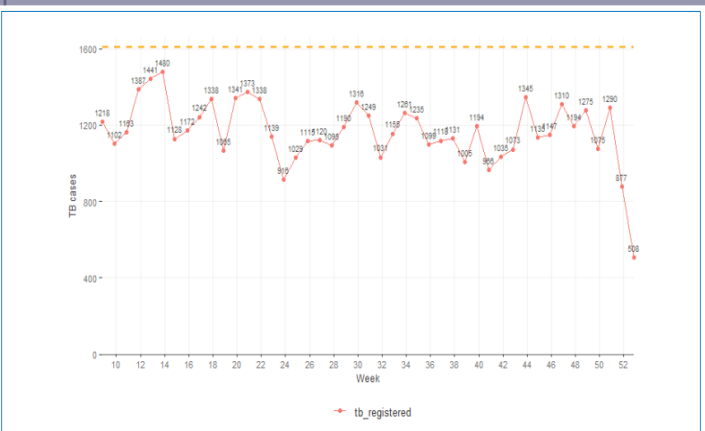
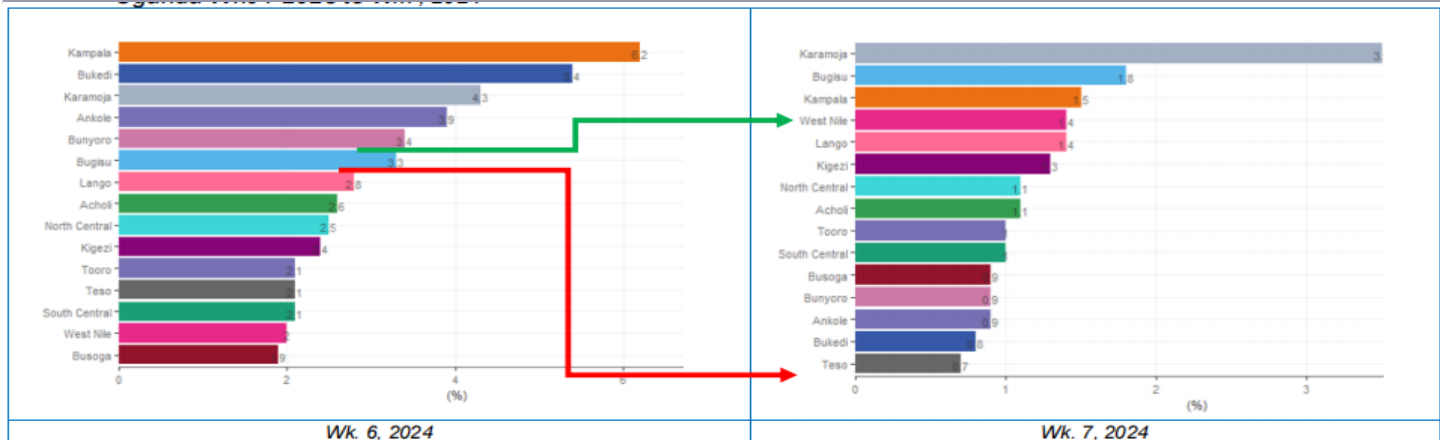


Figure 9.4: Comparison of TB burden by Health Regions between Epi Weeks 06 - 07, 2024



Event Based Surveillance (EBS)

Table 14.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK08

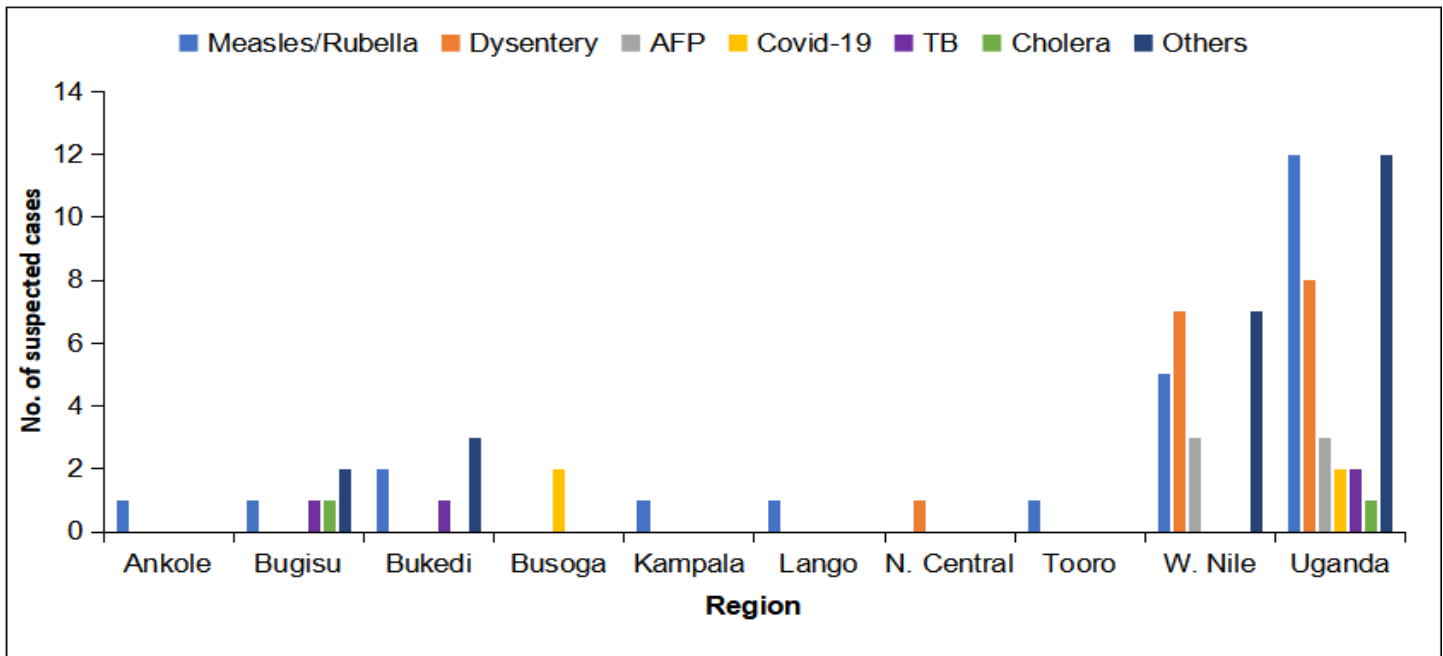
Region	Total Signals Received	Signals Verified	Signals Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Ankole	01	01	00	01	00	00	00
Bugisu	06	06	00	06	00	00	00
Bukedi	06	06	00	06	00	00	00
Busoga	03	03	00	03	00	00	00
Kampala	01	01	00	01	00	00	00
Lango	01	01	00	01	00	00	00
N. Central	01	01	00	01	00	00	00
Tooro	01	01	00	01	00	00	00
W. Nile	36	36	00	29	03	01	03
Uganda	56	56	00	49	03	01	03

A total of 56 signals were received within the reporting week, all (56, 100%) of which were verified as events. Most of the signals received (49, 88%) were from the human sector, 3 (5%) from the animal sector, 1 (2%) from natural disasters and 3 (5%) from artificial disasters. The silent regions during the week were Acholi, Bunyoro, Kigezi, Karamoja, South Central, and Teso (Table 16.1).

The signals received during the week were measles/rubella, dysentery, AFP, Covid-19, Tuberculosis, and Cholera. The other infections were malaria, and colds (Figure 16.1).

Source: eIDSR

Figure 14.1: Regional-based suspected conditions reported via the 6767 line during 2024WK08



Malaria Status Update

HIGHLIGHTS



76.0% Reporting rate



158,066
Confirmed malaria cases



2.7% (4)
Districts had inadequate ACT stock (<8 weeks)



22 Reported deaths



00 Districts response

14.4% (21)



43.1% Test Positivity Rate



00 Districts in Alert



Districts had inadequate RDT stock (< 8 weeks)

The testing rate for patients with fever was 97.0% (319,961 | Proportion treated with a negative test was 2.8% (5,569) | Proportion treated without a test was 1.8% (3,885) | Proportion treated with a positive result was 88.2% (139,388)

Figure 11.1: Malaria epidemic alert and response districts during 2024WK07



Alert districts: 00
District response: 00
Watch districts: 146

Districts in IMS response mode: 00 (IMS response have cases >75th percentile >4 weeks and many sub-counties are affected).

Districts in response mode: 00 (District response have cases >75th percentile for <4 weeks or focal areas affected).

Districts in Alert mode: 00 (Alert districts have cases >50th percentile but < 75th percentile).

Districts in Watch mode: 146 (Watch districts have cases < median).

Figure 11.2: Malaria reported deaths during 2024WK07



District	Health Facility	Deaths
Fort Portal City	Fort Portal Regional Referral Hospital	3
Hoima City	Hoima Regional Referral Hospital	3
Lamwo	Madi-Opei Health Centre IV	3
Mbale City	Mbale Regional Referral Hospital	2
Tororo	Panyangasi Health Centre III	2
Serere	Serere Health Centre IV	1
Buliisa	Biiso Health Centre IV	1
Yumbe	Midigo Health Centre IV	1
Kalungu	Villa Maria Hospital	1
Lira	Amach Health Centre IV	1
Ibanda	Ibanda Hospital	1
Terego	Widi (Omugo Extension) Health Centre III	1
Kampala	Kiruddu National Referral Hospital	1
Kapchorwa	Kapchorwa General Hospital	1

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 16.1: Active PHEs in Uganda during 2024WKO8

Start Date	Location	PHE	All Cases	Confirmed Cases	Human Deaths
02-Sep-19	Serere, Amolatar, Kibuku	Malaria Upsurge			
14-Dec-19	7 health regions	Tuberculosis			
21-Mar-20	146 districts	COVID19		171,450	2,898
12-Feb-24	Bukedea	Anthrax	03	02	00
28-Dec-23	Kazo	Anthrax	35	07	00
17-Jan-24	Kyenjojo	Measles	139	06	02
29-Jan-24	Kasese	Measles	29	03	00
22-Feb-24	Amuru	Measles	20	03	01
30-Jan-24	Hoima	Measles	378	05	02
31-Jan-24	Obongi	Measles	09	05	00
23-Feb-24	Koboko	Measles	05	03	00
22-Feb-24	Yumbe	Measles	14	10	00
23-Dec-23	Arua City	Measles	138	111	01
08-Feb-24	Mbarara City	Rift Valley Fever	05	04	01
20-Feb-24	Gomba	Rift Valley Fever	01	01	01
27-Jan-24	Kyankwanzi	Rift Valley Fever	01	01	00
08-Jan-24	Lyantonde	CCHF	05	03	03
25-Feb-24	Kyankwanzi	CCHF	01	01	00
19-Feb-24	Mbarara City	CCHF	01	01	00
04-Feb-24	Mbale City	Cholera	25	05	01
30-Sep-23	Bukomansimbi	Black Water Fever	72	72	10

Table 16.2: Active PHEs around Uganda during 2024WKO8

Country	PHE	WHO Grading	Start Date	Total Cas-	Confirmed Cases	Deaths	CFR
Kenya	COVID-19	Protracted 3	13/03/2020	342,874	342,874	5,688	1.7%
	Anthrax	Grade 2	10/04/2023	20		3	15%
	Leishmaniasis	Ungraded	03/01/2020	2,395	2,205	10	0.4%
	Measles	Ungraded	1/01/2023	418	105	23	1.5%
	Poliomyelitis (cVDPV2)	Grade 2	26/05/2022	5	5	00	0.0%
	Cholera	Grade 3	5/10/2022	4,845	167	85	1.8 %
	Cholera	Ungraded	21/03/2022	337	56	1	0.3%
South Sudan	COVID-19	Protracted 3	05/04/2020	18,368	18,368	138	0.8%
	Hepatitis E	Ungraded	01/01/2019	4,253	1,517	27	0.7%
Tanzania	Measles	Ungraded	01/01/2023	6,957	521	150	2.2%
	COVID-19	Protracted 3	16/03/2020	43,078	43,078	846	2.0%
Rwanda	Poliomyelitis (cVDPV2)	Grade 2	17/07/2023	3	1	0	0.0%
	COVID-19	Protracted 3	14/03/2020	133,194	133,194	1,468	1.1%
	Cholera	Grade 3	01/01/2023	3,201	335	13	0.4%
	COVID-19	Protracted 3	10/03/2020	95,647	95,645	1,464	1.5%
	Measles	Ungraded	01/01/2023	19,437	151	174	0.9%
Democratic Re- public of Con- go	Monkey Pox	Protracted 2	01/01/2023	395	395	0	0.0%
	Poliomyelitis (cVDPV1)	Grade 2	27/08/2022	92	92	0	00%
	Poliomyelitis (cVDPV2)	Grade 2	1/01/2022	289	289	0	0.0%

Source: National PHEOC, WHO Bulletin