



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 30: 22nd July - 28th July 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:

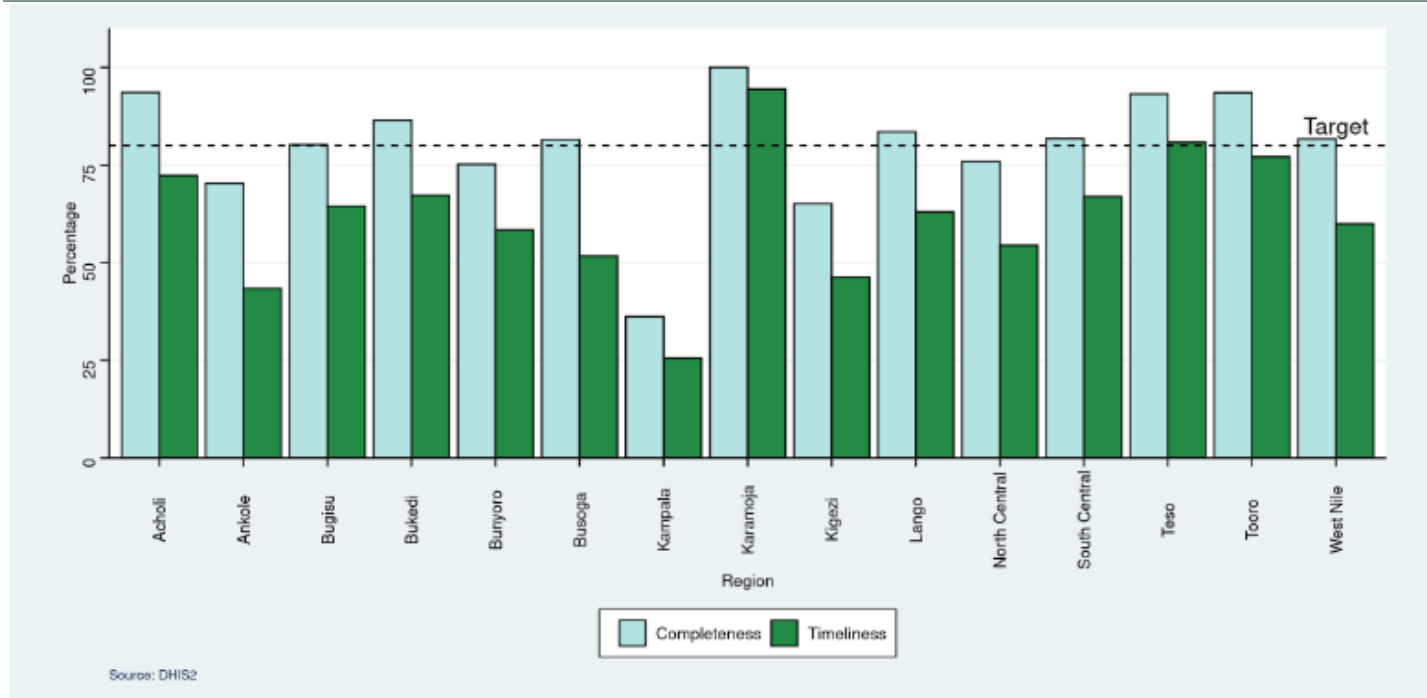
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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 30



Most regions achieved the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 30 except Ankole, Bunyoro, Kampala, Kigezi and North Central. Timeliness within all regions except Karamoja and Teso were below the 80% target. 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.

Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 29 and 30

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK29	WK30	WK29	WK30		WK29	WK30	WK29	WK30
Abim	100	100	81	100	Hoima City	42.9	71.4	38.1	57.1
Adjumani	47.1	41.2	37.3	27.5	Hoima	50	50	45	35
Agago	100	100	60.5	90.7	Ibanda	78.7	85.1	53.2	59.6
Alebtong	90	85	55	60	Iganga	67.4	63	50	37
Amolatar	100	100	100	100	Isingiro	100	95.9	37.8	27
Amudat	100	100	100	100	Jinja City	98.3	98.3	69.5	62.7
Amuria	100	100	53.8	69.2	Jinja	95.5	95.5	93.2	95.5
Amuru	87.5	90.6	21.9	75	Kaabong	100	100	10	96.7
Apac	50	55.3	44.7	50	Kabale	89.3	92.9	66.1	66.1
Arua City	77.1	60	28.6	31.4	Kabarole	100	100	78.1	81.3
Arua	100	100	90.9	81.8	Kaberamaido	100	100	100	100
Budaka	76.5	82.4	52.9	76.5	Kagadi	84.4	96.9	56.3	84.4
Bududa	93.8	93.8	68.8	75	Kakumiro	82.1	84.6	56.4	61.5
Bugiri	89.1	96.4	54.5	25.5	Kalaki	100	91.7	58.3	33.3
Bugweri	100	100	100	100	Kalangala	100	100	100	100
Buhweju	40	45	15	25	Kaliro	62.1	79.3	34.5	48.3
Buikwe	42	46.4	18.8	31.9	Kalungu	91.4	85.7	57.1	48.6
Bukedea	100	100	95.7	95.7	Kampala	49.7	44.4	22.8	25.5
Bukomansimbi	81.5	81.5	48.1	66.7	Kamuli	81.2	75.4	59.4	37.7
Bukwo	63.6	81.8	40.9	40.9	Kamwenge	97.2	100	94.4	94.4
Bulambuli	80	80	60	48	Kanungu	83.9	80.4	50	51.8
Buliisa	62.5	62.5	25	37.5	Kapchorwa	55.6	63	48.1	55.6
Bundibugyo	93.5	100	48.4	51.6	Kapelebyong	100	100	100	100
Bunyangabu	100	97.1	85.3	79.4	Karenga	100	100	80	70
Bushenyi	82.6	71.7	60.9	58.7	Kasese	71.1	77.5	38.7	47.2
Busia	94.1	91.2	52.9	76.5	Kassanda	97.4	92.1	81.6	86.8
Butaleja	76	92	56	72	Katakwi	96.3	96.3	77.8	77.8
Butambala	87.5	91.7	83.3	66.7	Kayunga	60	62.5	35	32.5
Butebo	84.6	84.6	69.2	61.5	Kazo	85.7	100	74.3	34.3
Buvuma	100	100	100	100	Kibaale	48.6	100	17.1	22.9
Buyende	100	57.1	85.7	25	Kiboga	100	95.7	44.7	76.6
Dokolo	100	100	55.6	55.6	Kibuku	100	100	35.3	35.3
Fort Portal City	96.3	96.3	96.3	96.3	Kikuube	100	74.3	54.3	60
Gomba	68	60	24	28	Kiruhura	100	93.1	34.5	48.3
Gulu City	95.2	92.9	35.7	66.7	Kiryandongo	88.5	84.6	65.4	69.2
Gulu	95.7	100	21.7	43.5	Kisoro	19.1	85.1	10.6	8.5

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 29 and 30

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK29	WK30	WK29	WK30		WK29	WK30	WK29	WK30
Kitagwenda	100	95.7	100	91.3	Nabilatuk	100	100	100	83.3
Kitgum	95	85	72.5	72.5	Nakapiripirit	92.3	100	92.3	100
Koboko	80.8	80.8	61.5	61.5	Nakaseke	96.7	96.7	53.3	63.3
Kole	97.1	94.3	8.6	17.1	Nakasongola	53.5	53.5	37.2	39.5
Kotido	100	100	63.6	90.9	Namayingo	47.4	68.4	34.2	47.4
Kumi	100	100	71.4	64.3	Namisindwa	85.7	81	47.6	52.4
Kwania	94.9	56.4	84.6	17.9	Namutumba	57.1	94.3	17.1	57.1
Kween	42.3	69.2	23.1	38.5	Napak	100	100	83.3	94.4
Kyankwanzi	100	100	88.9	22.2	Nebbi	96.2	88.5	84.6	65.4
Kyegegwa	100	100	56	68	Ngora	84.6	100	69.2	76.9
Kyenjojo	100	100	68.6	68.6	Ntoroko	88.9	100	77.8	77.8
Kyotera	96.3	97.5	84	90.1	Ntungamo	72.1	69.1	52.9	44.1
Lamwo	90.3	90.3	67.7	64.5	Nwoya	100	100	93.3	100
Lira City	100	100	51.9	88.9	Obongi	50	61.1	27.8	50
Lira	100	100	92.9	92.9	Omoro	96.3	100	70.4	66.7
Luuka	93	90.7	41.9	11.6	Otuke	88.2	88.2	64.7	70.6
Luwero	70.1	72	43	41.1	Oyam	100	100	98	73.5
Lwengo	67.6	94.6	45.9	43.2	Pader	100	100	54.8	71.4
Lyantonde	67.3	77.6	32.7	44.9	Pakwach	68.4	89.5	36.8	78.9
Madi-Okollo	100	90.5	28.6	42.9	Pallisa	100	100	96.9	96.9
Manafwa	100	100	100	84.6	Rakai	70.2	66	38.3	51.1
Maracha	100	100	66.7	77.8	Rubanda	31.6	47.4	21.1	21.1
Masaka City	97.4	94.7	94.7	94.7	Rubirizi	95	100	70	50
Masaka	100	100	87.5	100	Rukiga	100	100	66.7	84.8
Masindi	100	100	98.1	98.1	Rukungiri	57.4	61.7	42.6	44.7
Mayuge	83.3	81.9	66.7	68.1	Rwampara	40	50	25	35
Mbale City	100	100	92.7	100	Sembabule	97.5	97.5	97.5	95
Mbale	96.3	96.3	88.9	88.9	Serere	100	100	90.9	100
Mbarara City	81.6	76.3	52.6	47.4	Sheema	48.7	53.8	41	41
Mbarara	65.4	57.7	53.8	46.2	Sironko	78.8	90.9	48.5	54.5
Mitooma	100	100	77.3	45.5	Soroti City	63	96.3	51.9	55.6
Mityana	82.9	85.5	40.8	48.7	Soroti	93.8	93.8	93.8	87.5
Moroto	100	100	94.7	94.7	Terego	100	96.6	58.6	72.4
Moyo	87.1	93.5	80.6	67.7	Tororo	79.5	80.8	44.9	39.7
Mpigi	75.8	69.4	61.3	51.6	Wakiso	59.3	62.1	41.8	44.9
Mubende	96.3	98.1	66.7	68.5	Yumbe	100	100	49.1	50.9
Mukono	54.9	54.9	32.4	35.3	Zombo	73.9	95.7	65.2	65.2

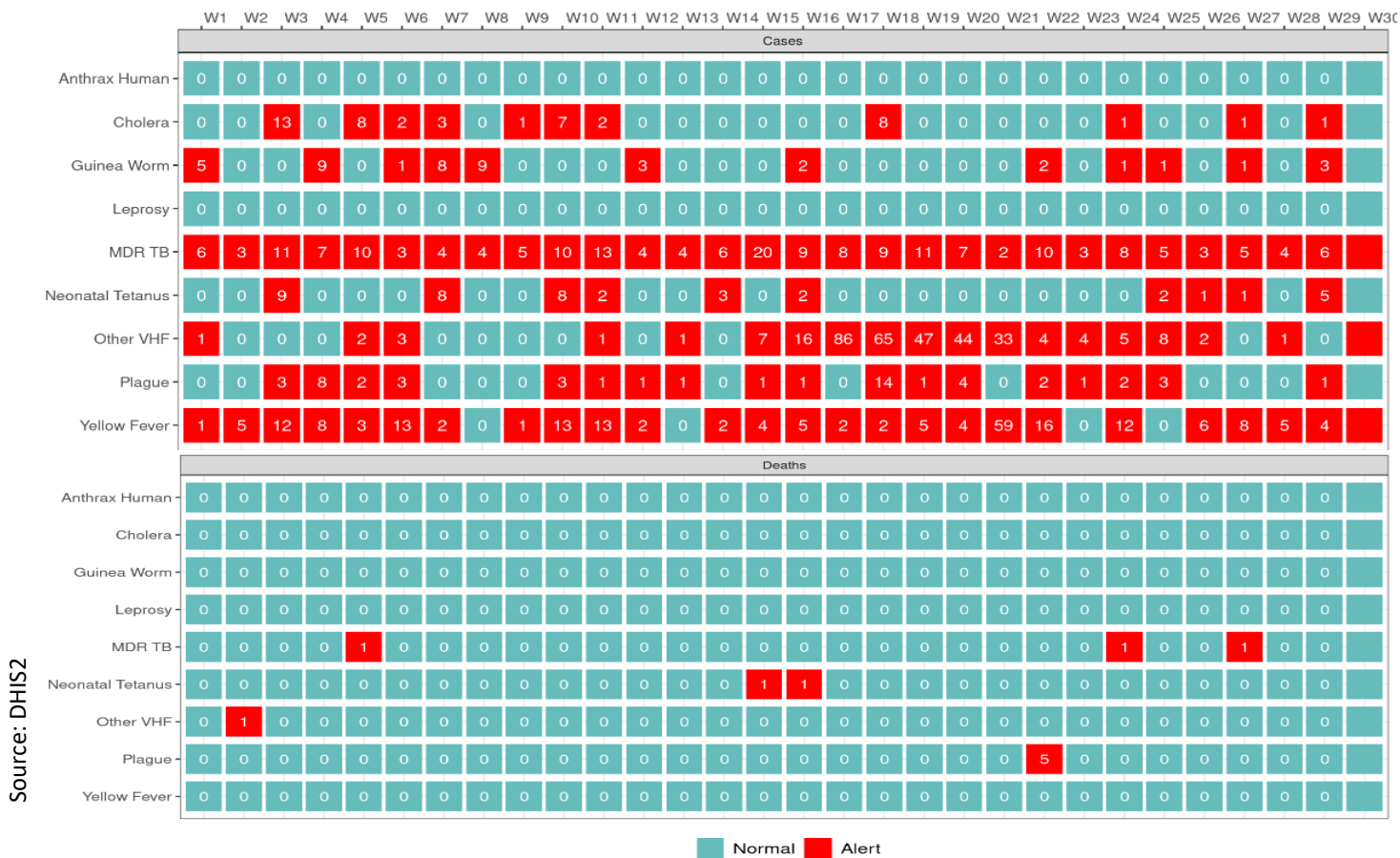
Source: DHIS2

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.

Figure 4.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk30



Source: DHIS2

DHIS2 Data

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

Within the reporting week 30 suspected cases were reported within the conditions of MDR-TB, Other VHF's and Yellow fever. 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

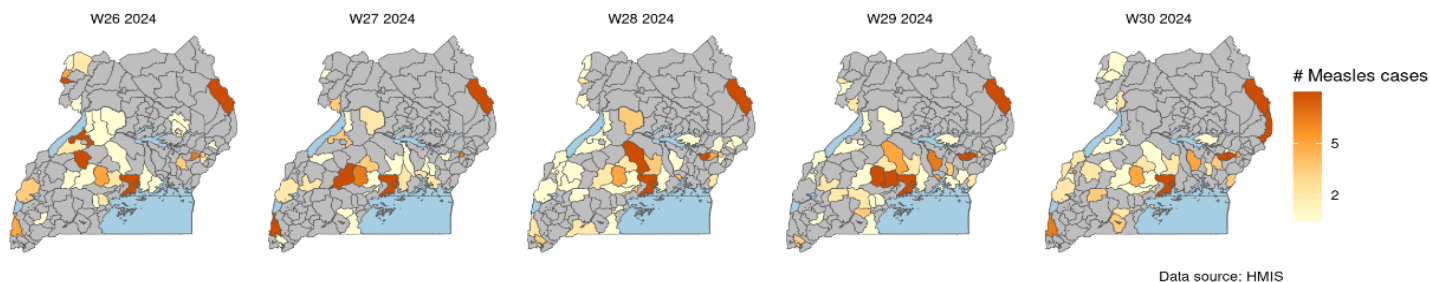


Figure 4.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

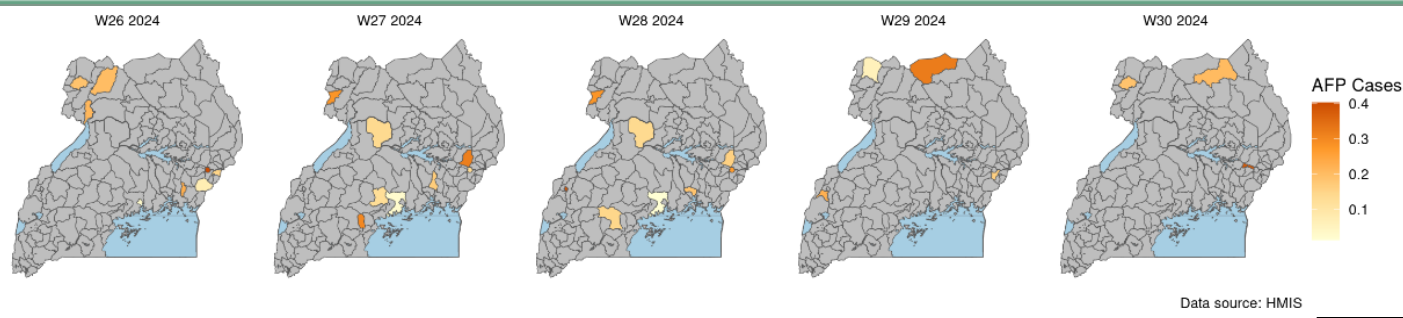
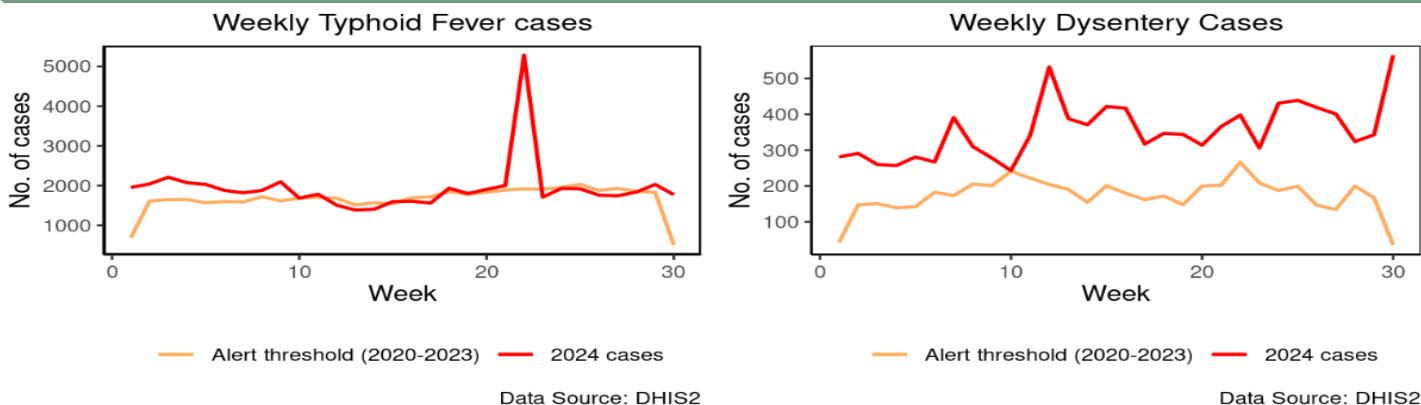


Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk30

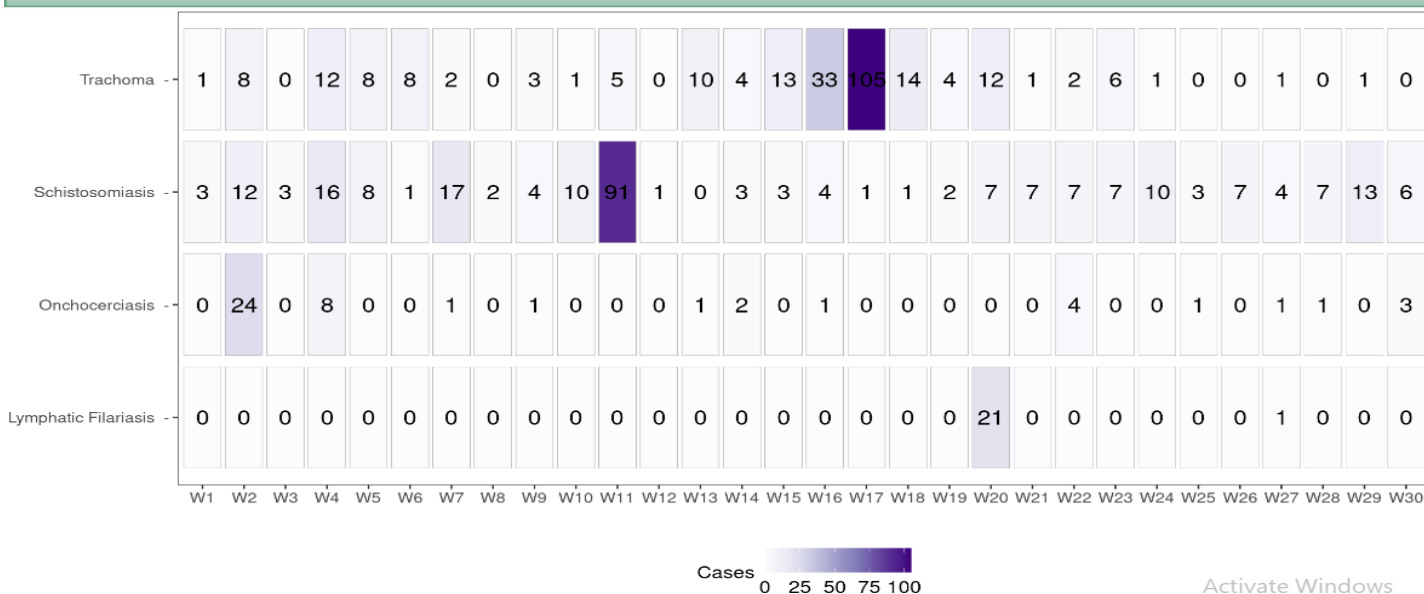


Data Source: DHIS2

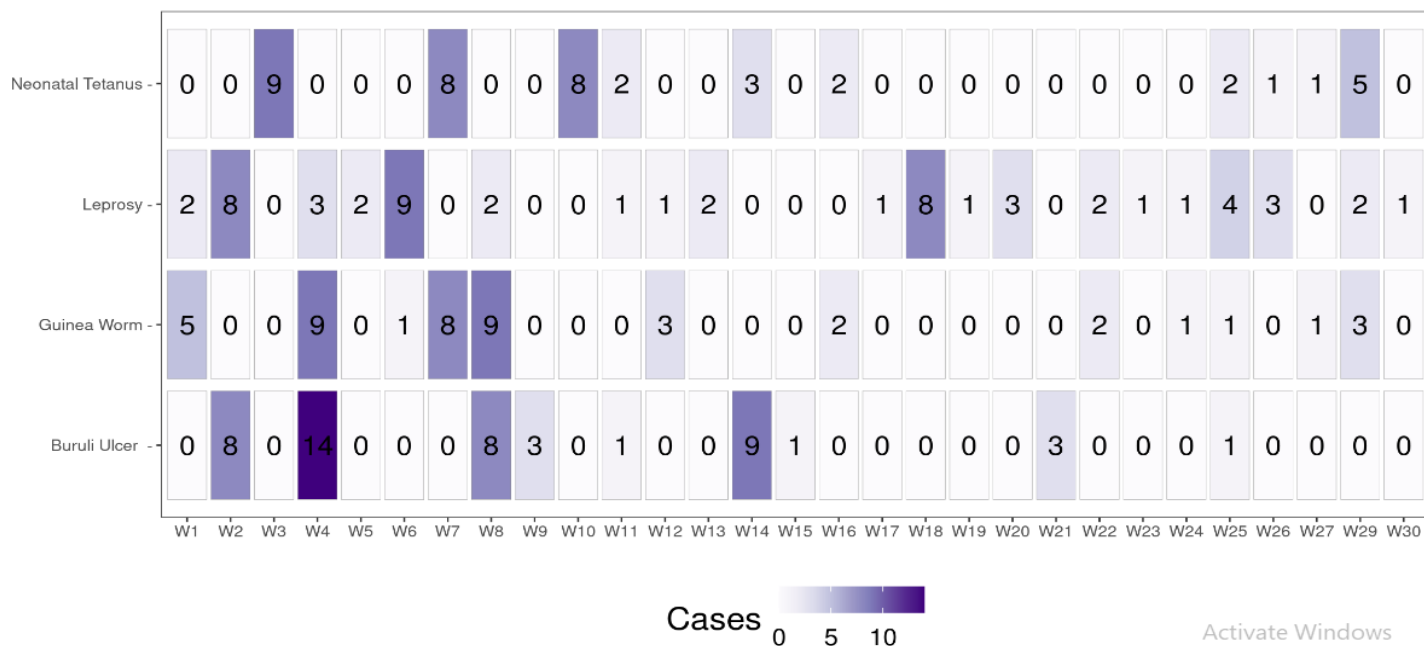
Data Source: DHIS2

Note 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 Wk30



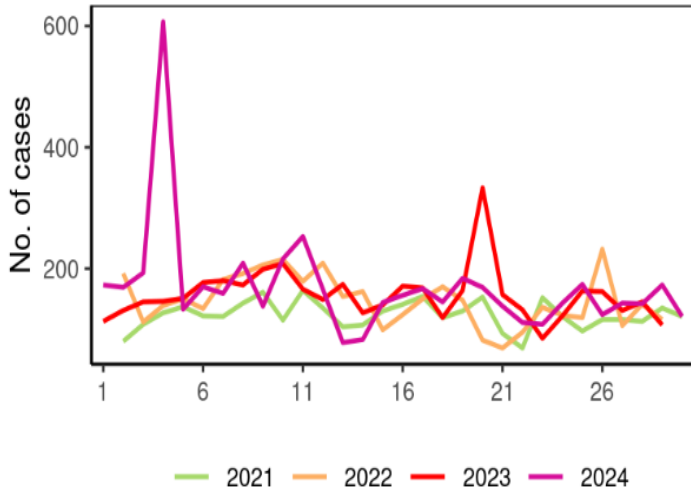
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Activate Windows

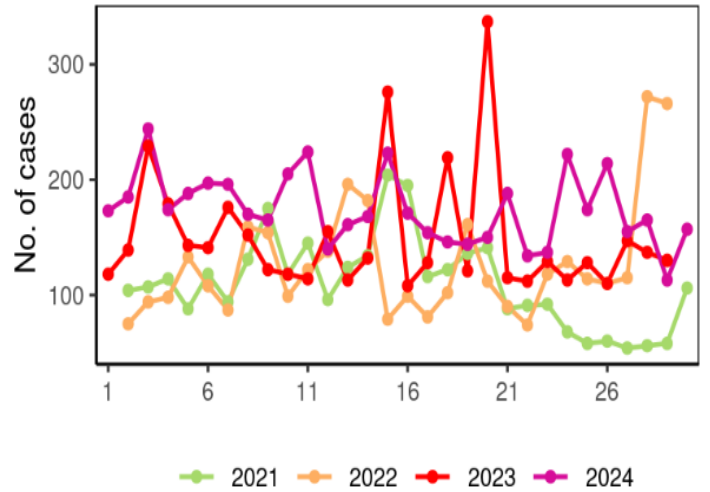
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk30

Weekly Diarrhoea Case



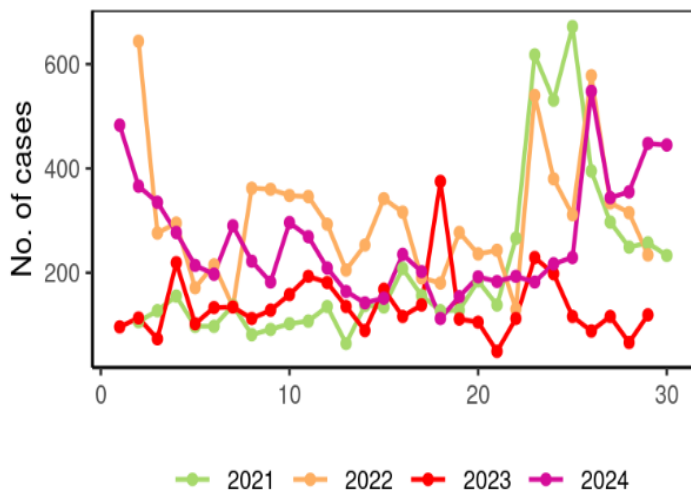
Data Source:DHIS2

Weekly Hepatitis Cases



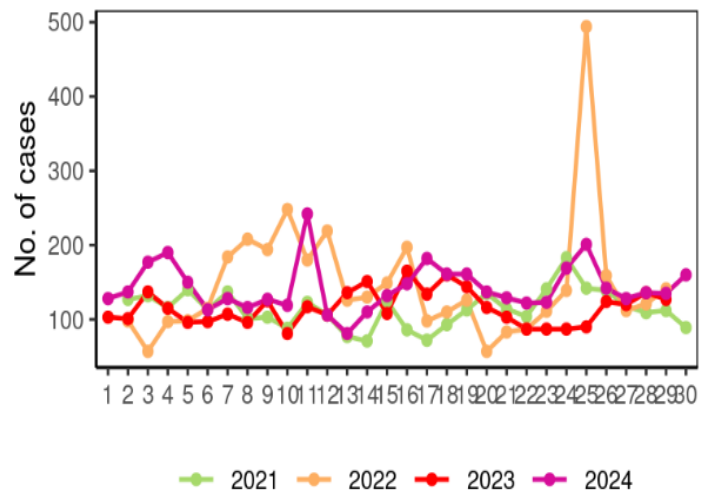
Data Source:DHIS2

SARI Cases



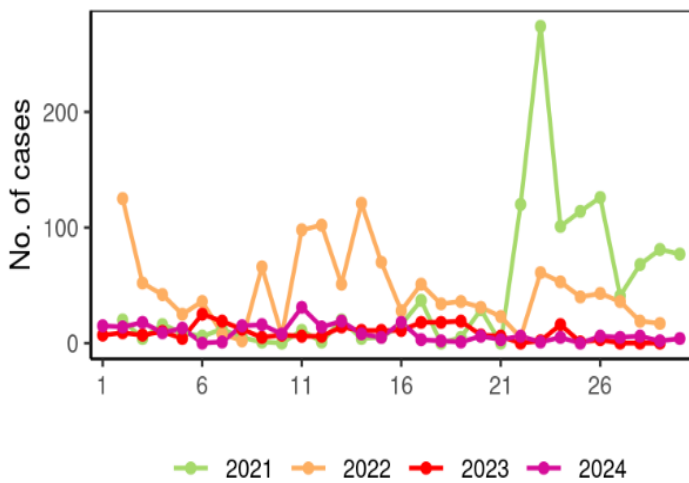
Data Source:DHIS2

Weekly Severe pneumonia Cases



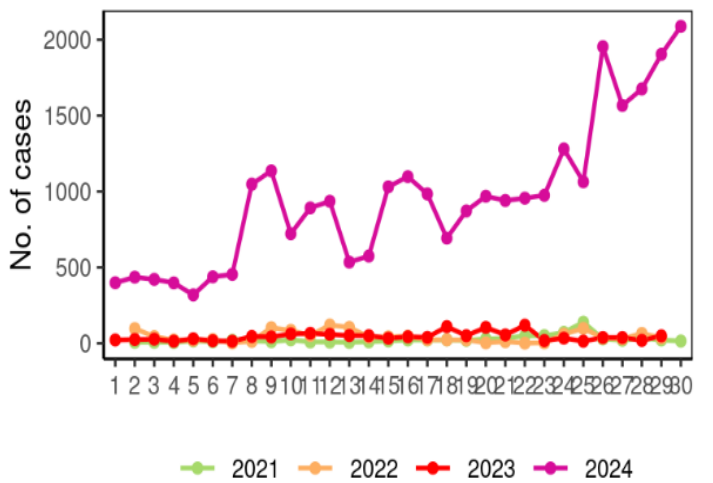
Data Source:DHIS2

Weekly SARS Cases



Data Source:DHIS2

Weekly Influenza Cases

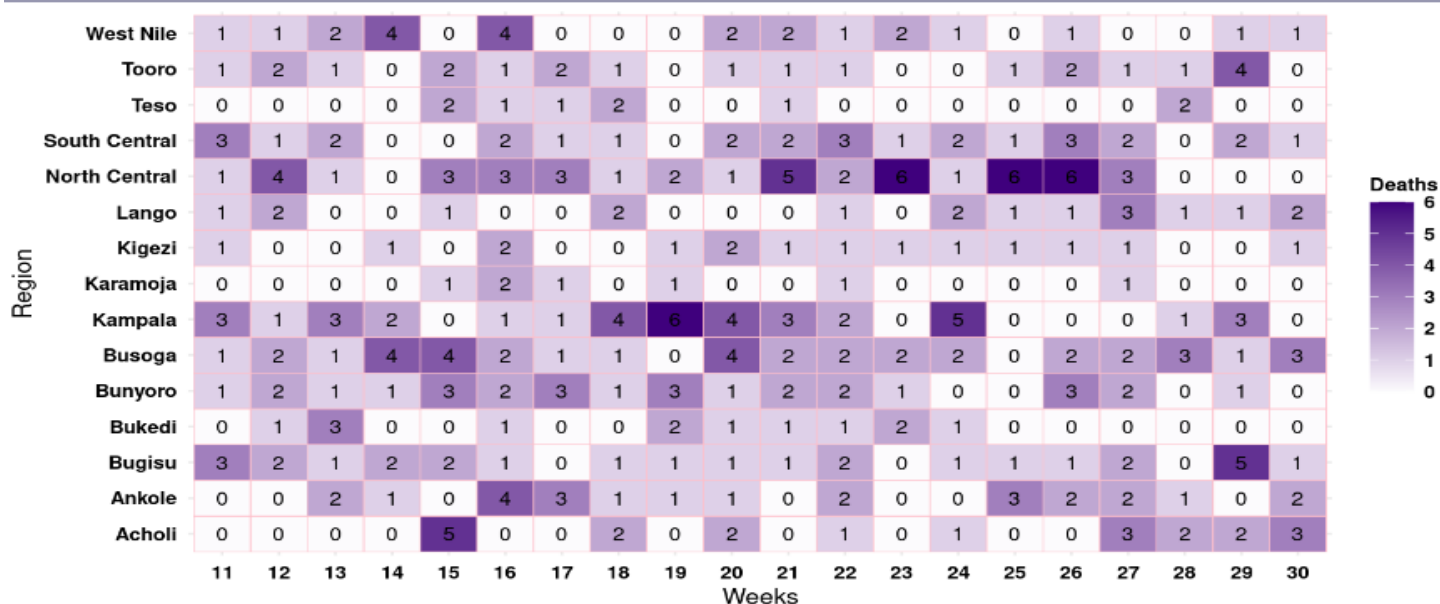


Data Source:DHIS2

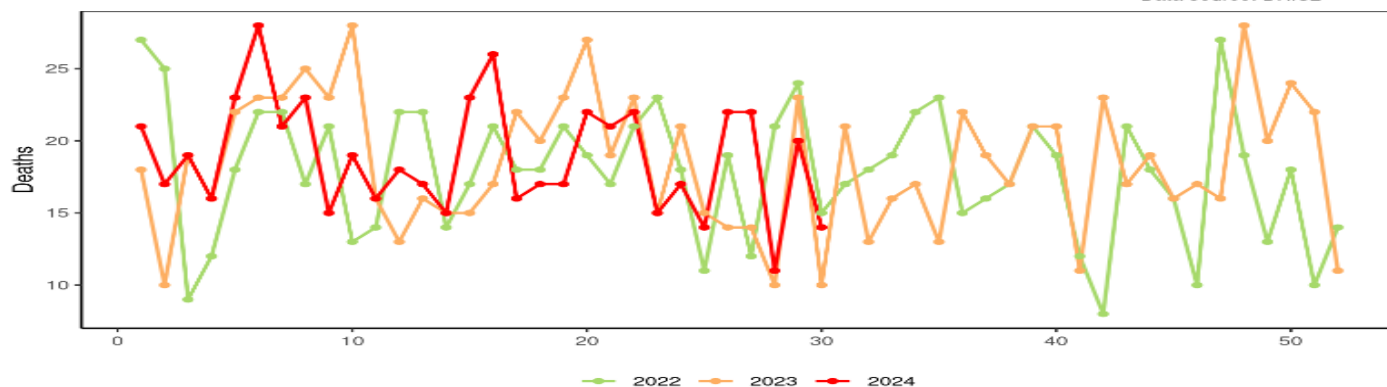
Maternal Deaths Surveillance

In week 30, there were 14 maternal deaths. There was a decrease of 5 maternal death as compared to the 19 deaths reported in week 29.

Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 30



Data source: DHIS2



Data Source: DHIS2

Table 7.2: Facilities reporting Maternal deaths during 2024WK30

Regions	Districts	Facility	No. of maternal deaths
Ankole	Mbarara City	Mbarara Regional Referral Hospital	1
West Nile	Nebbi District	Nebbi General Hospital	1
Busoga	Iganga District	Iganga General Hospital	2
Acholi	Kitgum District	Kitgum General Hospital	1
South Central	Masaka City	Masaka Regional Referral Hospital	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	1
Busoga	Bugiri District	Bugiri General Hospital	1
Lango	Dokolo District	Dokolo Health Centre IV	1
Lango	Lira City	Lira Regional Referral Hospital	1
Ankole	Bushenyi District	Comboni Hospital	1
Kigezi	Kabale District	Rugarama Hospital	1
Acholi	Gulu City	St. Mary's Hospital Lacor	2

Perinatal Deaths Surveillance

In week 30, there were 304 perinatal deaths. There was a decrease of 23 deaths from the 327 deaths reported in week 29.

Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 30

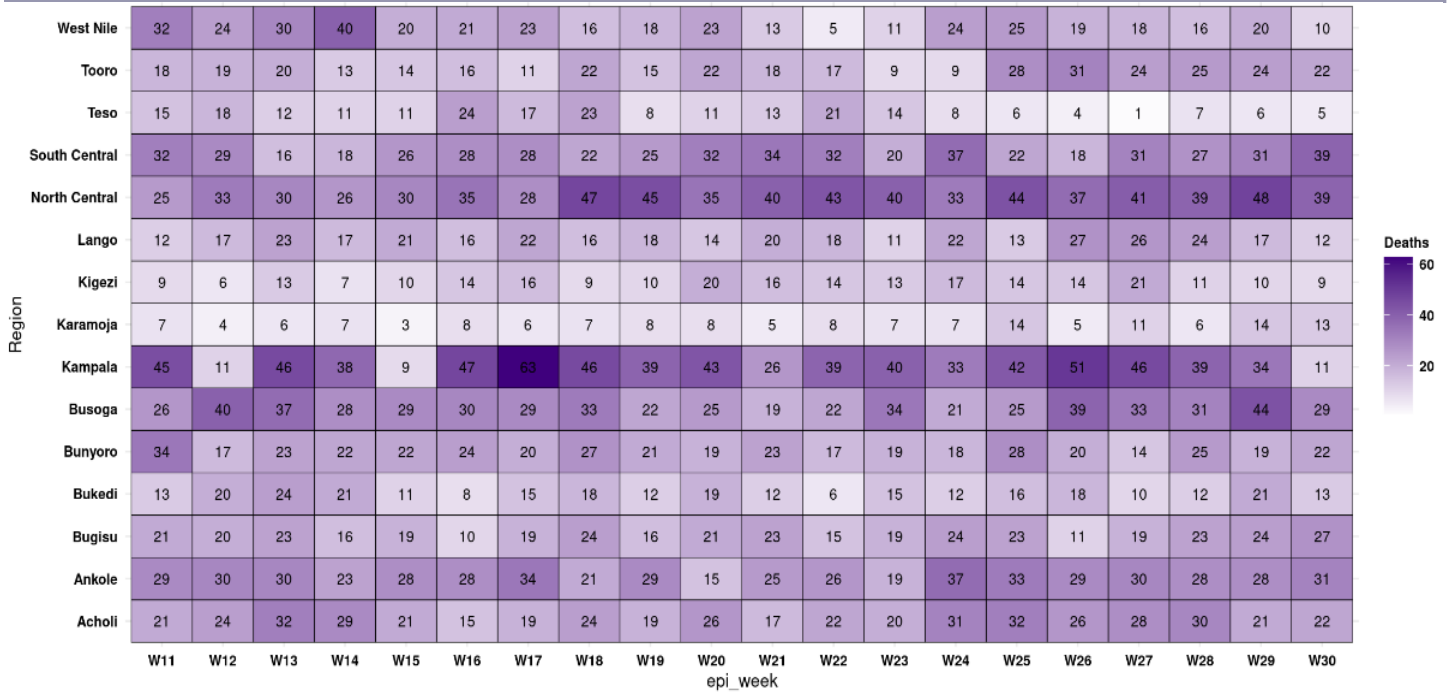


Figure 8.2: Forms of Perinatal deaths reported during 2024WK30

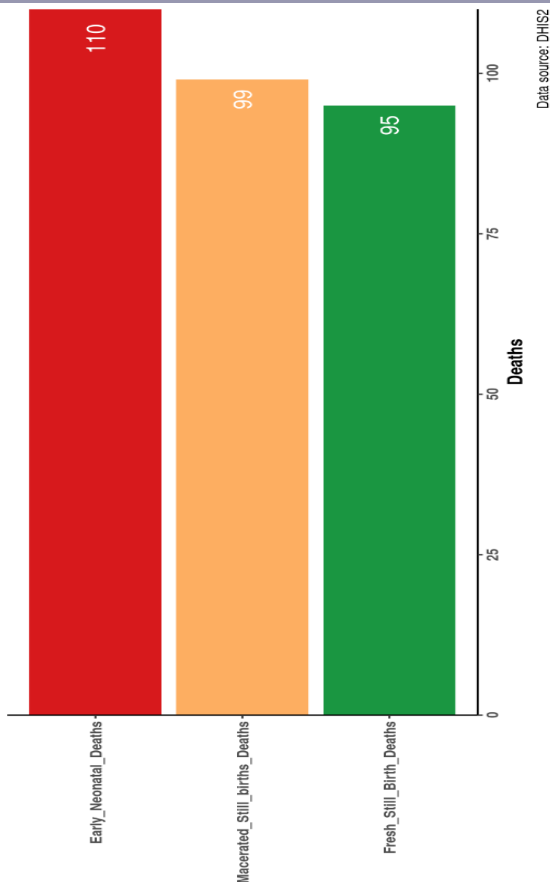


Figure 8.3: Perinatal deaths reported during 2024WK30 by district



Influenza Surveillance

Results from the MUWRP Influenza Surveillance Sites: 2024Week29

Health Facility	Type of case	# of Specimens Tested (PCR)	#Flu A (AH1N1)	#Flu A (Untype)	# Flu B (Victoria)	# SARS-CoV-2
Kiruddu NRH	SARI	02	00	00	00	00
	ILI	08	00	01	02	00
Mulago NRH	SARI	02	00	00	00	00
	ILI	08	01	00	00	00
Jinja RRH	SARI	02	00	00	00	00
	ILI	08	00	00	00	00
Gulu RRH	SARI	02	00	00	00	00
	ILI	08	02	00	00	00
Bwera Hospital	SARI	10	00	00	00	00
Totals		50	03	01	02	00

During week twenty-nine, 50 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=10), Gulu RRH (n=10), Jinja RRH (n=10), and Bwera Hospital (n=10). These were analyzed using PCR methods for Flu A, Flu B, and SARS-CoV-2 at the MUWRP-EIDP labs at UVRI Entebbe. Circulation of SARS-CoV-2 and Flu B (Victoria) 4% and 2% respectively. All samples were negative for Flu A.

Influenza Surveillance

Table 10.1: Monthly Influenza, COVID 19 and RSV Results 2024WK30

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	148	00	00	147	05	150	02	152
March	01	01	270	03	00	273	02	262	13	275
April	01	01	135	05	00	141	01	131	11	142
May	01	00	163	03	00	160	07	152	15	167
June	01	03	148	05	00	155	02	152	05	157
July	00	03	100	13	03	115	04	117	02	119
Total	11	09	1126	29	03	1146	32	1127	51	1178

Table 11.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024WK30

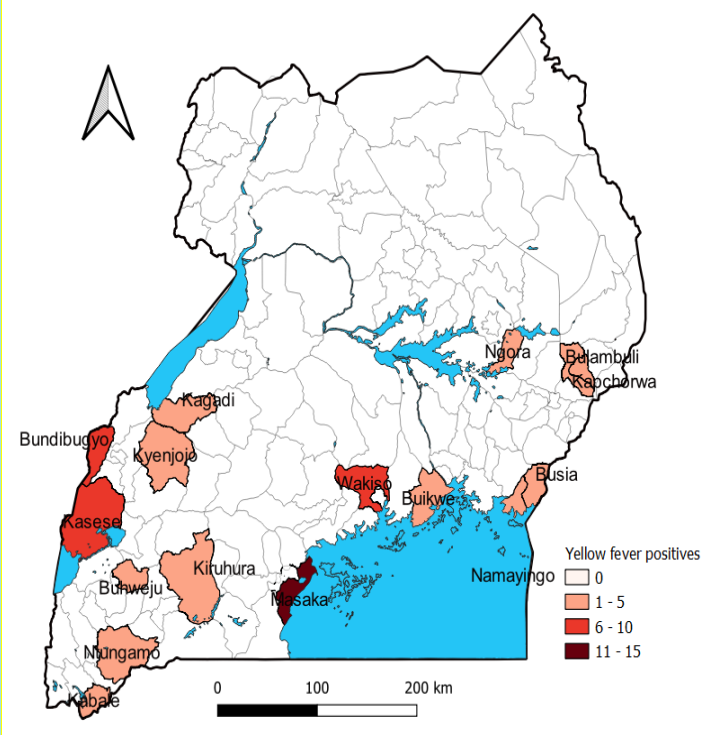
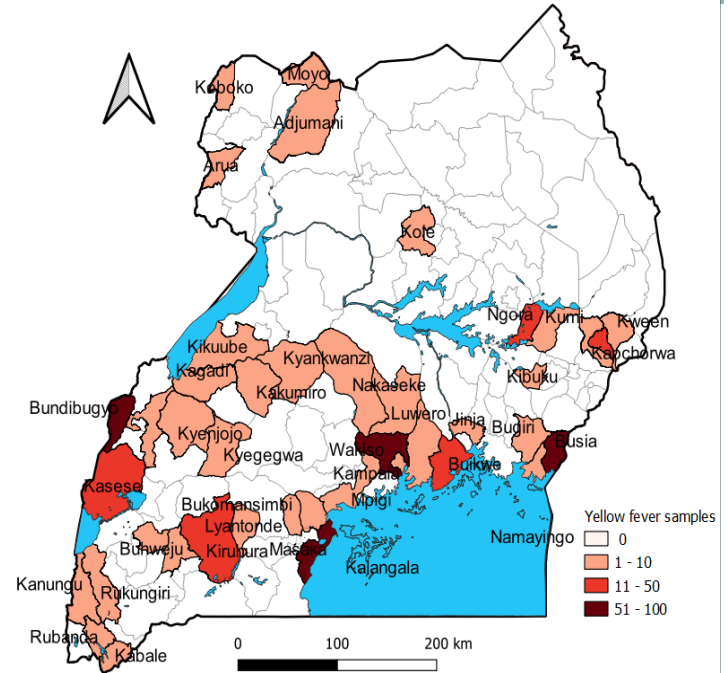
Sample Type/ Sentinel Site		Influenza					COVID19Result		RSVResult		Total
		A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Pending	Negative	Positive	Negative	Positive	
ILI	Arua R. R. Hospital	00	00	21	00	00	21	00	20	01	21
	Entebbe R. R. Hospital	01	00	29	03	00	32	01	32	01	33
	Fort Portal R. R. Hospital	00	01	00	00	00	01	00	01	00	01
	Jinja R. R. Hospital	07	01	178	01	00	180	07	181	06	187
	Kawaala HC IV	00	00	02	00	00	02	00	02	00	02
	Kibuli Hospital	00	01	12	00	00	13	00	13	00	13
	Kiryandongo Hospital	00	00	57	00	00	56	01	57	00	57
	Kiswa HC III	00	03	186	01	03	192	01	192	01	193
	Kitebi HC III	01	01	74	14	00	89	01	88	02	90
	Koboko Hospital	00	00	16	00	00	16	00	16	00	16
	Mukono General Hospital	00	00	75	00	00	71	04	67	08	75
	Mulago N R Hospital	00	00	44	00	00	44	00	44	00	44
	Nsambya Hospital	00	00	82	05	00	87	00	87	00	87
	Tororo General Hospital	00	00	40	01	00	39	02	33	08	41
Total	09	07	816	25	03	843	17	833	27	860	
SARI	Arua R. R. Hospital	00	00	36	00		34	2	35	01	36
	Entebbe R. R. Hospital	00	01	07	00		6	2	08	00	08
	Fort Portal R. R. Hospital	00	00	46	00		42	4	36	10	46
	Jinja R. R. Hospital	00	00	40	00		39	1	40	00	40
	Kiryandongo Hospital	00	00	10	00		10	0	10	00	10
	Koboko Hospital	00	00	19	00		17	2	19	00	19
	Mbarara R. R. Hospital	02	00	36	00		37	1	34	04	38
	Nsambya Hospital	00	01	88	03		90	2	89	03	92
	Tororo General Hospital	00	00	28	01		28	1	23	06	29
	Total	02	02	310	04		303	15	294	24	318
SARI-ILI	Arua R. R. Hospital	00	00	57	00	00	55	02	55	02	57
	Entebbe R. R. Hospital	01	01	36	03	00	38	03	40	01	41
	Fort Portal R. R. Hospital	00	01	46	00	00	43	04	37	10	47
	Jinja R. R. Hospital	07	01	218	01	00	219	08	221	06	227
	Kawaala HC IV	00	00	02	00	00	02	00	02	00	02
	Kibuli Hospital	00	01	12	00	00	13	00	13	00	13
	Kiryandongo Hospital	00	00	67	00	00	66	01	67	00	67
	Kiswa HC III	00	03	186	01	03	192	01	192	01	193
	Kitebi HC III	01	01	74	14	00	89	01	88	02	90
	Koboko Hospital	00	00	35	00	00	33	02	35	00	35
	Mbarara R. R. Hospital	02	00	36	00	00	37	01	34	04	38
	Mukono General Hospital	00	00	75	00	00	71	04	67	08	75
	Mulago N R Hospital	00	00	44	00	00	44	00	44	00	44
	Nsambya Hospital	00	01	170	08	00	177	02	176	03	179
	Tororo General Hospital	00	00	68	02	00	67	03	56	14	70
Total	11	09	1126	29	03	1146	32	1127	51	1178	

Yellow Fever Virus (YFV) Surveillance

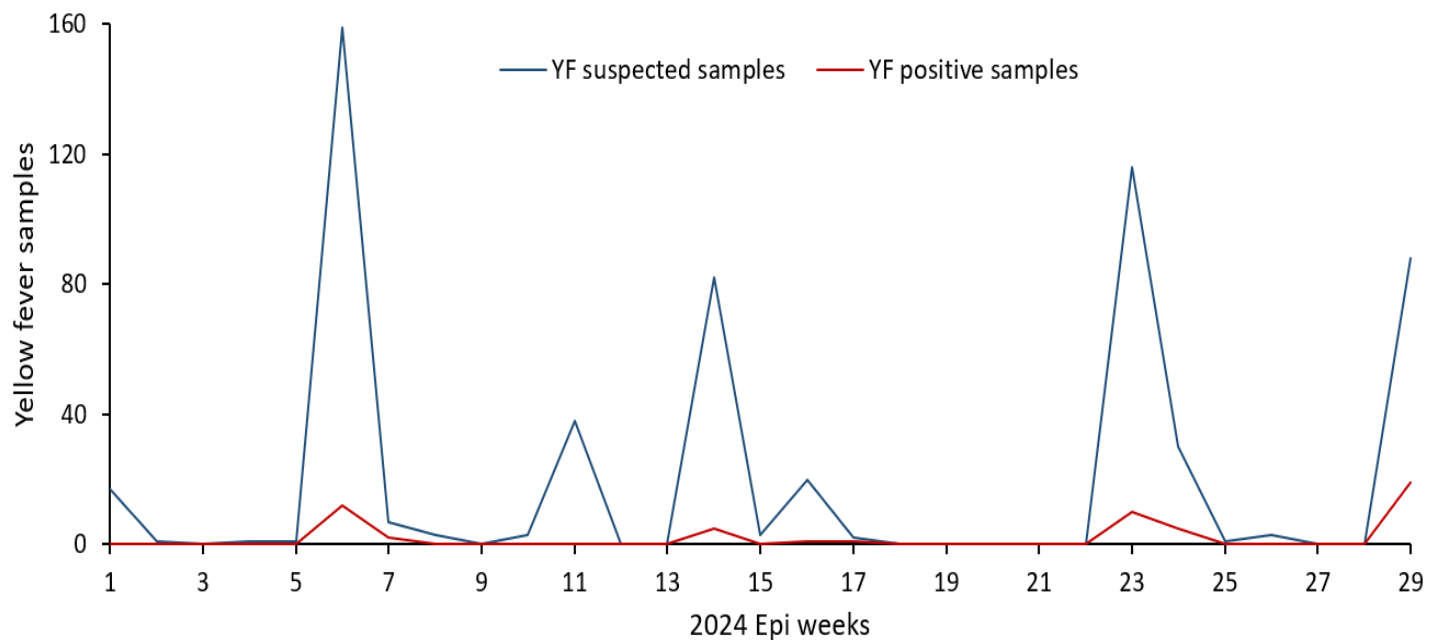
Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-29

During 2024 WK29, 88 yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 579 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-29 2024). During WK01



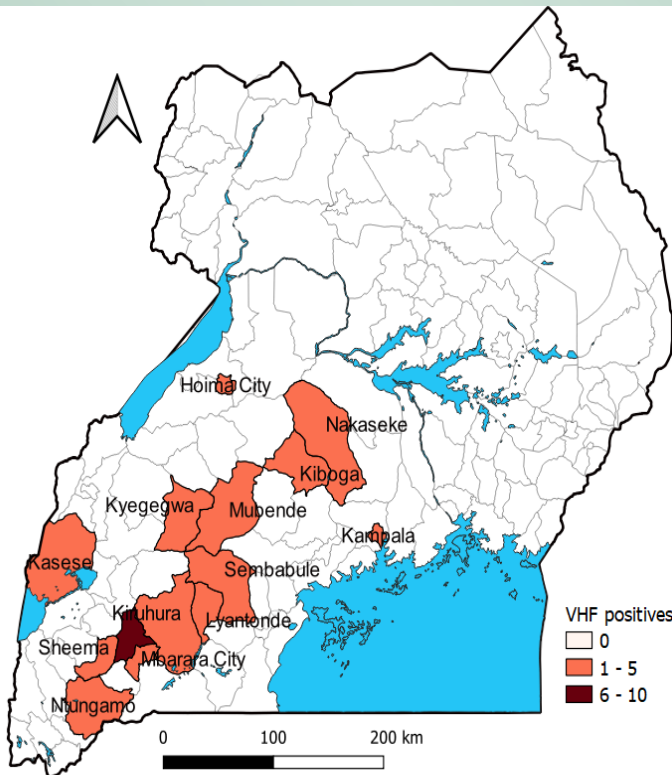
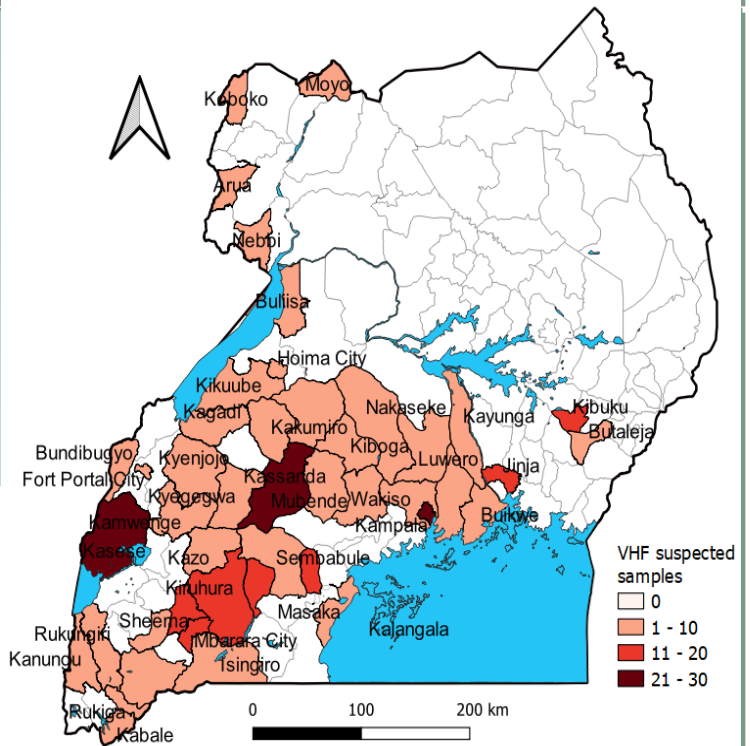
-29 2024, 50 samples tested positive for yellow fever. The map on the left shows districts where the positive samples came from. The graph below shows yellow fever samples and positives during 2024.



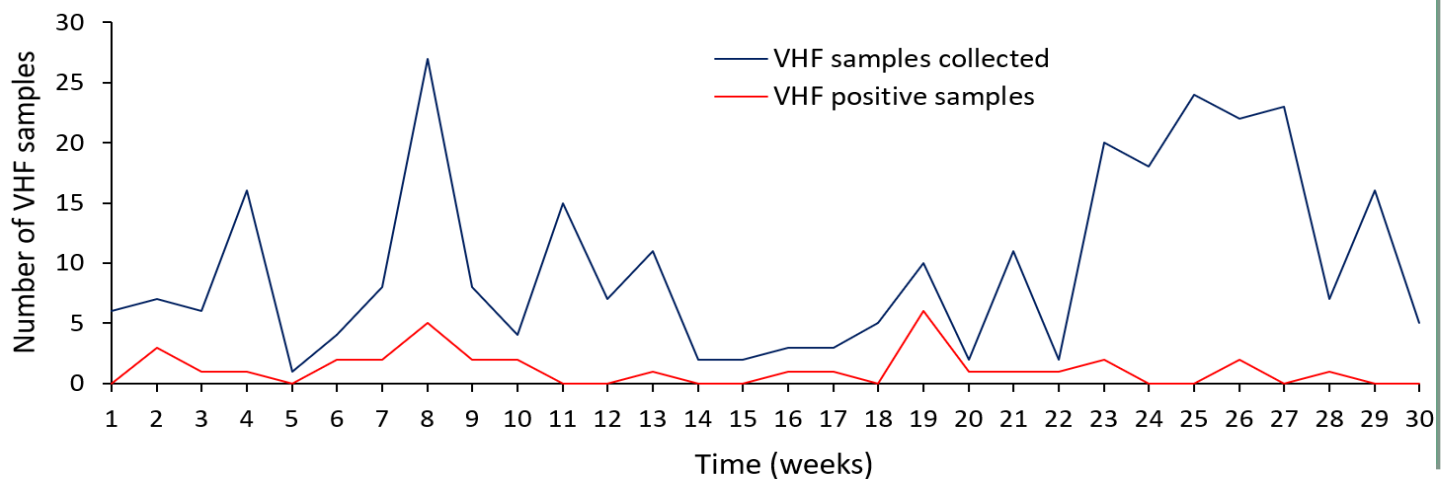
Viral Hemorrhagic Fevers Surveillance

Figure 13.1: Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-30

Between 2024 WK01-30, a total of 298 VHF suspected samples were collected; 265 from alive and 33 from dead. Mubende District had the highest number of samples (28) followed by Kasese District (27) and Kampala City (25). The map on the right shows the distribution of samples collected by districts. Most of them are from central, western and West Nile regions of Uganda. Cumulatively, 24 samples



tested positive for RVF; 92% (22/24) were from males while 8% (2/24) were from females. Majority of the positive RVF samples (12) were from Mbarara District and City. Thirteen samples (all from males) tested positive for CCHF. These were from the districts of Lyantonde (3), Kampala (3), Kiruhura (2), Kasese (2), Mbarara (1), Hoi-ma (1) and Kiboga (1) as shown on the map on the left. These have been responded to as out-breaks under the zoonosis IMT.



Points of Entry (POE) Surveillance

Table 13.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week30

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)				
1	Mpondwe	65,160	1,204	<p>During 2024 EpiWeek 30 a total of 161,786 in-coming, and 54,794 exiting travelers at 29 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Bunagana, Elegu and Entebbe Airport (Table 13.1).</p> <p>Presumptive Tuberculosis was identified among 19 travelers, 27 travelers were tested for TB, 1 traveler was confirmed with TB and linked to care (Table 13.2).</p>			
2	Bunagana	19,641	10,256				
3	Elegu	19,198	8,697				
4	Entebbe Airport	17,033	15,874				
5	Malaba	6,954	-				
6	Cyanika	6,703	5,750				
7	Busunga	4,734	4,600				
8	Katuna	4,708	-				
9	Busia	3,954	-				
10	Mutukula	3,329	1,736				
11	Kokwochaya	2,019	1,249	21	Ishasha	364	201
12	Vurra	1,321	1,099	22	Kayanzi	246	246
13	Alakas	1,118	611	23	Ndaiga	182	99
14	Wanseko	1,109	1,021	24	Hima Cement	139	270
15	Odramacaku	949	424	25	Madi-Opei	125	83
16	Kyeshero	742	303	26	Kamwezi	105	12
17	Arua Airport	653	253	27	Suam	79	80
18	Transami	445	327	28	Aweno Olwiyo	30	18
19	Ntoroko Main	381	381	29	Ngomrom	-	-
20	Katwe	365	-		Total	161,786	54,794

Source: IOM, eIDSR

Table 13.2: Tuberculosis screening among travelers during 2024Epi Week30

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Bunagana	05	05	00	00
2	Busia	05	05	00	00
3	Elegu	02	02	00	00
4	Kamwezi	01	01	00	00
5	Kokwochaya	04	04	00	00
6	Mpondwe	01	01	01	01
7	Mutukula	00	01	00	00
8	Ndaiga	01	00	00	00
9	Transami	00	08	00	00
	Total	19	27	01	01

Event Based Surveillance (EBS)

Table 14.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK30

Region	Total signals	Signals verified as events	Discarded Signals	Human	Animal	Natural Disaster	Artificial Disaster
Ankole	01	01	00	01	00	00	00
Bugisu	14	14	00	11	01	02	00
Bukedi	02	02	00	02	00	00	00
Bunyoro	01	01	00	01	00	00	00
Busoga	01	01	00	00	00	00	01
Kampala	16	16	00	16	00	00	00
Lango	02	02	00	02	00	00	00
S. Central	04	04	00	04	00	00	00
Tooro	01	01	00	01	00	00	00
W. Nile	18	18	00	14	04	00	00
Total	60	60	00	52	05	02	01

A total of 60 signals were received within the reporting week, of which all (60, 100%) were verified as events. Most of the signals received (52, 87%) were from the human sector, 5 (8%) were from the animal sector, 2 (3%) were natural disasters, and 1 (2%) were artificial disasters (Table 1). The silent regions during the week were Acholi, Karamoja, Kigezi, North Central and Teso.

Signals reported through the 6767 SMS platform that tested positive/ were confirmed as alerts during 2024 Epi-Week 30 (22nd–28th July 2024)

The most notable signals were the rabies in Kiryandongo District, the massive chicken die-off in Masaka City, the suspected anthrax outbreak in Buhweju and Bushenyi Districts.

The signals received during the week were measles/rubella, dysentery, animal bites, Covid-19, anthrax, cholera, viral hemorrhagic fever (VHF), tuberculosis (TB), meningitis, and rabies (Table 14.2). The others included malaria, coughs, colds, chicken pox, helminthiases, red eyes, scabies, enteric fever, and mumps

Table 15.2 : Regional-based suspected conditions reported within signals received and triaged

Region	Measles / Rubella	Dysentery	Animal Bites	Covid-19	Anthrax	Cholera	VHF	TB	Meningitis	Rabies	Others
Ankole	00	00	00	00	00	00	01	00	00	00	00
Bugisu	00	01	02	00	01	00	00	00	00	01	05
Bukedi	00	00	00	00	00	00	00	00	00	00	02
Bunyoro	00	00	01	00	00	00	00	00	00	00	00
Kampala	05	00	00	03	00	00	00	01	00	00	06
Lango	00	00	00	00	00	00	00	00	00	00	01
S. Central	03	00	00	00	00	00	00	00	00	00	00
Tooro	00	00	00	00	00	00	00	00	00	00	01
W. Nile	03	05	01	00	01	01	00	00	01	00	03
Total	11	06	04	03	02	01	01	01	01	01	18

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 15.1: Active PHEs in Uganda during 2024WK30

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	33,467	-	00
Measles	18-Jun-24	Moroto	300	13	06
	29-Jul-24	Butebo	06	06	00
	12-Jul-24	Kanungu	40	05	01
	01-Aug-24	Iganga	05	04	00
	27-Jul-24	Kamuli	30	03	00
	01-Aug-24	Budaka	05	03	00
	29-Jul-24	Bugweri	16	08	01
Black Water Fever	08-Feb-24	Bukomansimbi	131	-	13
Crimean Congo Hemorrhaging Fever	11-Jul-24	Kiboga, Kyankwanzi	01	01	00
	29-Jul-24	Kiruhura	01	01	00
Rabies	25-May-24	Busia	97	-	00
Yellow Fever	14-Jun-24	Ngora	10	04	00
Monkey Pox	24-Jul-24	Kasese	32	02	00

Uganda's PHEOCs are currently activated for an outbreak of Red Eyes in multiple communities and at least 153 prison in-mates; Measles in Moroto, Butebo, Kanungu, Iganga, Kamuli, Budaka and Bugweri districts; Yellow Fever in Ngora district; Tuberculosis upsurge in seven health districts; Complicated Malaria / Black Water Fever in Bukomansimbi district; CCHF in Kiruhura and Kiboga / Kyankwanzi districts; Environmental cVDPV2 in Mbale City; Monkey Pox in Kasese district, Rabies in Busia district.

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