



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 31: 29th June – 04th August 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:

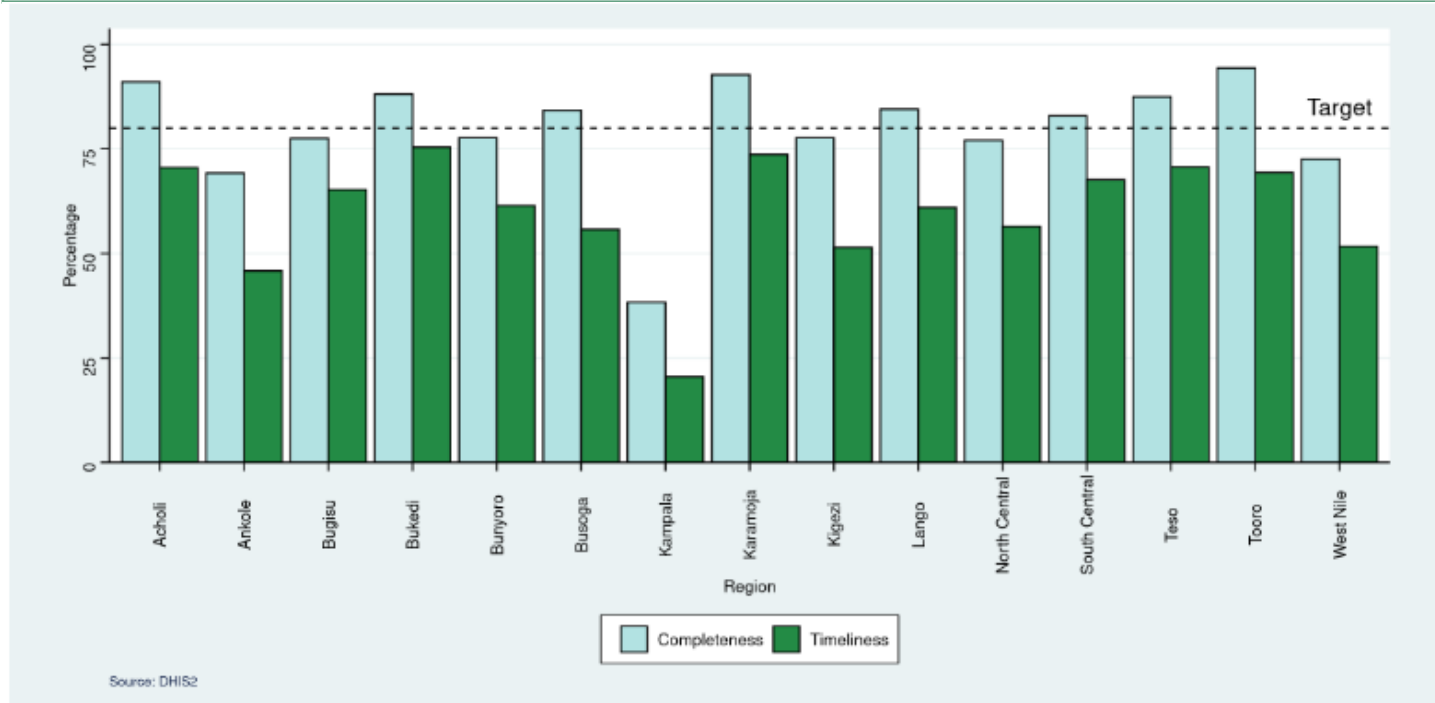
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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 31



Most regions achieved the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 31 except Ankole, Bugisu, Bunyoro, Kampala, Kigezi, North Central and West Nile. Timeliness within all regions was 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 30 and 31

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK30	WK31	WK30	WK31		WK30	WK31	WK30	WK31
Abim	100	100	100	90.5	Hoima City	71.4	76.2	57.1	38.1
Adjumani	41.2	37.3	27.5	27.5	Hoima	50	85	35	70
Agago	100	100	90.7	74.4	Ibanda	85.1	66	59.6	55.3
Alebtong	90	95	60	75	Iganga	63	67.4	37	23.9
Amolatar	100	100	94.1	100	Isingiro	95.9	98.6	27	58.1
Amudat	100	92.3	100	76.9	Jinja City	98.3	98.3	62.7	50.8
Amuria	100	100	69.2	84.6	Jinja	95.5	100	95.5	93.2
Amuru	90.6	90.6	75	59.4	Kaabong	100	100	96.7	20
Apac	57.9	47.4	50	42.1	Kabale	92.9	94.6	66.1	80.4
Arua City	60	48.6	31.4	31.4	Kabarole	100	100	81.3	78.1
Arua	100	100	81.8	27.3	Kaberamaido	100	100	100	16.7
Budaka	82.4	76.5	76.5	64.7	Kagadi	96.9	84.4	84.4	59.4
Bududa	100	81.3	75	50	Kakumiro	84.6	76.9	61.5	71.8
Bugiri	98.2	100	25.5	52.7	Kalaki	91.7	50	33.3	50
Bugweri	100	100	100	100	Kalangala	100	100	100	100
Buhweju	60	55	25	25	Kaliro	79.3	96.6	48.3	58.6
Buikwe	46.4	42	31.9	23.2	Kalungu	83.3	83.3	47.2	50
Bukedea	100	100	95.7	95.7	Kampala	45	42.9	25.5	20.2
Bukomansimbi	81.5	81.5	63	66.7	Kamuli	75.4	79.7	37.7	34.8
Bukwo	90.9	81.8	40.9	50	Kamwenge	100	97.2	94.4	88.9
Bulambuli	76.9	65.4	42.3	46.2	Kanungu	83.9	87.5	51.8	41.1
Buliisa	62.5	81.3	37.5	37.5	Kapchorwa	63	66.7	55.6	66.7
Bundibugyo	100	96.8	51.6	41.9	Kapelebyong	100	100	100	100
Bunyangabu	97.1	94.1	79.4	91.2	Karenga	100	80	70	50
Bushenyi	71.7	63	58.7	50	Kasese	78.2	66.2	47.2	44.4
Busia	91.2	94.1	76.5	70.6	Kassanda	92.1	97.4	86.8	81.6
Butaleja	96	96	72	76	Katakwi	96.3	55.6	77.8	48.1
Butambala	91.7	62.5	66.7	62.5	Kayunga	65	60	32.5	30
Butebo	92.3	92.3	61.5	61.5	Kazo	100	100	34.3	37.1
Buvuma	100	100	100	100	Kibaale	100	51.4	22.9	31.4
Buyende	67.9	92.9	25	71.4	Kiboga	95.7	95.7	76.6	74.5
Dokolo	100	100	55.6	44.4	Kibuku	100	100	35.3	100
Fort Portal City	96.3	96.3	96.3	92.6	Kikuube	100	94.3	60	68.6
Gomba	68	88	28	64	Kiruhura	93.1	100	48.3	65.5
Gulu City	97.6	92.9	66.7	64.3	Kiryandongo	84.6	84.6	69.2	73.1
Gulu	100	100	43.5	60.9	Kisoro	85.1	97.9	8.5	14.9

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 30 and 31

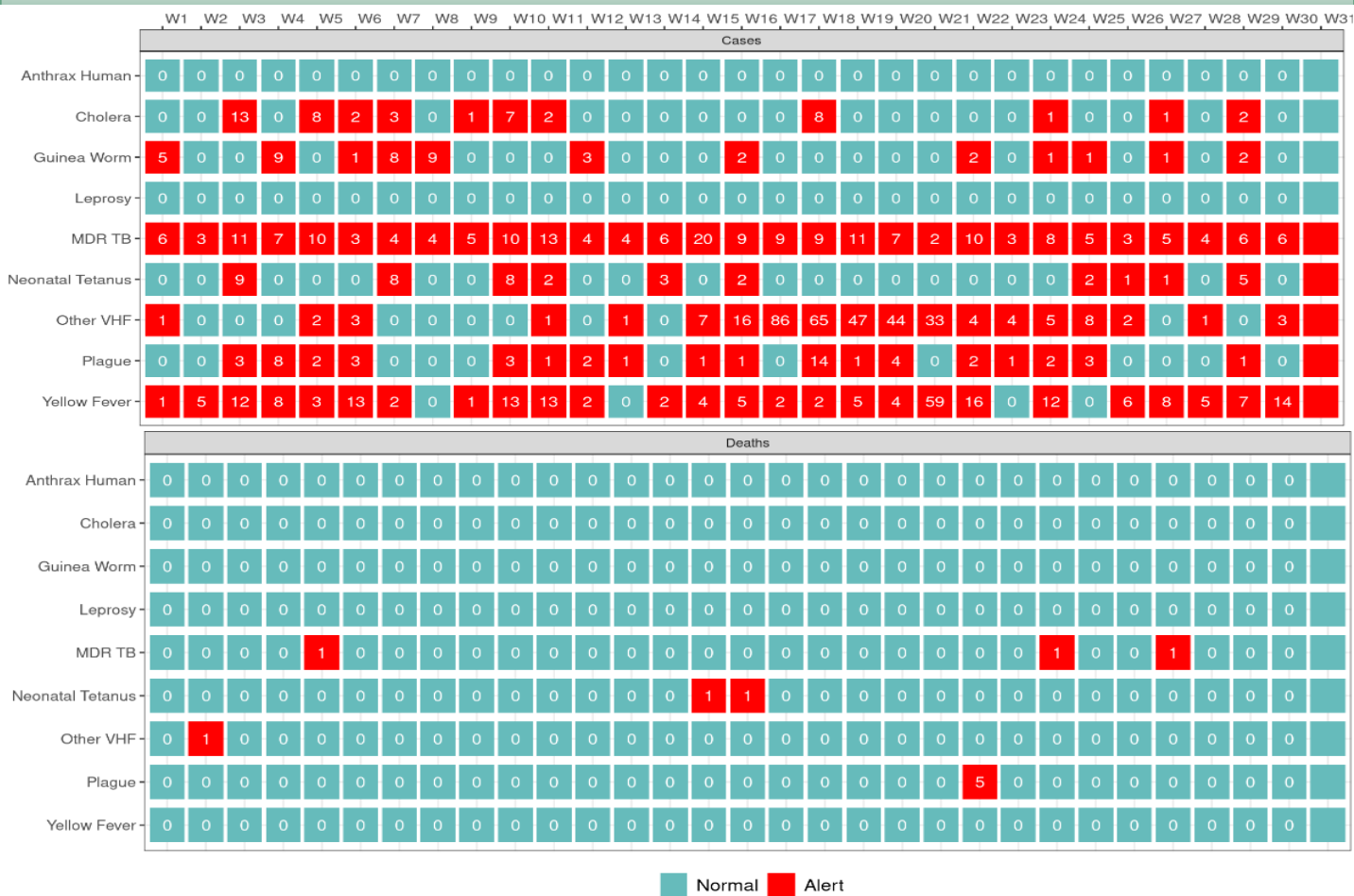
District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK30	WK31	WK30	WK31		WK30	WK31	WK30	WK31
Kitagwenda	95.7	100	91.3	100	Nabilatuk	100	100	83.3	100
Kitgum	87.5	87.5	72.5	75	Nakapiripirit	100	100	100	76.9
Koboko	80.8	80.8	61.5	53.8	Nakaseke	96.7	93.3	63.3	56.7
Kole	94.3	97.1	17.1	8.6	Nakasongola	53.5	60.5	39.5	55.8
Kotido	100	100	90.9	59.1	Namayingo	71.1	71.1	47.4	36.8
Kumi	100	100	64.3	35.7	Namisindwa	81	90.5	52.4	66.7
Kwania	56.4	66.7	17.9	30.8	Namutumba	94.3	68.6	57.1	5.7
Kween	73.1	53.8	38.5	34.6	Napak	100	100	94.4	94.4
Kyankwanzi	100	100	22.2	100	Nebbi	88.5	88.5	65.4	38.5
Kyegegwa	100	100	68	64	Ngora	100	76.9	76.9	69.2
Kyenjojo	100	98	66.7	31.4	Ntoroko	100	100	66.7	55.6
Kyotera	97.5	96.3	90.1	85.2	Ntungamo	73.5	63.2	44.1	36.8
Lamwo	90.3	87.1	64.5	74.2	Nwoya	100	100	100	93.3
Lira City	100	100	88.9	85.2	Obongi	66.7	61.1	50	50
Lira	100	100	92.9	100	Omoro	100	100	66.7	74.1
Luuka	90.7	100	11.6	72.1	Otuke	88.2	94.1	70.6	70.6
Luwero	72.9	68.2	41.1	37.4	Oyam	100	100	73.5	51
Lwengo	94.6	100	43.2	37.8	Pader	100	97.6	71.4	50
Lyantonde	77.6	73.5	44.9	38.8	Pakwach	89.5	73.7	78.9	63.2
Madi-Okollo	90.5	100	42.9	42.9	Pallisa	100	100	96.9	100
Manafwa	100	100	84.6	76.9	Rakai	66	61.7	48.9	40.4
Maracha	100	100	77.8	55.6	Rubanda	47.4	52.6	21.1	34.2
Masaka City	97.4	97.4	94.7	94.7	Rubirizi	100	100	50	65
Masaka	100	100	100	100	Rukiga	100	97	84.8	87.9
Masindi	100	100	98.1	100	Rukungiri	61.7	61.7	44.7	48.9
Mayuge	81.9	94.4	68.1	66.7	Rwampara	55	50	35	35
Mbale City	100	100	97.6	100	Sembabule	97.5	97.5	95	95
Mbale	96.3	100	88.9	85.2	Serere	100	100	100	100
Mbarara City	76.3	68.4	47.4	36.8	Sheema	53.8	41	41	28.2
Mbarara	57.7	73.1	46.2	57.7	Sironko	90.9	87.9	54.5	66.7
Mitooma	100	81.8	45.5	40.9	Soroti City	96.3	96.3	55.6	92.6
Mityana	86.8	89.5	48.7	53.9	Soroti	93.8	87.5	87.5	81.3
Moroto	100	100	94.7	100	Terego	96.6	100	72.4	44.8
Moyo	93.5	100	67.7	93.5	Tororo	87.2	85.9	39.7	55.1
Mpigi	69.4	77.4	51.6	58.1	Wakiso	63.2	60	44.9	44.9
Mubende	98.1	100	68.5	24.1	Yumbe	100	100	50.9	77.2
Mukono	59.8	52.9	35.3	35.3	Zombo	95.7	87	65.2	60.9

Source: DHIS2

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 Wk31

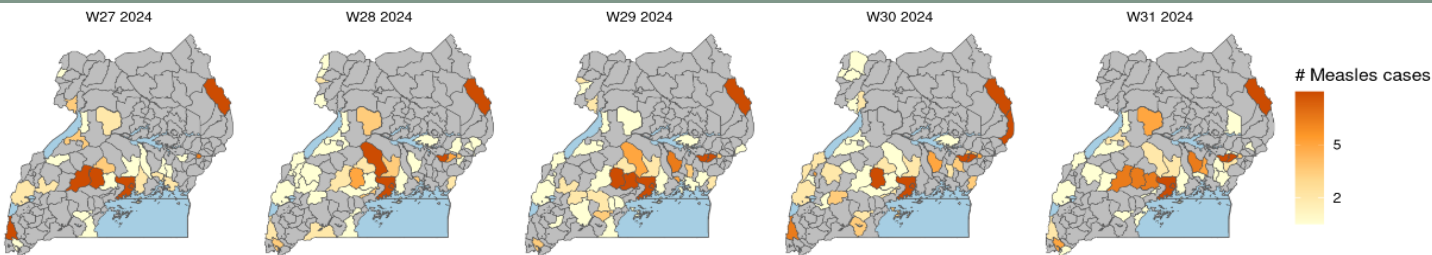


Source: DHIS2

DHIS2 Data

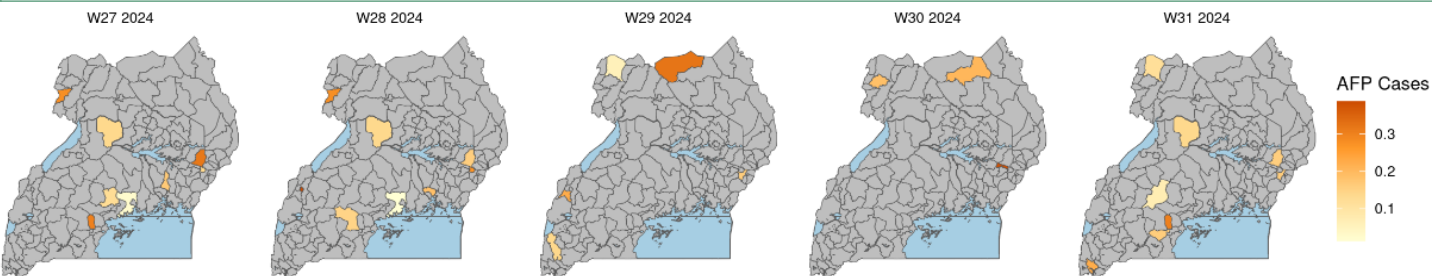
Within the reporting week 31 suspected cases were reported within the conditions of MDR-TB, neonatal tetanus, Other VHF, plague and Yellow fever. These are suspected cases and verification is on-going. There was no suspected death due to any epidemic prone disease.

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



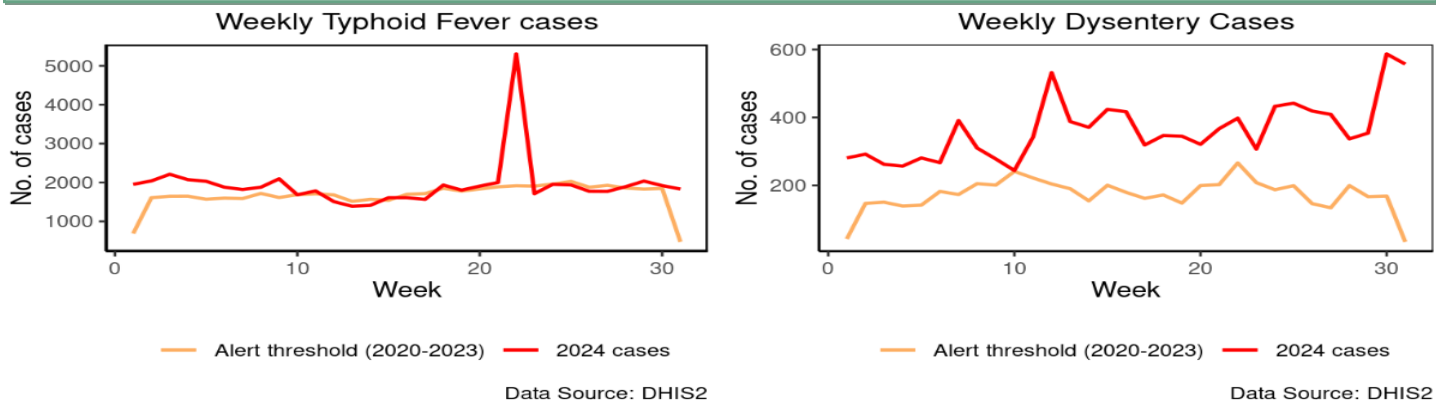
Data source: HMIS

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 Wk31



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 Wk31

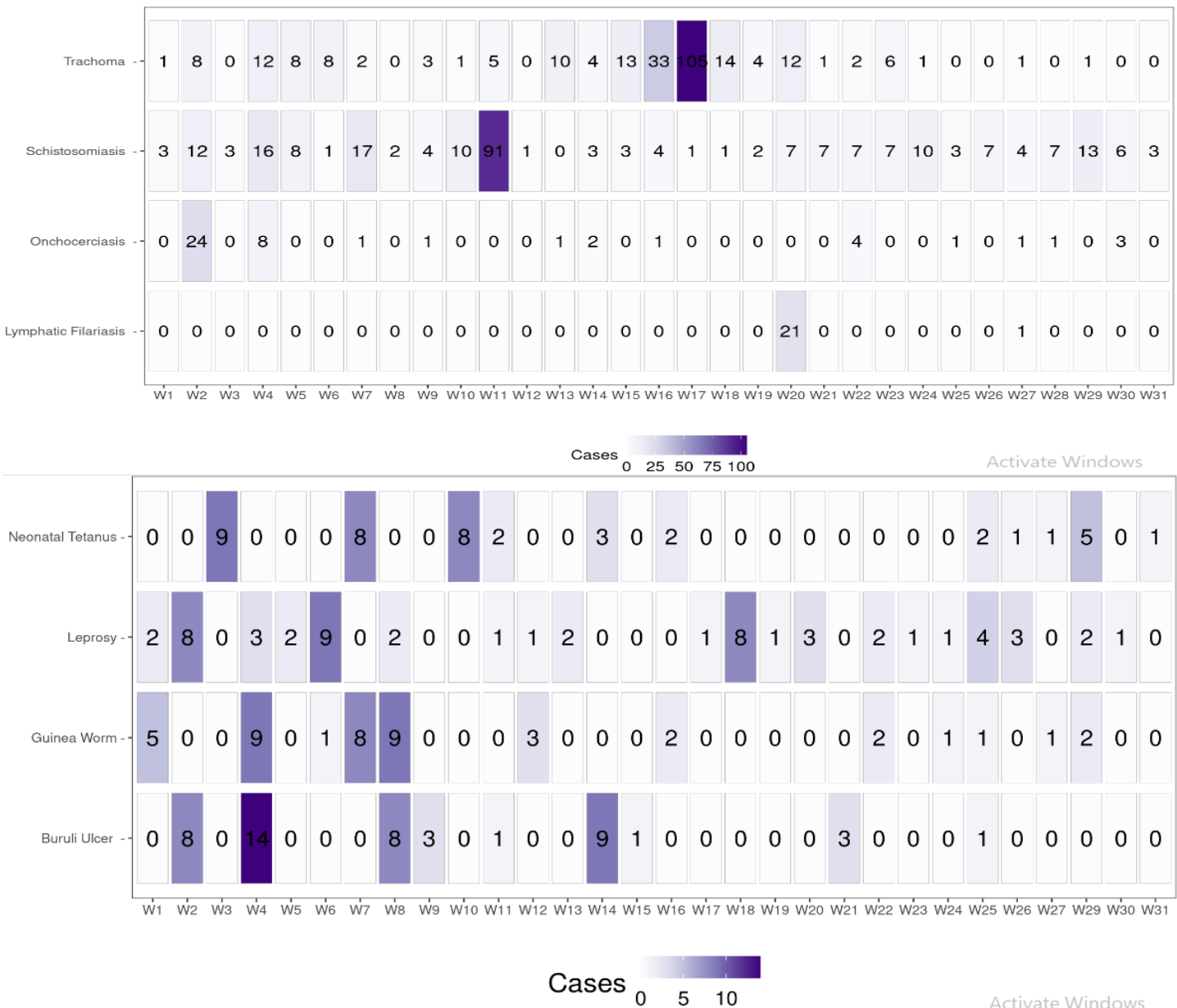
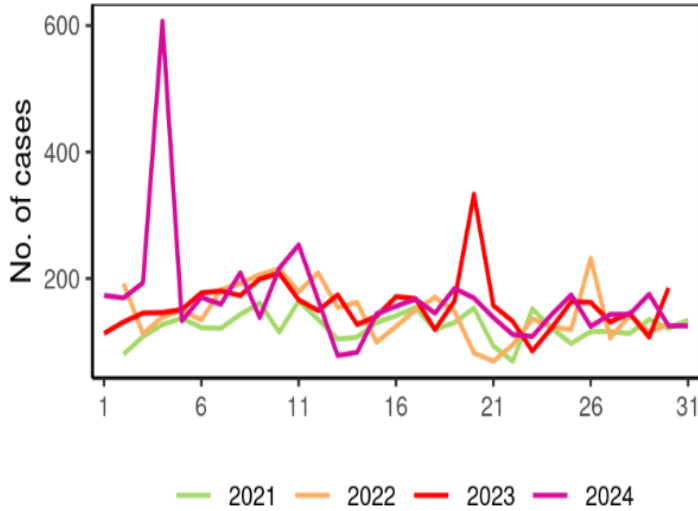


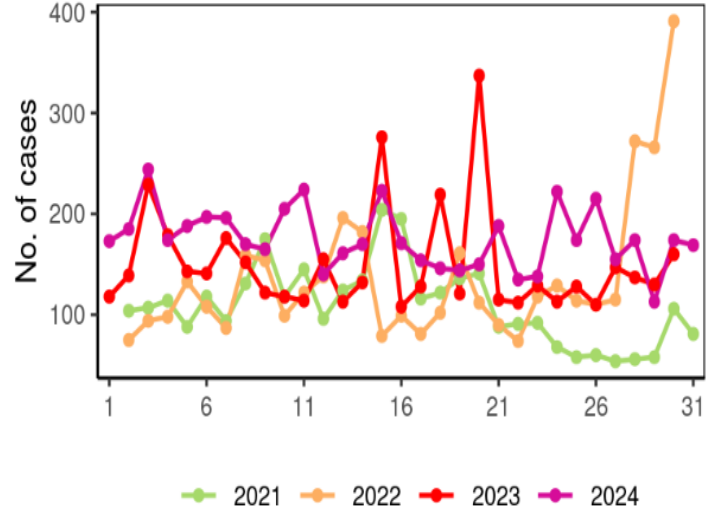
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk31

Weekly Diarrhoea Case



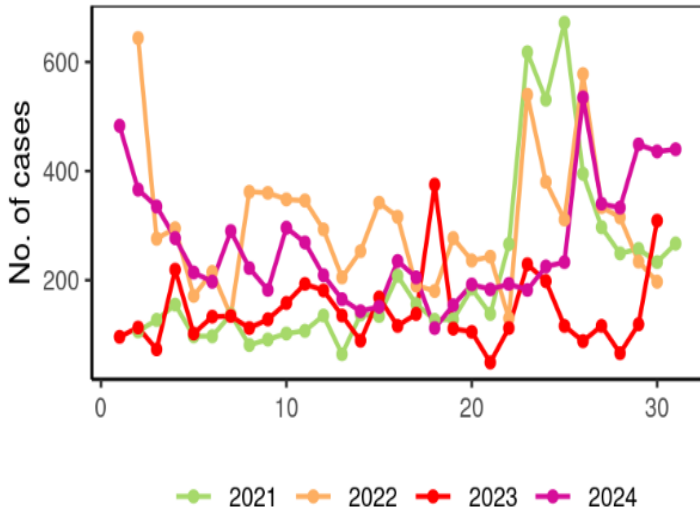
Data Source:DHIS2

Weekly Hepatitis Cases



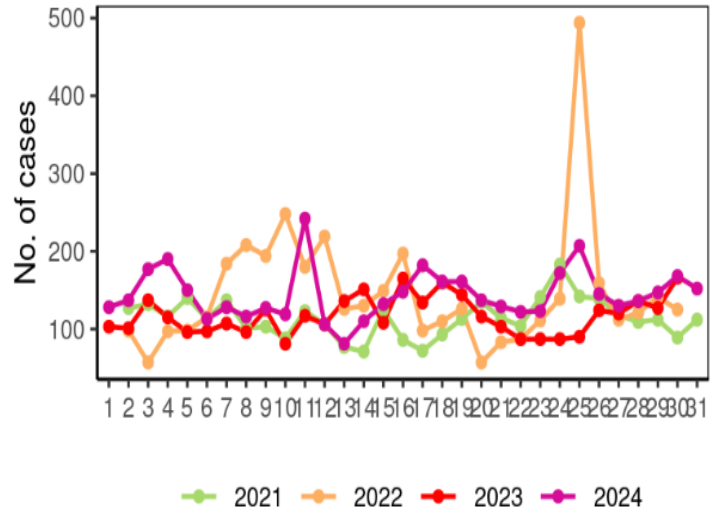
Data Source:DHIS2

SARI Cases



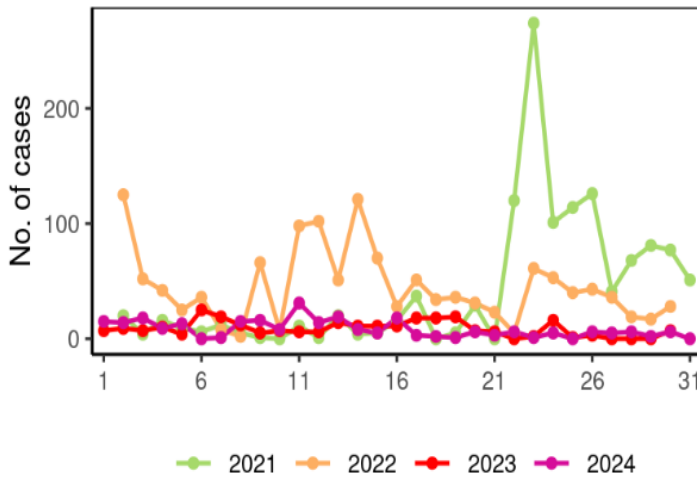
Data Source:DHIS2

Weekly Severe pneumonia Cases



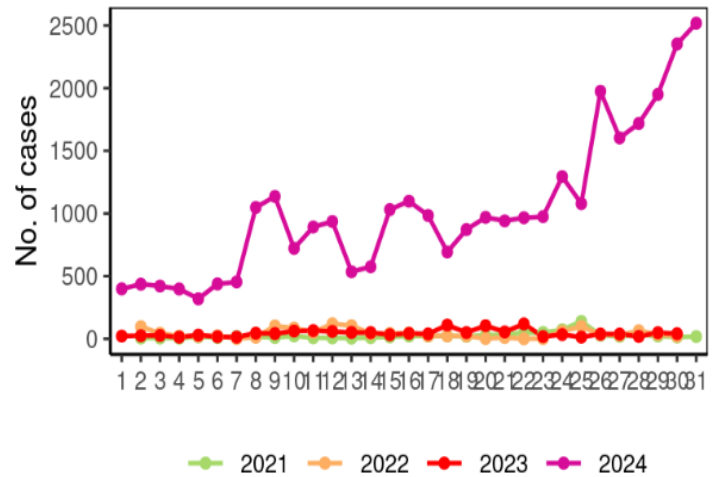
Data Source:DHIS2

Weekly SARS Cases



Data Source:DHIS2

Weekly Influenza Cases

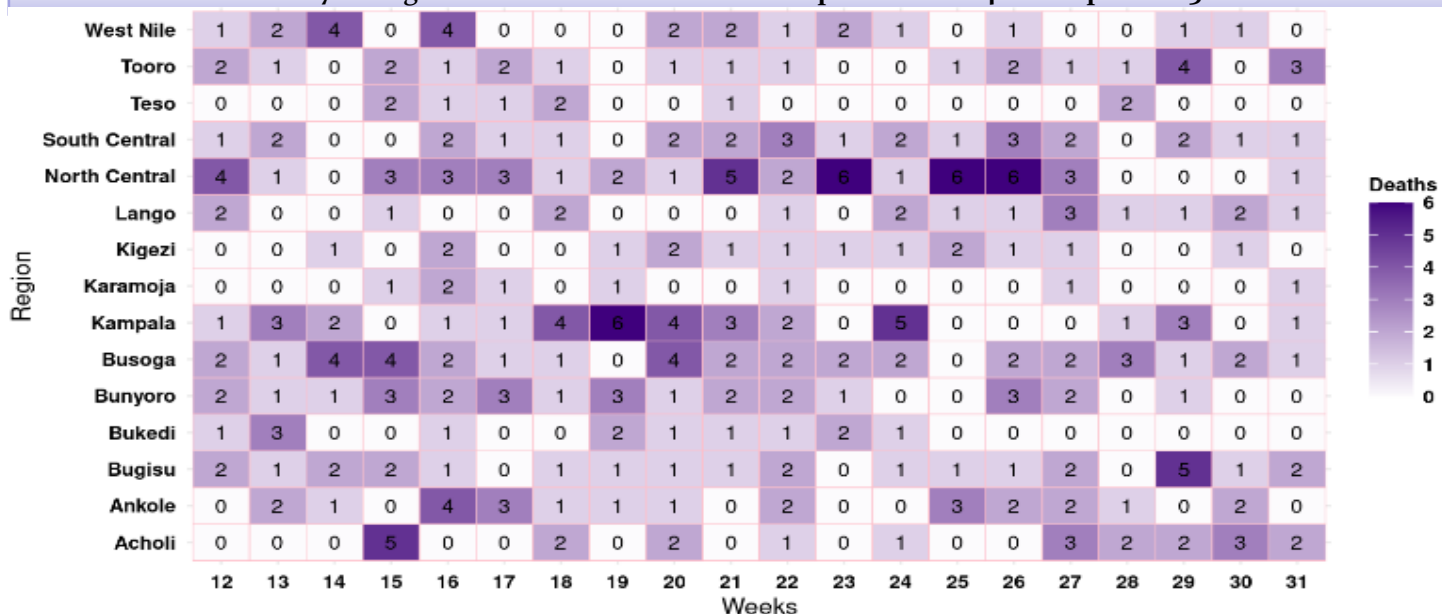


Data Source:DHIS2

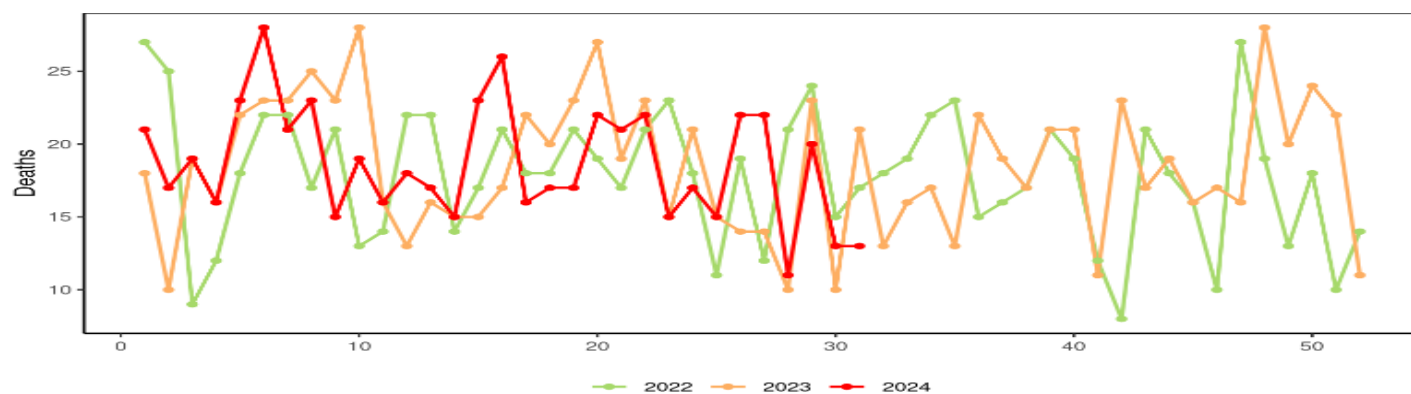
Maternal Deaths Surveillance

In week 31, there were 13 maternal deaths. There was a decrease of 1 maternal death as compared to the 14 deaths reported in week 30.

Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 31



Data source: DHIS2



Data Source: DHIS2

Table 7.2: Facilities reporting Maternal deaths during 2024WK31

Regions	Districts	Facility	No. of maternal deaths
Acholi	Nwoya District	Anaka General Hospital	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	2
Kampala	Kampala District	Kawempe National Referral Hospital	1
Tooro	Fort Portal City	Fort Portal Regional Referral Hospital	2
Acholi	Gulu City	St. Mary's Hospital Lacor	1
Tooro	Kyenjojo District	Kyenjojo General Hospital	1
North Central	Mukono District	Mukono General Hospital	1
Lango	Lira City	Lira Regional Referral Hospital	1
Karamoja	Amudat District	Amudat Hospital	1
South Central	Mpigi District	Nkozi Hospital	1
Busoga	Bugiri District	Nankoma Health Centre IV	1

Perinatal Deaths Surveillance

In week 31, there were 340 perinatal deaths. There was an increase of 36 deaths from the 304 deaths reported in week 30.

Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 31

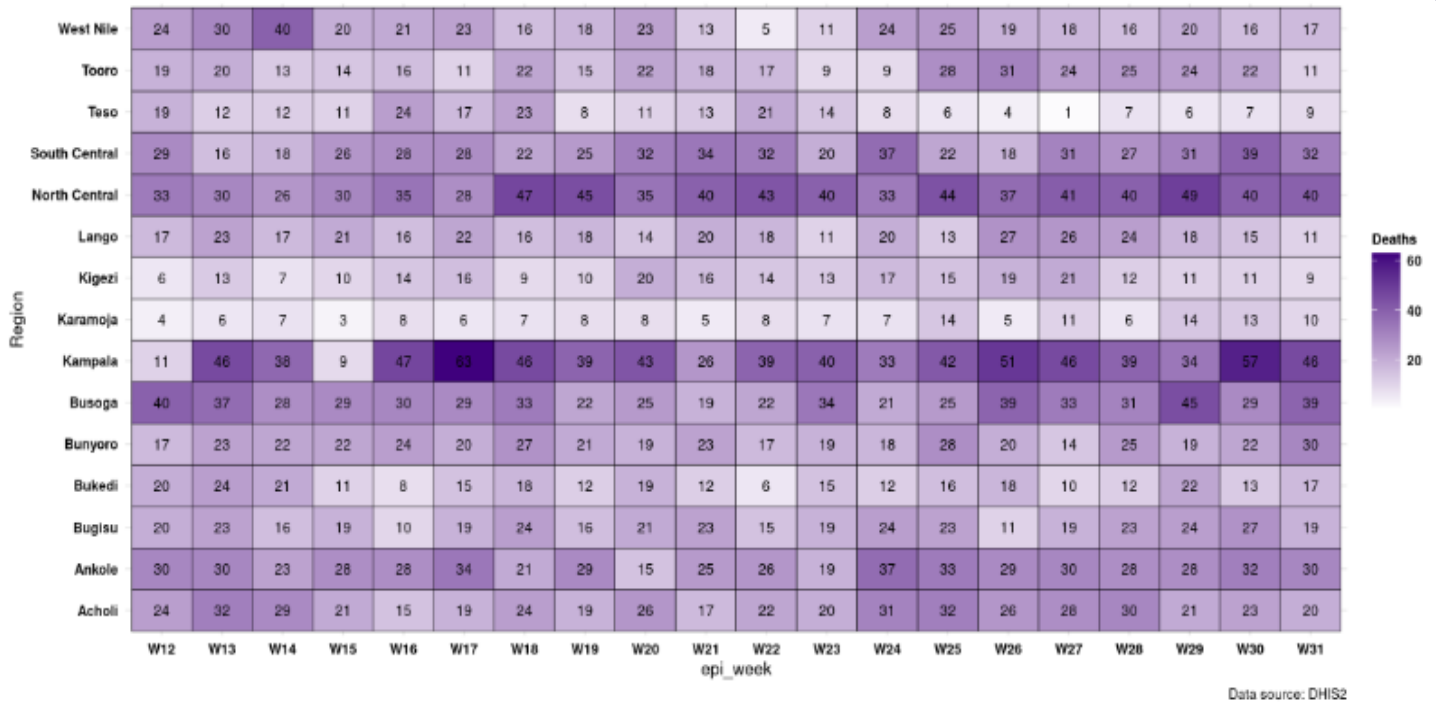


Figure 8.2: Forms of Perinatal deaths reported during 2024WK31

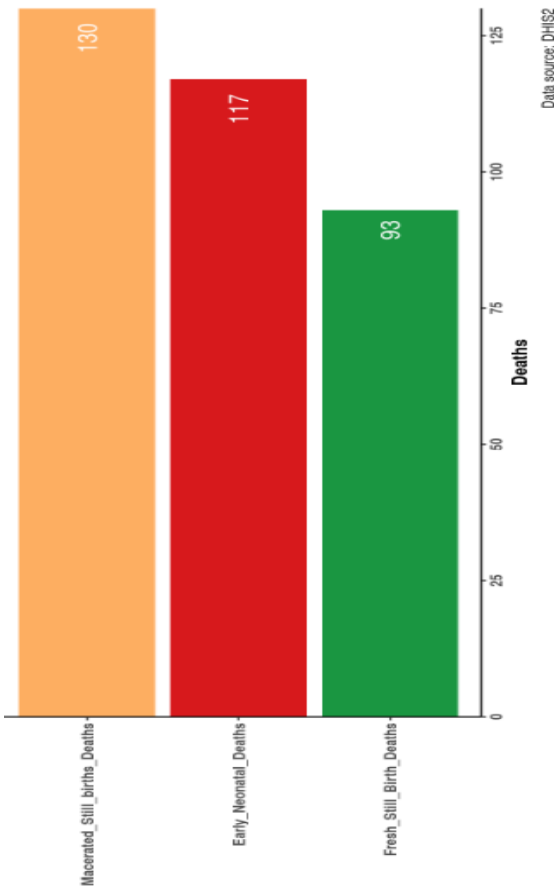


Figure 8.3: Perinatal deaths reported during 2024WK31 by district



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	4	0	162	0	0	155	11	163	3	166
February	3	1	148	0	0	147	5	150	2	152
March	1	1	270	3	0	273	2	262	13	275
April	1	1	135	5	0	141	1	131	11	142
May	1	0	163	3	0	160	7	152	15	167
June	1	3	148	5	0	155	2	152	5	157
July	0	3	100	13	3	115	4	117	2	119
Total	11	9	1126	29	3	1146	32	1127	51	1178

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

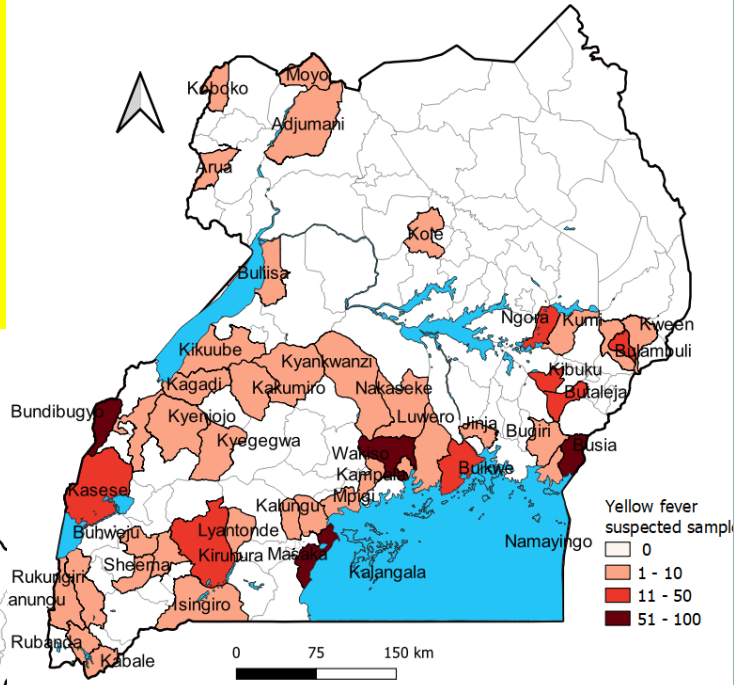
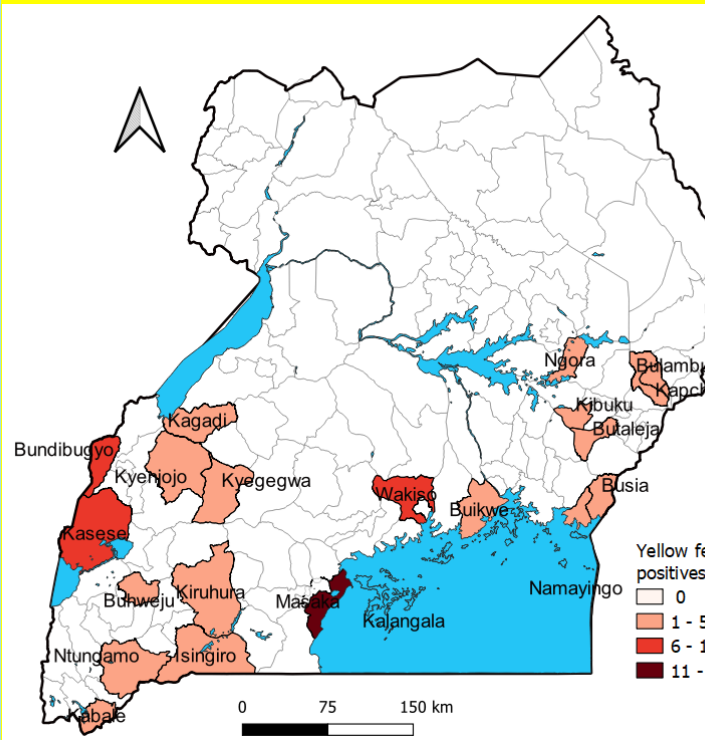
Sample Type/ Sentinel Site	Influenza					COVID19Result		RSVResult		Total	
	A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Pending	Negative	Positive	Negative	Positive		
ILI	Arua R. R. Hospital	00	00	21	00	00	21	00	20	1	21
	Entebbe R. R. Hospital	01	00	29	03	00	32	01	32	1	33
	Fort Portal R. R. Hospital	00	01	00	00	00	1	00	1	0	1
	Jinja R. R. Hospital	07	01	178	01	00	180	07	181	6	187
	Kawaala HC IV	00	00	02	00	00	2	00	2	0	2
	Kibuli Hospital	00	01	12	00	00	13	00	13	0	13
	Kiryandongo Hospital	00	00	57	00	00	56	01	57	0	57
	Kiswa HC III	00	03	186	01	03	192	01	192	1	193
	Kitebi HC III	01	01	74	14	00	89	01	88	2	90
	Koboko Hospital	00	00	16	00	00	16	00	16	0	16
	Mukono General Hospital	00	00	75	00	00	71	04	67	8	75
	Mulago N R Hospital	00	00	44	00	00	44	00	44	0	44
	Nsambya Hospital	00	00	82	05	00	87	00	87	0	87
	Tororo General Hospital	00	00	40	01	00	39	02	33	8	41
Total	09	07	816	25	03	843	17	833	27	860	
SARI	Arua R. R. Hospital	00	00	36	00	00	34	02	35	1	36
	Entebbe R. R. Hospital	00	01	07	00	00	6	02	8	0	8
	Fort Portal R. R. Hospital	00	00	46	00	00	42	04	36	10	46
	Jinja R. R. Hospital	00	00	40	00	00	39	01	40	0	40
	Kiryandongo Hospital	00	00	10	00	00	10	00	10	0	10
	Koboko Hospital	00	00	19	00	00	17	02	19	0	19
	Mbarara R. R. Hospital	02	00	36	00	00	37	01	34	4	38
	Nsambya Hospital	00	01	88	03	00	90	02	89	3	92
	Tororo General Hospital	00	00	28	01	00	28	01	23	6	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	2	57
	Entebbe R. R. Hospital	01	01	36	03	00	38	03	40	1	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	6	227
	Kawaala HC IV	00	00	02	00	00	02	00	2	0	2
	Kibuli Hospital	00	01	12	00	00	13	00	13	0	13
	Kiryandongo Hospital	00	00	67	00	00	66	01	67	0	67
	Kiswa HC III	00	03	186	01	03	192	01	192	1	193
	Kitebi HC III	01	01	74	14	00	89	01	88	2	90
	Koboko Hospital	00	00	35	00	00	33	02	35	0	35
	Mbarara R. R. Hospital	02	00	36	00	00	37	01	34	4	38
	Mukono General Hospital	00	00	75	00	00	71	04	67	8	75
	Mulago N R Hospital	00	00	44	00	00	44	00	44	0	44
	Nsambya Hospital	00	01	170	08	00	177	02	176	3	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

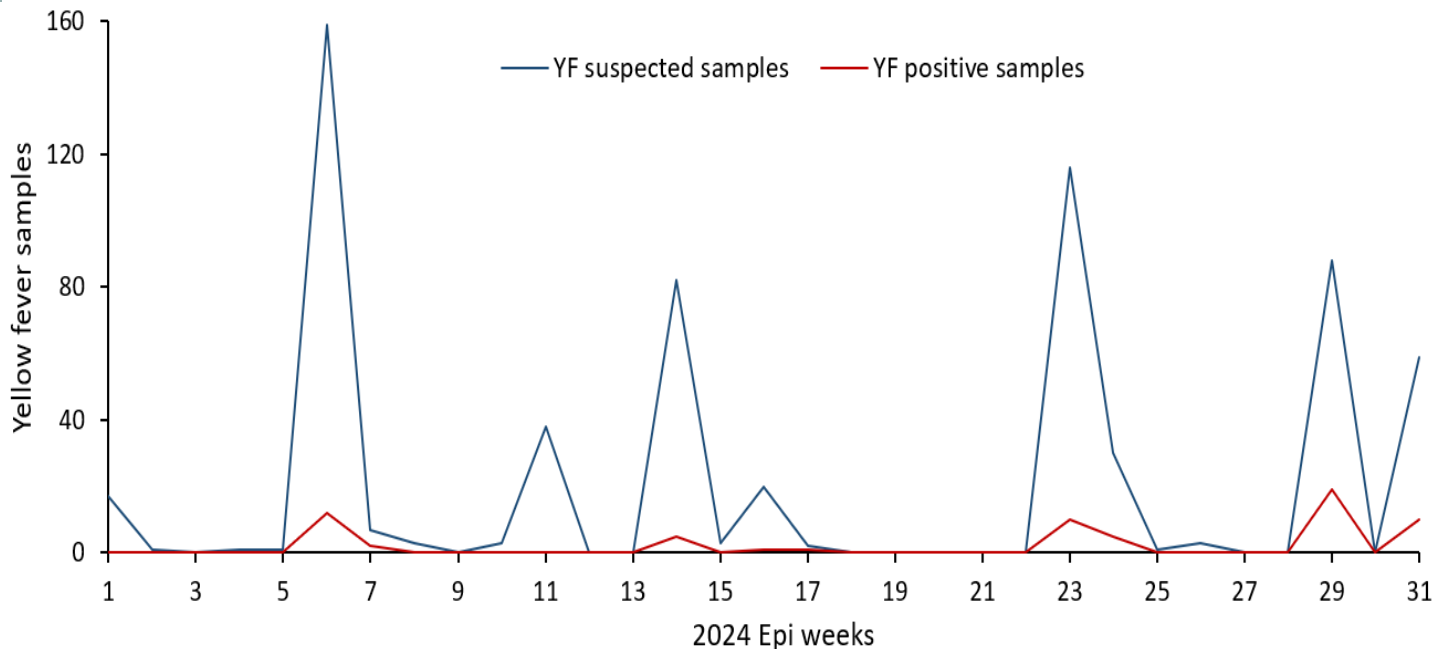
Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-31

During 2024 WK31, 59 yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 539 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



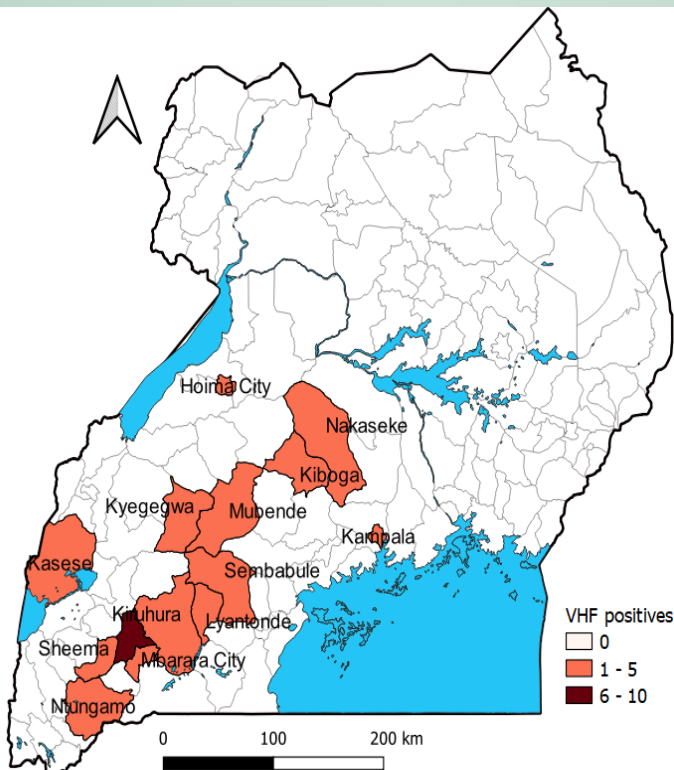
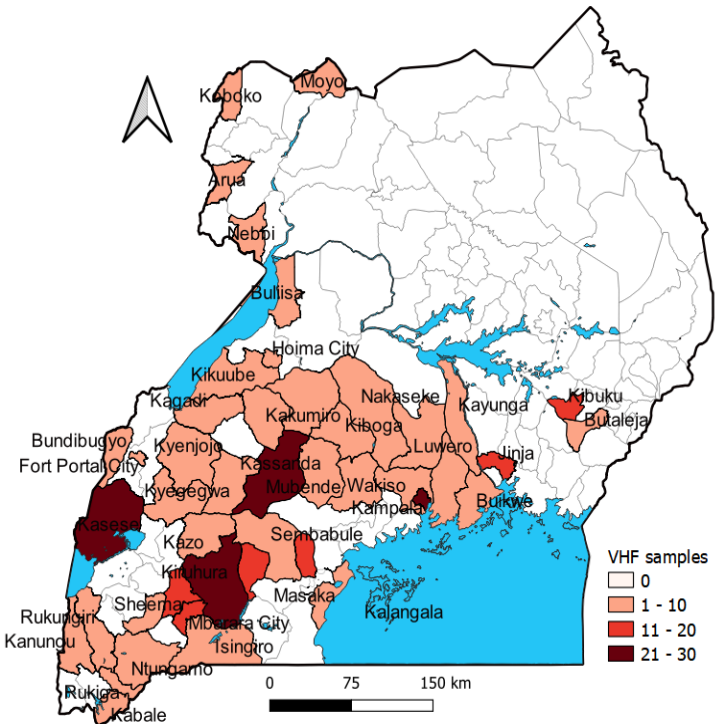
-31 2024, 60 samples tested positive for yellow fever. The map on the left shows districts where the positive samples came from. The graph below shows yellow fever samples and positives during 2024.



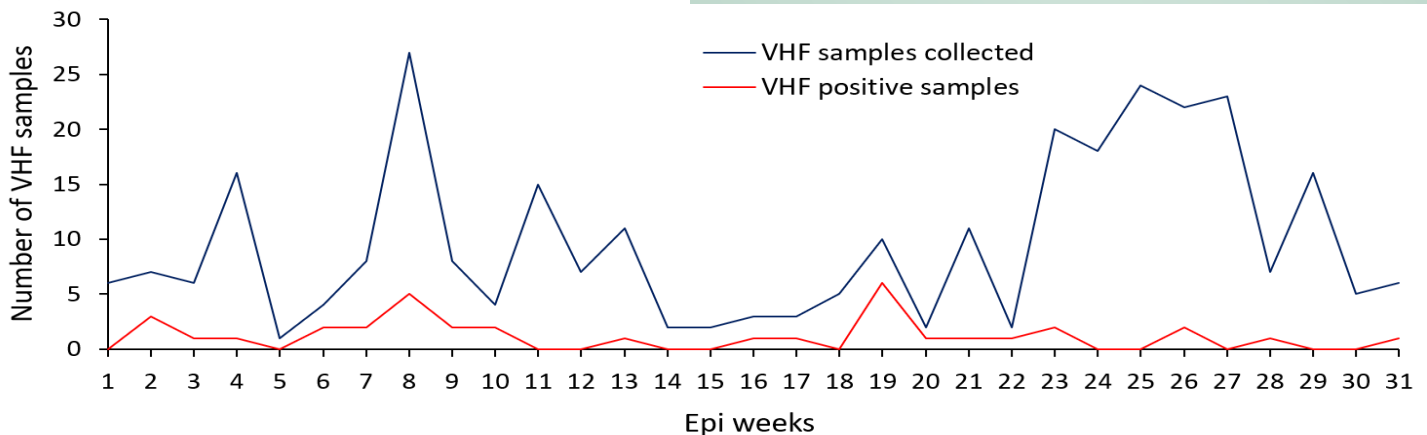
Viral Hemorrhagic Fevers Surveillance

Figure 13.1: Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-31

Between 2024 WK01-31, a total of 304 VHF suspected samples were collected; 271 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. Fifteen samples (all from males) tested positive for CCHF. These were from the districts of Lyantonde (3), Kampala (3), Kiruhura (3), Kasese (2), Mbarara (1), Hoima (1) and Kiboga (1). These have been responded to as outbreaks under the zoonosis IMT. The map on the left shows districts with positive VHF samples.



Points of Entry (POE) Surveillance

Table 13.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week31

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)
1	Mpondwe	69,168	1,272
2	Elegu	19,415	8,539
3	Entebbe Airport	18,881	18,872
4	Bunagana	13,403	9,104
5	Cyanika	6,908	5,989
6	Malaba	6,556	-
7	Busia	5,265	-
8	Busunga	5,211	5,022
9	Katuna	4,959	-
10	Mutukula	3,189	1,954
11	Kokwochaya	2,183	1,456
12	Mirama Hills	1,985	1,712
13	Vurra	1,455	1,141
14	Alakas	1,185	708
15	Goli	1,119	1,206
16	Odramacaku	998	494
17	Kyeshero	767	168
18	Wanseko	760	780
19	Katwe	656	-
20	Arua Airport	622	268
21	Transami	464	270
22	Ishasha	427	181
23	Ntoroko Main	373	318
24	Kayanzi	252	252
25	Suam	232	43
26	Sebagoro	212	24
27	Ndaiga	196	150
28	Aweno Olwiyo	161	124
29	Hima Cement	154	355
	Total	167,156	60,402

During 2024 EpiWeek 31 a total of 167,156 in-coming, and 60,402 exiting travelers at 29 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Elegu, Entebbe Airport and Bunagana, (Table 13.1). Presumptive Tuberculosis was identified among 32 travelers, 32 travelers were tested for TB, 1 traveler was confirmed with TB and linked to care (Table 13.2).

Source: IOM, eIDSR

Table 13.2: Tuberculosis screening among travelers during 2024Epi Week31

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Mpondwe	12	12	01	01
2	Busia	07	07	00	00
3	Kokwochaya	06	06	00	00
4	Bunagana	04	04	00	00
5	Elegu	03	03	00	00
	Total	32	32	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, helminthiasis, 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 2024WK31

PHE	Activation Date	Location	All Cases	Confirmed Cases	Human Deaths
Tuberculosis	14-Dec-19	Seven Health Regions			
cVDPV2 (environmental)	31-May-24	Mbale City			
Measles	18-Jun-24	Moroto	312	13	7
	29-Jul-24	Butebo	6	6	0
	08-Aug-24	Bugiri	5	4	0
	12-Aug-24	Isingiro	5	3	0
	12-Jul-24	Kanungu	40	5	1
	01-Aug-24	Iganga	5	4	0
	27-Jul-24	Kamuli	34	3	0
	01-Aug-24	Budaka	5	3	0
Crimean Congo Hemorrhagic Fever	11-Jul-24	Kiboga, Kyankwanzi	1	1	0
	29-Jul-24	Kiruhura	1	1	0
Yellow Fever	14-Jun-24	Ngora	10	4	0
Monkey Pox	24-Jul-24	Kasese	46	2	0

Uganda's PHEOCs are currently activated for an outbreak of Measles in Moroto, Butebo, Bugiri, Isingiro, Kanungu, Iganga, Kamuli, Budaka and Bugweri districts; Yellow Fever in Ngora district; CCHF in Kiruhura and Kiboga / Kyankwanzi districts; Environmental cVDPV2 in Mbale City; Monkey Pox in Kasese 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.

Source: National PHEOC, WHO Bulletin