

KAMPALA METROPOLITAN AREA REGIONAL EMERGENCY OPERATION CENTRE toll free: 0800299000



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

WEEKLY EPIDEMIOLOGICAL BULLETIN WEEK:08 (19th-26th February ,2024) ISSUE:08



KMA – TB situation

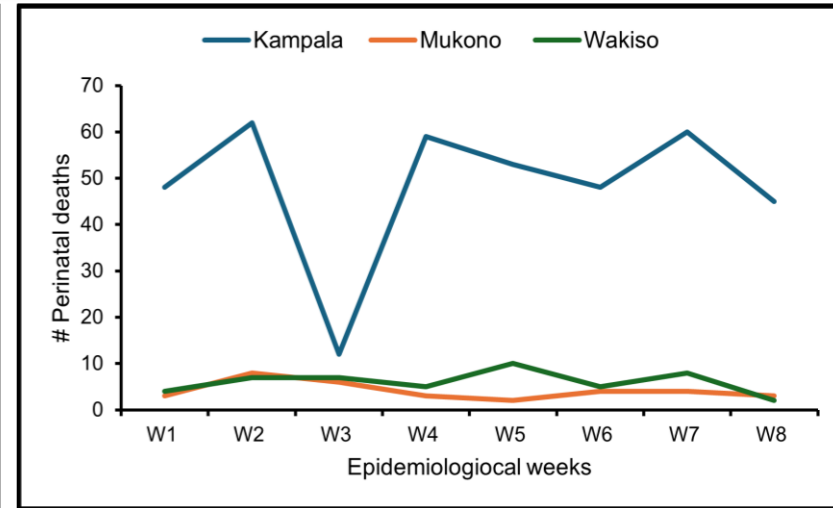
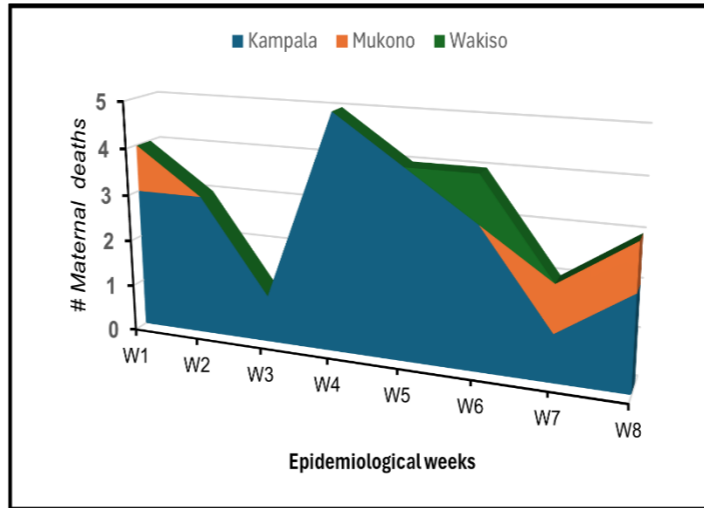
033B-TB06. Bacteriologically Confirmed TB cases tested with GeneXpert

	Kampala District	Mukono District	Wakiso District
W1 2024	108	7	22
W2 2024	79	15	28
W3 2024	71	10	44
W4 2024	69	9	45
W5 2024	64	22	27
W6 2024	81	11	22
W7 2024	50	10	30
W8 2024	62	9	30

The region have registered an increased in the number of bacteriologically confirmed TB as compared with Epidemiological week 7,

DPHE has called for meeting to address the sky rocketing cases of TB within the city.

Maternal perinatal deaths surveillance and response (MPDSR)



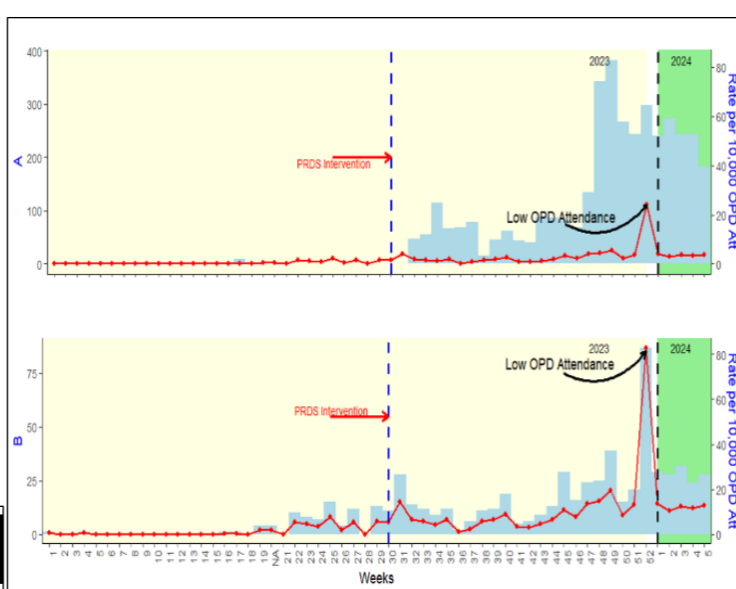
In Epidemiological Week 8 of 2024, the Kampala metropolitan area registered a decrease in the number of perinatal deaths, with less than 70 perinatal deaths reported. Additionally, 3 maternal deaths were recorded during this period.

KMA-SARI/ILI PRDS

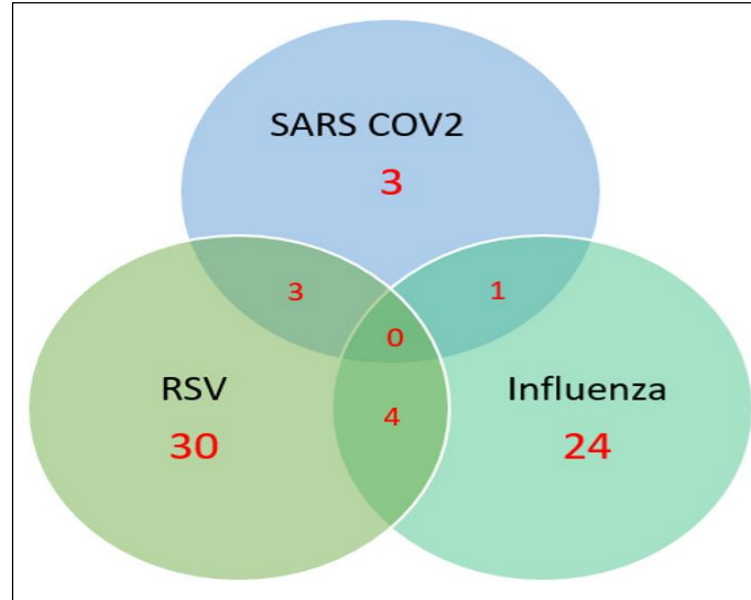
Summary of SARI/ILI enrolment, testing and positives Aug 23 – 14th Feb 2024

Indicators/Sites	Enrolment and sample testing at UVRI			Positive Results (Cumulative)				PRDS
	# Cum. cases enrolled	# Specimens reached UVRI	Variance	# Tested at UVRI	SARS-COV2	Influenza	RSV	
Total Cases	206	179 (86%)		172 (96%)	7 (4%)	29 (16%)	38 (22%)	Not yet done
1. Entebbe RRH	26	21	5	17	0	2	5	
2. Kawaala HCIV	11	10	1	10	0	2	2	
3. Kibuli Muslim	13	11	2	10	1	3	2	
4. Kiswa HCIII	19	18	1	16	0	5	2	
5. Kilebi HCIII	28	29	-1	24	1	9	5	
6. Mukono Hosp	49	44	5	35	1	1	4	
7. Nsambya Hosp	66	64	2	60	4	7	18	

Trends in Syndromic Surveillance for ILI(A), SARI(B) Cases and rate per 10,000 OPD Attendance at 32 HIFs in KMA WK1'23 to WK5'24



CO Morbid Cases of SARSCOV2, RSV & Influenza Positive



The graph above indicates that more cases of influenza-like illness were caused by RSV, followed by influenza, with SARS-CoV-2 being the least isolated pathogen. The 2-5 age group had the highest number of cases for RSV and influenza viruses, with some cases involving co-infections with SARS-CoV-2, RSV, and influenza. However, no cases were registered where a person was infected with all three pathogens, as depicted in our Venn diagram.

Veterinary Public Health

Total slaughter-Cattle-4123-Goats and sheep-5734-Pigs- 1023
Conditions identified included Cysticercosis in pigs: the identified infected carcass was condemned destroyed and incinerated.
Cysticercus, the larval stage of the pork tapeworm, poses a significant public health threat in regions with poor sanitation. Human infection occurs through consuming undercooked pork or contaminated food, leading to neurocysticercosis, characterized by neurological symptoms. Prevalent in Latin America, Africa, and Asia, it has economic implications due to treatment costs and productivity losses. Preventive measures involve cooking pork thoroughly, sanitation improvements, and public health education. Diagnostic challenges exist, necessitating a One Health approach that integrates human and animal health sectors. Addressing cysticercosis requires a comprehensive strategy involving collaboration, awareness, and interventions in both human and pig populations.

KMA-Infection Prevention Control

IPC/WASH Support supervision to healthcare facilities:
15/25 (60%) facilities were supported in Wakiso and Kampala conducting baseline and follow-on IPC/WASH assessments in **11** and **04** HCFs respectively, onsite healthcare worker mentorship with **115/125(92%)** HCWs mentored on waste segregation, decontamination, disinfectant preparation, injection safety practices and steps of hand hygiene.
Conducted Hand Hygiene compliance assessment in **6/10 (60%)** HCFs with **60/50 (120%)** HCWs mentored on the WHO Five Moments of HH.
Conducted **2** HF IPC CME Sessions (Victoria Medical Services and Women's Hospital and Fertility Centre Bukoto) on General IPC, Waste Management, and Hand Hygiene mentoring **37** HCWs.

Event Based Surveillance



Suspected VHF at Nsambya Police HC IV sample collected, and patients was evacuated to Kiruddu National Referral hospital isolation unit.

KMA -EMS



87 Total calls received.
67 Emergencies from public facilities
00 Community emergencies
14 General inquiries
06 Signals
Referral destinations
• Kawempe NRH =43
• Naguru RRH = 15
• Kiruddu NRH=03
• Mulago NRH= 02

DISCLAIMER: The data included in this summary was extracted from DHIS2 through m-track and other key sources



This report was compiled by KMA PHEOC under KCCA DPHE and made possible by the generous support through the partners. The contents of this bulletin are the responsibility of the Kampala metropolitan area PHEOC and do not necessarily reflect the views of the partners.