



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 15: 08th April-14th April 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:

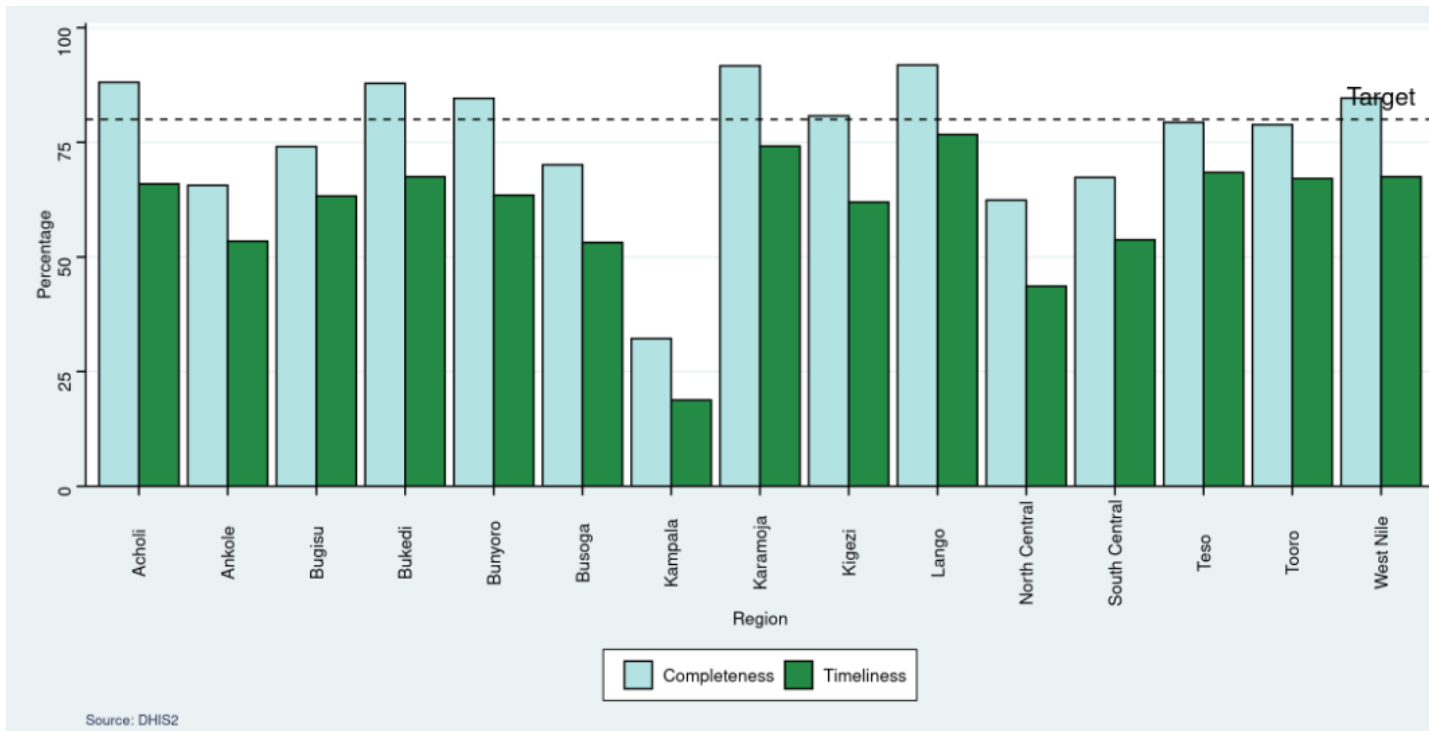
Dr. Allan Muruta,

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Indicator Based Surveillance

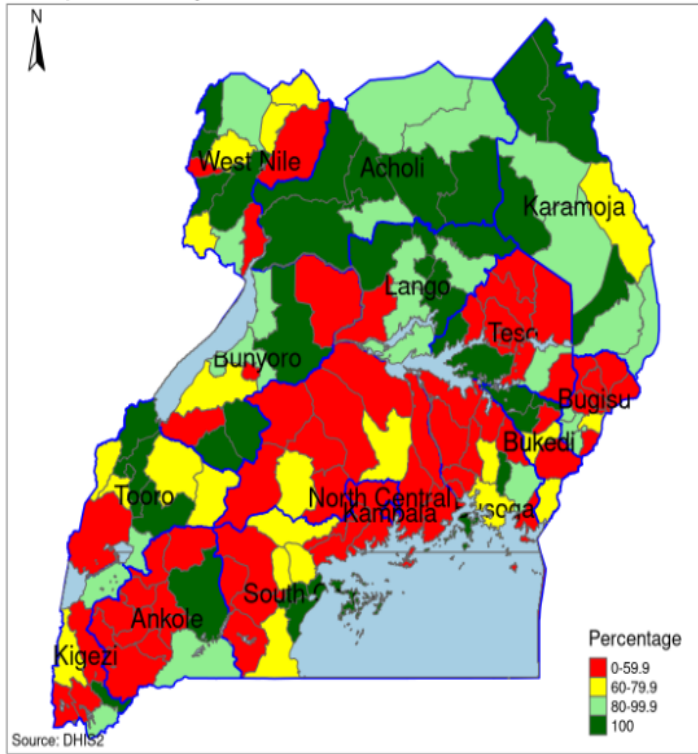
Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 15



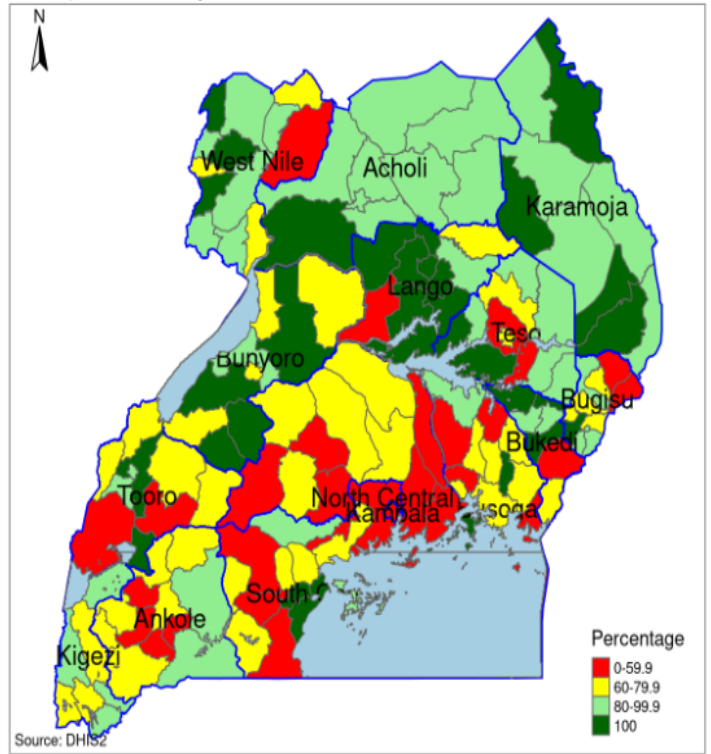
Most regions did achieved the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 15 save for Ankole, Bugisu, Busoga, Kampala, North Central and South Central. Timeliness within all regions was below the target and this needs strengthening. Our recommendation is that 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 14 and 15

Completeness, by district, Week 14



Completeness, by district, Week 15



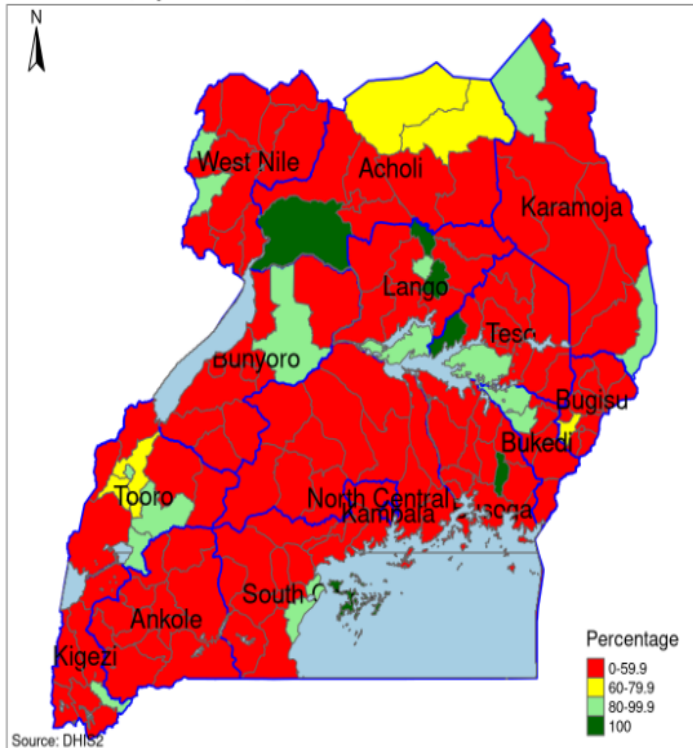
KEY

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 14



Timeliness, by district, Week 15

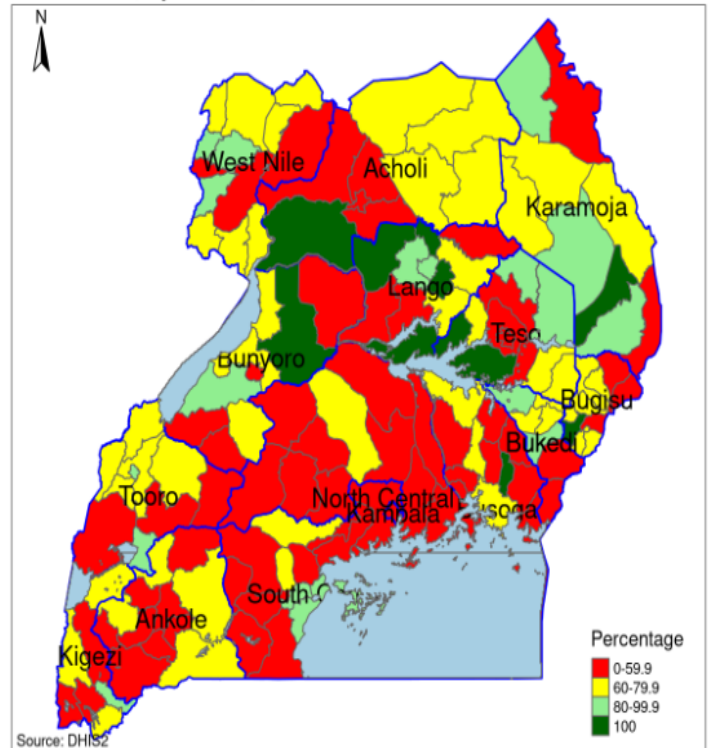


Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk15

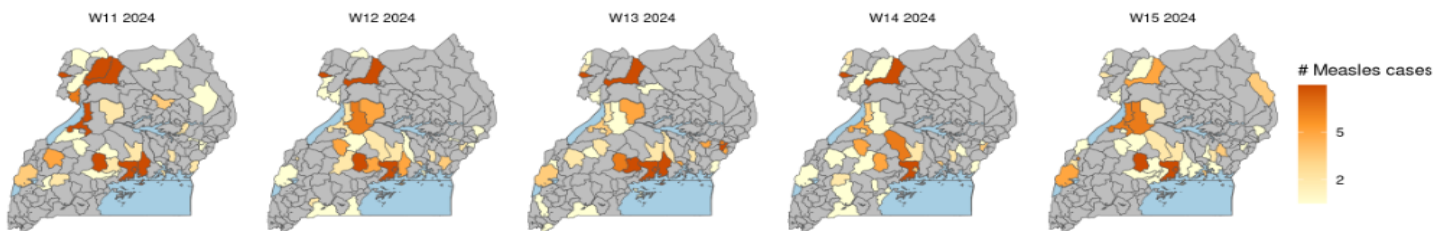
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15
Cases															
Anthrax Human	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cholera	0	0	13	0	8	2	3	0	1	7	2	0	0	0	
Guinea Worm	5	0	0	9	0	1	8	9	0	0	0	3	0	0	
Leprosy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MDR TB	4	2	10	7	10	2	3	4	4	10	9	3	3	9	
Neonatal Tetanus	0	0	9	0	0	0	8	0	0	8	2	0	0	2	
Other VHF	1	0	0	0	2	3	0	0	0	0	0	0	1	0	
Plague	0	0	3	18	2	3	0	0	0	3	1	0	1	0	
Yellow Fever	1	5	12	8	3	13	2	0	1	13	13	2	0	2	
Deaths															
Anthrax Human	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Guinea Worm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Leprosy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MDR TB	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
Neonatal Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other VHF	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
Plague	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Yellow Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Source: DHIS2

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

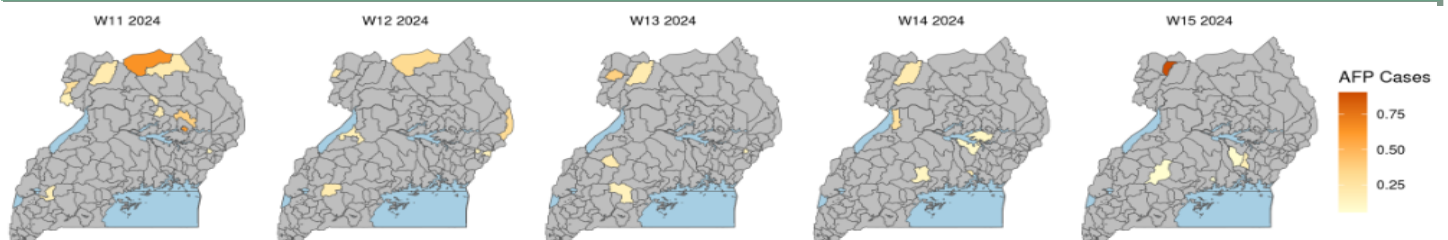
Within the reporting week 15, suspected cases were reported within the conditions of MDR-TB, other VHF, plague and yellow fever. These are suspected cases and verification is on-going. There was suspected deaths due to neonatal tetanus reported.

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



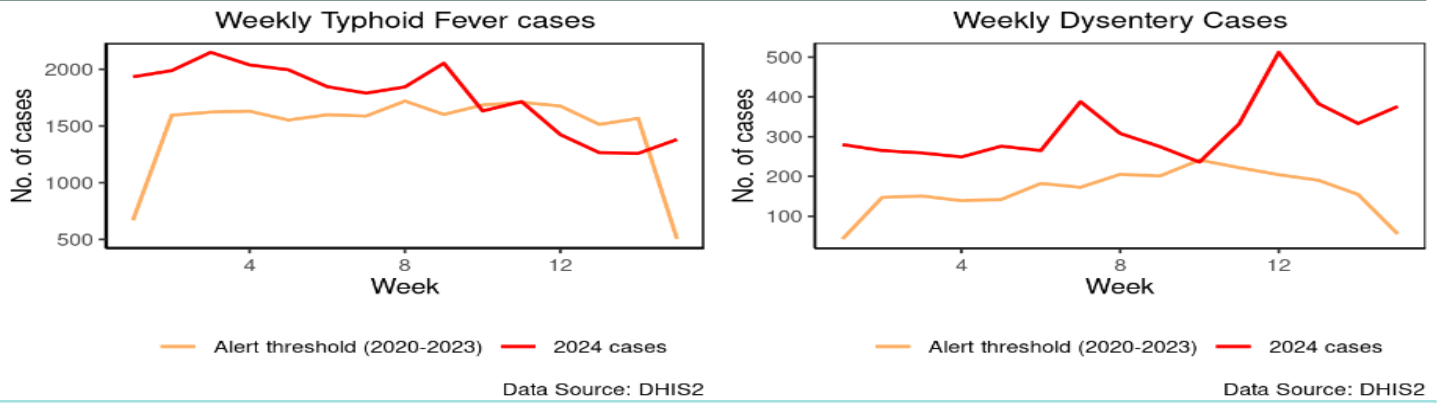
Data source: HMIS

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



Data source: HMIS

Figure 4.1: Suspected cases of Typhoid and Dysentery by 2024 Wk15



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 Wk15

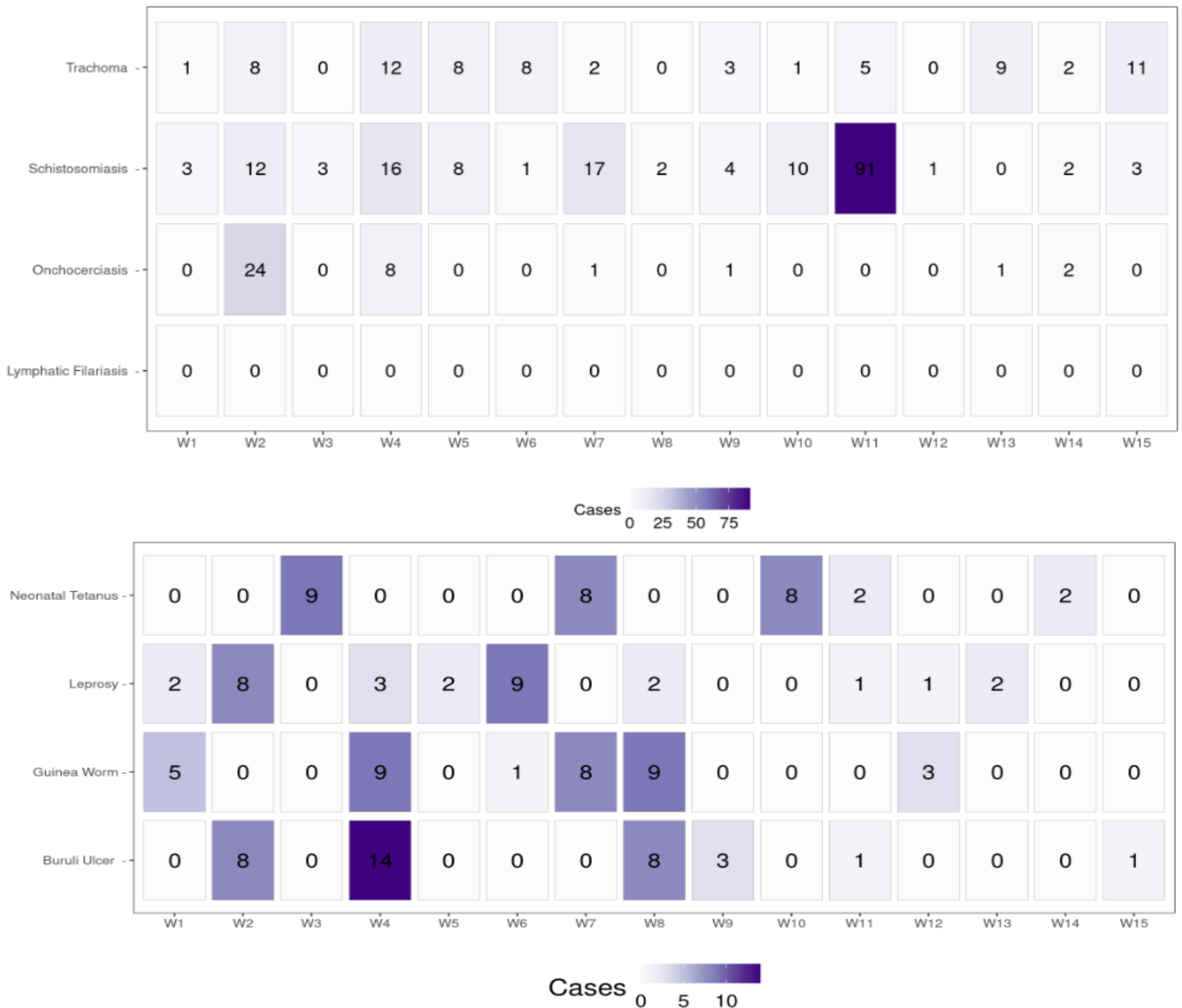
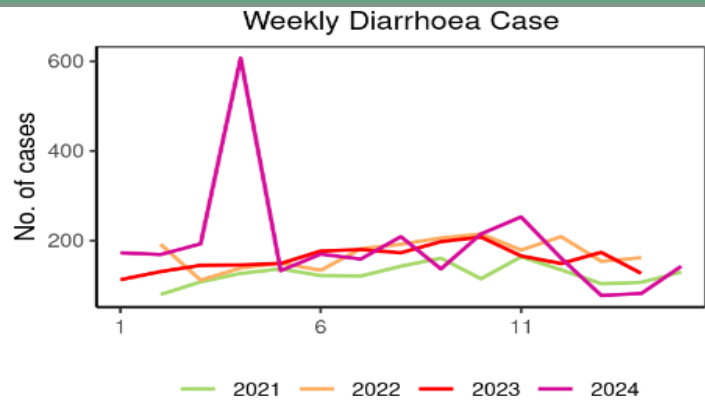
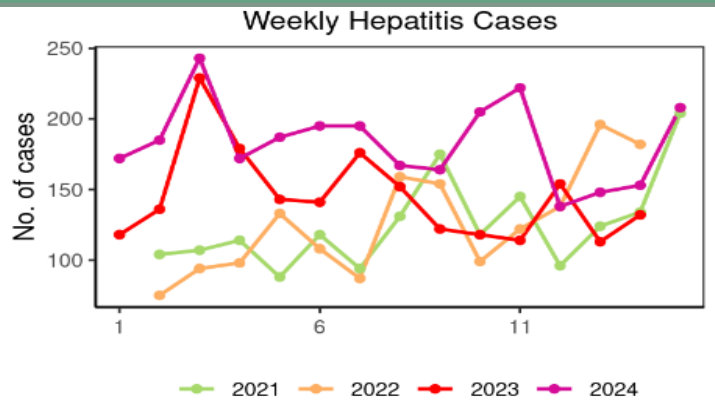


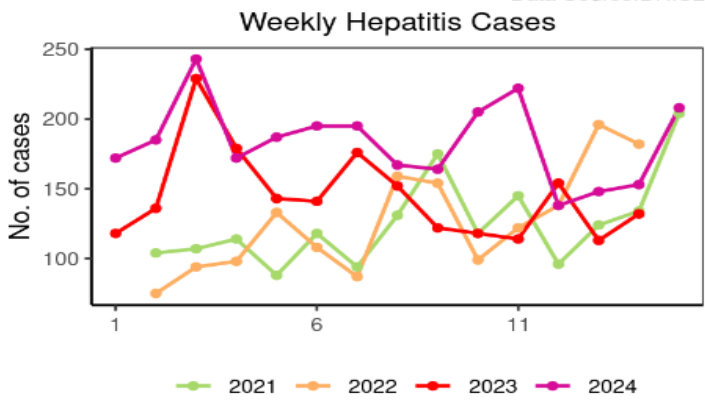
Figure 5.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk15



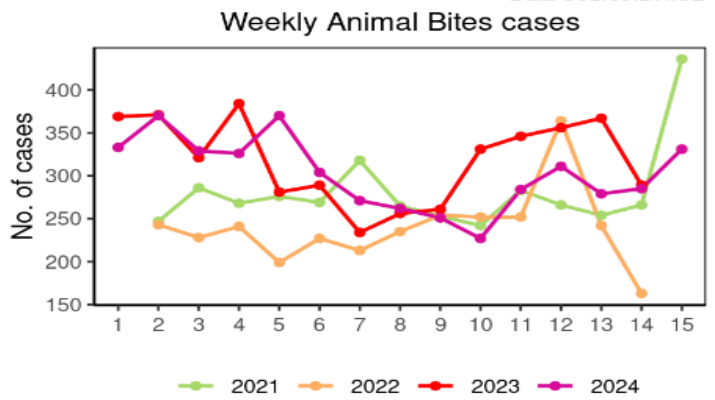
Data Source:DHIS2



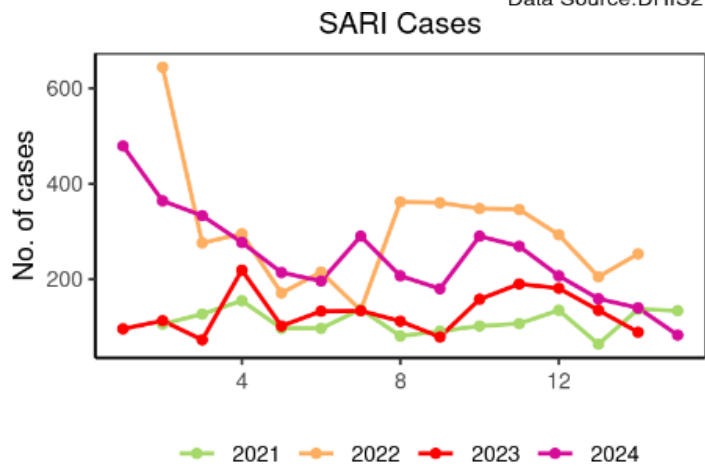
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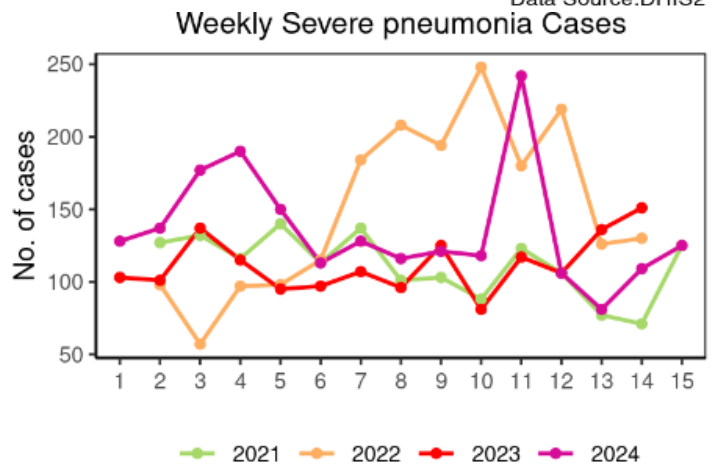
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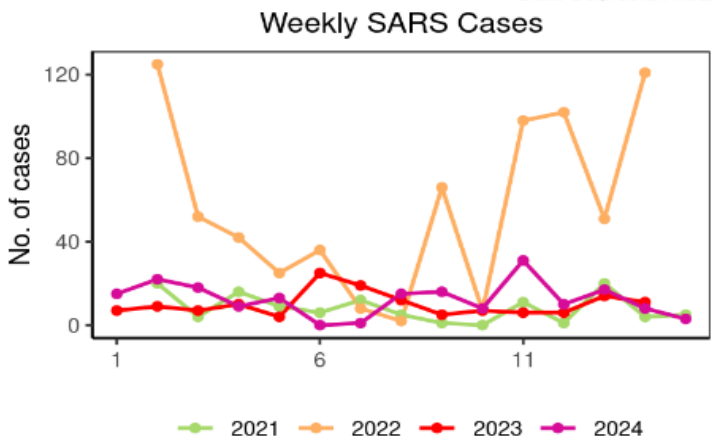
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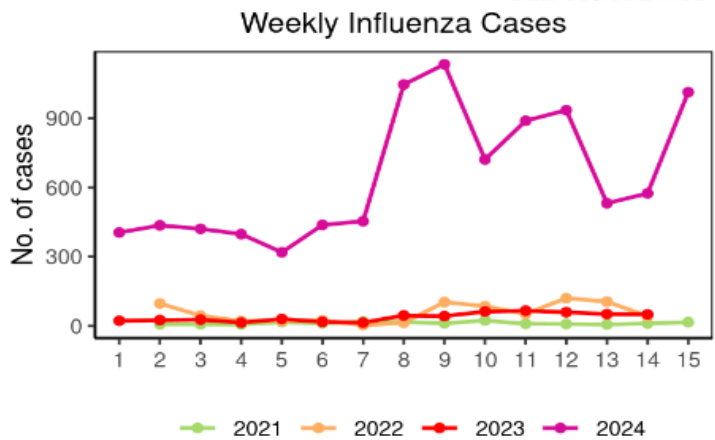
Data Source:DHIS2



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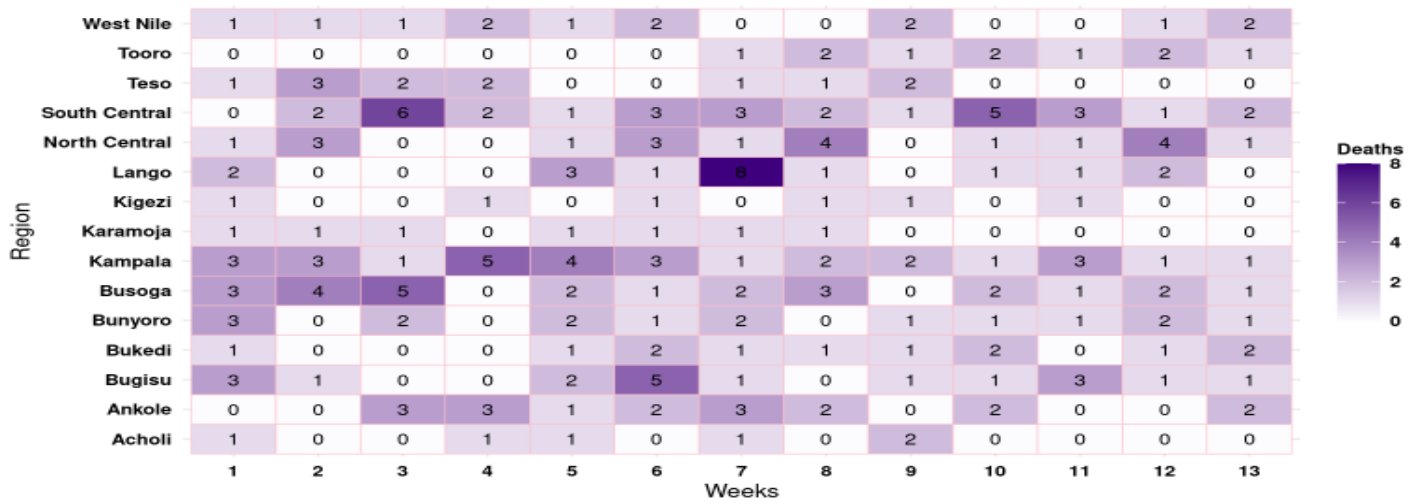


Data Source:DHIS2

Maternal Deaths Surveillance

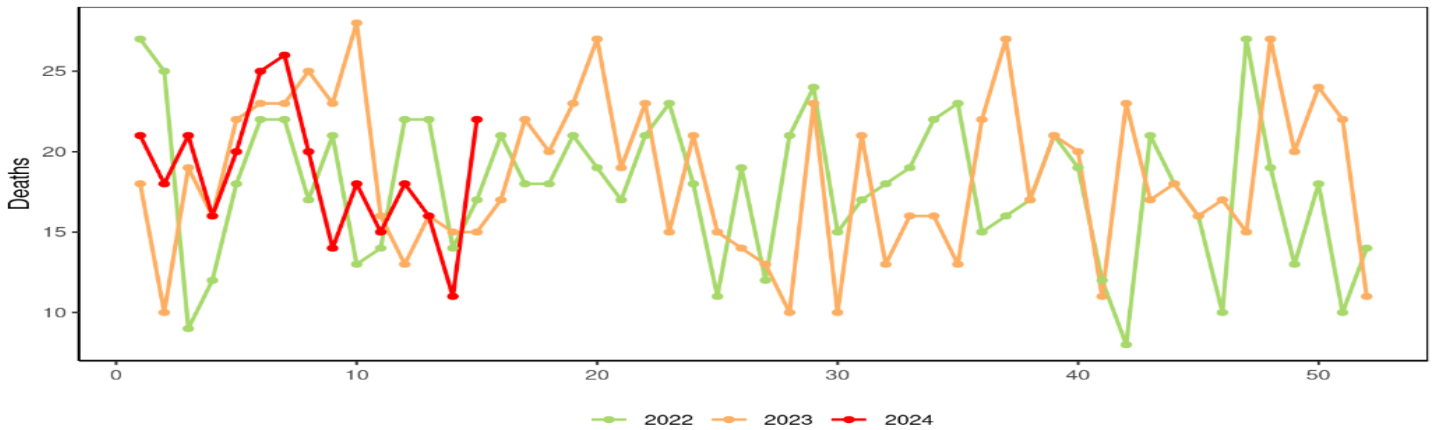
In week 15, there were 22 maternal deaths. There was a rise of 11 maternal death as compared to deaths reported in week 14

Table 6.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 15



Data source: DHIS2

Trend of weekly maternal deaths



Data Source:DHIS2

Table 6.2: Facilities reporting Maternal deaths during 2024WK15

Regions	Districts	Facility	No. of maternal deaths
Teso	Kaberaido District	Kaberaido General Hospital	1
Bunyoro	Hoima City	Hoima Regional Referral Hospital	1
Tooro	Kyenjojo District	Kyenjojo General Hospital	1
Teso	Amuria District	Amuria General Hospital	1
Acholi	Gulu City	St. Mary's Hospital Lacor	1
Acholi	Agago District	Dr. Ambrosoli Memorial Hospital Kalongo	1
Acholi	Gulu City	Gulu Regional Referral Hospital	1
Acholi	Nwoya District	Anaka General Hospital	1
Bunyoro	Buliisa District	Biiso Health Centre IV	1
North Central	Kayunga District	Kayunga Regional Referral Hospital	2
Bunyoro	Kibaale District	Kibaale Health Centre IV	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	2
Karamoja	Kotido District	Kotido General Hospital	1
Busoga	Jinja City	Jinja Regional Referral Hospital	1
Busoga	Kamuli District	Gofine Clinic	1
North Central	Mukono District	Mukono General Hospital	1
Lango	Apac District	Apac General Hospital	1
Busoga	Kamuli District	Kamuli General Hospital	1
Acholi	Pader District	Pajule Health Centre IV	1
Tooro	Bundibugyo District	Nyahuka Health Centre IV	1

Perinatal Deaths Surveillance

In week 15, there were 236 perinatal deaths. There was a decrease of 39 deaths from the 275 deaths reported in week 14

Figure 7.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 15



Figure 7.2: Forms of Perinatal deaths Reported

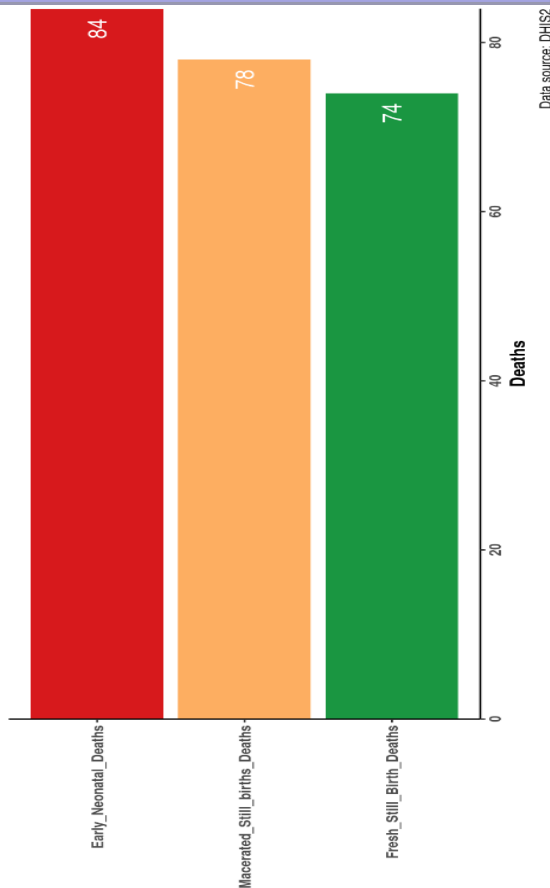
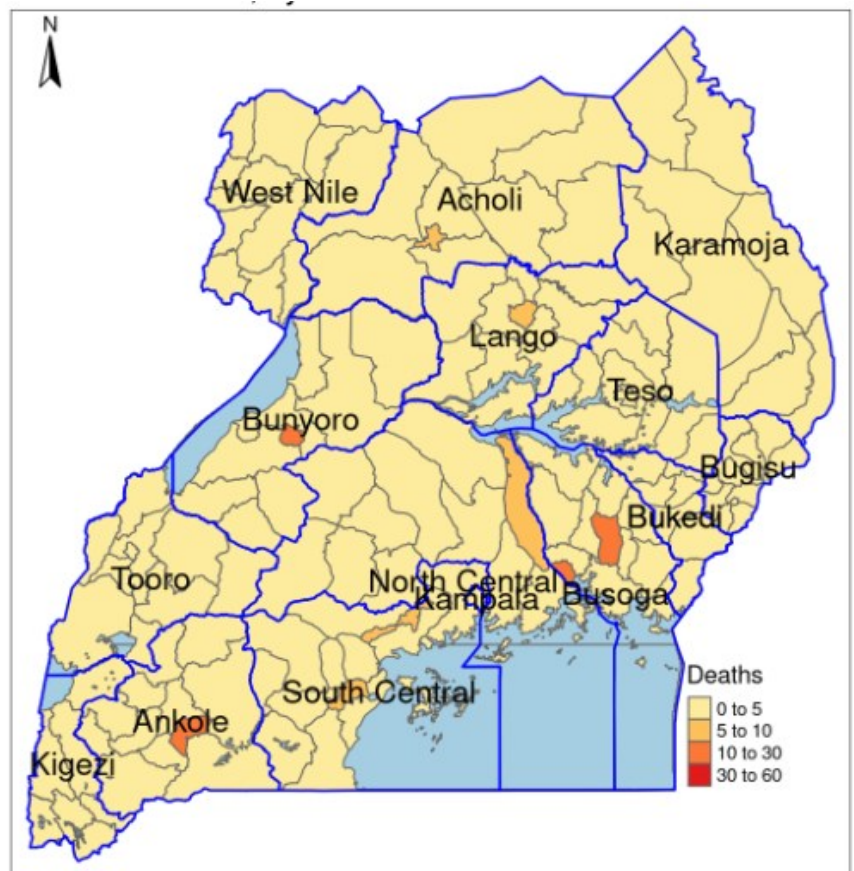


Figure 7.3: Perinatal deaths Reported during 2024WK15 by district



Influenza Surveillance

Table 8.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week 15

Health Facility	Type of case	# of Specimens Tested (PCR)	# H3N2	# H1N1	# COVID-19
Kiruddu NRH	SARI	02	00	00	00
	ILI	08	00	00	01
Mulago NRH	SARI	02	00	00	00
	ILI	07	01	00	00
Jinja RRH	SARI	02	00	00	00
	ILI	09	00	01	00
Gulu RRH	SARI	02	00	00	00
	ILI	08	00	00	00
Totals		40	01	01	01

During week 15 2024, 40 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=10), 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. Circulation of Flu A, and SARS-CoV-2 were at 5% and 2.5% respectively (Table 8.1). Furthermore, 40 samples collected during week 14 were analyzed for ten other viral causes of ILI/SARI. Parainfluenza viruses (PIV), Adenoviruses (ADV), and human metapneumoviruses were the most prevalent non influenza viral causes of ILI/SARI circulating at 20%, and 5% each respectively. PIV were the leading causes of ILI/SARI during week 15 (week 8.2).

Table 8.2: Results of Analysis for Other Viral Pathogens 2024Week 14

Health Facility	Total Samples Tested	# ADV Positive	# hMPV Positive	# PIV Positive
Kiruddu NR Hospital	10	0	0	3
Gulu RRH	10	1	0	3
Jinja RR Hospital	10	0	1	1
Mulago NR Hospital	10	1	1	1
Total	40	02	02	08

Influenza Surveillance

Table 9.1: Monthly Influenza, COVID 19 and RSV Results

Month	Influenza			COVID19Result		RSVResult		Total
	A(H3)	Negative	Pending B	Negative	Positive	Negative	Positive	
January	04	160	00	153	11	162	02	164
February	02	88	01	87	04	91	00	91
March	00	41	00	41	00	40	01	41
Total	06	289	01	281	15	293	03	296

Table 9.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024

Sample Type/ Sentinel Sites	Influenza			COVID19Result		RSVResult		Total	
	A(H3)	Negative	Pending B	Negative	Positive	Negative	Positive		
ILI	Jinja R R Hospital	06	57	01	58	06	64	00	64
	Kiryandongo Hospital	00	41	00	40	01	41	00	41
	Kiswa HC III	00	75	00	75	00	75	00	75
	Koboko Hospital	00	13	00	13	00	13	00	13
	Mukono General Hospital	00	14	00	13	01	13	01	14
	Nsambya Hospital	00	08	00	08	00	08	00	08
	Total	06	208	01	207	08	214	01	215
SARI	Fort Portal R R Hospital		13		11	02	13	00	13
	Jinja R R Hospital		14		13	01	14	00	14
	Koboko Hospital		11		09	02	11	00	11
	Mbarara R R Hospital		12		11	01	11	01	12
	Nsambya Hospital		31		30	01	30	01	31
	Total		81		74	07	79	02	81
SARI-ILI	Fort Portal R R Hospital	00	13	00	11	02	13	00	13
	Jinja R R Hospital	06	71	01	71	07	78	00	78
	Kiryandongo Hospital	00	41	00	40	01	41	00	41
	Kiswa HC III	00	75	00	75	00	75	00	75
	Koboko Hospital	00	24	00	22	02	24	00	24
	Mbarara R R Hospital	00	12	00	11	01	11	01	12
	Mukono General Hospital	00	14	00	13	01	13	01	14
	Nsambya Hospital	00	39	00	38	01	38	01	39
Total	06	289	01	281	15	293	03	296	

Source: National Influenza Center

Table 9.3: Weekly Influenza, COVID 19 and RSV Results, 2024

EPIWEEK	Influenza			COVID19Result		RSVResult		Total
	A(H3)	Negative	Pending B	Negative	Positive	Negative	Positive	
1	00	20	00	19	01	20	00	20
2	01	55	00	50	06	56	00	56
3	03	26	00	28	01	29	00	29
4	00	31	00	28	03	29	02	31
5	00	43	00	42	01	43	00	43
6	02	30	00	30	02	32	00	32
7	00	17	00	17	00	17	00	17
8	00	11	01	12	00	12	00	12
9	00	15	00	14	01	15	00	15
10	00	41	00	41	00	40	01	41
Total	06	289	01	281	15	293	03	296

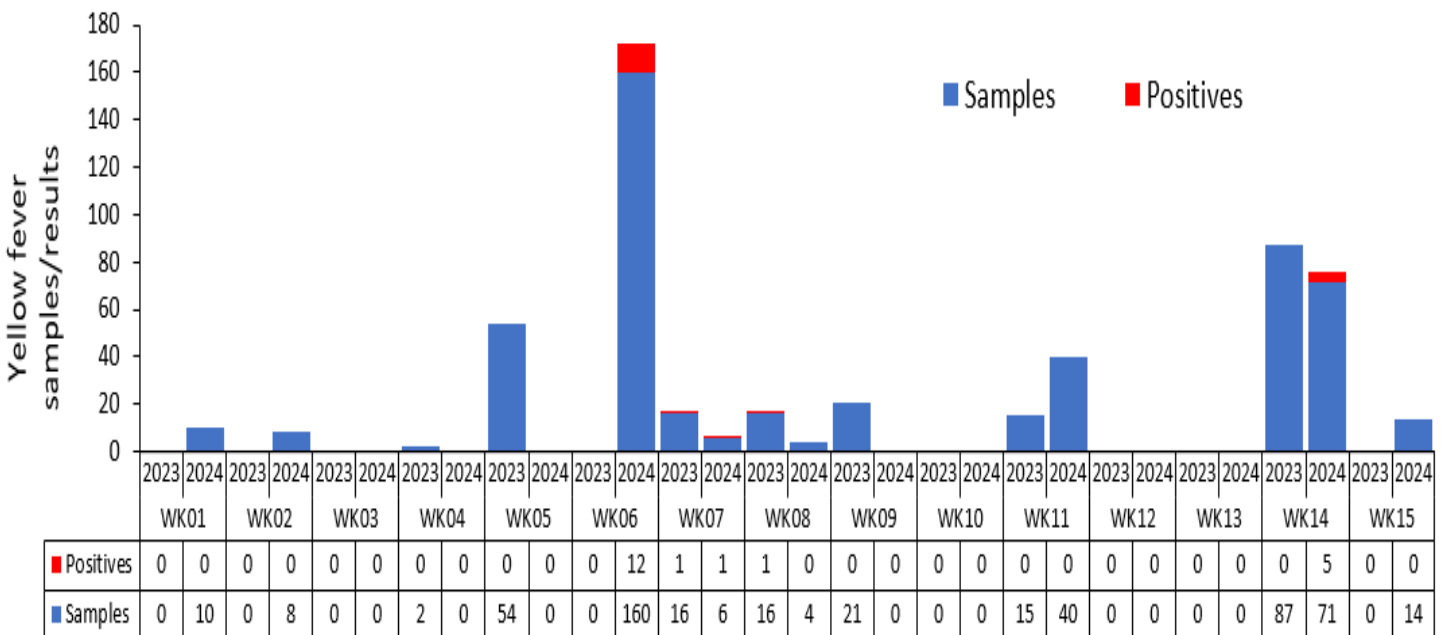
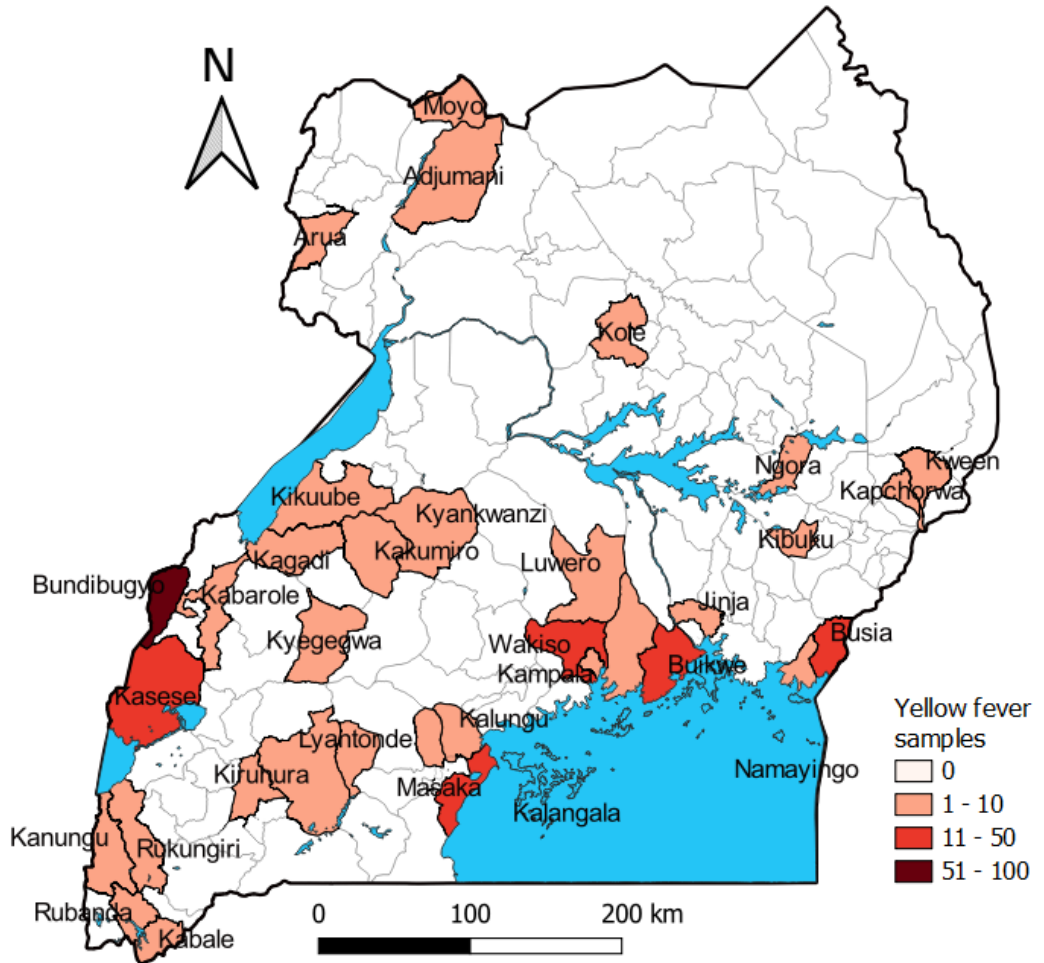
Yellow Fever Virus (YFV) Surveillance

Figure 6.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-15

During 2024 WK15, 14 yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 518 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-14 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

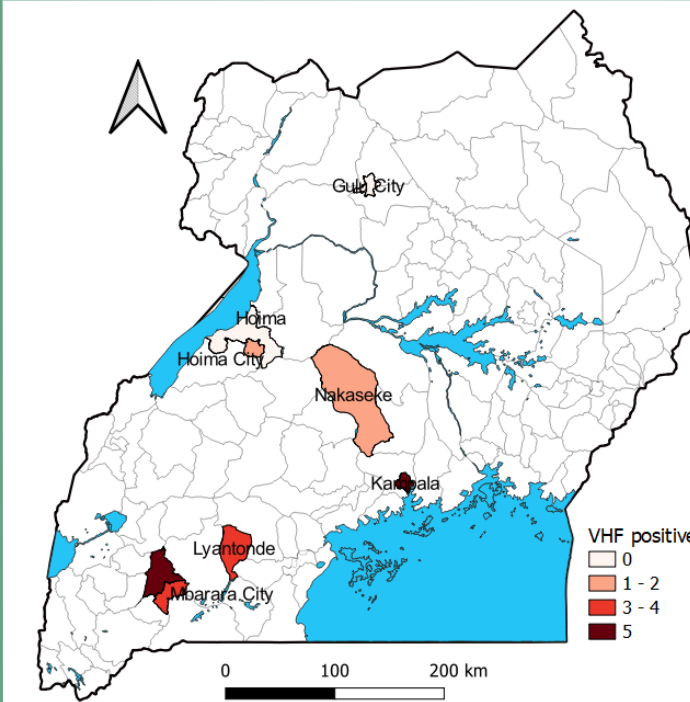
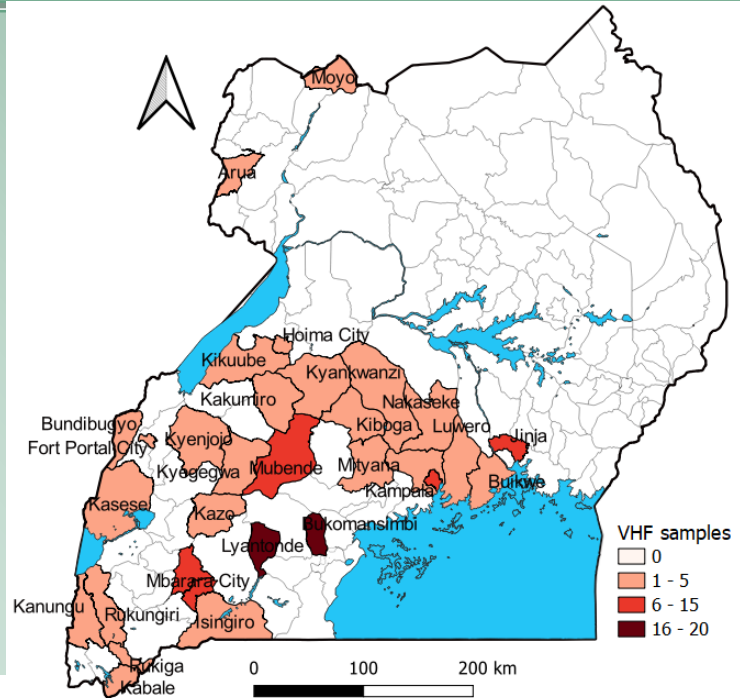


Viral Hemorrhagic Fevers Surveillance

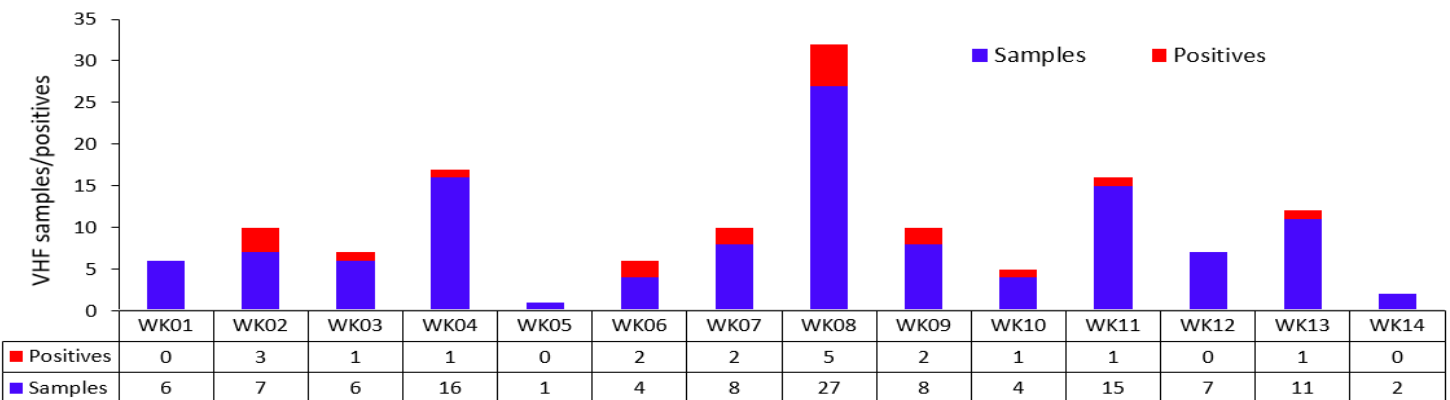
Figure 7.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-14

Between 2024 WK01-14, a total of 122 VHF suspected samples were collected: 110 from alive and 12 from dead. Bukomansimbi and Lyantonde districts had the highest number of samples (18 each) followed by Jinja (13) and Kampala (12). The map on the right shows the distribution of samples collected by district. Most of them are from central and western Uganda.

Eleven samples tested positive for RVF of which 8 were from Mbarara, 2 from Kampala



and 1 from Nakaseke. Eight samples tested positive for CCHF of which 3 were from Lyantonde, 3 from Kampala, 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 12.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week15

#	POE	Travelers Screened	Travelers Screened
1	Mpondwe	69,345	1,698
2	Bunagana	18,901	7,433
3	Elegu	14,132	7,247
4	Entebbe Airport	14,129	14,708
5	Malaba	6,700	-
6	Cyanika	6,444	6,147
7	Busunga	4,613	4,156
8	Busia	4,269	-
9	Mirama Hills	3,164	-
10	Mutukula	3,118	2,301
11	Kokwochaya	2,141	1,029
12	Afogi	1,811	2,043
13	Katuna	1,481	-
14	Goli	1,347	1,525
15	Vurra	1,133	929
16	Alakas	1,037	620
17	Ntoroko Main	819	935
18	Odramacaku	725	255
19	Kyeshero	583	361
20	Arua Airport	543	189
21	Ishasha	512	260
22	Ndaiga	409	9
23	Transami	353	308
24	Katwe	342	-
25	Kayanzi	251	251

During 2024 EpiWeek 15 a total of 159,212 in-coming, and 53,405 exiting travelers at 33 Points of Entry (POEs) were screened. Highest traffic was registered at Mpondwe, Bunagana, Elegu and Entebbe Airport (Table 12.1). Presumptive Tuberculosis was identified among 25 travelers, of whom 24 were tested for TB and 1 was confirmed with TB and was linked to care (Table 12.2).

#	POE	Travelers Screened	Travelers Screened
26	Sebagoro	219	45
27	Wanseko	150	183
28	Suam	139	75
29	Madi-Opei	117	79
30	Aweroluwi	92	65
31	Lwakhaka	87	214
32	Hima Cement	85	340
33	Portbell	21	-
	TOTAL	159,212	53,405

Source: IOM, eIDSR

Table 12.2: Tuberculosis screening among travelers during 2024Epi Week15

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Alakas	04	04	00	00
Bunagana	02	02	00	00
Busia	09	09	00	00
Elegu	02	02	01	01
Goli	01	01	00	00
Kokwochaya	06	06	00	00
Ndaiga	01	00	00	00
TOTAL	25	24	01	01

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 16.1: Active PHEs in Uganda during 2024WK15

Activation Date	Location	PHE	Total Cases (suspects, probable)	Confirmed Cases	Human Deaths
18-Feb-2024	Seven health Regions	Conjunctivitis	8,405	-	00
14-Dec-19	Seven Health Regions	Tuberculosis			
01-Jan-24	Kabale	COVID19	563	52	03
10-Mar-24	Manafwa	Measles	64	04	00
16-Apr-24	Kamwenge	Measles	06	04	00
29-Feb-2024	Kassanda	Measles	73	04	04
03-Mar-24	Mbale	Measles	24	05	01
30-Sep-23	Bukomansimbi	Black Water Fever	110	-	13

Uganda's PHEOCs are currently activated for an upsurge of COVID-19 in the Kigezi region; Red Eyes in 57 prisons located within seven health regions plus three communities in Arua, Mbale and Namisindwa; Measles in Manafwa, Mbale, Kamwenge and Kassanda districts; Tuberculosis upsurge in seven health districts; and Complicated Malaria / Black Water Fever in Buko-

mansimbi district.

Within Uganda's neighborhood, three countries are responding to Poliomyelitis (cVDPV1 and 2), three countries are responding to Cholera outbreaks, anthrax is in two countries, measles is reported in three countries, and Monkey Pox in the DRC

Table 16.2: Active PHEs around Uganda during 2024WK15

Country	PHE	Grading	Start Date	Total Cases	Confirmed Cases	Deaths	CFR
Kenya	Anthrax	Grade 2	10/04/2023	20		3	15%
	Leishmaniasis	Ungraded	03/01/2020	2,395	2,205	10	0.40%
	Measles	Ungraded	01/01/2023	1992	403	27	1.40%
	Poliomyelitis (cVDPV2)	Grade 2	26/05/2022	13	13	0	0.00%
	Cholera	Grade 3	05/10/2022	12,501	577	206	1.60%
South Sudan	Rift Valley Fever	Ungraded	25/01/2024	13	1	0	0.00%
	Yellow Fever	Ungraded	24/12/2023	38	1	5	13.20%
	Hepatitis E	Ungraded	01/01/2019	4,253	63	12	0.30%
Tanzania	Measles	Ungraded	01/01/2023	7,862	586	173	2.20%
	Cholera	Grade 3	07/09/2023	660	53	19	2.90%
Rwanda	Poliomyelitis (cVDPV2)	Grade 2	17/07/2023	2	2	0	0.00%
	Monkey Pox	Protracted 2	01/01/2023	13357	714	607	45.50%
Democratic Republic of Congo	Measles	Ungraded	01/01/2023	305404	7214	5684	1.90%
	Cholera	Grade 3	01/01/2023	62803	1866	715	1.10%
	Anthrax	Grade 2	15/11/2023	5	1	2	40.00%
	Poliomyelitis (cVDPV1)	Grade 2	27/08/2022	247	247	0	0%
	Poliomyelitis (cVDPV2)	Grade 2	01/01/2022	489	489	0	0.00%