



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 21: 18th - 24th May 2020

Dear Reader,

We are pleased to share our 21st weekly epidemiological bulletin for the year 2020.

This epidemiological bulletin serves to inform all stakeholders at district, national, and global levels on disease trends, public health surveillance and interventions undertaken in detecting, preventing and responding to public health events in the country on a weekly basis.

In this issue, we bring you the following among others

- ◆ National and district weekly surveillance reporting
- ◆ Suspected epidemic prone diseases.
- ◆ Uganda updates on COVID-19
- ◆ Regional reporting rates
- ◆ Public health events in border countries

**Please note: the data from DHIS2 used in this bulletin has not been verified due to competing priorities in the COVID-19 response*

For comments please contact: Dr. Allan Muruta, Commissioner, Department of 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

Current public health threats

COVID-19 as of 30th May 2020

- 542 Cumulative cases of COVID-19 confirmed cases in the country
- 72 recoveries
- A total of 96,825 specimens tested.
- 1272 contacts under follow up
- 1100 individuals under institutional quarantine.
- 6 health workers registered

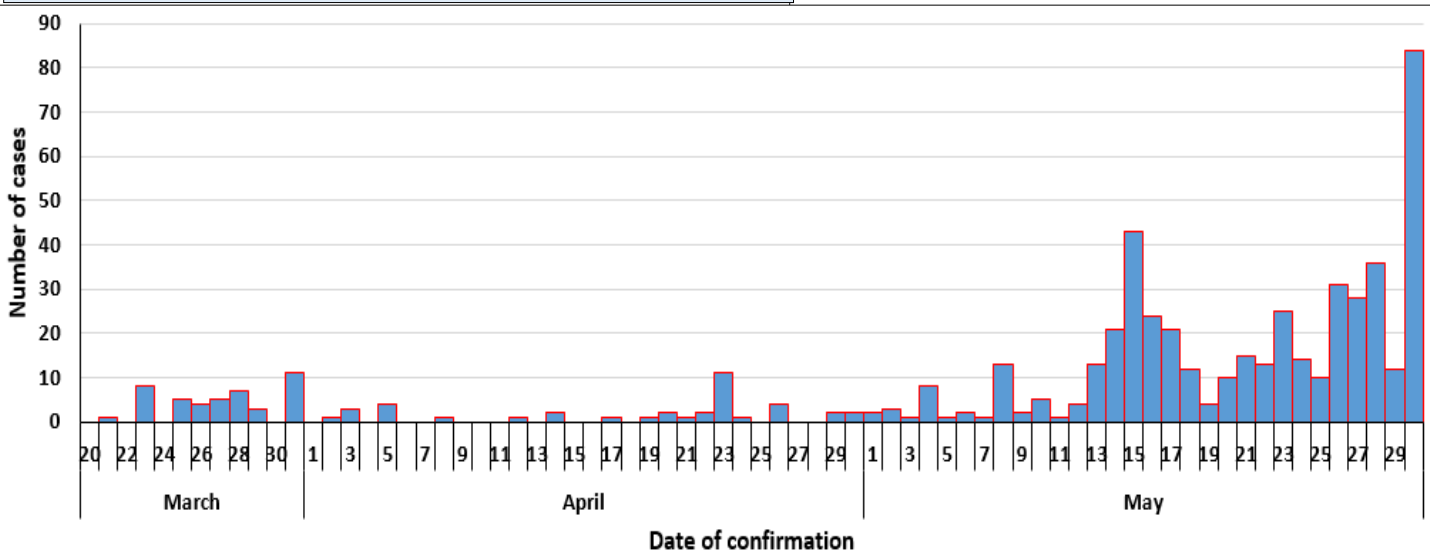
Cholera outbreak in Moroto and Nakapiripirit

- 268 cases with 2 deaths in Moroto District
- 3 confirmed cases in Nakapiririt
- 20 cases- patents still on admission
- 244 case-patients discharged
- Eleven parishes have reported cases
- Loputuk parish has the highest number of case- patients (162)
- Reactive Oral Cholera vaccine scheduled from 7th June

Ebola Viral Disease (EVD) preparedness

- Enhanced surveillance currently on going following the declaration of 11th outbreak in DRC

Fig 2: Epidemic Curve of COVID-19 as of 30th May 2020 (n=542)



Source: COVID-19 Surveillance data

Priority Diseases

The data presented in table 1 consists of suspected cases. The data shows an high numbers in water borne diseases such as; typhoid, Malaria, dysentery in different parts of the country. *Please note that this data is not verified due to competing activities of COVID-19 response*

Tab 1: Suspected Cases of epidemic prone Diseases, wk 21

Conditions	Cases	Deaths	CFR(%)
AFP	1	0	0.0
AEFIs	4	0	0.0
Animal bites	311	4	0.0
Bacterial Meningitis	4	0	0.0
Cholera	76	1	1.6
Dysentery	105	0	0.0
Guinea Worm	0	0	0.0
Malaria	34691	62	0.4
Hepatitis B	78	0	1.8
Measles	41	0	0.0
NNT	0	0	0.0
Plague	0	0	0.0
Other Suspected			
VHFs	7	0	0.0
SARI	169	0	0.0
Typhoid fever	884	0	0.0
Yellow fever	0	0	0.0
Anthrax	0	0	0.0
Leprosy	0	0	0.0
RR T.B	13	0	0.0

Data source: DHIS2

Severe Acute Respiratory Infection (SARI), Viral Haemorrhagic Fevers (VHF), Neonatal Tetanus (NNT), Tuberculosis (T.B), Acute Flaccid Paralysis (AFP), Adverse Events Following Immunisation

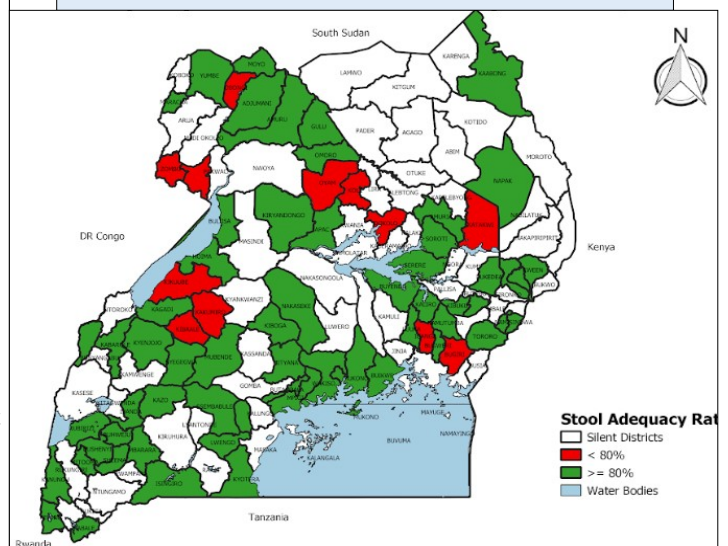
Measles (Confirmed cases)

- Cumulatively, 64/135 districts have investigated at least one suspected measles case
- Of the 64 districts, 34 have had at least one positive IgM case.

Acute Flaccid Paralysis (AFP)

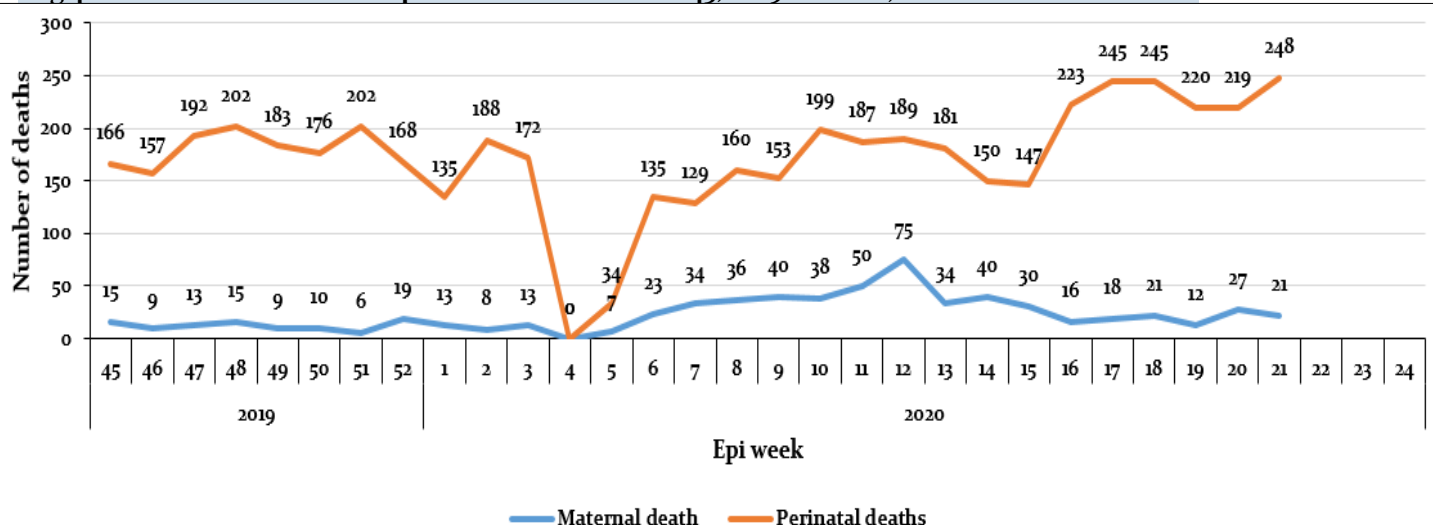
- 1 AFP case was reported during week 21 compared with 12 case reported in week 20
- The 1 case was reported from; Moyo District (1)
- The adequate samples collection rate is 94.29% compared with 90.08% in 2019 (refer to fig 2)
- The following districts have been silent in AFP surveillance; Abim, Agago, Amudat, Amolatar, Alebtong, Arua, Bukwo, Butebo, Butaleja, Bududa, Busia, Buvuma, Gomba, Jinja, Kaberamaido, Kalaki, Kalangala, Kalungu, Kapelebyong, Karenga, Kayunga, Kamwenge, Kitgum, Kitagwenda, Kiruhura, Koboko, Kotido, Kumi, Kamuli, Kassanda Kasese, Kwania, Kyankwandi, Lira, Lamwo, Luwero, Lyantonde, Medi Okollo, Masaka, Masindi, Mayuge, Mbale, Moroto, Ntoroko, Nabilatuk, Nakapiripirit, Namayingo, Nakasogol, Ngora, Ntungamo, , Nwoya, Otuke, Pader, Pakwach, Pallisa, Rakai Rubanda, Rukiga, Rukungiri, Rwampara and Sironko (Fig 2).

Fig 2: Stool adequacy rate, week 21



Data source: EPI lab

Fig 4. Trends of maternal and perinatal Deaths week 45, 2019-week 21, 2020



Data source: DHIS2

Other Public Health Emergencies being monitored

Cholera in Moroto	Anthrax	TB
<ul style="list-style-type: none"> • 29 confirmed cases reported • One death • Reactive Oral cholera vaccination planned 	<ul style="list-style-type: none"> • Unusual deaths of wildlife in Queen Elizabeth National • No suspected cases reported in human population 	<ul style="list-style-type: none"> • During Epi-week 20; • 530 TB cases were reported out of the expected 1607 cases per week • TB reporting rates increased to 80% from 78% in week 19 • Low TB screening <ul style="list-style-type: none"> ○ 40% in Karamoja ○ 20% in Lango ○ 16% in Acholi,

Table 2: Distribution of maternal deaths (n=21) and perinatal deaths (n=191 week 21

Maternal Deaths (n=21)			Perinatal deaths					
District	Heath facility	No. Deaths	Districts	Macerated Still births - Deaths	Districts	Fresh Still Birth - Deaths	Districts	Early Neonatal deaths 0-7 days - Deaths
Kampala	Kawempe NRH	2	Kampala	24	Kampala	22	Kampala	23
	Naguru Hosp	0	Gulu	5	Mbale	5	Soroti	5
Gulu	St Mary's Lacor	1	Lira	4	Kabarole	5	Masaka	5
Lamwo	Padiebe HC IV	1	Bundibugyo	4	Mayuge	4	Maracha	3
Kazo	Kazo HC IV	1	Masaka	4	Kagadi	4	Lira	3
Mbale	Mbale RRH	2	Kitagwenda	3	Omoro	4	Mubende	3
Mayuge	Kityerela CH III	2	Mbale	3	Mukono	2	Kabarole	2
Kotido	Kotido HC IV	1	Sheema	3	Kanungu	2	Gulu	2
Lira	Lira RRH	1	Kiryandong o	3	Kikuube	2	Kamwenge	2
Kasanda	Kigudi HC IV	1	Kagadi	3	Kiboga	2	Luuka	2
Mubende	Mubende RRH	1	Kamuli	3	Buikwe	2	Bugiri	2
Kabarole	Fort portal RRH	1	Masindi	3	Iganga	2	Kitagwenda	1
Kasese	Bwera Hospital	1	Mbarara	2	Ntoroko	1	Mbarara	1
Kyenjojo	Kyenjojo Hosp.	1	Kabarole	2	Kyotera	1	Yumbe	1
Kagadi		1	Agago	2	Lira	1	Bundibugyo	1
Tororo		1	Buikwe	2	Mbarara	1	Isingiro	1
Kamuli		1	Omoro	2	Nwoya	1	Kanungu	1
Kiboga		1	Iganga	2	Rubanda	1	Karenga	1
Iganga		1	Kyotera	1	Otuke	1	Otuke	1

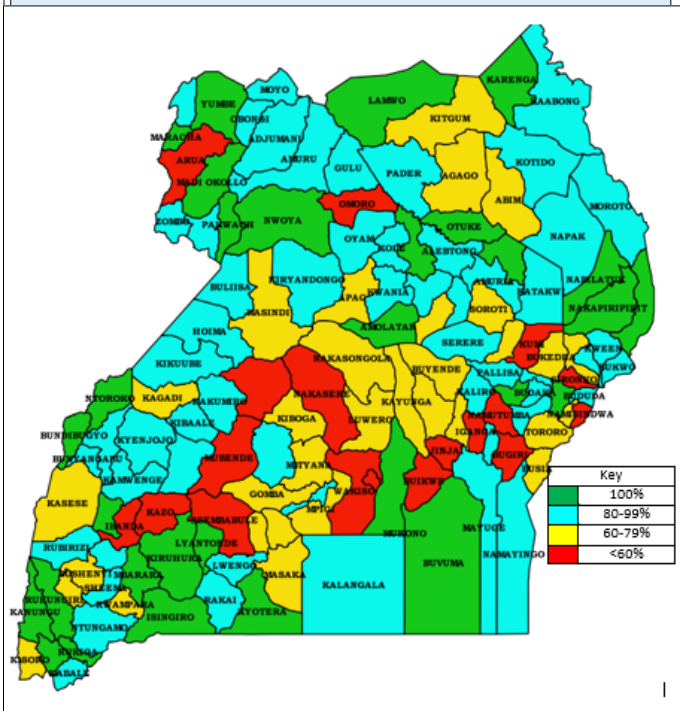
Fig 4: Percentage of reporting per region, Epi week 21, 2020



- Kigezi region had the highest reporting rates of 96.6%, followed by Karamoja at 90.5%, Lango at 89%
- The lowest reporting in Kampala at 41.9%
- National reporting rate was 73.3% (fig 4)

Completeness of reporting by District

Table 6: Completeness of reporting, week 21, 2020



Source: DHIS2

Acknowledgement and Recommendations

- MoH acknowledges all efforts made by all districts and health facilities in surveillance activities.
- Regions of; Lango, Kigezi, West Nile, Tooro, Karamoja, Ankole and Bugisu achieved the national targets for the last two weeks.
- Regions of; Teso, North Central, South Central, Busoga and Kampala have consistently reported below the national target of 80%.
- Chief Administrative Officers and District Health Officers (DHOs) should share situation reports of all public health events in their catchment areas.
- Implementing Partners supporting surveillance activities in different districts across the country are requested to support improvement of surveillance data quality in their respective districts.

Editorial team :

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Remember, your feedback is important to us.

Table 3: Public Health emergencies in neighbor countries

Country	Condition	No. of Cases	No. of deaths	Grade
DRC	Cholera	9018	112	Grade 3
	COVID 19	2305	66	Grade 3
	EVD	3463	2280	Grade 3
	Measles	58112	748	Grade 2
	Monkey pox	1441	37	Ungraded
	Plague	20	7	Ungraded
	Poliomyelites (cVDPV2)	5	0	Grade 2
Kenya	Chikungunya	202	0	Ungraded
	Cholera	555	13	Ungraded
	COVID 19	1214	51	Grade 3
	Leishmania	95	4	Ungraded
	Measles	812	3	Ungraded
Rwanda	COVID 19	327	0	
Tanzania	COVID 19	509	21	Grade 3
South Sudan	COVID-19	655	8	Grade 3
	Hepatitis E	174	3	Ungraded
	Measles	4732	26	Ungraded
	Yellow fever	2	0	Ungraded

Source: WHO EPI bulletin week 20

- The timeline for EPI bulletin has been revised. This means that the bulletin will consist of only weekly data that is submitted on time (by Monday midday). Districts are encouraged to ensure timely reporting to enhance early detection and prompt response.
- UNEPI reminds and encourages all the districts to carry out active search for AFP, NNT, EAFI and measles cases in their health facilities and communities.
- Maternal deaths and perinatal deaths audits should be conducted to address issues surrounding excessive deaths of mothers and newborns especially for Kampala region.
- Partners are urged to support districts that are currently affected by outbreaks

Data source: DHIS2