



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 24: 10th June – 16th June 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:

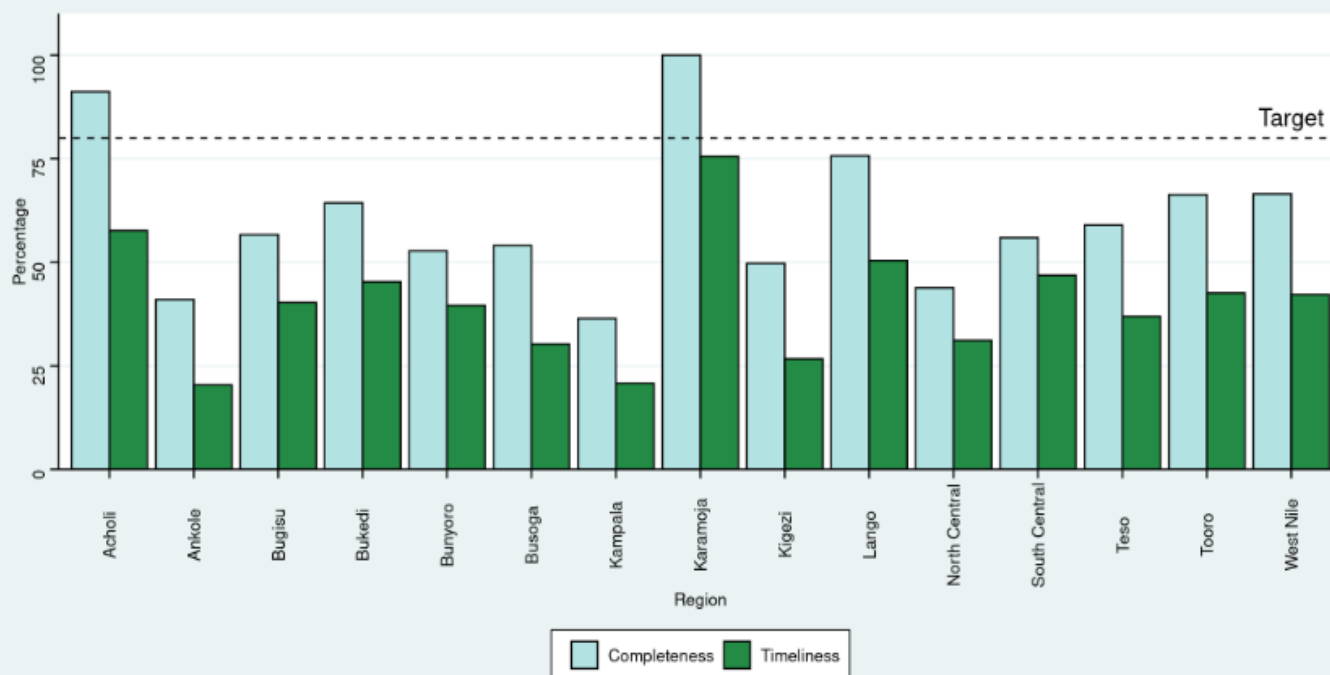
Dr. Allan Muruta,

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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 24



Source: DHIS2

Most regions did not achieve the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 24 save for Acholi and Karamoja. 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 23 and 24

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK23	WK24	WK23	WK24		WK23	WK24	WK23	WK24
Abim	100	100	100	100	Hoima City	47.6	57.1	28.6	23.8
Adjumani	37.3	29.4	25.5	15.7	Hoima	84.2	47.4	36.8	47.4
Agago	100	100	60.5	67.4	Ibanda	48.9	38.3	36.2	17
Alebtong	90	85	85	55	Iganga	41.3	58.7	21.7	28.3
Amolatar	62.5	100	50	68.8	Isingiro	86.7	92	25.3	40
Amudat	100	100	100	100	Jinja City	54.2	52.5	40.7	30.5
Amuria	88.5	92.3	57.7	46.2	Jinja	33.3	69	21.4	45.2
Amuru	81.3	84.4	62.5	43.8	Kaabong	100	100	88.9	96.3
Apac	51.4	32.4	43.2	16.2	Kabale	82.1	94.6	44.6	41.1
Arua City	45.7	37.1	22.9	11.4	Kabarole	84.4	84.4	68.8	65.6
Arua	100	100	36.4	72.7	Kaberamaido	100	100	5.6	0
Budaka	82.4	52.9	58.8	41.2	Kagadi	43.8	28.1	37.5	15.6
Bududa	75	93.8	50	43.8	Kakumiro	60	42.9	48.6	31.4
Bugiri	70.9	67.3	36.4	27.3	Kalaki	33.3	33.3	25	16.7
Bugweri	100	100	100	100	Kalangala	100	100	95.8	100
Buhweju	35	30	20	20	Kaliro	51.7	69	17.2	24.1
Buikwe	34.8	27.5	14.5	20.3	Kalungu	74.3	65.7	34.3	31.4
Bukedea	40	30	30	5	Kampala	41.4	40.9	14.8	21
Bukomansimbi	55.6	59.3	37	40.7	Kamuli	47.8	30.4	17.4	14.5
Bukwo	31.8	13.6	22.7	9.1	Kamwenge	41.7	86.1	27.8	36.1
Bulambuli	56	52	44	40	Kanungu	75	60.7	28.6	30.4
Buliisa	62.5	56.3	37.5	50	Kapchorwa	48.1	70.4	37	51.9
Bundibugyo	48.4	51.6	38.7	12.9	Kapelebyong	64.3	57.1	57.1	35.7
Bunyangabu	94.1	94.1	50	41.2	Karenga	100	100	40	60
Bushenyi	52.2	47.8	47.8	41.3	Kasese	47.9	47.9	28.9	20.4
Busia	67.6	61.8	64.7	52.9	Kassanda	36.8	44.7	34.2	28.9
Butaleja	52	68	28	60	Katakwi	70.4	44.4	55.6	18.5
Butambala	37.5	20.8	29.2	16.7	Kayunga	72.5	62.5	35	22.5
Butebo	90.9	90.9	63.6	45.5	Kazo	43.8	25	31.3	18.8
Buvuma	100	100	100	78.6	Kibaale	50	76.5	32.4	26.5
Buyende	48.1	81.5	44.4	29.6	Kiboga	59.6	53.2	34	44.7
Dokolo	100	100	22.2	27.8	Kibuku	100	100	47.1	11.8
Fort Portal City	96.3	96.3	96.3	96.3	Kikuube	100	90.9	48.5	48.5
Gomba	44	56	36	32	Kiruhura	66.7	96.3	59.3	18.5
Gulu City	90.5	97.6	50	47.6	Kiryandongo	88.5	100	61.5	50
Gulu	100	95.7	56.5	26.1	Kisoro	72.3	70.2	21.3	10.6

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 23 and 24

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK23	WK24	WK23	WK24		WK23	WK24	WK23	WK24
Kitagwenda	95.8	100	87.5	91.7	Nabilatuk	100	100	100	33.3
Kitgum	100	95	62.5	77.5	Nakapiripirit	100	100	92.3	100
Koboko	84.6	76.9	50	53.8	Nakaseke	56.7	46.7	46.7	36.7
Kole	62.9	100	20	2.9	Nakasongola	47.6	33.3	35.7	16.7
Kotido	100	100	59.1	40.9	Namayingo	36.8	42.1	21.1	28.9
Kumi	100	100	64.3	82.1	Namisindwa	81	81	38.1	66.7
Kwania	61.5	20.5	41	10.3	Namutumba	57.1	62.9	31.4	8.6
Kween	57.7	53.8	46.2	15.4	Napak	100	100	77.8	72.2
Kyankwanzi	100	58.3	95.8	54.2	Nebbi	73.1	69.2	53.8	53.8
Kyegegwa	60	100	48	56	Ngora	23.1	30.8	23.1	7.7
Kyenjojo	84.3	92.2	68.6	25.5	Ntoroko	66.7	77.8	44.4	22.2
Kyotera	74.1	87.7	54.3	84	Ntungamo	67.2	65.7	31.3	41.8
Lamwo	77.4	83.9	71	54.8	Nwoya	100	100	96.7	100
Lira City	100	100	88.9	92.6	Obongi	61.1	44.4	50	27.8
Lira	100	100	100	100	Omoro	100	96.3	63	37
Luuka	58.1	39.5	32.6	11.6	Otuke	88.2	88.2	64.7	47.1
Luwero	61.2	67	35.9	43.7	Oyam	100	97.9	97.9	93.8
Lwengo	43.2	54.1	24.3	32.4	Pader	100	100	81	61.9
Lyantonde	38.5	48.1	26.9	30.8	Pakwach	42.1	57.9	36.8	26.3
Madi-Okollo	61.9	85.7	38.1	23.8	Pallisa	100	100	100	100
Manafwa	100	100	53.8	61.5	Rakai	43.5	52.2	34.8	43.5
Maracha	83.3	94.4	44.4	55.6	Rubanda	34.2	21.1	21.1	13.2
Masaka City	100	97.4	94.7	94.7	Rubirizi	95	100	55	55
Masaka	100	100	100	100	Rukiga	100	100	54.5	66.7
Masindi	100	100	98	92.2	Rukungiri	50	41.5	33	33
Mayuge	76.4	76.4	68.1	62.5	Rwampara	30	15	10	10
Mbale City	68.3	68.3	43.9	39	Sembabule	25	97.5	12.5	17.5
Mbale	96.3	100	63	88.9	Serere	100	100	100	95.5
Mbarara City	68.4	73.7	42.1	42.1	Sheema	36.8	31.6	34.2	15.8
Mbarara	46.2	42.3	42.3	30.8	Sironko	60.6	54.5	48.5	33.3
Mitooma	36.4	22.7	36.4	18.2	Soroti City	44	48	40	36
Mityana	43.4	71.1	25	26.3	Soroti	81.3	81.3	81.3	75
Moroto	100	100	94.7	73.7	Terego	93.1	100	41.4	62.1
Moyo	64.5	87.1	54.8	67.7	Tororo	61.5	52.6	34.6	35.9
Mpigi	61.3	59.7	41.9	43.5	Wakiso	53.3	48.8	37.7	29.8
Mubende	44.4	35.2	35.2	27.8	Yumbe	100	100	52.6	50.9
Mukono	49	48	20.6	27.5	Zombo	69.6	60.9	60.9	47.8

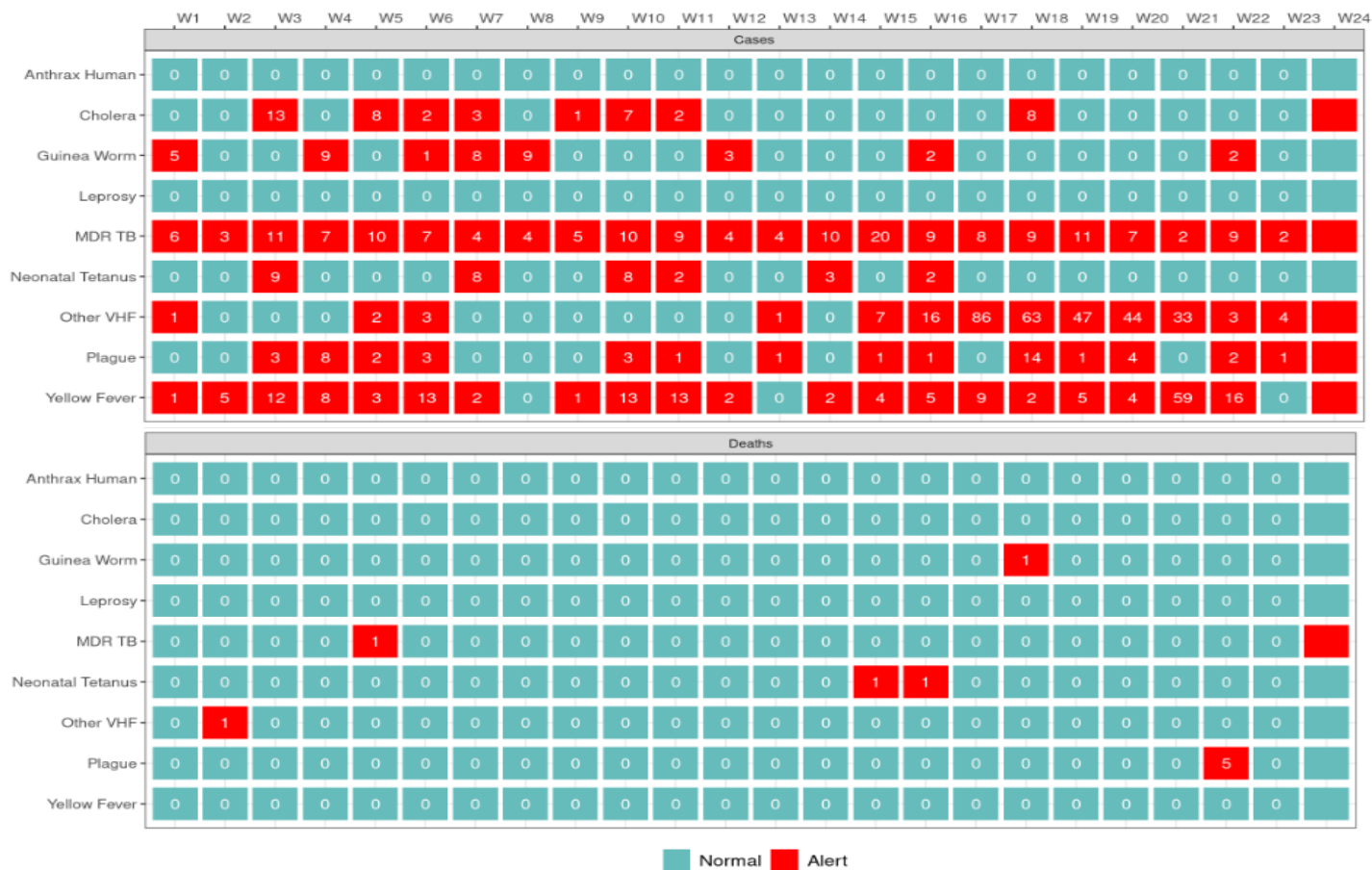
Source: DHIS2

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 Wk24



Source: DHIS2

DHIS2 Data

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

Within the reporting week 24 suspected cases were reported within the conditions of Cholera, MDR-TB, Other VHF, Plague and Yellow fever. These are suspected cases and verification is on-going. There was suspected death due to MDR-TB.

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

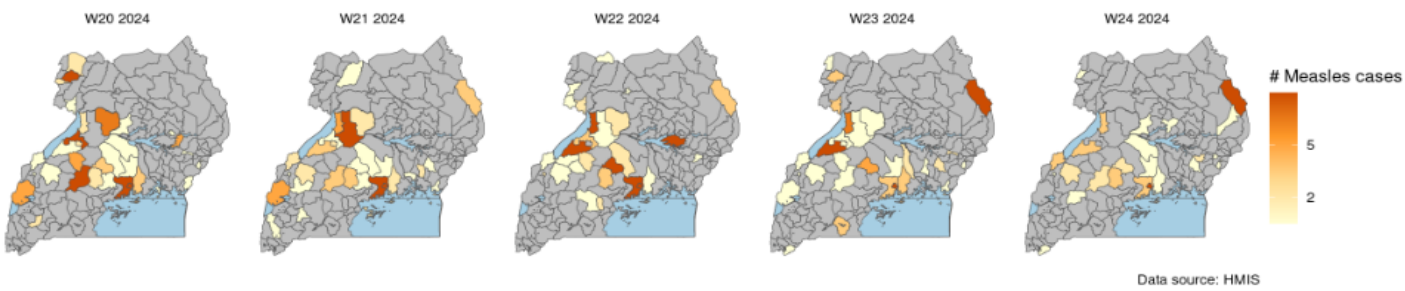


Figure 4.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

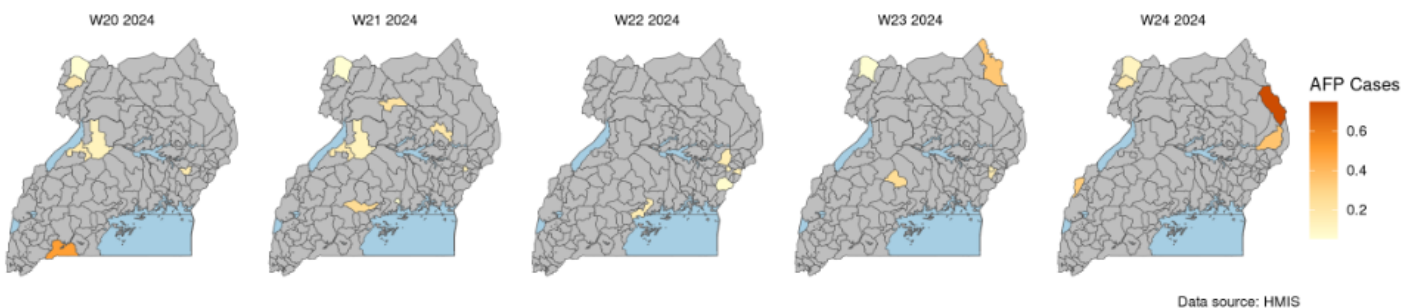
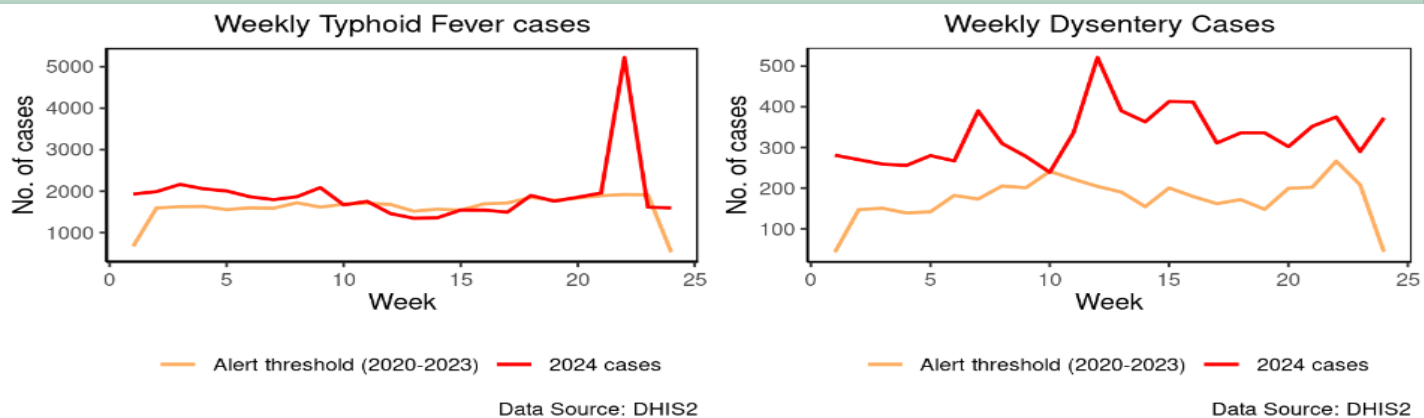


Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk24



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 Wk24

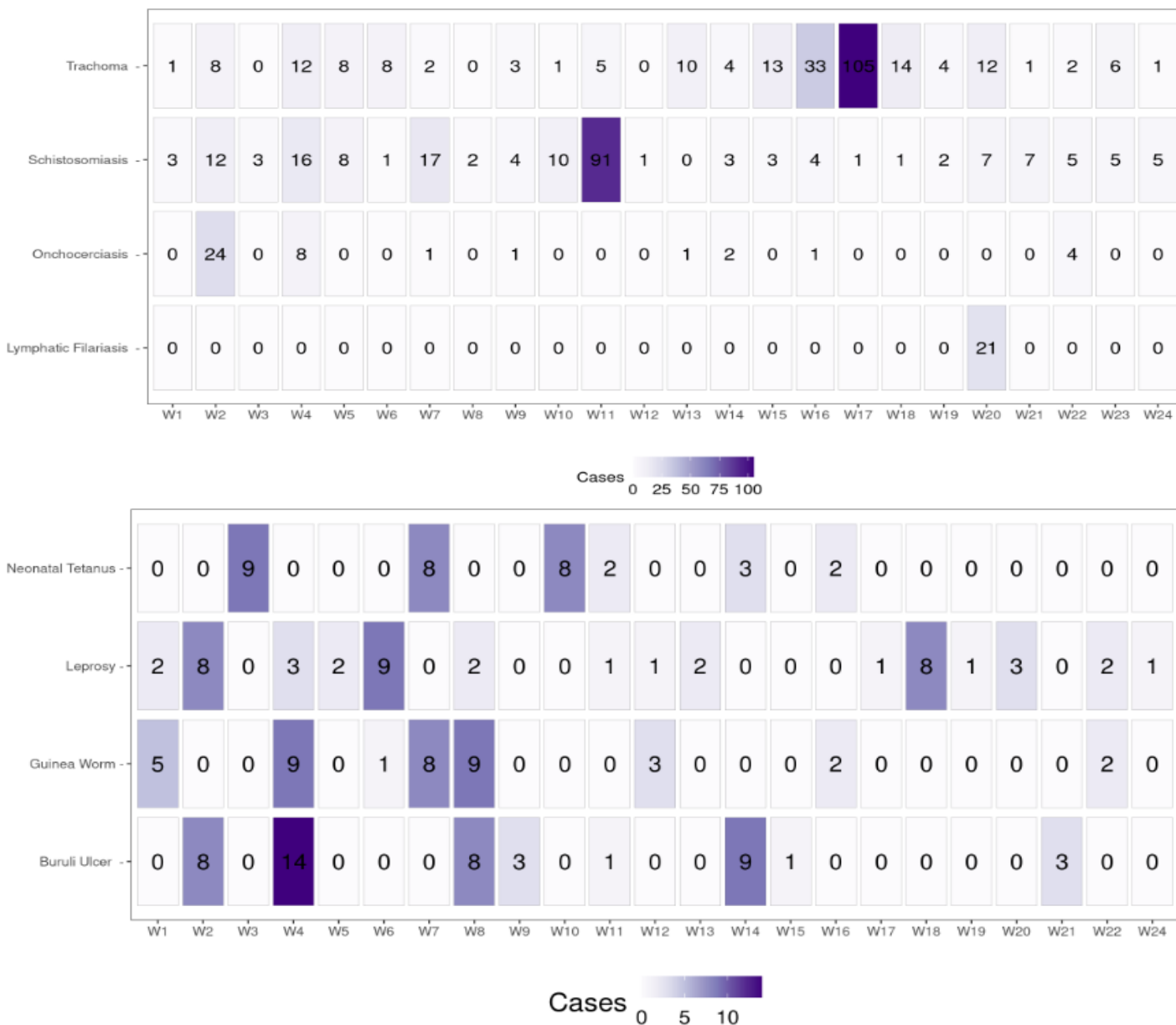
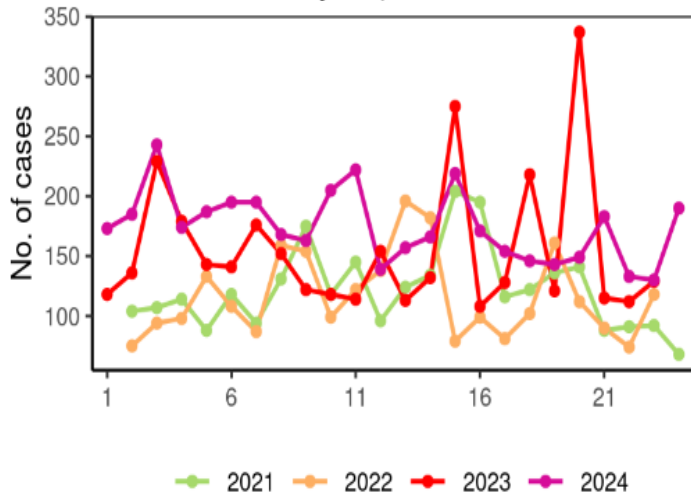


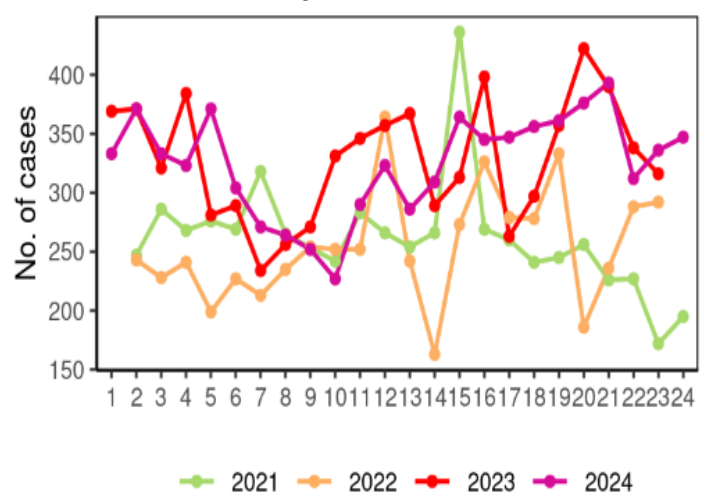
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk24

Weekly Hepatitis Cases



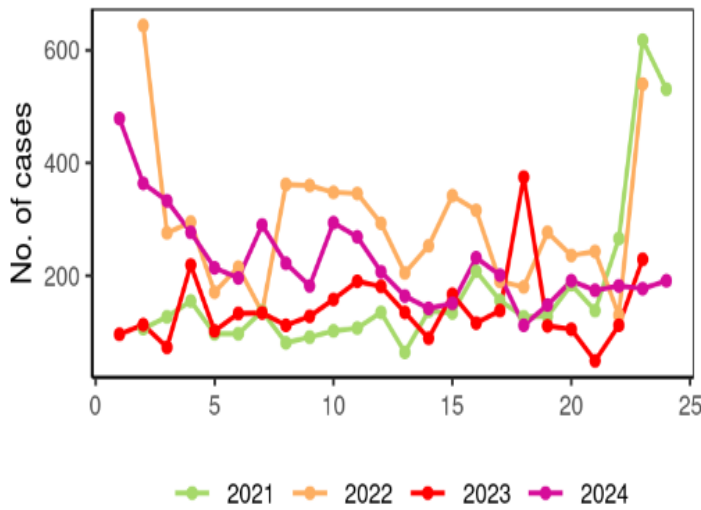
Data Source:DHIS2

Weekly Animal Bites cases



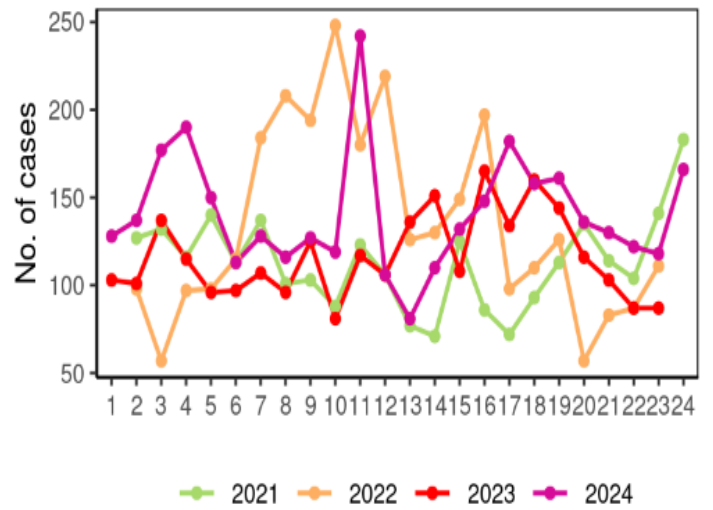
Data Source:DHIS2

SARI Cases



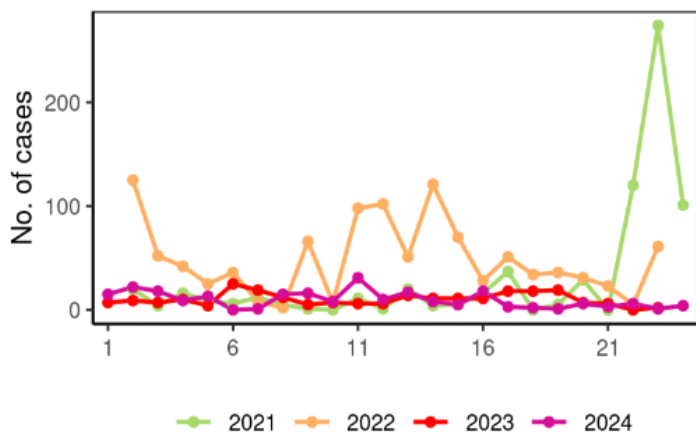
Data Source:DHIS2

Weekly Severe pneumonia Cases



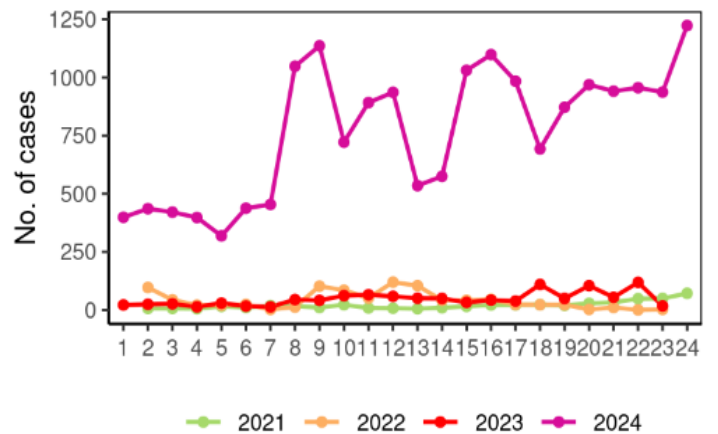
Data Source:DHIS2

Weekly SARS Cases



Data Source:DHIS2

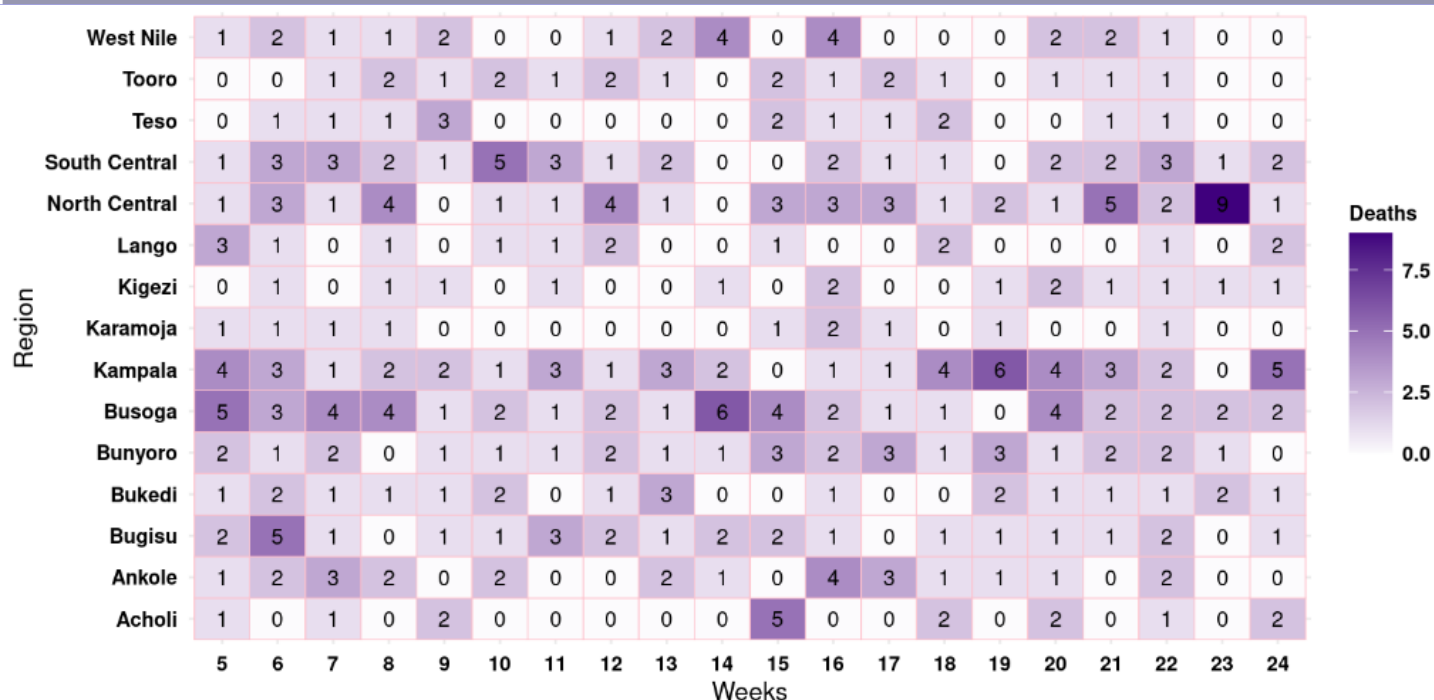
Weekly Influenza Cases



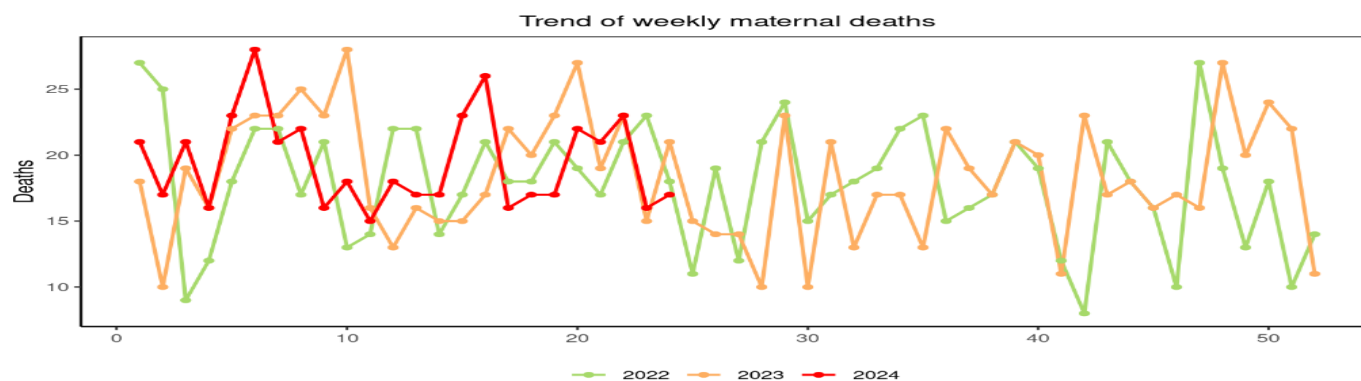
Data Source:DHIS2

Maternal Deaths Surveillance

In week 24, there were 17 maternal deaths. There was an increase of 1 maternal death as compared to the 16 deaths reported in week 23



Data source: DHIS2



Data Source: DHIS2

Table 7.2: Facilities reporting Maternal deaths during 2024WK24

Regions	Districts	Facility	No. of maternal deaths
North Central	Kayunga District	Kayunga Regional Referral Hospital	1
Acholi	Gulu City	St. Mary's Hospital Lacor	2
Bukedi	Pallisa District	Pallisa General Hospital	1
South Central	Wakiso District	Entebbe Regional Referral Hospital	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	1
Busoga	Jinja City	Jinja Regional Referral Hospital	2
Lango	Oyam District	St. John XXIII Hospital Aber	1
Kampala	Kampala District	Kawempe National Referral Hospital	3
Kigezi	Kanungu District	Kanungu Health Centre IV	1
Kampala	Kampala District	China Uganda Friendship (Naguru) Regional Referral Hospital	1
South Central	Wakiso District	Doctors Hospital Seguku Hospital	1
Kampala	Kampala District	St. Francis Nsambya Hospital	1
Lango	Apac District	Florence Nightingale Hospital	1

Perinatal Deaths Surveillance

In week 24, there were 294 perinatal deaths. There was an increase of 23 deaths from the 271 deaths reported in week 23.

Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 24

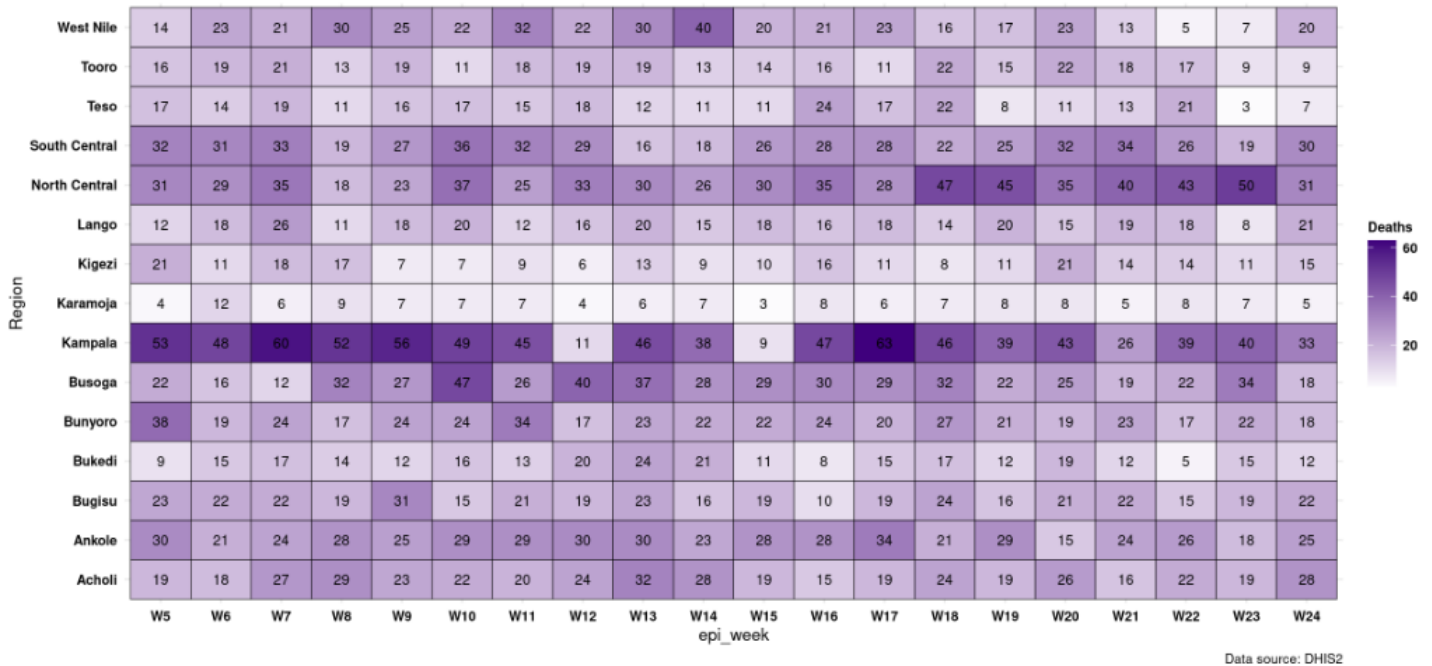


Figure 8.2: Forms of Perinatal deaths Reported during 2024WK24

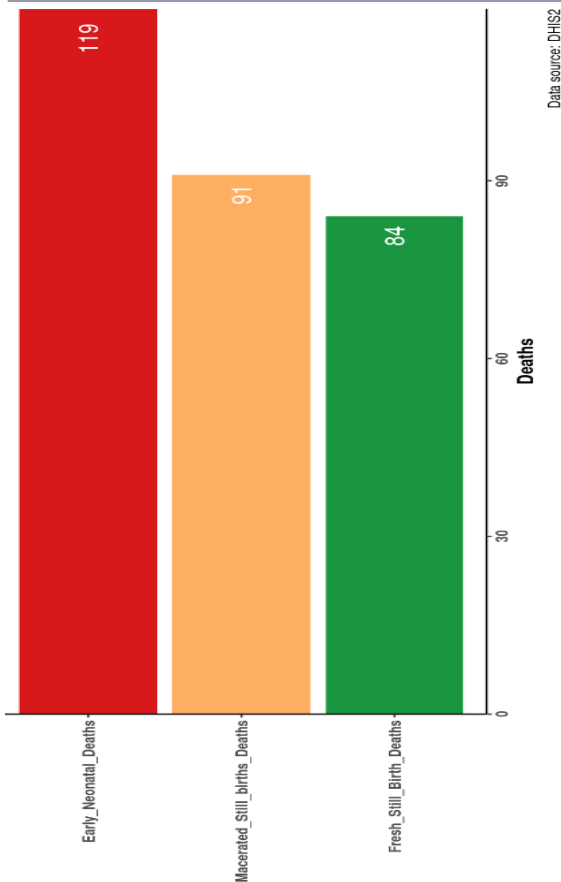
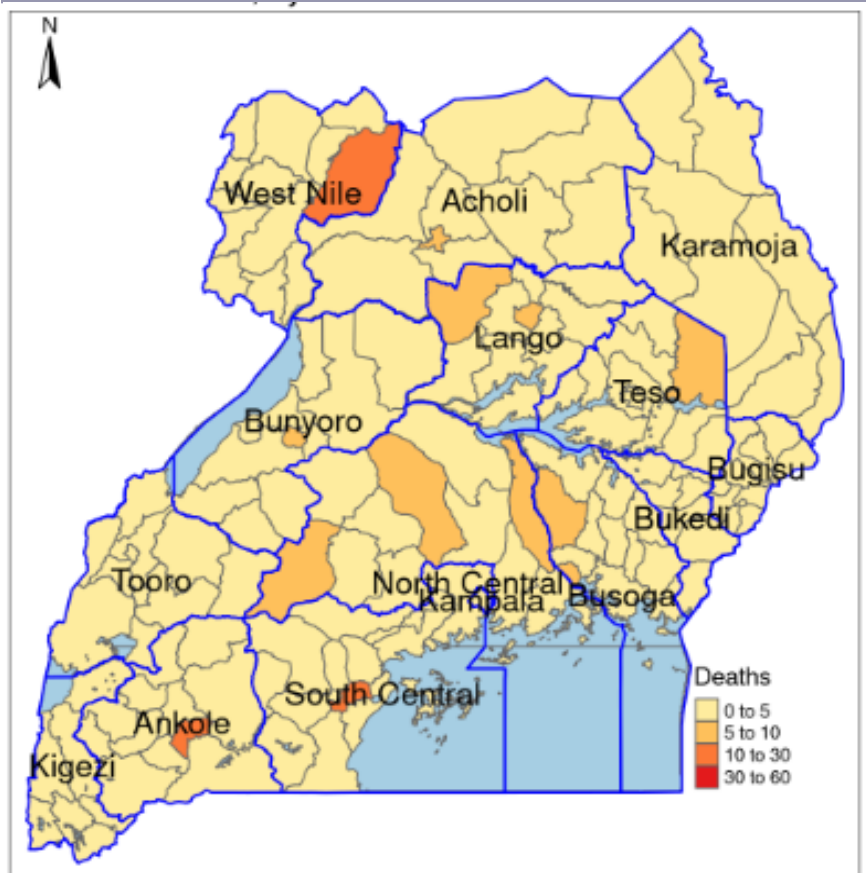


Figure 8.3: Perinatal deaths Reported during 2024WK24 by district



Influenza Surveillance

Results from the MUWRP Influenza Surveillance Sites: 2024Week24

Health Facility	Type of case	# of Specimens Tested (PCR)	# H1N1	# COVID-19
Kiruddu NRH	SARI	02	00	00
	ILI	08	01	01
Mulago NRH	SARI	03	00	00
	ILI	08	00	00
Jinja RRH	SARI	02	00	01
	ILI	08	00	00
Gulu RRH	SARI	02	02	00
	ILI	08	02	00
Bwera Hospital	SARI	10	00	00
Totals		51	05	02

During week 24, fifty-one samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=11), Gulu RRH (n=10), Jinja RRH (n=10), and Bwera Hospital (n=10) sentinel sites. These were analyzed using PCR methods for Flu A, Flu B, and SARS-CoV-2 at the MUWRP-EIDP lab at UVRI Entebbe. Five samples (09.80%) were positive for Flu A (H1N1). Further, two samples (03.92%) were positive for SARS-CoV-2. All samples were negative for Flu B. Further, 47 samples collected during week 23 were analyzed for ten other viral causes of ILI/SARI. Respiratory syncytial viruses and adenoviruses were the most prevalent non influenza viral causes of ILI/SARI circulating at 21.28% and 19.15% respectively. Other circulating viral pathogens were the human metapneumoviruses, parainfluenza viruses, and human boca viruses, each circulating at 02.13% respectively (Table 9.2). We report sustained high circulation of adenoviruses and the respiratory syncytial viruses. SARS-CoV-2 continues to linger

Table 9.2: Results of Analysis for Other Viral Pathogens 2024Week24

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# hMPV Positive	# PIV Positive	# HBoV Positive
Kiruddu NRH	10	01	07	00	00	00
Gulu RRH	10	02	00	00	01	00
Jinja RRH	12	01	00	00	00	01
Mulago NRH	09	02	01	01	00	00
Bwera Hospital	06	03	02	00	00	00
Total	47	09	10	01	01	01

Tuberculosis Status Update

Figure 10.1: Tuberculosis burden during 2024 EpiWeek 24

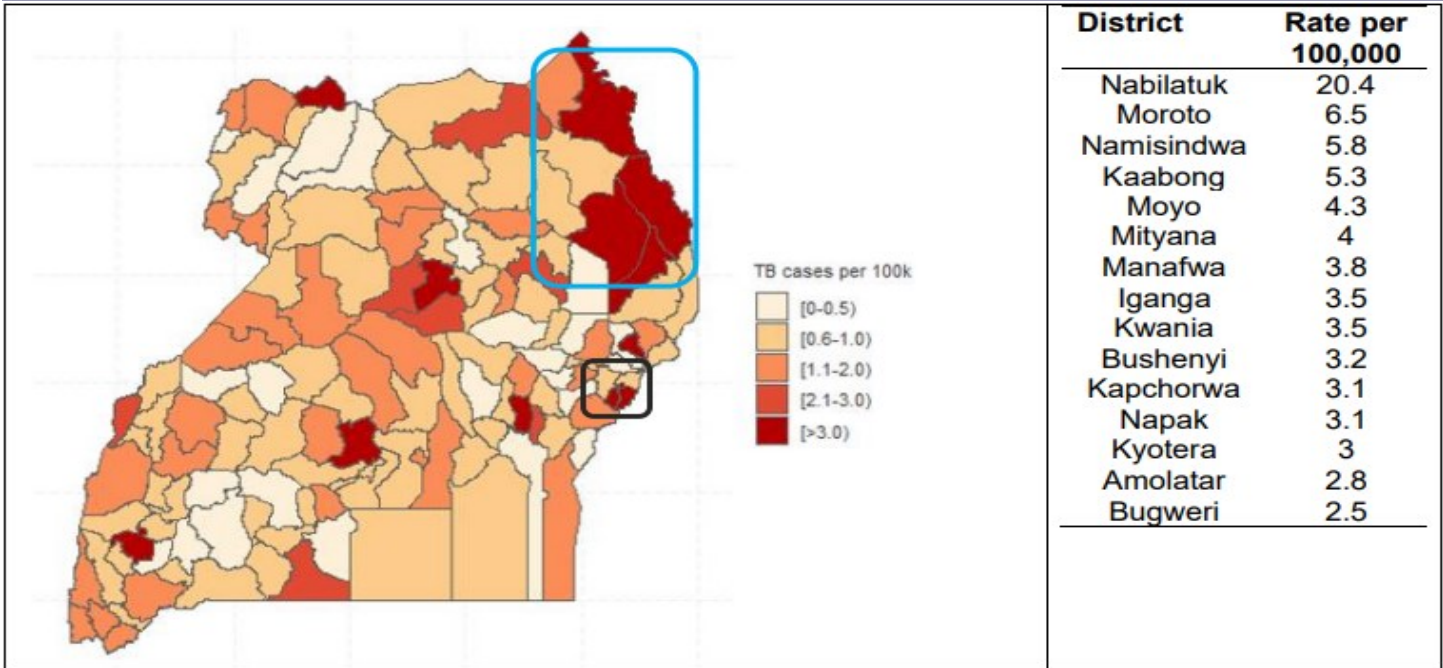


Figure 10.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2023 to Wk24 2024

Figure 10.3: National weekly trends in New Relapse TB diagnosed Uganda, Wk01 2023 to Wk24 2024

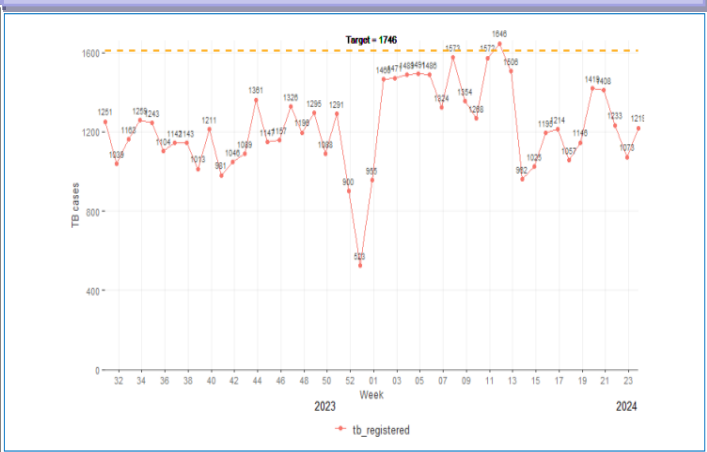
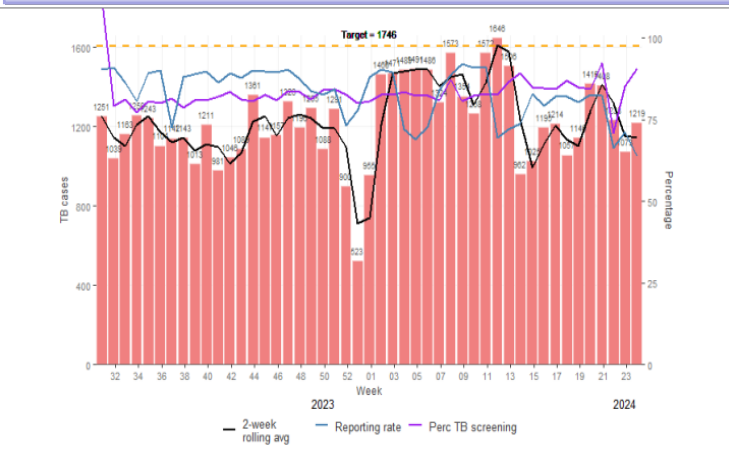
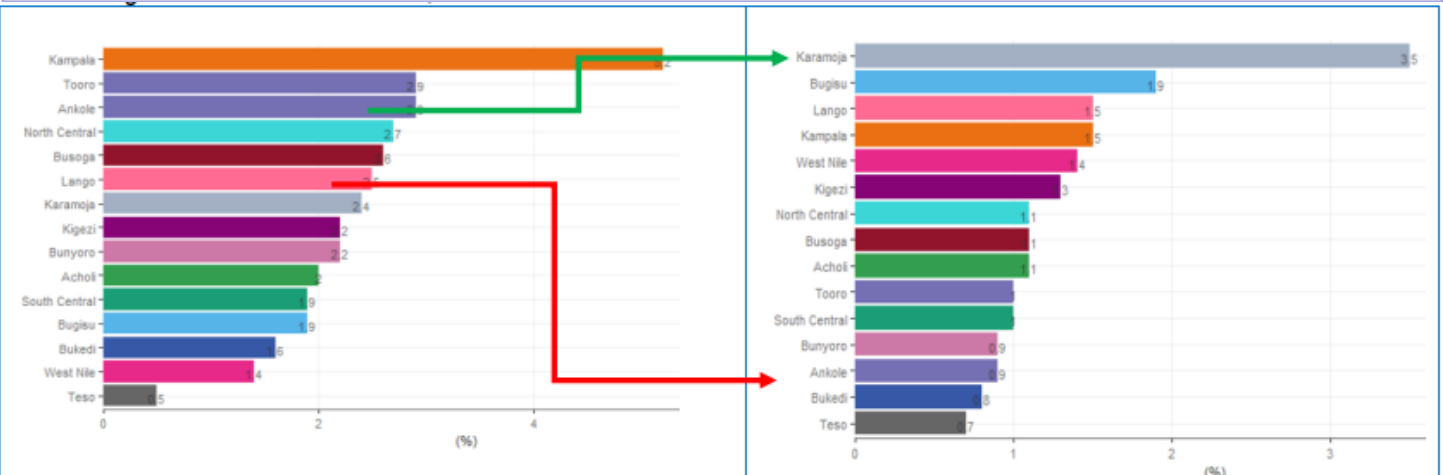


Figure 10.4: Comparison of TB burden by Health Regions between Epi Weeks 23– 24, 2024



Source: National Tuberculosis Center

Influenza Surveillance

Table 10.1: Monthly Influenza, COVID 19 and RSV Results 2024WK23

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	138	00	00	137	05	140	02	142
March	01	01	253	03	00	258	00	245	13	258
April	00	01	119	05	01	125	01	115	11	126
May	01	00	135	02	01	132	07	126	13	139
Total	09	03	807	10	2	807	24	789	42	831

Table 10.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024WK23

Sample Type/ Sentinel Site	Influenza					COVID19Result		RSVResult		Total	
	A(H3)	B Victoria	Negative	Pandemic A	Pending	Negative	Positive	Negative	Positive		
ILI	Entebbe RRH	00	00	20	03	01	24	00	23	01	24
	Fort Portal RRH	00	00	01	00	00	01	00	01	00	1
	Jinja RRH	07	01	136	01	00	138	07	140	05	145
	Kawaala HC IV	00	00	02	00	00	02	00	02	00	2
	Kibuli Hospital	00	00	06	00	00	06	00	06	00	6
	Kiryandongo H	00	00	41	00	00	40	01	41	00	41
	Kiswa HC III	000	00	150	00	00	150	00	150	00	150
	Kitebi HC III	00	01	29	04	00	34	00	33	01	34
	Koboko H	00	00	13	00	00	13	00	13	00	13
	Mukono H	00	00	74	00	01	71	04	67	08	75
	Mulago NRH	00	00	44	00	00	44	00	44	00	44
	Nsambya H	00	00	24	00	00	24	00	24	00	24
Tororo H	00	00	40	01	00	39	02	33	08	41	
Total	07	02	580	09	02	586	14	577	23	600	
SARI	Entebbe RRH	00	00	04	00		03	01	4	00	4
	Fort Portal RRH	00	00	32	00		30	02	26	06	32
	Jinja R.RH	00	00	39	00		38	01	39	00	39
	Koboko H	00	00	11	00		09	02	11	00	11
	Mbarara RRH	02	00	36	00		37	01	34	04	38
	Nsambya H	00	01	77	00		76	02	75	03	78
	Tororo H	00	00	28	01		28	01	23	06	29
Total	02	01	227	01		221	10	212	19	231	
SARI-ILI	Entebbe RRH	00	00	24	03	01	27	01	27	01	28
	Fort Portal RRH	00	00	33	00	0	31	02	27	06	33
	Jinja RRH	07	01	175	01	0	176	08	179	05	184
	Kawaala HC IV	00	00	02	00	0	02	00	02	00	2
	Kibuli H	00	00	06	00	0	06	00	06	00	6
	Kiryandongo H	00	00	41	00	0	40	01	41	00	41
	Kiswa HC III	00	00	150	00	0	150	00	150	00	150
	Kitebi HC III	00	01	29	04	0	34	00	33	01	34
	Koboko Hospital	00	00	24	00	0	22	02	24	00	24
	Mbarara RRH	02	00	36	00	0	37	01	34	04	38
	Mukono H	00	00	74	00	1	71	04	67	08	75
	Mulago NRH	00	00	44	00	0	44	00	44	00	44
	Nsambya H	00	01	101	00	0	100	02	99	03	102
Tororo H	00	00	68	02	0	67	03	56	14	70	
Total	09	03	807	10	2	807	24	789	42	831	

Table 10.3: Weekly Influenza, COVID 19 and RSV Results for the past 5 weeks, 2024

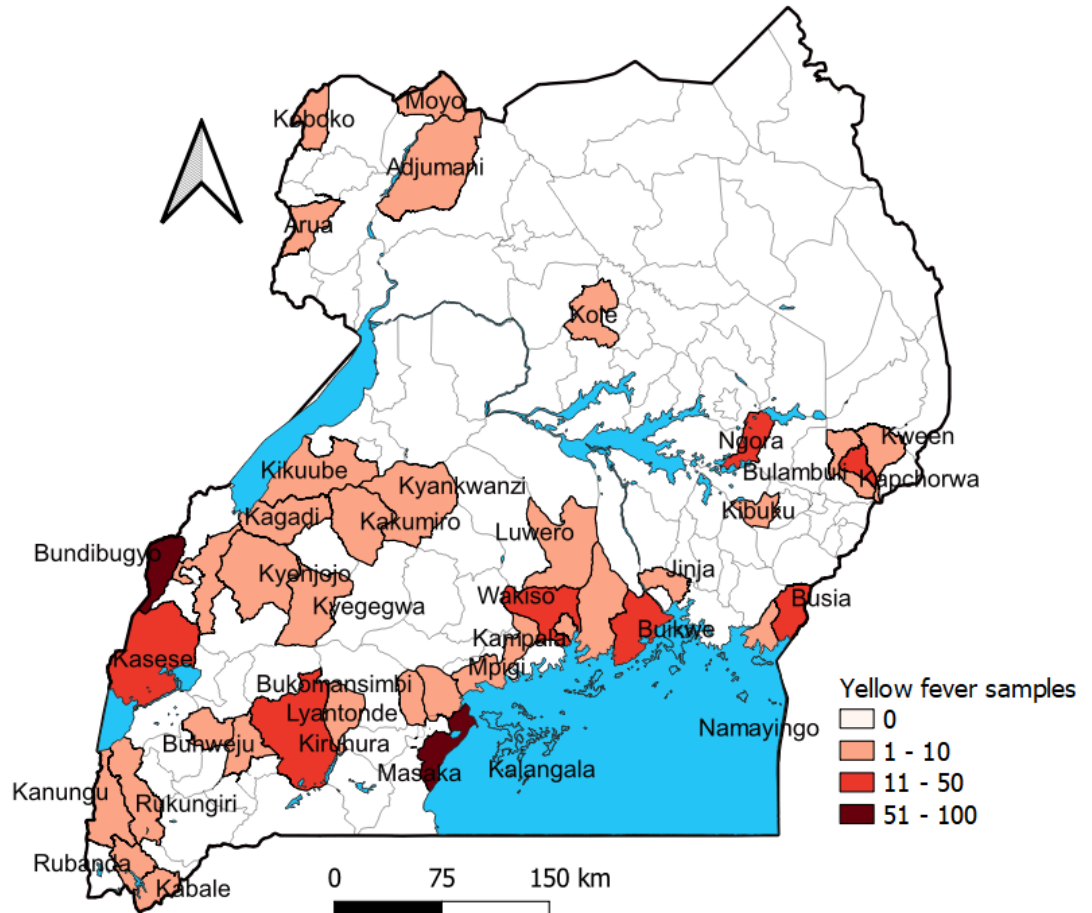
EPIWEEK	Influenza					COVID19Result		RSVResult		Total
	A(H3)	B Victoria	Negative	Pandemic A(H1N1)	Pending	Negative	Positive	Negative	Positive	
18	01	01	19	00	00	00	21	00	18	03
19	00	00	51	02	00	00	50	03	46	07
20	00	00	26	00	00	00	25	01	23	03
21	00	00	33	00	01	01	32	02	32	02
22	00	00	15	00	00	00	14	01	15	00
Total	01	01	144	02	01	01	142	71	134	15

Yellow Fever Virus (YFV) Surveillance

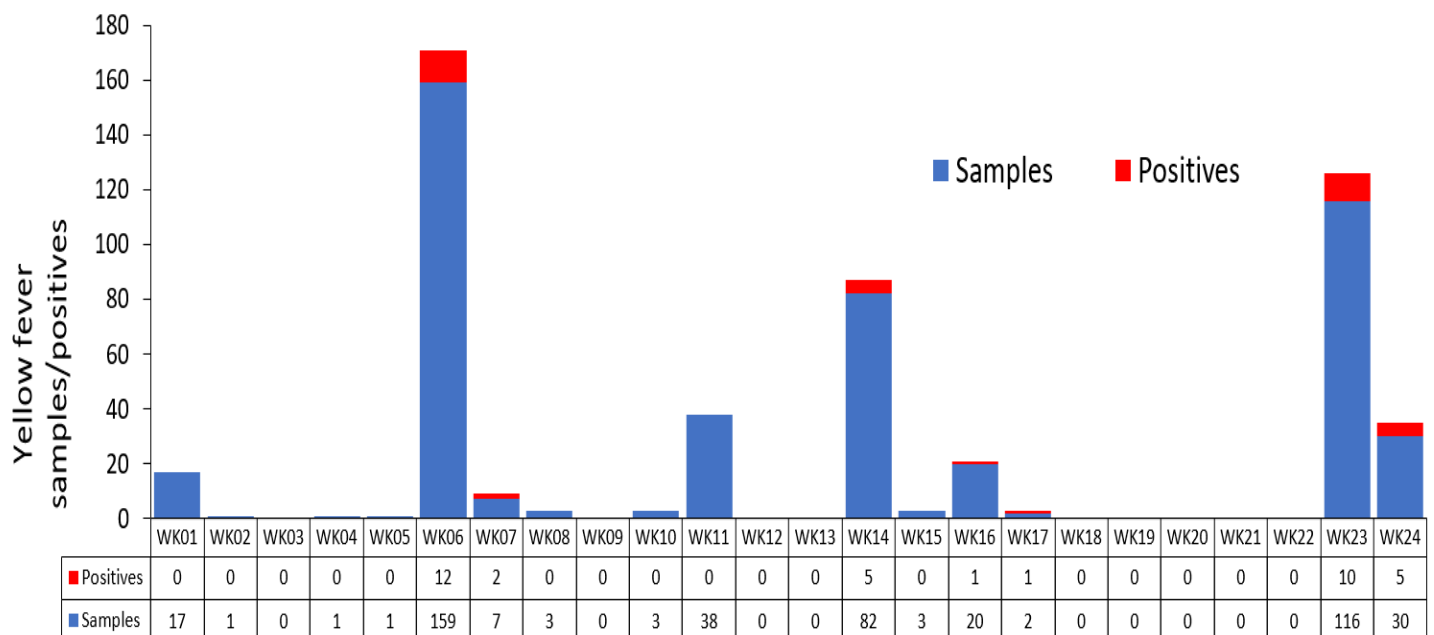
Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-24

During 2024 WK24 30 yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 482 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-24 2024). Most of these districts are within the regions of Western, Eastern and Central regions.



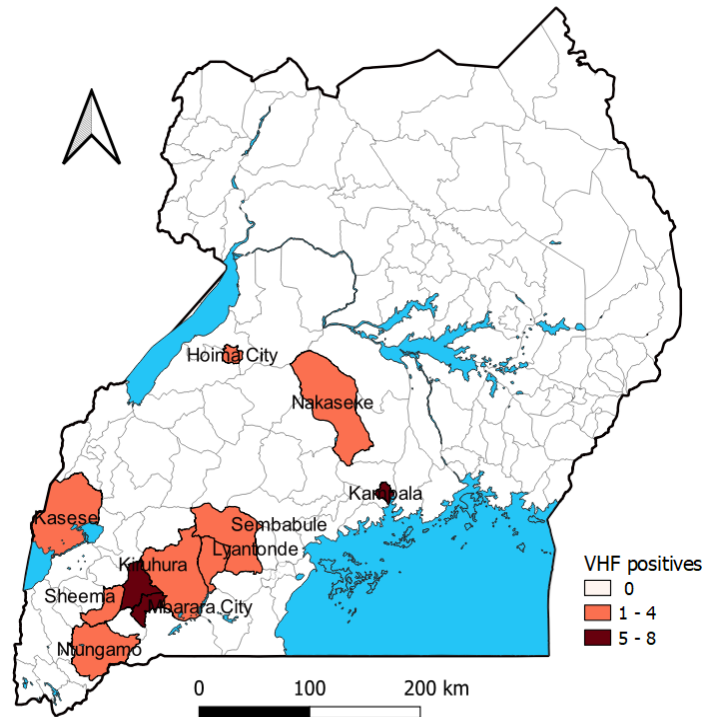
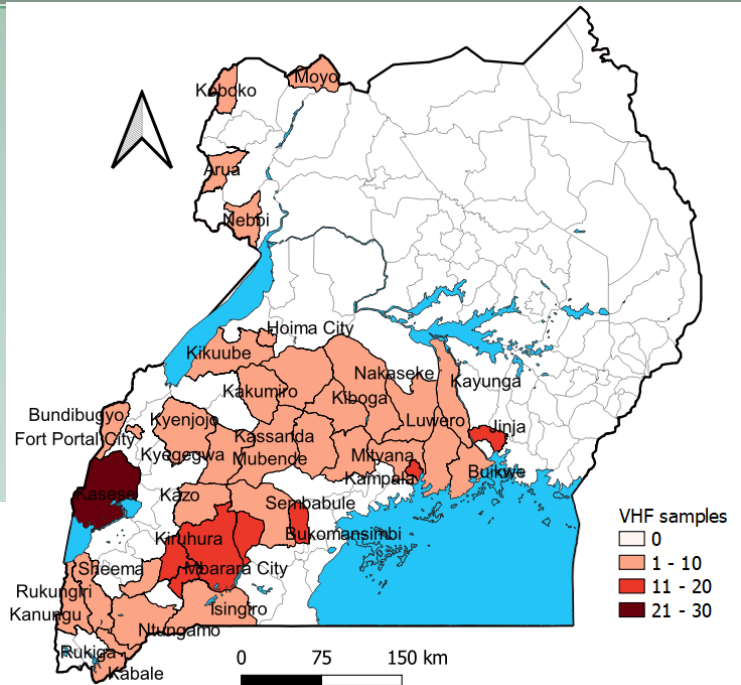
The figure below shows the cumulative number of YFV suspected samples submitted within the same period.



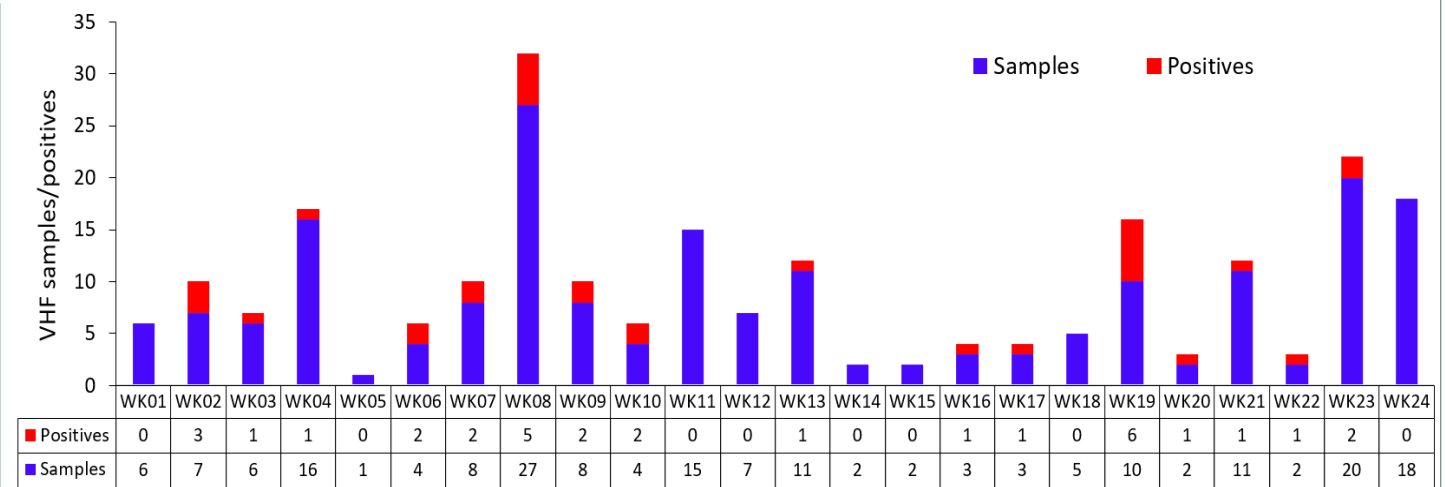
Viral Hemorrhagic Fevers Surveillance

Figure 13.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-24

Between 2024 WK01-24, a total of 198 VHF suspected samples were collected; 177 from alive and 21 from dead. Kasese District had the highest number of samples (25) followed by Bukomansimbi and Lyantonde districts (18 each) and Kiruhura (16). The map on the right shows the distribution of samples collected by districts. Most of them are from central and western Uganda.



Twenty samples tested positive for RVF; 90% (18/20) were from males while 10% (2/20) were from females. Majority of the positive RVF samples (12) were from Mbarara District and City. Twelve samples (all from males) tested positive for CCHF of which 3 were from Lyantonde, 3 from Kampala, 2 from Kiruhura, 2 from Kasese, 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 14.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week24

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)				
1	Mpondwe	81,591	1,496	During 2024 EpiWeek 24 a total of 165,005 incoming, and 47,076 exiting travelers at 31 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Elegu Bunagana and Entebbe Airport (Table 14.1). Presumptive Tuberculosis was identified among 50 travelers, 18 travelers were tested for TB, one was confirmed with TB and linked to care. (Table 14.2).			
2	Elegu	19,001	9,112				
3	Bunagana	8,976	4,323				
4	Entebbe Airport	7,452	6,939				
5	Busia	7,355	-				
6	Malaba	6,533	-				
7	Cyanika	6,458	6,884				
8	Busunga	5,577	5,572				
9	Katuna	3,809	-	21	Katwe	518	-
10	Mutukula	3,315	2,150	22	Ishasha	419	211
11	Mirama Hills	2,672	2,047	23	Transami	402	361
12	Kokwochaya	1,798	1,133	24	Kamwezi	316	40
13	Goli	1,533	1,753	25	Ndaiga	252	137
14	Vurra	1,450	1,202	26	Kayanzi	247	247
15	Alakas	1,141	644	27	Hima Cement	149	359
16	Odramacaku	988	376	28	Sebagoro	143	28
17	Ntoroko Main	828	866	29	Suam	68	54
18	Kyeshero	705	238	30	Aweno Olwiyo	66	50
19	Arua Airport	686	277	31	Tonya	25	-
20	Wanseko	532	577		Total	165,005	47,076

Source: IOM, eIDSR

Table 14.2: Tuberculosis screening among travelers during 2024Epi Week24

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Bunagana	02	02	00	00
2	Busia	10	10	00	00
3	Elegu	30	00	00	00
4	Kamwezi	01	01	00	00
5	Kokwochaya	03	03	00	00
6	Mpondwe	03	02	01	01
7	Ndaiga	01	00	00	00
	Total	50	18	01	01

Event Based Surveillance (EBS)

Table 15.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK24

Region	Total Signals Received	Signals Verified as Events	Signals Dis-carded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	01	00	01	01	00	00	00
Bukedi	04	02	02	04	00	00	00
Bunyoro	04	03	01	04	00	00	00
Kampala	04	03	01	03	01	00	00
Karamoja	01	01	00	01	00	00	00
Kigezi	02	00	02	01	01	00	00
N. Central	01	00	01	01	00	00	00
W. Nile	11	05	06	11	00	00	00
Total	28	14	14	26	02	00	00

A total of 28 signals were received within the reporting week, of which 50% (14) were verified as events. Most of the signals received (26, 93%) were from the human sector, and 2 (7%) were from the animal sector (Table 15.1). The silent regions during the week were Acholi, Ankole, Busoga, Lango, South Central, Teso, and Tooro.

NOTE: The signals have drastically gone down because MTN is not allowing its subscribers to send the 6767 messages and yet they have more subscribers than any other Ugandan Network.

Signals reported through the 6767 SMS platform that tested positive/ were confirmed as alerts during 2024 Epi-Week 24 (10th–16th June 2024)

The signals received during the week were red eyes (conjunctivitis), measles/rubella, animal bites, and chicken pox and the most notable signal is the ongoing conjunctivitis outbreak (Table 15.2).

Region	Red eyes	Measles/ Rubella	Animal Bites	Chicken pox
Bugisu	00	00	00	00
Bukedi	01	00	01	00
Bunyoro	00	01	02	01
Kampala	02	00	00	00
Karamoja	00	01	00	00
Kigezi	00	01	00	00
N. Central	00	00	00	00
W. Nile	04	01	00	00
Total	07	04	02	01

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 15.1: Active PHEs in Uganda during 2024WK24

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	31,087	-	00
Measles	18-Jun-24	Moroto	59	13	03
	19-Jun-24	Sembabule	05	03	00
Black Water Fever	08-Feb-24	Bukomansimbi	131	-	13
	19-Jun-24	Mubende	03	01	01
Rift Valley Fever	19-Jun-24	Kiruhura	01	01	01
	01-Mar-24	Mbarara	14	07	02
Crimean Congo Hemorrhaging Fever	30-May-24	Kasese	05	01	00
Anthrax	04-Jun-24	Amudat	89	09	00
	10-Jun-24	Kween	02	02	00
	14-Jun-24	Buikwe	06	01	00
	14-Jun-24	Wakiso	23	01	00
Yellow Fever Virus	14-Jun-24	Ngora	10	04	00
	14-Jun-24	Kasese	14	03	00
	14-Jun-24	Masaka	10	04	00

Uganda's PHEOCs are currently activated for an outbreak of Red tracts; Complicated Malaria / Black Water Fever in Bukomansimbi Eyes in multiple communities, Measles in two districts; Yellow district; Rift Valley Fever in three districts, CCHF in Kasese dis- Fever in five districts; Tuberculosis upsurge in seven health dis- trict, cVDPV2 in Mbale City, Anthrax in two districts.

Table 15.2: Active PHEs around Uganda during 2024WK24

Country	PHE	Grading	Start Date	Total Cases	Confirmed Cases	Deaths	CFR
Ken-ya	Flood	Grade 2	24/04/2024	412,763		295	0.30%
	Cholera	Grade 3	19/10/2022	12,521	577	206	1.60%
	Dengue	Grade 3	24/03/2024	71	38	00	0.00%
	Rift Valley Fever	Ungraded	24/01/2024	145	07	00	0.00%
	Measles	Ungraded	29/06/2022	1,324	195	11	0.80%
	Poliomyelitis (cVDPV2)	Grade 2	06/07/2023	13	13	00	0.00%
South Sudan	Hepatitis E	Ungraded	03/01/2018	4,253	63	12	0.30%
	Measles	Ungraded	23/02/2022	429	116	04	0.90%
	Poliomyelitis (cVDPV2)	Grade 2	26/02/2024	04	04	00	0.00%
Tanzania	Yellow fever	Ungraded	24/12/2023	120	03	06	5.00%
	Flood	Grade 2	24/04/2024	-	-	-	0.00%
Rwanda	Cholera	Grade 3	03/10/2023	2,549	2549	46	1.80%
	Poliomyelitis (cVDPV2)	Grade 2	26/02/2021	118	118	00	0.00%
Demo-cra-tic Re-public of Congo	Poliomyelitis (cVDPV1)	Grade 2	27/08/2022	107	107	00	0.00%
	Plague	Ungraded	26/02/2024	259		07	2.70%
	Floods	Ungraded	09/01/2024				
	Anthrax	Grade 2	04/11/2023	20	01	04	20.00%
	Monkey Pox	Protracted 2	01/01/2024	5,768	632	332	5.80%
	Measles	Ungraded	01/01/2024	30,144	1,178	791	3%
	Cholera	Grade 3	01/01/2024	13,360	1,571	217	1.60%