



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 20: 13th – 19th May 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:

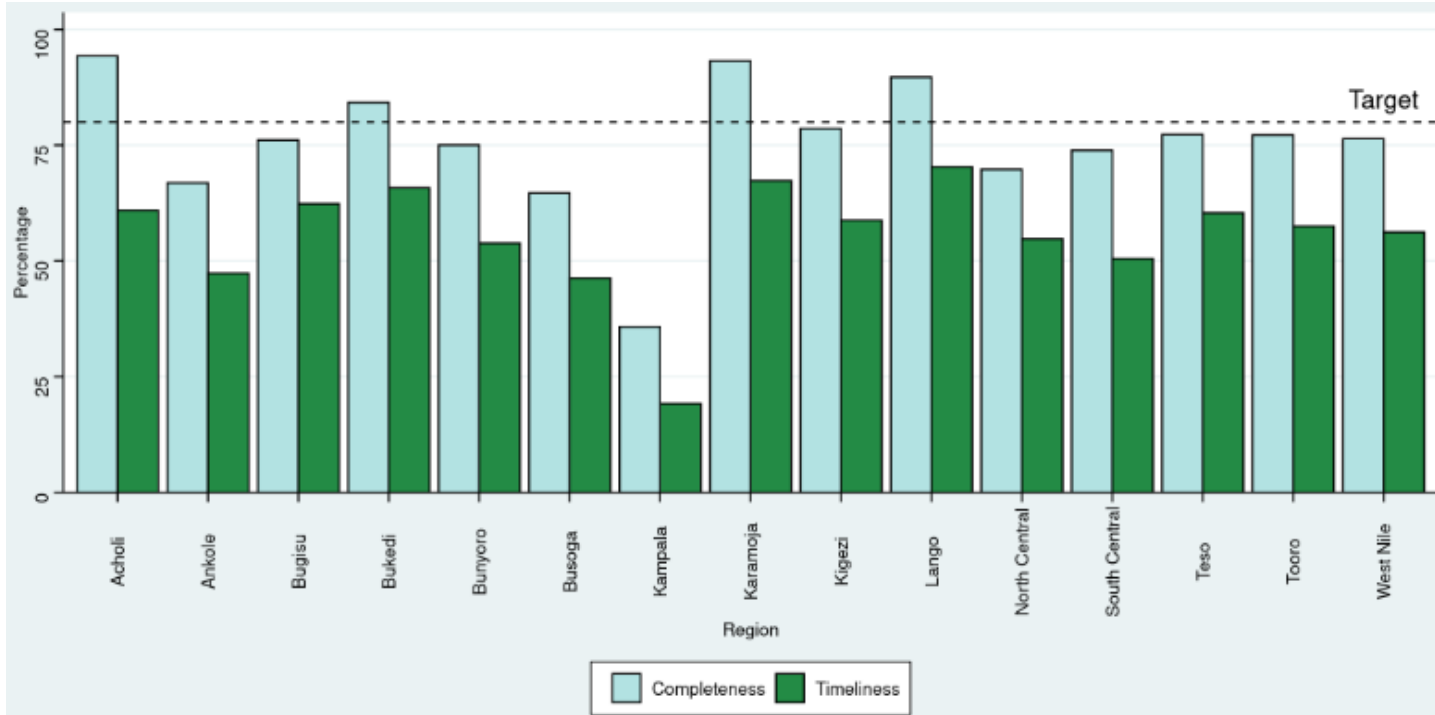
Dr. Allan Muruta,

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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 20



Source: DHIS2

Source: DHIS2

Most regions did not achieve the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 20 save for Acholi, Bukedi, Karamoja and Lango. 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.

Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 19 and 20

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK19	WK20	WK19	WK20		WK19	WK20	WK19	WK20
Abim	90.5	66.7	57.1	42.9	Hoima City	66.7	76.2	52.4	52.4
Adjumani	47.1	60.8	41.2	39.2	Hoima	78.9	89.5	42.1	63.2
Agago	100	100	46.5	53.5	Ibanda	74.5	76.6	59.6	55.3
Alebtong	90	85	70	70	Iganga	54.3	60.9	39.1	37
Amolatar	87.5	87.5	75	87.5	Isingiro	98.7	100	37.3	53.3
Amudat	92.3	100	92.3	92.3	Jinja City	74.6	71.2	69.5	54.2
Amuria	100	100	84.6	80.8	Jinja	64.3	69	57.1	54.8
Amuru	87.5	90.6	68.8	46.9	Kaabong	100	81.5	77.8	70.4
Apac	62.2	64.9	54.1	54.1	Kabale	93	98.2	54.4	64.9
Arua City	54.3	57.1	45.7	40	Kabarole	96.9	90.6	81.3	78.1
Arua	100	100	45.5	36.4	Kaberamaido	88.9	100	88.9	44.4
Budaka	58.8	70.6	58.8	35.3	Kagadi	59.4	90.6	37.5	50
Bududa	100	100	62.5	62.5	Kakumiro	62.9	94.3	48.6	40
Bugiri	63.6	76.4	40	38.2	Kalaki	58.3	75	50	41.7
Bugweri	60	66.7	60	66.7	Kalangala	100	100	100	50
Buhweju	50	40	40	15	Kaliro	51.9	59.3	33.3	25.9
Buikwe	43.5	47.8	34.8	33.3	Kalungu	77.1	74.3	40	42.9
Bukedea	85	70	75	70	Kampala	45.1	45.3	17.7	19.2
Bukomansimbi	63	66.7	59.3	44.4	Kamuli	55.1	59.4	31.9	23.2
Bukwo	54.5	54.5	40.9	45.5	Kamwenge	55.6	55.6	44.4	38.9
Bulambuli	68	76	52	52	Kanungu	91.1	83.9	51.8	53.6
Buliisa	50	62.5	43.8	25	Kapchorwa	81.5	81.5	81.5	81.5
Bundibugyo	74.2	87.1	58.1	67.7	Kapelebyong	85.7	71.4	78.6	71.4
Bunyangabu	91.2	94.1	82.4	82.4	Karenga	50	100	50	20
Bushenyi	58.7	63	56.5	52.2	Kasese	47.9	53.5	30.3	36.6
Busia	76.5	76.5	58.8	73.5	Kassanda	65.8	68.4	47.4	55.3
Butaleja	88	96	80	80	Katakwi	85.2	85.2	63	66.7
Butambala	62.5	54.2	37.5	50	Kayunga	62.5	67.5	47.5	40
Butebo	90.9	100	27.3	63.6	Kazo	68.8	56.3	53.1	40.6
Buvuma	100	100	100	100	Kibaale	91.2	47.1	32.4	26.5
Buyende	51.9	77.8	44.4	59.3	Kiboga	63.8	72.3	46.8	59.6
Dokolo	100	94.4	66.7	38.9	Kibuku	100	100	82.4	52.9
Fort Portal City	96.3	92.6	96.3	92.6	Kikuube	97	87.9	72.7	72.7
Gomba	80	76	40	60	Kiruhura	100	100	77.8	59.3
Gulu City	97.6	97.6	52.4	64.3	Kiryandongo	80.8	92.3	69.2	57.7
Gulu	91.3	100	13	39.1	Kisoro	68.1	72.3	53.2	53.2

Source: DHS2

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 19 and 20

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK19	WK20	WK19	WK20		WK19	WK20	WK19	WK20
Kitagwenda	54.2	100	45.8	41.7	Nabilatuk	100	100	83.3	50
Kitgum	97.5	95	82.5	57.5	Nakapiripirit	100	100	100	100
Koboko	84.6	69.2	65.4	61.5	Nakaseke	70	80	60	43.3
Kole	97.1	100	22.9	25.7	Nakasongola	64.3	66.7	59.5	61.9
Kotido	68.2	100	45.5	63.6	Namayingo	65.8	65.8	50	44.7
Kumi	100	100	78.6	39.3	Namisindwa	81	85.7	57.1	61.9
Kwania	94.9	94.9	28.2	76.9	Namutumba	82.9	85.7	45.7	31.4
Kween	76.9	65.4	57.7	53.8	Napak	100	100	94.4	83.3
Kyankwanzi	95.8	100	83.3	79.2	Nebbi	100	92.3	69.2	76.9
Kyegegwa	76	68	56	36	Ngora	38.5	46.2	30.8	38.5
Kyenjojo	74.5	76.5	25.5	39.2	Ntoroko	77.8	66.7	66.7	55.6
Kyotera	79	97.5	64.2	19.8	Ntungamo	70.1	67.2	31.3	38.8
Lamwo	90.3	93.5	67.7	64.5	Nwoya	100	100	93.3	100
Lira City	100	96.3	81.5	85.2	Obongi	77.8	72.2	50	38.9
Lira	100	100	100	100	Omoro	92.6	100	59.3	70.4
Luuka	74.4	69.8	74.4	46.5	Otuke	100	94.1	58.8	70.6
Luwero	73.8	75.7	56.3	50.5	Oyam	100	100	87.5	83.3
Lwengo	67.6	67.6	48.6	54.1	Pader	97.6	100	61.9	50
Lyantonde	59.6	71.2	40.4	59.6	Pakwach	42.1	89.5	31.6	73.7
Madi-Okollo	66.7	81	33.3	57.1	Pallisa	100	93.8	96.9	90.6
Manafwa	92.3	100	61.5	69.2	Rakai	60.9	69.6	41.3	56.5
Maracha	72.2	88.9	50	72.2	Rubanda	71.1	65.8	57.9	47.4
Masaka City	63.2	97.4	60.5	44.7	Rubirizi	100	95	75	40
Masaka	100	100	100	93.8	Rukiga	100	100	78.8	75.8
Masindi	100	100	98	94.1	Rukungiri	69.1	68.1	55.3	42.6
Mayuge	83.3	75	70.8	65.3	Rwampara	50	40	25	30
Mbale City	73.2	73.2	46.3	51.2	Sembabule	52.5	57.5	32.5	35
Mbale	100	100	66.7	85.2	Serere	100	86.4	90.9	81.8
Mbarara City	63.6	76.2	38.6	47.6	Sheema	60.5	55.3	47.4	50
Mbarara	84.6	88.5	65.4	76.9	Sironko	75.8	78.8	48.5	60.6
Mitooma	50	54.5	50	45.5	Soroti City	60	76	48	68
Mityana	67.1	73.7	35.5	31.6	Soroti	75	81.3	50	50
Moroto	94.7	100	68.4	78.9	Terego	86.2	75.9	62.1	34.5
Moyo	67.7	71	35.5	58.1	Tororo	80.8	87.2	51.3	61.5
Mpigi	71	74.2	53.2	51.6	Wakiso	57.8	60.2	38.1	42.2
Mubende	61.1	74.1	51.9	57.4	Yumbe	91.2	86	56.1	59.6
Mukono	52	55.9	27.5	39.2	Zombo	82.6	91.3	65.2	69.6

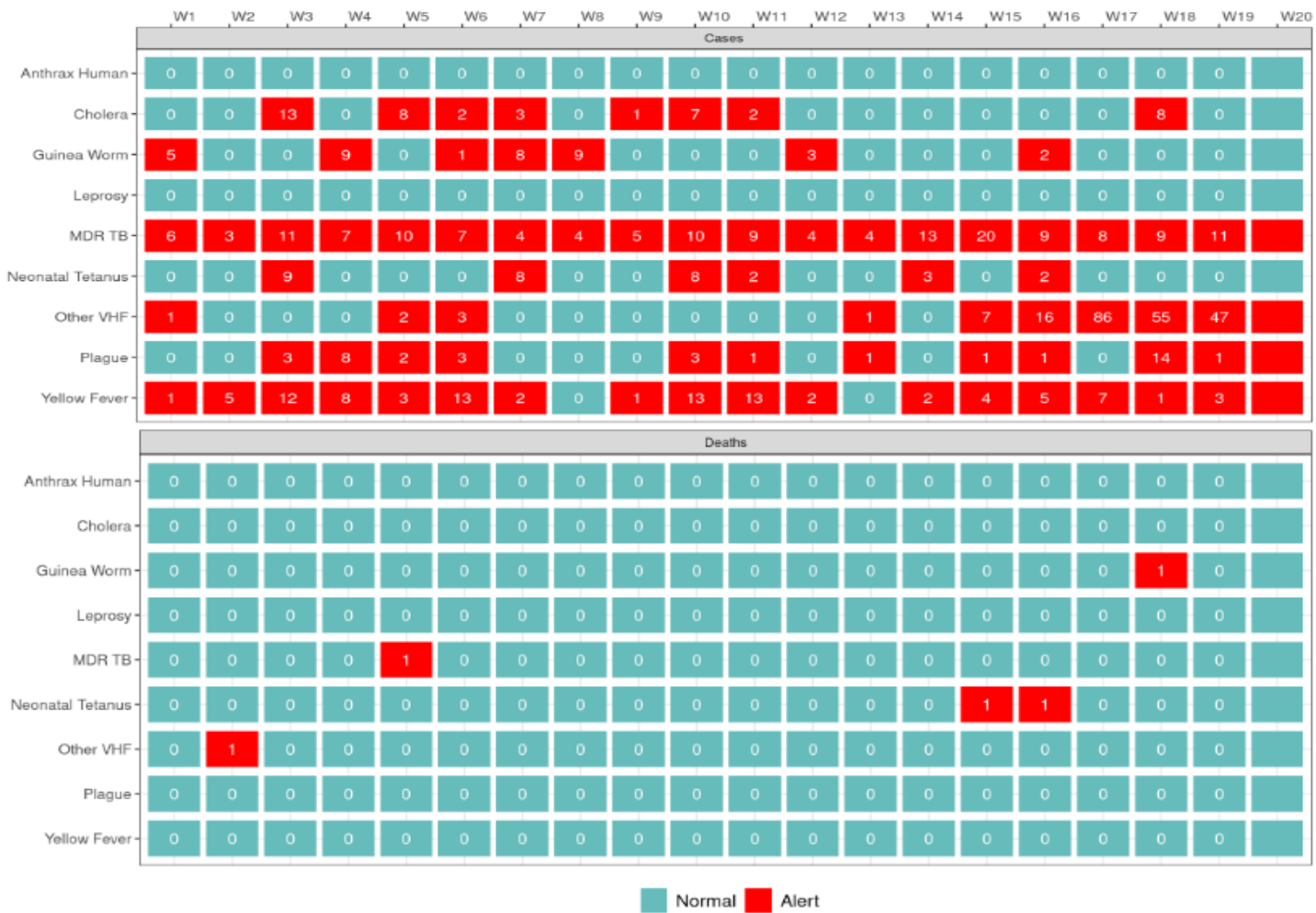
Source: DHIS2

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.

Figure 4.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk20



Source: DHIS2

DHIS2 Data

Within the reporting week 20, 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 no suspected death due to epidemic prone diseases.

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

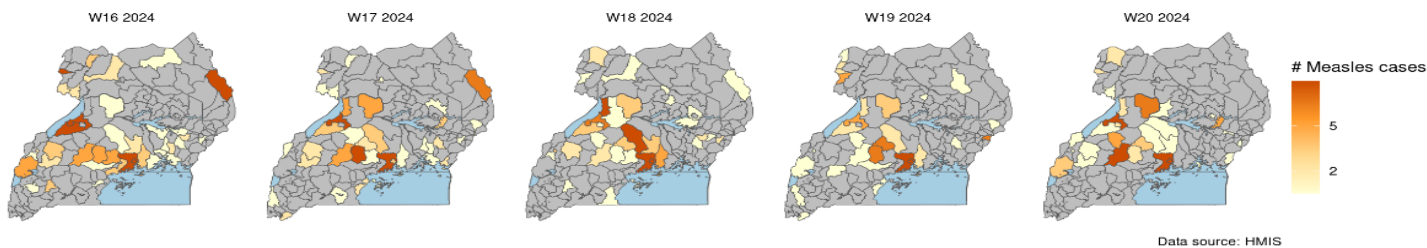


Figure 4.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

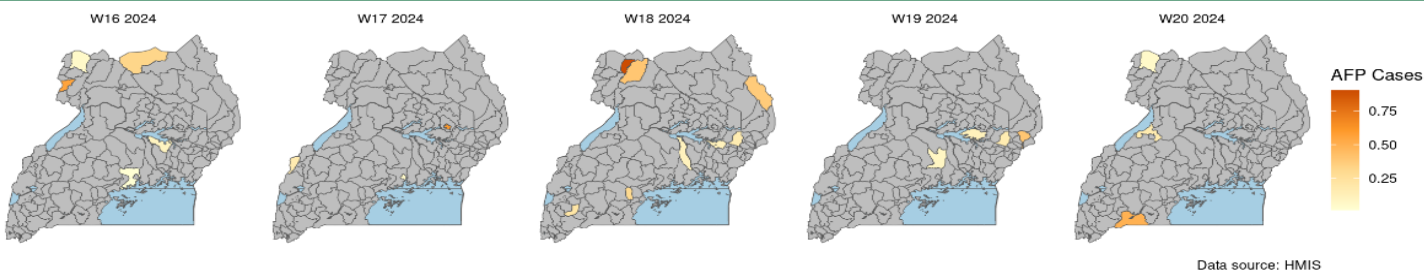


Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk20

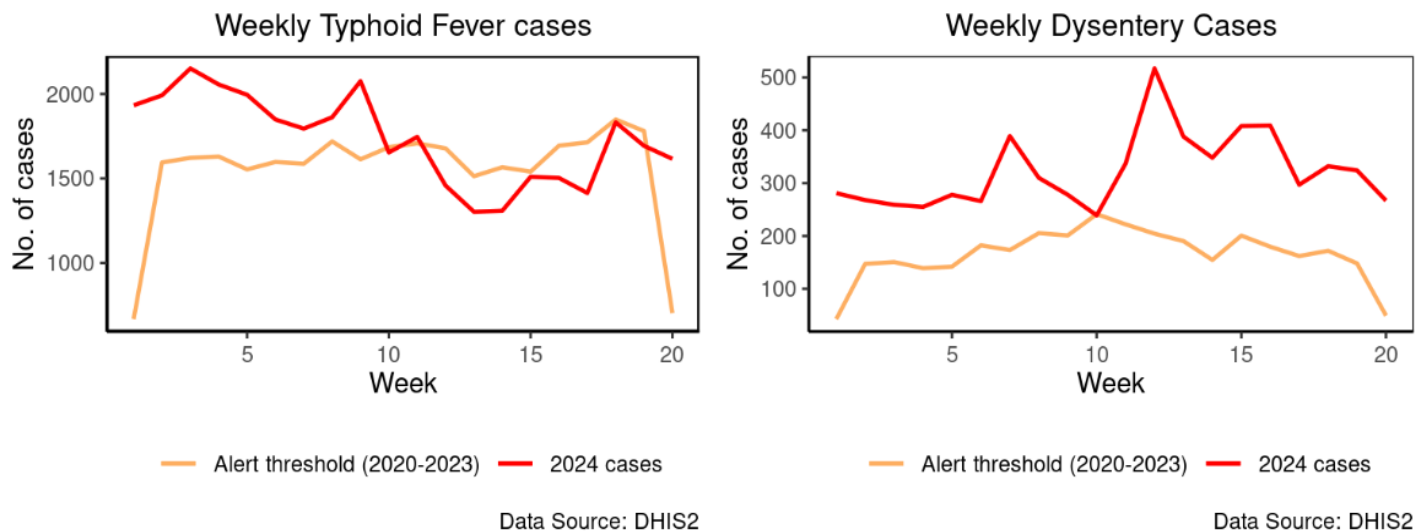


Figure 5.2 Weekly cases of diseases / conditions targeted for elimination or eradication by 2024 Wk20

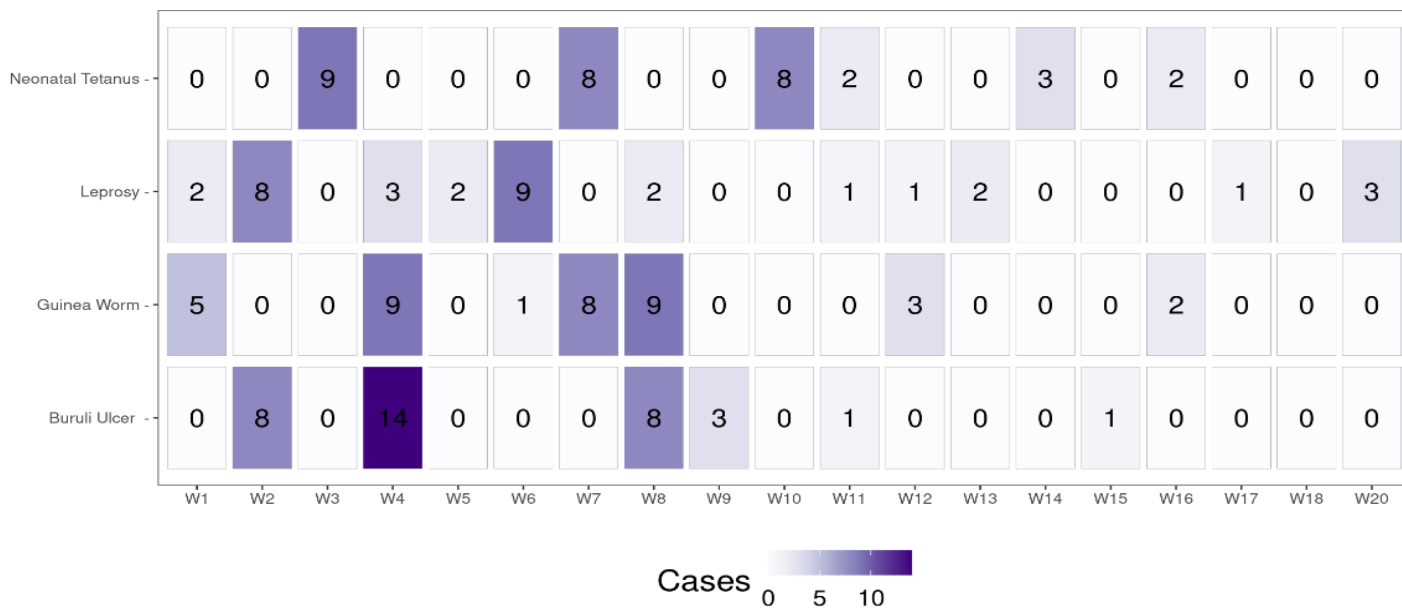
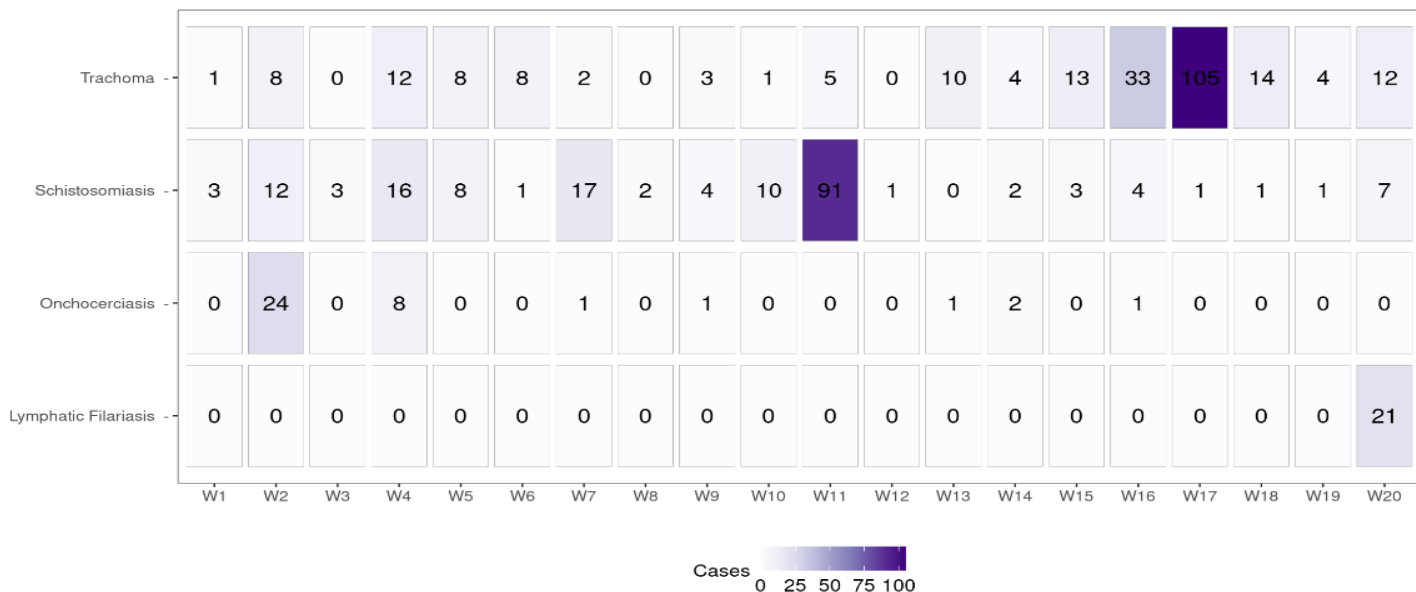
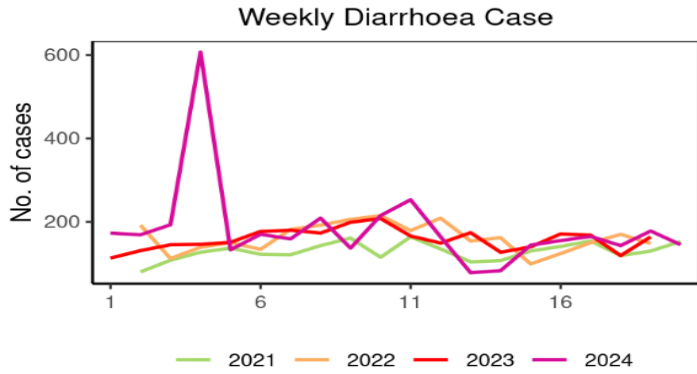
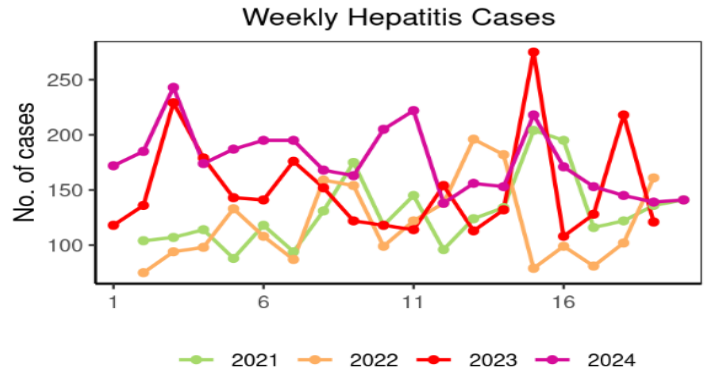


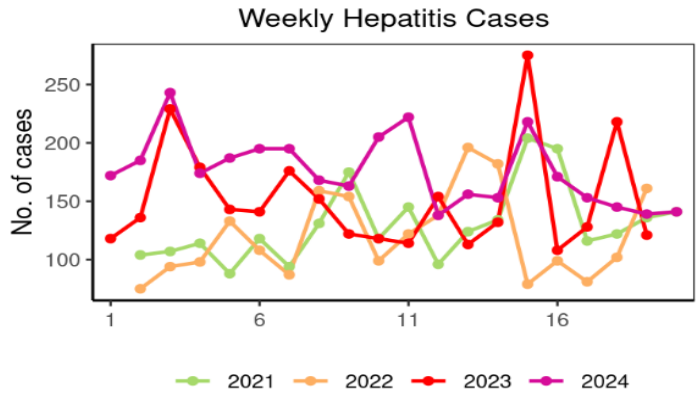
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk20



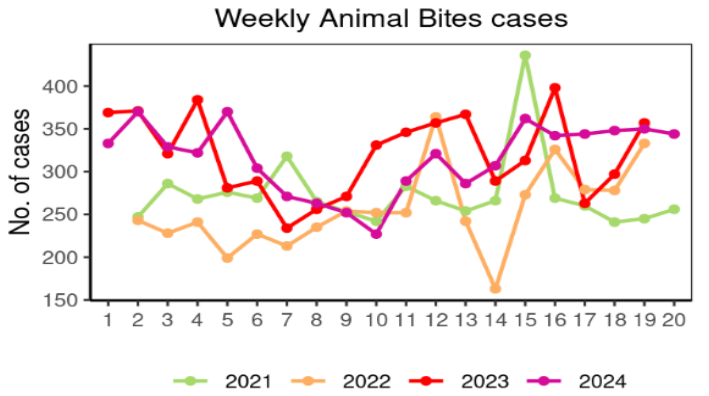
Data Source:DHIS2



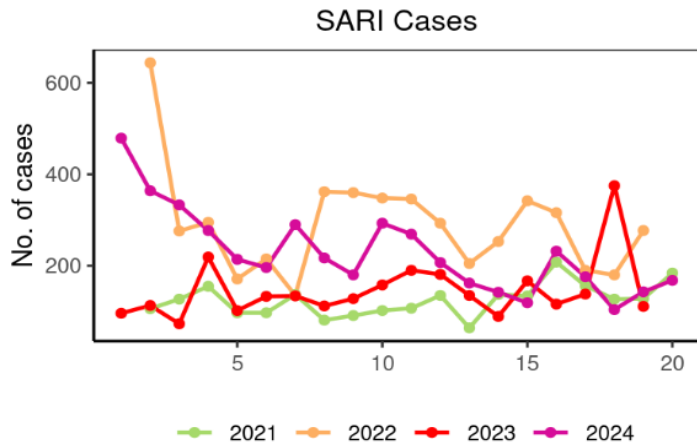
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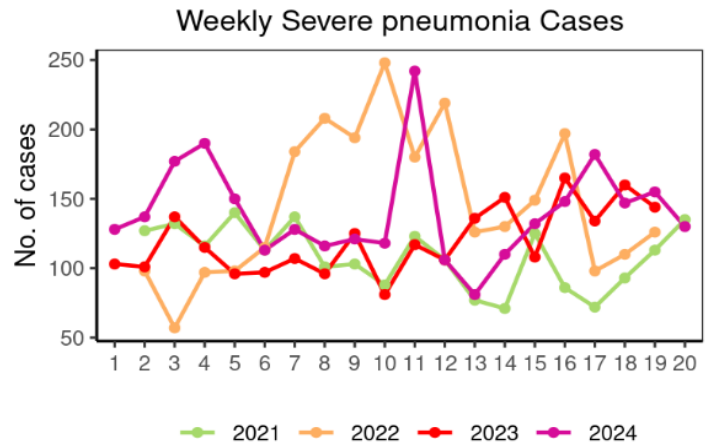
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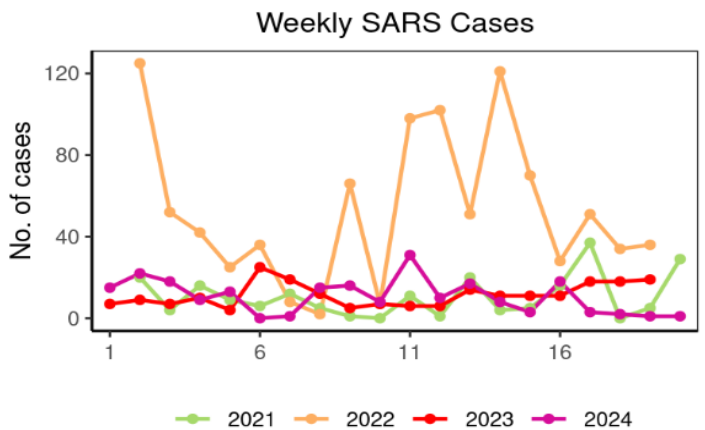
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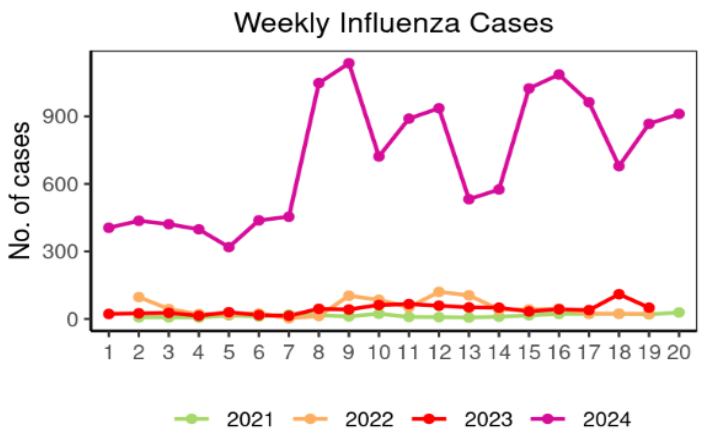
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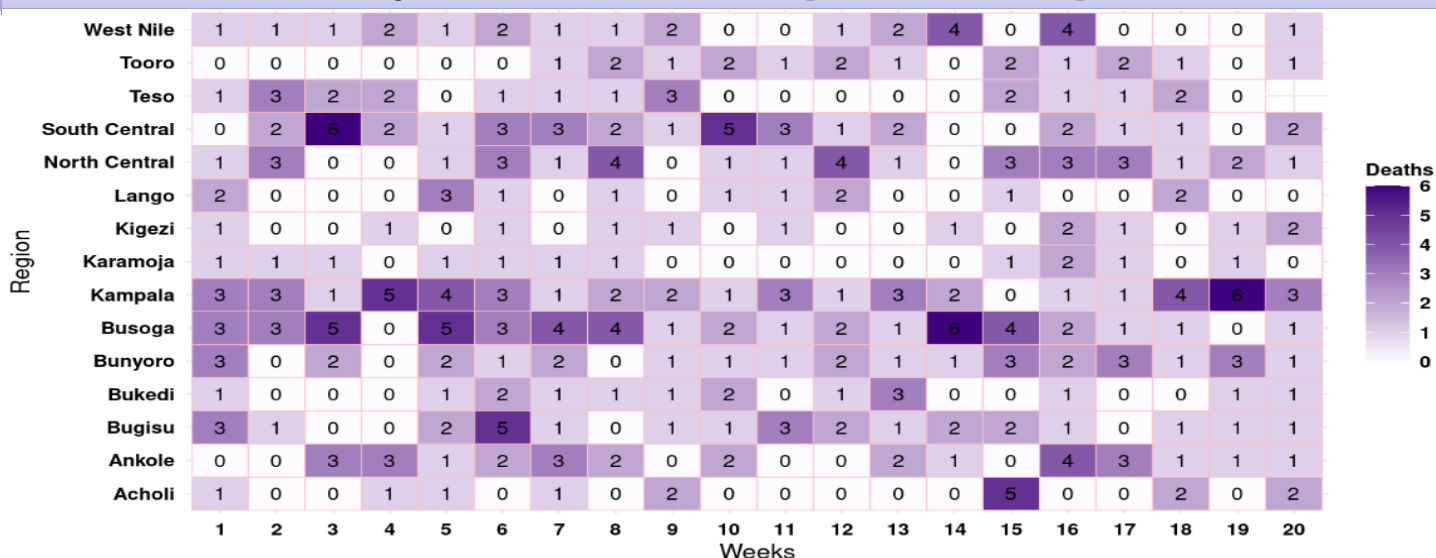


Data Source:DHIS2

Maternal Deaths Surveillance

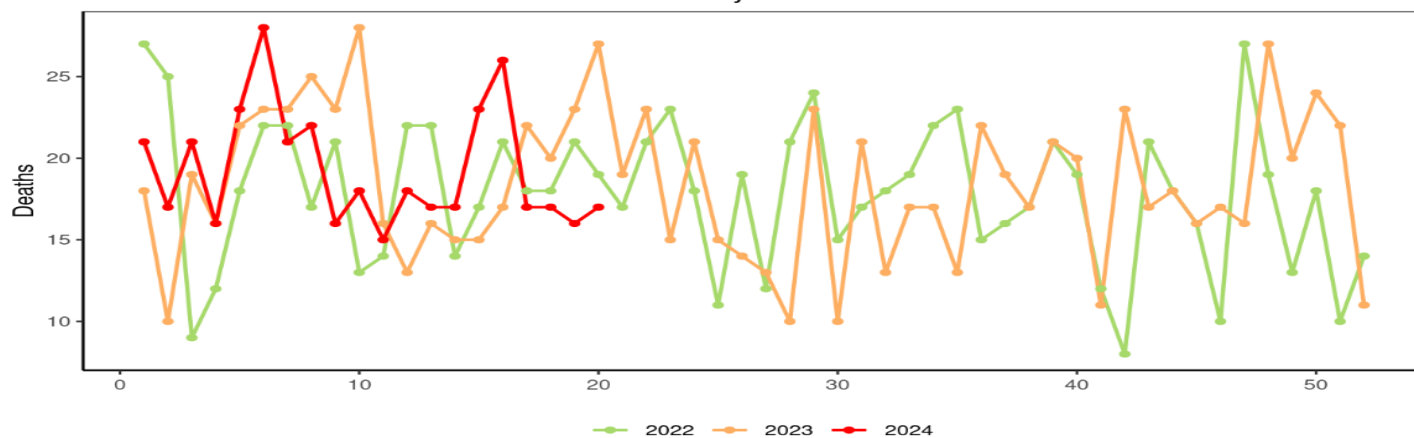
In week 20, there were 17 maternal deaths. There was an increase of 1 maternal death as compared to deaths reported in week 19

Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 20



Data source: DHIS2

Trend of weekly maternal deaths



Data Source:DHIS2

Table 7.2: Facilities reporting Maternal deaths during 2024WK20

Regions	Districts	Facility	No. of maternal deaths
North Central	Kayunga District	Kayunga Regional Referral Hospital	1
South Central	Wakiso District	Entebbe Regional Referral Hospital	1
West Nile	Yumbe District	Yumbe Regional Referral Hospital	1
Bugisu	Mbale District	Bushikori Health Centre III	1
South Central	Masaka City	Masaka Regional Referral Hospital	1
Acholi	Gulu City	Gulu Regional Referral Hospital	1
Kampala	Kampala District	Kawempe National Referral Hospital	3
Bunyoro	Hoima City	Hoima Regional Referral Hospital	1
Tooro	Ntoroko District	Karugutu Health Centre IV	1
Kigezi	Kanungu District	Kambuga General Hospital	2
Acholi	Pader District	Pajule Health Centre IV	1
Bukedi	Busia District	Masafu General Hospital	1
Ankole	Ntungamo District	Itojo General Hospital	1
Busoga	Bugiri District	Nankoma Health Centre IV	1

Perinatal Deaths Surveillance

In week 20, there were 288 perinatal deaths. There was an increase of 11 deaths from the 277 deaths reported in week 19. Note that Teso region did not report perinatal deaths in week 20.

Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 20

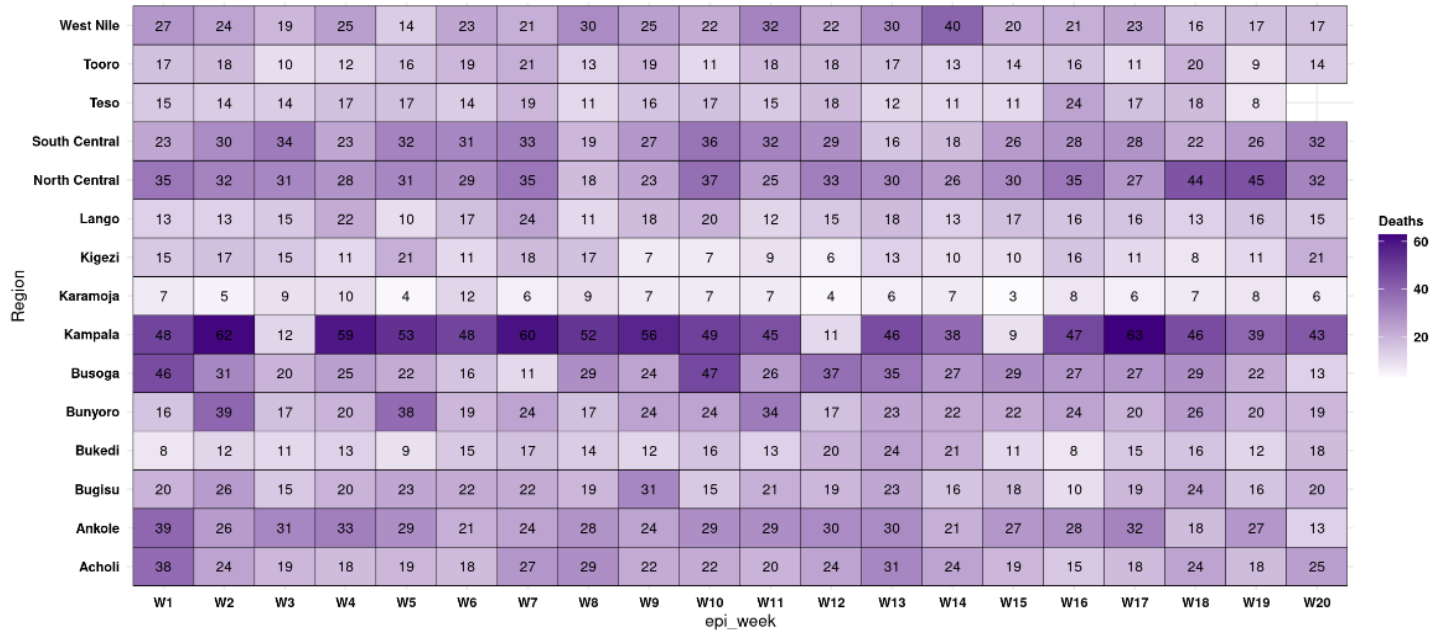


Figure 8.2: Forms of Perinatal deaths Reported during 2024WK20

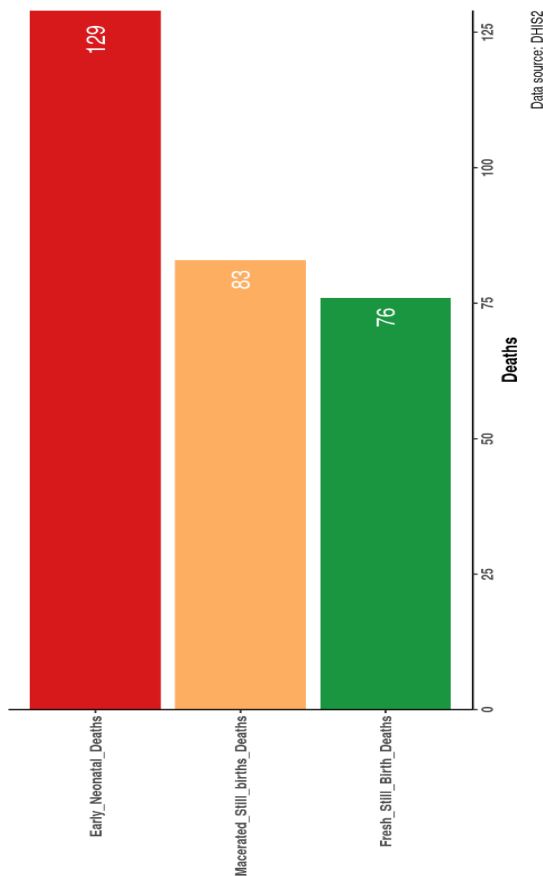
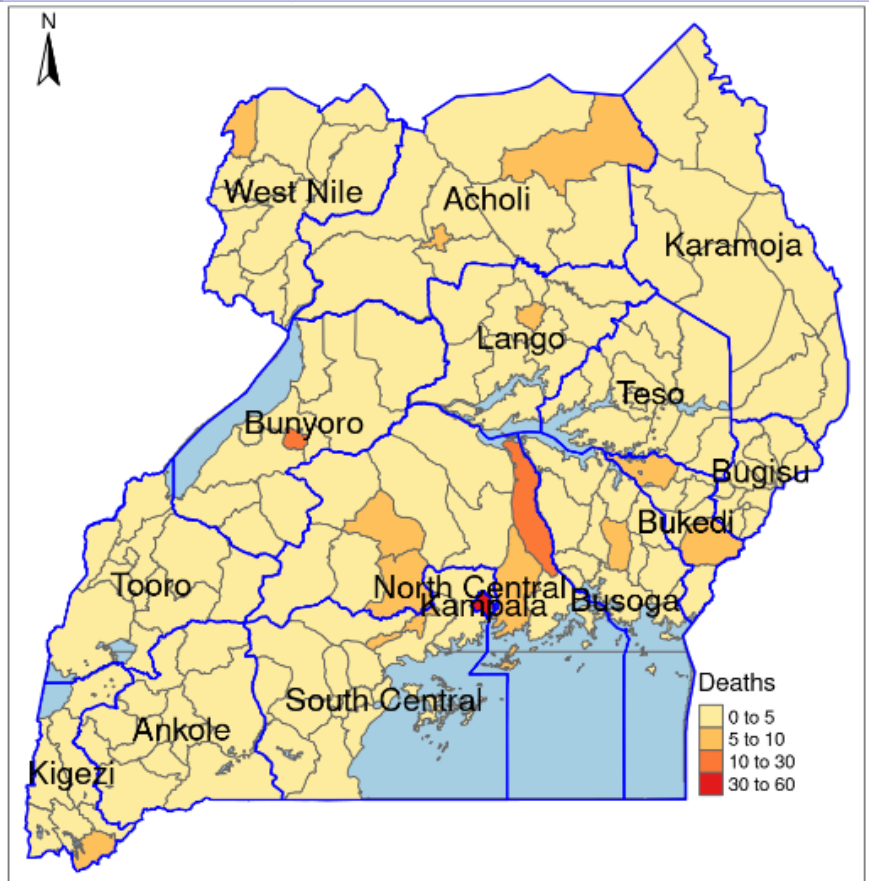


Figure 8.3: Perinatal deaths Reported during 2024WK20 by district



Influenza Surveillance

Table 9.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week20

Health Facility	Type of case	# of Specimens Tested (PCR)	# H3N2	# H1N1	# COVID-19
Mulago NRH	SARI	02	01	00	00
	ILI	08	01	01	00
Jinja RRH	SARI	02	00	00	00
	ILI	09	00	01	00
Gulu RRH	SARI	02	00	00	00
	ILI	08	00	00	01
Totals		31	02	02	01

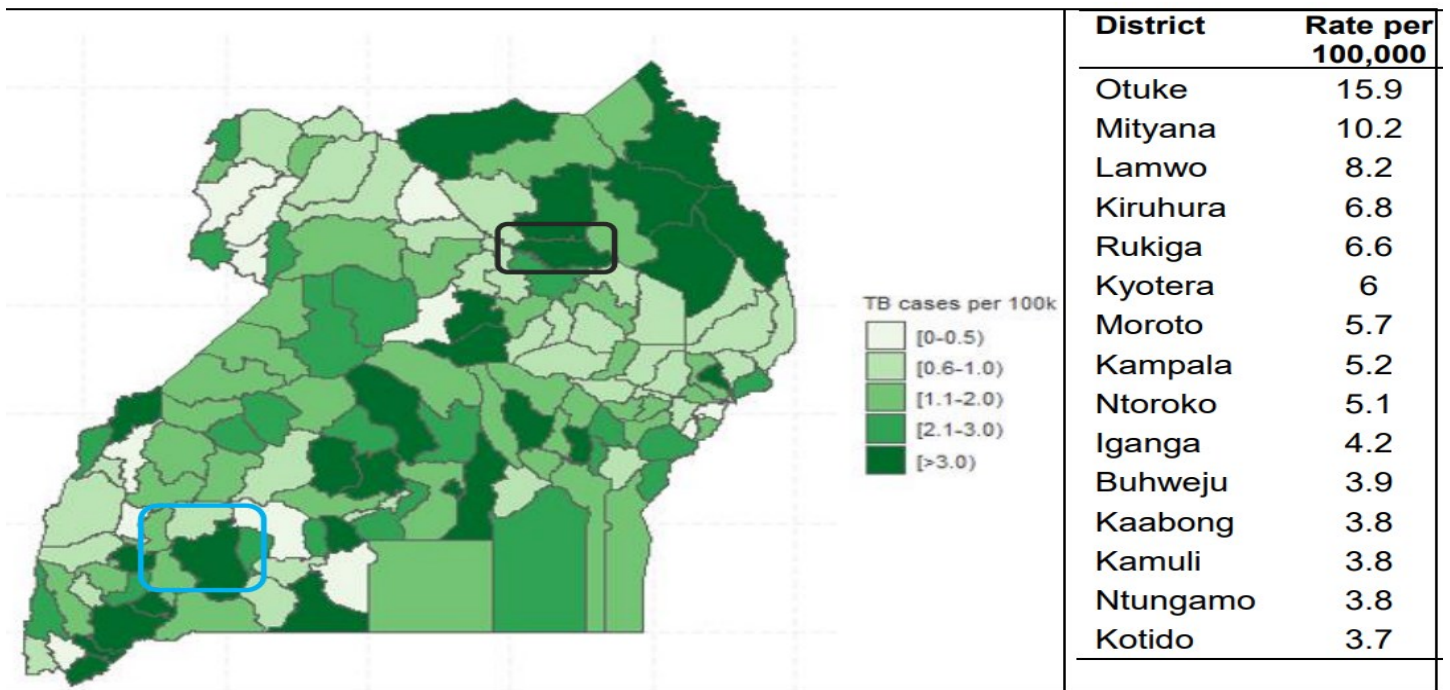
During week 20, thirty-one samples were collected from Mulago NRH (n=10), Gulu RRH (n=10), and Jinja RRH (n=11). These were analyzed using PCR methods for Flu A, Flu B, and SARS-CoV-2 at the MUWRP-EIDP lab at UVRI Entebbe. Four samples (12.90%) were positive for Flu A. One sample (3.23%) was positive for SARS-CoV-2 (Table 9.1). All samples were negative for Flu B. Further, 36 samples collected during week 19 were analyzed for ten other viral causes of ILI/SARI. Human metapneumoviruses (hMPV) and Adenoviruses (ADV) were the most prevalent non influenza viral causes of ILI/SARI circulating at 19.4% and 16.67% respectively (Table 9.2). Overall, Human metapneumoviruses and adenoviruses continue to be the most prevalent causes of influenza like illnesses during the epidemiological week. That said, flu and SARS-CoV-2 continue to linger.

Table 9.2: Results of Analysis for Other Viral Pathogens 2024Week20

Health Facility	Total Samples Tested	# ADV Positive	# hMPV Positive
Kiruddu NRH	10	00	00
Gulu RRH	10	04	00
Jinja RRH	09	00	01
Mulago NRH	07	02	06
Total	36	06	07

Tuberculosis Status Update

Figure 11.1: Tuberculosis burden during 2024 EpiWeek 19



Source: National Influenza Center

Figure 11.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2022 to Wk19 2024

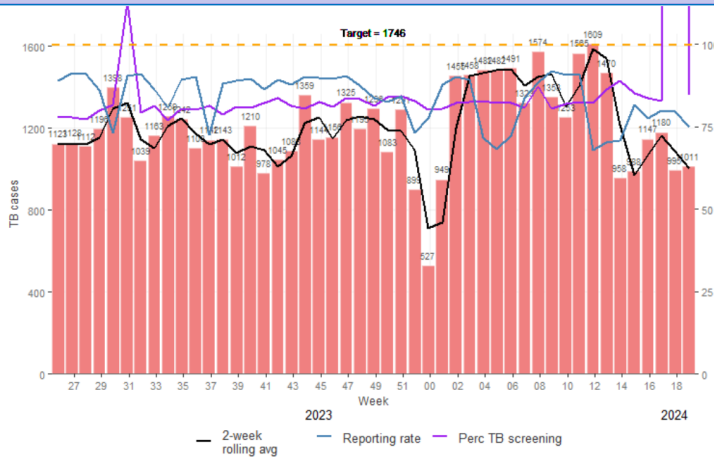


Figure 11.3: National weekly trends in New Relapse TB diagnosed by Wk19, 2024

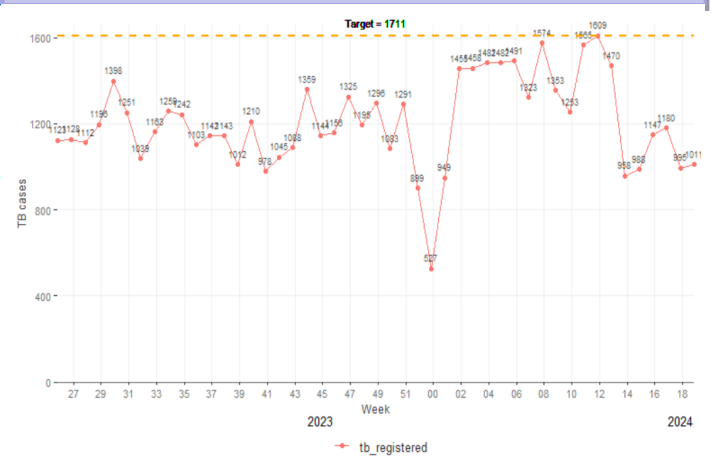
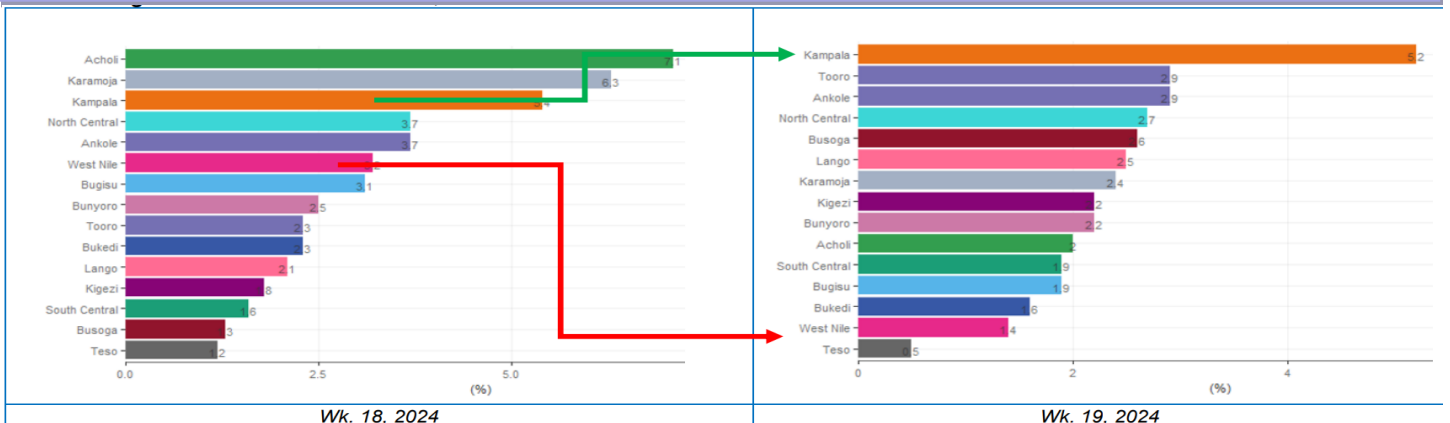


Figure 11.4: Comparison of TB burden by Health Regions between Epi Weeks 18– 19, 2024



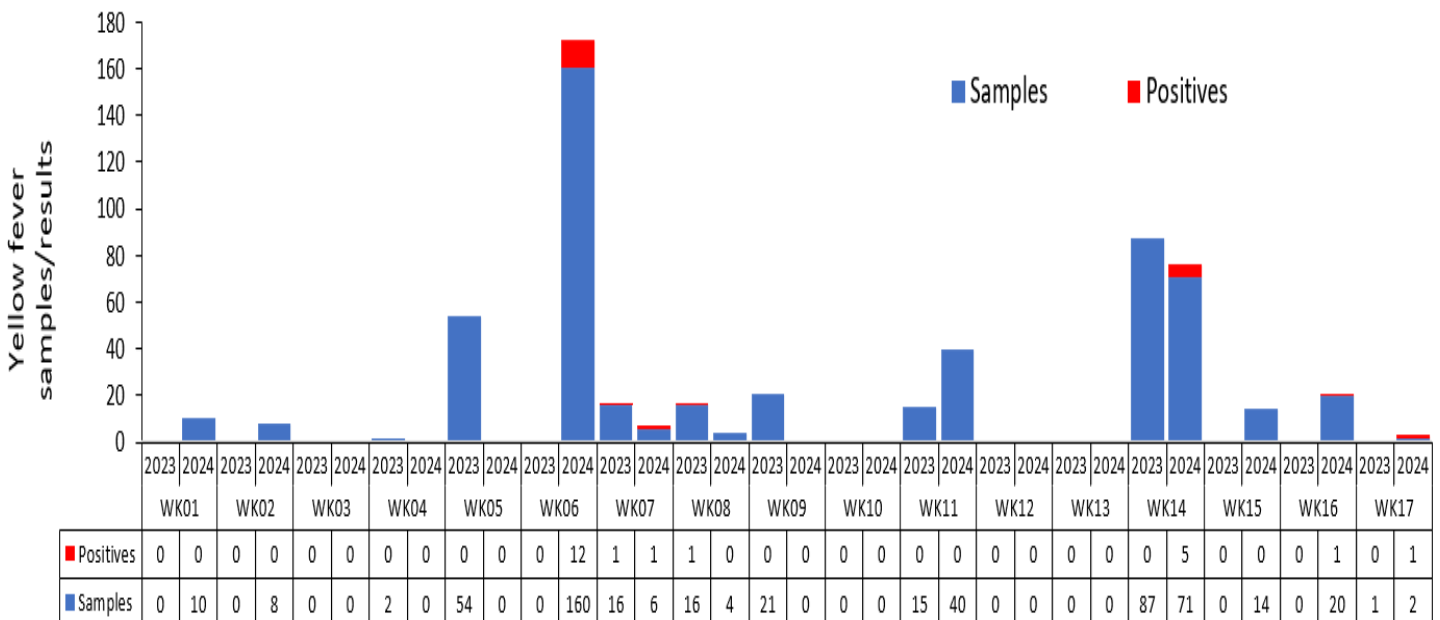
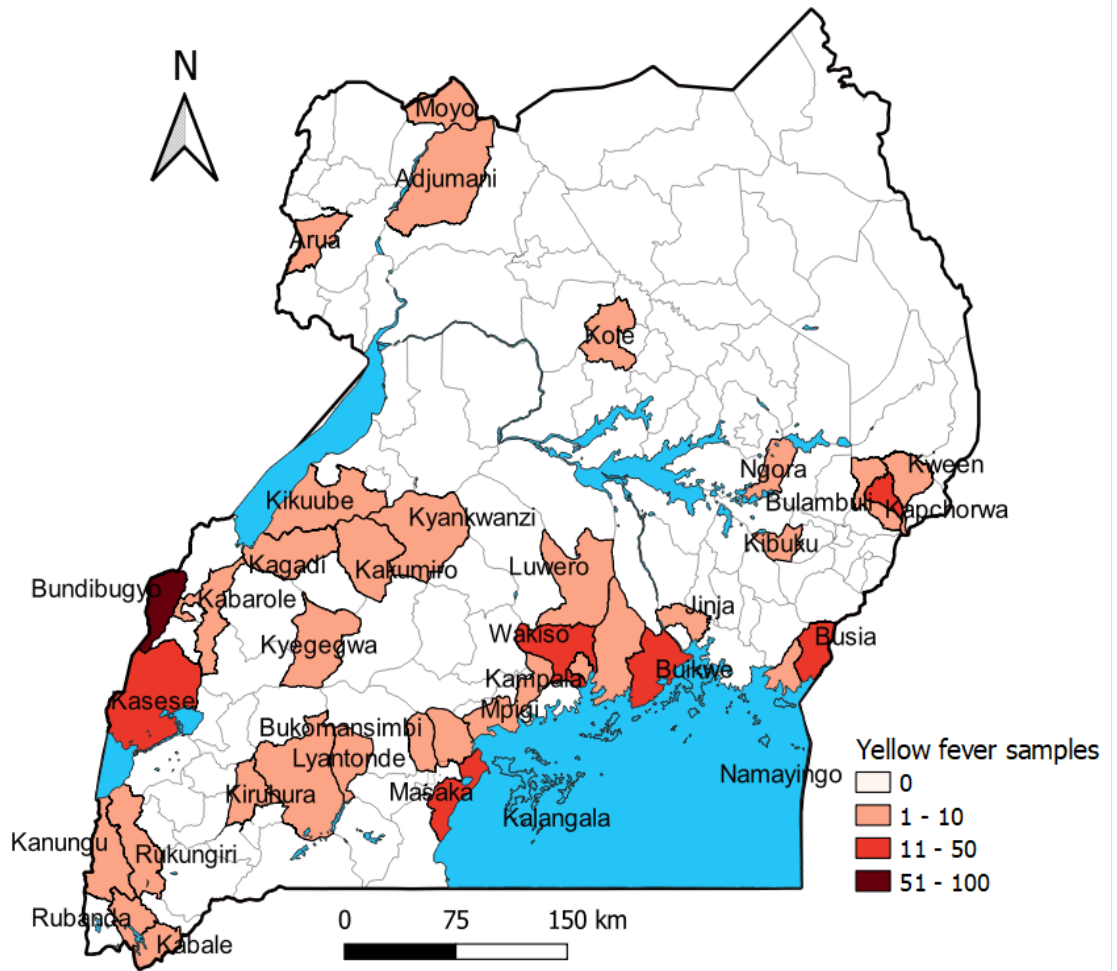
Yellow Fever Virus (YFV) Surveillance

Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-20

During 2024 WK20, zero yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 336 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-20 2024). Most of these districts are within the regions of Western, Eastern and Central regions.

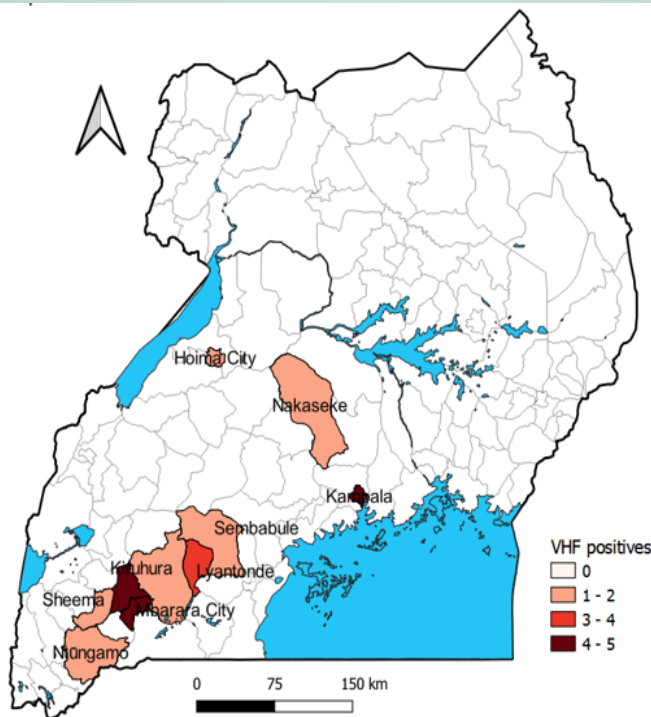
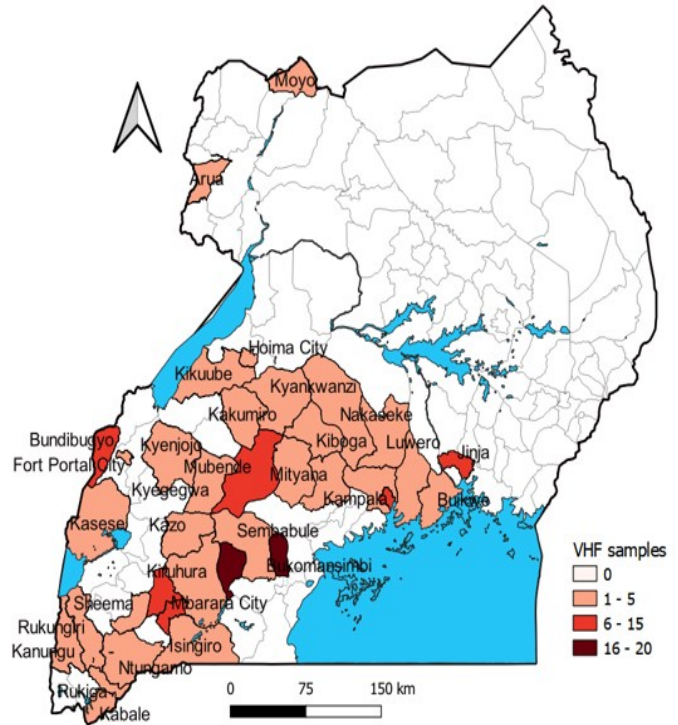
The figure below shows the cumulative number of YFV suspected samples submitted within the same period



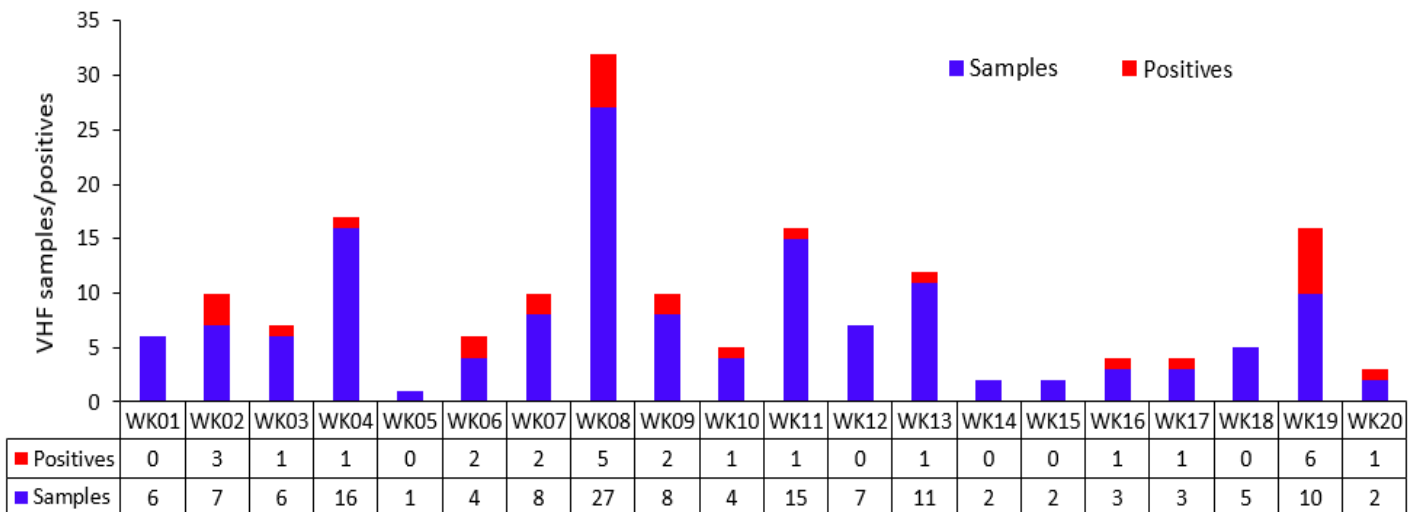
Viral Hemorrhagic Fevers Surveillance

Figure 13.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-20

Between 2024 WK01-20, a total of 147 VHF suspected samples were collected: 131 from alive and 16 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.



Eighteen samples tested positive for RVF and majority of them (10) were from Mbarara District and City. Ten samples tested positive for CCHF of which 3 were from Lyantonde, 3 from Kampala, 1 from Mbarara, 1 from Hoima and 2 from Kiruhura (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 15.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week20

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)
1	Mpondwe	70,703	1,209
2	Elegu	19,343	9,181
3	Entebbe Airport	15,798	15,047
4	Bunagana	9,861	4,953
5	Malaba	6,406	-
6	Cyanika	6,344	6,403
7	Busia	5,019	-
8	Busunga	4,253	4,137
9	Mutukula	3,333	2,218
10	Mirama Hills	2,304	1,930
11	Kokwochaya	2,123	1,170
12	Vurra	1,391	1,019
13	Goli	1,278	1,404
14	Alakas	954	579
15	Ntoroko Main	820	893
16	Ishasha	705	275
17	Arua Airport	620	215
18	Odramacaku	535	165
19	Kyeshero	495	159
20	Transami	463	325
21	Katwe	267	-

During 2024 EpiWeek 20 a total of 154,103 incoming, and 52,367 exiting travelers at 30 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Elegu, Entebbe Airport and Bunagana (Table 15.1). Presumptive Tuberculosis was identified among 30 travelers, 24 of them were tested, two were confirmed with TB and linked to care. (Table 15.2).

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)
22	Kayanzi	238	238
23	Aweno Olwiyo	203	144
24	Sebagoro	153	26
25	Ndaiga	146	151
26	Hima Cement	111	346
27	Suam	100	76
28	Madi-Opei	70	42
29	Tonya	36	-
30	Wanseko	31	62
	Total	154,103	52,367

Source: IOM, eIDSR

Table 15.2: Tuberculosis screening among travelers during 2024Epi Week20

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Alakas	04	04	00	00
2	Busia	19	13	02	02
3	Kokwochaya	06	06	00	00
4	Mpondwe	01	01	00	00
	Total	30	24	02	02

Event Based Surveillance (EBS)

Table 16.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK20

Region	Total Signals Received	Signals Verified	Signals Dis-carded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	03	03	00	01	00	02	00
Bukedi	12	08	04	12	00	00	00
Busoga	02	01	01	02	00	00	00
Kampala	41	38	03	40	00	00	01
N. Central	01	01	00	01	00	00	00
S. Central	04	01	03	04	00	00	00
Tooro	04	02	02	04	00	00	00
W. Nile	16	13	03	16	00	00	00
Total	83	67	16	80	00	02	01

A total of 83 signals were received within the reporting week, of which 81% (67) were verified as events. Almost all of the signals received 80 (96%) were from the human sector, 2 (3%) from natural disasters, and 1 (1%) from the artificial disasters (Table 16.1). The silent regions during the week were Acholi, Ankole, Bunyoro, Karamoja, Kigezi, Lango, and Teso.

The most notable signals received during the week were suspect of red eyes (conjunctivitis) in communities and schools of Kampala and West Nile (Table 16.2, Figure 1), and the scabies in Namisindwa District. The most notable signals received during the week were of suspect red eyes (conjunctivitis) in communities and schools of West Nile and Kampala Metropolitan Area and the flooding in areas of Mbale City and Mbale District in eastern Uganda. The signals received during the week were red eyes (conjunctivitis), measles/rubella, animal bites, AFP, Covid-19, hepatitis, cholera and dysentery (Table 16.2, Figure 16.2). The other infectious diseases included chicken pox, flue, cough, and diarrheas.

Table 16.2 : Regional-based suspected conditions reported within signals received and triaged via the 6767 line during 2024WK20

Region	Red eyes	Measles/ Rubella	AFP	Dysentery	TB	Animal Bites	Others
Bugisu	00	00	00	00	00	00	03
Bukedi	06	00	00	00	00	00	00
Busoga	01	00	01	00	00	00	00
Kampala	35	02	00	00	00	00	01
N. Central	00	01	00	00	00	00	00
S. Central	00	00	00	00	00	00	00
Tooro	02	00	00	00	00	00	00
W. Nile	04	03	03	02	01	01	00
Total	48	06	04	02	01	01	04

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 17.1: Active PHEs in Uganda during 2024WK20

Activation Date	Location	PHE	Total Cases (suspects, probable)	Confirmed Cases	Human Deaths
18-Feb-24	Sixteen health Regions	Conjunctivitis	24,483	-	00
14-Dec-19	Seven Health Regions	Tuberculosis			
05-Mar-24	Kakumiro	Measles	76	06	02
14-May-24	Kiboga	Measles	25	03	01
08-May-24	Kagadi	Measles	05	03	00
08-Feb-24	Bukomansimbi	Black Water Fever	115	-	13
27-Mar-24	Sheema	Rift Valley Fever	02	02	00
01-Mar-24	Mbarara	Rift Valley Fever	11	06	01
23-Feb-24	Ntungamo	Rift Valley Fever	05	04	01
24-Apr-24	Kiruhura	Crimean Congo Hemorrhaging Fever	11	04	03
05-May-24	Kyotera	Cholera	57	15	04

Uganda's PHEOCs are currently activated for an outbreak of Red Eyes in 130 prisons located within all 16 health regions plus communities; Measles in Kakumiro, Kiboga and Kagadi districts; Tuberculosis upsurge in seven health districts; Complicated Malaria / Black Water Fever in Bukomansimbi district; Rift Valley Fever in Ntungamo, Mbarara and Sheema districts, CCHF in Kiruhura district and Cholera at the Ka-

sensero lake shores of Kyotera district.

Within Uganda's neighborhood, three countries are responding to incidents of flooding, Poliomyelitis (cVDPV1 and 2), measles and Cholera. Other incidents include plague, anthrax and Monkey Pox in the DRC, RVF in Kenya, among others.

Table 17.2: Active PHEs around Uganda during 2024WK20

Country	PHE	Grading	Start Date	Total Cases	Confirmed Cases	Deaths	CFR
Kenya	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%
	Yellow fever	Ungraded	24/12/2023	120	03	06	5.00%
Tanzania	Flood	Grade 2	24/04/2024	-	-	-	0.00%
	Cholera	Grade 3	03/10/2023	2,549	2549	46	1.80%
Rwanda							
Democratic Republic of Congo	Poliomyelitis (cVDPV2)	Grade 2	26/02/2021	118	118	00	0.00%
	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%	