



# MINISTRY OF HEALTH

## THE WEEKLY EPIDEMIOLOGICAL BULLETIN

### WEEK 21: 20<sup>th</sup> – 26<sup>th</sup> 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:*

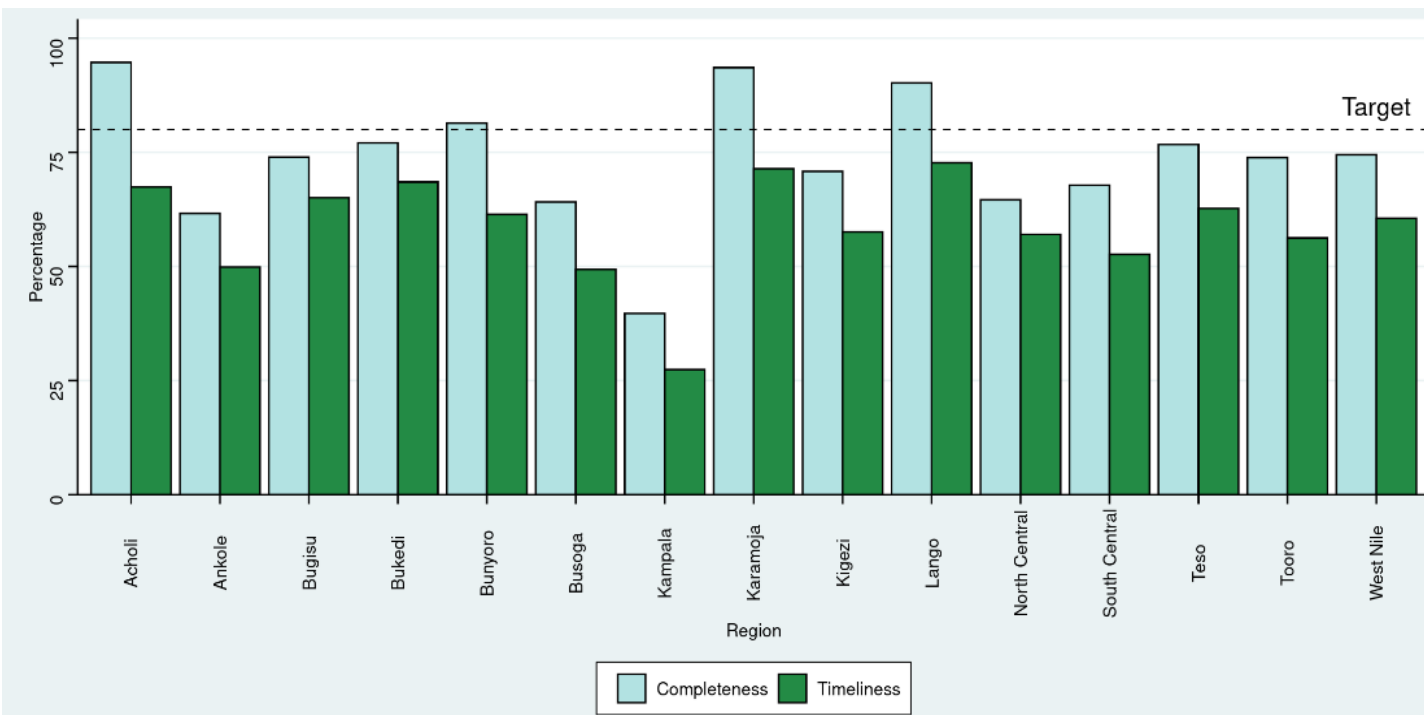
**Dr. Allan Muruta,**

**Commissioner, Integrated Epidemiology, Surveillance and Public Health Emergencies - MoH;**

**P.O BOX 7272 Kampala, Tel: 080010066 (toll free); Email: [esd@health.go.ug](mailto:esd@health.go.ug) or [esduganda22@gmail.com](mailto:esduganda22@gmail.com)**

## 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 21 save for Acholi, Bunyoro, 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 20 and 21

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK20	WK21	WK20	WK21		WK20	WK21	WK20	WK21
Abim	66.7	100	42.9	47.6	Hoima City	76.2	85.7	52.4	71.4
Adjumani	60.8	43.1	39.2	37.3	Hoima	89.5	94.7	63.2	63.2
Agago	100	100	53.5	69.8	Ibanda	76.6	63.8	55.3	61.7
Alebtong	85	85	70	65	Iganga	60.9	56.5	37	39.1
Amolatar	87.5	93.8	87.5	93.8	Isingiro	100	89.3	53.3	36
Amudat	100	100	92.3	100	Jinja City	71.2	71.2	54.2	61
Amuria	100	92.3	80.8	76.9	Jinja	69	69	54.8	54.8
Amuru	90.6	87.5	46.9	78.1	Kaabong	81.5	100	70.4	66.7
Apac	64.9	59.5	54.1	45.9	Kabale	98.2	91.2	64.9	52.6
Arua City	57.1	54.3	40	40	Kabarole	90.6	100	78.1	75
Arua	100	100	36.4	63.6	Kaberamaido	100	100	44.4	38.9
Budaka	70.6	76.5	35.3	70.6	Kagadi	90.6	59.4	50	50
Bududa	100	100	62.5	81.3	Kakumiro	94.3	65.7	40	48.6
Bugiri	76.4	63.6	38.2	30.9	Kalaki	75	75	41.7	75
Bugweri	66.7	96.7	66.7	96.7	Kalangala	100	100	50	29.2
Buhweju	40	30	15	25	Kaliro	59.3	63	25.9	14.8
Buikwe	47.8	40.6	33.3	34.8	Kalungu	74.3	71.4	42.9	57.1
Bukedea	70	70	70	65	Kampala	45.3	44.1	19.2	27.3
Bukomansimbi	66.7	66.7	44.4	44.4	Kamuli	59.4	49.3	23.2	39.1
Bukwo	54.5	50	45.5	40.9	Kamwenge	55.6	47.2	38.9	36.1
Bulambuli	76	64	52	52	Kanungu	83.9	85.7	53.6	58.9
Buliisa	62.5	75	25	50	Kapchorwa	81.5	77.8	81.5	74.1
Bundibugyo	87.1	87.1	67.7	83.9	Kapelebyong	71.4	71.4	71.4	71.4
Bunyangabu	94.1	100	82.4	73.5	Karenga	100	100	20	0
Bushenyi	63	60.9	52.2	58.7	Kasese	53.5	54.9	36.6	40.8
Busia	76.5	58.8	73.5	41.2	Kassanda	68.4	57.9	55.3	52.6
Butaleja	96	84	80	80	Katakwi	85.2	92.6	66.7	59.3
Butambala	54.2	41.7	50	41.7	Kayunga	67.5	57.5	40	32.5
Butebo	100	100	63.6	72.7	Kazo	56.3	59.4	40.6	53.1
Buyuma	100	100	100	100	Kibaale	47.1	100	26.5	41.2
Buyende	77.8	63	59.3	40.7	Kiboga	72.3	76.6	59.6	61.7
Dokolo	94.4	100	38.9	50	Kibuku	100	100	52.9	47.1
Fort Portal City	92.6	96.3	92.6	33.3	Kikuube	87.9	93.9	72.7	66.7
Gomba	76	88	60	68	Kiruhura	100	92.6	59.3	66.7
Gulu City	97.6	97.6	64.3	59.5	Kiryandongo	92.3	80.8	57.7	61.5
Gulu	100	100	39.1	17.4	Kisoro	72.3	53.2	53.2	53.2

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 19 and 20

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK20	WK21	WK20	WK21		WK20	WK21	WK20	WK21
Kitagwenda	100	95.8	41.7	37.5	Nabilatuk	100	100	50	83.3
Kitgum	95	100	57.5	70	Nakapiripirit	100	100	100	100
Koboko	69.2	76.9	61.5	57.7	Nakaseke	80	66.7	43.3	53.3
Kole	100	100	25.7	54.3	Nakasongola	66.7	57.1	61.9	52.4
Kotido	100	100	63.6	77.3	Namayingo	65.8	71.1	44.7	55.3
Kumi	100	92.9	39.3	71.4	Namisindwa	85.7	85.7	61.9	57.1
Kwania	94.9	97.4	76.9	97.4	Namutumba	85.7	60	31.4	31.4
Kween	65.4	65.4	53.8	57.7	Napak	100	94.4	83.3	88.9
Kyankwanzi	100	95.8	79.2	91.7	Nebbi	92.3	84.6	76.9	73.1
Kyegegwa	68	92	36	64	Ngora	46.2	30.8	38.5	15.4
Kyenjojo	76.5	84.3	39.2	58.8	Ntoroko	66.7	66.7	55.6	55.6
Kyotera	97.5	96.3	19.8	87.7	Ntungamo	67.2	65.7	38.8	40.3
Lamwo	93.5	90.3	64.5	80.6	Nwoya	100	100	100	100
Lira City	96.3	100	85.2	96.3	Obongi	72.2	83.3	38.9	55.6
Lira	100	100	100	100	Omoro	100	96.3	70.4	74.1
Luuka	69.8	67.4	46.5	67.4	Otuke	94.1	82.4	70.6	76.5
Luwero	75.7	72.8	50.5	53.4	Oyam	100	100	83.3	47.9
Lwengo	67.6	51.4	54.1	40.5	Pader	100	100	50	57.1
Lyantonde	71.2	50	59.6	46.2	Pakwach	89.5	94.7	73.7	89.5
Madi-Okollo	81	61.9	57.1	61.9	Pallisa	93.8	100	90.6	100
Manafwa	100	92.3	69.2	61.5	Rakai	69.6	52.2	56.5	52.2
Maracha	88.9	94.4	72.2	66.7	Rubanda	65.8	50	47.4	44.7
Masaka City	97.4	97.4	44.7	44.7	Rubirizi	95	90	40	75
Masaka	100	100	93.8	100	Rukiga	100	100	75.8	84.8
Masindi	100	100	94.1	100	Rukungiri	68.1	62.8	42.6	51.1
Mayuge	75	77.8	65.3	61.1	Rwampara	40	45	30	40
Mbale City	73.2	75.6	51.2	68.3	Sembabule	57.5	35	35	25
Mbale	100	100	85.2	100	Serere	86.4	100	81.8	81.8
Mbarara City	76.2	61.9	47.6	35.7	Sheema	55.3	52.6	50	42.1
Mbarara	88.5	61.5	76.9	61.5	Sironko	78.8	66.7	60.6	57.6
Mitooma	54.5	54.5	45.5	50	Soroti City	76	60	68	56
Mityana	73.7	57.9	31.6	46.1	Soroti	81.3	81.3	50	75
Moroto	100	100	78.9	78.9	Terego	75.9	65.5	34.5	55.2
Moyo	71	64.5	58.1	58.1	Tororo	87.2	78.2	61.5	67.9
Mpigi	74.2	71	51.6	48.4	Wakiso	60.2	56.4	42.2	46
Mubende	74.1	59.3	57.4	59.3	Yumbe	86	100	59.6	54.4
Mukono	55.9	52	39.2	45.1	Zombo	91.3	73.9	69.6	65.2

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 Wk21**



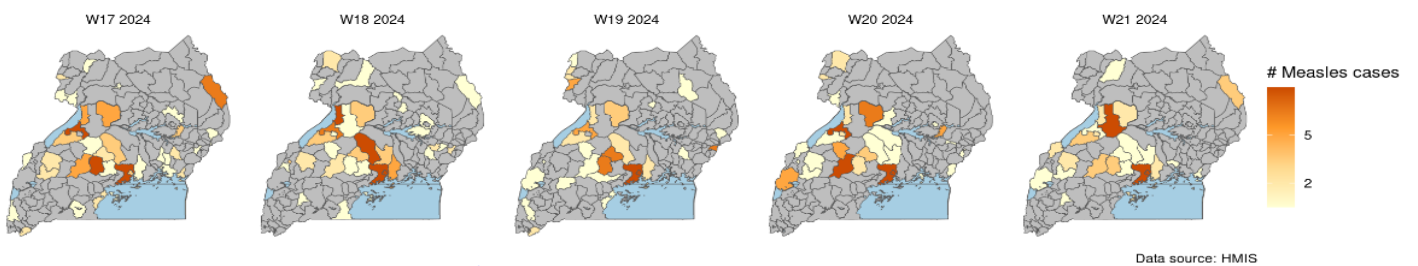
Key: VHF = Viral Hemorrhagic Fever; mDR TB = Multi-drug Resistant Tuberculosis

Normal Alert

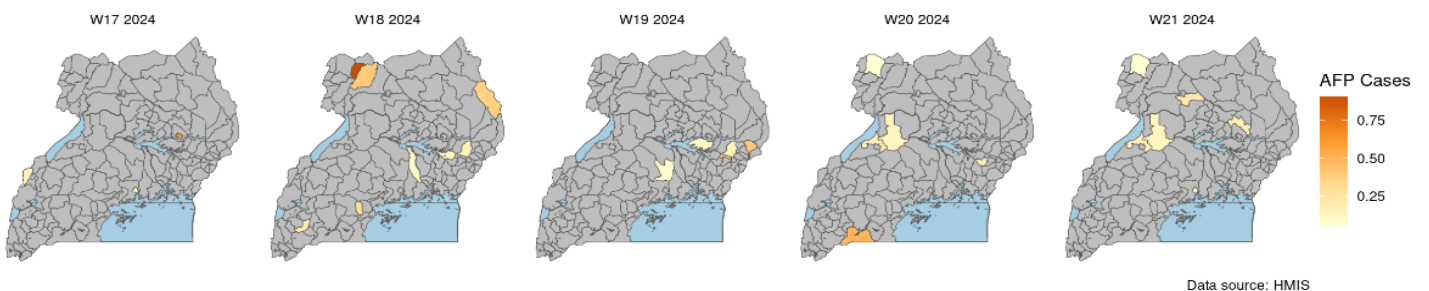
DHIS2 Data

Within the reporting week 21, suspected cases were reported within the conditions of other VHF 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**

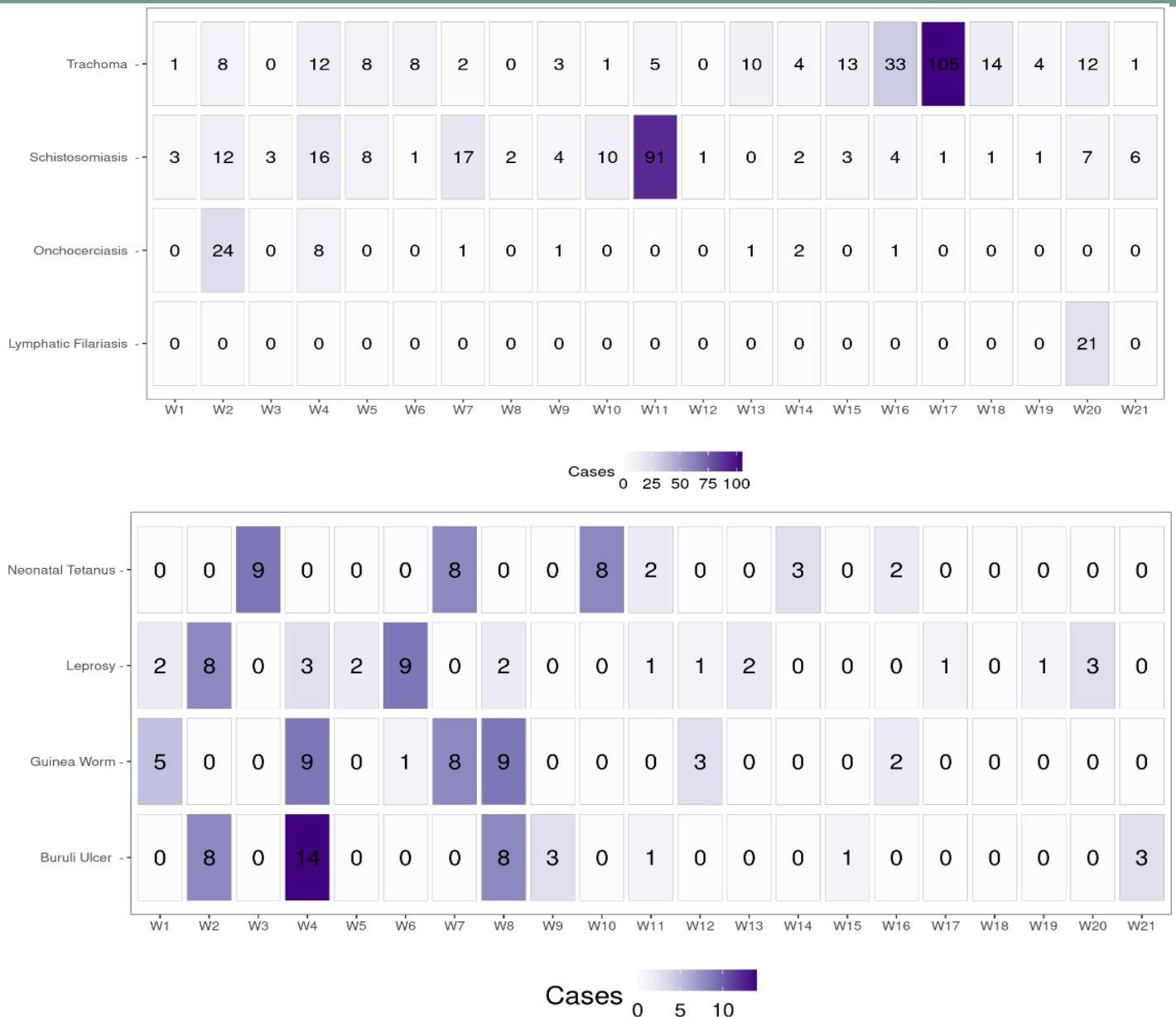


**Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk21**

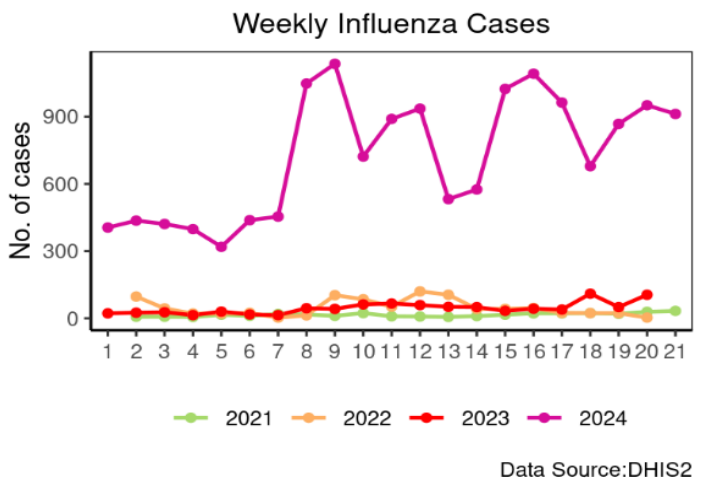
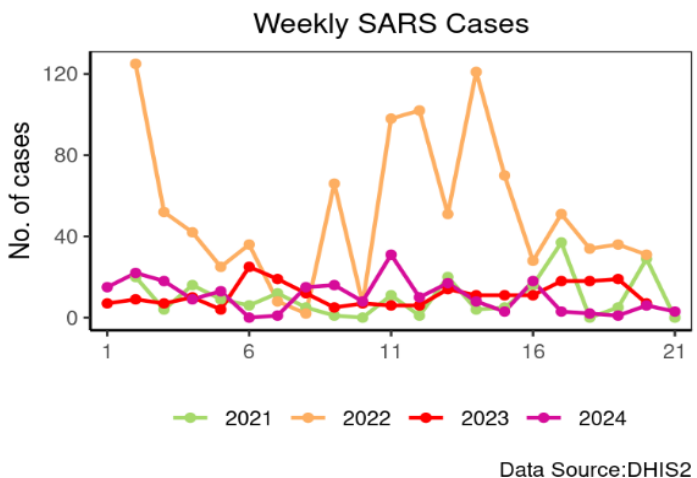
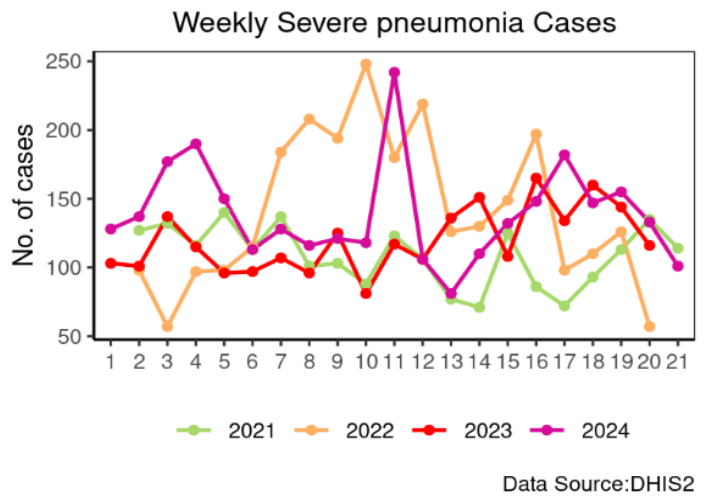
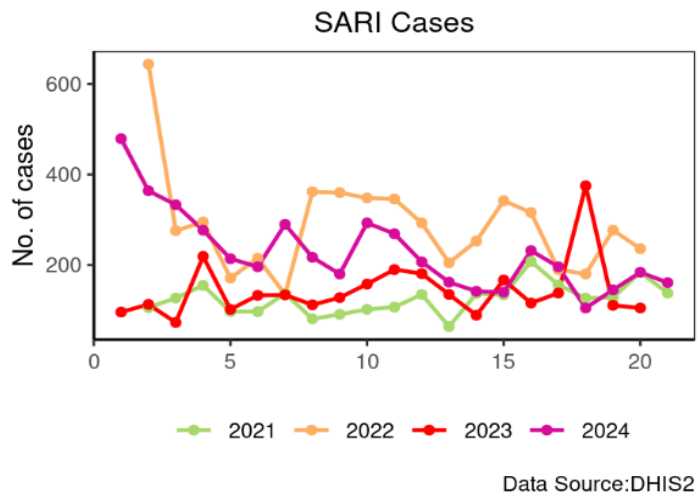
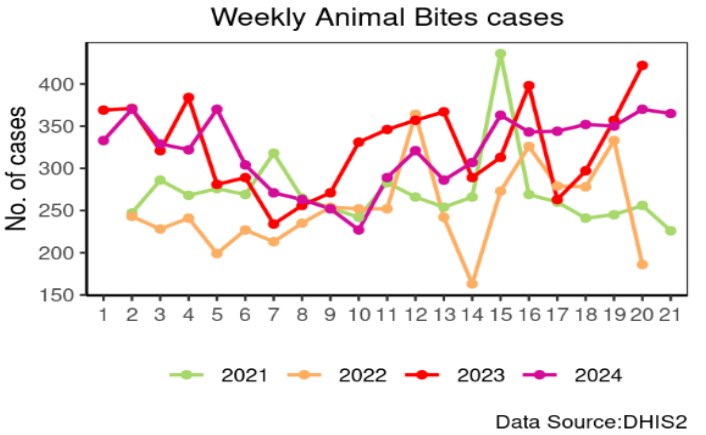
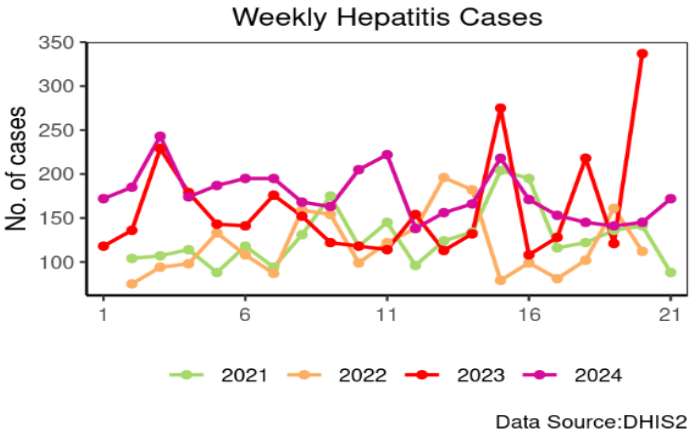
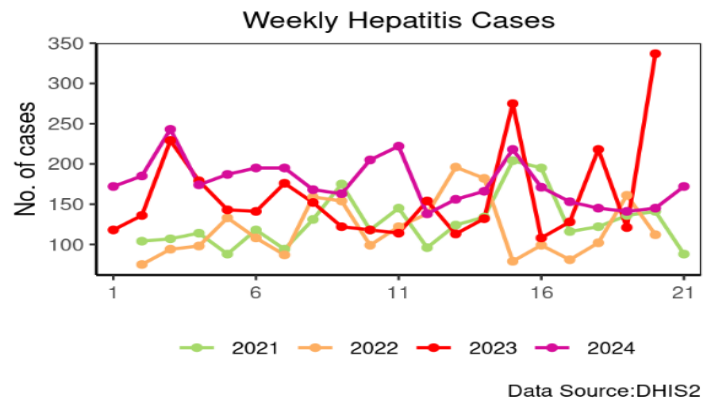
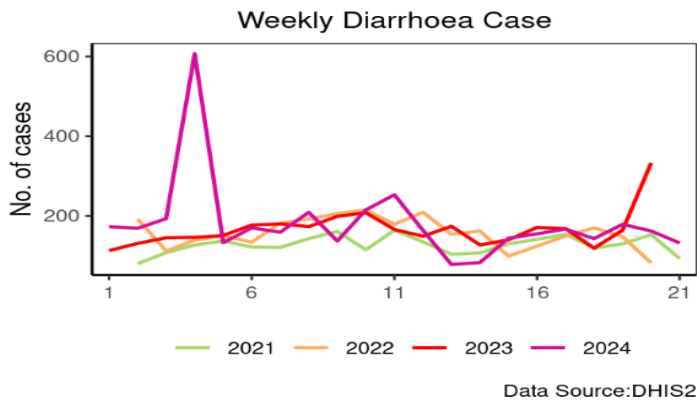


Notice that the alert threshold for typhoid fever and dysentery is calculated as the average number of weekly cases (suspected and confirmed) in the past three years. The observed threshold for both typhoid and dysentery were passed and this warrants an investigation

**Figure 5.2 Weekly cases of diseases / conditions targeted for elimination or eradication by 2024 Wk21**



**Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk21**

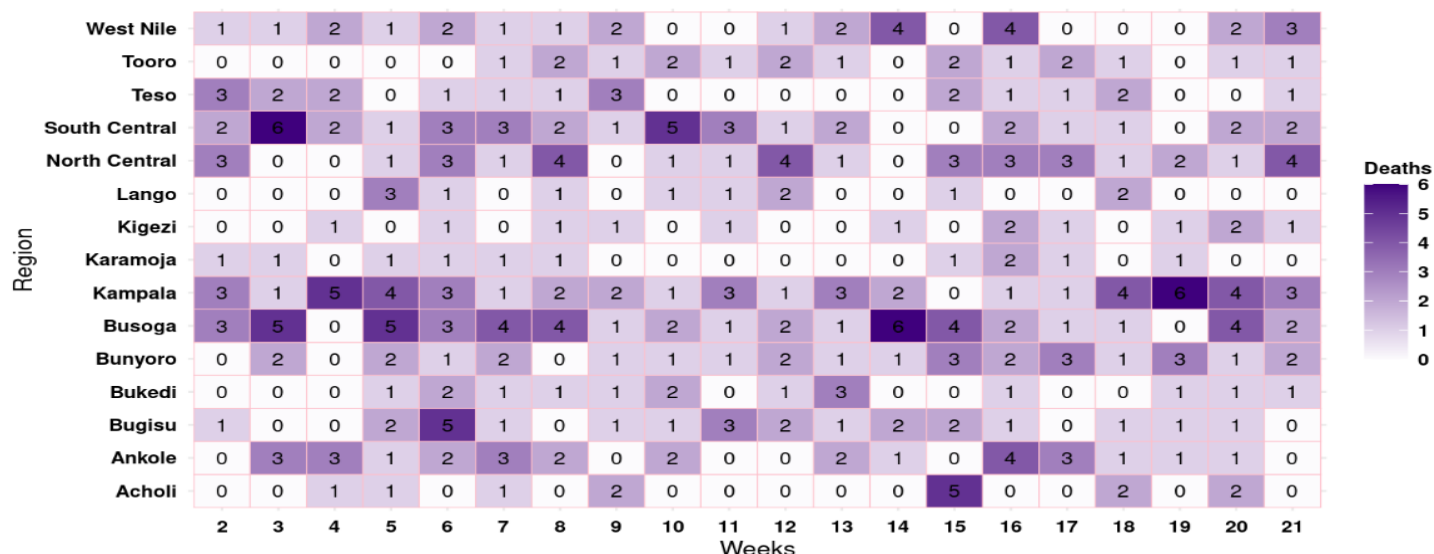




# Maternal Deaths Surveillance

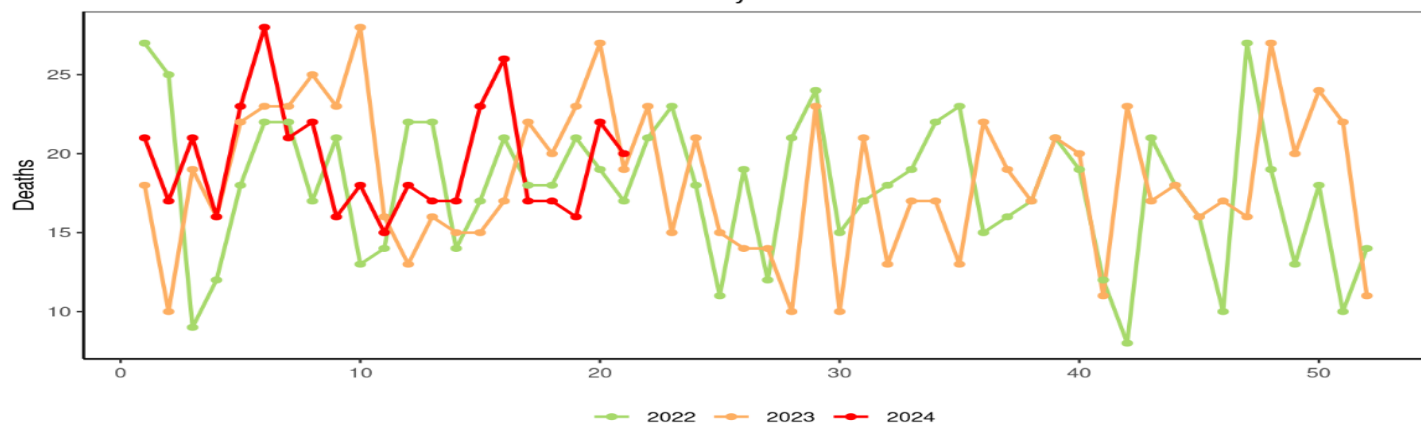
In week 21, there were 20 maternal deaths. There was an increase of 3 maternal death as compared to deaths reported in week 20

**Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 21**



Data source: DHIS2

**Trend of weekly maternal deaths**



Data Source:DHIS2

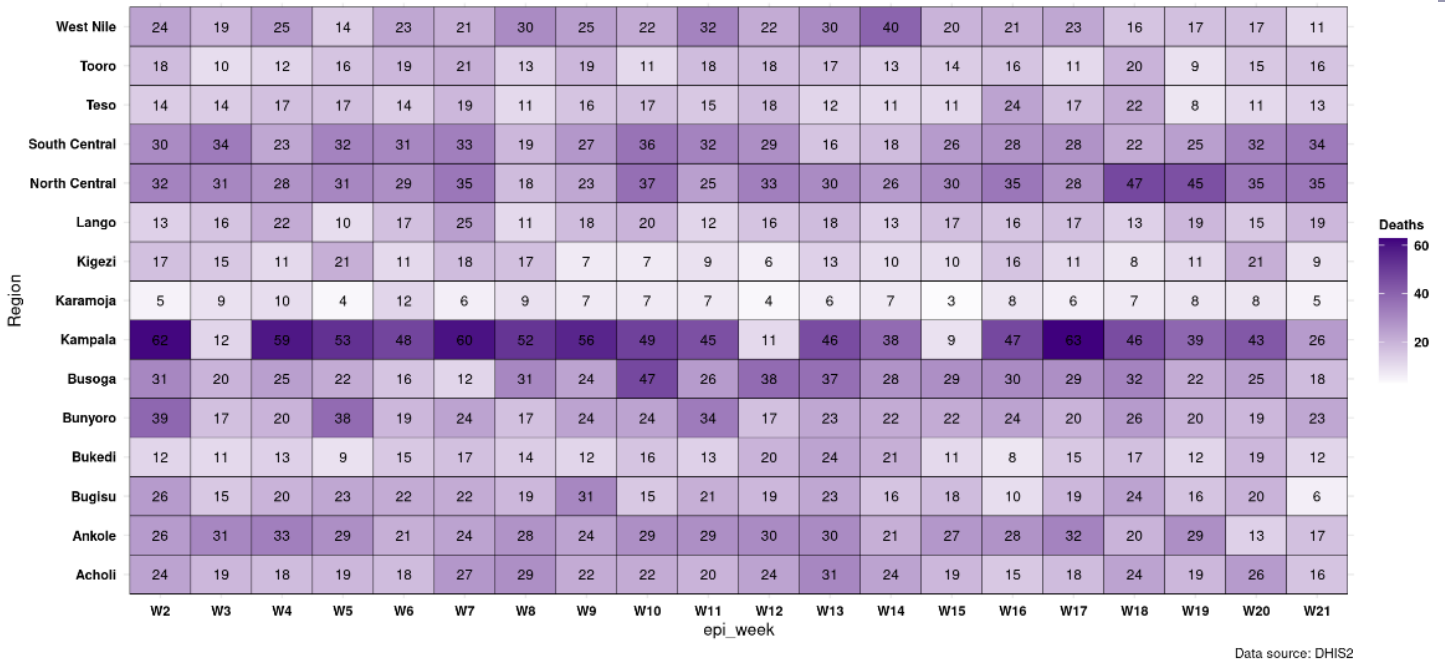
**Table 7.2: Facilities reporting Maternal deaths during 2024WK21**

Regions	Districts	Facility	No. of maternal deaths
North Central	Kayunga District	Kayunga Regional Referral Hospital	1
South Central	Wakiso District	Entebbe Regional Referral Hospital	2
Teso	Serere District	Serere Health Centre IV	1
West Nile	Yumbe District	Yumbe Health Centre IV	1
Bukedi	Kibuku District	Kibuku Health Centre IV	1
Kigezi	Kabale District	Kabale Regional Referral Hospital	1
Tooro	Fort Portal City	Virika Hospital	1
North Central	Mubende District	Mubende Regional Referral Hospital	2
Kampala	Kampala District	Kawempe National Referral Hospital	3
Busoga	Jinja City	Jinja Regional Referral Hospital	2
Bunyoro	Hoima City	Hoima Regional Referral Hospital	2
North Central	Mukono District	Mukono General Hospital	1
West Nile	Adjumani District	Adjumani General Hospital	1
West Nile	Zombo District	Pakadha Health Centre III	1

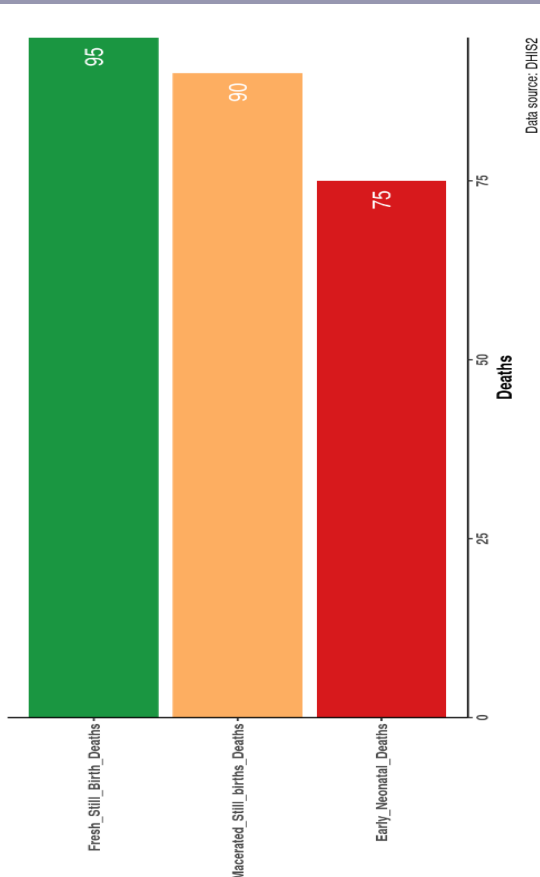
# Perinatal Deaths Surveillance

In week 21, there were 260 perinatal deaths. There was a increase of 28 deaths from the 288 deaths reported in week 20.

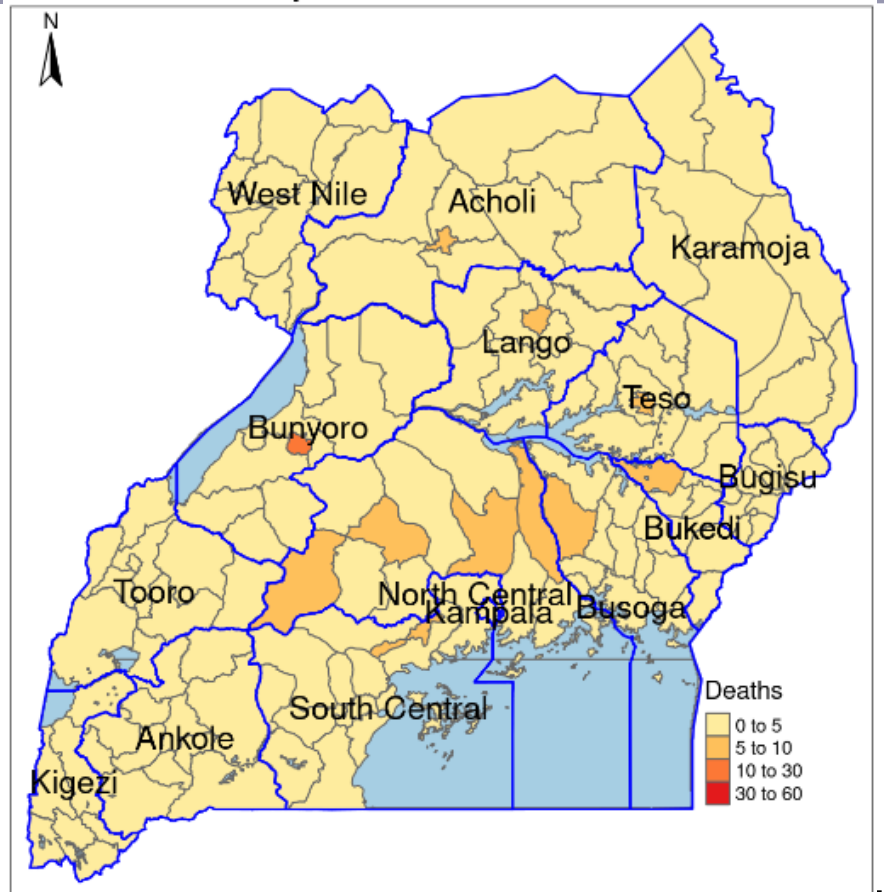
**Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 21**



**Figure 8.2: Forms of Perinatal deaths Reported during 2024WK21**



**Figure 8.3: Perinatal deaths Reported during 2024WK21 by district**





# Influenza Surveillance

**Table 9.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week21**

Health Facility	Type of case	# of Specimens Tested (PCR)	# H3N2	# H1N1	# COVID-19
Kiruddu NRH	SARI	02	00	00	01
	ILI	10	00	00	01
Mulago NRH	SARI	02	00	00	00
	ILI	08	01	01	00
Jinja RRH	SARI	02	00	00	00
	ILI	08	00	00	00
Gulu RRH	SARI	02	00	00	00
	ILI	08	00	00	01
<b>Totals</b>		<b>42</b>	<b>01</b>	<b>01</b>	<b>03</b>

During week 21, forty-two samples were collected from Kiruddu NRH (n=12), 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. Three samples (7.14%) were positive for SARS-CoV-2, while two samples (4.76%) were positive for Flu A (Table 9.1). All samples were negative for Flu B. Further, 30 samples collected during week 20 were analyzed for ten other viral causes of ILI/SARI. Adenoviruses (ADV) and parainfluenza viruses (PIV) were the most prevalent non influenza viral causes of ILI/SARI circulating at 30% and 10% respectively (Table 9.2). Overall, adenoviruses were the most prevalent causes of influenza like illnesses during the epidemiological week. We report that SARS-CoV-2 continues to linger in Uganda.

**Table 9.2: Results of Analysis for Other Viral Pathogens 2024Week21**

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# PIV Positive
Gulu RRH	10	05	00	01
Jinja RRH	10	03	00	01
Mulago NRH	10	01	01	01
<b>Total</b>	<b>30</b>	<b>09</b>	<b>01</b>	<b>03</b>

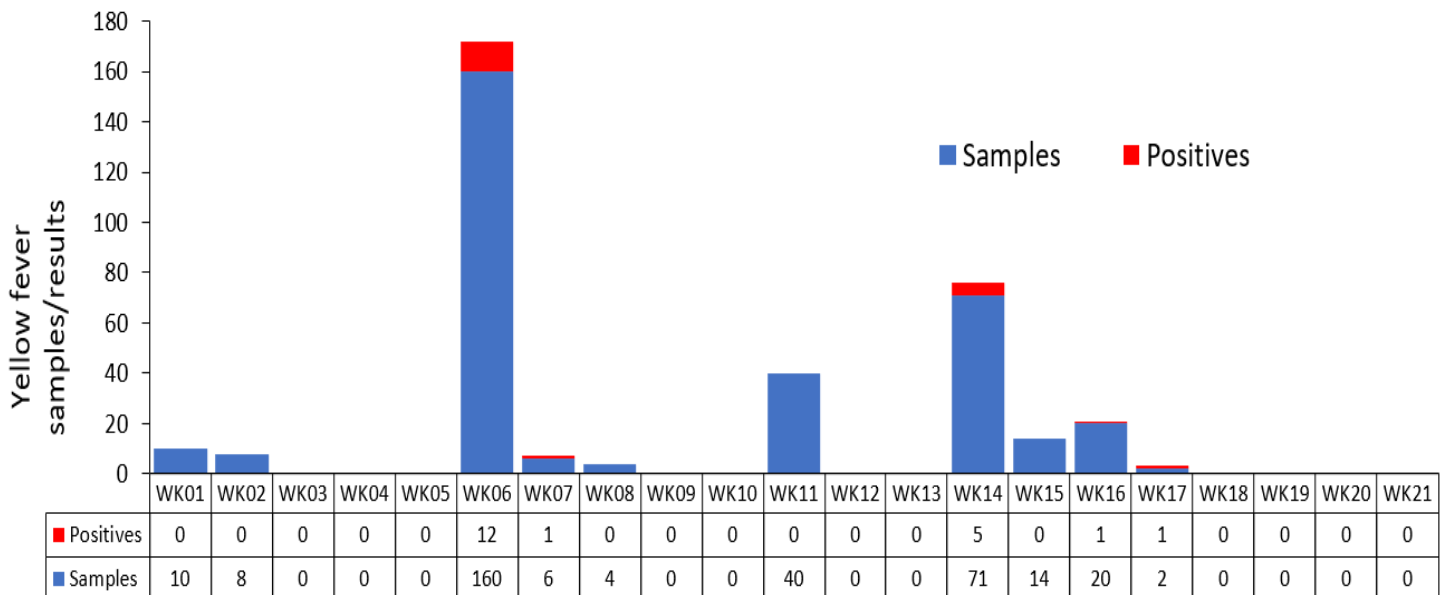
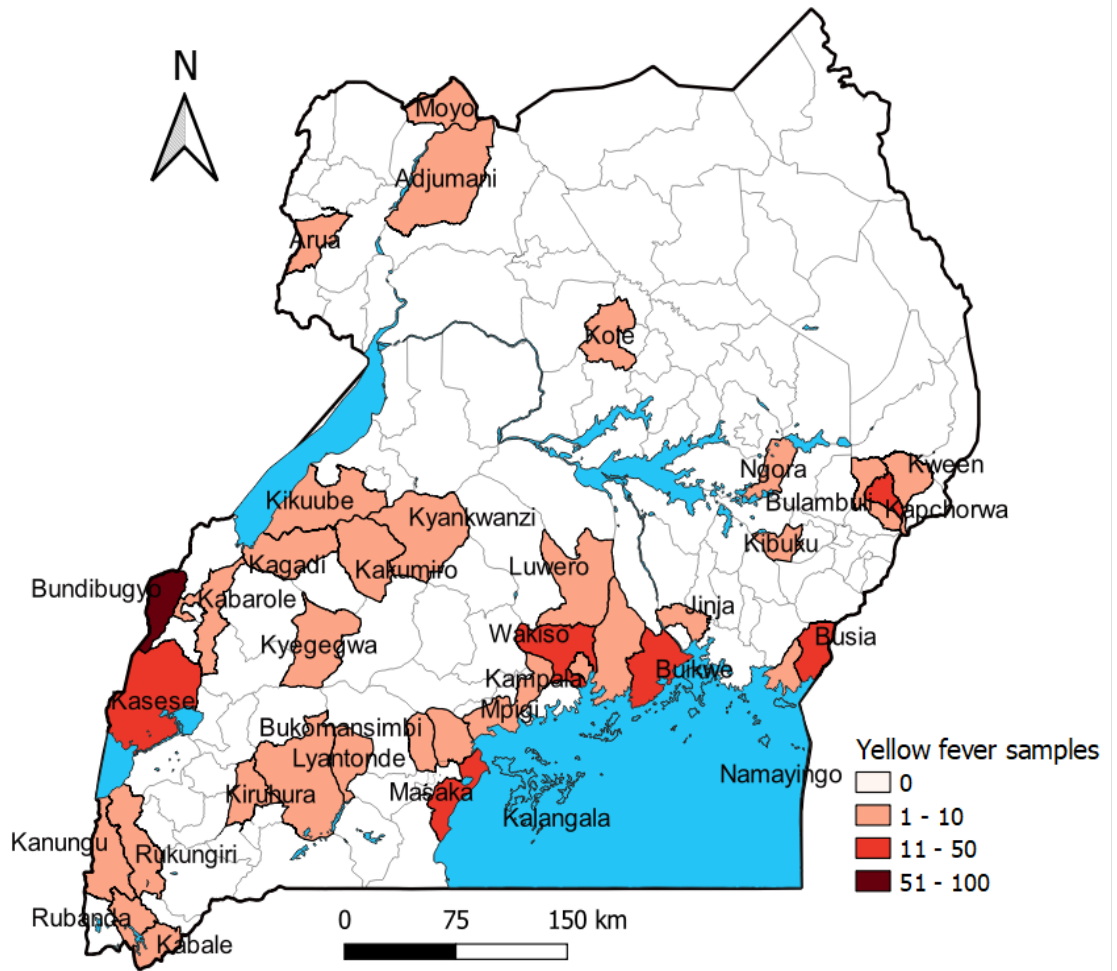
# Yellow Fever Virus (YFV) Surveillance

Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-21

During 2024 WK21, no 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 (WK01-21 2024). Most of these districts are within the regions of Western, Eastern and Central regions.

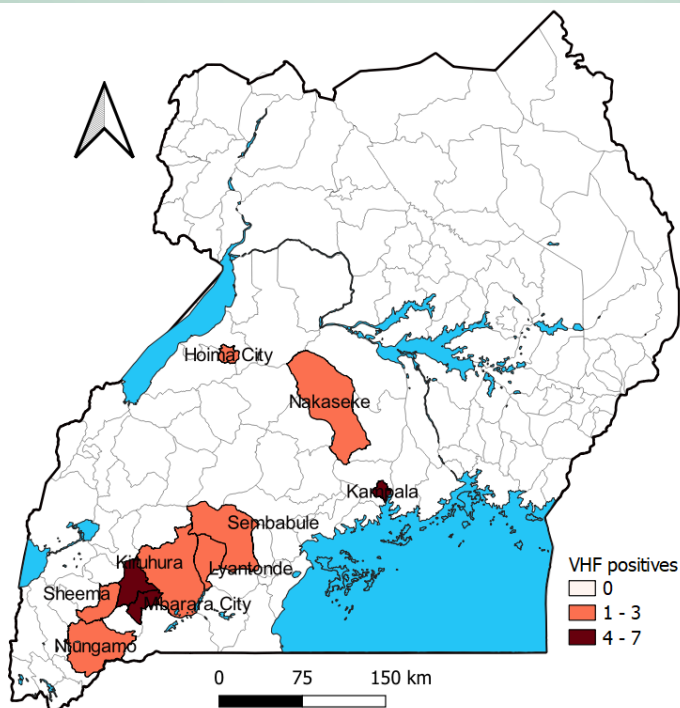
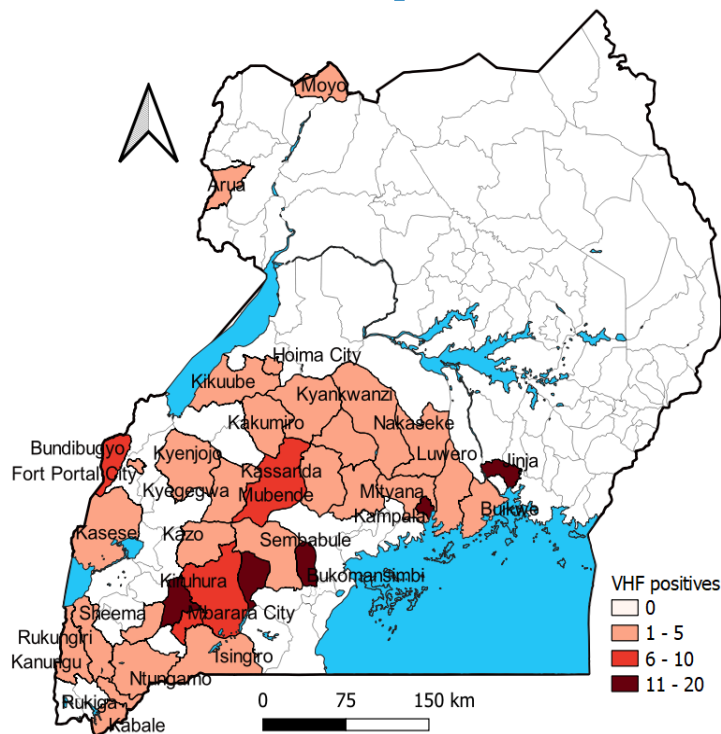
The figure below shows the cumulative number of YFV suspected samples submitted within the same period



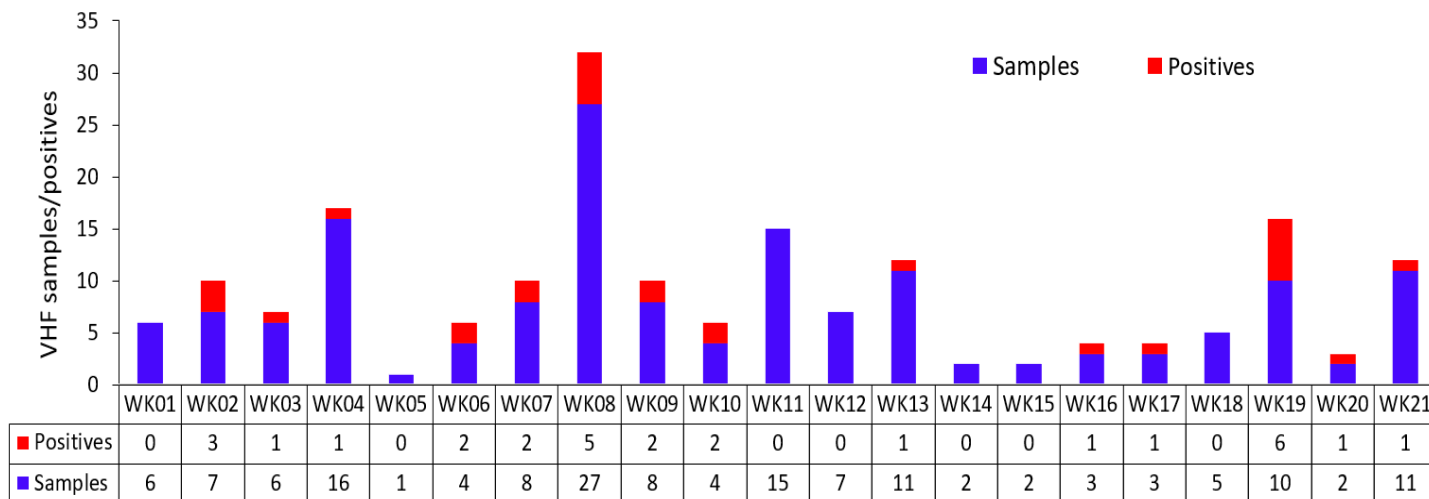
# Viral Hemorrhagic Fevers Surveillance

Figure 13.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-21

Between 2024 WK01-21, a total of 158 VHF suspected samples were collected; 141 from alive and 17 from dead. Bukomansimbi and Lyantonde districts had the highest number of samples (18 each) followed by Jinja (14) and Kampala (13). The map on the right shows the distribution of samples collected by district. Most of them are from central and western Uganda.



Nineteen samples tested positive for RVF and majority of them (11) 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 13.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week21**

#	POE	Travelers screened (Entry)	Travelers screened (Exit)
1	Mpondwe	72,575	1,625
2	Bunagana	20,644	8,014
3	Elegu	19,572	8,885
4	Malaba	6,757	51
5	Busunga	6,026	5,748
6	Busia	5,518	-
7	Cyanika	5,512	5,361
8	Mutukula	3,056	1,931
9	Mirama Hills	2,770	2,101
10	Goli	2,383	2,675
11	Afogi	1,349	1,302
12	Vurra	1,169	965
13	Kokwochaya	1,094	590
14	Kyeshero	1,078	237
15	Alakas	933	488
16	Wanseko	774	750
17	Odramacaku	764	342
18	Arua Airport	532	202
19	Ntoroko Main	469	546
20	Katwe	396	-
21	Transami	384	255
22	Ishasha	334	204
	<b>Total</b>	<b>155,193</b>	<b>43,300</b>

During 2024 EpiWeek 21 a total of 155,193 incoming, and 43,300 exiting travelers at 30 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Bunagana, Elegu, and Malaba (Table 13.1). Presumptive Tuberculosis was identified among 30 travelers, 24 of them were tested, two were confirmed with TB and linked to care. (Table 13.2).

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)
23	Ndaiga	273	212
24	Kayanzi	227	227
25	Sebagoro	161	32
26	Hima Cement	145	392
27	Suam	118	48
28	Portbell	83	58
29	Aweno Olwiyo	51	32
30	Madi-Opei	46	27
	<b>Total</b>	<b>155,193</b>	<b>43,300</b>

Source: IOM, eIDSR

**Table 13.2: Tuberculosis screening among travelers during 2024Epi Week21**

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Alakas	02	02	00	00
2	Bunagana	02	02	00	00
3	Busia	21	13	01	01
4	Hima Cement	03	03	00	00
5	Kokwochaya	02	02	00	00
6	Ndaiga	01	00	00	00
	<b>Total</b>	<b>31</b>	<b>22</b>	<b>01</b>	<b>01</b>

# Event Based Surveillance (EBS)

**Table 14.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK21**

Region	Total Signals Received	Signals Verified	Signals Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	16	16	00	15	00	01	00
Bukedi	27	26	01	27	00	00	00
Kampala	25	24	01	25	00	00	00
Lango	01	01	00	01	00	00	00
N. Central	04	04	00	04	00	00	00
S. Central	02	02	00	02	00	00	00
Teso	01	01	00	01	000	00	00
Tooro	01	01	00	01	00	00	00
W. Nile	10	10	00	09	01	00	00
<b>Uganda</b>	<b>87</b>	<b>85</b>	<b>02</b>	<b>85</b>	<b>01</b>	<b>01</b>	<b>00</b>

A total of 87 signals were received within the reporting week, of which 98% (85) were verified as events. Almost all of the signals received (85, 98%) were from the human sector, 1 (1%) from the animal sector, and 1 (1%) from the natural disasters (Table 16.1). The silent regions during the week were Acholi, Ankole, Bunyoro, Busoga, Karamoja, and Kigezi. The natural disaster was the main road in Namisindwa which collapsed following heavy rains.

## Signals reported through the 6767 SMS platform that tested positive/ were confirmed as alerts during 2024 Epi-Week 21 (20<sup>th</sup>–26<sup>th</sup> May 2024)

The most notable signals received during the week were of suspect red eyes (conjunctivitis) in communities and schools of Bukedi Region and Kampala District (Table 16.2), and the scabies in Namisindwa District.

**Table 14.2 : Regional-based suspected conditions reported within signals received and triaged via the 6767 line during 2024WK20**

Region	Red eyes	Measles/ Rubella	Animal Bites	Hepatitis	Scabies	Dysentery	VHF	Covid-19	Others
Bugisu	5	01	02	00	03	00	00	00	00
Bukedi	25	00	00	00	00	00	00	00	00
Kampala	22	00	00	00	00	00	00	01	00
Lango	01	00	00	00	00	00	00	00	00
North Central	01	01	00	01	00	00	00	00	01
South Central	00	01	01	00	00	00	00	00	00
Teso	00	00	00	00	00	00	00	00	00
Tooro	00	01	00	00	00	00	00	00	00
W. Nile	03	01	03	02	00	01	01	00	00
<b>Uganda</b>	<b>57</b>	<b>05</b>	<b>06</b>	<b>03</b>	<b>03</b>	<b>01</b>	<b>01</b>	<b>01</b>	<b>04</b>



# PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

**Table 17.1: Active PHEs in Uganda during 2024WK21**

Activation Date	Location	PHE	Total Cases (suspects, probable)	Confirmed Cases	Human Deaths
18-Feb-24	Sixteen health Regions	Conjunctivitis	24,483	-	00
24-May-24	Busia	Rabies	03	03	00
14-Dec-19	Seven Health Regions	Tuberculosis			
05-Mar-24	Kakumiro	Measles	96	06	03
14-May-24	Kiboga	Measles	25	03	01
31-May-24	Mbale City	cVDPV2 (environmental)			
08-Feb-24	Bukomansimbi	Black Water Fever	125	-	13
27-Mar-24	Sheema	Rift Valley Fever	02	02	02
01-Mar-24	Mbarara	Rift Valley Fever	12	06	01
30-May-24	Kasese	Crimean Congo Hemorrhaging Fever	05	01	00
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 and Kiboga districts; Tuberculosis upsurge in seven health districts; Complicated Malaria / Black Water Fever in Bukomansimbi district; Rift Valley Fever in Mbarara and Sheema districts, CCHF in Kiruhura and Kasese districts, cVDPV2 in Mbale City and Cholera in 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 2024WK21**

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%	