MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 34: 19th August – 25th August 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:
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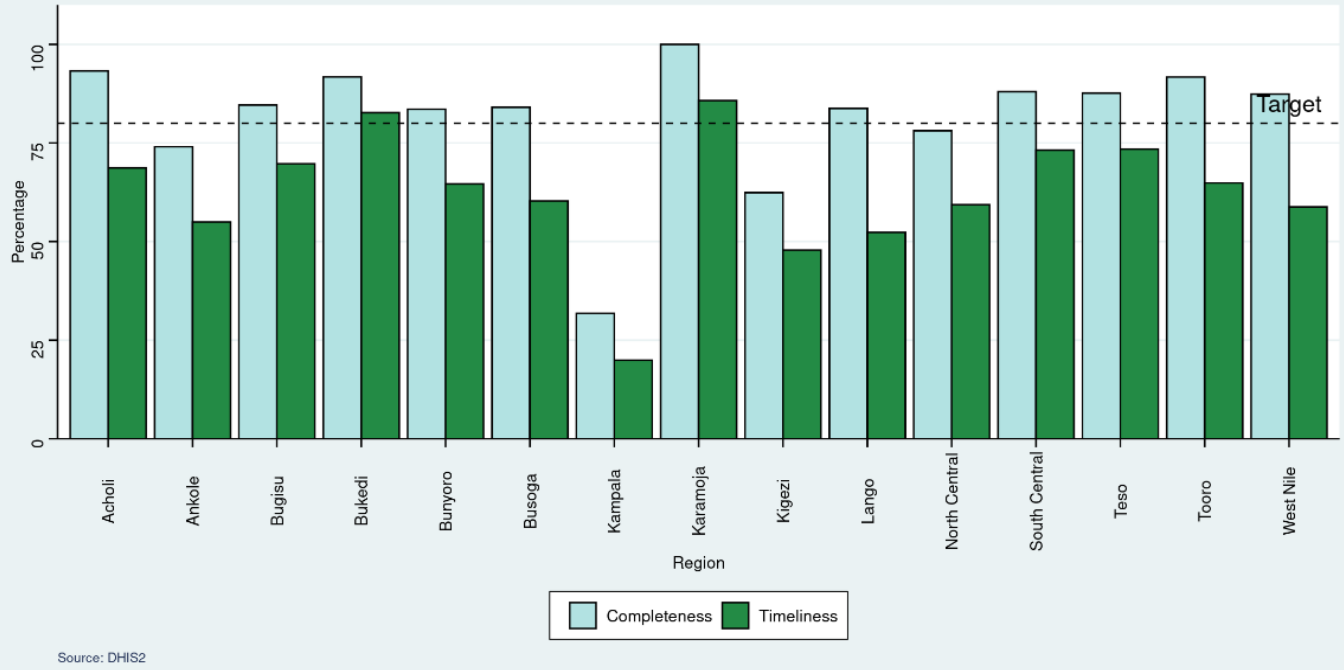
Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 34



Source: DHIS2

Most regions achieved the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 34 except Ankole, Kampala, Kigezi and North Central. Timeliness within all regions except Bukedi and Karamoja 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.

Editorial team : Allan Muruta, Michael Mwanga, Patricia Eyu, Stella M. Lunkuse, Adams Kamukama, Patricia Nakasi, Harriet Mayinja, Maria Nakabuye, Joshua Kayiwa.

Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 33 and 34

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK33	WK34	WK33	WK34		WK33	WK34	WK33	WK34
Abim	100	100	90.5	100	Hoima City	90.5	81	69	69
Adjumani	47.1	90.2	29.4	68.6	Hoima	55	70	50	60
Agago	100	100	65.1	67.4	Ibanda	61.9	61.9	33.3	47.6
Alebtong	85	75	75	55	Iganga	68.1	74.5	46.8	51.1
Amolatar	100	100	64.7	70.6	Isingiro	58.7	67.4	17.4	30.4
Amudat	100	100	92.3	100	Jinja City	97.3	100	58.1	56.8
Amuria	96.2	100	73.1	53.8	Jinja	100	100	100	88.6
Amuru	81.3	87.5	62.5	59.4	Kaabong	81.4	89.8	37.3	71.2
Apac	47.4	39.5	26.3	26.3	Kabale	100	100	96.7	100
Arua City	100	100	72.7	36.4	Kabarole	100	94.6	66.1	75
Arua	57.1	42.9	28.6	22.9	Kaberamaido	100	100	90.6	81.3
Budaka	82.4	88.2	64.7	70.6	Kagadi	100	100	27.8	94.4
Bududa	100	87.5	87.5	81.3	Kakumiro	56.3	96.9	34.4	71.9
Bugiri	100	98.2	56.4	61.8	Kalaki	61.5	100	59	94.9
Bugweri	14.3	100	14.3	100	Kalangala	100	100	25	41.7
Buhweju	55.6	61.1	16.7	33.3	Kaliro	100	100	30.4	100
Buikwe	47.8	43.5	37.7	24.6	Kalungu	100	96.6	72.4	86.2
Bukedea	100	100	95.7	100	Kampala	94.4	94.4	44.4	58.3
Bukomansimbi	100	100	70.4	81.5	Kamuli	44.1	44.8	24.4	19.9
Bukwo	90.9	100	59.1	50	Kamwenge	75.4	85.5	34.8	49.3
Bulambuli	73.1	84.6	42.3	46.2	Kanungu	97.2	94.4	83.3	47.2
Buliisa	62.5	62.5	37.5	43.8	Kapchorwa	87.1	85.5	40.3	45.2
Bundibugyo	96.8	96.8	48.4	51.6	Kapelebyong	74.1	66.7	66.7	63
Bunyangabu	91.2	97.1	82.4	76.5	Karenga	100	100	100	100
Bushenyi	58.7	54.3	47.8	41.3	Kasese	100	100	100	60
Busia	94.1	79.4	88.2	73.5	Kassanda	71.7	74.5	44.1	44.8
Butaleja	100	100	64	84	Katakwi	84.2	94.7	71.1	76.3
Butambala	70.8	50	62.5	45.8	Kayunga	100	100	81.5	88.9
Butebo	92.3	100	46.2	92.3	Kazo	61	70.7	34.1	39
Buvuma	100	92.9	100	85.7	Kibaale	51.4	100	37.1	94.3
Buyende	100	42.9	32.1	35.7	Kiboga	68.6	94.3	42.9	37.1
Dokolo	100	94.4	61.1	61.1	Kibuku	95.7	95.7	85.1	83
Fort Portal City	96.3	96.3	96.3	96.3	Kikuube	100	100	100	100
Gomba	88	100	44	68	Kiruhura	94.3	94.3	88.6	62.9
Gulu City	95.7	100	34.8	34.8	Kiryandongo	100	96.6	48.3	65.5
Gulu	87	95.7	13	34.8	Kisoro	96.2	96.2	53.8	57.7

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 33 and 34

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK33	WK34	WK33	WK34		WK33	WK34	WK33	WK34
Kitagwenda	100	100	100	69.6	Nabilatuk	100	100	83.3	83.3
Kitgum	87.5	80	70	67.5	Nakapiripirit	100	100	69.2	46.2
Koboko	96.3	92.6	77.8	55.6	Nakaseke	100	96.7	63.3	60
Kole	85.7	94.3	14.3	17.1	Nakasongola	48.8	55.8	39.5	46.5
Kotido	100	100	68.2	81.8	Namayingo	78.9	57.9	55.3	42.1
Kumi	100	100	75	10.7	Namisindwa	81.8	86.4	59.1	77.3
Kwania	87.2	100	17.9	15.4	Namutumba	97.1	97.1	54.3	51.4
Kween	53.8	69.2	23.1	42.3	Napak	100	100	83.3	88.9
Kyankwanzi	100	100	96.3	88.9	Nebbi	92.3	100	42.3	15.4
Kyegegwa	100	100	64	64	Ngora	92.3	76.9	92.3	76.9
Kyenjojo	100	96.1	76.5	25.5	Ntoroko	77.8	88.9	55.6	88.9
Kyotera	95.1	96.3	87.7	82.7	Ntungamo	63.2	57.4	32.4	35.3
Lamwo	96.8	96.8	64.5	87.1	Nwoya	100	100	100	100
Lira City	100	100	100	100	Obongi	77.8	100	38.9	55.6
Lira	100	96.3	96.3	18.5	Omoro	100	96.3	59.3	63
Luuka	100	100	93	93	Otuke	88.2	76.5	70.6	52.9
Luwero	78.5	74.8	47.7	46.7	Oyam	100	100	93.9	93.9
Lwengo	83.8	94.6	37.8	64.9	Pader	100	100	78.6	66.7
Lyantonde	81.6	75.5	46.9	40.8	Pakwach	68.4	100	57.9	57.9
Madi-Okollo	95.2	100	28.6	66.7	Pallisa	100	100	96.9	96.9
Manafwa	100	100	92.3	92.3	Rakai	100	100	93.5	91.3
Maracha	94.4	88.9	61.1	83.3	Rubanda	47.4	50	21.1	28.9
Masaka City	100	100	100	100	Rubirizi	100	100	42.9	38.1
Masaka	94.7	100	18.4	92.1	Rukiga	100	100	93.9	87.9
Masindi	100	98.1	100	98.1	Rukungiri	56.4	55.3	44.7	41.5
Mayuge	91.7	90.3	80.6	13.9	Rwampara	55	40	30	35
Mbale City	100	100	92.6	92.6	Sembabule	97.5	97.5	92.5	92.5
Mbale	100	100	97.6	95.1	Serere	100	100	95.5	100
Mbarara City	92.3	80.8	46.2	69.2	Sheema	46.2	46.2	35.9	33.3
Mbarara	83.3	88.9	50	66.7	Sironko	85.3	79.4	58.8	50
Mitooma	95.5	100	81.8	86.4	Soroti City	81.3	56.3	81.3	56.3
Mityana	89.5	89.5	35.5	65.8	Soroti	96.3	88.9	81.5	81.5
Moroto	100	100	100	94.7	Terego	100	100	65.5	65.5
Moyo	100	100	96.8	100	Tororo	91	89.7	61.5	61.5
Mpigi	67.7	80.6	56.5	56.5	Wakiso	62	66.1	38.7	39
Mubende	88.9	98.1	37	51.9	Yumbe	100	100	47.4	70.2
Mukono	56.9	57.8	36.3	37.3	Zombo	65.2	65.2	56.5	56.5

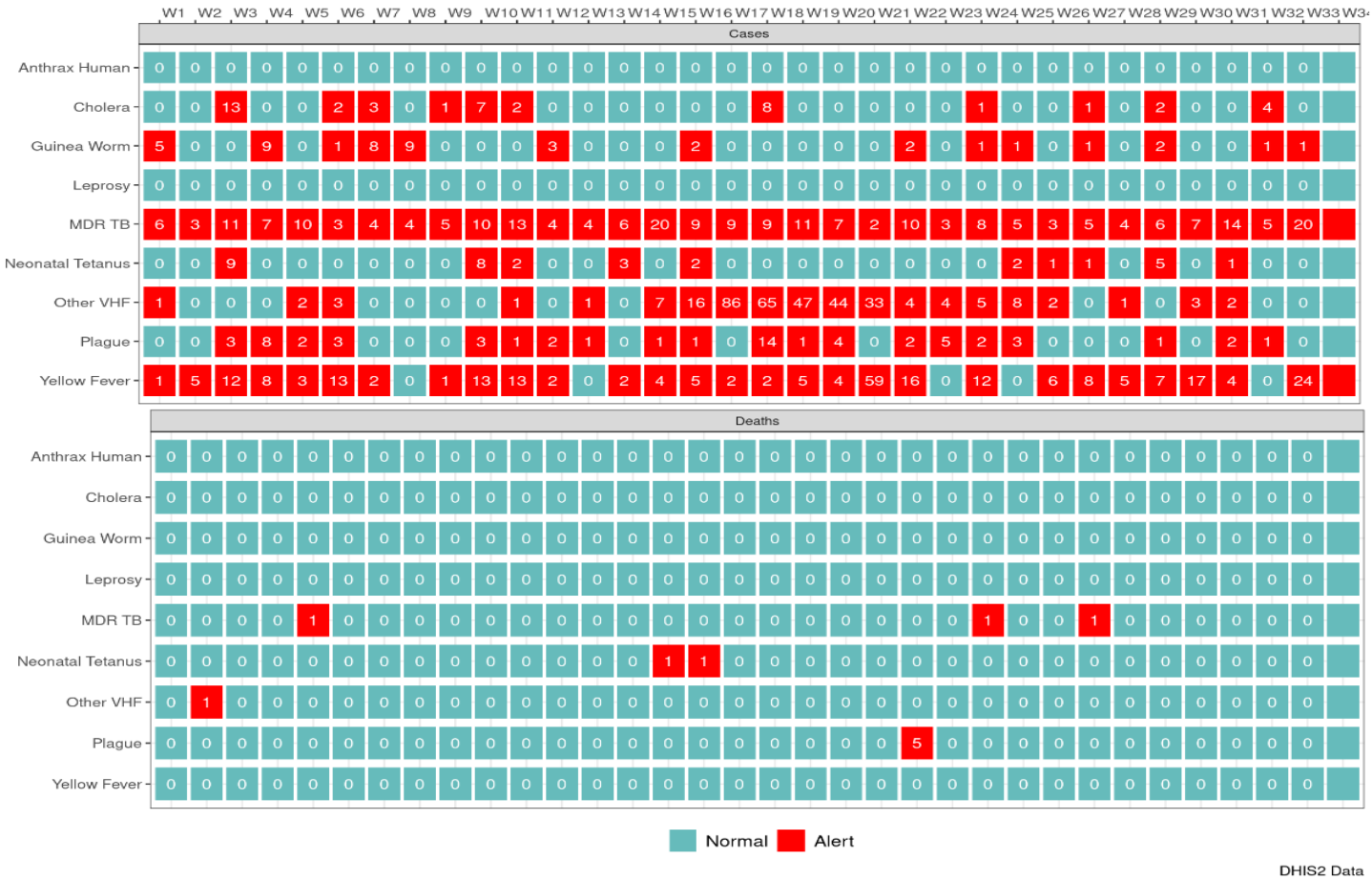
Source: DHIS2

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 Wk34



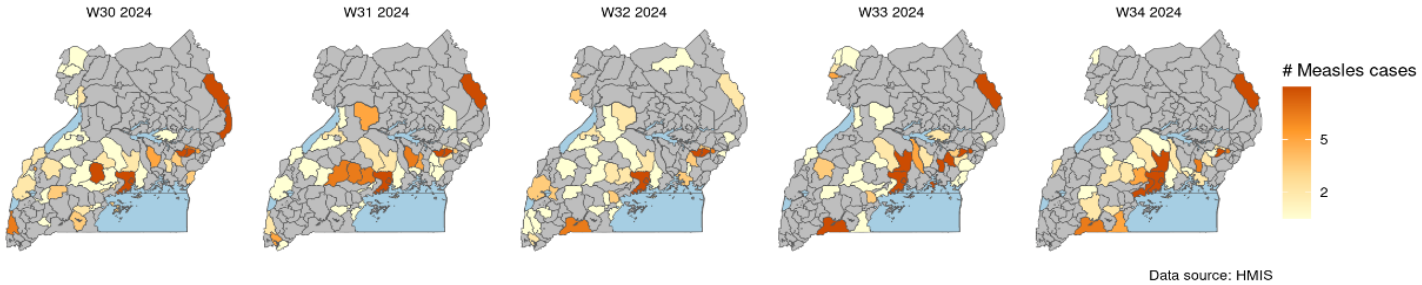
Source: DHIS2

DHIS2 Data

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

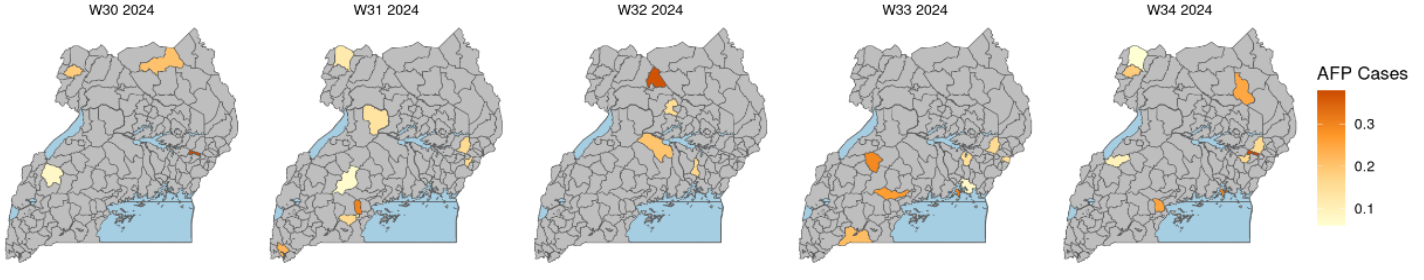
Within the reporting week 34 suspected cases were reported within the conditions of MDR-TB, and Yellow fever. These are suspected cases and verification is on-going. There was no suspected death due to any epidemic prone disease.

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



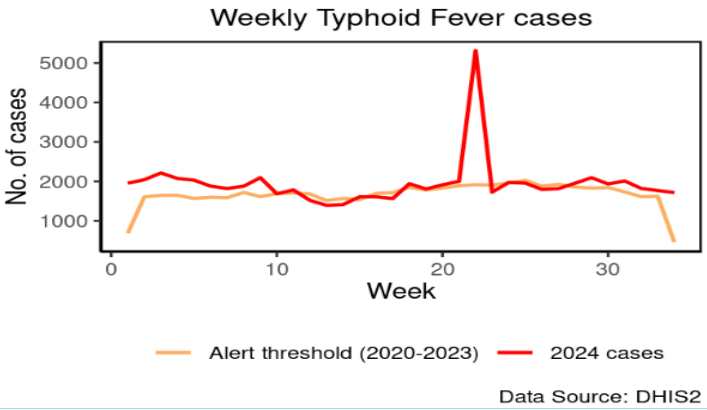
Data source: HMIS

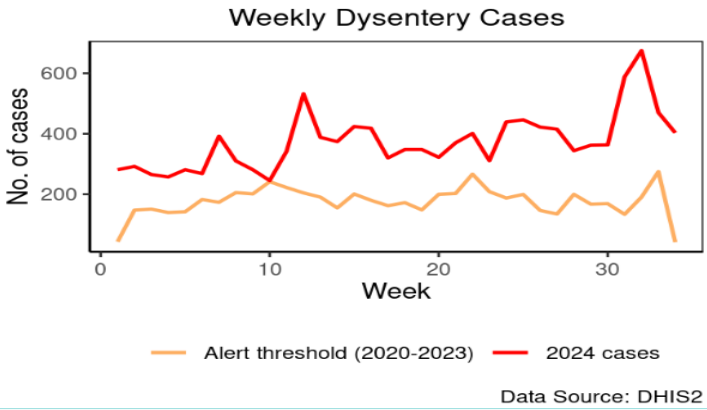
Figure 4.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks



Data source: HMIS

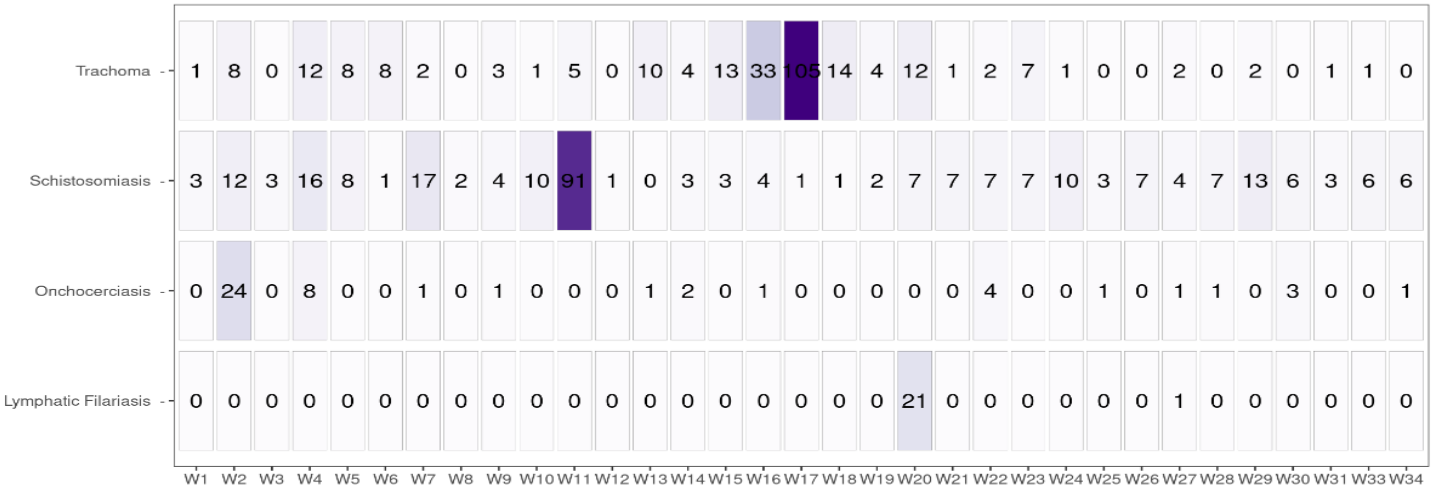
Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk34





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 Wk34



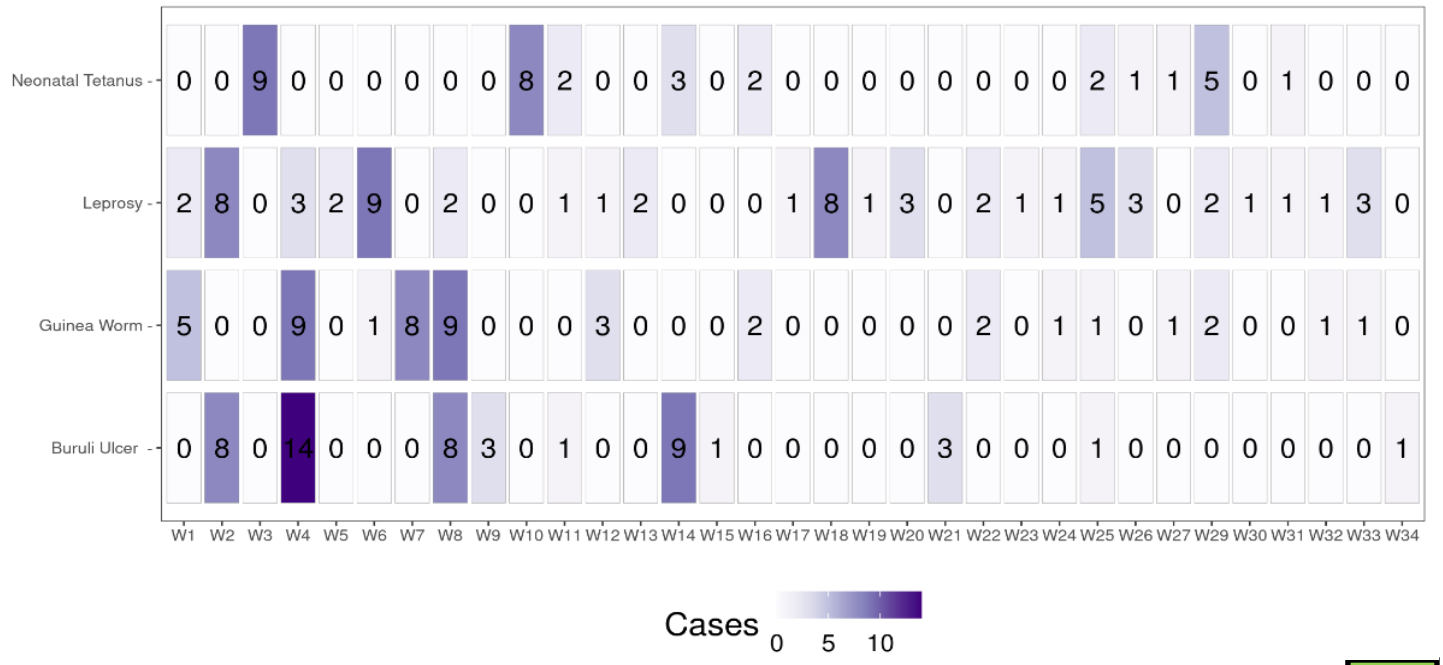
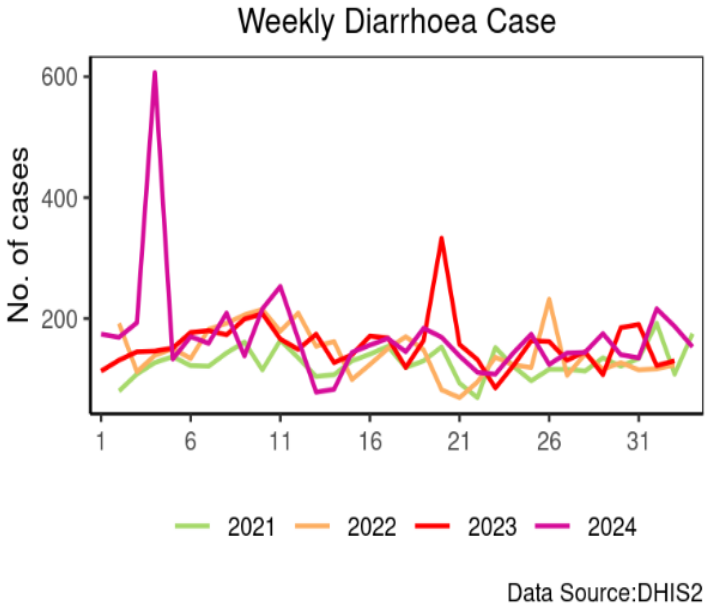
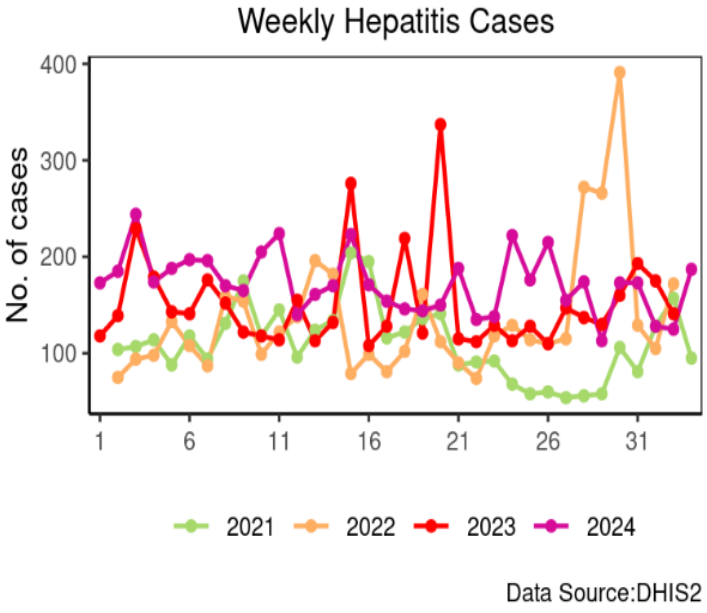
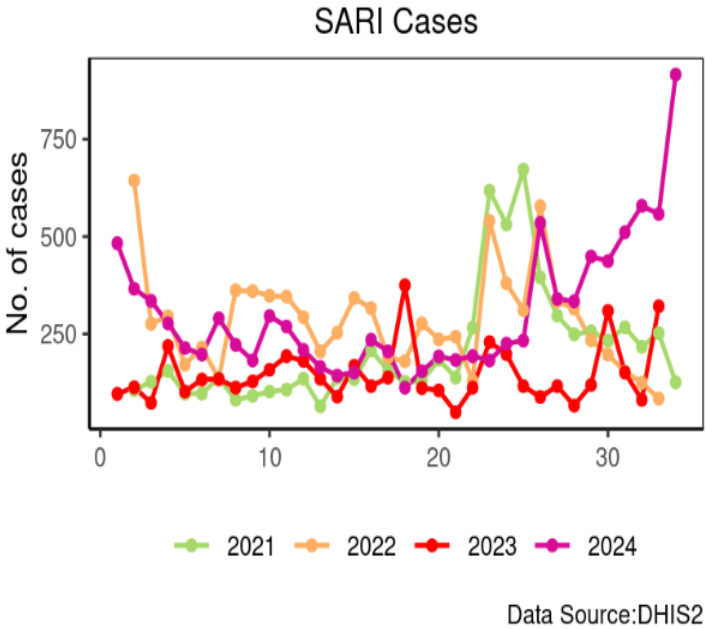
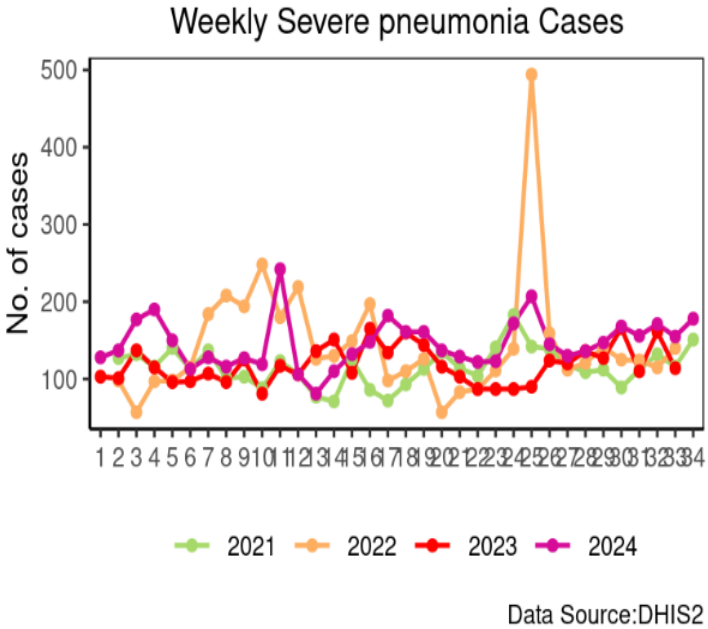


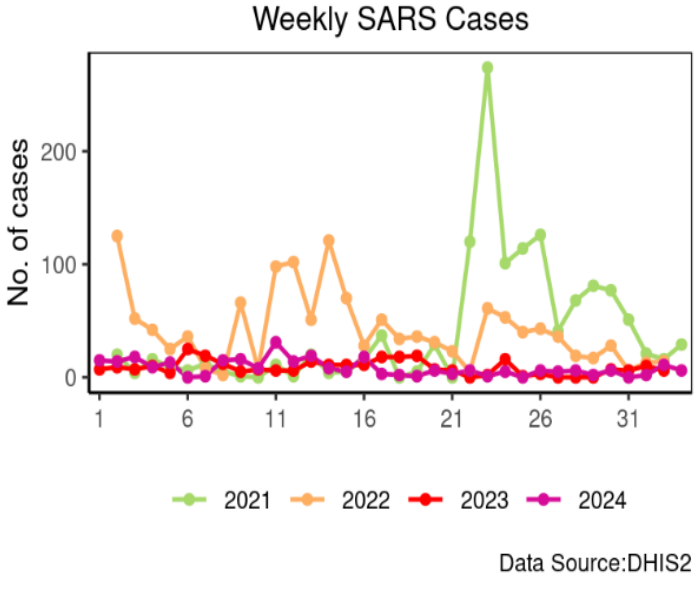
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk34

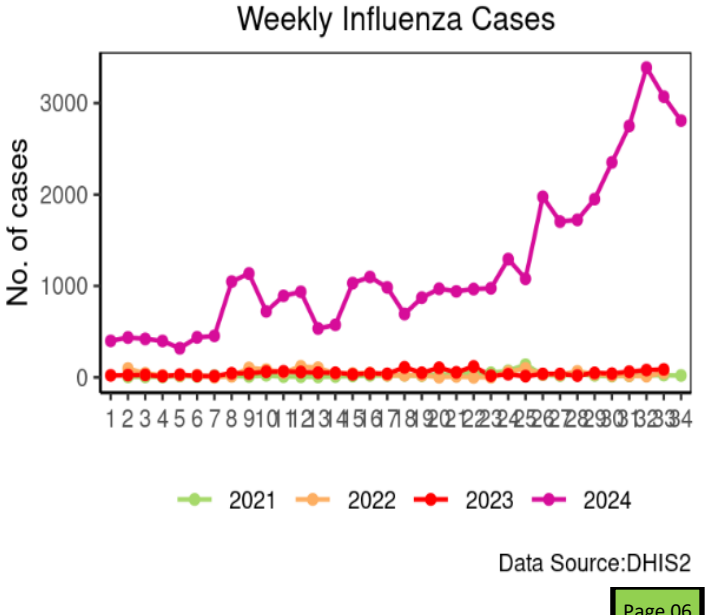








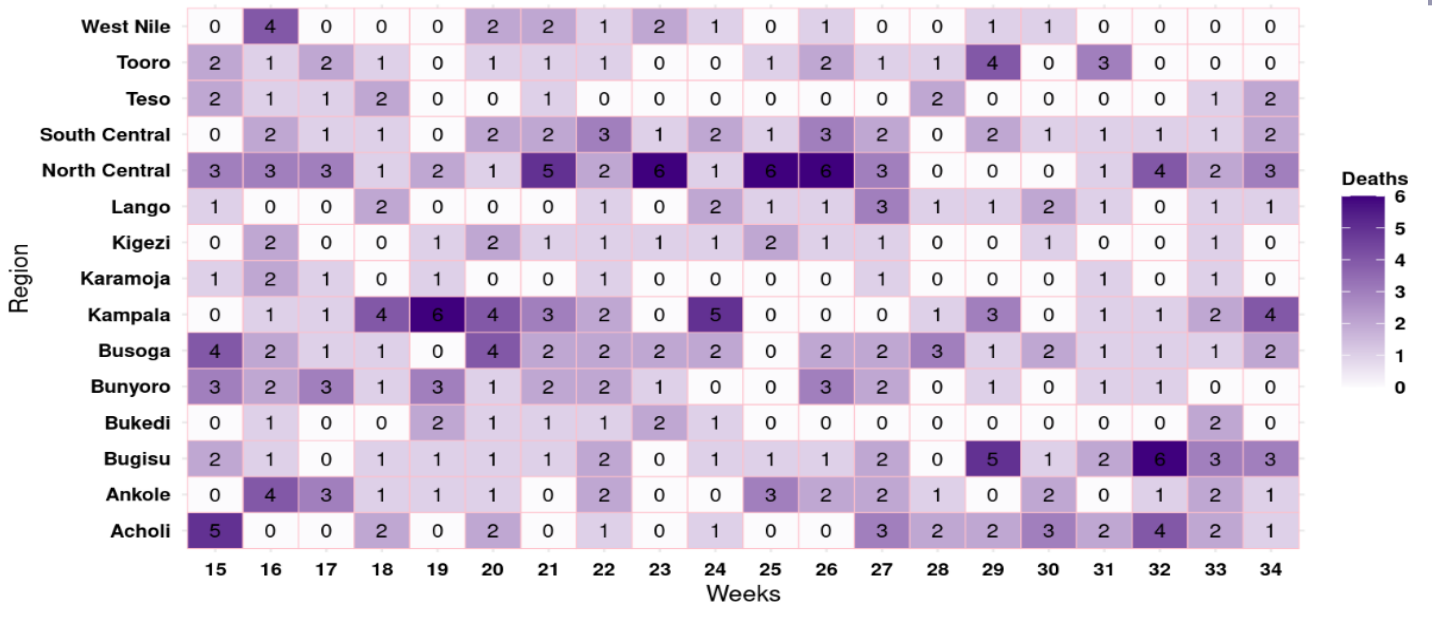




Maternal Deaths Surveillance

In week 34, there were 19 maternal deaths. There was a increase of 3 maternal death as compared to the 16 deaths reported in week 33.

Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 34



Data source: DHIS2

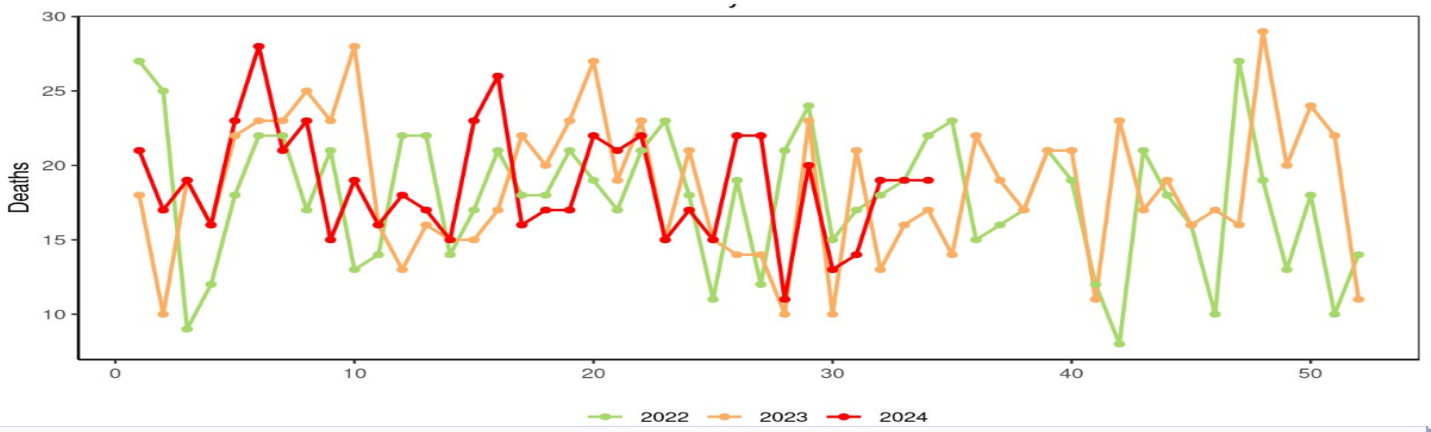


Table 7.2: Facilities reporting Maternal deaths during 2024WK34

Regions	Districts	Facility	No. of maternal deaths
Ankole	Mbarara City	Mbarara Regional Referral Hospital	1
Busoga	Jinja City	Jinja Regional Referral Hospital	1
North Central	Kayunga District	Kayunga Regional Referral Hospital	1
Kampala	Kampala District	Kawempe National Referral Hospital	3
Lango	Apac District	Apac General Hospital	1
Teso	Soroti City	Soroti Regional Referral Hospital	1
North Central	Nakaseke District	Nakaseke General Hospital	1
Acholi	Kitgum District	Kitgum General Hospital	1
South Central	Masaka City	Masaka Regional Referral Hospital	1
Teso	Amuria District	Amuria General Hospital	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	2
Kampala	Kampala District	China Uganda Friendship (Naguru) Regional Referral Hospital	1
Busoga	Jinja District	Buwenge Health Centre IV	1
Bugisu	Namisindwa District	Magale Hans Health Centre III	1
North Central	Luwero District	Bombo General Military Hospital	1
South Central	Kalungu District	Villa Maria Hospital	1

Perinatal Deaths Surveillance

In week 34, there were 331 perinatal deaths. There was a decrease of 6 deaths from the 337 deaths reported in week 33.

Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 34

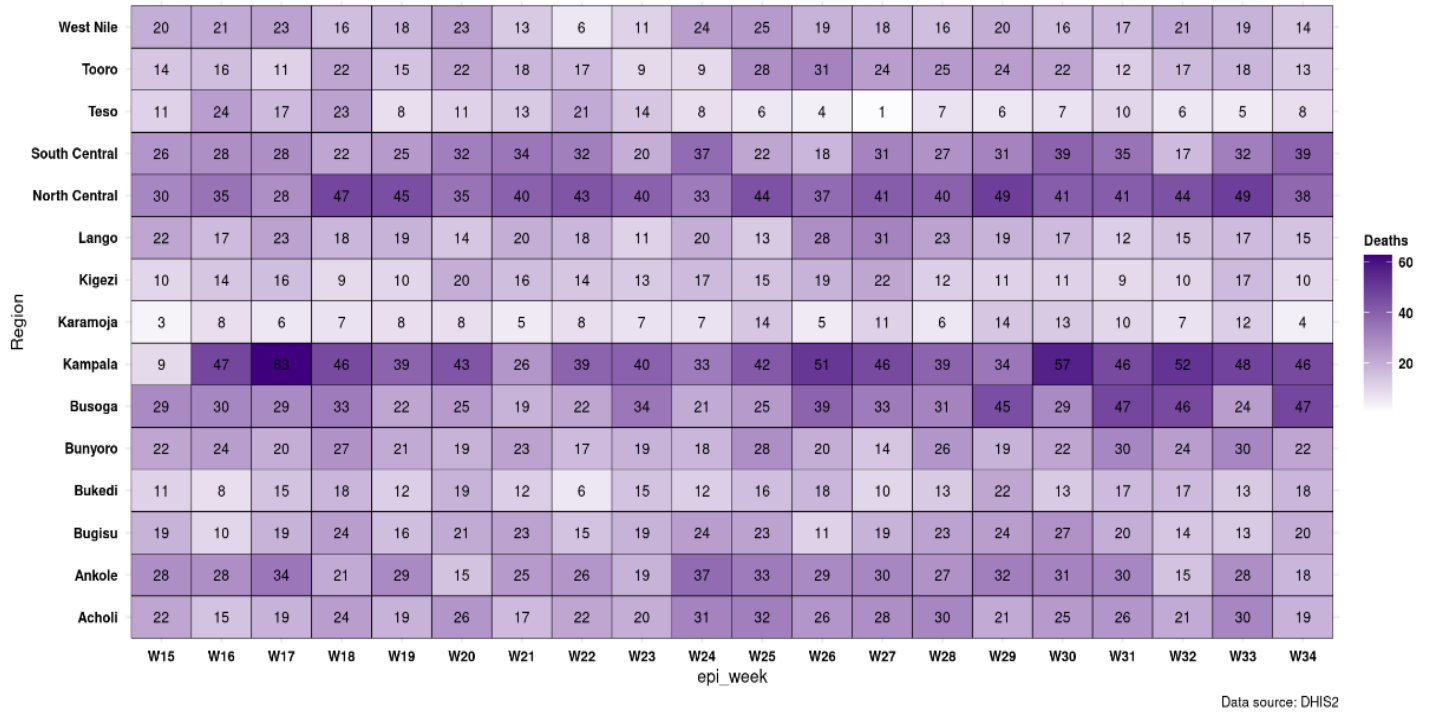


Figure 8.2: Forms of Perinatal deaths reported during 2024WK34

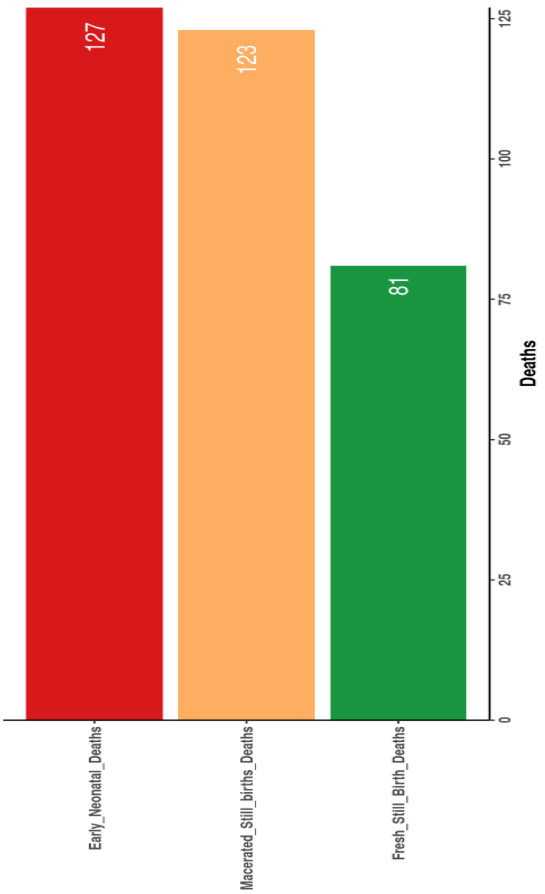
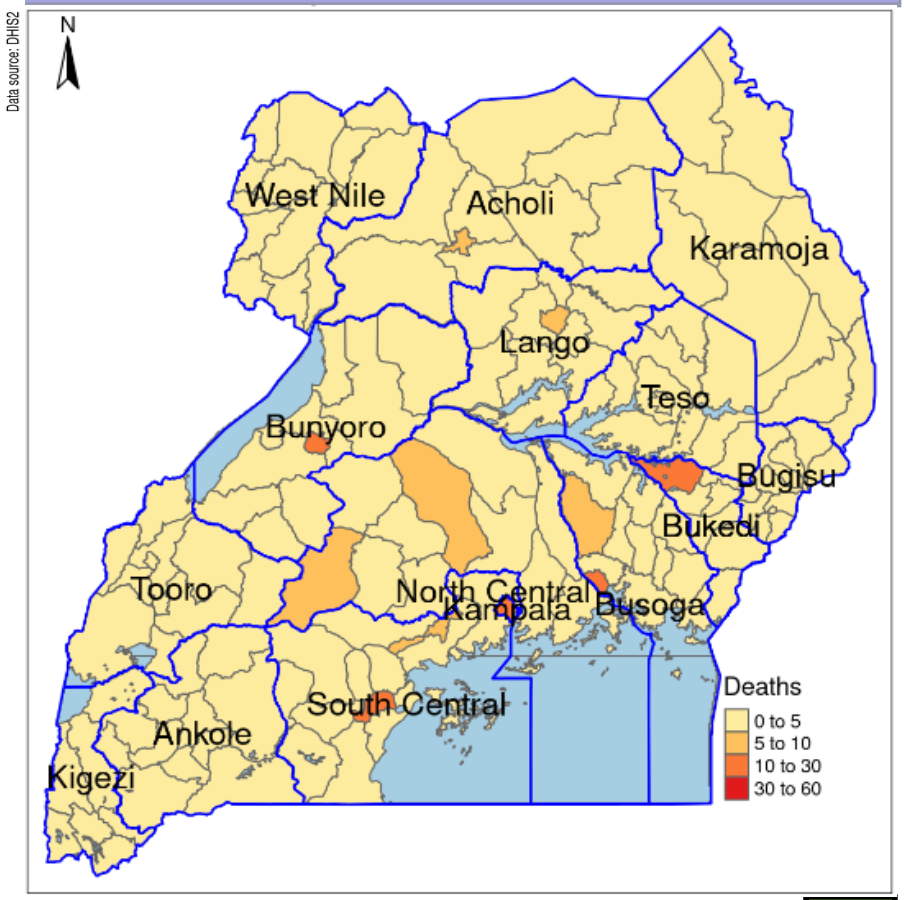


Figure 8.3: Perinatal deaths reported during 2024WK34 by district



Influenza Surveillance

Table 9.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week34

Health Facility	Type of case	# of Specimens Tested (PCR)	# Flu A (H1N1)	# Flu B (Victoria)
Kiruddu NRH	SARI	02	00	00
	ILI	08	00	00
Mulago NRH	SARI	02	00	00
	ILI	09	02	02
Jinja RRH	SARI	02	00	00
	ILI	08	03	00
Gulu RRH	SARI	02	02	00
	ILI	08	02	00
Bwera Hospital	SARI	11	04	00
Totals		**52**	**13**	**02**

During week thirty-four, 52 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=11), Gulu RRH (n=10), Jinja RRH (n=10), and Bwera Hospital (n=11). These were analyzed using PCR methods for Flu A, Flu B, and SARS-CoV-2 at the MUWRP-EIDP labs at UVRI Entebbe. Circulation of Flu A (H1N1) and Flu B (Victoria) was 25% (n=13/52) and 3.85% (n=02/52) respectively. All samples were negative for SARS-CoV-2 (Table 9.2). Further, 49 samples collected during week 33 were analyzed for ten other viral causes of ILI/SARI. Human bocaviruses and Adenoviruses were the most prevalent non-influenza viral causes of ILI/SARI circulating at 8.16% and 6.12% respectively. The respiratory syncytial viruses, human meta pneumo-viruses, and parainfluenza viruses circulated at 4.08% each. In conclusion, Flu A H1N1 continued to be the most prevalent cause of flu like illnesses during the reporting period, with a notable rise in circulation from 16% during week 33.

Table 9.2: Results of Analysis for Other Viral Pathogens 2024Week 34

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# hMPV Positive	# PIV Positive	# HBoV Positive
Kiruddu NRH	10	01	00	00	01	00
Gulu RRH	10	00	02	01	00	02
Jinja RRH	10	00	00	00	01	01
Mulago NRH	09	00	00	01	00	01
Bwera Hospital	10	02	00	00	00	00
Total	**49**	**03**	**02**	**02**	**02**	**04**

Influenza Surveillance

Table 10.1: Monthly Influenza, COVID 19 and RSV Results 2024WK34

Month	Influenza				COVID19Result		RSVResult		Total
	A(H3)	B Victoria	Negative	Pandemic A(H1N1) 2009	Negative	Positive	Negative	Positive	
January	4	0	162	0	155	11	163	3	166
February	3	1	148	0	147	5	150	2	152
March	1	1	270	3	273	2	262	13	275
April	1	1	135	5	141	1	131	11	142
May	1	0	167	3	164	7	156	15	171
June	1	4	193	7	203	2	198	7	205
July	3	6	219	27	249	6	251	4	255
August	15	8	66	15	103	1	32	2	104
Total	29	21	1360	60	1435	35	1343	57	1470

Table 10.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024WK34

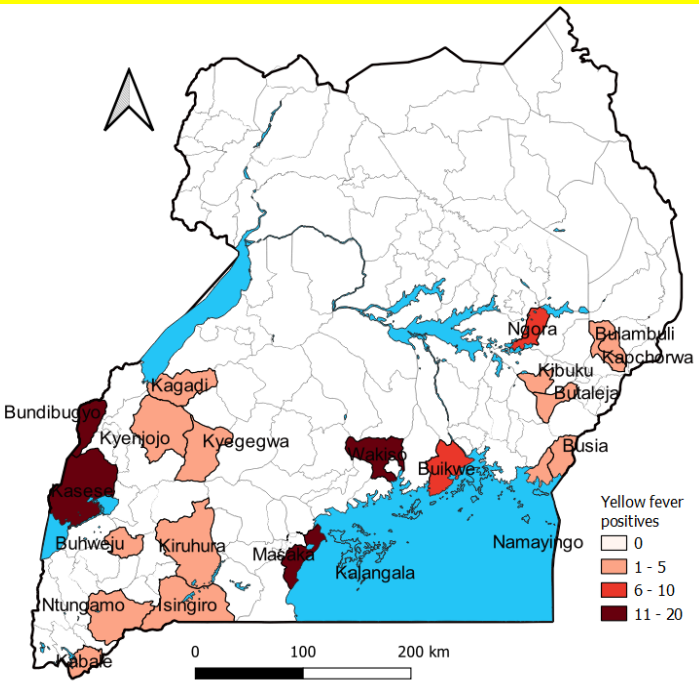
Sample Type/ Sentinel Site		Influenza				COVID19Result		RSVResult		Total
		A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Negative	Positive	Negative	Positive	
ILI	Arua R. R. Hospital	16	0	53	0	69	0	37	1	69
	Entebbe R. R. Hospital	1	0	29	3	32	1	32	1	33
	Fort Portal R. R. Hospital	0	1	0	0	1	0	1	0	1
	Jinja R. R. Hospital	7	1	217	1	219	7	207	6	226
	Kawaala HC IV	0	1	6	2	9	0	5	0	9
	Kibuli Hospital	0	2	15	1	18	0	13	0	18
	Kiryandongo Hospital	0	0	70	1	70	1	69	2	71
	Kiswa HC III	0	10	206	8	223	1	215	1	224
	Kitebi HC III	3	2	83	21	107	2	97	3	109
	Koboko Hospital	0	0	40	0	39	1	40	0	40
	Mukono General Hospital	0	0	89	3	88	4	84	8	92
	Mulago N R Hospital	0	0	44	0	44	0	44	0	44
	Nsambya Hospital	0	0	84	8	92	0	91	1	92
	Tororo General Hospital	0	1	73	3	75	2	68	9	77
	Total	27	18	1009	51	1086	19	1003	32	1105
SARI	Arua R. R. Hospital	0	0	46	0	44	2	45	1	46
	Entebbe R. R. Hospital	0	1	7	0	6	2	8	0	8
	Fort Portal R. R. Hospital	0	0	50	4	50	4	44	10	54
	Jinja R. R. Hospital	0	0	41	0	40	1	41	0	41
	Kiryandongo Hospital	0	0	24	0	24	0	24	0	24
	Koboko Hospital	0	0	23	0	20	3	23	0	23
	Mbarara R. R. Hospital	2	0	36	0	37	1	34	4	38
	Nsambya Hospital	0	1	90	3	92	2	91	3	94
	Tororo General Hospital	0	1	34	2	36	1	30	7	37
	Total	2	3	351	9	349	16	340	25	365
SARI-ILI	Arua R. R. Hospital	16	0	99	0	113	2	82	2	115
	Entebbe R. R. Hospital	1	1	36	3	38	3	40	1	41
	Fort Portal R. R. Hospital	0	1	50	4	51	4	45	10	55
	Jinja R. R. Hospital	7	1	258	1	259	8	248	6	267
	Kawaala HC IV	0	1	6	2	9	0	5	0	9
	Kibuli Hospital	0	2	15	1	18	0	13	0	18
	Kiryandongo Hospital	0	0	94	1	94	1	93	2	95
	Kiswa HC III	0	10	206	8	223	1	215	1	224
	Kitebi HC III	3	2	83	21	107	2	97	3	109
	Koboko Hospital	0	0	63	0	59	4	63	0	63
	Mbarara R. R. Hospital	2	0	36	0	37	1	34	4	38
	Mukono General Hospital	0	0	89	3	88	4	84	8	92
	Mulago N R Hospital	0	0	44	0	44	0	44	0	44
	Nsambya Hospital	0	1	174	11	184	2	182	4	186
	Tororo General Hospital	0	2	107	5	111	3	98	16	114
	Total	29	21	1360	60	1435	35	1343	57	1470

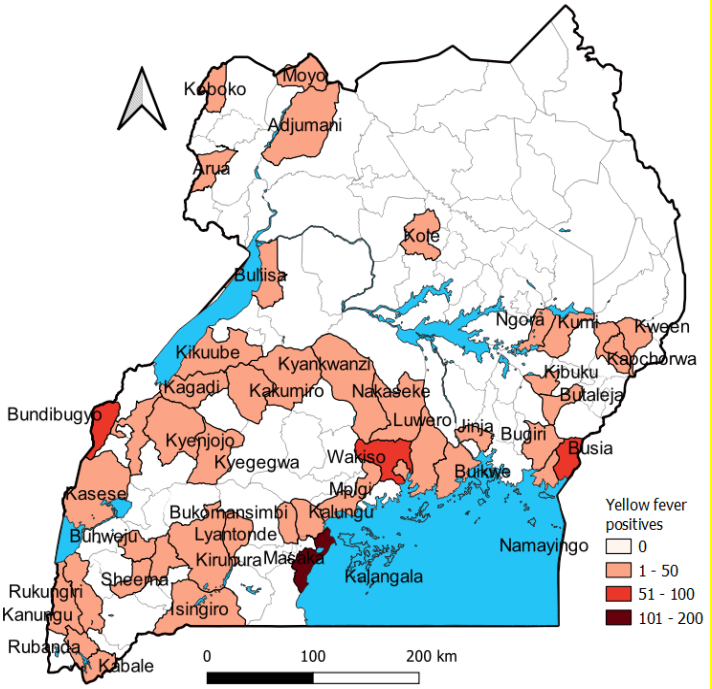
Yellow Fever Virus (YFV) Surveillance

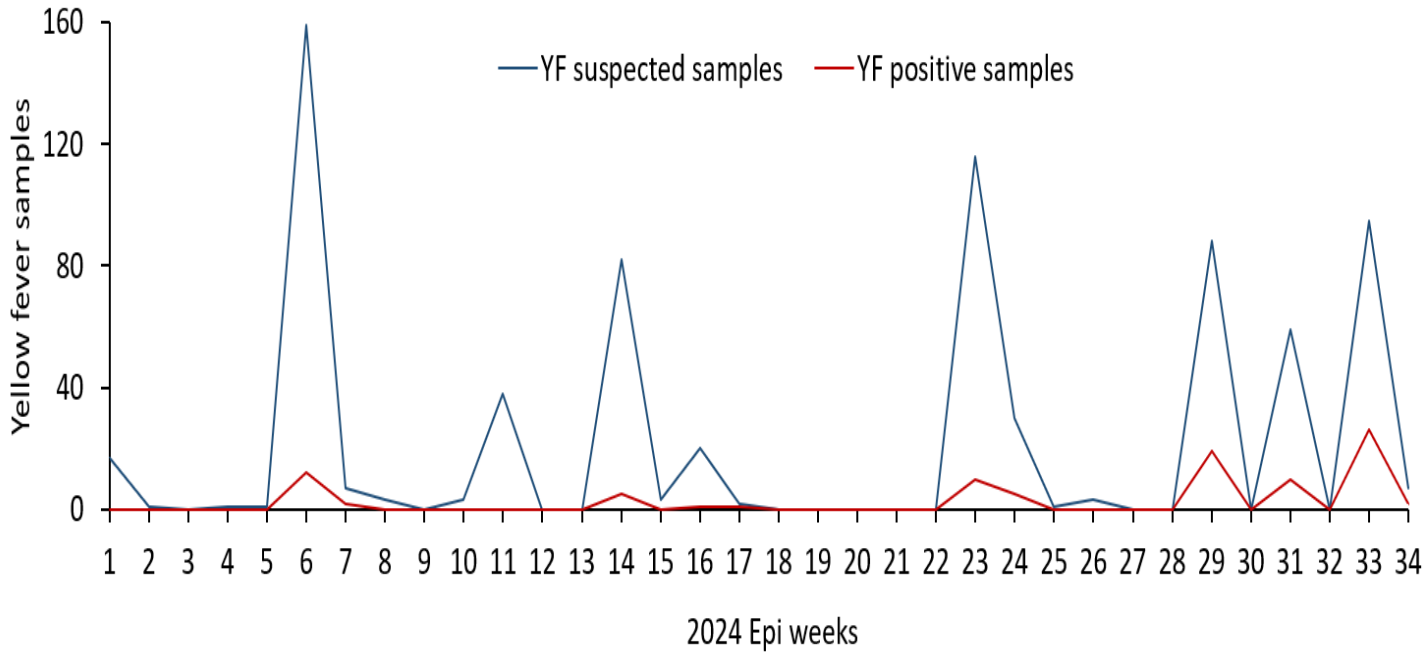
Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-34

During 2024 WK34, 7 yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 768 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-34 2024). During WK01 -34 2024, 62 samples tested positive for yellow fever. The map on the left shows districts where the positive samples came from. The graph below shows yellow fever samples and positives during 2024.



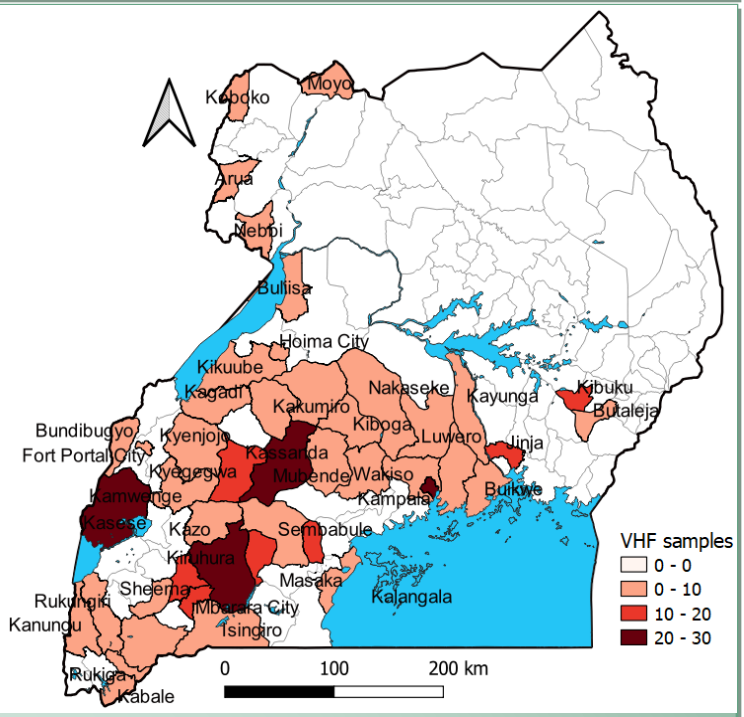


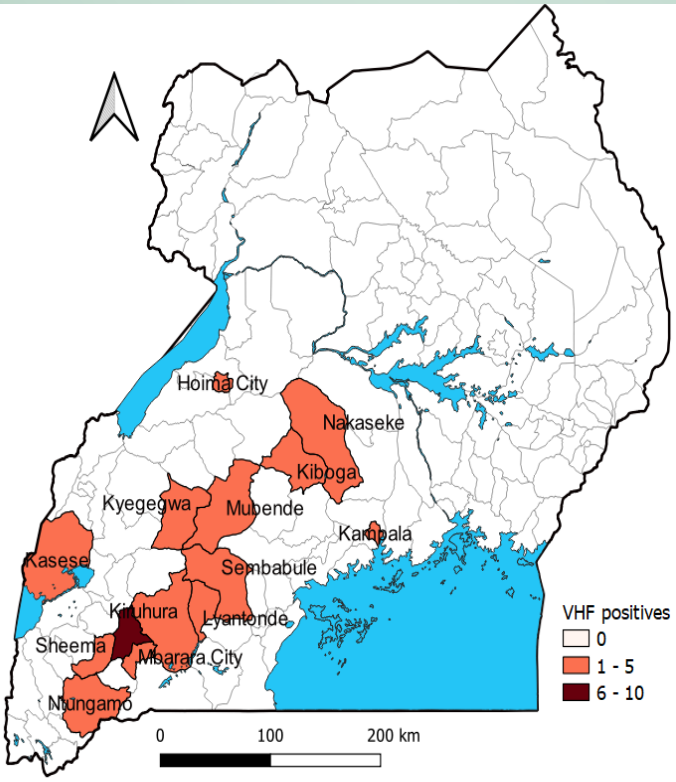


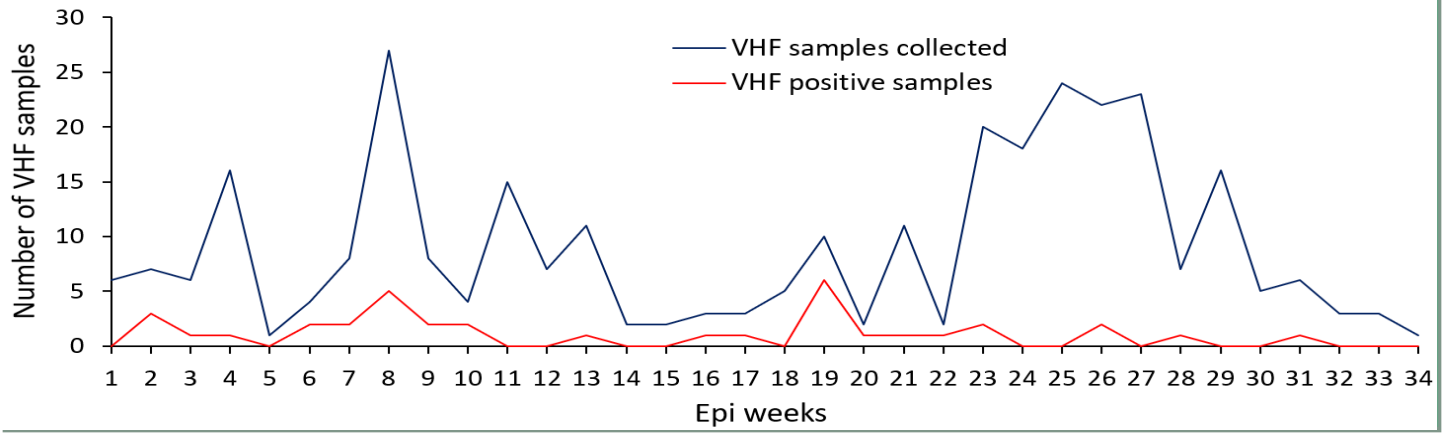
Viral Hemorrhagic Fevers Surveillance

Figure 13.1: Districts submitting samples for suspected VHFs during 2024 EpiWeeks 01-34

Between 2024 WK01-34, a total of 311 VHF suspected samples were collected; 278 from alive and 33 from dead. Mubende District had the highest number of samples (28) followed by Kasese District (27) and Kampala City (26). The map on the right shows the distribution of samples collected by districts. Most of them are from central, western and West Nile regions of Uganda. Cumulatively, 24 samples tested positive for RVF; 92% (22/24) were from males while 8% (2/24) were from females. Majority of the positive RVF samples (12) were from Mbarara District and City. Fifteen samples (all from males) tested positive for CCHF. These were from the districts of Lyantonde (3), Kampala (3), Kiruhura (3), Kasese (2), Mbarara (1), Hoima (1) and Kiboga (1). These have been responded to as outbreaks under the zoonosis IMT. The map on the left shows districts with positive VHF samples.







Points of Entry (POE) Surveillance

Table 14.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week33

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)
1	Mpondwe	89,053	1,217
2	Elegu	19,396	8,967
3	Entebbe Airport	19,128	19,744
4	Bunagana	14,091	5,620
5	Katuna	8,273	-
6	Malaba	6,490	-
7	Busia	6,473	-
8	Cyanika	6,088	5,611
9	Busunga	5,095	4,615
10	Mutukula	3,004	1,401
11	Kokwochaya	2,189	1,440
12	Mirama Hills	1,789	1,411
13	Kyeshero	1,472	217
14	Alakas	1,439	1,977
15	Vurra	1,361	1,074
16	Goli	1,047	1,144
17	Odramacaku	1,044	525
18	Ishasha	789	148
19	Ntoroko Main	765	694
20	Arua Airport	697	301
21	Transami	549	409
22	Wanseko	298	518
23	Sebagoro	271	49
24	Kayanzi	247	247
25	Hima Cement	189	379
26	Suam	161	65
27	Ndaiga	147	122
28	Madi-Opei	-	-
	Total	**191,545**	**57,895**

During 2024 EpiWeek 33 a total of 191,545 in-coming, and 57,895 exiting travelers at 28 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Elegu, Entebbe Airport and Bunagana, (Table 13.1). Presumptive Tuberculosis was identified among 34 travelers, 34 travelers were tested for TB, 3 traveler were confirmed with TB and 2 linked to care (Table 14.2).

Source: IOM, eIDSR

Table 14.2: Tuberculosis screening among travelers during 2024Epi Week33

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Elegu	12	12	02	02
Busia	07	07	00	00
Malaba	07	07	01	00
Kokwochaya	06	06	00	00
Bunagana	02	02	00	00
Total	34	34	03	02

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 15.1: Active PHEs in Uganda during 2024WK34

PHE	Activation Date	Location	All Cases	Confirmed Cases	Human Deaths
cVDPV2 (environmental)	31-May-24	Mbale City			
Measles	18-Jun-24	Moroto	316	13	07
	12-Aug-24	Isingiro	25	03	00
	15-Aug-24	Mbale City	08	04	00
	19-Aug-24	Luweero	05	05	00
	27-Jul-24	Kamuli	37	03	00
Anthrax	17-Aug-24	Bushenyi, Buhweju	19	02	00
Monkey Pox	24-Jul-24	Amuru, Mayuge, Wakiso, Kasese, Kampala	216	10	00

Uganda's PHEOCs are currently activated for an outbreak of Measles in five districts concurrently; Environmental cVDPV2 in Mbale City; Monkey Pox in Amuru, Mayuge, Wakiso, Kasese and Kampala districts; Anthrax in Bushenyi and Buhweju districts.

Within Uganda's neighborhood, three countries are responding to incidents of Mpox, Poliomyelitis (cVDPV1 and 2), measles and Cholera. Other incidents include yellow fever in S. Sudan, Hepatitis A in Kenya, S. Sudan; among others.

Table 15.1: Active PHEs around Uganda during 2024WK34

Country	PHE	Grading	Start of reporting	Total Cases	Confirmed	Deaths	CFR
Kenya	Mpox	Grade 3	22-Jul-24	1	1	0	0.00%
	Visceral Leishmania	Ungraded	01-Jan-24	54		4	7.40%
	Cholera	Grade 3	01-Jan-24	392		3	
	Hepatitis A	Ungraded	01-Jan-24	19	19	3	15.80%
	Measles	Ungraded	01-Jan-23	1543	199	11	0.70%
	Poliomyelitis (cVDPV2)	Grade 2	26-May-23	8	8	0	0.00%
South Sudan	Anthrax	Grade 2	01-Jan-24	111		3	2.70%
	Hepatitis E	Ungraded	01-Jan-19				
	Measles	Ungraded	01-Jan-24	3156	170	41	1.30%
	Poliomyelitis (cVDPV2)	Grade 2	01-Jan-23	9	9	0	0.00%
	Yellow fever	Ungraded	24-Dec-23	139	3	6	4.30%
	Humanitarian crisis	Protracted 3	15-Aug-16				
Democratic Republic of the Congo	Flood	Ungraded	09-Jan-24	471000		300	
	Humanitarian crisis	Grade 3	17-Apr-17				
	Cholera	Grade 3	01-Jan-24	13360		217	1.60%
	Measles	Ungraded	01-Jan-24	30144	1178	791	2.60%
	Mpox	Grade 3	01-Jan-24	5768	632	332	5.80%
	Poliomyelitis (cVDPV1)	Grade 2	01-Jan-23	107	107	0	0.00%
	Poliomyelitis (cVDPV2)	Grade 2	01-Jan-23	118	118	0	0.00%
Rwanda	Malaria	Ungraded	26-May-24				
	Mpox	Grade 3	24-Jul-24	2	2	0	0.00%
Tanzania	Flood	Grade 2	24-Apr-24				
	Cholera	Grade 3	05-Sep-23		4306	81	1.90%

Source: National PHEOC, WHO Bulletin