



MINISTRY OF HEALTH, UGANDA









Weekly Malaria Report



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

EPI WEEK 52 | 25th Dec to 31th Dec 2023 | KEY HIGHLIGHTS

HIGHLIGHTS

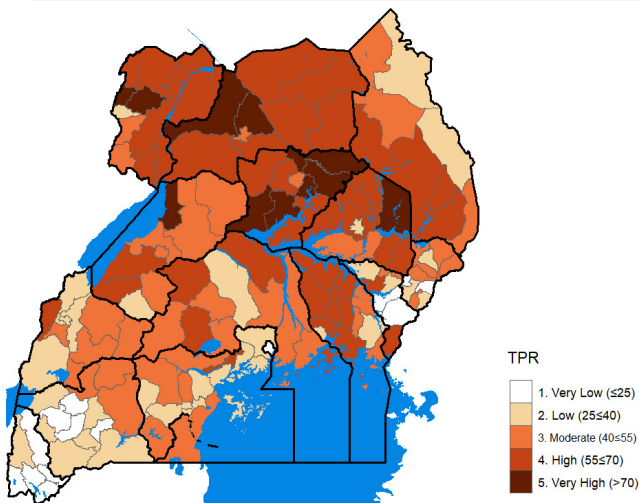
 74.0% Reporting rate	 110,996 Confirmed malaria cases	 4.7% (7) Districts had inadequate ACT stock (<8 weeks)
 16 Reported deaths	 03 Districts response	 18.5% (27) Districts had inadequate RDT stock (< 8 weeks)
 48.5% Test Positivity Rate	 04 Districts in Alert	

The testing rate for patients with fever was 97.2% (211,199) | Proportion treated with a negative test was 3.6% (3,936) | Proportion treated without a test was 1.7% (2,278) | Proportion treated with a positive result was 92.8% (102,990)

SUMMARY OF KEY INDICATORS OVER THE LAST 4 WEEKS

Week	Reporting rate	Confirmed Cases	Test Positivity Rate	Reported Deaths	District Epidemic Action			% districts with inadequate ACTs	% districts with inadequate RDTs
					Alert	District response	IMT response		
49	81.5	188,205	45.7	30	4	3	0	11.6	30.1
50	83.0	190,442	47.2	38	4	3	0	11.6	28.8
51	65.9	138,174	48.6	16	4	3	0	8.2	24.7
52	74.0	110,996	48.5	16	4	3	0	4.7	18.5

TEST POSITIVITY RATES

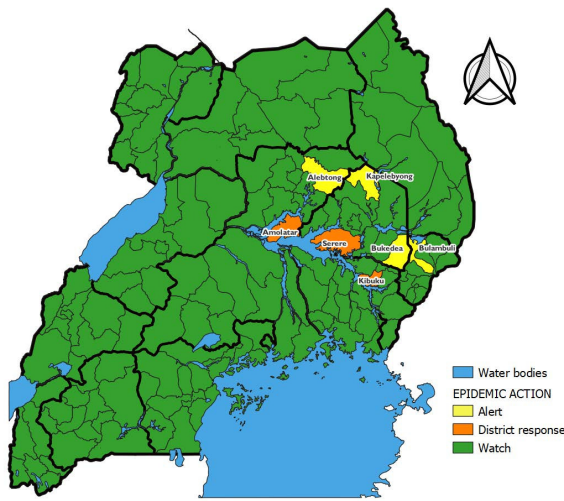


Test positivity rate is 48.5% this week compared to 48.6% in week 51. TPR range was between 9.3% to 76.8%.

The top 10 districts with the highest Test positivity rates reported are:

Buliisa (76.8%), Apac (76.3%), Katakwi (75.1%), Gulu (74.0%), Terego (72.8%), Otuke (71.6%), Maracha (71.3%), Alebtong (71.2%), Amuru (71.0%), Kwanja (70.6%)

MALARIA EPIDEMIC ALERT & RESPONSE DISTRICTS



Alert districts: 04

Alebtong, Kapelebyong, Bukedea and Bulambuli

District response: 03

Serere, Amolatar and Kibuku

Watch districts: 139

NB:

Watch districts have cases < median (50th percentile) of the baseline |

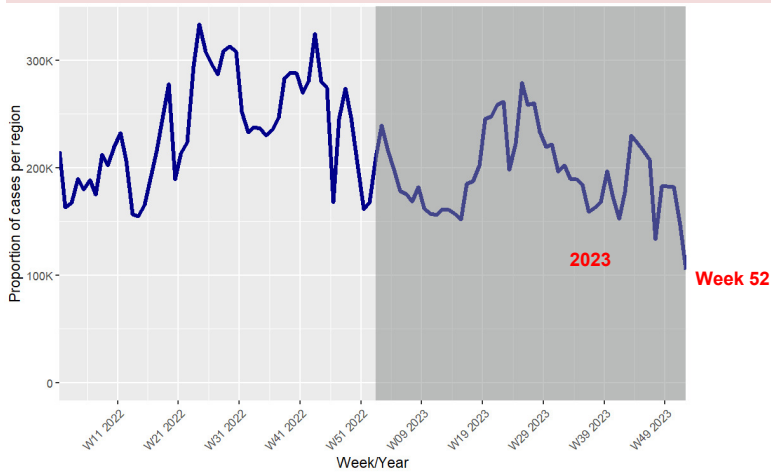
Alert districts have cases >50th percentile but < 75th percentile |

District response have cases >75th percentile for <4 weeks or focal areas affected.

IMS response have cases >75th percentile for >4 weeks & many sub counties are affected.

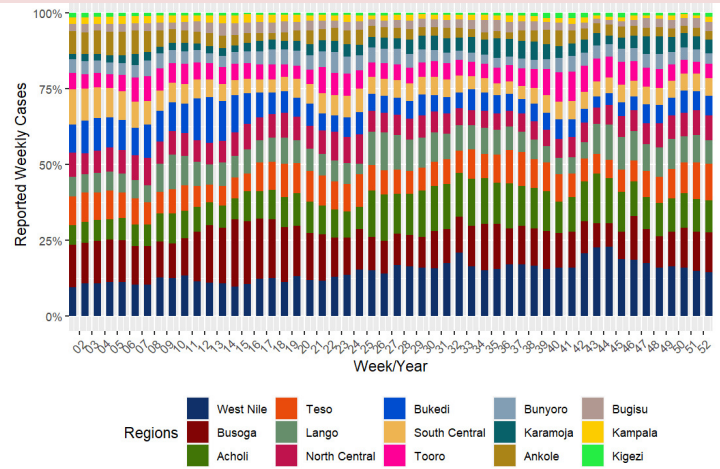
All the districts that received IRS with Actellic in the east (Tororo, Bugiri, Butaleja, Budaka, Namutumba and Pallisa) in addition to other interventions are now in watch mode. An additional round of IRS with Actellic is planned for Feb/March 2024

WEEKLY CASES TRENDS - WK1 2022 TO WK44 2023



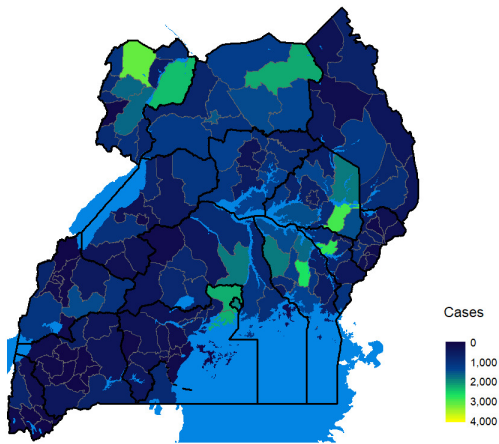
Currently, following the rains in most parts of the country, the country is experiencing increases in cases, consistent with the second transmission season, October to December.

WEEKLY PROPORTION OF CASE LOAD PER REGION



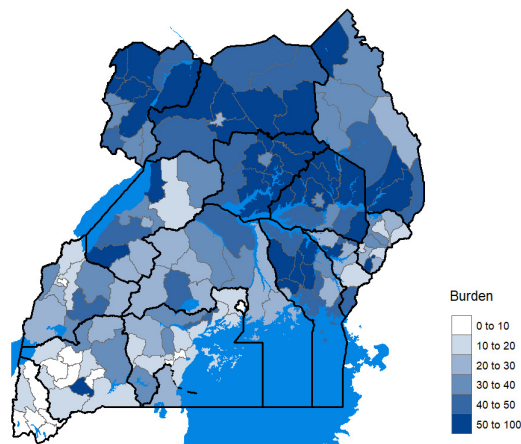
5 regions contribute 58.7% of all cases in week 52. These are West Nile (14.5%), Busoga (13.3%), Teso (12.1%), Acholi (10.5%), North Central (8.3%)

DISTRIBUTION OF CASES BY DISTRICT



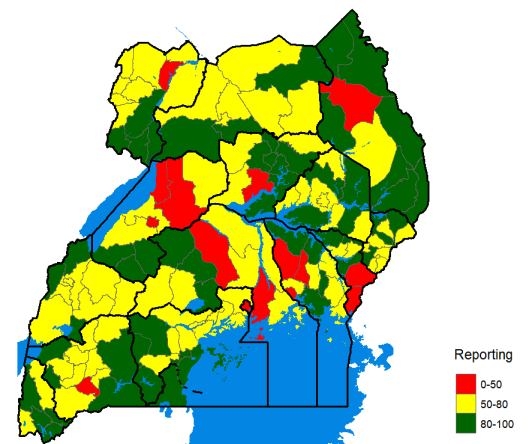
Top 10 districts reporting the most cases this week are:
Yumbe (3,096), Kumi (2,887), Kibuku (2,791), Iganga (2,642), Adjumani (2,333), Wakiso (2,236), Kitgum (2,187), Kampala (1,935), Katakwi (1,820), Kamuli (1,806)

OPD BURDEN (%)



The average OPD burden for the week was 36.0%. Highest in Lango (58.0%), Teso (56.3%), Acholi (50.6%), West Nile (48.1%), Busoga (46.3%) regions. Top 10 highest OPD burden districts are: **Kole, Soroti, Kapelebyong, Kwania, Manafwa, Maracha, Kibuku, Madi-Okollo, Buliisa, Pader**

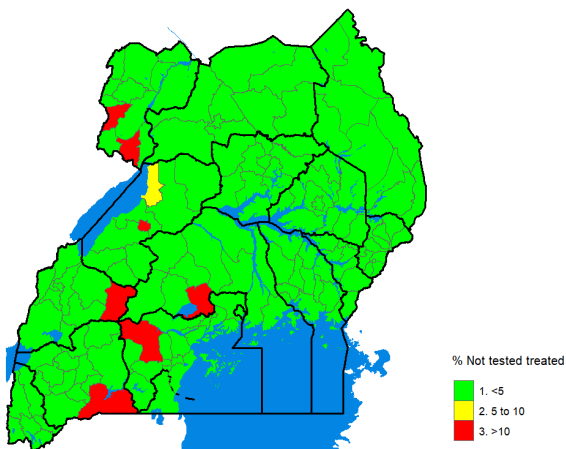
REPORTING RATE



38.4% (56) districts posted a reporting rate above 80%. Seventy five districts, (51.4%) reported between 50 to 80%. Fifteen (10.3%) districts posted a reporting rate below 50% this week.
6275 facilities reported this week. Facilities not reporting on Cases 3,445 (54%) | Deaths 6,265 (99.7%) | Fever 3,255 (52%) | RDTs 3,841 (61%) | ACTs 3,726 (59%)

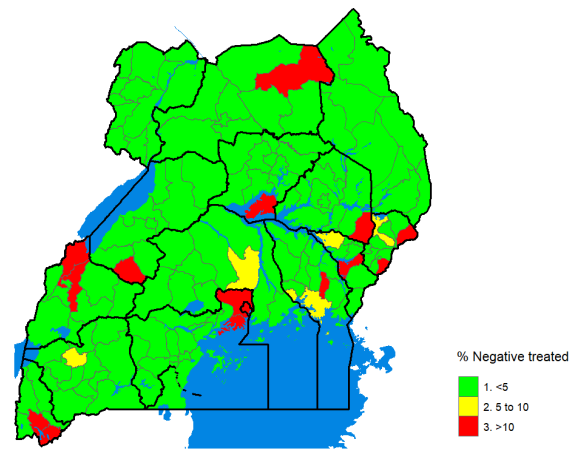
TEST AND TREAT PERFORMANCE BY DISTRICT

Districts reporting cases treated with no malaria test



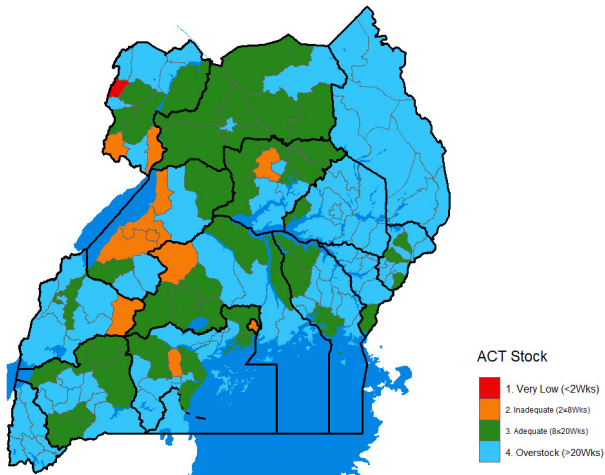
Top 5 districts with highest % treated with no test are: **Kyegegwa (44.1%), Madi-Okollo (27.1%), Nebbi (24.8%), Kamwenge (22.3%), Soroti (16.1%)**

Districts reporting cases treated with a negative malaria test



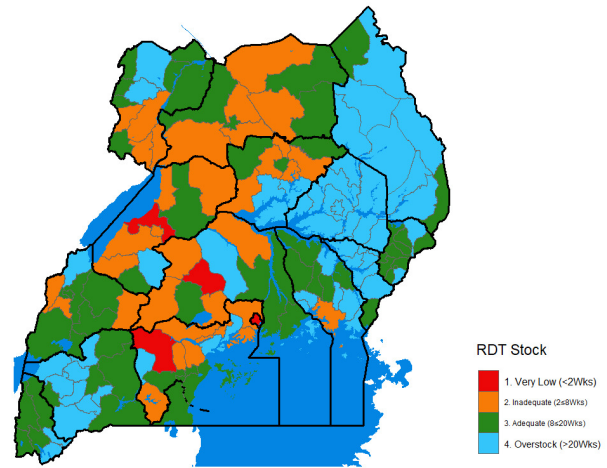
Top 5 districts with highest % treated with negative test are: **Namisindwa (38.1%), Kabale (35.6%), Wakiso (34.2%), Kibaale (32.7%), Rubanda (25.3%)**

ACT AVAILABILITY IN THE DISTRICTS



Seven (4.7%) districts had inadequate ACT stock.
No district with < 2. One Hundred Eleven (76.0%) districts reported overstock of ACTs.

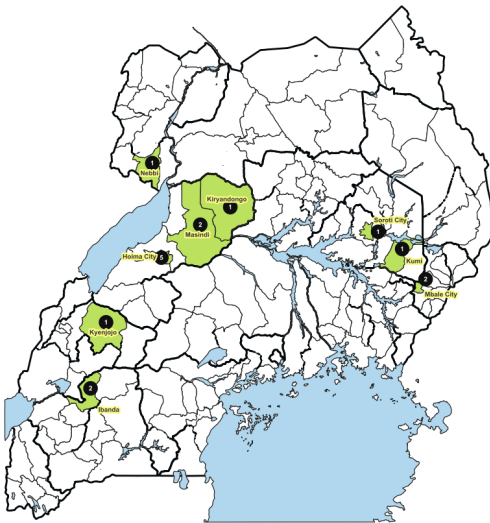
RDT AVAILABILITY IN THE DISTRICTS



Twenty seven, (18.5%) districts had inadequate RDT stock. Two districts with < 2 weeks of RDT stock include: Kikube(1), Kiboga (1). Seventy five (51.3%) districts reported overstock of RDTs.

All districts that have ≤ 2 weeks of stock for any commodity, REQUIRE immediate support. Districts with an asterisk (*), report less than 1 week of commodities. Emphasis should be on districts in epidemic alert and response mode, and those reporting the most cases of Malaria.

MALARIA REPORTED DEATHS



Highest deaths are reported from the following districts

District	Health Facility	Deaths
Hoima City	Hoima Regional Referral Hospital	5
Ibanda	Ibanda Hospital	2
Masindi	Masindi General Hospital	2
Mbale City	Mbale Regional Referral Hospital	2
Nebbi	Angal Hospital	1
Kumi	Atatur General Hospital	1
Kiryandongo	Bweyale Kitara Medical Centre	1
Kyenjojo	Kyenjojo General Hospital	1
Soroti City	Soroti Main Prisons Health Centre III	1

Recommendations

- Case management & PSM to ensure commodities for test and treat are available to treat increasing cases following the rains.
- PSM with support of case management team to continue following up on over stocked districts & facilities to verify overstocks and plan redistribution of excess ACTs and RDTs.
- SBCC team to continue risk communication messaging in the face of the heavy rains, early testing and treatment and completion of treatments etc.
- SMEOR teams to work closely with district teams to ramp up surveillance, and ensure complete and timely reporting.
- Case management to follow up districts and facilities with low adherence to test and treat policy.
- All efforts (Multi-sectoral) should be geared to support and sustain gains in epidemic districts showing progress to prevent reversal of gains.

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