



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 04: 22nd - 28th January, 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:

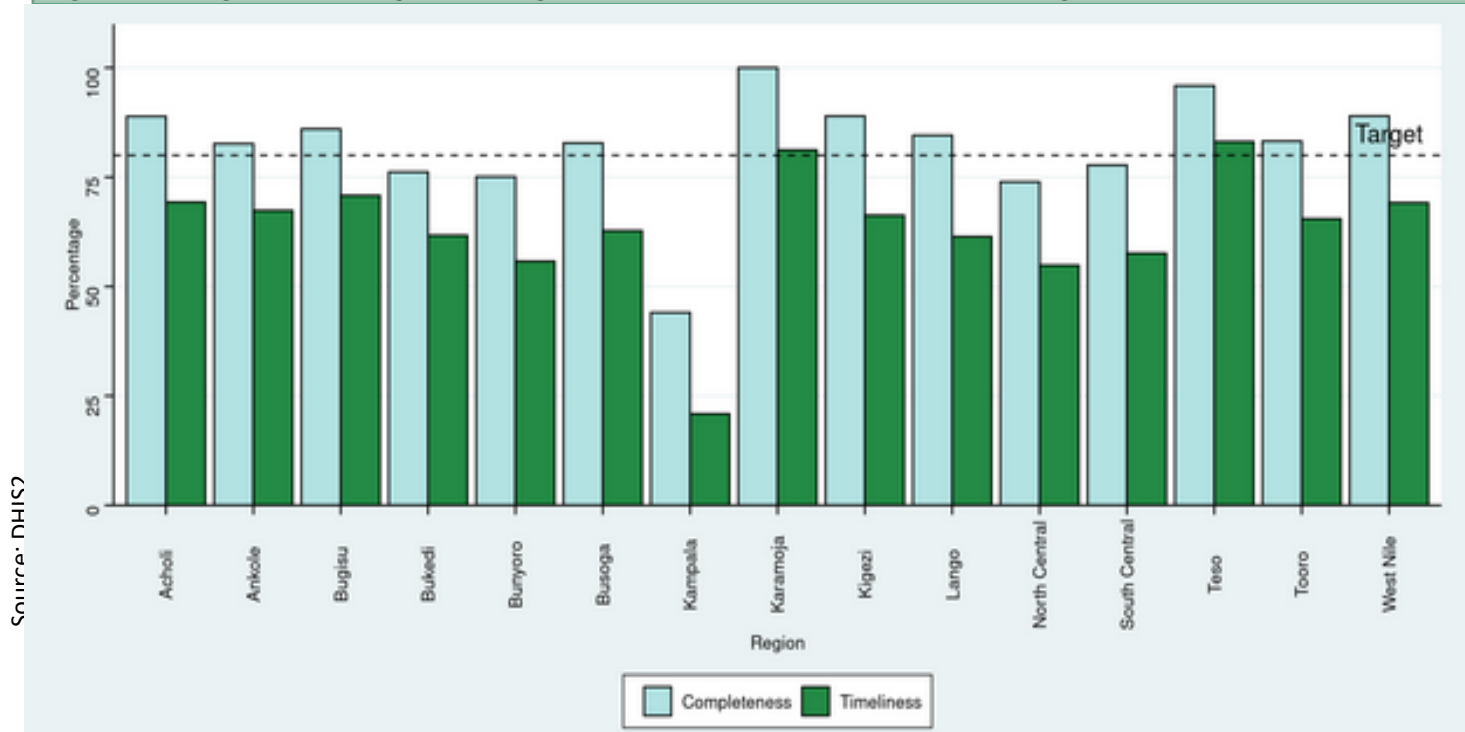
Dr. Allan Muruta,

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Indicator Based Surveillance

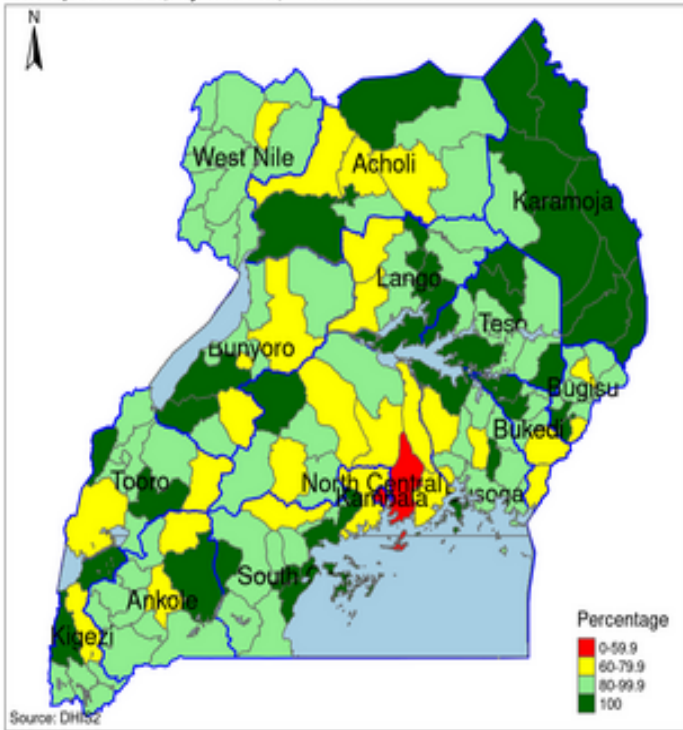
Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 04



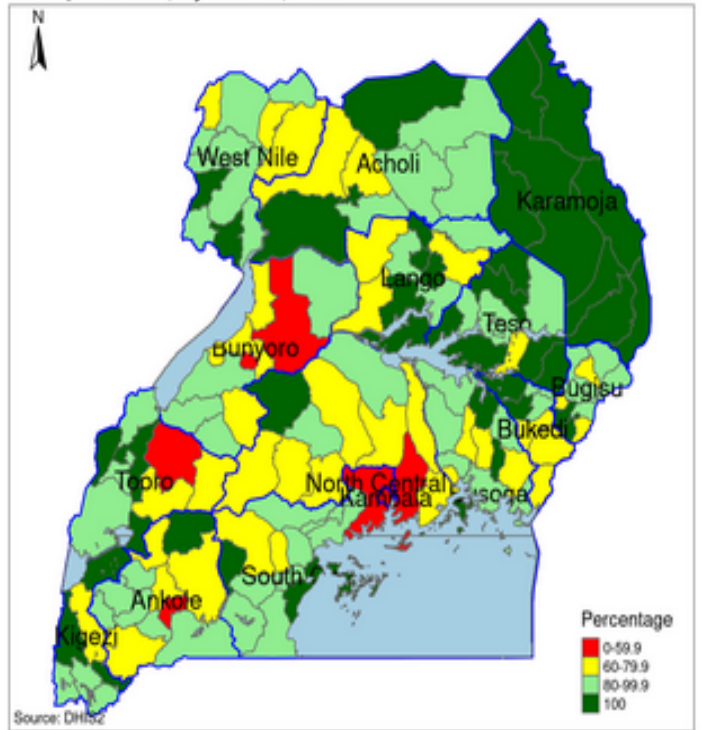
Most regions achieved the target of 80% for completeness for the weekly epidemiological reports within the EpiWeek 04 of 2024 save for Kampala, North Central, south central and Bukedi. Timeliness within most regions needs strengthening save for Karamoja. Our recommendation is that district biostatisticians 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.

Figure 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 03 and 04

Completeness, by district, Week 3



Completeness, by district, Week 4



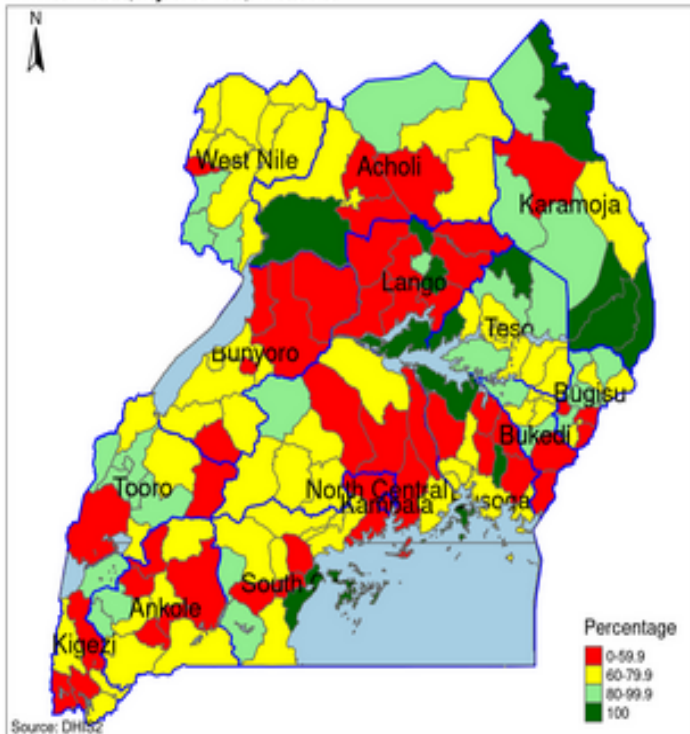
KEY

0-59.9	Poor performance
60-79.9	Average performance
80-99.9	Good performance
100	Best performance

Source: DHIS2

Districts in red need immediate follow-ups and support regarding reporting by the district health teams.

Timeliness, by district, Week 3



Timeliness, by district, Week 4

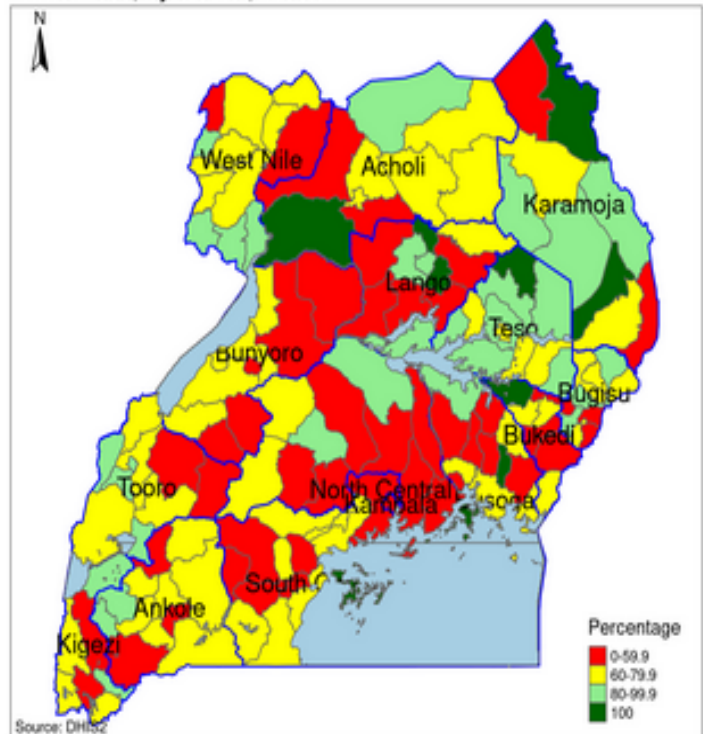


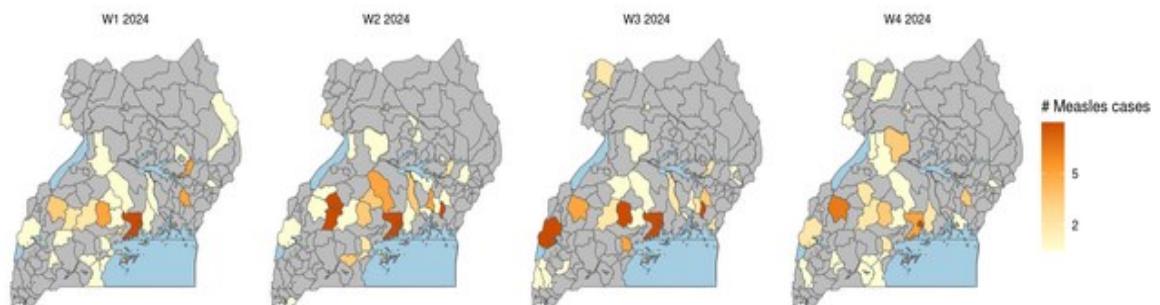
Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wko4



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

Within the reporting week 04, suspected cases were reported within the conditions of guinea worm, plague, yellow fever and MDR TB. These are suspected cases and verification is on-going. There were no suspected deaths reported.

Figure 1.4:
Suspected and probable cases of measles reported in the past two weeks



Influenza Surveillance

Table 4.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week 04

Health Facility	Type of case	# of Specimens Tested (PCR)	# COVID-19	# Flu A (H3N2)
Kiruddu NRH	SARI	02	-	00
	ILI	08	-	00
Mulago NRH	SARI	02	-	00
	ILI	07	-	00
Jinja RRH	SARI	02	-	00
	ILI	08	-	01
Gulu RRH	SARI	02	-	00
	ILI	08	-	00
Totals		39	-	01

During week four 2024, 39 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=9), 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 labs at UVRI Entebbe. Flu A (H3N2) was at 2.56%. All samples were negative for Flu B and SARS-CoV-2 (Table 5.1).

Further, 40 samples collected during week 03 were analyzed for ten other viral causes of ILI/SARI. The respiratory syncytial viruses (RSV) and adenoviruses (ADV) were the most isolated non-influenza viral causes of ILI/SARI circulating at 10% and 5% respectively (Table 5.2). We report the respiratory syncytial viruses as the most prevalent cause of ILI/SARI, and continued circulation of SARS-CoV-2 in the Eastern region.

Table 5.2: Results of Analysis for Other Viral Pathogens 2024Week 02

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# HBoV Positive	#HMPV Positive
Kiruddu NRH	10	01	00	00	00
Gulu RRH	10	00	01	00	00
Jinja RRH	10	01	02	01	00
Mulago NRH	10	01	00	01	01
Total	40	02	04	01	01

Influenza Surveillance

Table 5.1: Monthly Influenza, COVID 19 and RSV Results

Month	Influenza	COVID19Result		RSVResult	Total
	Negative	Negative	Positive	Negative	
January	63	62	01	63	63
Total	63	62	01	63	63

Table 5.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, January 2024

Sample Type/ Sentinel Site		Influenza	COVID19Result		RSVResult	Total
		Negative	Negative	Positive	Negative	
ILI	Jinja RRH	05	05		05	5
	Kiryandongo Hospital	26	26		26	26
	Kiswa HC III	15	15		15	15
	Nsambya Hospital	03	03		03	3
	Total	49	49		49	49
SARI	Jinja R R Hospital	01	01	00	01	1
	Nsambya Hospital	13	12	01	13	13
	Total	14	13	01	14	14
SARI-ILI	Jinja R R Hospital	06	06	00	06	6
	Kiryandongo Hospital	26	26	00	26	26
	Kiswa HC III	15	15	00	15	15
	Nsambya Hospital	16	15	01	16	16
	Total	63	62	01	63	63

Table 5.3: Gender: Influenza, COVID 19 and RSV Results, January 2024

Sex	Influenza	COVID19Result		RSVResult	Total
	Negative	Negative	Positive	Negative	
Female	26	25	01	26	26
Male	37	37	00	37	37
Total	63	62	01	63	63

Table 6.4: SARI-ILI: Influenza, COVID 19 and RSV Results, January 2024

Sample Type	Influenza	COVID19Result		RSVResult	Total
	Negative	Negative	Positive	Negative	
ILI	49	49	00	49	49
SARI	14	13	01	14	14
Total	63	62	01	63	63

Table 6.5: Weekly Influenza, COVID 19 and RSV Results, January 2024

EPIWEEK	Influenza	COVID19Result		RSVResult	Total
	Negative	Negative	Positive	Negative	
1	11	10	01	11	11
2	34	34	00	34	34
3	18	18	00	18	18
Total	63	62	01	63	63

Source: National Influenza Center

Points of Entry (POE) Surveillance

Table 8.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week04

PoE	Travelers Screened (Entry)	Travelers Screened (Exit)
Mpondwe	78,770	168
Entebbe Airport	15,366	15,534
Elegu	18,087	11,440
Bunagana	14,353	7,294
Wanseko	895	427
Cyanika	5,110	4,769
Busunga	5,346	4,714
Busia	4,023	-
Kokwochaya	2,189	109
Mutukula	3,623	232
Madi-Opei	185	11
Vurra	1,136	925
Ntoroko Main	743	91
Odramacaku	494	19
Lwakhaka	529	140
Arua Airport	452	177
Ndaiga	383	04
Goli	585	654
Transami	303	260
Kyeshero	587	30
Sebagoro	365	39
Katwe	298	-
Katuna	716	-
Hima Cement	102	317

During 2024 EpiWeek 04 a total of 153,745 in-coming, and 47,312 exiting travelers at 23 Points of Entry (POEs) were screened. Highest traffic was registered at Mpondwe, Entebbe Airport, Elegu and Bunagana crossing points (Table 8.1).

Presumptive Tuberculosis was identified among 28 travelers, of whom 16 were tested for TB. There were 01 TB confirmed cases and was linked to care among the travelers (Table 8.2).

Source: IOM, eIDSR

Table 8.2: Tuberculosis screening among travelers during 2024Epi Week04

PoE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Bunagana	03	03	00	00
Busia	09	08	00	00
Kyeshero	08	00	00	00
Lwakhaka	03	03	01	01
Mpondwe	02	02	00	00
Ndaiga	03	00	00	00
Total	28	16	01	01

Tuberculosis Status Update

Figure 6.1: Tuberculosis burden during 2024 EpiWeek 04

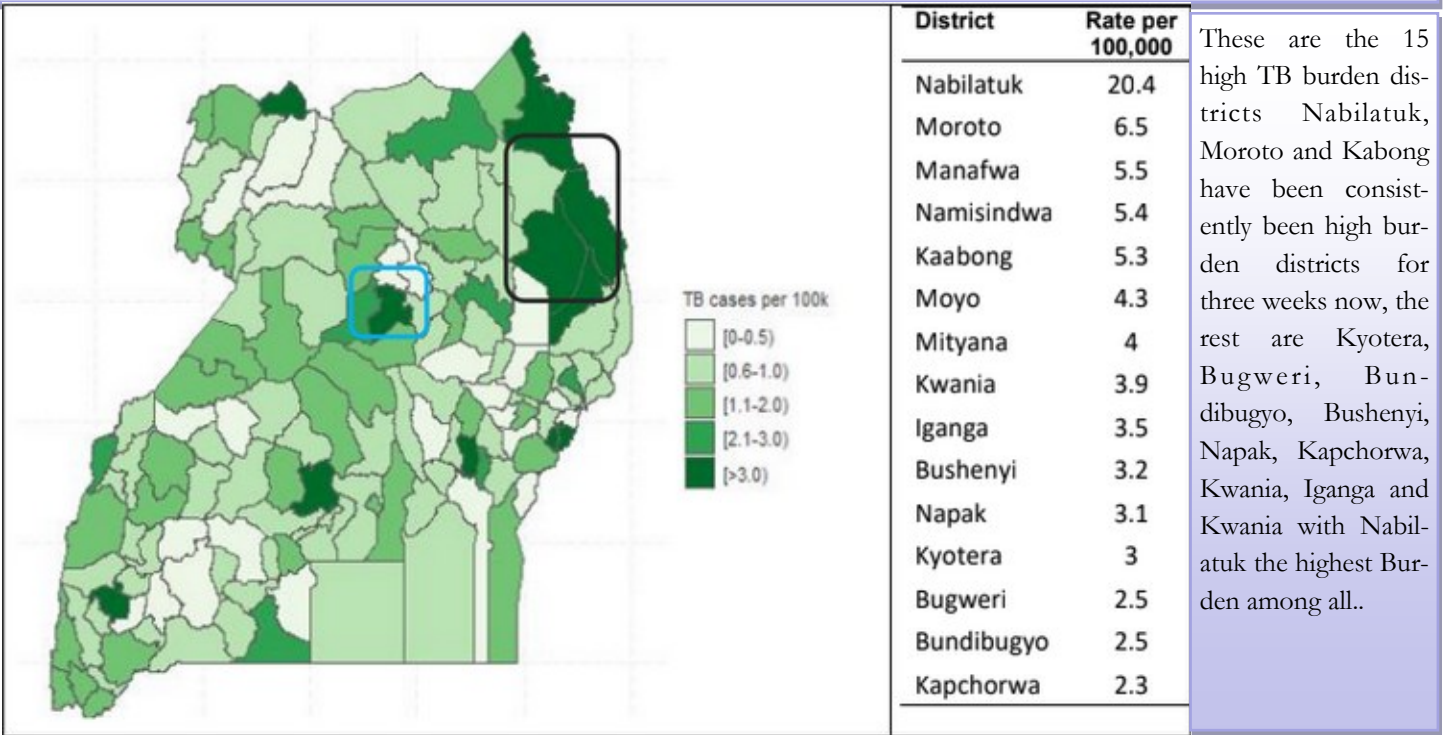


Figure 6.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2022 to Wk42 2023

Figure 6.3: National weekly trends in New Relapse TB diagnosed by Wk04, 2024

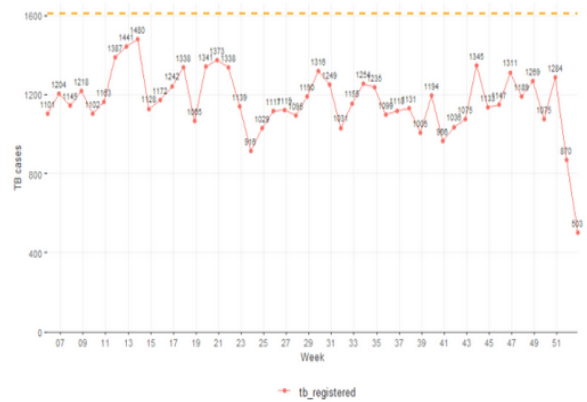
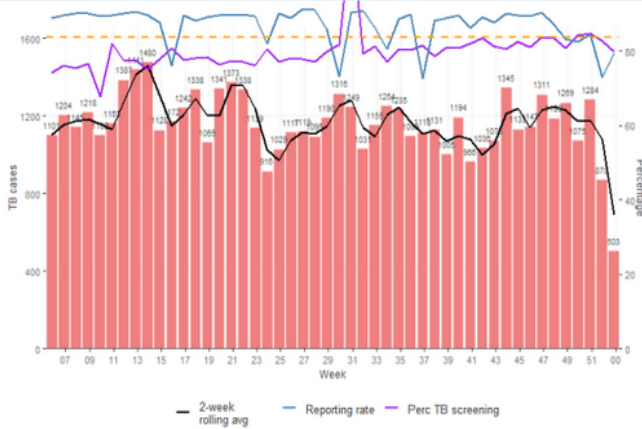


Figure 6.4: Comparison of TB burden by Health Regions between Epi Weeks 03 - 04, 2024



Event Based Surveillance (EBS)

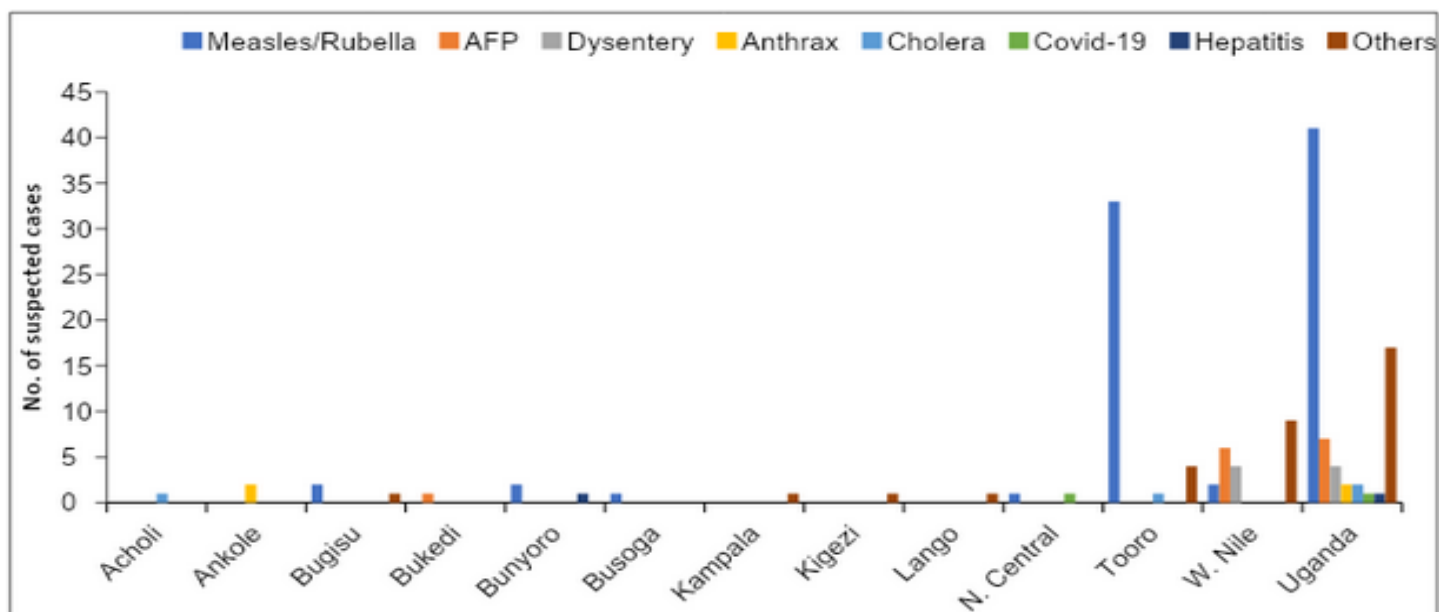
Table 9.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK04

Region	Total Signals	Verified	Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Acholi	1	1	00	01	00	00	00
Ankole	02	02	00	02	01	00	00
Bugisu	05	05	00	03	00	02	00
Bukedi	02	02	00	02	00	00	00
Bunyoro	07	0	01	07	00	00	00
Busoga	02	02	00	01	00	01	00
Kampala	01	01	00	01	00	00	00
Kigezi	02	02	00	02	00	00	00
N. Central	04	04	00	04	00	00	00
Lango	01	01	00	01	00	00	00
Tooro	44	42	02	40	03	00	01
W. Nile	23	23	00	23	00	00	00
Uganda	42	35	07	31	03	06	02

A total of 91 signals were received within the reporting week, 96% (87) of which were verified as events. Most of the signals received (84, 93%) were from the human sector, 3 (3%) from the animal sector, 3 (3%) from natural disasters, and 1 (1%) from an artificial disaster (Table 9.1). The silent regions during the week were Karamoja, South Central and Teso. The natural disasters reported during the week included flooding in two subcounties that are close to Lake Victoria in Namayingo District and the lightning that killed people in Sheema District. skin infections (Figure 9.1).

Source: eIDSR

Figure 9.1: Regional-based suspected conditions reported via the 6767 line during 2024WK04



PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 9.1: Active PHEs in Uganda during 2024WKo4

Start Date	Location	PHE	Cumulative Cases	Confirmed Cases	Human Deaths
02-Sep-19	Serere, Amolatar, Kibuku	Malaria outbreak			
14-Dec-19	7 health regions	Tuberculosis			
21-Mar-20	146 districts	COVID19 Pandemic		171,450	2,898
13-Aug-23	Kyotera	Anthrax	79	19	13
26-Jul-23	Kween	Anthrax	24	06	00
05-Dec-23	Lwengo	Anthrax	04	01	01
28-Dec-23	Kazo	Anthrax	22	04	03
06-Jan-24	Ibanda	Anthrax	12	02	00
16-Dec-23	Katakwi	Rabies	20	00	03
17-Jan-24	Kyenjojo	Measles	87	06	02
23-Dec-23	Arua City	Measles	71	03	00
06-Jan-24	Nakaseke	RVF	01	01	01
27-Jan-24	Kyankwanzi	RVF	01	01	00
08-Jan-24	Lyantonde	CCHF	12	04	03
05-Jan-24	Kampala	CCHF	01	01	01
20-Jan-24	Adjumani	Cholera	15	04	00

Uganda's PHEOCs are currently activated for COVID-19 in Kyenjojo and Arua City, RVF in Kampala and Nakaseke, all districts, malaria in three districts, Tuberculosis, Cholera in anthrax in Kween, Kyotera, Kazo, Lwengo and Ibanda districts, Adjumani, CCHF in Kampala and Lyantonde, Measles in tricts.

Table 9.2: Active PHEs around Uganda during 2024WKo4

Country	PHE	WHO Grading	Start Date	Total Cases	Confirmed Cases	Human Deaths	CFR
Kenya	COVID-19	Protracted 3	13/03/2020	343,999	343,999	5,689	1.7%
	Anthrax	Grade 2	10/04/2023	20		3	15%
	Leishmaniasis	Ungraded	03/01/2020	2,395	2,205	10	0.4%
	Measles	Ungraded	1/01/2023	1,325	259	23	1.5%
	Poliomyelitis (cVDPV2)	Grade 2	26/05/2022	5	5	00	0.0%
	Cholera	Grade 3	5/10/2022	12,121	577	202	1.7 %
	Cholera	Ungraded	21/03/2022	337	56	1	0.3%
South Sudan	COVID-19	Protracted 3	05/04/2020	18,368	18,368	138	0.8%
	Hepatitis E	Ungraded	01/01/2019	4,253	1,517	27	0.7%
	Measles	Ungraded	01/01/2023	6,957	521	150	2.2%
Tanzania	COVID-19	Protracted 3	16/03/2020	43,078	43,078	846	2.0%
	Poliomyelitis (cVDPV2)	Grade 2	17/07/2023	3	1	0	0.0%
Rwanda	COVID-19	Protracted 3	14/03/2020	133,194	133,194	1,468	1.1%
	Cholera	Grade 3	01/01/2023	29,874	1,866	107	0.4%
	COVID-19	Protracted 3	10/03/2020	196,230	196,230	1,468	1.5%
Democratic Republic of Congo	Measles	Ungraded	01/01/2023	247,160	3,429	4,567	1.8%
	Monkey Pox	Protracted 2	01/01/2023	13,240	714	0	0.0%
	Poliomyelitis (cVDPV1)	Grade 2	27/08/2022	230	-	00	00%
	Poliomyelitis (cVDPV2)	Grade 2	1/01/2022	480	480	0	0.0%

Source: National PHEOC, WHO Bulletin