



# MINISTRY OF HEALTH

## THE WEEKLY EPIDEMIOLOGICAL BULLETIN

### WEEK 05: 28<sup>th</sup> January - 03<sup>th</sup> February 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:*

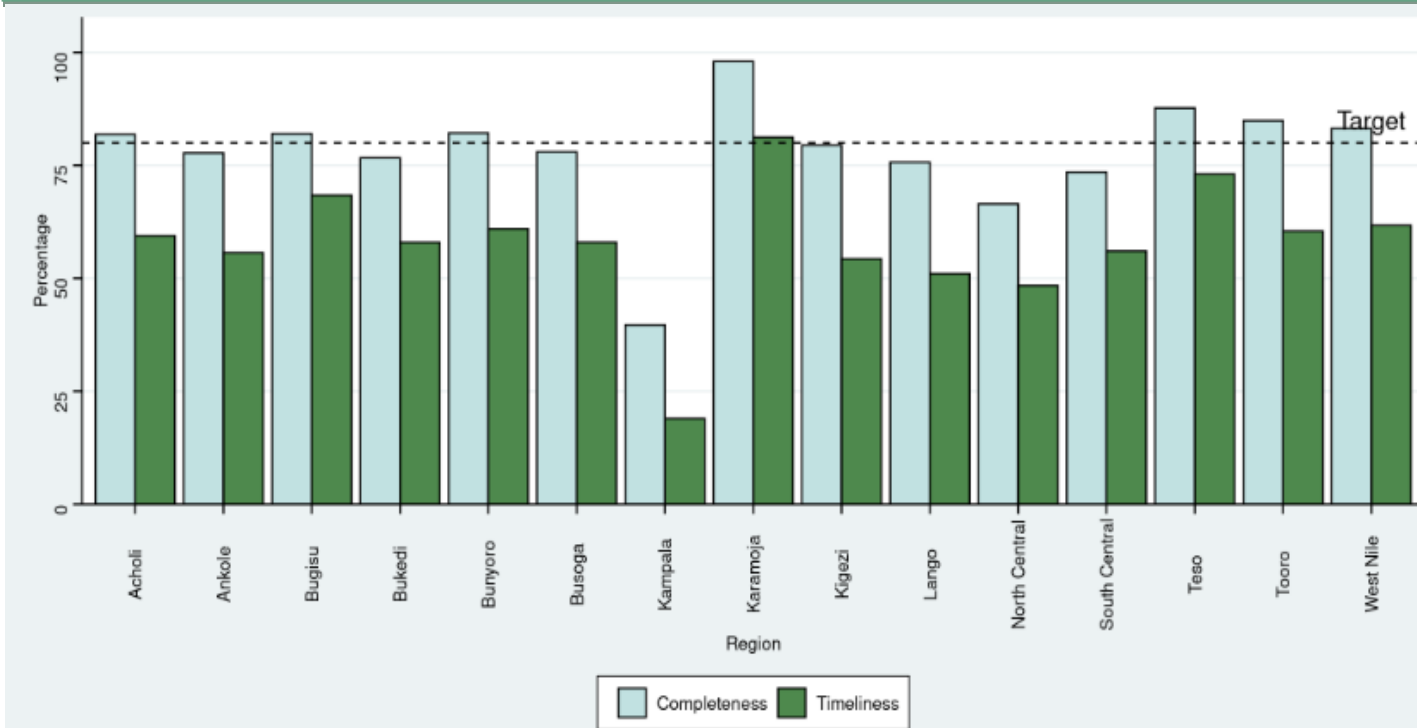
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## Indicator Based Surveillance

**Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek05**

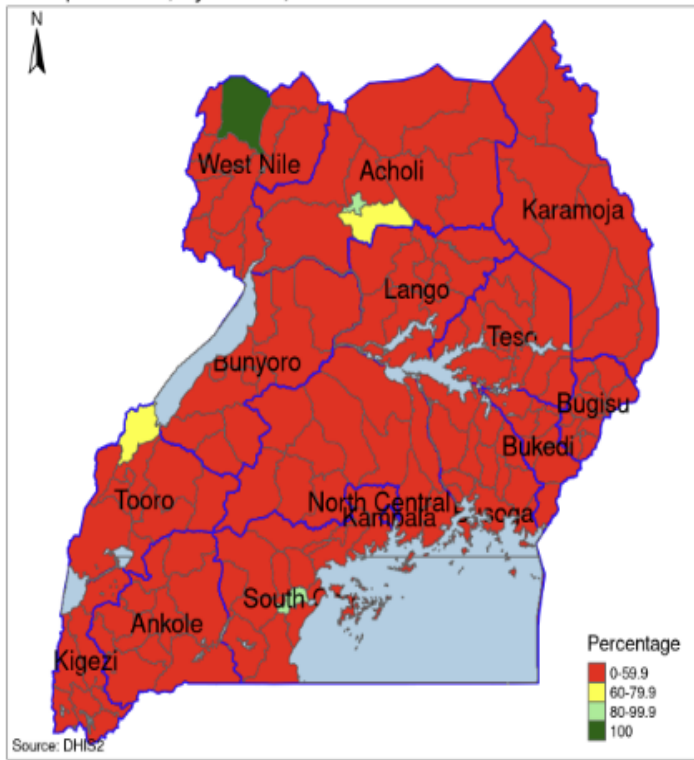


Source: DHIS2

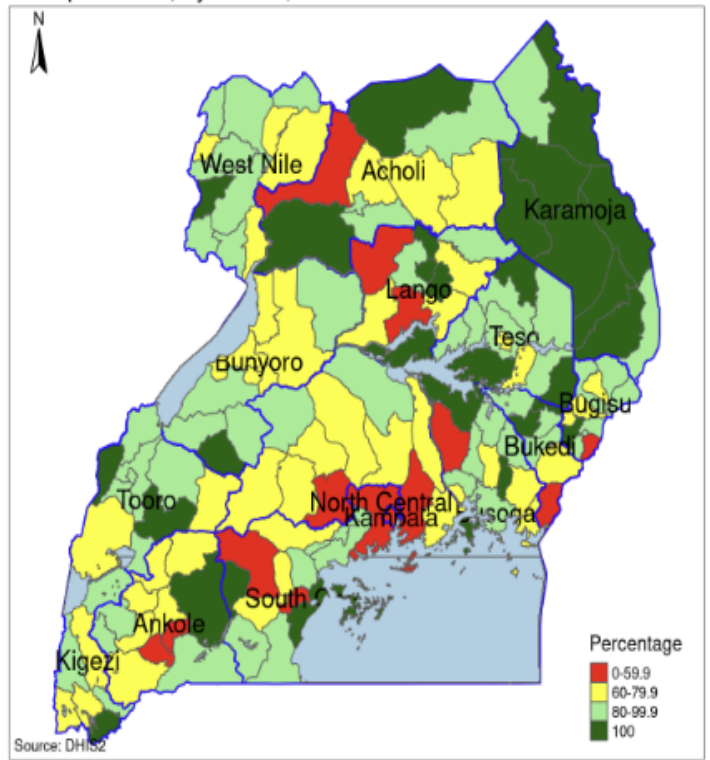
Most regions did not achieve the target of 80% for completeness for the weekly epidemiological reports within the EpiWeek 05 save for Acholi, Bugisu, Bunyoro, Karamoja, Teso, Tooro, and West Nile. Timeliness within most regions needs strengthening save for Karamoja. Our recommendation is that district 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 04 and 05

Completeness, by district, Week 4



Completeness, by district, Week 5



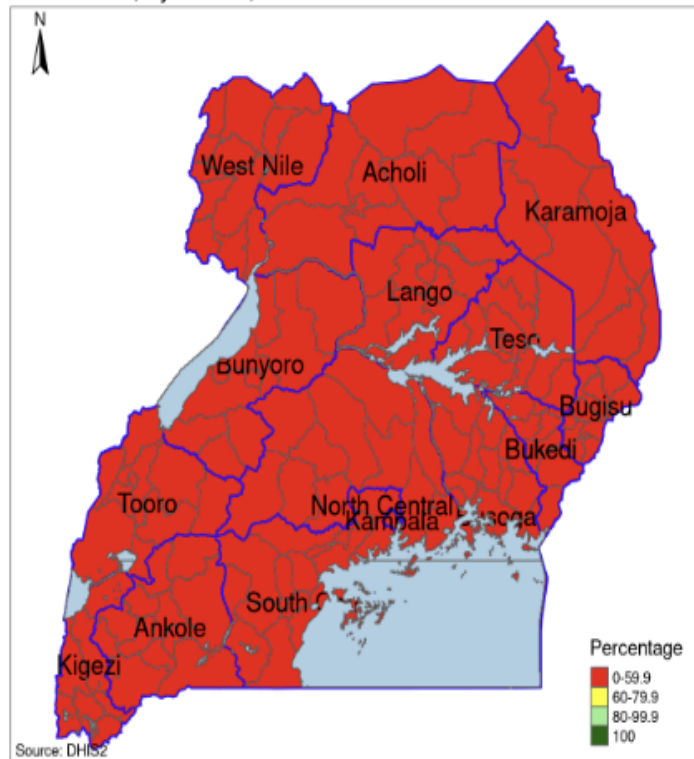
**KEY**

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

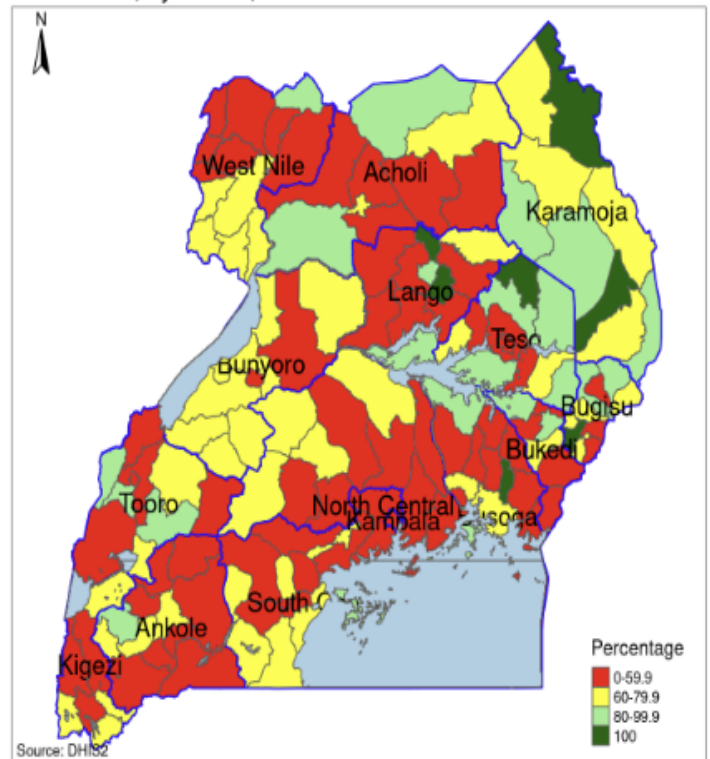
Source: DHIS2

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

Timeliness, by district, Week 4



Timeliness, by district, Week 5



**Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk05**

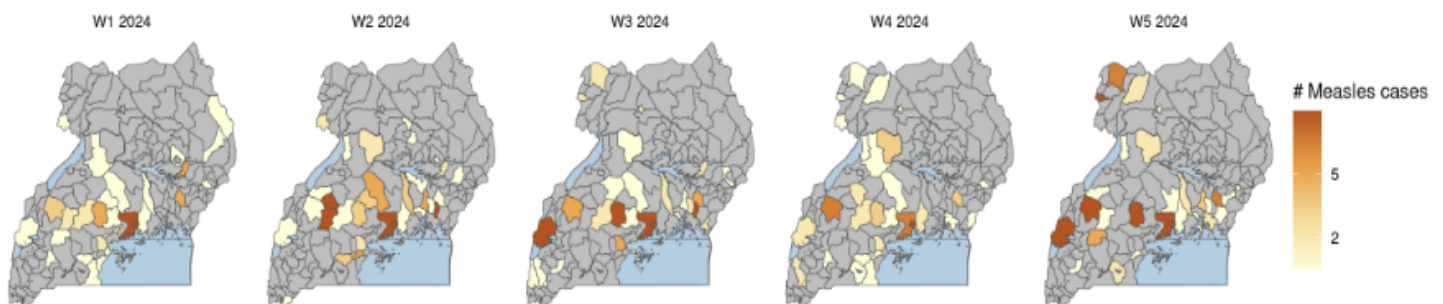


Source: DHIS2

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

Within the reporting week 05, suspected cases were reported within the conditions of cholera, MDR-TB, VHF's, and plague. 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 five weeks**



# Influenza Surveillance

**Table 4.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week 05**

Health Facility	Type of case	# of Specimens Tested (PCR)	# COVID-19	# Flu A (H3N2)
Kiruddu NRH	SARI	02	00	00
	ILI	08	00	00
Mulago NRH	SARI	02	00	00
	ILI	09	00	00
Jinja RRH	SARI	02	00	00
	ILI	08	00	01
Gulu RRH	SARI	03	00	00
	ILI	07	00	00
<b>Totals</b>		<b>41</b>	<b>00</b>	<b>01</b>

During week five 2024, 41 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=11), 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) circulation was 2.44%. All samples were negative for Flu B and SARS-CoV-2 (Table 4.1).

Further, 39 samples collected during the week and analyzed for ten other viral causes of ILI/SARI. The respiratory syncytial viruses (RSV) and parainfluenza viruses (PIV) were the most isolated non-influenza viral causes of ILI/SARI circulating at 10.26% and 2.56% respectively (Table YYY). The respiratory syncytial viruses continue to be the most prevalent cause of ILI/SARI at sentinel sites.

**Table 4.2: Results of Analysis for Other Viral Pathogens 2024Week 05**

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# PIV Positive
Kiruddu NRH	10	00	00	00
Gulu RRH	10	00	01	00
Jinja RRH	10	00	00	01
Mulago NRH	09	00	03	00
<b>Total</b>	<b>39</b>	<b>00</b>	<b>04</b>	<b>01</b>



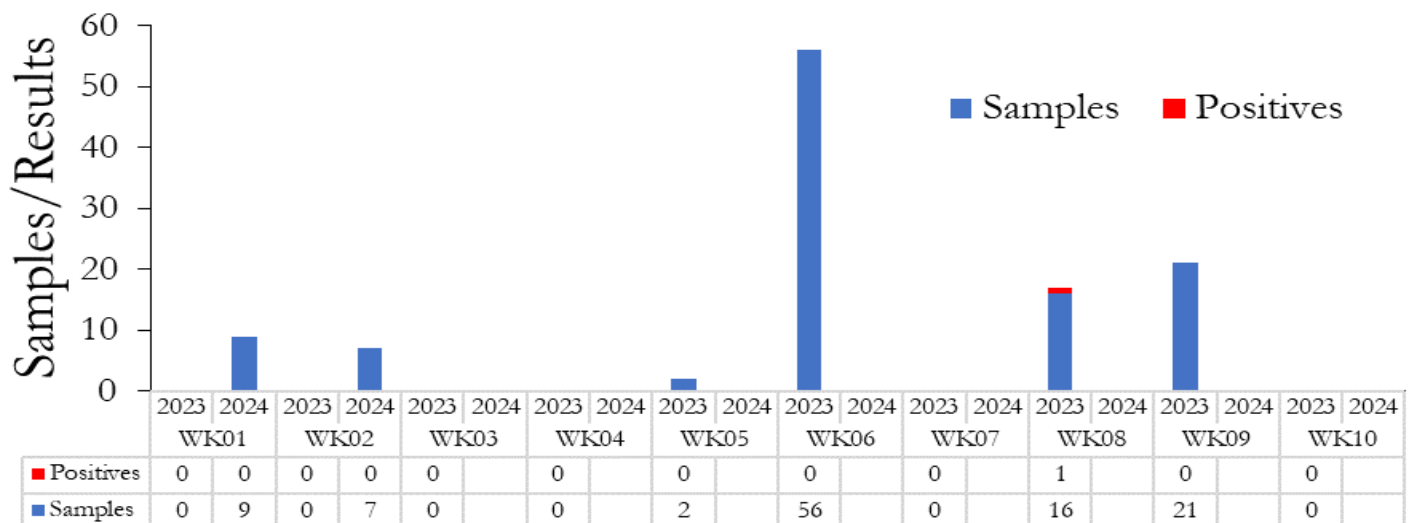
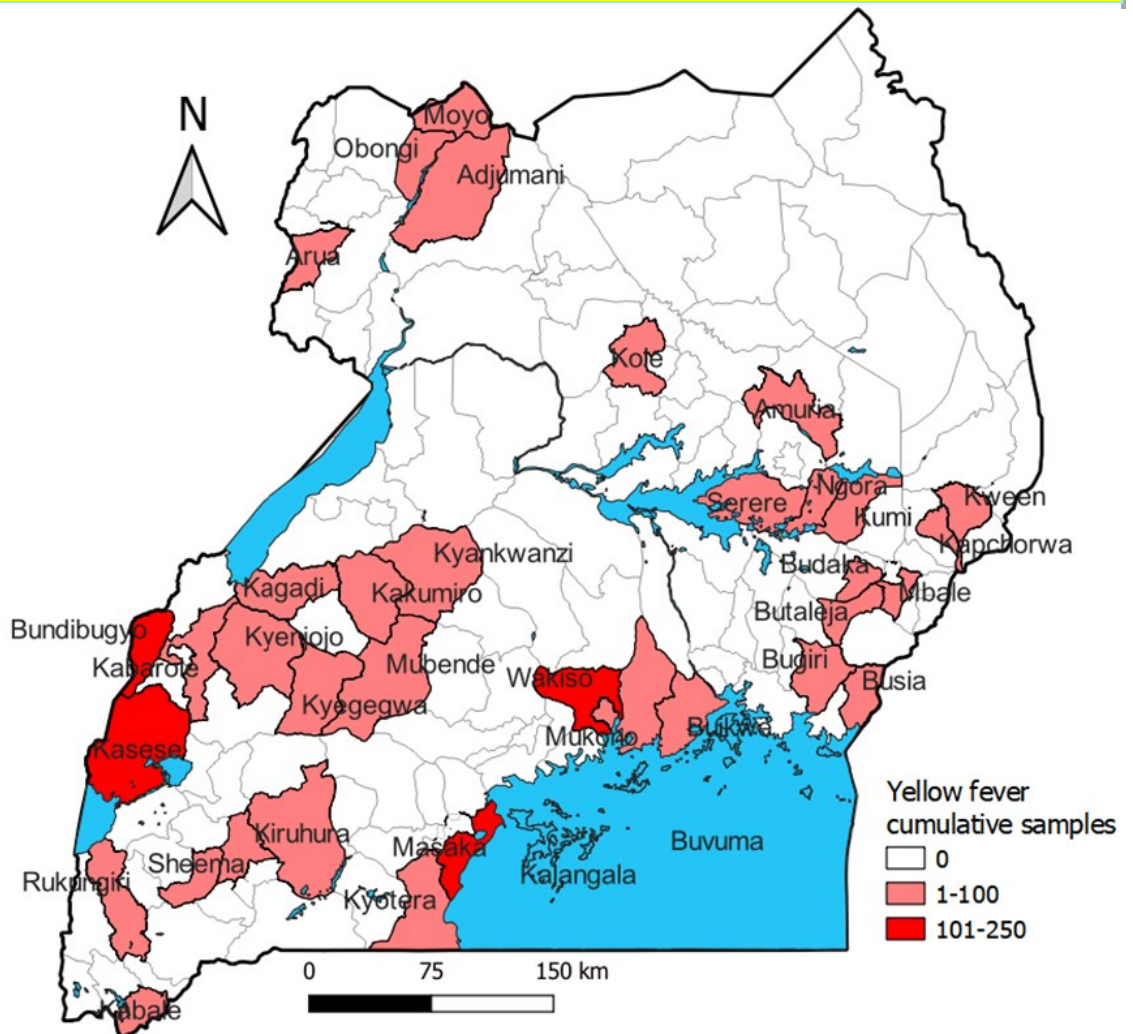
# Yellow Fever Virus (YFV) Surveillance

Figure 5.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-05

During 2024 WK5, zero Yellow Fever-suspected samples were tested at UVRI.

The map on the right shows the districts where the tested yellow fever suspected samples came from between 2023 WK01 and 2024 WK 05. Most of these districts are within the regions of Western, Eastern and Central regions.

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

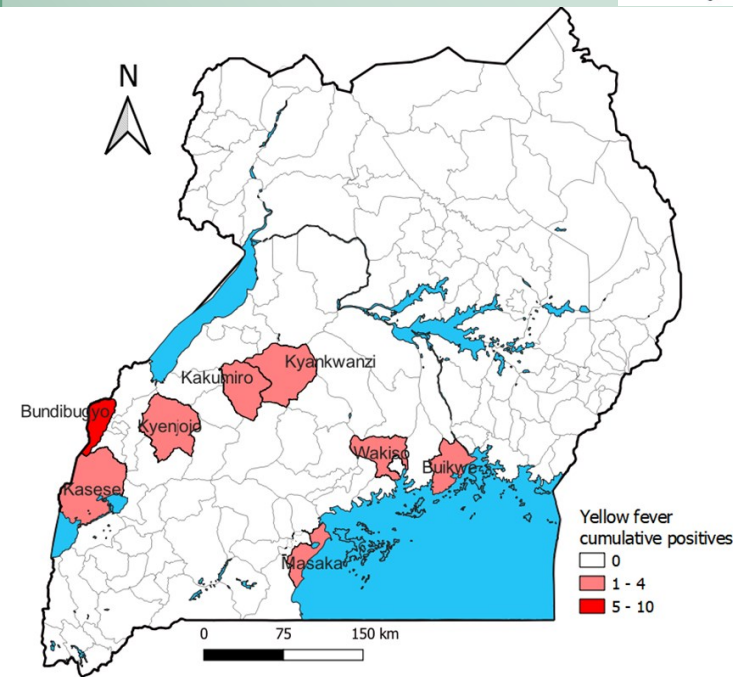
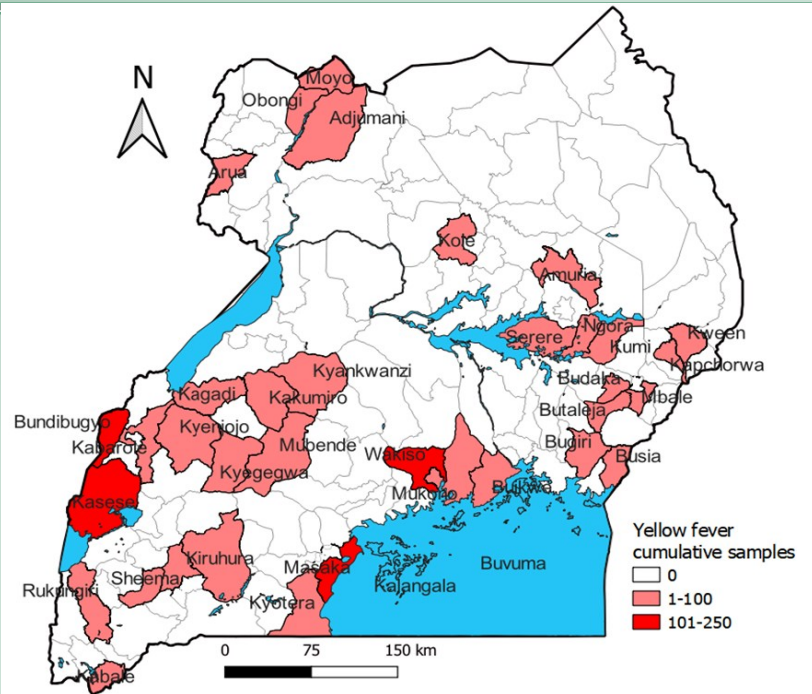


# Viral Hemorrhagic Fevers Surveillance

Figure 6.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-05

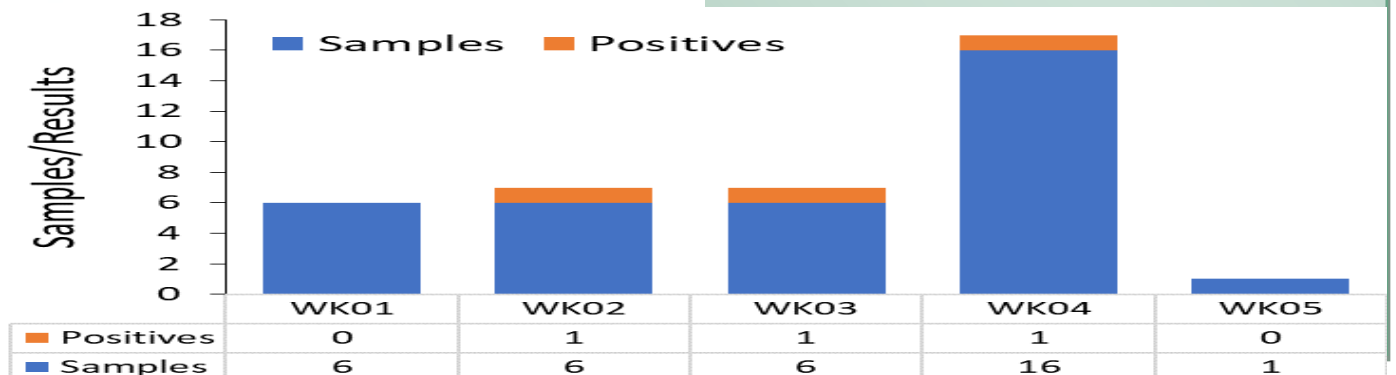
During 2024WK05, a total of ten VHF suspected samples were collected from the districts of Lyantonde (07), Rukiga (01), Kampala (01) and Kyegegwa (01).

Between 2024 WK01-05, a total of 35 VHF suspected samples were collected: 29 from alive and 06 from dead. These were collected from the districts of Lyandonde (08), Kampala (04), Fortportal (04), Mubende (03), Bundibujjo (03), Kabale (02), Buyikwe (01), Kakumiro (01), Kanungu



(01), Kasese (01), Kiboga (01), Kyegegwa (01), Luwero (01), Mbarara (01), Nakaseke (01), Rukiga (01) and Rukungiri (01). The map on the right shows the distribution of samples collected by district. Most of them are from central and western Uganda.

Of the samples tested, 32 tested NEGATIVE for Ebola, Marbug, RVF and CCHF. Three of these however tested POSITIVE: two for CCHF (Kampala and Lyantonde) and one for RVF (Kampala). These are being responded to as confirmed outbreaks.



# Points of Entry (POE) Surveillance

**Table 7.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week05**

POE	Travelers Screened (Entry)	Travelers Screened (Exit)
Mpondwe	64671	1016
Elegu	18637	7646
Bunagana	13458	6780
Cyanika	6969	7116
Busunga	4656	4747
Mutukula	3421	2184
Busia	3330	00
Malaba	2948	00
Mirama Hills	2764	00
Kokwochaya	1624	752
Vurra	1167	925
Goli	572	655
Odramacaku	549	232
Kyeshero	529	167
Arua Airport	485	183
Katwe	433	00
Transami	421	287
Lwakhaka	354	1067
Ntoroko Main	316	410
Kayanzi	280	280
Ndaiga	270	154
Wanseko	230	118
Ishasha	126	46
Sebagoro	119	04
Hima Cement	100	351
Suam	82	80
Madi-Opei	69	51
Jinja	64	64
Portbell	36	36
Ngomrom	27	24
<b>Total</b>	<b>128,707</b>	<b>35375</b>

During 2024 EpiWeek 05 a total of 128,707 in-coming, and 35,375 exiting travelers at 30 Points of Entry (POEs) were screened. Highest traffic was registered at Mpondwe, Elegu and Bunagana crossing points (Table 7.1).

Presumptive Tuberculosis was identified among 62 travelers, of whom 24 were tested for TB. There were no TB confirmed cases and no traveller was linked to care among the travelers (Table 7.2).

Source: IOM, eIDSR

**Table 7.2: Tuberculosis screening among travelers during 2024Epi Week05**

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Bunagana	11	11	00	00
Busia	01	01	00	00
Busunga	04	04	00	00
Kokwochaya	08	08	00	00
Kyeshero	03	00	00	00
Ndaiga	01	00	00	00
Suam	34	00	00	00
<b>Total</b>	<b>62</b>	<b>24</b>	<b>00</b>	<b>00</b>



# Tuberculosis Status Update

Figure 8.1: Tuberculosis burden during 2024 EpiWeek 05

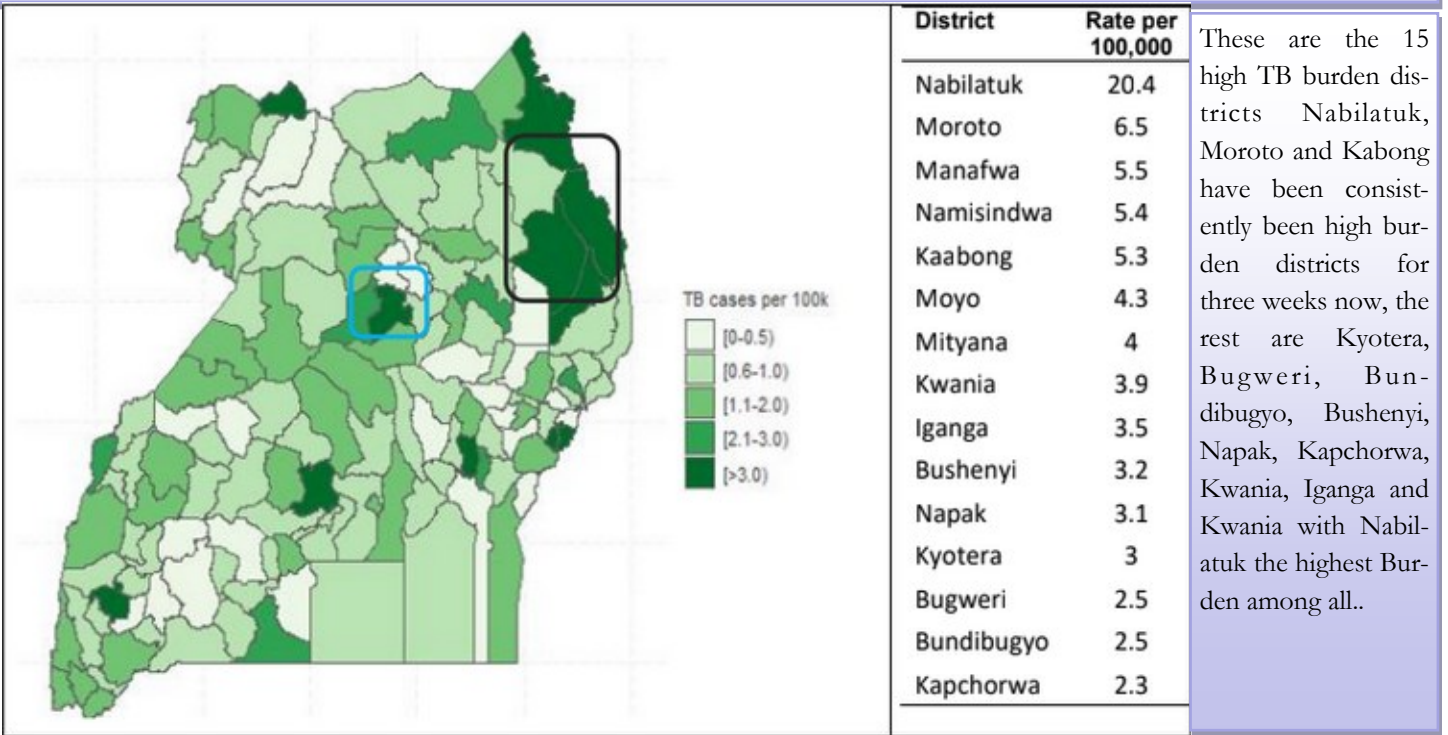


Figure 8.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2022 to Wk42 2023

Figure 8.3: National weekly trends in New Relapse TB diagnosed by Wk05, 2024

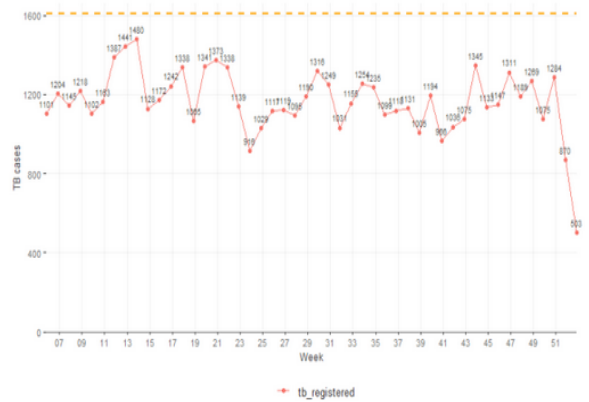
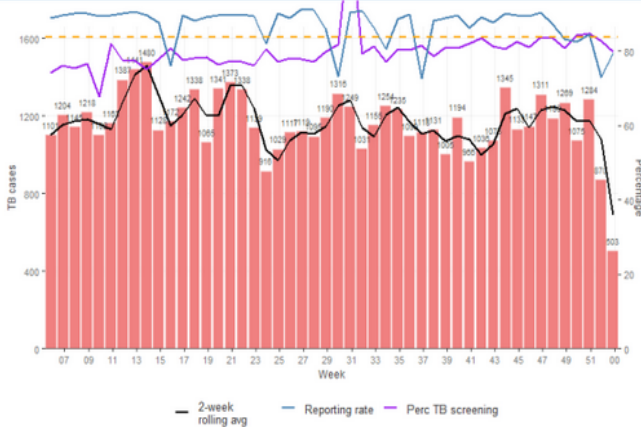
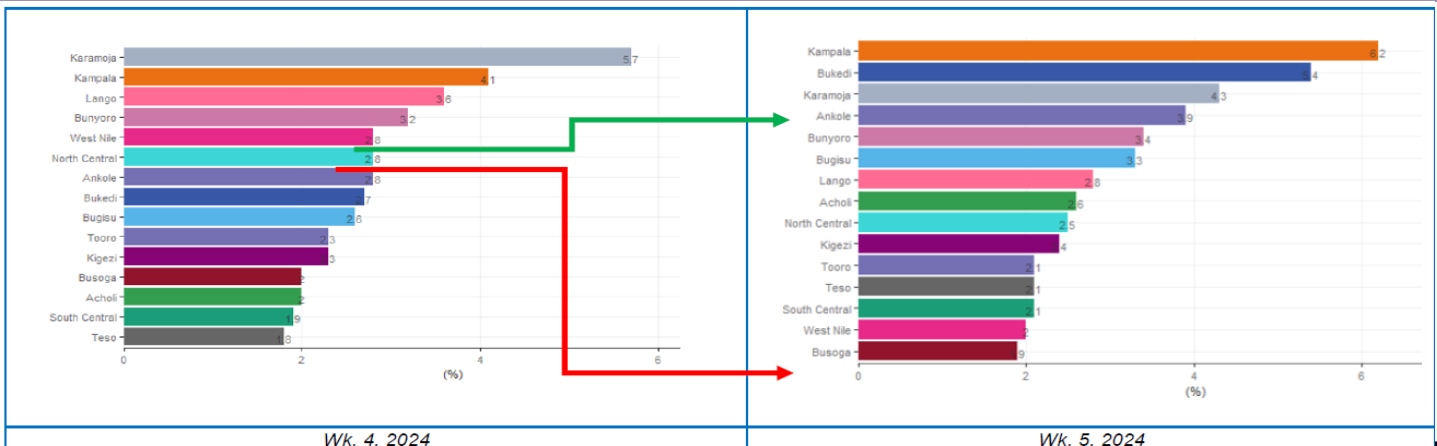


Figure 8.4: Comparison of TB burden by Health Regions between Epi Weeks 04 - 05, 2024





# Event Based Surveillance (EBS)

**Table 9.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK05**

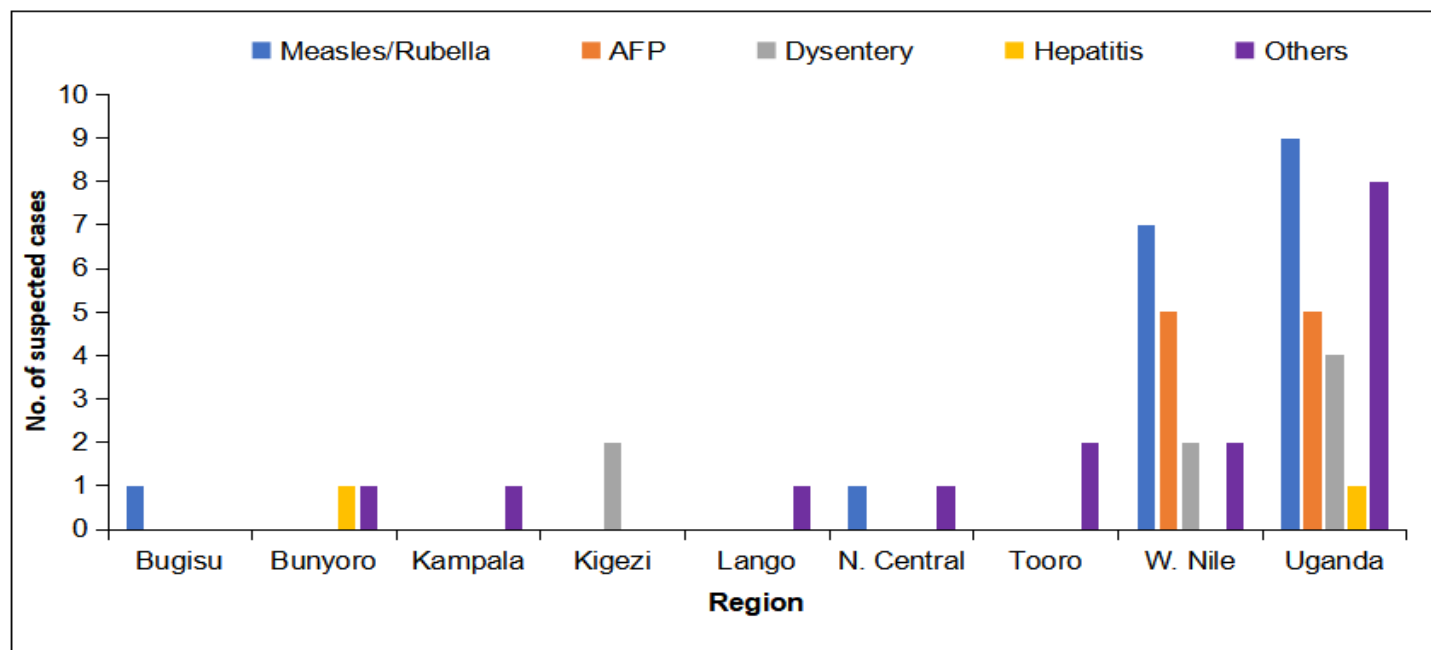
Region	Total Signals	Verified	Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	04	04	00	03	00	00	01
Bunyoro	04	04	00	04	00	00	00
Kampala	01	01	00	01	00	00	00
Kigezi	02	02	00	02	00	00	00
Lango	01	01	00	01	00	00	00
N. Central	02	02	00	02	00	00	00
Tooro	05	05	00	02	03	00	00
W. Nile	24	24	00	21	00	00	03
<b>Uganda</b>	<b>43</b>	<b>43</b>	<b>00</b>	<b>36</b>	<b>03</b>	<b>00</b>	<b>04</b>

A total of 43 signals were received within the reporting week, all (43, 100%) of which were verified as events. Most of the signals received (36, 84%) were from the human sector, 3 (7%) from the animal sector, and 4 (9%) from artificial disasters (Table 9.1). The artificial disasters were house fires and road traffic accidents. The silent regions during the week were Acholi, Ankole, Bukedi, Busoga, Karamoja, South Central, and Teso (Table 9.1).

The signals received during the week were measles/rubella, acute flaccid paralysis, dysentery, and hepatitis. The other infections were malaria, colds, and chicken pox (Figure 9.1).

Source: eIDSR

**Figure 9.1: Regional-based suspected conditions reported via the 6767 line during 2024WK05**



## PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

**Table 10.1: Active PHEs in Uganda during 2024WK05**

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
30-Sep-23	Bukomansimbi	Black Water Fever	13	13	04
13-Aug-23	Kyotera	Anthrax	79	19	13
05-Dec-23	Lwengo	Anthrax	04	01	01
28-Dec-23	Kazo	Anthrax	27	04	06
06-Jan-24	Ibanda	Anthrax	10	08	00
16-Dec-23	Katakwi	Rabies	20	00	03
17-Jan-24	Kyenjojo	Measles	139	06	02
23-Dec-23	Arua City	Measles	138	111	01
19-Jan-24	Kasese	Measles	05	03	00
31-Jan-24	Obongi	Measles	08	05	00
06-Jan-24	Kampala / Nakaseke	Rift Valley Fever	01	01	01
27-Jan-24	Kampala / Kyankwanzi	Rift Valley Fever	01	01	00
08-Jan-24	Lyantonde	CCHF	12	04	03
05-Jan-24	Kampala	CCHF	01	01	01
20-Jan-24	Adjumani	Cholera	13	04	00
04-Feb-24	Mbale City	Cholera	03	01	01

**Table 10.2: Active PHEs around Uganda during 2024WK05**

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