



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 10: 04th -10th March 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:

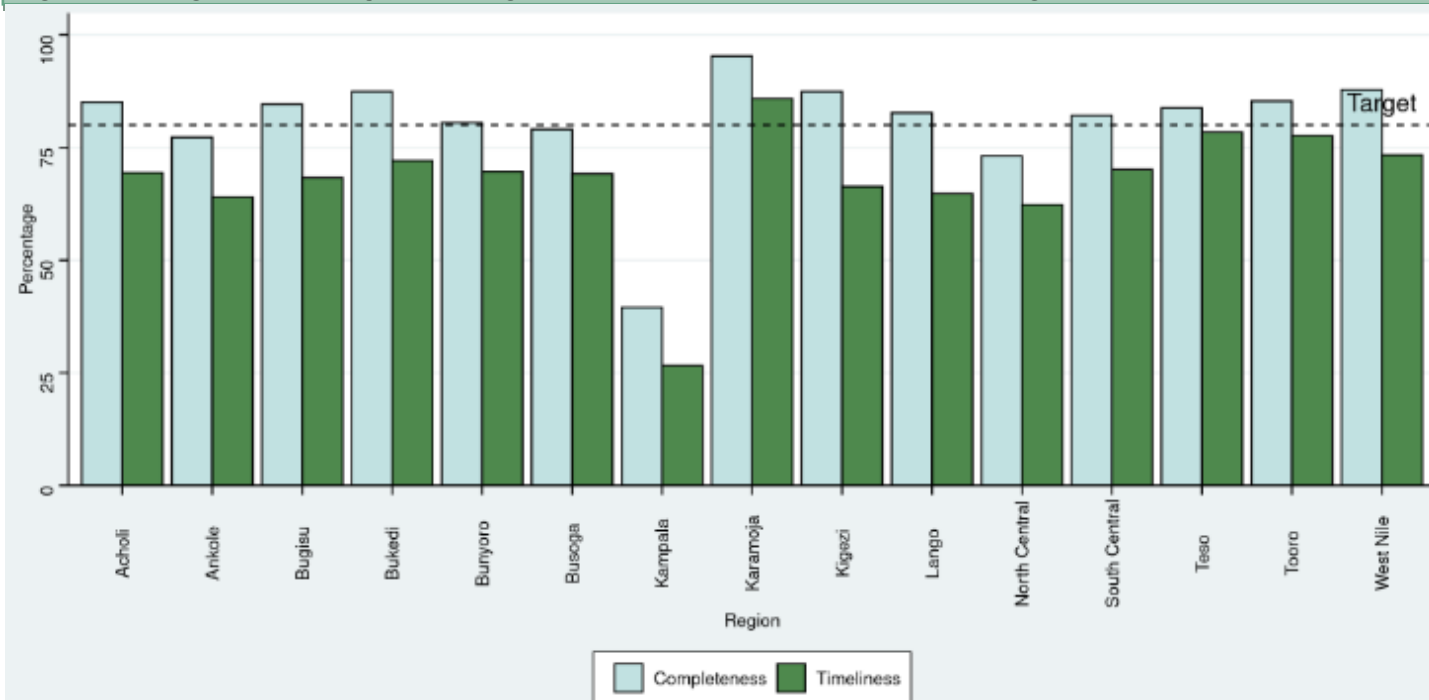
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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 10

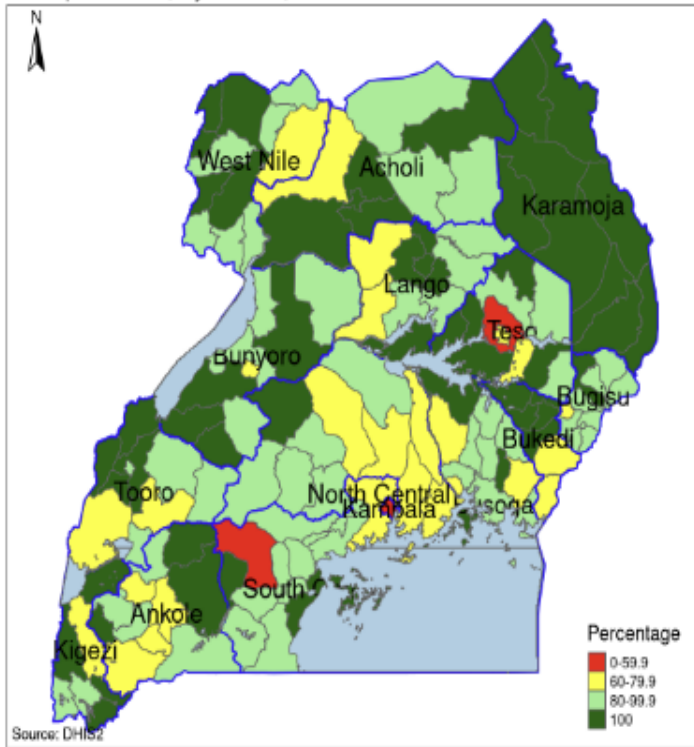


Source: DHIS2

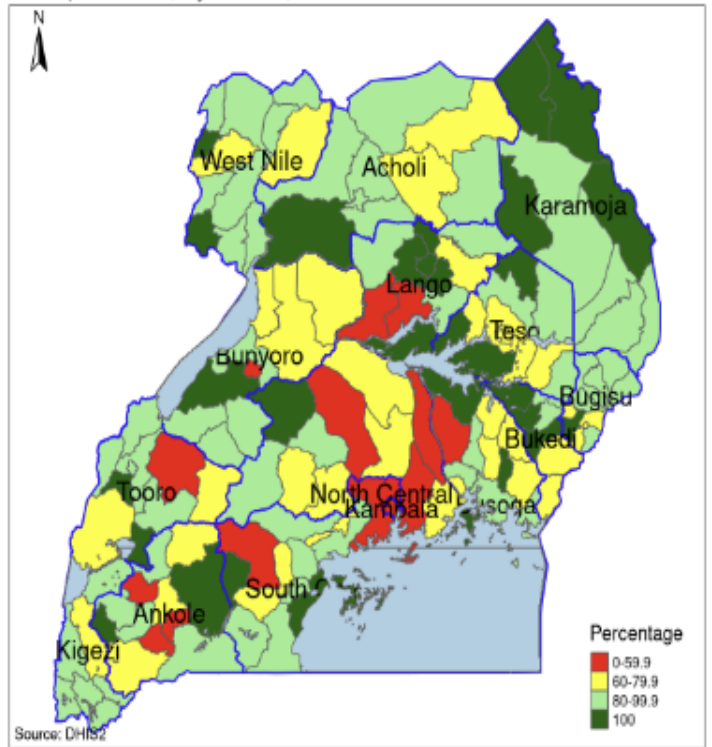
Most regions achieved the target of 80% for completeness for the weekly epidemiological reports within the EpiWeek 09 save for Ankole, Kampala, and North Central. Timeliness within most regions was below the target save for Karamoja and this needs strengthening. Our recommendation is that district biostatisticians 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.

Figure 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 09 and 10

Completeness, by district, Week 9



Completeness, by district, Week 10



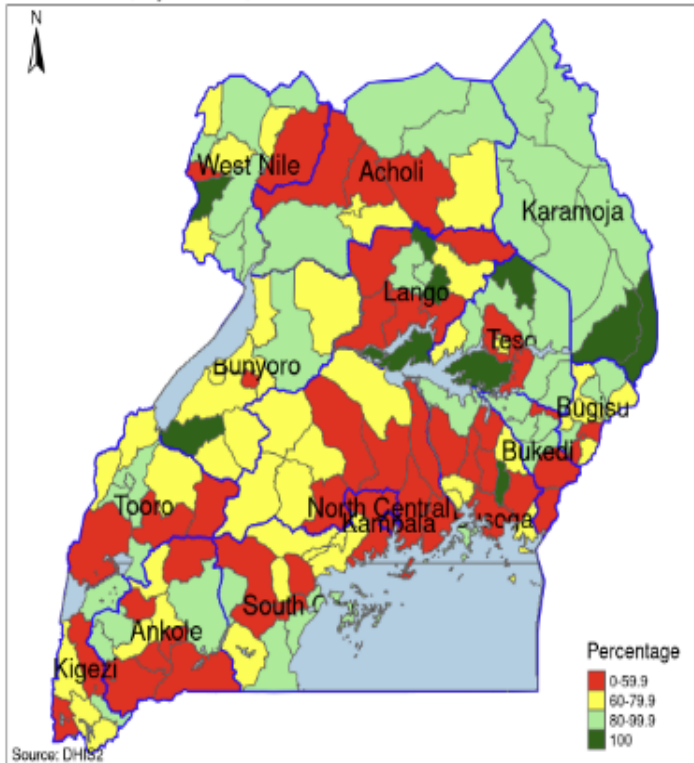
KEY

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 9



Timeliness, by district, Week 10

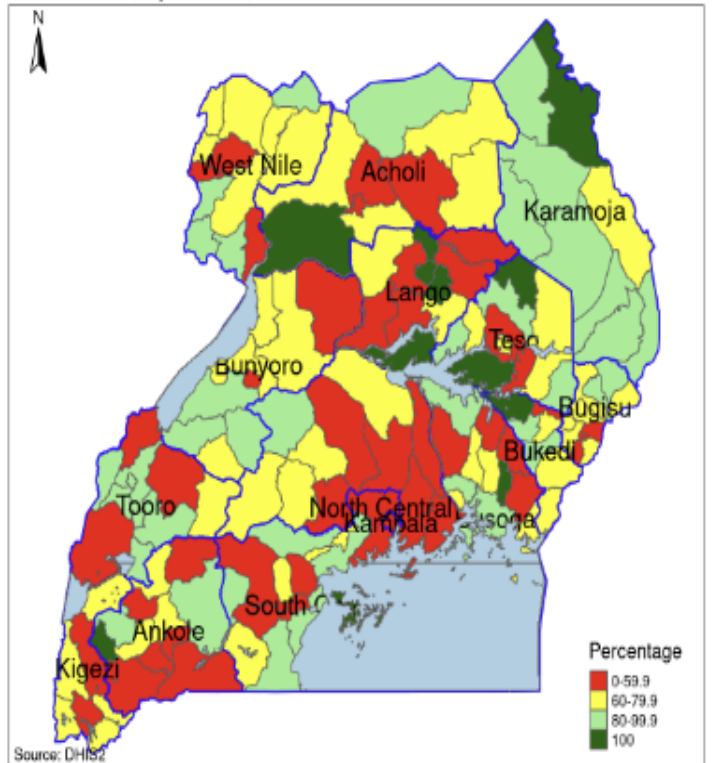
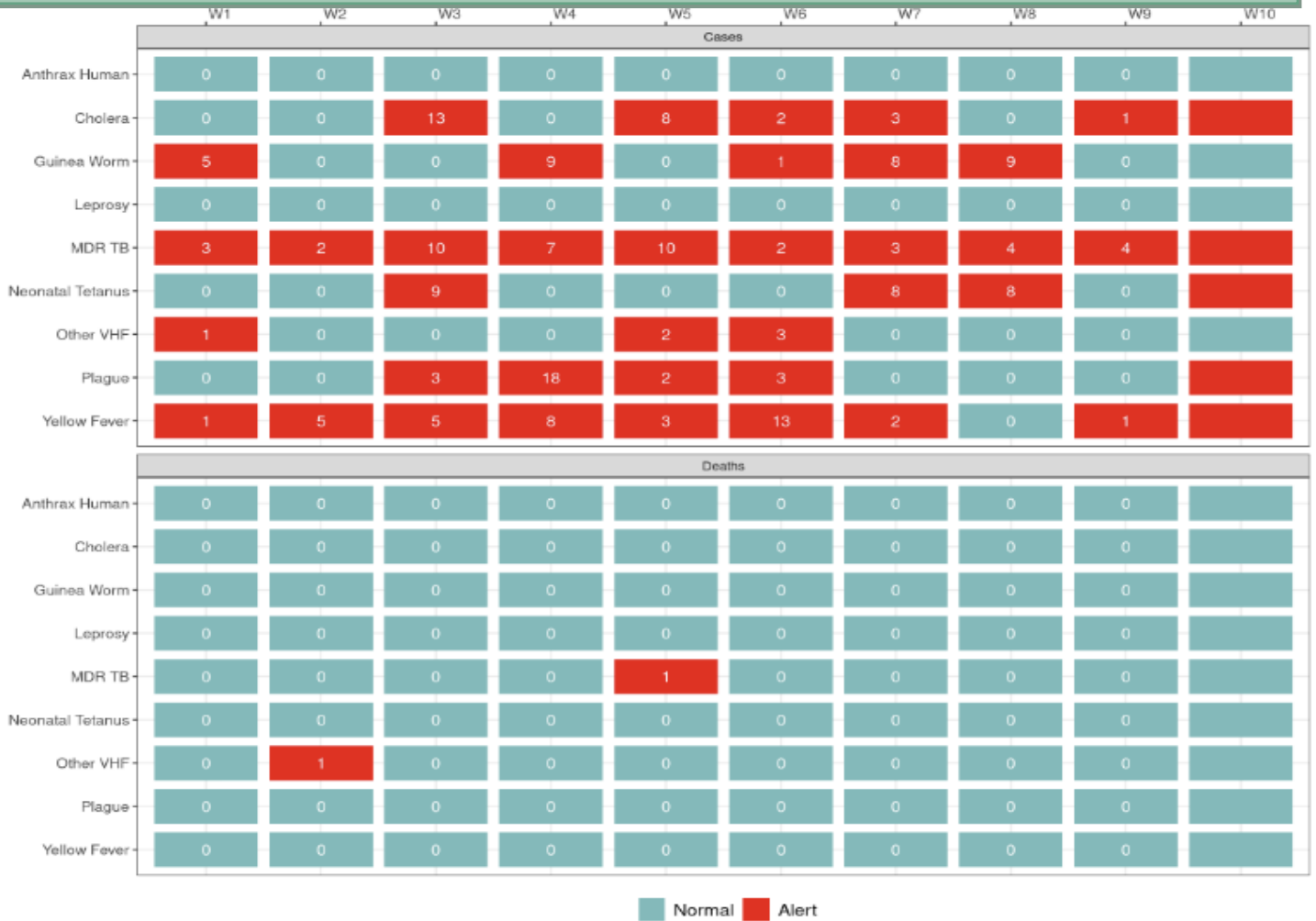


Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk10



Source: DHIS2

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

Within the reporting week 10, suspected cases were reported within the conditions of cholera, MDR-TB, Neonatal Tetanus, Plague and Yellow Fever. These are suspected cases and verification is on-going. There was no suspected deaths reported.

Figure 3.2: Suspected and probable cases of measles reported in the past five weeks

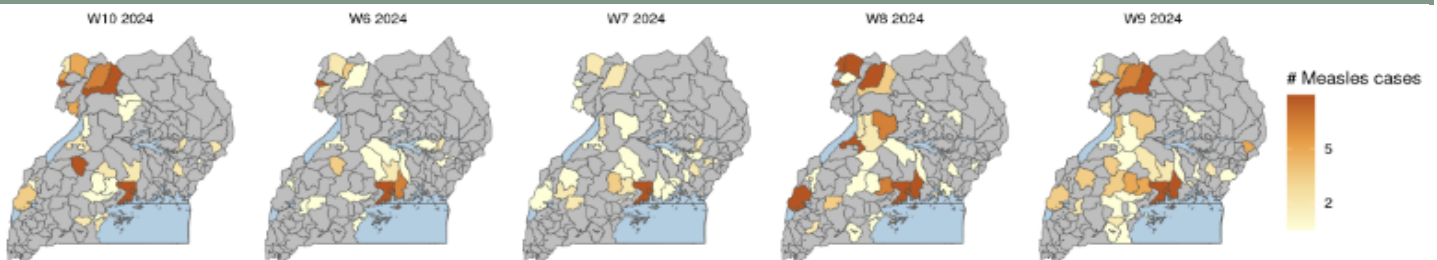


Figure 3.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

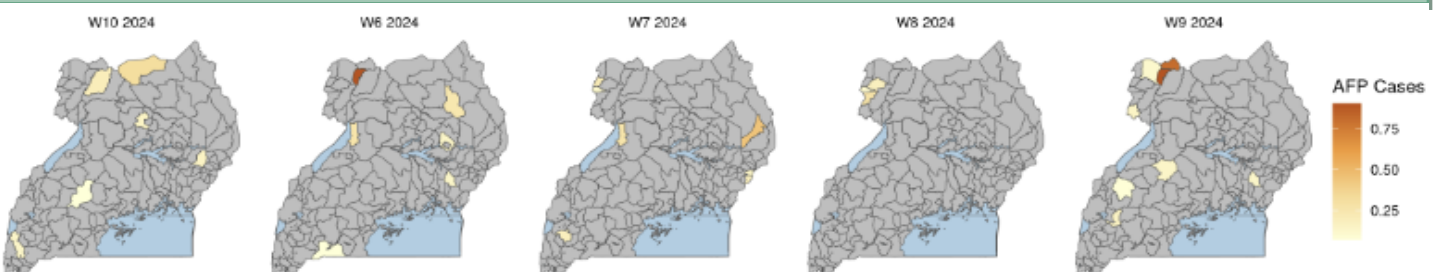
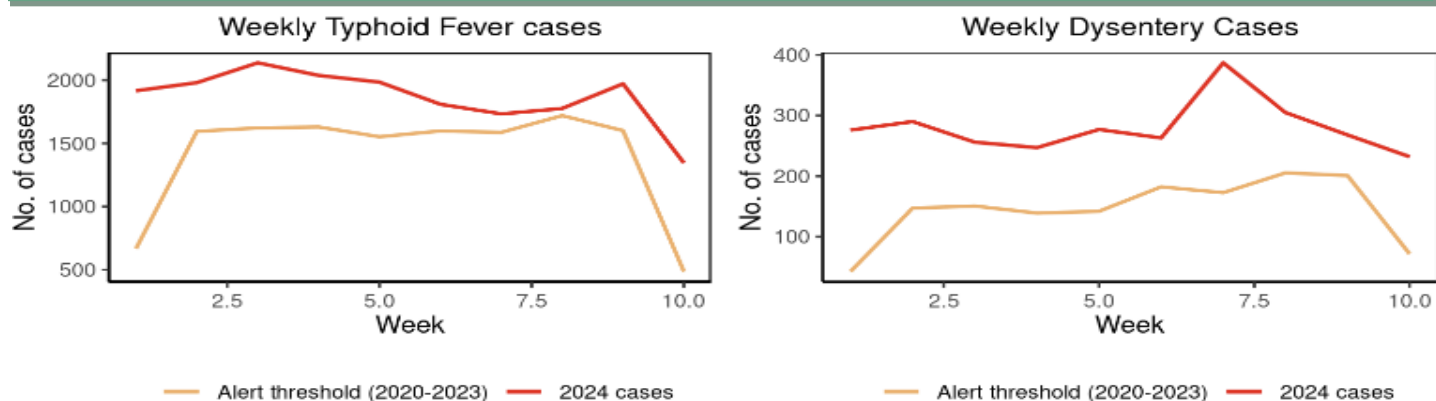


Figure 4.1: Suspected cases of Typhoid and Dysentery by 2024 Wk10



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 4.2 Weekly cases of diseases / conditions targeted for elimination or eradication by 2024 Wk10

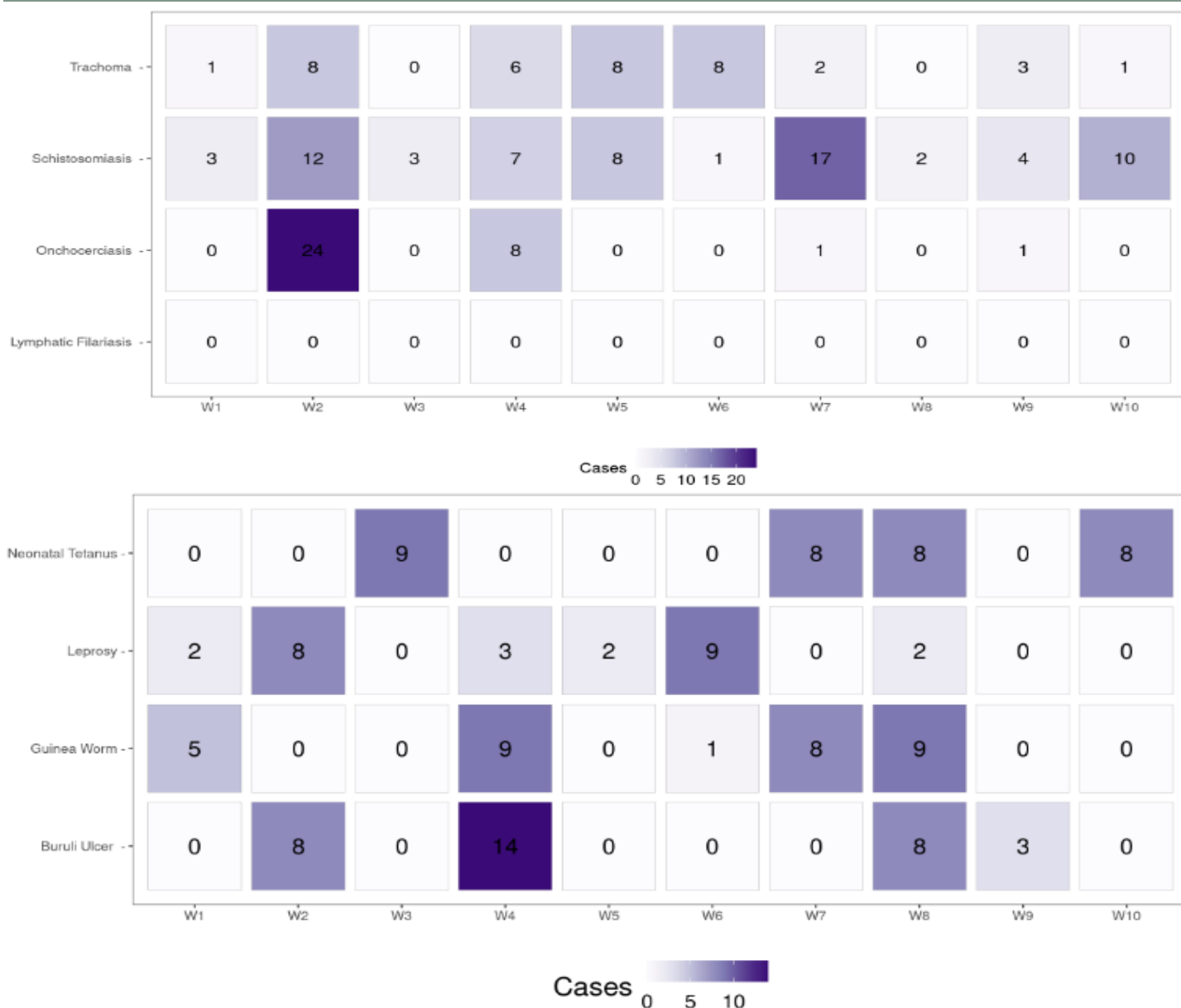
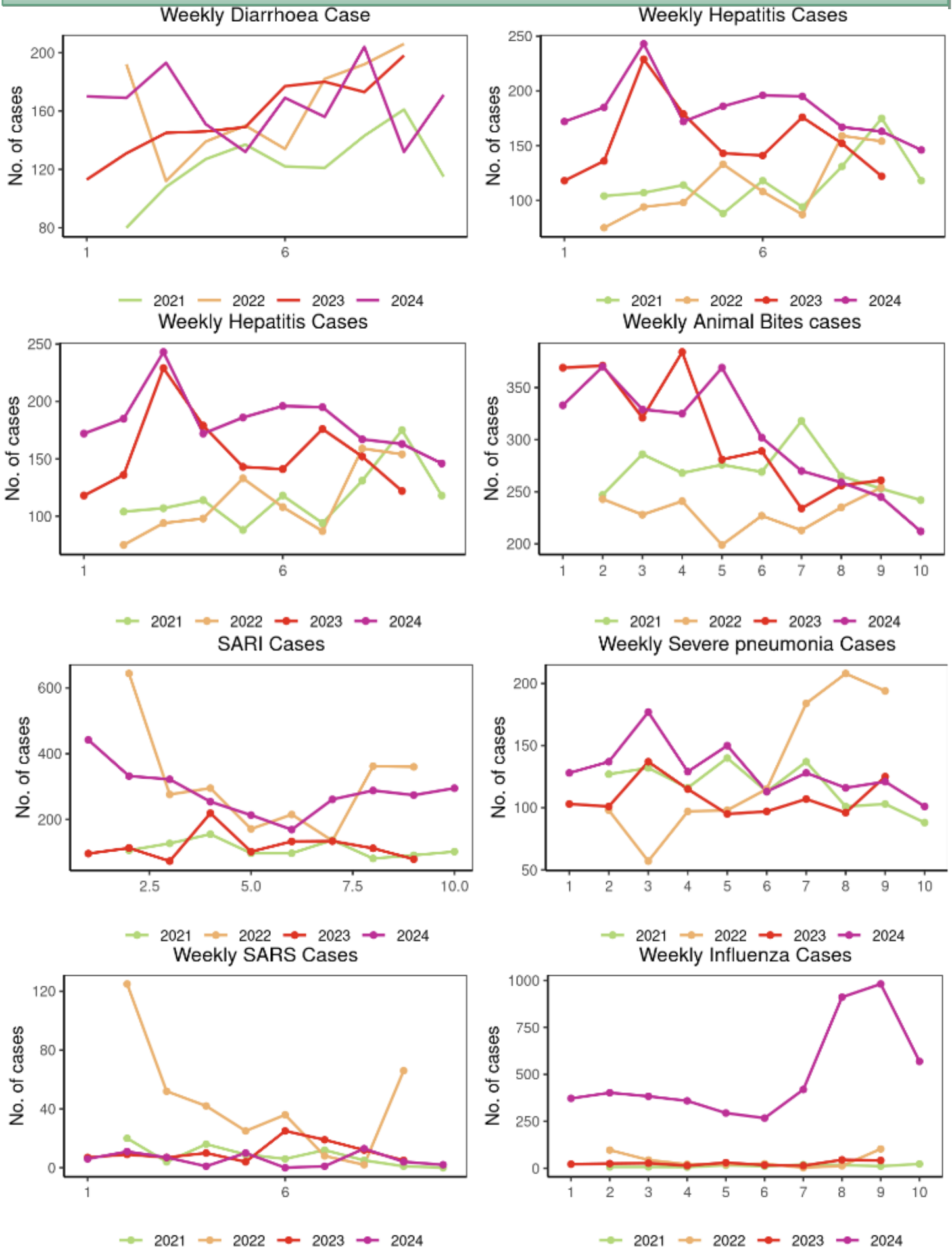


Figure 5.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk10



Maternal Deaths Surveillance

In week 10, there were 16 maternal deaths. These were more by 02 deaths, from those (14 deaths) reported in week 09.

Table 6.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 10

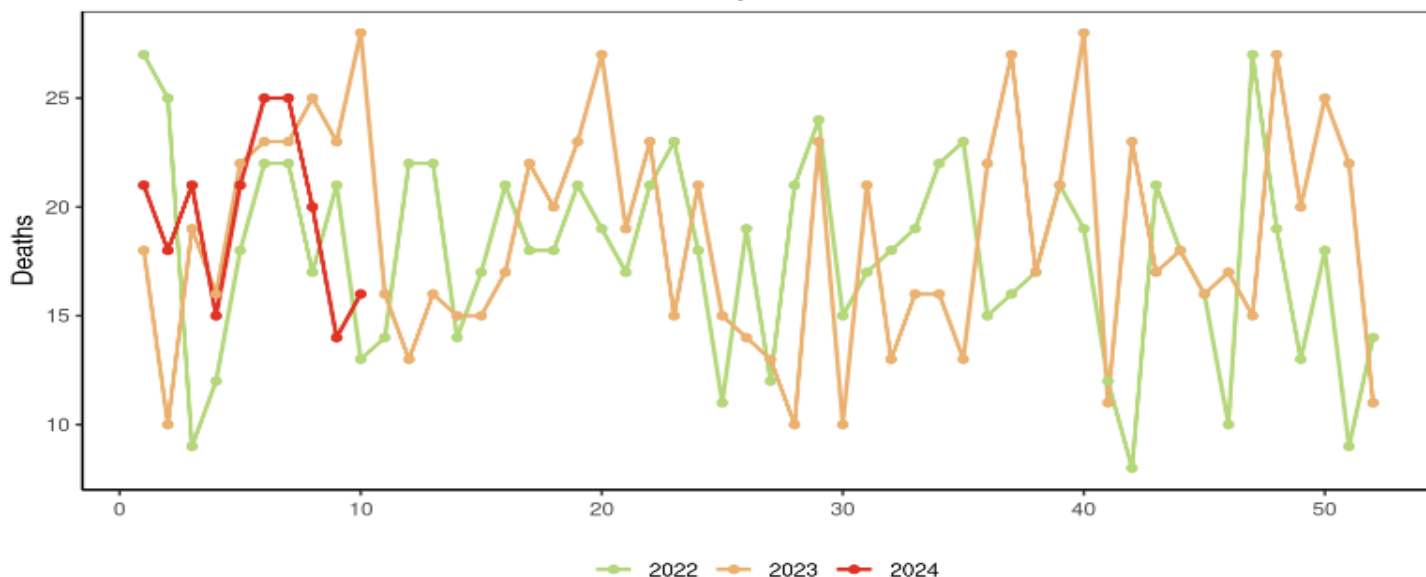
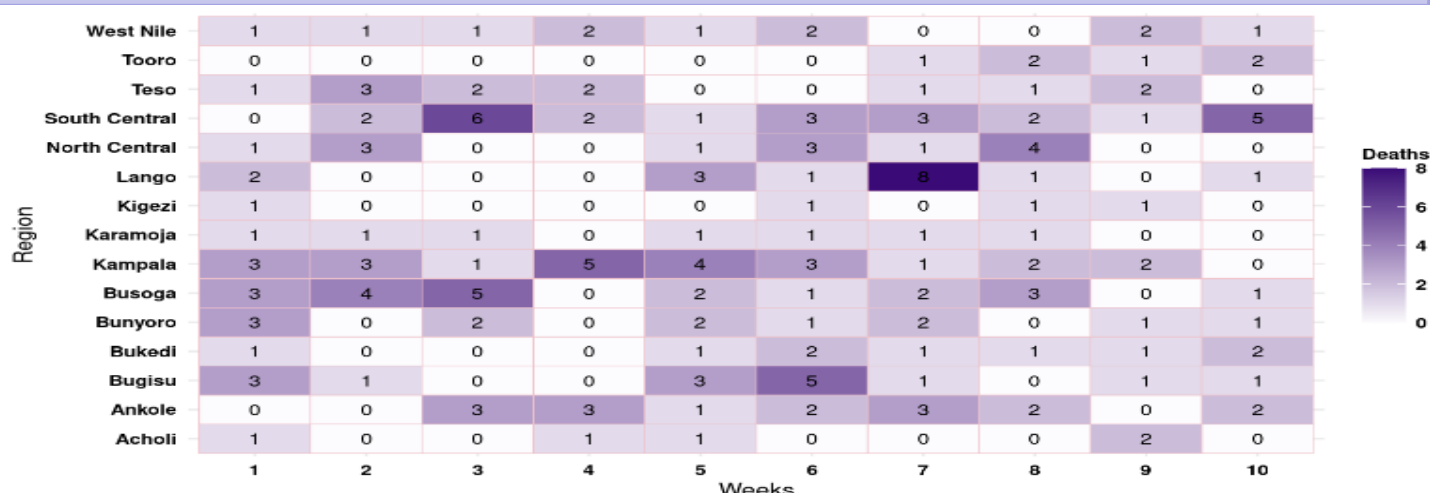


Table 6.2: Facilities reporting Maternal deaths during 2024WK10

Regions	Districts	Facility	No. of maternal deaths
Bunyoro	Hoima City	Hoima Regional Referral Hospital	1
South Central	Wakiso District	Entebbe Regional Referral Hospital	2
Bukedi	Pallisa District	Pallisa General Hospital	2
Bugisu	Namisindwa District	Magale (UCMB) Health Centre IV	1
South Central	Lwengo District	Lwengo Health Centre IV	1
Ankole	Mbarara City	Mbarara Regional Referral Hospital	2
Lango	Oyam District	Aber Hospital	1
South Central	Masaka City	Masaka Regional Referral Hospital	2
Busoga	Bugiri District	Bugiri General Hospital	1
Tooro	Bunyangabu District	Kibiito Health Centre IV	1
Tooro	Kasese District	Bugoye Health Centre III	1
West Nile	Adjumani District	Adjumani General Hospital	1

Perinatal Deaths Surveillance

In week 10, there were 874 perinatal deaths. This was a decrease of 58 deaths, change from the 306 deaths reported in week 09.

Figure 7.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 10

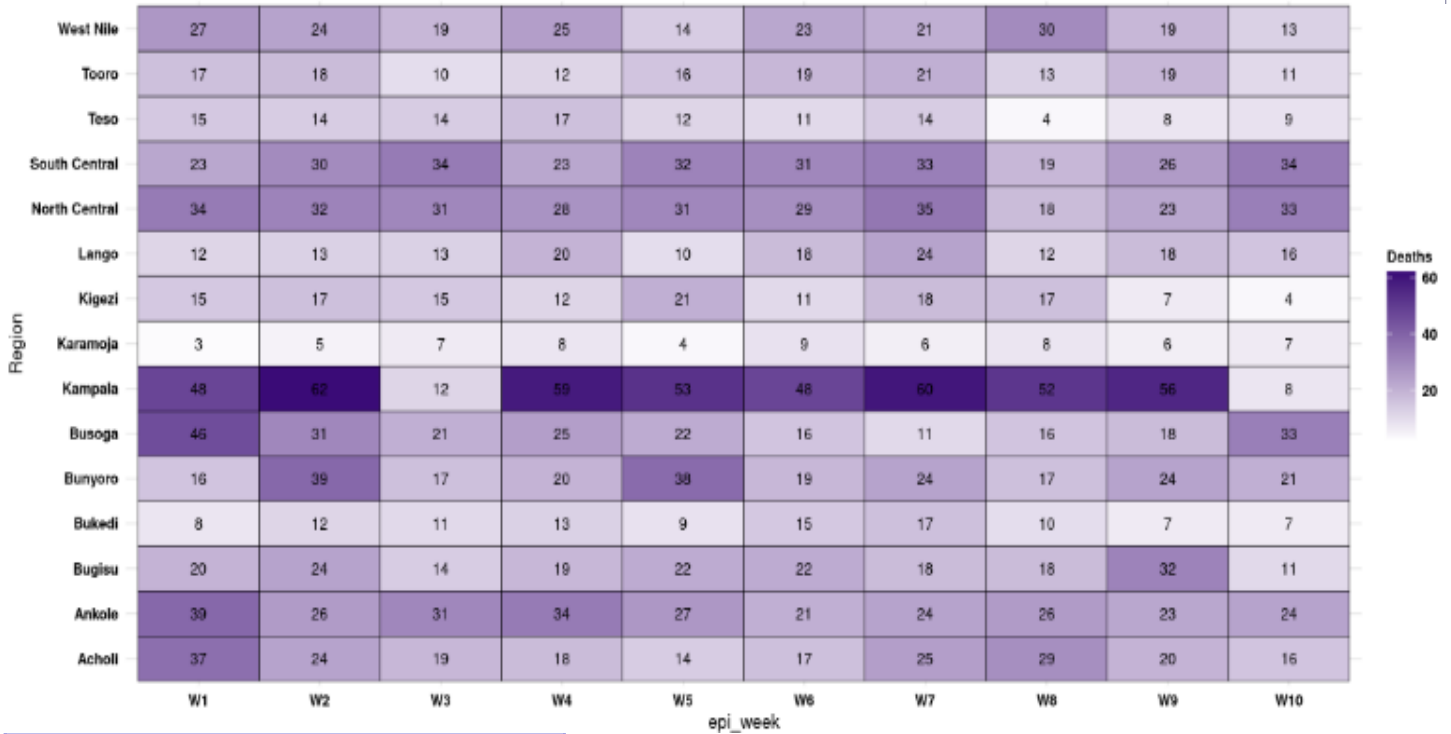


Figure 7.2: Forms of Perinatal deaths Reported during 2024WK10

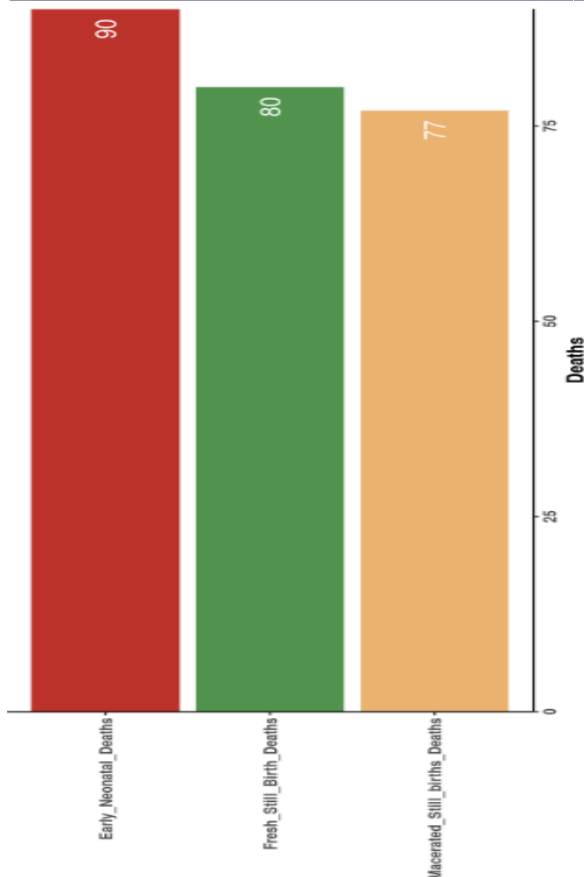


Figure 7.3: Perinatal deaths Reported during 2024WK10 by district



Influenza Surveillance

Table 8.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week 10

Health Facility	Type of case	# of Specimens Tested (PCR)	# H3N2	# COVID-19
Kiruddu NRH	SARI	02	00	00
	ILI	08	00	01
Mulago NRH	SARI	02	00	00
	ILI	08	00	00
Jinja RRH	SARI	02	00	00
	ILI	07	01	00
Gulu RRH	SARI	02	00	00
	ILI	08	00	02
Totals		39	01	03

During week ten 2024, 39 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=10), Gulu RRH (n=10), and Jinja RRH (n=09). 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 (7.7%) were positive for SARS-CoV-2, while one sample (2.6%) was positive for Flu A-H3N2. All samples were negative for Flu B.

Further, 42 samples collected during week 09 were analyzed for ten other viral causes of ILI/SARI. Parainfluenza viruses (PIV) and Adenoviruses were the most prevalent non influenza viral causes of ILI/SARI circulating at 10% and 5% respectively. SARS-CoV-2 and PIV were the most prevalent causes of influenza like illnesses during week 10.

Table 8.2: Results of Analysis for Other Viral Pathogens 2024Week 08

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# hMPV Positive	# PIV Positive	# HBoV Positive
Kiruddu NR Hospital	10	00	00	00	00	00
Gulu RRH	10	02	00	01	01	00
Jinja RR Hospital	10	00	01	00	01	00
Mulago NR Hospital	10	00	00	00	02	01
Total	40	02	01	01	04	01

Influenza Surveillance

Table 9.1: Monthly Influenza, COVID 19 and RSV Results

Month	Influenza			COVID19Result		RSVResult		Total
	A(H3)	Negative	Pending B	Negative	Positive	Negative	Positive	
January	4	160	0	153	11	162	2	164
February	2	88	1	87	4	91	0	91
March	0	41	0	41	0	40	1	41
Total	6	289	1	281	15	293	3	296

Table 9.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024

Sample Type/ Sentinel Sites	Influenza			COVID19Result		RSVResult		Total	
	A(H3)	Negative	Pending B	Negative	Positive	Negative	Positive		
ILI	Jinja R R Hospital	6	57	1	58	6	64	0	64
	Kiryandongo Hospital	0	41	0	40	1	41	0	41
	Kiswa HC III	0	75	0	75	0	75	0	75
	Koboko Hospital	0	13	0	13	0	13	0	13
	Mukono General Hospital	0	14	0	13	1	13	1	14
	Nsambya Hospital	0	8	0	8	0	8	0	8
	Total	6	208	1	207	8	214	1	215
	SARI	Fort Portal R R Hospital		13		11	2	13	0
Jinja R R Hospital			14		13	1	14	0	14
Koboko Hospital			11		9	2	11	0	11
Mbarara R R Hospital			12		11	1	11	1	12
Nsambya Hospital			31		30	1	30	1	31
Total			81		74	7	79	2	81
SARI-ILI	Fort Portal R R Hospital	0	13	0	11	2	13	0	13
	Jinja R R Hospital	6	71	1	71	7	78	0	78
	Kiryandongo Hospital	0	41	0	40	1	41	0	41
	Kiswa HC III	0	75	0	75	0	75	0	75
	Koboko Hospital	0	24	0	22	2	24	0	24
	Mbarara R R Hospital	0	12	0	11	1	11	1	12
	Mukono General Hospital	0	14	0	13	1	13	1	14
	Nsambya Hospital	0	39	0	38	1	38	1	39
	Total	6	289	1	281	15	293	3	296

Source: National Influenza Center

Table 9.3: Weekly Influenza, COVID 19 and RSV Results, 2024

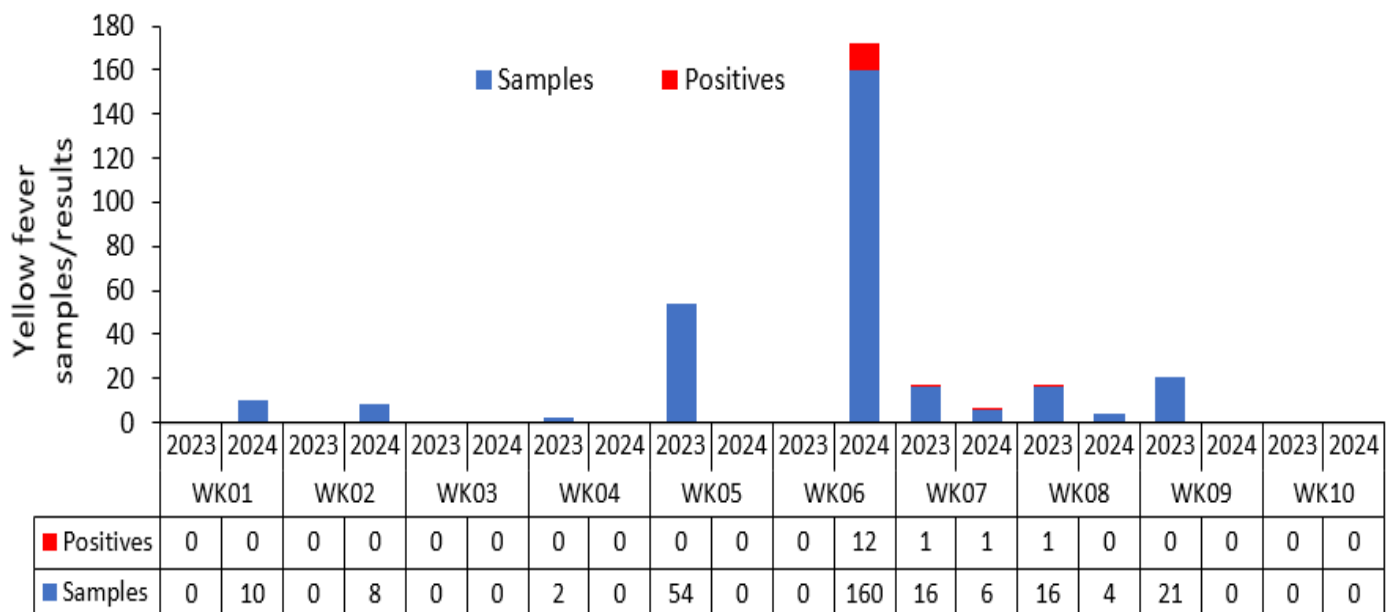
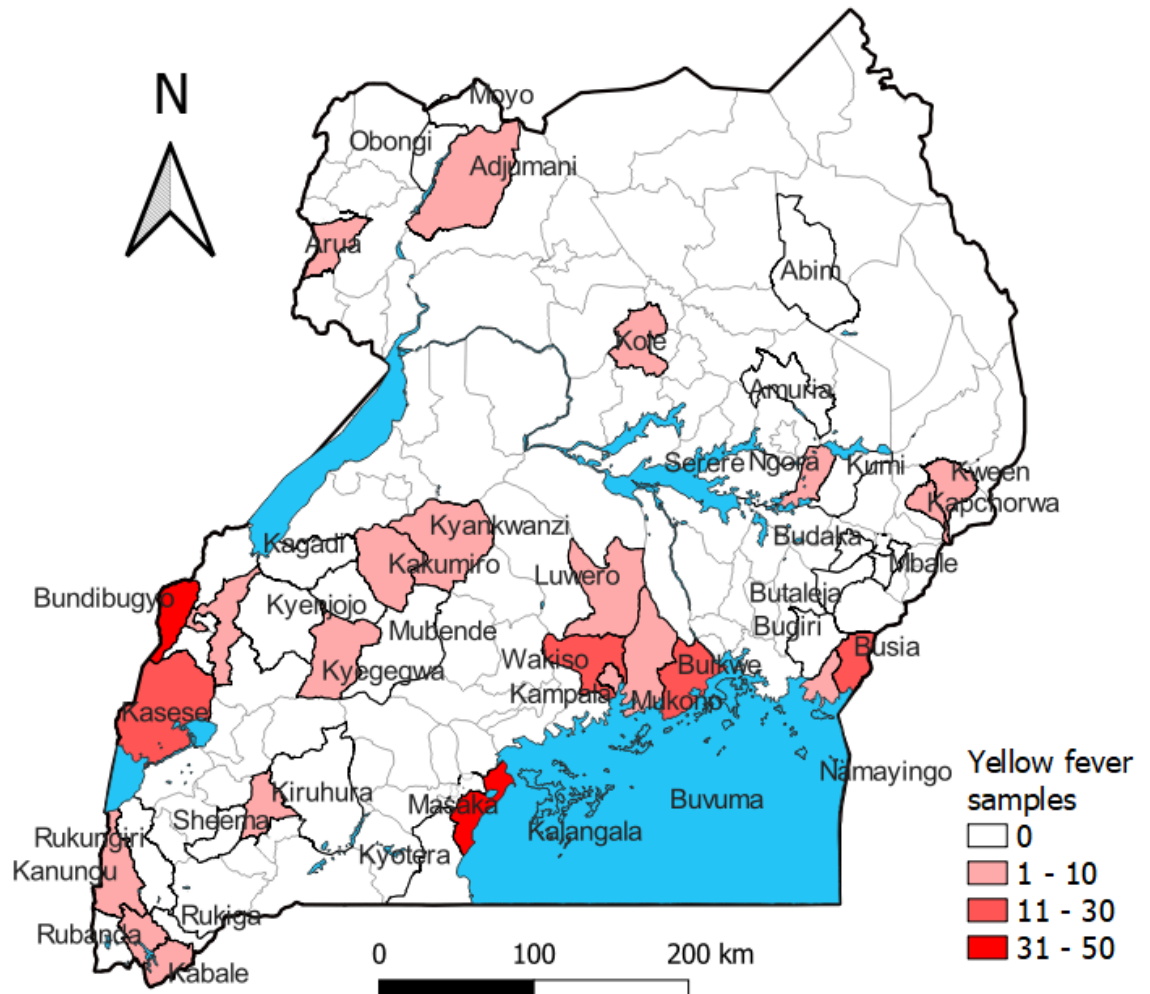
EPIWEEK	Influenza			COVID19Result		RSVResult		Total
	A(H3)	Negative	Pending B	Negative	Positive	Negative	Positive	
1	0	20	0	19	1	20	0	20
2	1	55	0	50	6	56	0	56
3	3	26	0	28	1	29	0	29
4	0	31	0	28	3	29	2	31
5	0	43	0	42	1	43	0	43
6	2	30	0	30	2	32	0	32
7	0	17	0	17	0	17	0	17
8	0	11	1	12	0	12	0	12
9	0	15	0	14	1	15	0	15
10	0	41	0	41	0	40	1	41
Total	6	289	1	281	15	293	3	296

Yellow Fever Virus (YFV) Surveillance

Figure 6.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-10

During 2024 WK9&10, no Yellow Fever-suspected samples were submitted to UVRI.

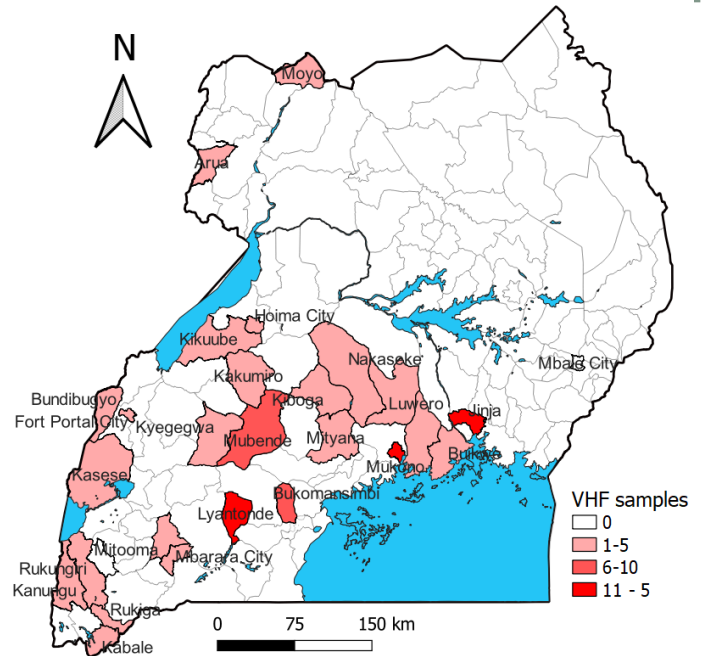
Cumulatively, 188 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-10 2024). Most of these districts are within the regions of Western, Eastern and Central regions.



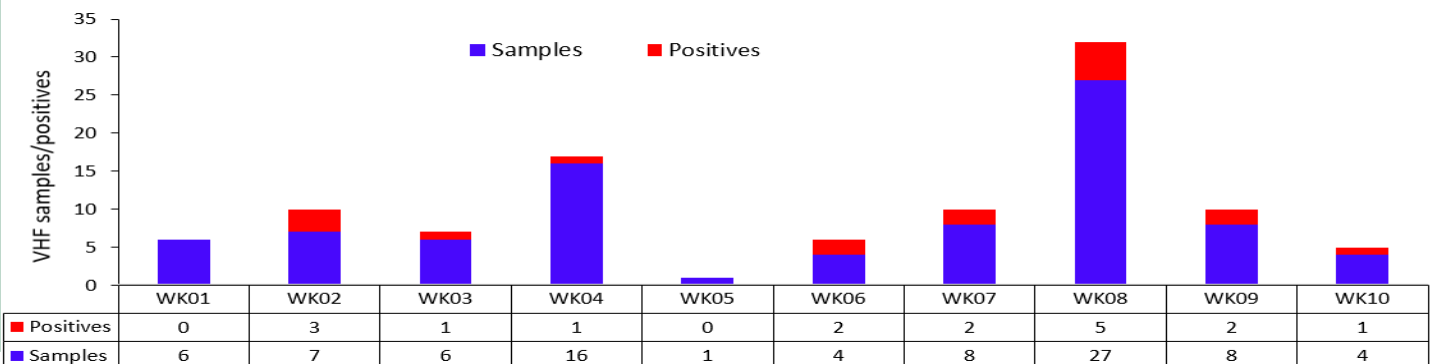
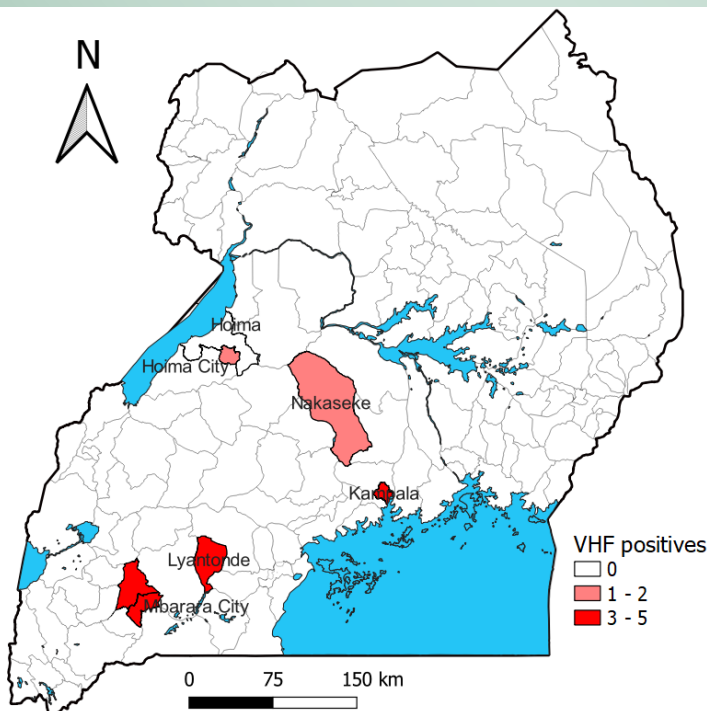
Viral Hemorrhagic Fevers Surveillance

Figure 7.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-09

Between 2024 WK01-10, a total of 87 VHF suspected samples were collected: 76 from alive and 11 from dead. Jinja District had the highest number of samples (13) followed by Lyantonde (11), Kampala (11) and Mbarara (10). The map on the right shows the distribution of samples collected by district. Most of them are from central and western Uganda.



Eight samples tested positive for CCHF (3 from Lyantonde, 3 from Kampala, 1 from Mbarara and 1 from Hoima) while 9 samples tested positive for RVF and of which 6 were from Mbarara, 2 from Kampala and 1 was from Nakaseke as shown in the map



Points of Entry (POE) Surveillance

Table 12.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week10

POE	Travelers Screened (Entry)	Travelers Screened (Exit)
Mpondwe	81908	1585
Bunagana	17802	7377
Entebbe Airport	16780	17472
Elegu	14995	7424
Cyanika	6682	5405
Malaba	6360	0
Busunga	4740	4258
Busia	3870	0
Mutukula	3460	2209
Mirama Hills	2876	0
Kokwochaya	1732	972
Goli	1463	1553
Vurra	1200	900
Alakas	822	434
Ntoroko Main	745	852
Katwe	695	0
Odramacaku	647	249
Kyeshero	629	265
Arua Airport	512	177
Lwakhaka	491	1265
Ndaiga	394	70
Transami	373	356
Ishasha	324	136
Madi-Opei	294	147
Aweno Olwiyo	290	185
Kayanzi	266	266
Kamwezi	178	24
Wanseko	178	152
Hima Cement	157	292
Suam	144	94
Sebagoro	128	15
Total	171135	54134

During 2024 EpiWeek 10 a total of 171,135 in-coming, and 54,134 exiting travelers at 32 Points of Entry (POEs) were screened. Highest traffic was registered at Mpondwe, Entebbe Airport and Bunagana crossing points (Table 12.1).

Presumptive Tuberculosis was identified among 34 travelers, of whom 24 were tested for TB. There were no TB confirmed cases and none was linked to care (Table 12.2).

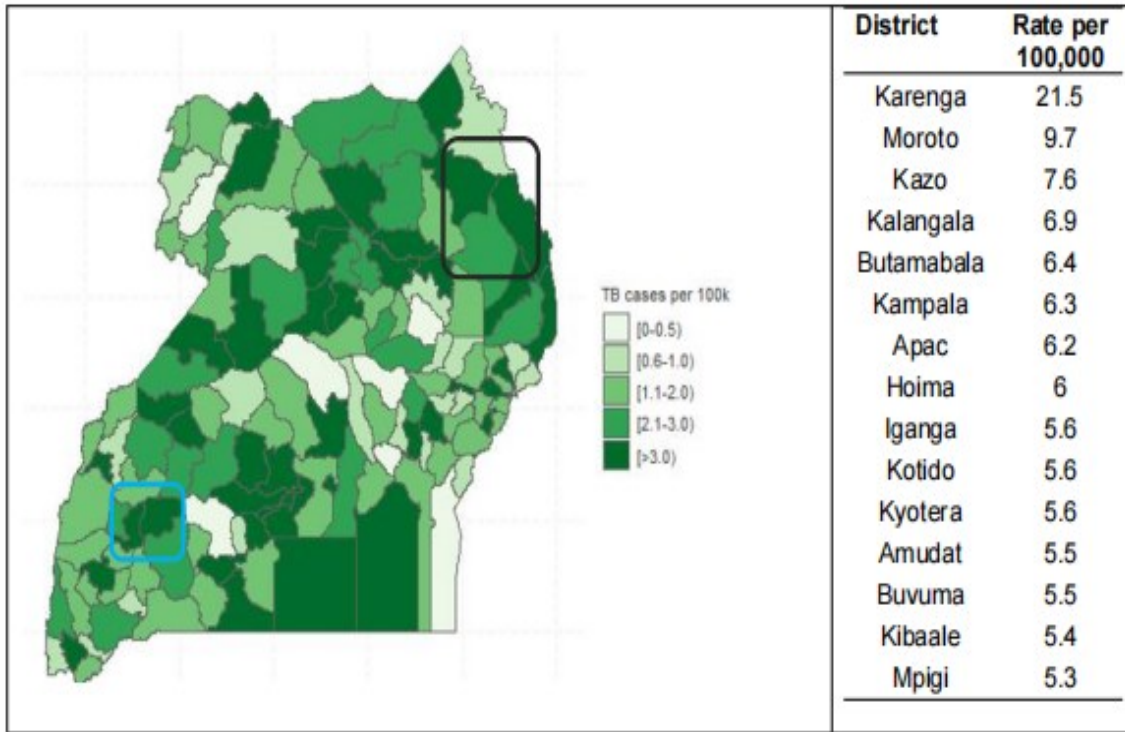
Source: IOM, eIDSR

Table 12.2: Tuberculosis screening among travelers during 2024Epi Week10

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Alakas	02	02	00	00
Bunagana	02	02	00	00
Busia	07	07	00	00
Goli	02	02	00	00
Kamwezi	03	03	00	00
Kokwochaya	06	06	00	00
Kyeshero	08	00	00	00
Lwakhaka	02	00	00	00
Madi-Opei	02	02	00	00
Total	34	24	00	00

Tuberculosis Status Update

Figure 13.1: Tuberculosis burden during 2024 EpiWeek 09



These are the 15 high TB burden districts Karenga, Moroto and Kampala have consistently been high burden districts for three weeks now, the rest are Mpigi, Kibaale, Buvuma, Kyotera, Kotido, Iganga, Hoima, Apac, Butambala and Kazo with Karenga the highest Burden among all.

Figure 9.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2023 to Wk09 2024

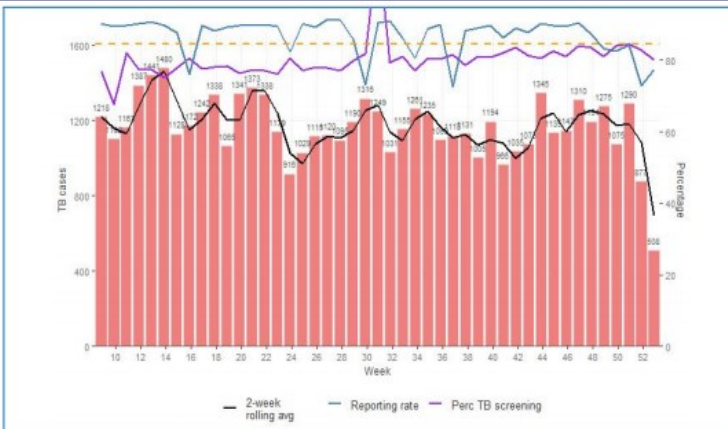


Figure 9.3: National weekly trends in New Relapse TB diagnosed by Wk09, 2024

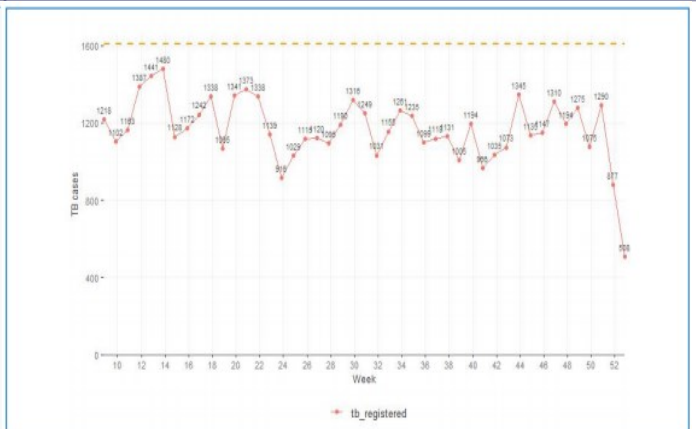


Figure 9.4: Comparison of TB burden by Health Regions between Epi Weeks 06 - 07, 2024



Event Based Surveillance (EBS)

Table 14.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK10

Region	Total Signals Received	Signals Verified	Signals Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	04	04	00	04	00	00	00
Bunyoro	01	01	00	01	00	00	00
Busoga	01	01	00	01	00	00	00
Kampala	02	02	00	02	00	00	00
Kigezi	01	01	00	00	00	01	00
Lango	02	02	00	02	00	00	00
N. Central	05	05	00	04	00	00	01
S. Central	01	01	00	01	00	00	00
Teso	01	01	00	01	00	00	00
Tooro	03	03	00	01	01	00	01
W. Nile	24	24	00	21	00	01	02
Uganda	45	45	00	38	01	02	04

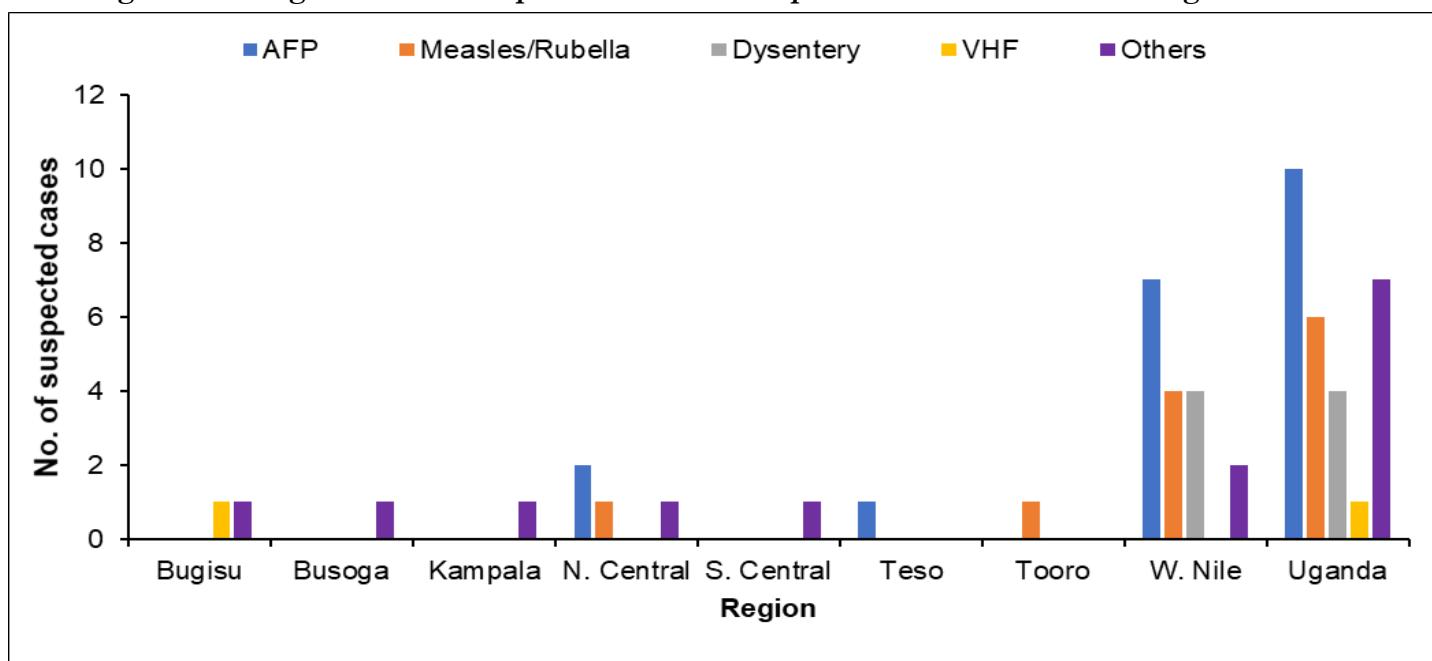
A total of 45 signals were received within the reporting week, all of which (45, 100%) were verified as events. Most of the signals received (38, 84%) were from the human sector, 1 (2%) from the animal sector, 2 (5%) from natural disasters, and 4 (9%) from artificial disasters (Table 1). The silent regions during the week were Acholi, Ankole, Bukedi, and Karamoja.

The natural disasters reported were 2 i.e. destruction of cassava plantation in Yumbe District, and swamp reclamation due to farming activities in Zombo District. The artificial disasters were four i.e. a transfer which caught fire in Kasese District with no fatality, three house fires in Yumbe District due to burning of grasses. The artificial disasters did not result in any injuries or fatalities.

The signals received during the week were AFP, measles/rubella, dysentery, and viral hemorrhagic fever. The other infections were red eyes (conjunctivitis), malaria, and colds (Figure 14.1).

Source: eIDSR

Figure 14.1: Regional-based suspected conditions reported via the 6767 line during 2024WK10



Malaria Status Update

HIGHLIGHTS



89.6% Reporting rate



166,772
Confirmed malaria cases



2.1% (3)
Districts had inadequate ACT stock (<8 weeks)



24 Reported deaths



00 Districts response

10.3% (15)

Districts had inadequate RDT stock (< 8 weeks)



41.7% Test Positivity Rate



00 Districts in Alert



The testing rate for patients with fever was 96.5% (375,702) | Proportion treated with a negative test was 3.4% (6,529)
Proportion treated without a test was 1.1% (1,508) | Proportion treated with a positive result was 90.1% (161,865)

Figure 15.1: Malaria epidemic alert and response districts during 2024WK10



Alert districts: 00
District response: 00
Watch districts: 146

- **Districts in IMS response mode: 00** (IMS response have cases >75th percentile >4 weeks and many sub-counties are affected).

Districts in response mode: 00 (District response have cases >75th percentile for <4 weeks or focal areas affected).

Districts in Alert mode: 00 (Alert districts have cases >50th percentile but < 75th percentile).

Districts in Watch mode: 146 (Watch districts have cases < median).

Figure 15.2: Malaria reported deaths during 2024WK10



District	Health Facility	Deaths
Mbale City	Mbale Regional Referral Hospital	10
Budaka	Budaka Health Centre IV	2
Mayuge	Mayuge Health Centre IV	2
Iganga	Iganga General Hospital	1
Kamuli	Kamuli General Hospital	1
Obongi	Belle Health Centre III	1
Lira City	Lira Regional Referral Hospital	1
Buvuma	Buvuma Health Centre IV	1
Wakiso	Namayumba Health Centre IV	1
Nakapiripirit	Tokora Health Centre IV	1
Alebtong	Alanyi Health Centre III	1
Kyegegwa	Sweswe ADRA Health Centre II	1
Zombo	Zumbo Health Centre III	1

PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 16.1: Active PHEs in Uganda during 2024WK10

Start Date	Location	PHE	All Cases	Confirmed Cases	Human Deaths
18-Feb-2024	Five health Regions	Conjunctivitis	1,338	1338	00
14-Dec-19	Seven Health Regions	Tuberculosis			
01-Jan-2024	Kabale	COVID19	332	46	03
29-Jan-24	Kasese	Measles	29	03	00
22-Feb-24	Amuru	Measles	27	03	01
29-Feb-2024	Kassanda	Measles	6	04	00
30-Jan-24	Hoima	Measles	421	14	02
31-Jan-24	Obongi	Measles	19	05	00
26-Feb-24	Maracha	Measles	05	04	00
23-Feb-24	Koboko	Measles	13	04	00
22-Feb-24	Yumbe	Measles	14	10	00
23-Dec-23	Arua City	Measles	138	111	01
08-Feb-24	Mbarara City	Rift Valley Fever	05	04	01
08-Jan-24	Lyantonde	CCHF	05	03	03
25-Feb-24	Kyankwanzi	CCHF	01	01	00
19-Feb-24	Kiruhura	CCHF	01	01	00
10-Jan-24	Kween	Anthrax	01	01	00
10-Mar-24	Kapchorwa	Anthrax	02	01	00
30-Sep-23	Bukomansimbi	Black Water Fever	90	90	10
25-Dec-23	Masaka	Yellow Fever	35	02	00
05-Feb-24	Kasese	Yellow Fever	16	01	00
05-Feb-24	Bundibugyo	Yellow Fever	47	05	00

Source: National PHEOC, WHO Bulletin

Country	PHE	Grading	Start Date	Total Cases	Confirmed Cases	Deaths	CFR
	Brew Poisoning	Ungraded	09/02/2024	21	-	9	42.90%
	Anthrax	Grade 2	10/04/2023	20		3	15%
Kenya	Leishmaniasis	Ungraded	03/01/2020	2,395	2,205	10	0.40%
	Measles	Ungraded	01/01/2023	1992	403	27	1.40%
	Poliomyelitis (cVDPV2)	Grade 2	26/05/2022	13	13	0	0.00%
	Cholera	Grade 3	05/10/2022	12,501	577	206	1.60%
	Rift Valley Fever	Ungraded	25/01/2024	13	1	0	0.00%
South Sudan	Yellow Fever	Ungraded	24/12/2023	38	1	5	13.20%
	Hepatitis E	Ungraded	01/01/2019	4,253	63	12	0.30%
	Measles	Ungraded	01/01/2023	7,862	586	173	2.20%
Tanzania	Cholera	Grade 3	07/09/2023	660	53	19	2.90%
	Poliomyelitis (cVDPV2)	Grade 2	17/07/2023	2	2	0	0.00%
Rwanda	Monkey Pox	Protracted 2	01/01/2023	13357	714	607	45.50%
Democratic Republic of Congo	Measles	Ungraded	01/01/2023	305404	7214	5684	1.90%
	Cholera	Grade 3	01/01/2023	62803	1866	715	1.10%
	Anthrax	Grade 2	15/11/2023	5	1	2	40.00%
	Poliomyelitis (cVDPV1)	Grade 2	27/08/2022	247	247	0	0%
	Poliomyelitis (cVDPV2)	Grade 2	01/01/2022	489	489	0	0.00%