



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 13: 25th March- 31st 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:

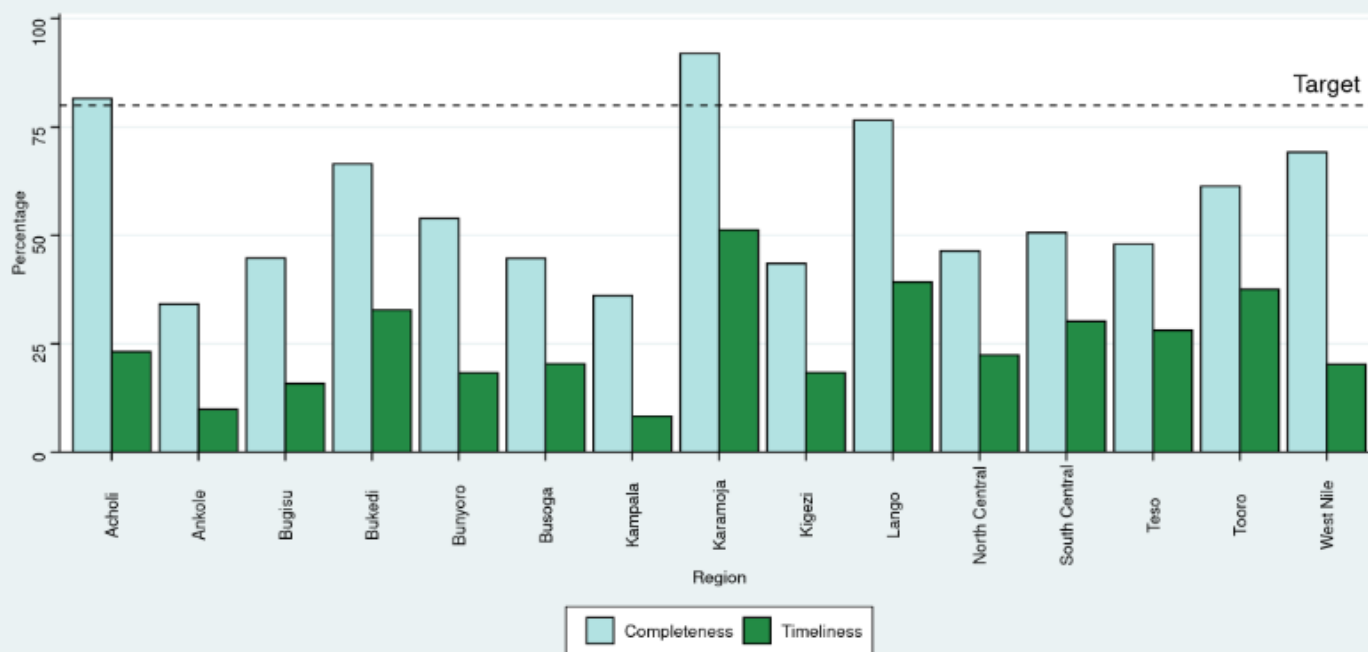
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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 13



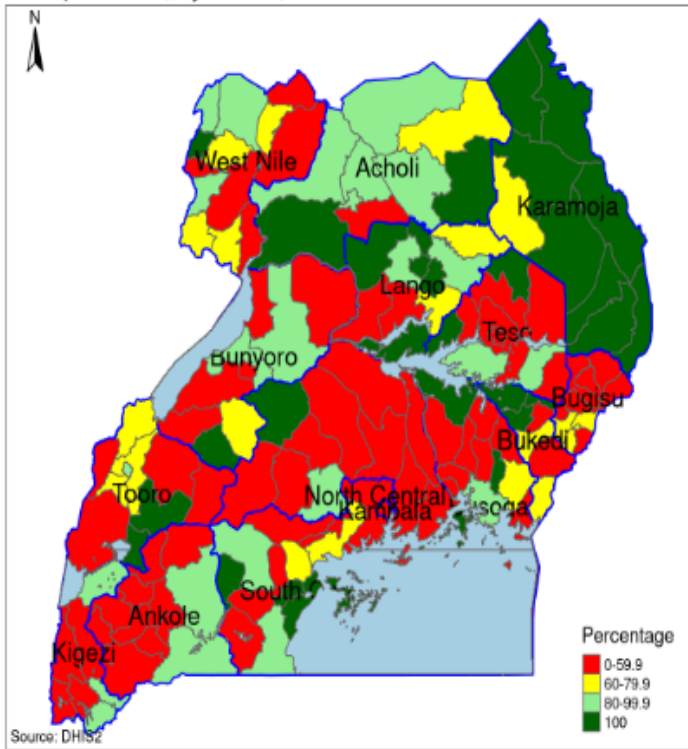
Source: DHIS2

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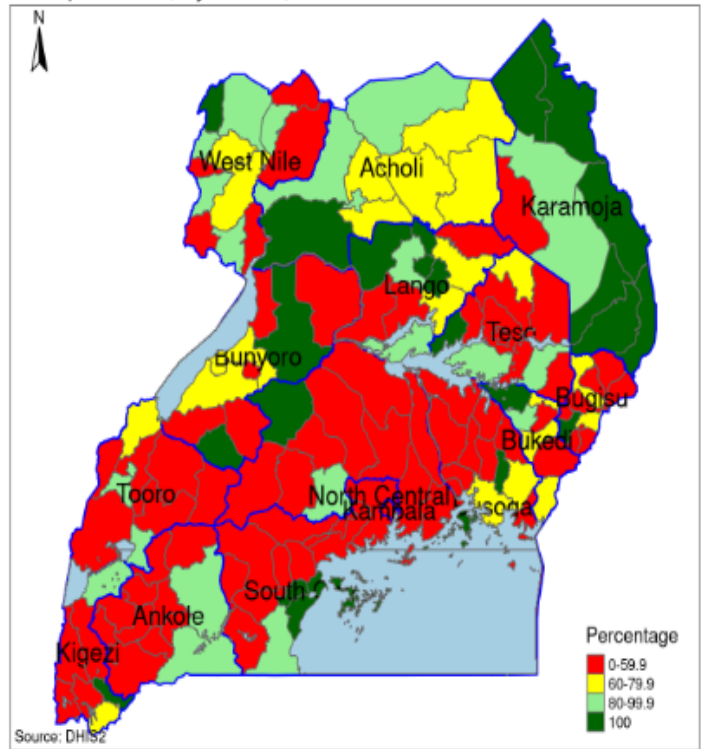
Most regions did not achieved the target of 80% for completeness for the weekly epidemiological reports within the EpiWeek 13 save for Karamoja and Acholi. Timeliness in all regions was below the target and this needs strengthening. Our recommendation is that district biostatisticians work with their health workers to identify and address bottlenecks to reporting. The breakdown of performance by district is shown on the next page.

Figure 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 12 and 13

Completeness, by district, Week 12



Completeness, by district, Week 13



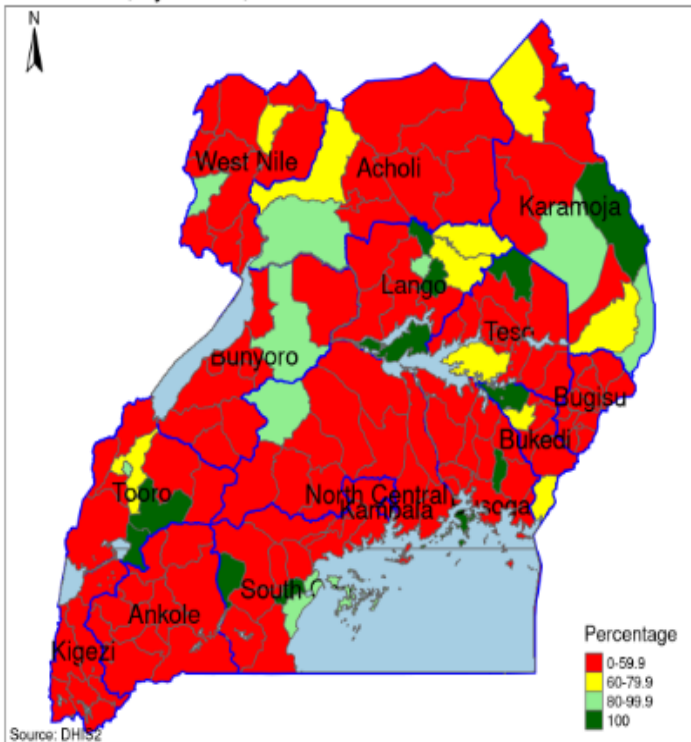
KEY

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 12



Timeliness, by district, Week 13

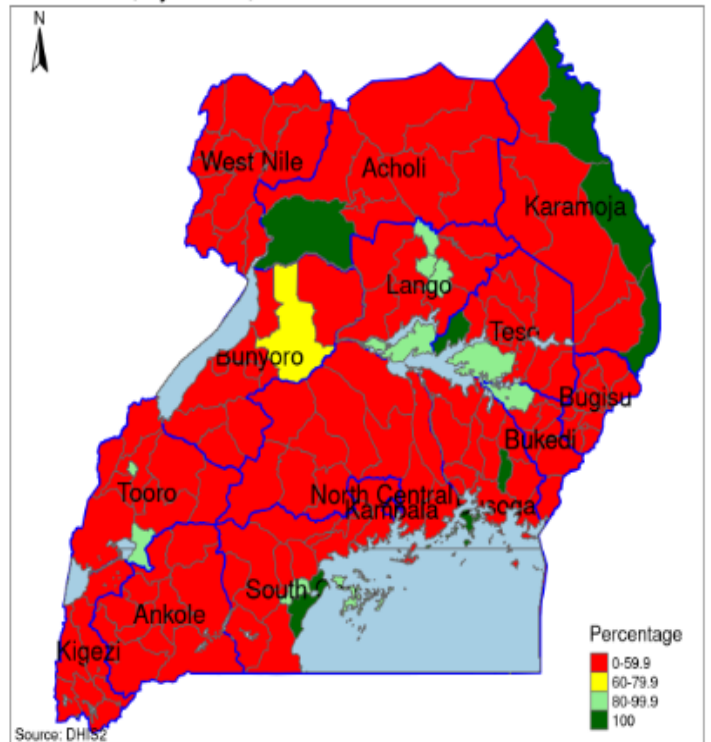


Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk13



Source: DHIS2

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

Within the reporting week 13, suspected cases were reported within the conditions of plague, MDR-TB and VHF's. These are suspected cases and verification is on-going. There was no suspected deaths reported within the same period.

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

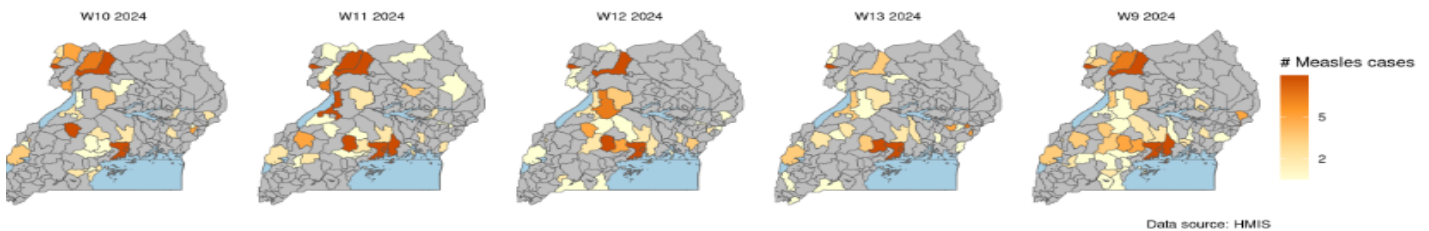


Figure 3.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

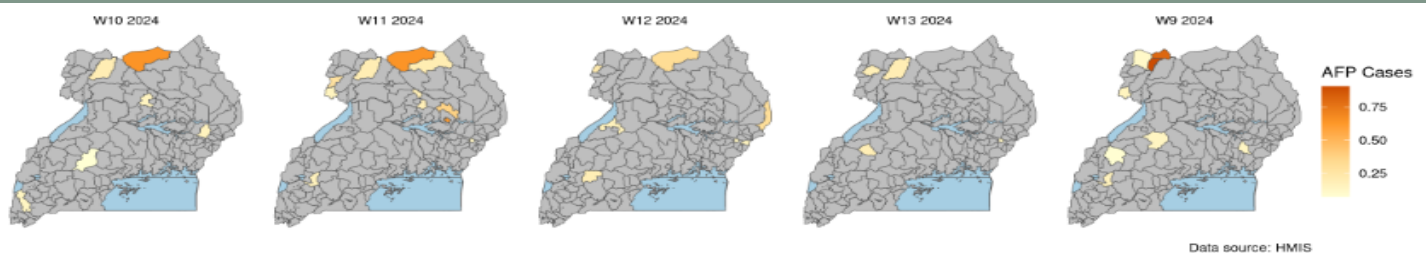
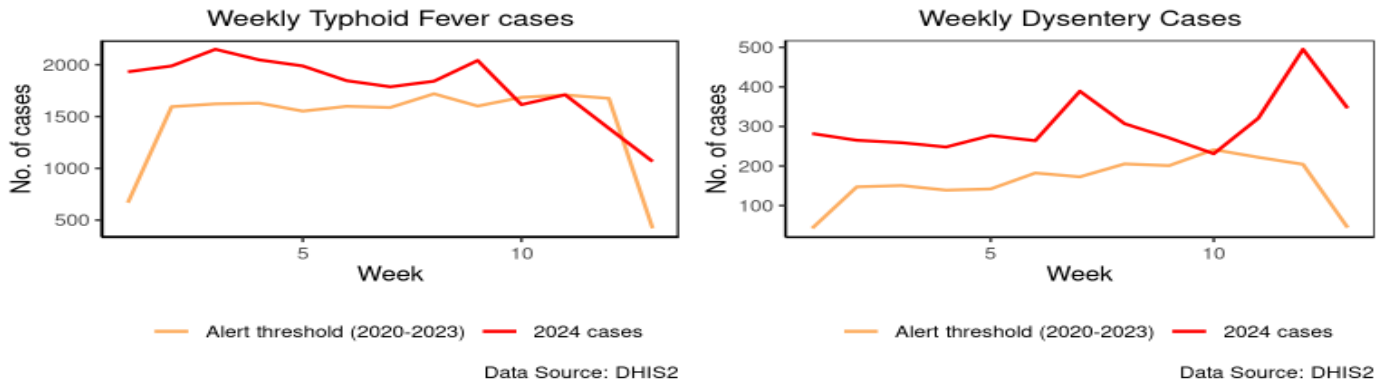


Figure 4.1: Suspected cases of Typhoid and Dysentery by 2024 Wk13



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 Wk13

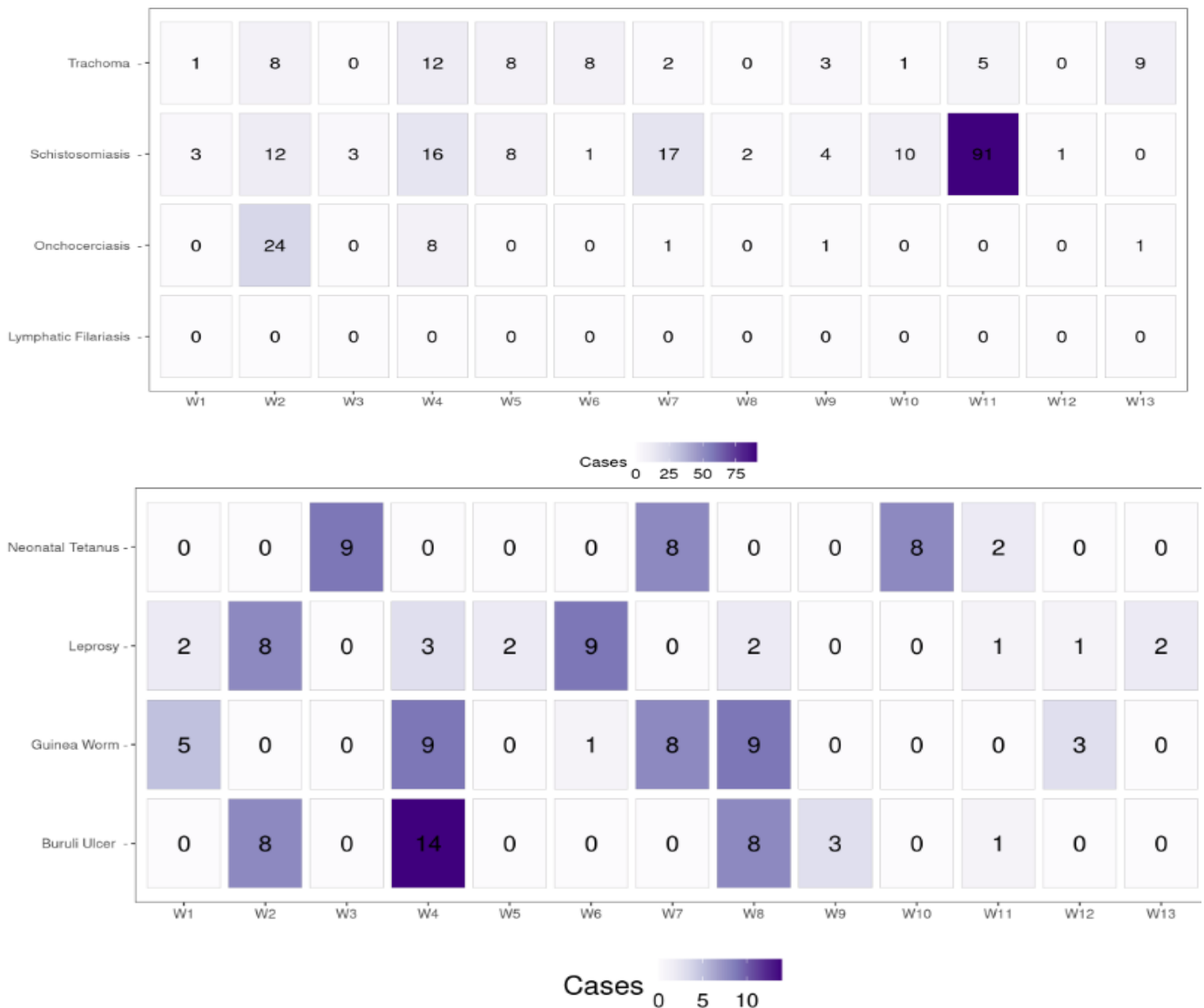
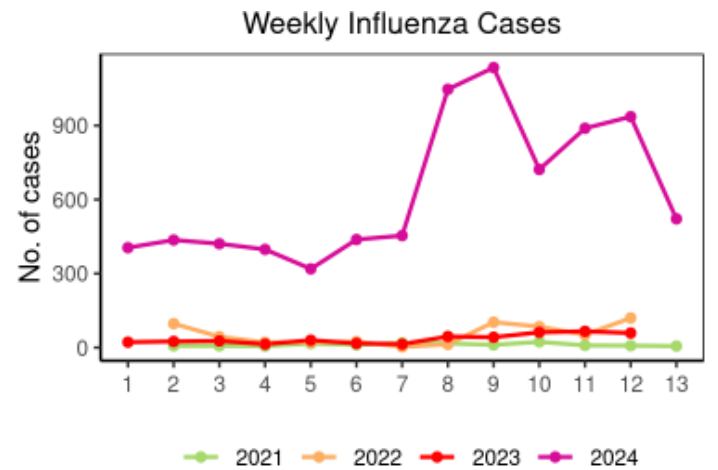
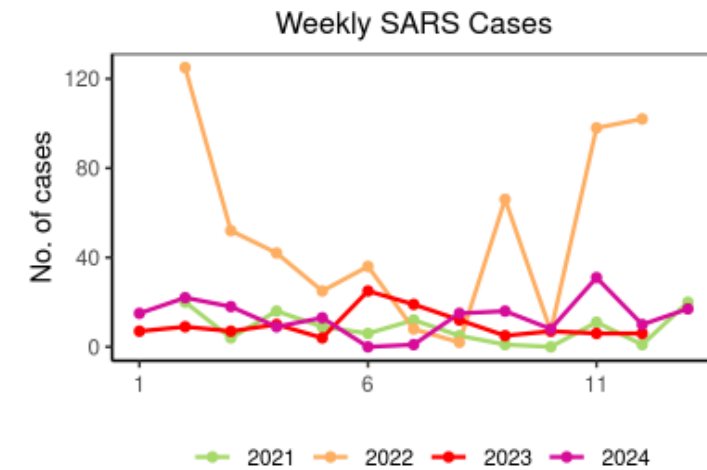
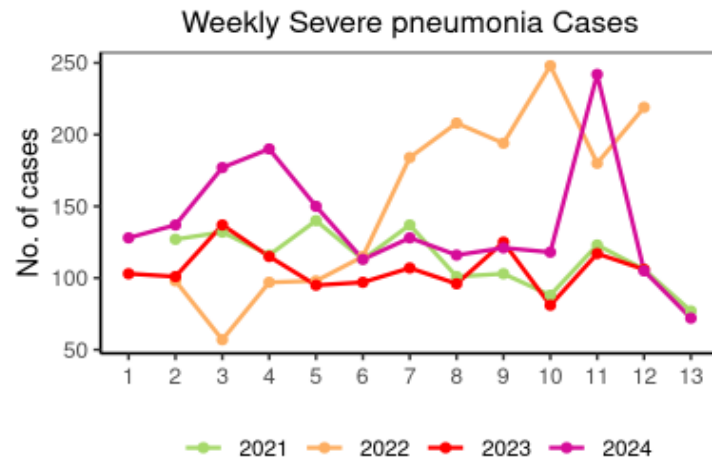
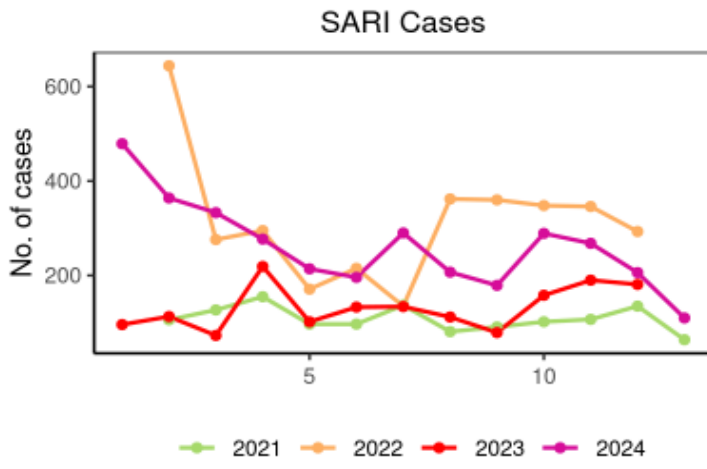
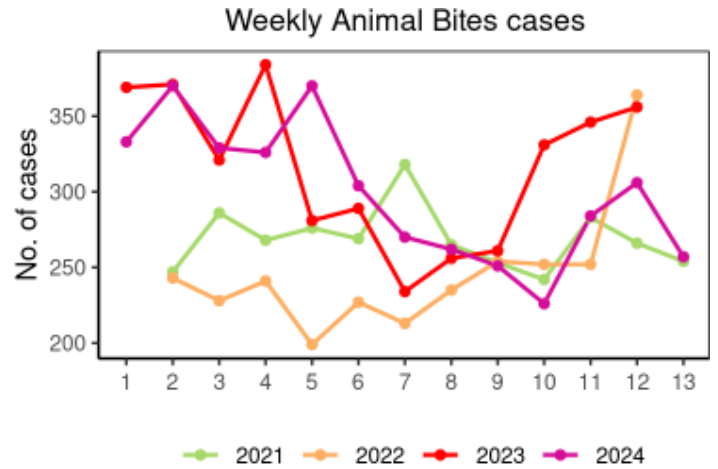
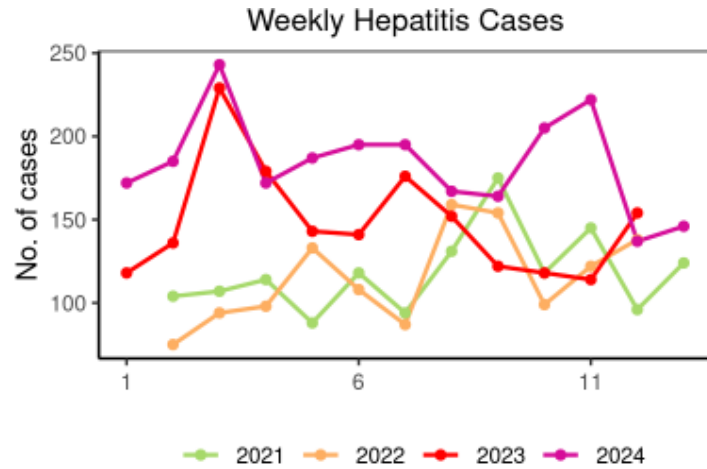
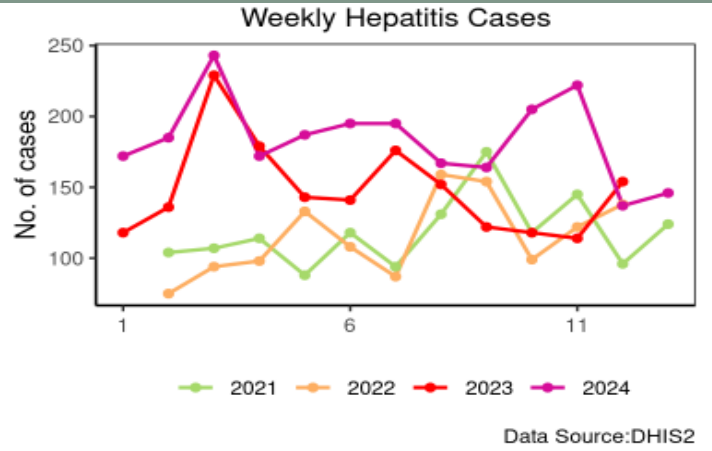
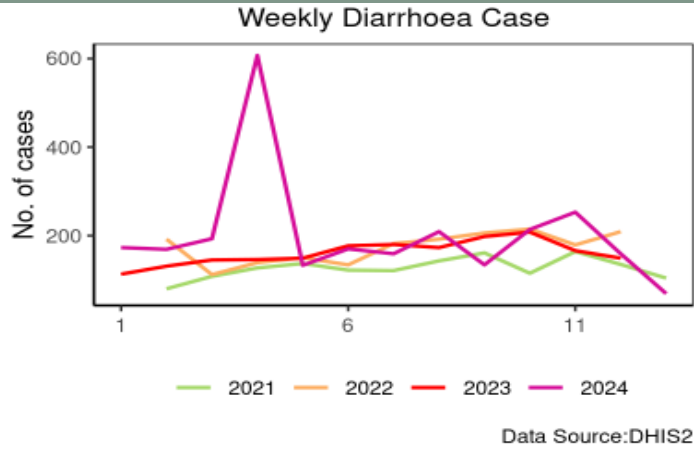


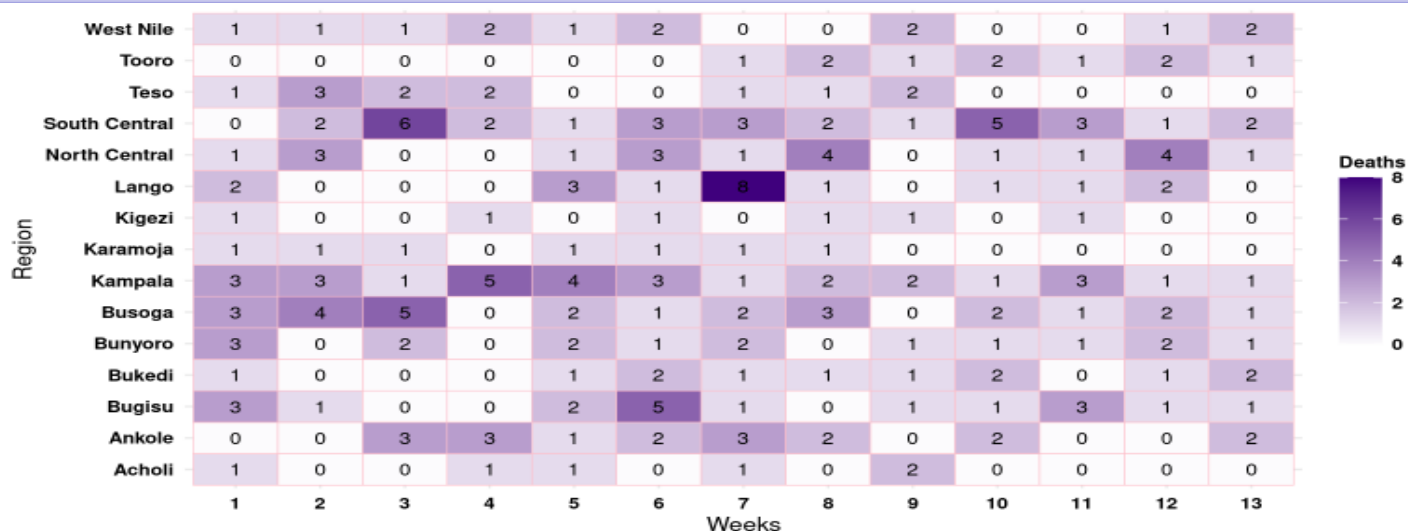
Figure 5.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk13



Maternal Deaths Surveillance

In week 13 there were 14 maternal deaths. This is a 17.6% (3 deaths) change from that (17 deaths) seen in week 12.

Table 6.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 13



Data source: DHIS2

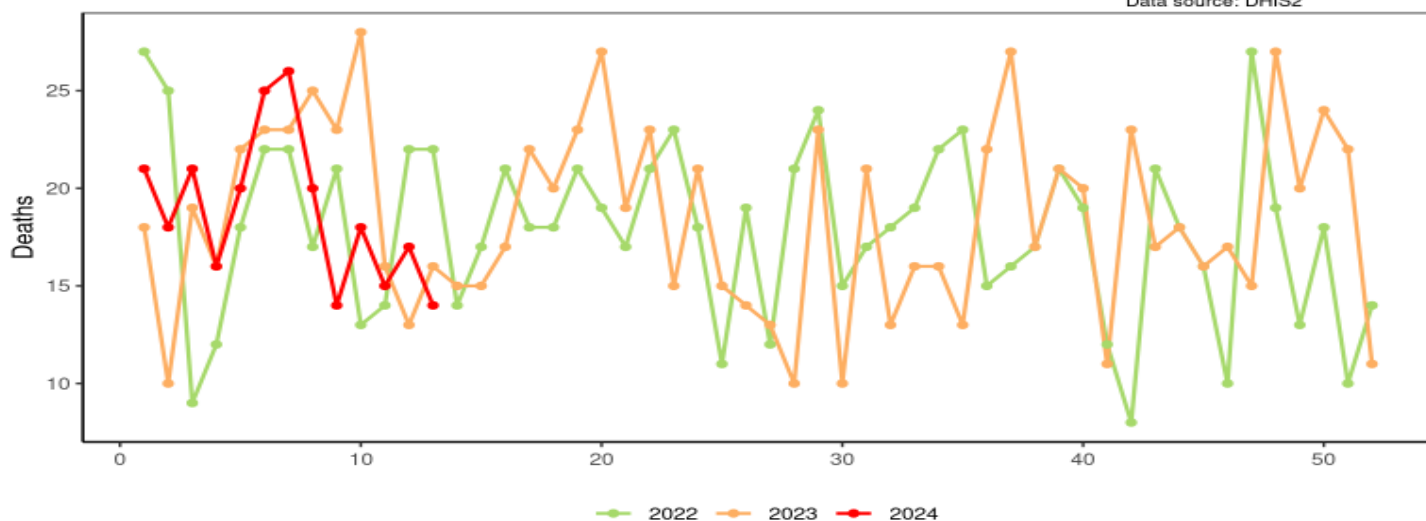


Table 6.2: Facilities reporting Maternal deaths during 2024WK13

Regions	Districts	Facility	No. of maternal deaths
Bukedi	Tororo District	Mukuju Health Centre IV	1
Bunyoro	Hoima City	Hoima Regional Referral Hospital	1
West Nile	Zombo District	Zeu Health Centre III	1
Tooro	Kasese District	Nyamirami Health Centre IV	1
Bugisu	Mbale City	Kolonyi Health Centre IV	1
Ankole	Mbarara City	Mbarara Regional Referral Hospital	1
North Central	Kayunga District	Kayunga Regional Referral Hospital	1
South Central	Masaka City	Masaka Regional Referral Hospital	1
Kampala	Kampala District	Kawempe National Referral Hospital	1
West Nile	Koboko District	Koboko General Hospital	1
Busoga	Kaliro District	Namugongo Health Centre III	1
Ankole	Bushenyi District	Ishaka Adventist Hospital	1
Bukedi	Busia District	Busitema Health Centre III	1
South Central	Sembabule District	Ssembabule Health Centre IV	1

Perinatal Deaths Surveillance

In week 13 there were 933 perinatal deaths. This is a -94.8% (-256 deaths) change from that (270 deaths) seen in week 12

Figure 7.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 11



Figure 7.2: Forms of Perinatal deaths Reported during 2024WK13

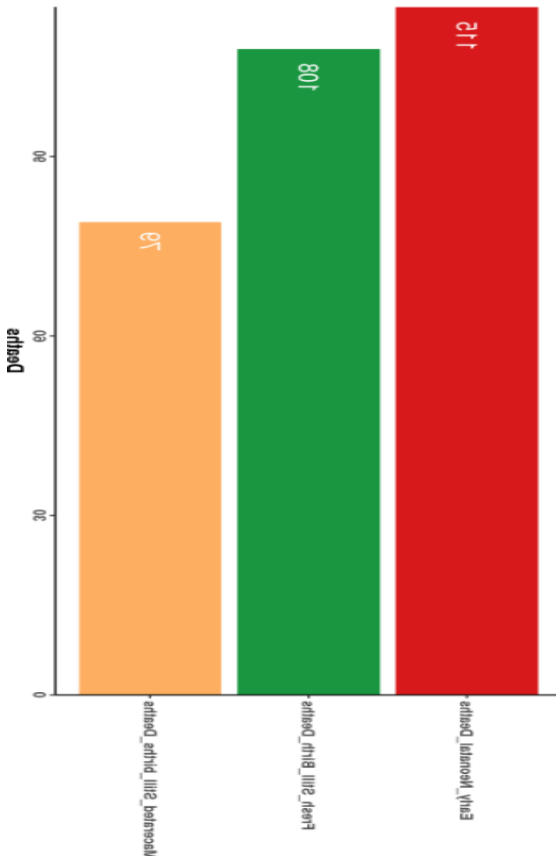


Figure 7.3: Perinatal deaths Reported during 2024WK13 by district



Influenza Surveillance

Table 8.1: Results from the MUWRP Influenza Surveillance Sites: 2024Week 13

Health Facility	Type of case	# of Specimens Tested (PCR)	# H3N2
Kiruddu NRH	SARI	02	00
	ILI	08	01
Mulago NRH	SARI	02	00
	ILI	11	00
Jinja RRH	SARI	02	00
	ILI	08	00
Gulu RRH	SARI	02	00
	ILI	08	00
Totals		43	01

During week thirteen 2024, 43 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=13), 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 lab at UVRI Entebbe. Four samples (9.3%) were positive for Flu A-H1N1, while one sample (2.33%) was positive for SARS-CoV-2. All samples were negative for Flu B (Table 8.1).

Further, 35 samples collected during week 12 were analyzed for ten other viral causes of ILI/SARI. Adenoviruses (ADV) and Parainfluenza viruses (PIV) were the most prevalent non influenza viral causes of ILI/SARI circulating at 42.86% and 5.7% respectively. we report a rise in circulation of adenoviruses (Table 8.2).

Table 8.2: Results of Analysis for Other Viral Pathogens 2024Week 13

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# hMPV Positive	# PIV Positive
Kiruddu NR Hospital	10	1	0	0	2
Gulu RRH	10	8	0	0	0
Jinja RR Hospital	10	3	1	1	1
Mulago NR Hospital	5	3	0	1	0
Total	35	15	01	02	03

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	04	160	00	153	11	162	02	164
February	02	88	01	87	04	91	00	91
March	00	41	00	41	00	40	01	41
Total	06	289	01	281	15	293	03	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	06	57	01	58	06	64	00	64
	Kiryandongo Hospital	00	41	00	40	01	41	00	41
	Kiswa HC III	00	75	00	75	00	75	00	75
	Koboko Hospital	00	13	00	13	00	13	00	13
	Mukono General Hospital	00	14	00	13	01	13	01	14
	Nsambya Hospital	00	08	00	08	00	08	00	08
	Total	06	208	01	207	08	214	01	215
SARI	Fort Portal R R Hospital		13		11	02	13	00	13
	Jinja R R Hospital		14		13	01	14	00	14
	Koboko Hospital		11		09	02	11	00	11
	Mbarara R R Hospital		12		11	01	11	01	12
	Nsambya Hospital		31		30	01	30	01	31
	Total		81		74	07	79	02	81
SARI-ILI	Fort Portal R R Hospital	00	13	00	11	02	13	00	13
	Jinja R R Hospital	06	71	01	71	07	78	00	78
	Kiryandongo Hospital	00	41	00	40	01	41	00	41
	Kiswa HC III	00	75	00	75	00	75	00	75
	Koboko Hospital	00	24	00	22	02	24	00	24
	Mbarara R R Hospital	00	12	00	11	01	11	01	12
	Mukono General Hospital	00	14	00	13	01	13	01	14
	Nsambya Hospital	00	39	00	38	01	38	01	39
	Total	06	289	01	281	15	293	03	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	00	20	00	19	01	20	00	20
2	01	55	00	50	06	56	00	56
3	03	26	00	28	01	29	00	29
4	00	31	00	28	03	29	02	31
5	00	43	00	42	01	43	00	43
6	02	30	00	30	02	32	00	32
7	00	17	00	17	00	17	00	17
8	00	11	01	12	00	12	00	12
9	00	15	00	14	01	15	00	15
10	00	41	00	41	00	40	01	41
Total	06	289	01	281	15	293	03	296

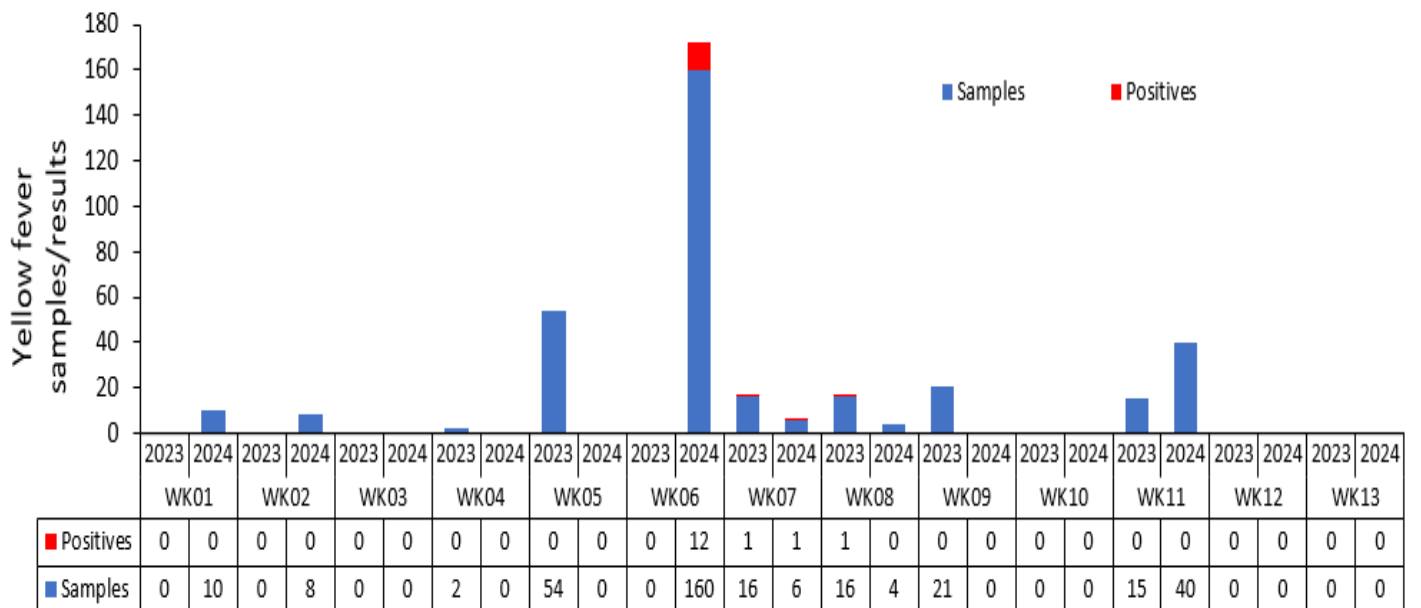
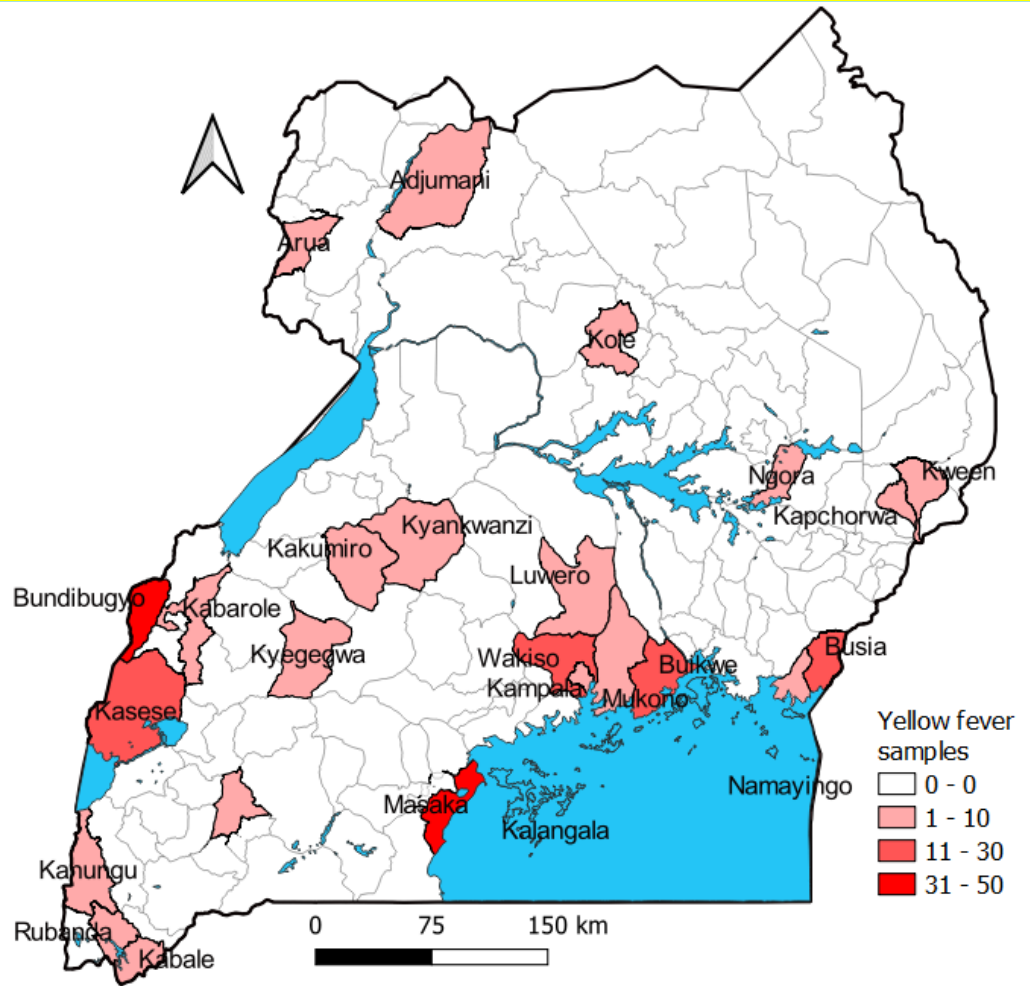
Yellow Fever Virus (YFV) Surveillance

Figure 6.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-13

During 2024 WK13, no yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 228 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between Wks 01-13 2024. Most of these districts are within the regions of Western, Eastern and Central regions.

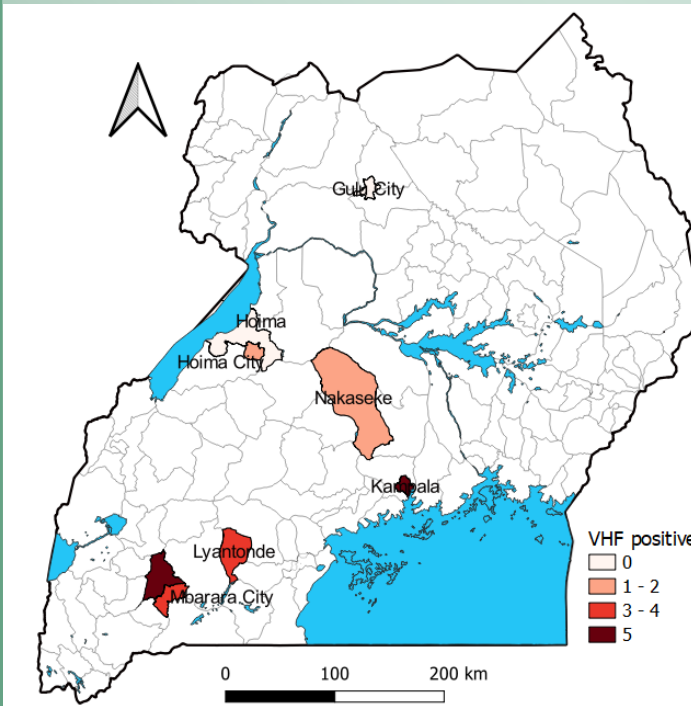
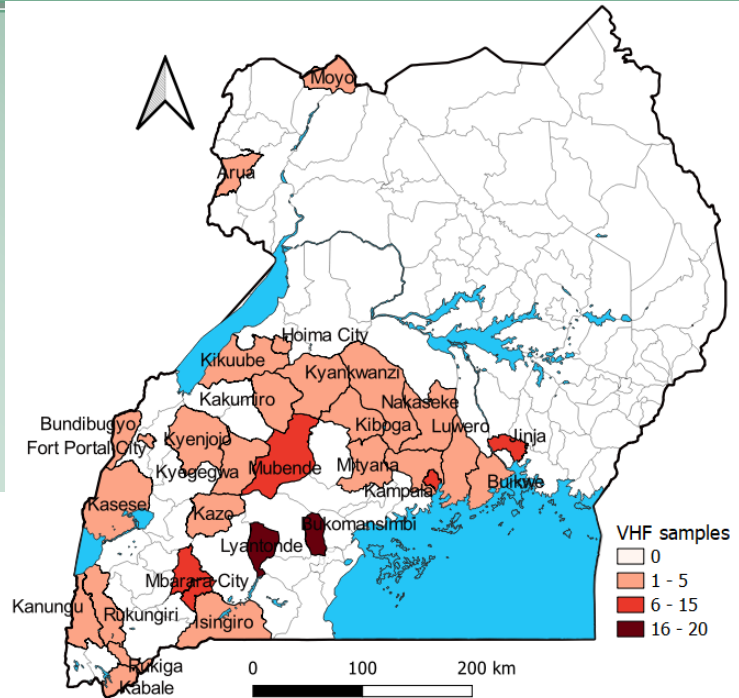
The figure below shows the cumulative number of YFV suspected samples submitted within the same period



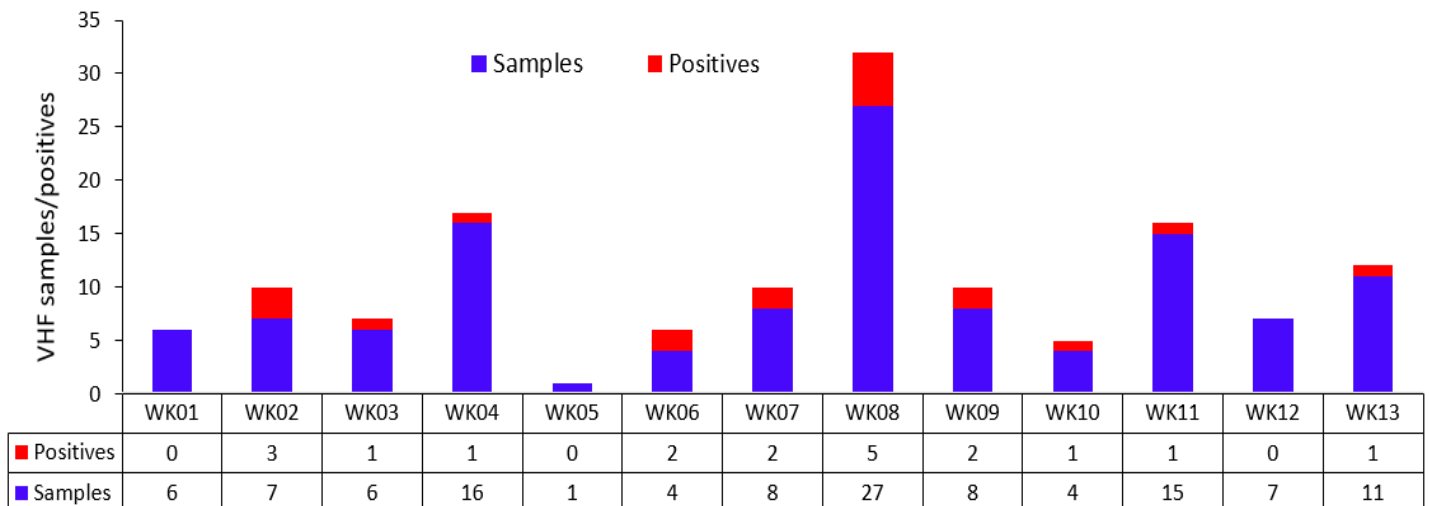
Viral Hemorrhagic Fevers Surveillance

Figure 7.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-13

Between 2024 WK01-13, a total of 122 VHF suspected samples were collected: 110 from alive and 12 from dead. Bukomansimbi and Lyantonde districts had the highest number of samples (18 each) followed by Jinja (13) and Kampala (12). The map on the right shows the distribution of samples collected by district. Most of them are from central and western Uganda.



Within the same reporting period, eleven samples tested positive for RVF of which 8 were from Mbarara, 2 from Kampala and 1 from Nakaseke. Eight samples tested positive for CCHF of which 3 were from Lyantonde, 3 from Kampala, 1 from Mbarara and 1 from Hoima as shown in the map on the left.



Points of Entry (POE) Surveillance

Table 12.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week13

POE	Travelers Screened on Entry	Travelers Screened on Exit
Mpondwe	71,887	1,097
Bunagana	15,281	8,042
Entebbe Airport	14,472	14,616
Elegu	13,905	6,466
Malaba	6,221	-
Cyanika	6,186	5,477
Busunga	5,676	5,063
Busia	5,087	-
Mirama Hills	3,419	-
Katuna	3,318	-
Mutukula	3,170	2,077
Goli	2,021	2,031
Kokwochaya	1,910	1,107
Vurra	1,193	921
Alakas	1,132	651
Ntoroko Main	776	870
Katwe	687	-
Kyeshero	592	206
Arua Airport	546	207

During 2024 EpiWeek 13 a total of 160,510 incoming, and 51,533 exiting travelers at 30 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 37 travelers, of whom 37 were tested for TB. There were no TB confirmed cases and none was linked to care (Table 12.2).

POE	Travelers Screened on Entry	Travelers Screened on Exit
Ndaiga	531	58
Lwakhaka	517	1,016
Transami	440	305
Suam	312	59
Ishasha	306	181
Aweno Ol-wiyo	261	185
Kayanzi	249	249
Madi-Opei	199	125
Wanseko	121	222
Hima Cement	83	284
Portbell	12	18

Source: IOM, eIDSR

Table 12.2: Tuberculosis screening among travelers during 2024Epi Week13

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Alakas	03	03	00	00
2	Bunagana	08	08	00	00
3	Busia	06	06	00	00
4	Kokwochaya	15	15	00	00
5	Lwakhaka	02	02	00	00
6	Madi-Opei	02	02	00	00
7	Mpondwe	01	01	00	00
	TOTAL	37	37	00	00

Tuberculosis Status Update

Figure 13.1: Tuberculosis burden during 2024 EpiWeek 13

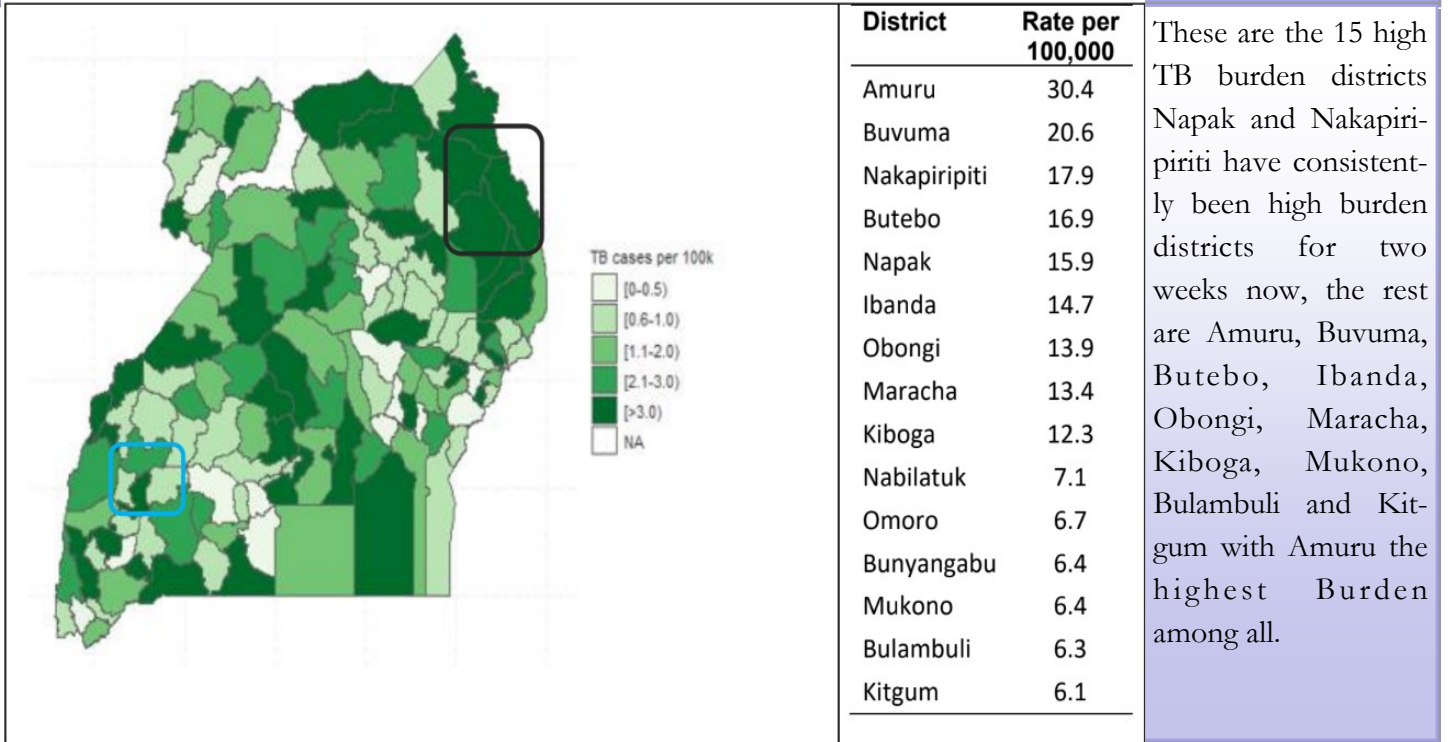


Figure 9.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2023 to Wk13 2024

Figure 9.3: National weekly trends in New Relapse TB diagnosed by Wk13, 2024

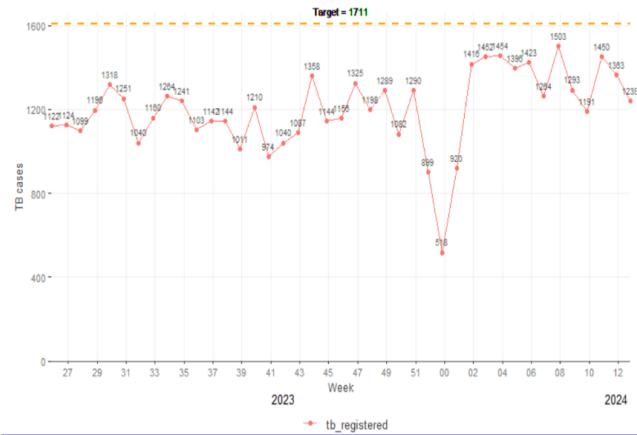
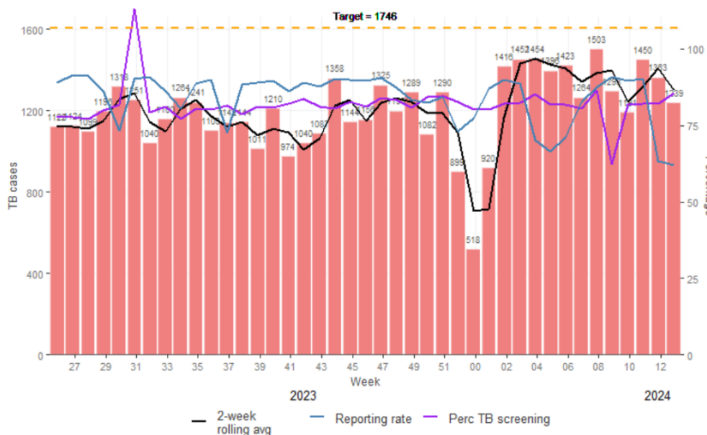
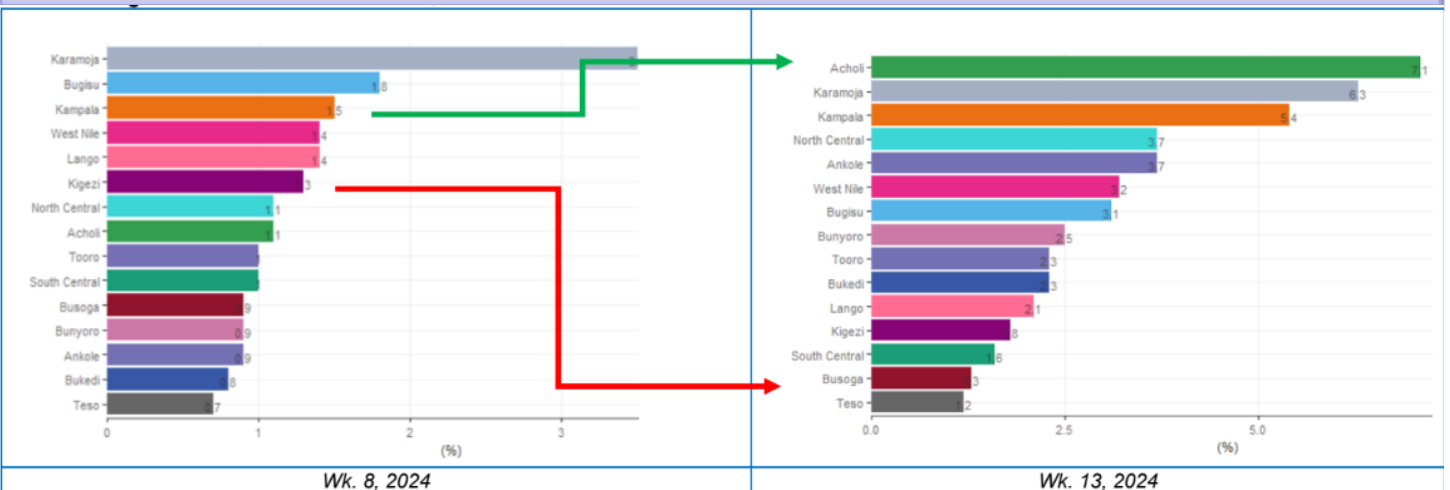


Figure 9.4: Comparison of TB burden by Health Regions between Epi Week 8 and Week 13, 2024



Event Based Surveillance (EBS)

Table 14.1 : Regional-based Signals received and triaged via the 6767 line during 2024WK13

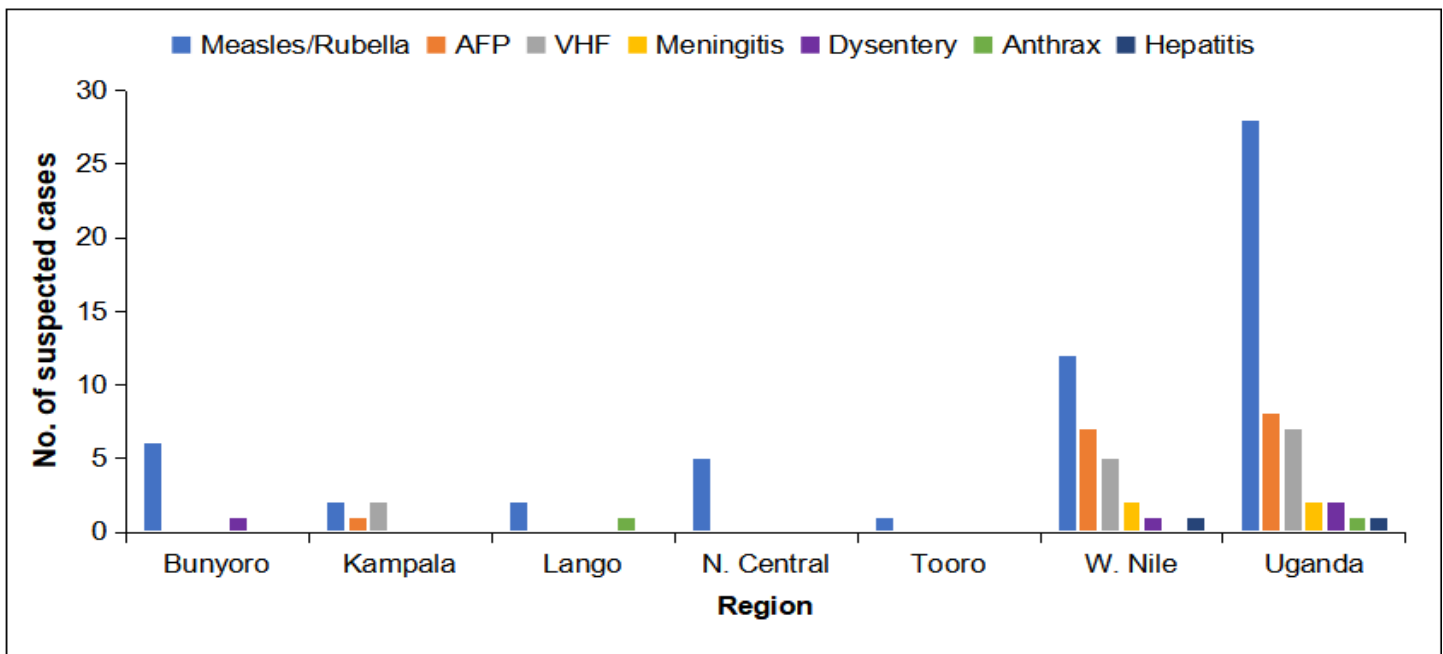
Region	Total Signals Received	Signals Verified	Signals Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Bugisu	01	01	00	00	00	01	00
Bunyoro	11	11	00	11	00	00	00
Kampala	06	06	00	06	00	00	00
Lango	04	04	00	04	00	00	00
N. Central	05	05	00	05	00	00	00
Tooro	03	03	00	01	00	00	02
W. Nile	30	26	04	30	00	00	00
Uganda	60	56	04	57	00	01	02

A total of 60 signals were received within the reporting week, of which 93% (56) were verified as events. Most of the signals received (57, 95%) were from the human sector, 1 (2%) from natural disasters and 2 (3%) from artificial disasters (Table 14.1). The silent regions during the week were Acholi, Ankole, Bukedi, Busoga, Karamoja, Kigezi, South Central, and Teso. The natural disaster reported was a death due to lightening in Bulambuli District. The artificial disasters were two i.e. one death due to petrol fire in Kasese District and a house fire in Yumbe District that had no injuries or fatalities reported.

The signals received during the week were measles/rubella, AFP, VHF, meningitis, dysentery, anthrax, and Hepatitis (Figure 14.1).

Source: eIDSR

Figure 14.1: Regional-based suspected conditions reported via the 6767 line during 2024WK13



PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 16.1: Active PHEs in Uganda during 2024WK13

Onset Date	Location	PHE	Total Cases (suspects, probable)	Confirmed Cases	Human Deaths
18-Feb-2024	Five health Regions	Conjunctivitis	6,624	-	00
14-Dec-19	Seven Health Regions	Tuberculosis			
01-Jan-2024	Kabale	COVID19	563	52	03
10-Mar-24	Manafwa	Measles	64	04	00
29-Feb-2024	Kassanda	Measles	73	04	04
03-Mar-24	Mbale	Measles	24	05	01
26-Feb-24	Maracha	Measles	05	04	00
26-Feb-24	Amudat	Anthrax	11	03	00
10-Mar-24	Kapchorwa	Anthrax	02	01	00
30-Sep-23	Bukomansimbi	Black Water Fever	94	-	11
05-Feb-24	Kasese	Yellow Fever	16	01	00
05-Feb-24	Bundibugyo	Yellow Fever	47	05	00

Uganda's PHEOCs are currently activated for COVID-19 in the Kigezi region, Red Eyes in 22 prisons and several districts, Measles in three districts, Tuberculosis in seven health districts, Anthrax in two districts, Complicated Malaria /BWF in Bukomansimbi and Yellow Fever in two districts. Within Uganda's neighborhood, three countries are responding to Poliomyelitis (cVDPV1 and 2), three countries are responding to Cholera outbreaks, anthrax is in two countries, measles is reported in three countries, and Monkey Pox in the DRC

Table 16.2: Active PHEs around Uganda during 2024WK13

Country	PHE	Grading	Start Date	Total Cases	Confirmed Cases	Deaths	CFR
Kenya	Anthrax	Grade 2	10/04/2023	20		3	15%
	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%
South Sudan	Rift Valley Fever	Ungraded	25/01/2024	13	1	0	0.00%
	Yellow Fever	Ungraded	24/12/2023	38	1	5	13.20%
	Hepatitis E	Ungraded	01/01/2019	4,253	63	12	0.30%
Tanzania	Measles	Ungraded	01/01/2023	7,862	586	173	2.20%
	Cholera	Grade 3	07/09/2023	660	53	19	2.90%
Rwanda	Poliomyelitis (cVDPV2)	Grade 2	17/07/2023	2	2	0	0.00%
	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%