



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 14: 01st April- 07th April 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:

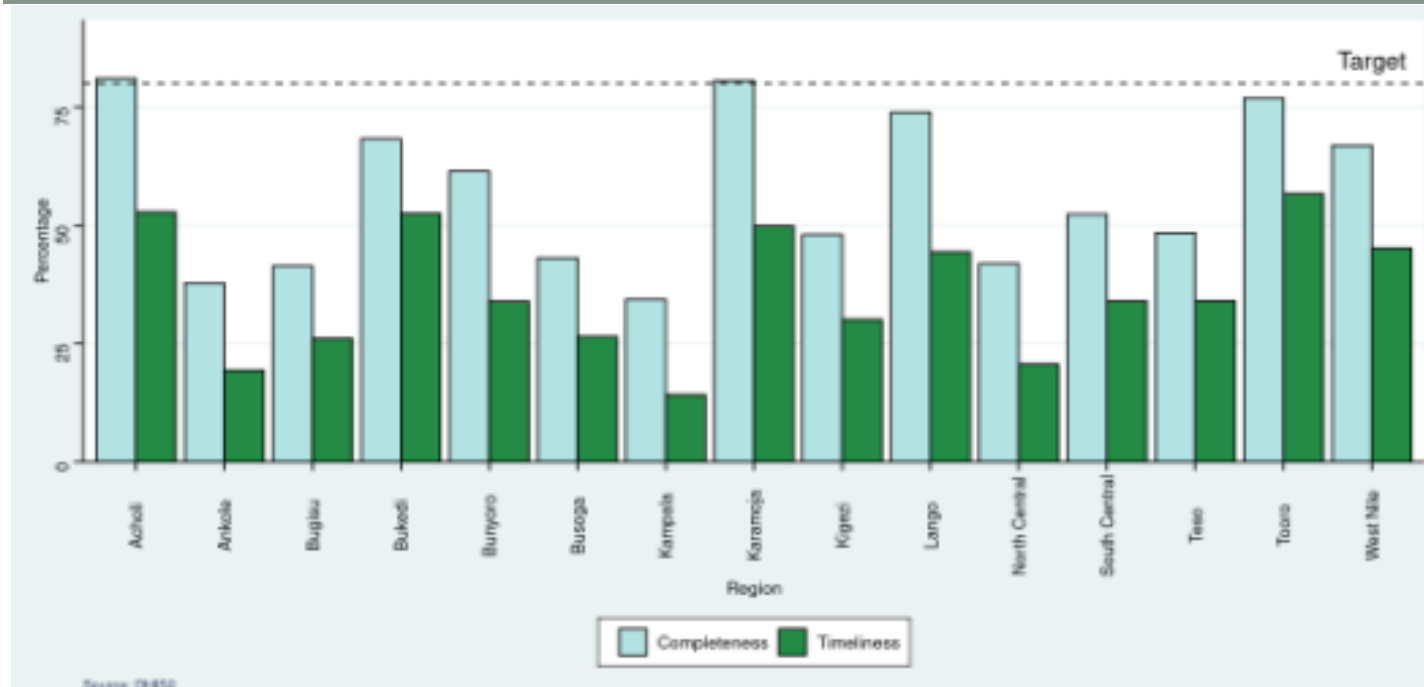
Dr. Allan Muruta,

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Indicator Based Surveillance

Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 14

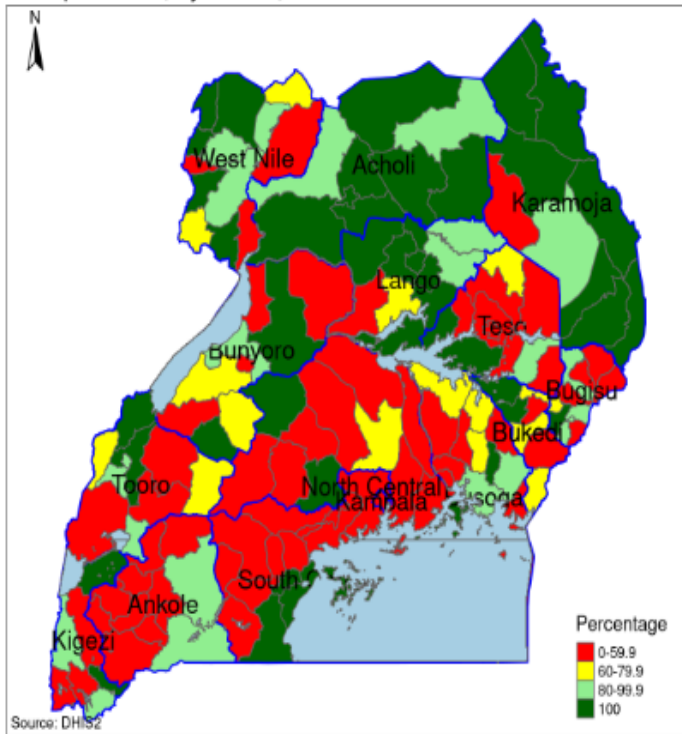


Source: DHIS2

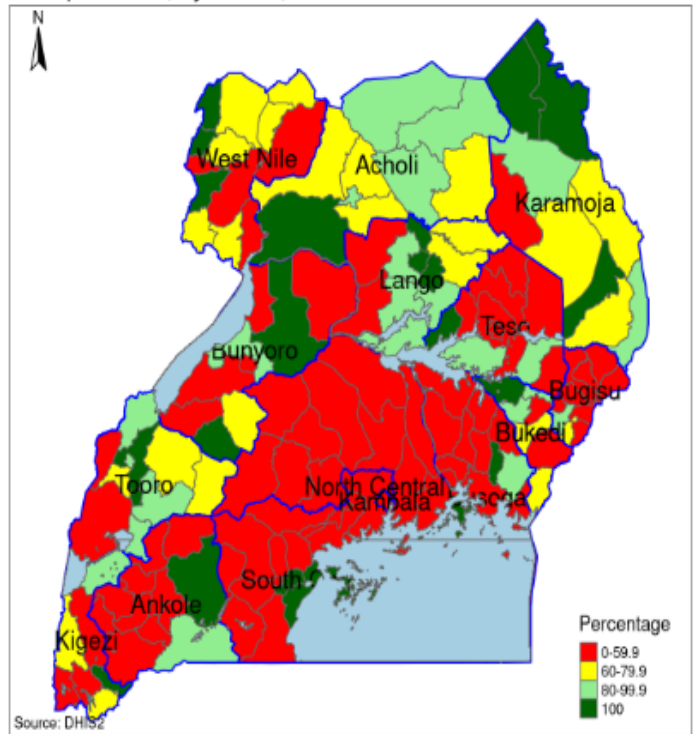
Most regions did not achieved the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 14 save for Karamoja and Acholi. Timeliness within all regions was below the target and this needs strengthening. Our recommendation is that district biostatisticians work with their 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 13 and 14

Completeness, by district, Week 13



Completeness, by district, Week 14



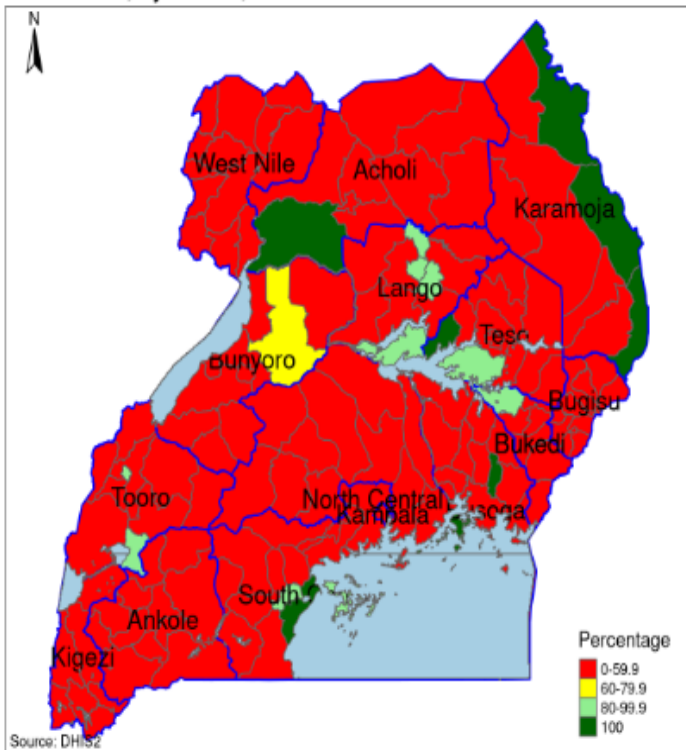
KEY

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 13



Timeliness, by district, Week 14

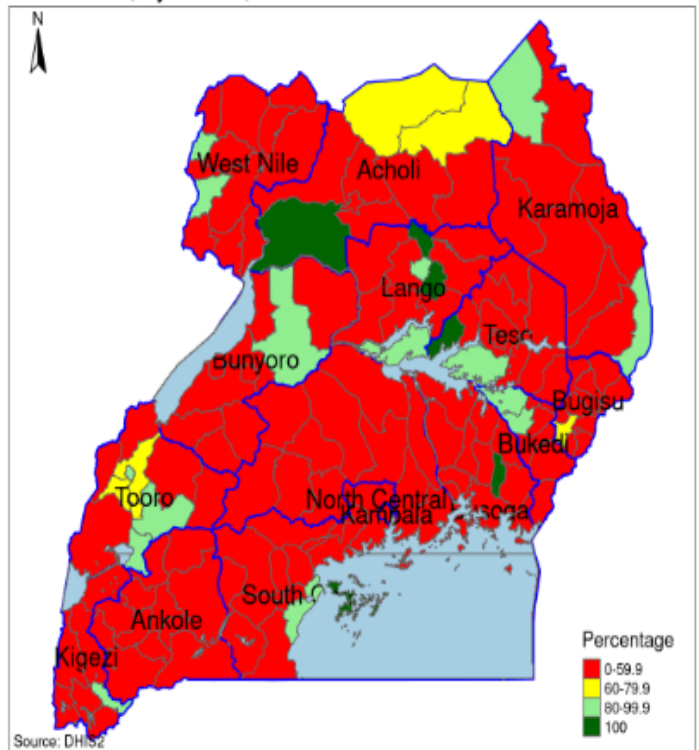


Figure 3.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk14



DHIS2 Data

Source: DHIS2

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

Within the reporting week 14, suspected cases were reported within the conditions of MDR-TB, neonatal tetanus 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

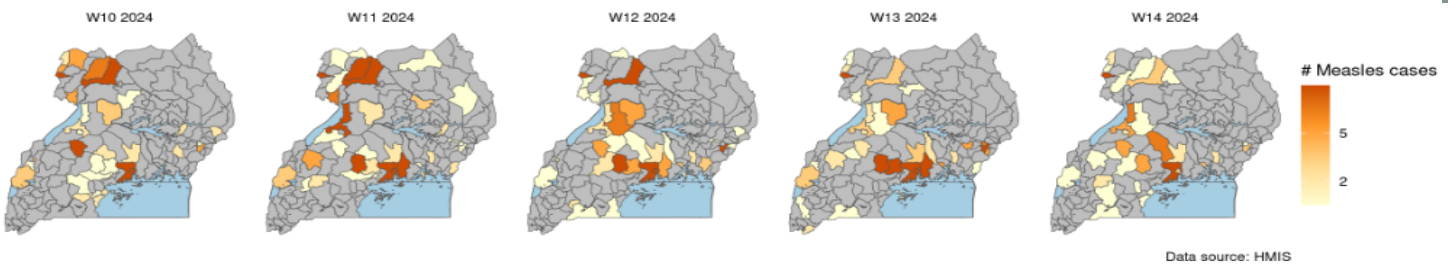


Figure 3.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks

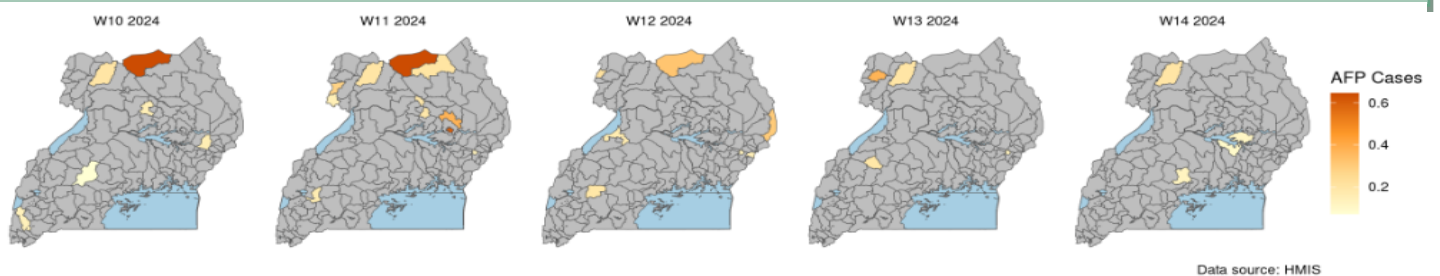
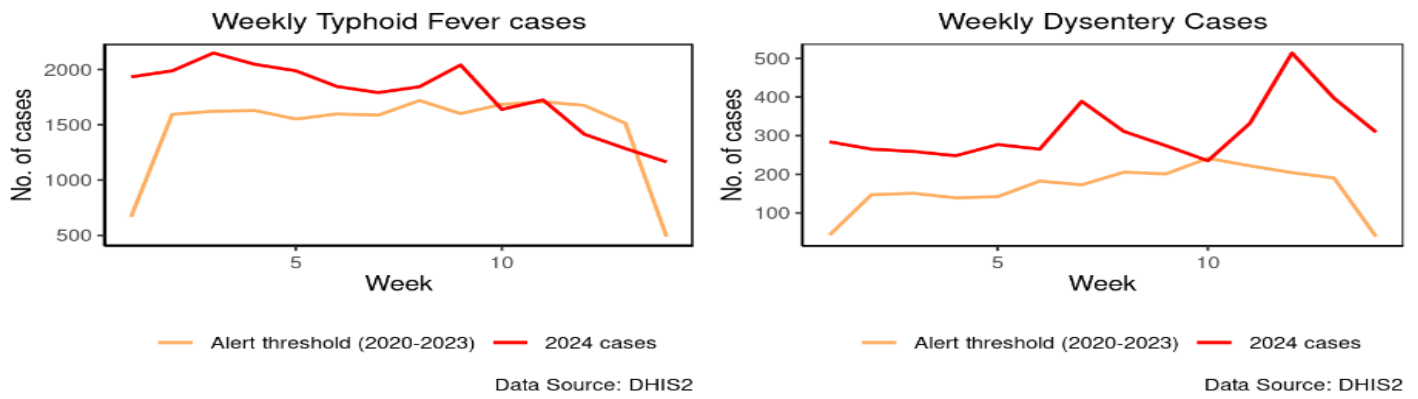


Figure 4.1: Suspected cases of Typhoid and Dysentery by 2024 Wk14



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 Wk14

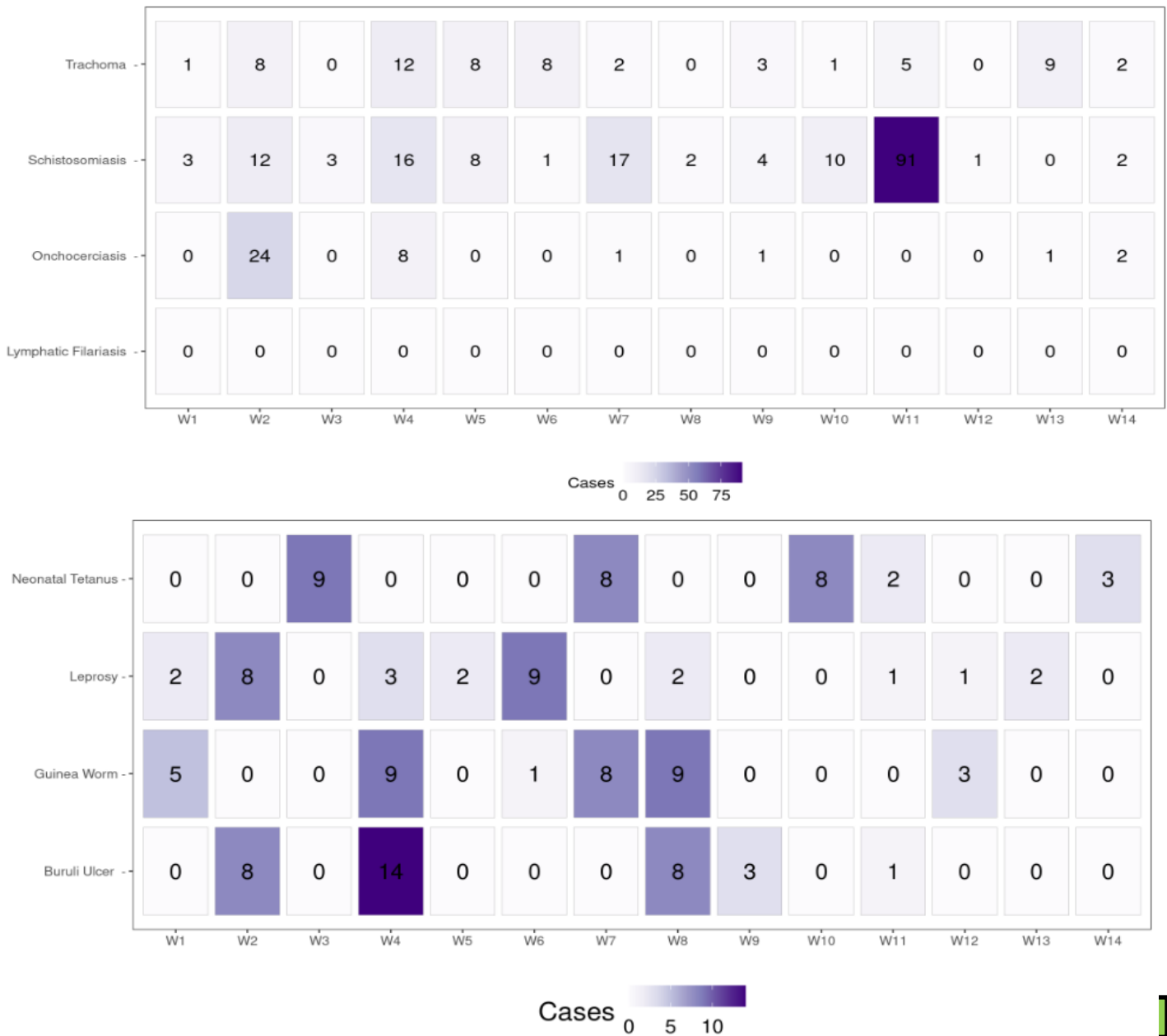
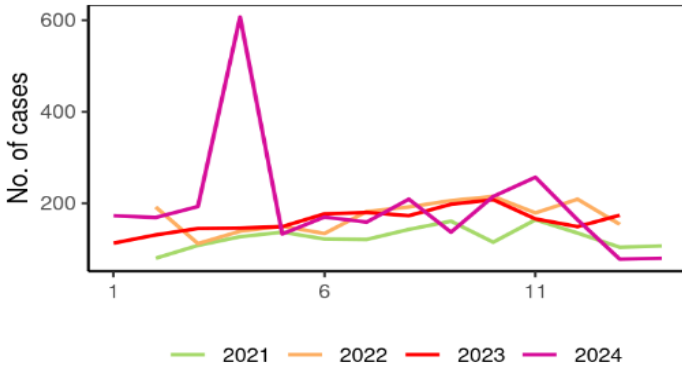


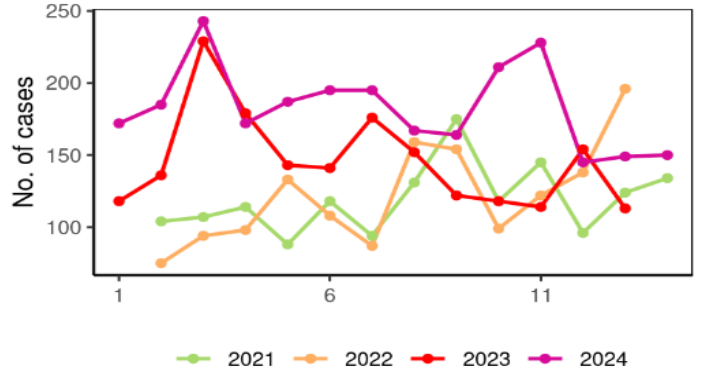
Figure 5.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk14

Weekly Diarrhoea Case



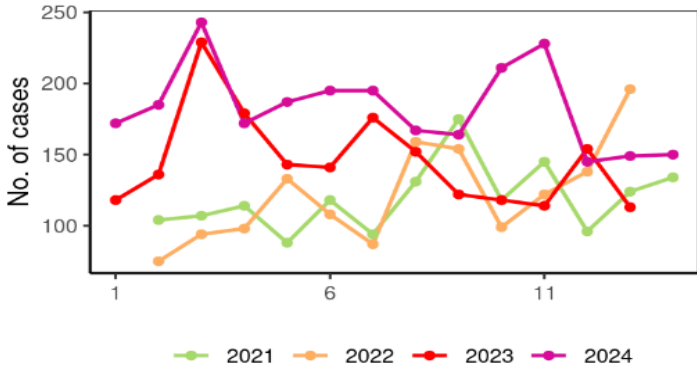
Data Source:DHIS2

Weekly Hepatitis Cases



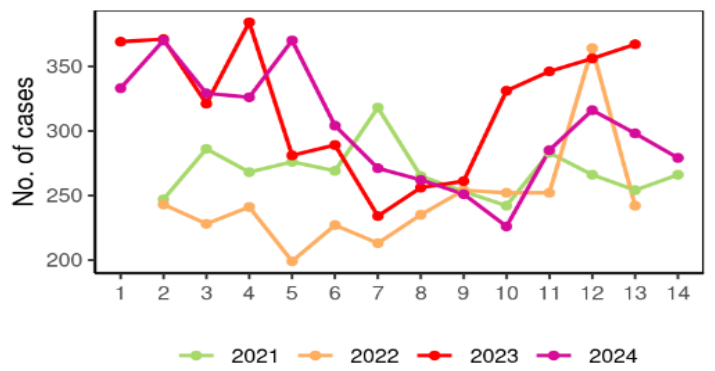
Data Source:DHIS2

Weekly Hepatitis Cases



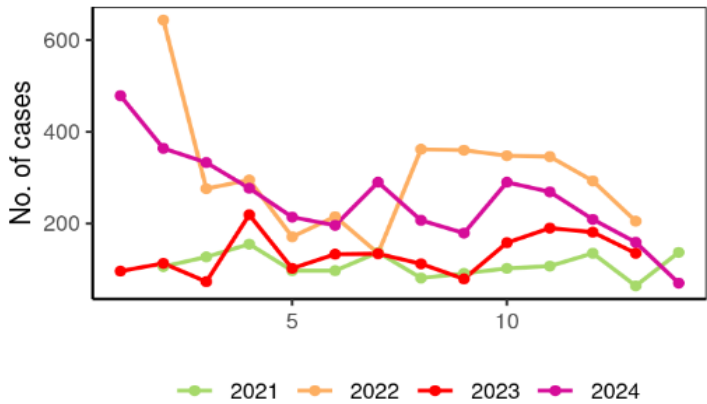
Data Source:DHIS2

Weekly Animal Bites cases



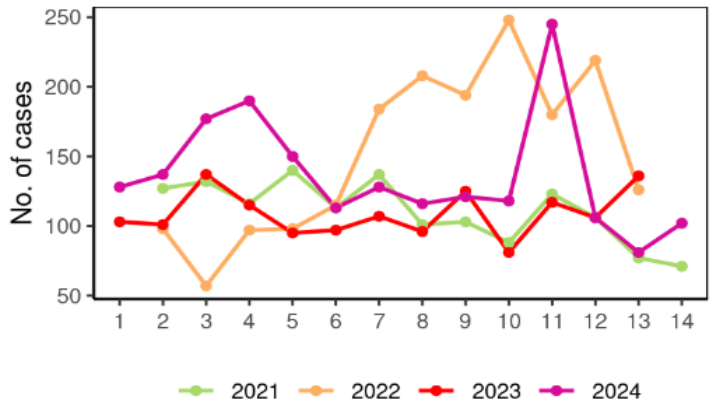
Data Source:DHIS2

SARI Cases



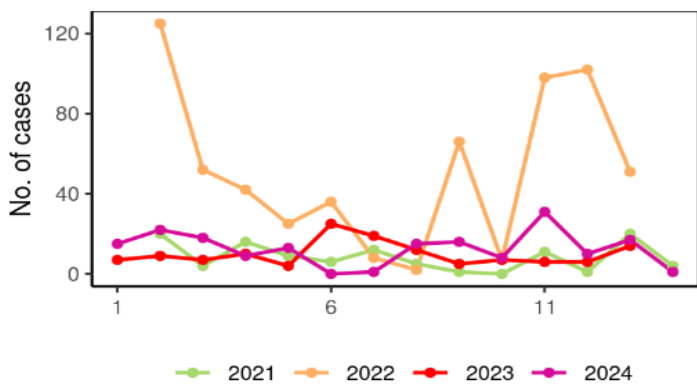
Data Source:DHIS2

Weekly Severe pneumonia Cases



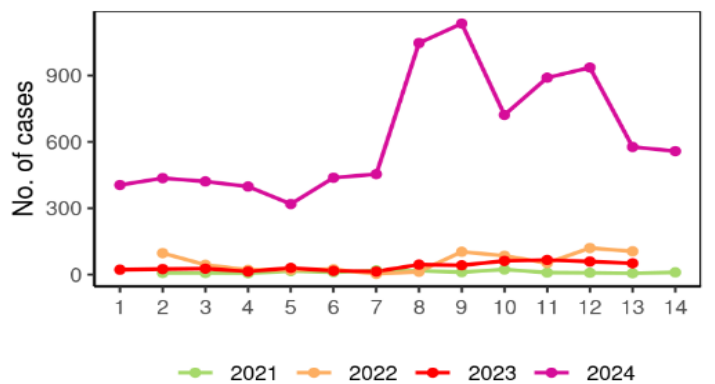
Data Source:DHIS2

Weekly SARS Cases



Data Source:DHIS2

Weekly Influenza Cases

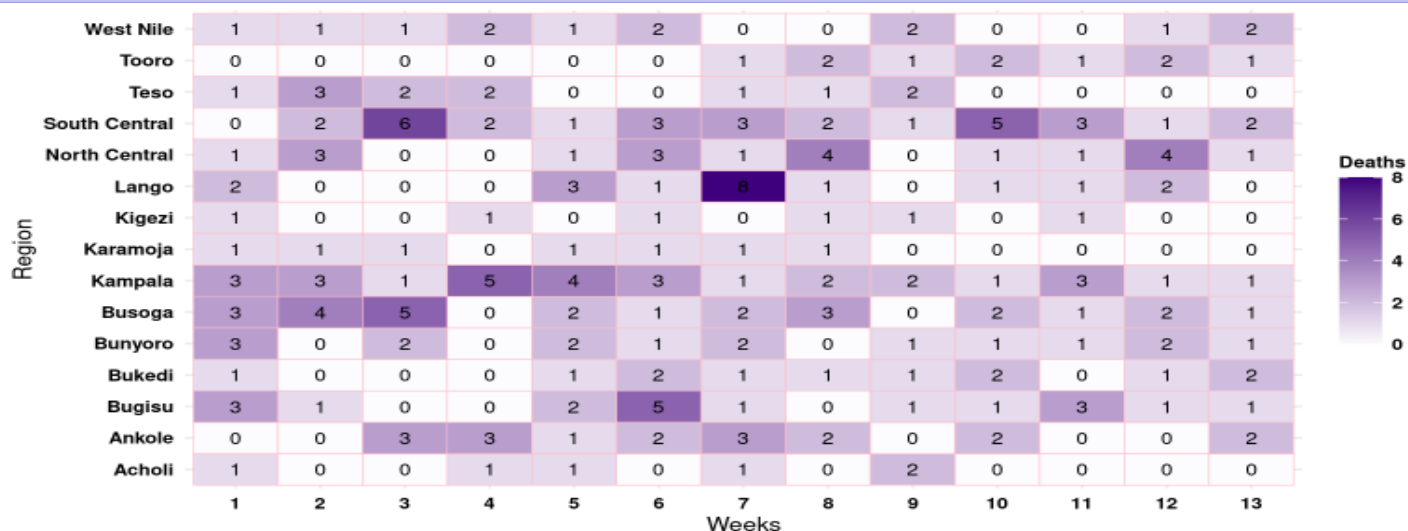


Data Source:DHIS2

Maternal Deaths Surveillance

In week 14, there were 10 maternal deaths. There was a drop of 11 maternal death as compared to deaths reported in week 13

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



Data source: DHIS2

Trend of weekly maternal deaths

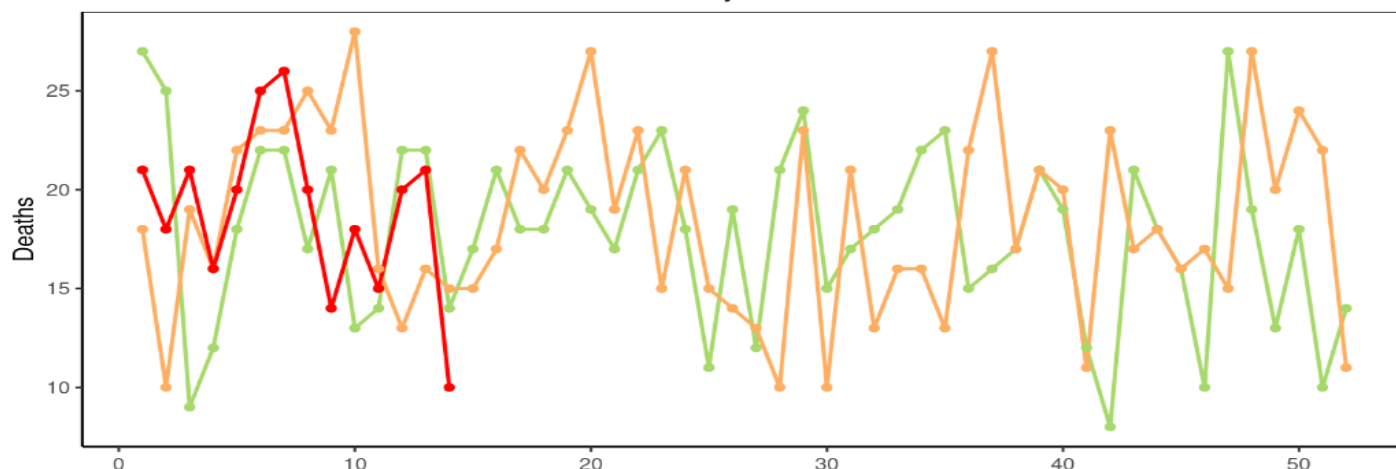


Table 6.2: Facilities reporting Maternal deaths during 2024WK14

Regions	Districts	Facility	No. of maternal deaths
West Nile	Arua District	Kuluva Hospital	1
Kampala	Kampala District	China Uganda Friendship (Naguru) Regional Referral Hospital	1
Ankole	Mbarara City	Mbarara Regional Referral Hospital	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	1
Kampala	Kampala District	Kawempe National Referral Hospital	1
Busoga	Iganga District	Iganga General Hospital	1
Busoga	Bugiri District	Bugiri General Hospital	1
Busoga	Kamuli District	Kamuli General Hospital	1
West Nile	Adjumani District	Adjumani General Hospital	2

Perinatal Deaths Surveillance

In week 14, there were 270 perinatal deaths. There was a decrease of 57 deaths from the 327 deaths reported in week 13

Figure 7.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 14



Figure 7.2: Forms of Perinatal deaths Reported during 2024WK14

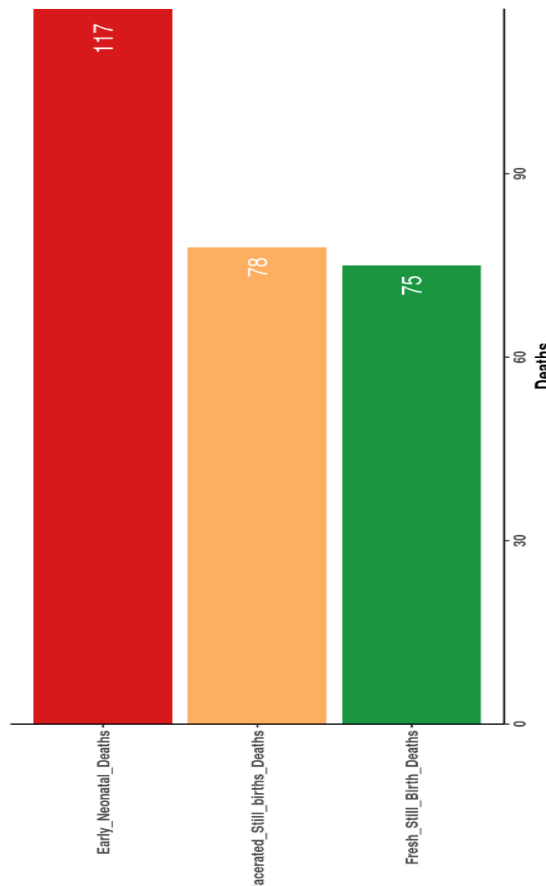
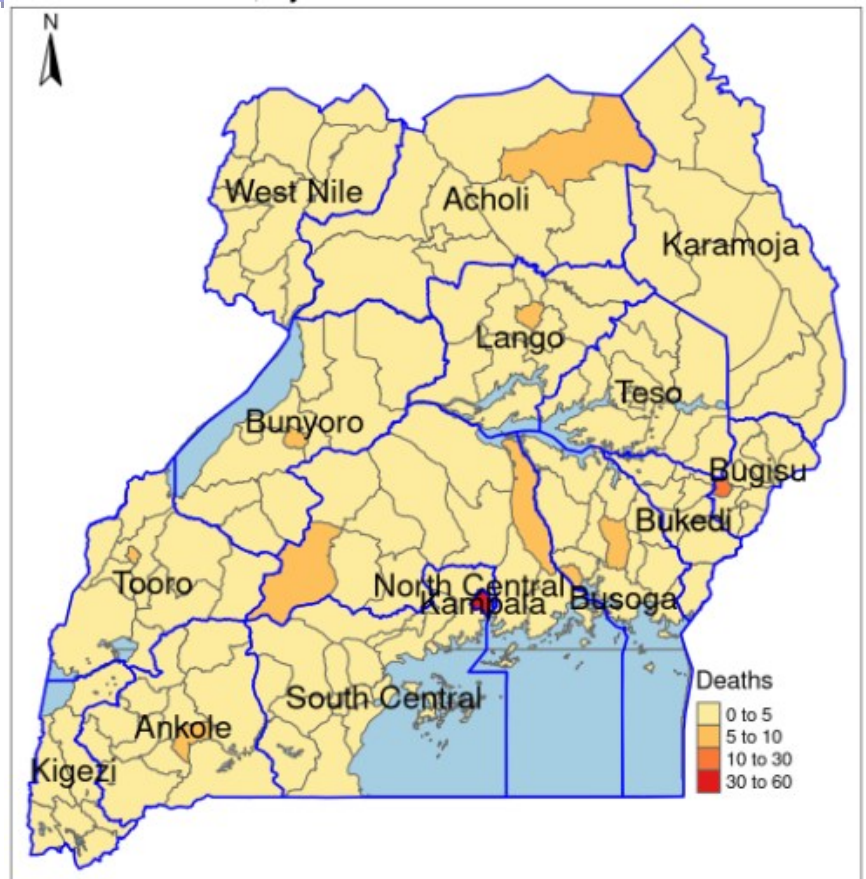


Figure 7.3: Perinatal deaths Reported during 2024WK14 by district



Influenza Surveillance

Results from the MUWRP Influenza Surveillance Sites: 2024Week 14

During week fourteen 2024, 40 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=10), 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. All samples were negative for Flu A, Flu B and SARS-CoV-2. Furthermore, 43 samples collected during week 13 were analyzed for ten other viral causes of ILI/SARI. Adenoviruses (ADV) and the respiratory syncytial viruses (RSV) were the most prevalent non influenza viral causes of ILI/SARI circulating at 16.28% (n=07/43) and 4.65% (n=02/43) respectively. Adenoviruses were the leading cause of ILI/SARI during week 14, with children being the most affected. (Table 8.1).

Table 8.1: 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	00	00	00	00
Gulu RRH	10	05	00	00	00
Jinja RR Hospital	10	01	01	00	01
Mulago NR Hospital	13	01	01	01	00
Total	43	07	02	01	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	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

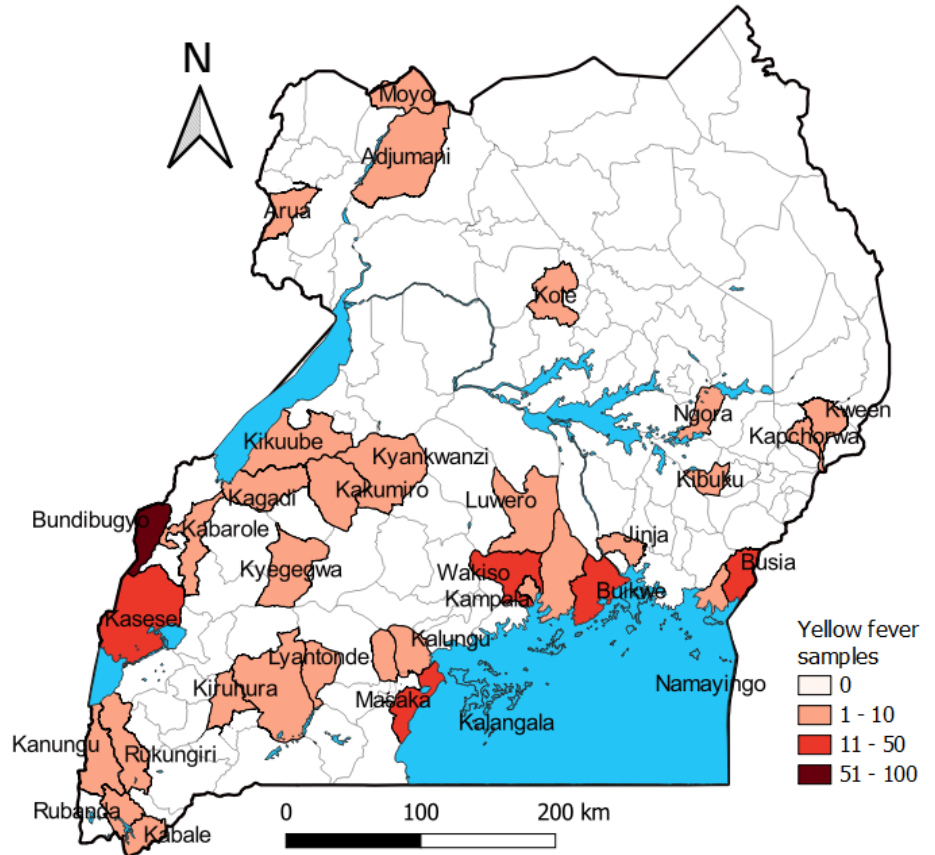
Yellow Fever Virus (YFV) Surveillance

Figure 6.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-14

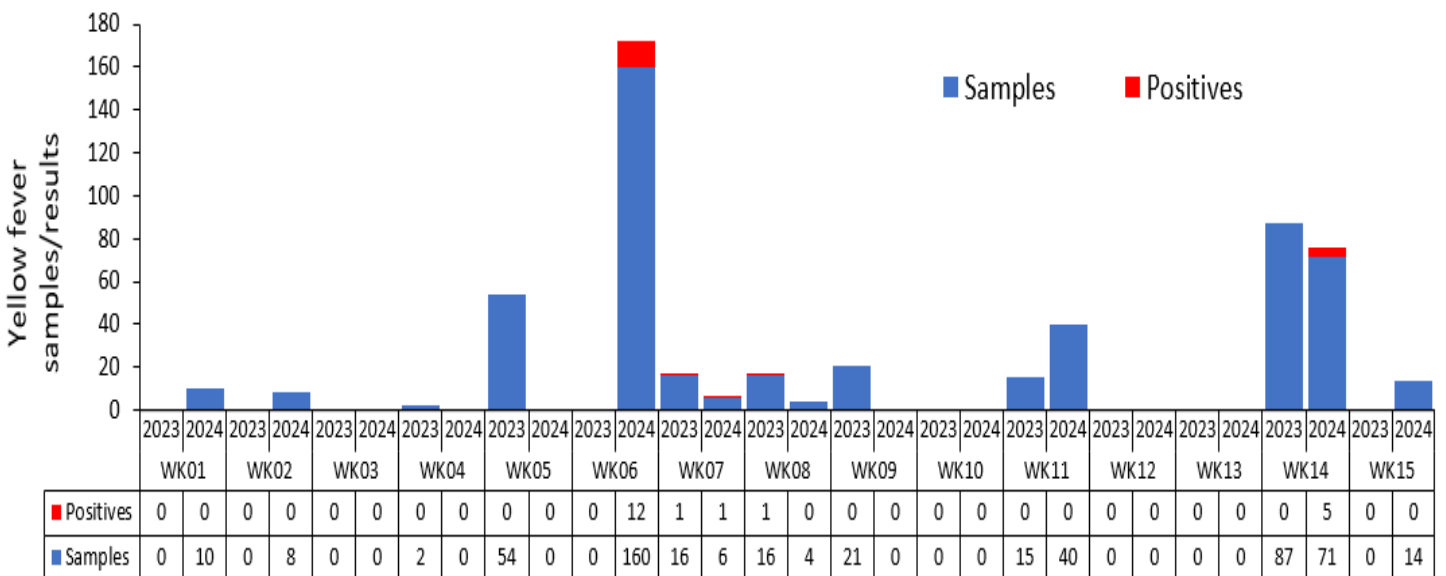
During 2024 WK14, 71 yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 300 samples have been submitted. Of these, 19 tested presumptive POSITIVE by IgM. Confirmatory tests were also processed, save for those detected in WK14, whose confirmatory tests are ongoing.

The map on the right shows the districts where all samples tested yellow fever suspected samples originated from. 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.

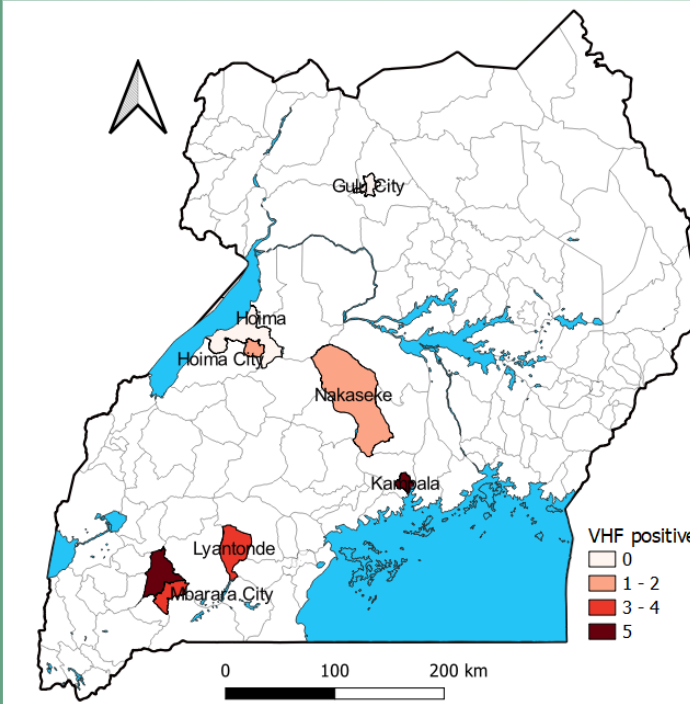
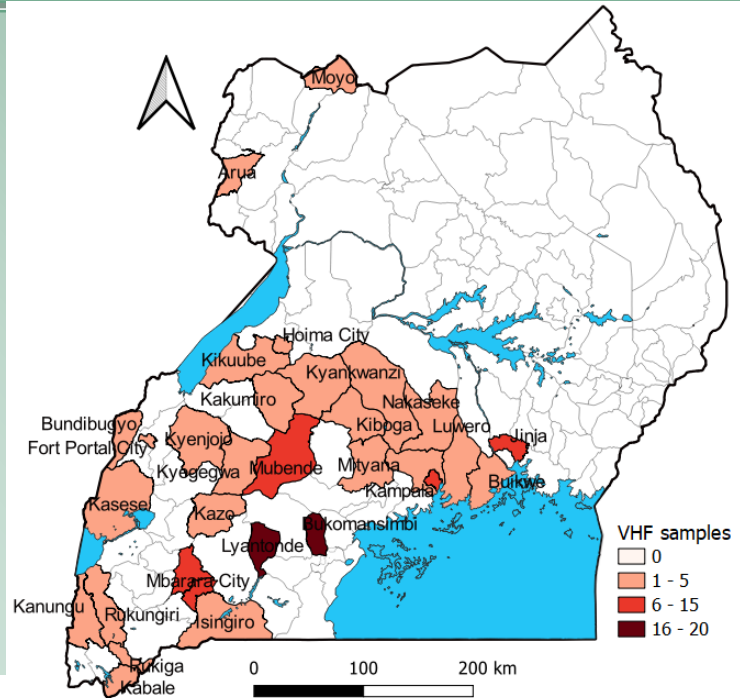


Viral Hemorrhagic Fevers Surveillance

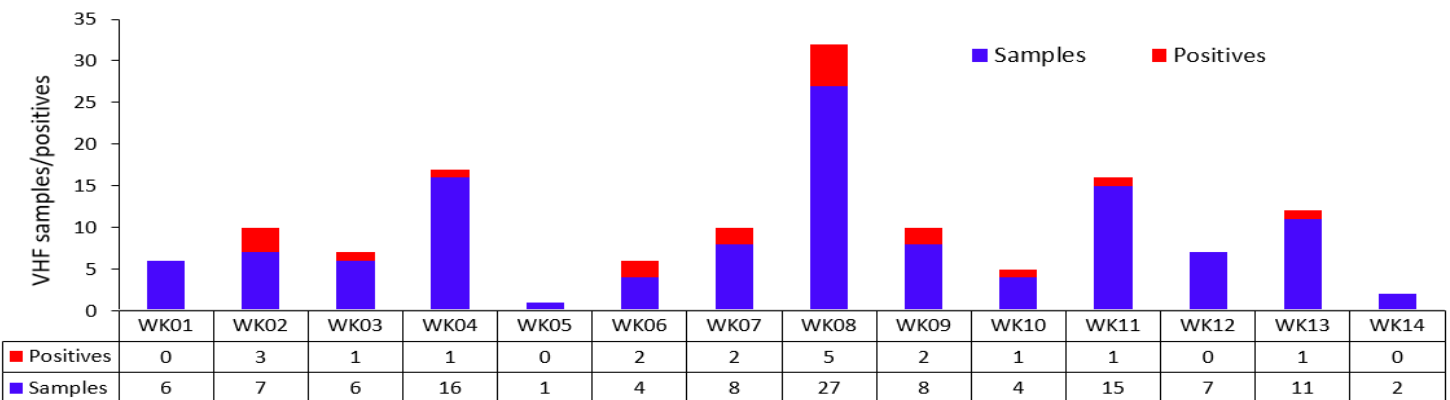
Figure 7.1 : Districts submitting samples for suspected VHF during 2024 EpiWeeks 01-14

Between 2024 WK01-14, 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.

Cummulatively, 11 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). These have been responded to as outbreaks under the zoonosis IMI.



Points of Entry (POE) Surveillance

Table 12.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week14

POE	Travelers Screened (Entry)	Travelers Screened (Exit)
Mpondwe	72,167	1,613
Malaba	6,252	-
Cyanika	6,006	5,116
Busia	5,935	-
Busunga	4,575	4,539
Mutukula	3,116	2,183
Mirama Hills	2,592	-
Kokwochaya	2,028	1,132
Bunagana	17,137	9,650
Entebbe Airport	15,335	16,131
Elegu	14,229	6,975
Goli	1,032	998
Vurra	1,015	811
Alakas	893	562
Ishasha	856	254
Kyeshero	566	245
Ndaiga	547	61
Arua Airport	480	177
Ntoroko Main	449	526

During 2024 EpiWeek 14 a total of 157,224 in-coming, and 52,949 exiting travelers at 29 Points of Entry (POEs) were screened. Highest traffic was registered at Mpondwe, Malaba, Cyanika and Busia (Table 12.1).

Presumptive Tuberculosis was identified among 33 travelers, of whom 30 were tested for TB and 1 was confirmed with TB and was linked to care (Table 12.2).

POE	Travelers Screened (Entry)	Travelers Screened (Exit)
Wanseko	417	499
Katwe	390	-
Transami	386	274
Kayanzi	271	271
Lwakhaka	193	456
Suam	159	66
Hima Cement	112	328
Portbell	44	44
Madi-Opei	42	38

Source: IOM, eIDSR

Table 12.2: Tuberculosis screening among travelers during 2024Epi Week14

POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
Alakas	06	06	00	00
Bunagana	01	01	00	00
Busia	07	07	00	00
Goli	02	02	00	00
Kokwochaya	09	09	00	00
Kyeshero	02	00	00	00
Lwakhaka	02	02	00	00
Mpondwe	03	02	01	01
Suam	01	01	00	00
Transami	00	00	00	00

Tuberculosis Status Update

Figure 13.1: Tuberculosis burden during 2024 EpiWeek 13

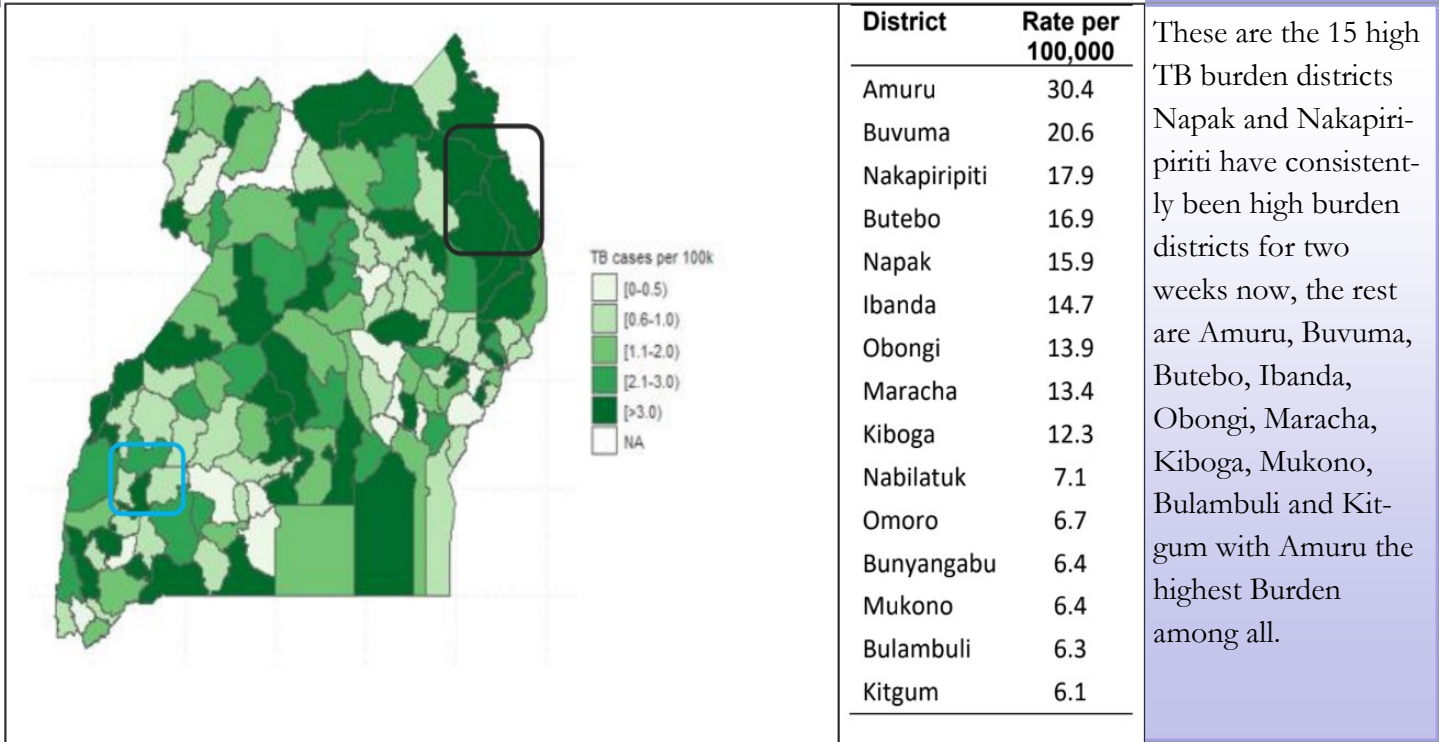


Figure 9.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2023 to Wk13 2024

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

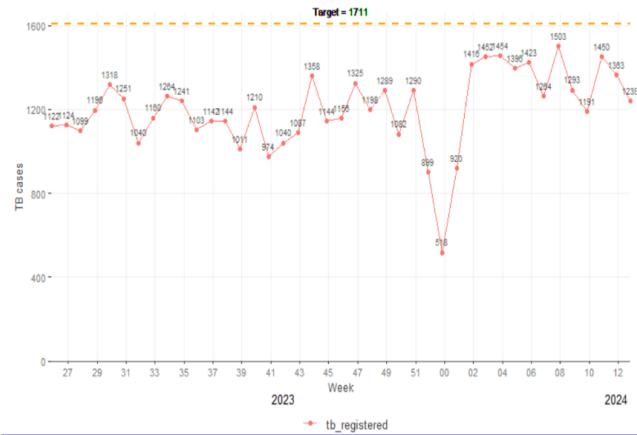
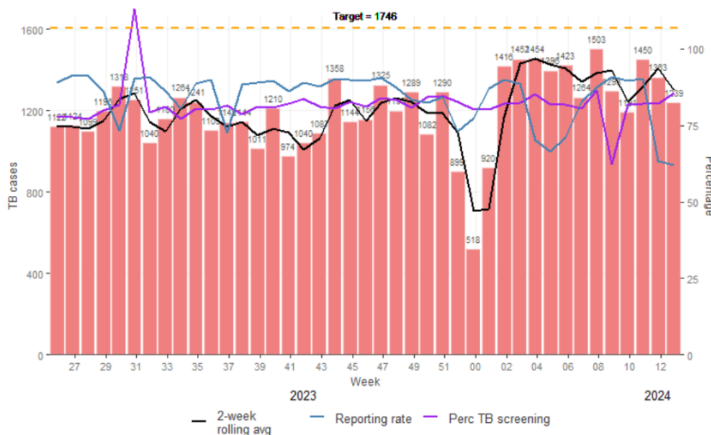
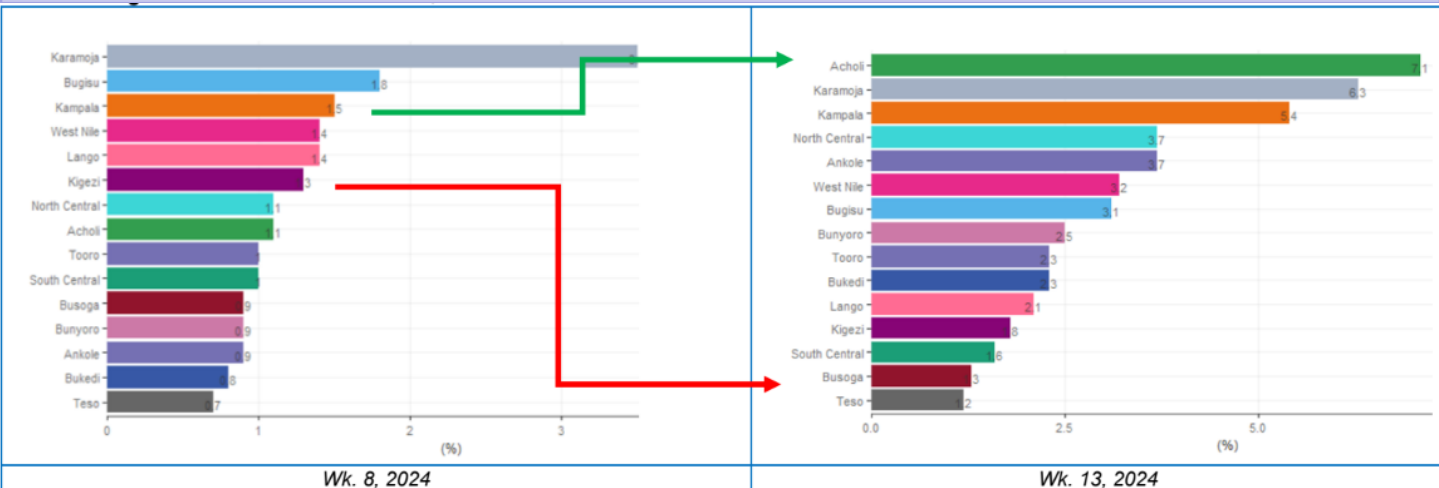


Figure 9.4: Comparison of TB burden by Health Regions between Epi Week 8 and Week 13, 2024



PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

Table 16.1: Active PHEs in Uganda during 2024WK14

Onset Date	Location	PHE	Total Cases (suspects, probable)	Confirmed Cases	Human Deaths
18-Feb-2024	Seven health Regions	Conjunctivitis	7,929	-	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
30-Sep-23	Bukomansimbi	Black Water Fever	94	-	11

Uganda's PHEOCs are currently activated for COVID-19 in the Kigezi region, Red Eyes in 27 prisons located within seven health regions, Measles in Manafwa, Mbale and Kassanda districts, Tuberculosis in seven health districts, and Complicated Malaria / Black Water Fever in Bukomansimbi district.

Within Uganda's neighborhood, three countries are responding to Poliomyelitis (cVDPV1 and 2), three coun-

tries are responding to Cholera outbreaks, anthrax is in two countries, measles is reported in three countries, and Monkey Pox in the DRC

Source: National PHEOC, WHO Bulletin

Table 16.2: Active PHEs around Uganda during 2024WK14

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%