



# MINISTRY OF HEALTH

## THE WEEKLY EPIDEMIOLOGICAL BULLETIN

### WEEK 27: 01<sup>st</sup> July – 07<sup>th</sup> July 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:*

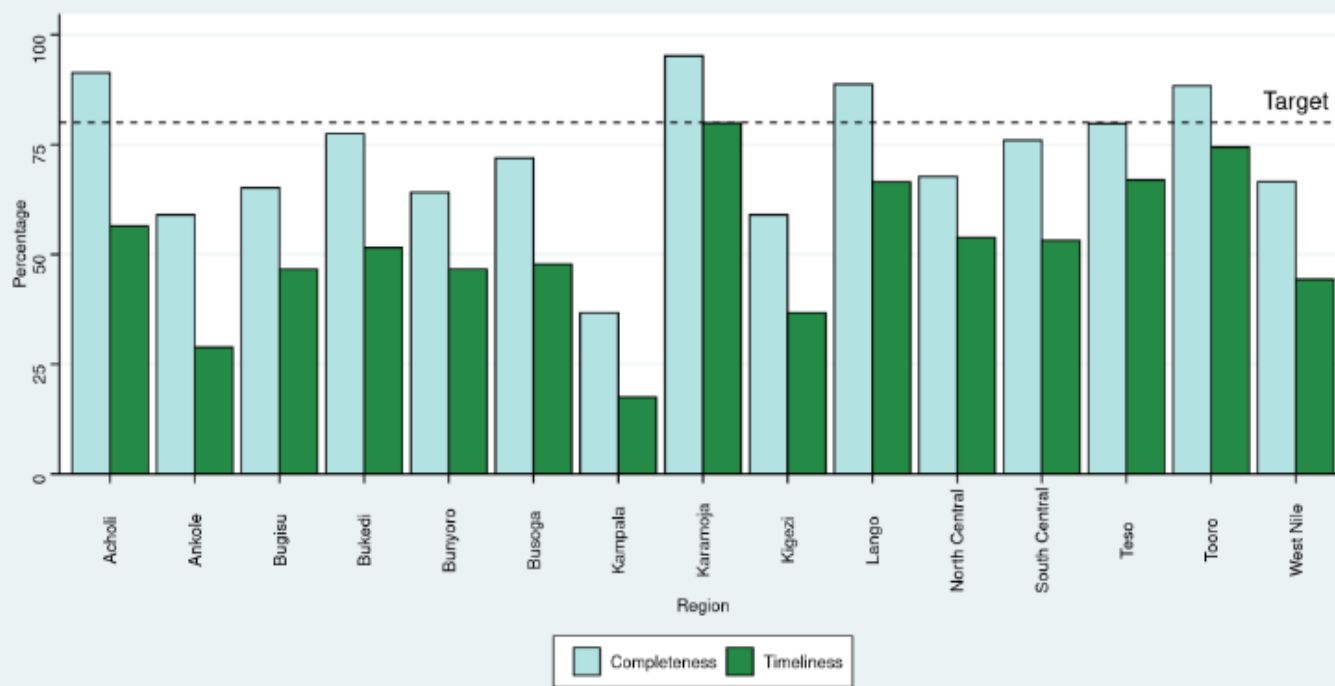
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## Indicator Based Surveillance

**Figure 1.1: Regional weekly reporting rates for notifiable conditions during 2024EpiWeek 27**



Source: DHIS2

Source: DHIS2

Most regions did not achieve the 80% target for completeness for the weekly epidemiological reports within the EpiWeek 27 save for Acholi, Karamoja, Lango, Teso and Tooro. Timeliness within all regions except Karamoja was below the 80% target. 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.

**Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 26 and 27**

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK26	WK27	WK26	WK27		WK26	WK27	WK26	WK27
Abim	100	100	100	61.9	Hoima City	66.7	52.4	33.3	47.6
Adjumani	37.3	31.4	19.6	17.6	Hoima	55	55	35	40
Agago	100	100	72.1	46.5	Ibanda	76.6	61.7	34	34
Alebtong	85	85	60	55	Iganga	56.5	95.7	26.1	47.8
Amolatar	100	100	56.3	87.5	Isingiro	90.7	94.7	34.7	20
Amudat	100	100	100	76.9	Jinja City	96.6	78	30.5	18.6
Amuria	100	96.2	69.2	76.9	Jinja	83.3	95.2	71.4	52.4
Amuru	93.8	90.6	15.6	59.4	Kaabong	100	100	90	100
Apac	52.6	42.1	15.8	26.3	Kabale	94.6	96.4	64.3	57.1
Arua City	62.9	51.4	17.1	25.7	Kabarole	100	100	75	81.3
Arua	90.9	90.9	63.6	72.7	Kaberamaido	22.2	100	11.1	100
Budaka	76.5	76.5	41.2	41.2	Kagadi	100	31.3	18.8	28.1
Bududa	100	81.3	37.5	43.8	Kakumiro	64.9	67.6	37.8	51.4
Bugiri	85.5	85.5	47.3	52.7	Kalaki	33.3	58.3	16.7	25
Bugweri	100	100	100	100	Kalangala	100	100	100	100
Buhweju	30	20	20	5	Kaliro	79.3	79.3	27.6	48.3
Buikwe	40.6	34.8	26.1	21.7	Kalungu	91.4	77.1	57.1	37.1
Bukedea	90.5	90.5	57.1	85.7	Kampala	49.4	50.3	13.7	17.4
Bukomansimbi	70.4	85.2	40.7	33.3	Kamuli	53.6	53.6	24.6	18.8
Bukwo	27.3	9.1	4.5	4.5	Kamwenge	97.2	97.2	36.1	94.4
Bulambuli	72	56	44	40	Kanungu	89.3	89.3	55.4	41.1
Buliisa	62.5	68.8	37.5	25	Kapchorwa	63	59.3	44.4	55.6
Bundibugyo	83.9	90.3	41.9	54.8	Kapelebyong	100	100	100	100
Bunyangabu	94.1	94.1	70.6	67.6	Karenga	100	100	90	90
Bushenyi	56.5	52.2	52.2	39.1	Kasese	55.6	57.7	27.5	28.9
Busia	76.5	79.4	61.8	55.9	Kassanda	84.2	84.2	71.1	65.8
Butaleja	92	84	84	60	Katakwi	85.2	66.7	48.1	33.3
Butambala	95.8	100	16.7	83.3	Kayunga	72.5	72.5	32.5	40
Butebo	100	100	63.6	45.5	Kazo	91.4	100	20	14.3
Buvuma	100	100	100	100	Kibaale	38.2	50	29.4	32.4
Buyende	64.3	75	46.4	50	Kiboga	72.3	76.6	57.4	63.8
Dokolo	100	100	33.3	27.8	Kibuku	100	100	58.8	23.5
Fort Portal City	96.3	96.3	96.3	96.3	Kikuube	100	66.7	57.6	36.4
Gomba	80	72	64	32	Kiruhura	96.3	85.2	74.1	22.2
Gulu City	90.5	85.7	50	33.3	Kiryandongo	73.1	96.2	46.2	57.7
Gulu	95.7	95.7	34.8	39.1	Kisoro	85.1	38.3	10.6	10.6

Source: DHIS2

**KEY**

100
80-99.9
60-79.9
<60

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

Table 2.1: Timeliness and completeness of reporting by district during 2024EpiWeek 26 and 27

District	Completeness		Timeliness		District	Completeness		Timeliness	
	WK26	WK27	WK26	WK27		WK26	WK27	WK26	WK27
Kitagwenda	100	100	100	100	Nabilatuk	100	100	33.3	100
Kitgum	87.5	100	72.5	72.5	Nakapiripirit	100	100	61.5	61.5
Koboko	88.5	61.5	46.2	53.8	Nakaseke	83.3	76.7	43.3	36.7
Kole	100	97.1	51.4	60	Nakasongola	51.2	41.9	25.6	37.2
Kotido	100	100	68.2	77.3	Namayingo	55.3	52.6	26.3	47.4
Kumi	100	100	39.3	71.4	Namisindwa	85.7	76.2	57.1	42.9
Kwania	28.2	100	17.9	69.2	Namutumba	62.9	65.7	20	5.7
Kween	61.5	57.7	19.2	26.9	Napak	100	100	94.4	77.8
Kyankwanzi	92.3	100	92.3	96.2	Nebbi	96.2	92.3	15.4	50
Kyegegwa	100	88	72	64	Ngora	38.5	69.2	15.4	46.2
Kyenjojo	94.1	94.1	76.5	80.4	Ntoroko	100	88.9	66.7	66.7
Kyotera	96.3	95.1	91.4	80.2	Ntungamo	72.1	64.7	36.8	35.3
Lamwo	93.5	87.1	61.3	67.7	Nwoya	100	100	100	100
Lira City	100	100	77.8	85.2	Obongi	50	66.7	33.3	38.9
Lira	100	100	92.9	92.9	Omoro	88.9	96.3	37	37
Luuka	83.7	93	67.4	53.5	Otuke	88.2	94.1	64.7	47.1
Luwero	71.2	64.4	45.2	41.3	Oyam	100	100	46.9	100
Lwengo	59.5	54.1	32.4	35.1	Pader	100	97.6	64.3	50
Lyantonde	77.6	73.5	42.9	49	Pakwach	63.2	63.2	31.6	36.8
Madi-Okollo	100	90.5	14.3	28.6	Pallisa	100	100	100	100
Manafwa	100	100	30.8	30.8	Rakai	43.5	34.8	37	23.9
Maracha	88.9	94.4	50	55.6	Rubanda	36.8	23.7	18.4	13.2
Masaka City	100	97.4	94.7	92.1	Rubirizi	95	100	70	35
Masaka	100	100	100	68.8	Rukiga	100	100	66.7	69.7
Masindi	100	100	96.2	98.1	Rukungiri	53.2	44.7	36.2	28.7
Mayuge	76.4	73.6	63.9	55.6	Rwampara	15	10	5	5
Mbale City	100	100	97.6	97.6	Sembabule	40	97.5	27.5	30
Mbale	88.9	96.3	81.5	81.5	Serere	100	100	100	90.9
Mbarara City	84.2	71.1	50	34.2	Sheema	35.9	43.6	12.8	28.2
Mbarara	57.7	57.7	46.2	50	Sironko	69.7	69.7	39.4	42.4
Mitooma	45.5	72.7	27.3	45.5	Soroti City	56	56	48	28
Mityana	68.4	75	34.2	39.5	Soroti	68.8	93.8	18.8	75
Moroto	100	100	73.7	73.7	Terego	100	100	58.6	31
Moyo	80.6	80.6	51.6	71	Tororo	70.5	64.1	33.3	33.3
Mpigi	64.5	66.1	41.9	37.1	Wakiso	61.1	63.2	44.2	41.4
Mubende	66.7	79.6	40.7	63	Yumbe	100	89.5	66.7	52.6
Mukono	58.8	57.8	28.4	39.2	Zombo	60.9	60.9	52.2	34.8

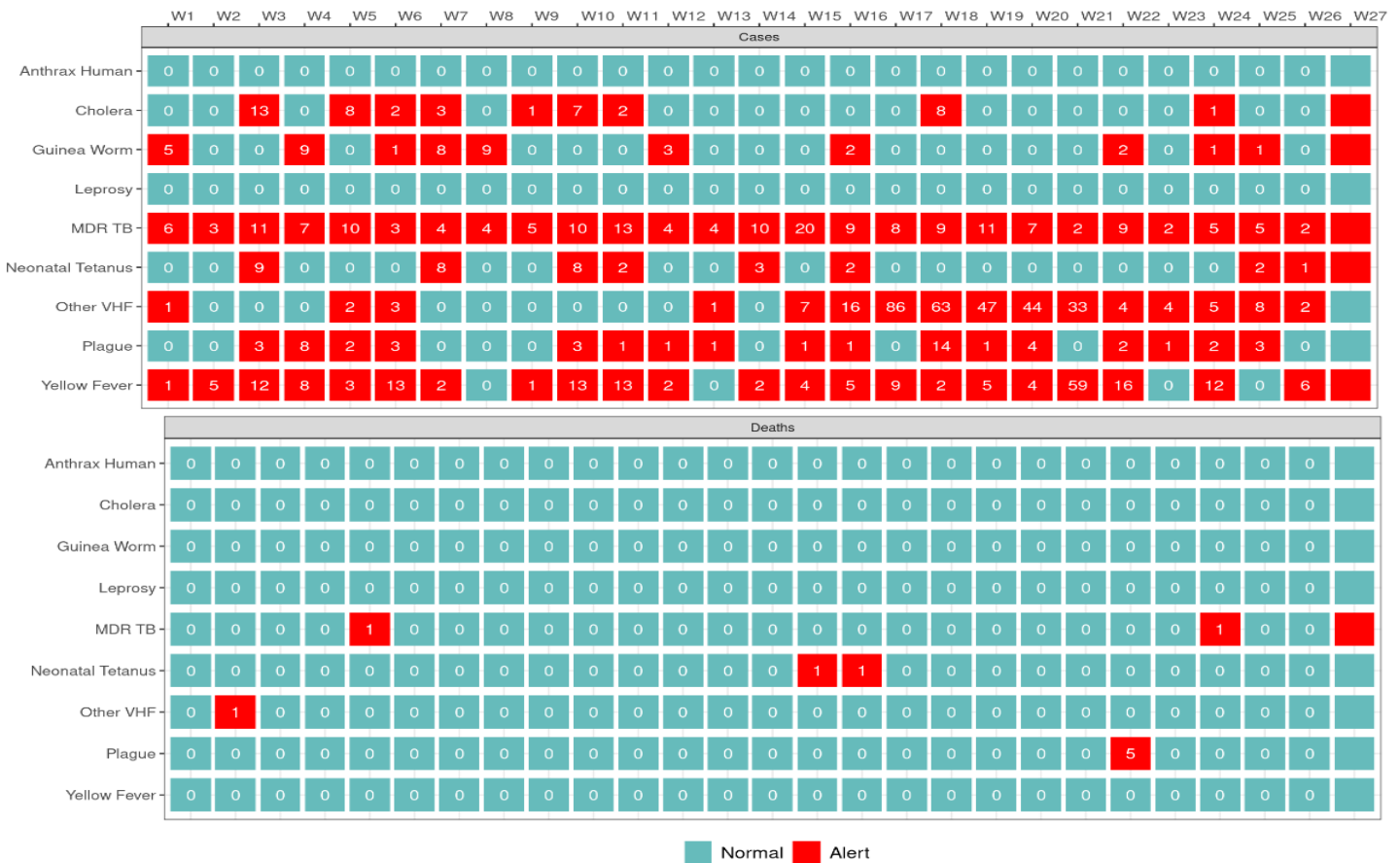
Source: DHIS2

KEY

100
80-99.9
60-79.9
<60

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

**Figure 4.1: Suspected cases of Epidemic Prone Diseases reported weekly by 2024 Wk27**



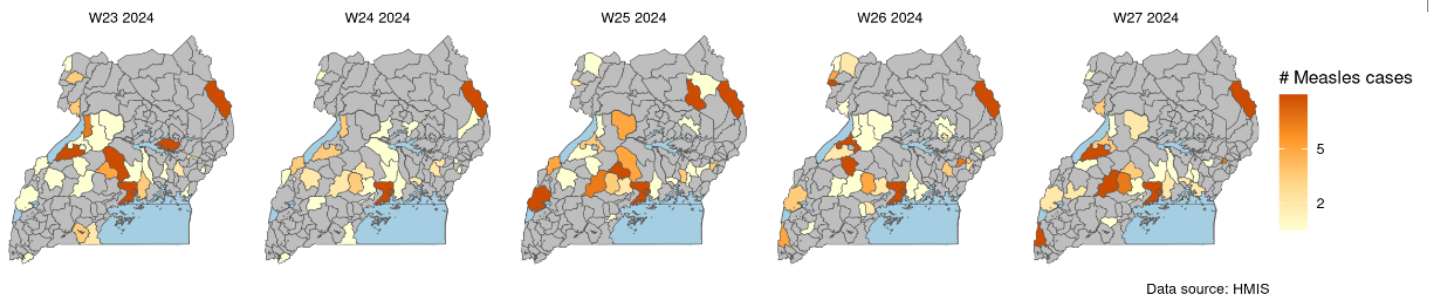
Source: DHIS2

DHIS2 Data

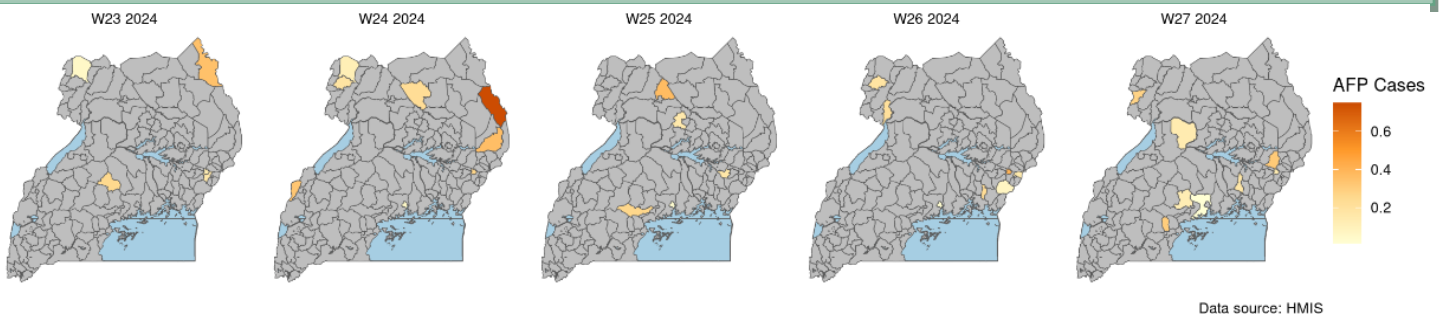
Key: VHF = Viral Hemorrhagic Fever; mDR TB = Multi-drug Resistant Tuberculosis

Within the reporting week 27 suspected cases were reported within the conditions of Cholera, Guinea worm, MDR-TB, Neonatal Tetanus and Yellow fever. These are suspected cases and verification is on-going. There was suspected death due to MDR-TB.

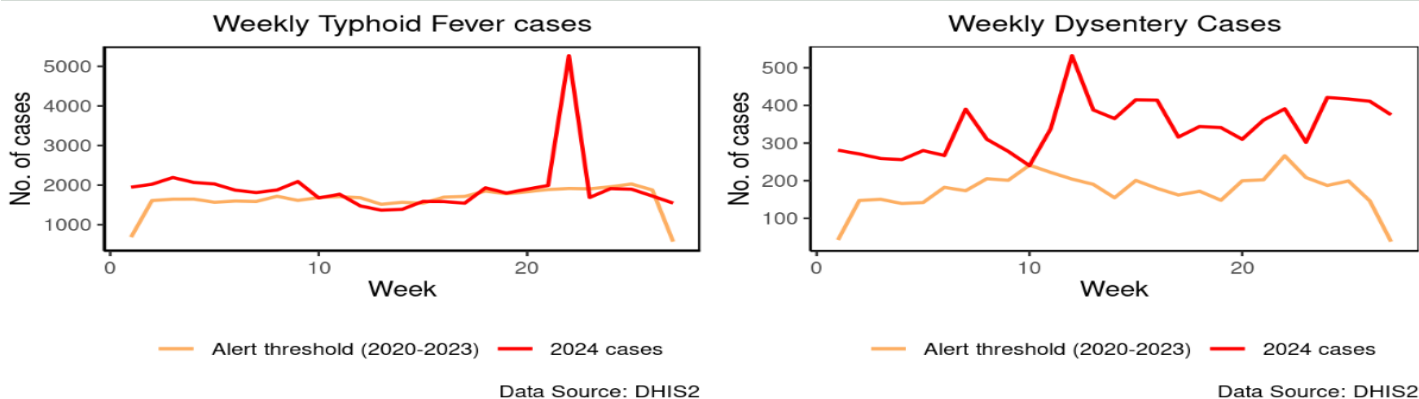
**Figure 4.2: Suspected and probable cases of measles reported in the past five weeks**



**Figure 4.3: Suspected and probable cases of Acute Flaccid Paralysis reported in the past five weeks**



**Figure 5.1: Suspected cases of Typhoid and Dysentery by 2024 Wk27**



Note 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 5.2 Weekly cases of diseases / conditions targeted for elimination or eradication by 2024 Wk27**

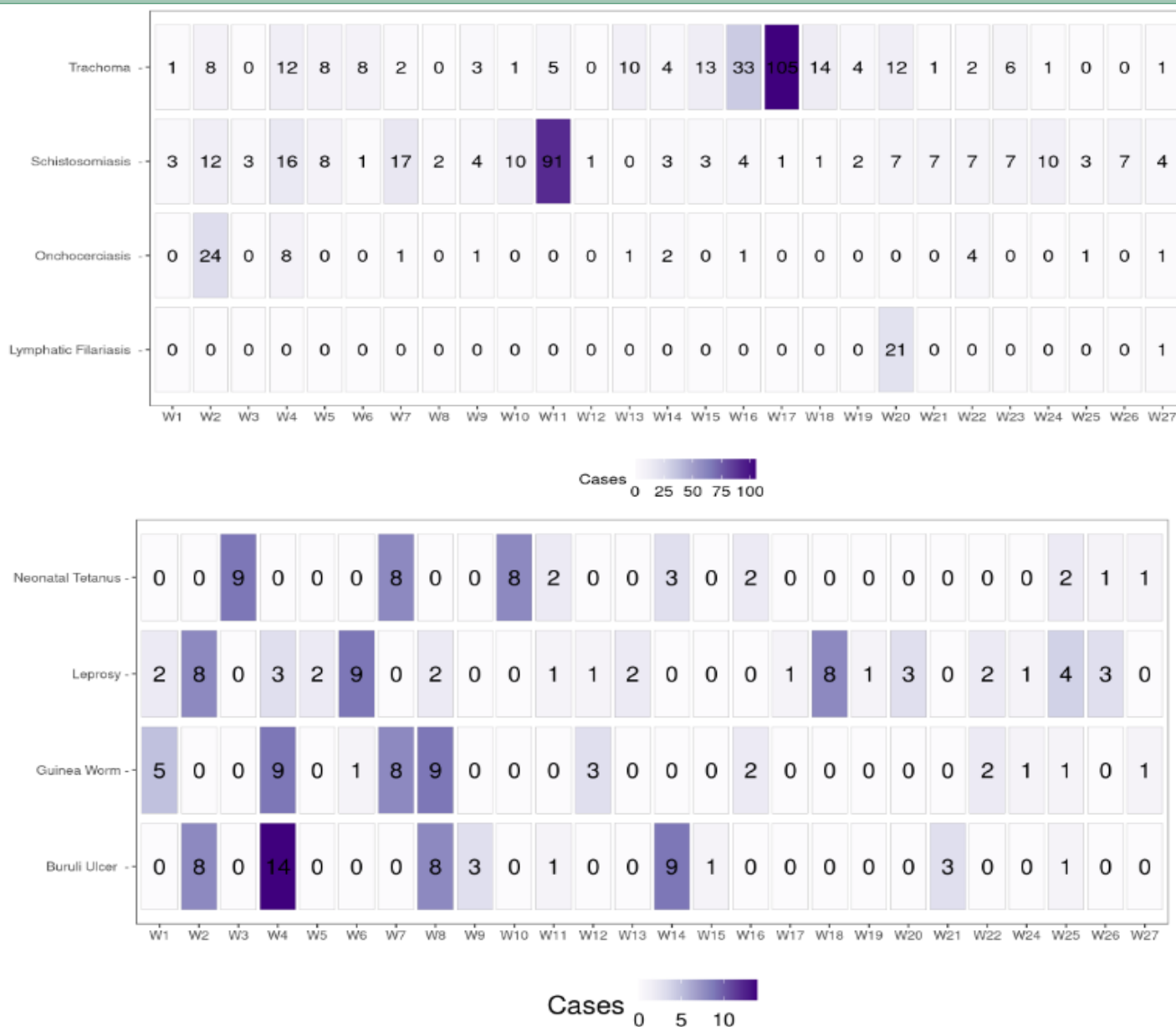
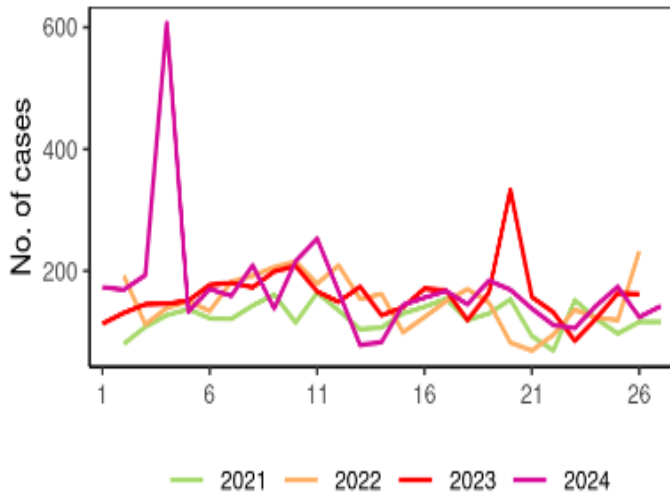


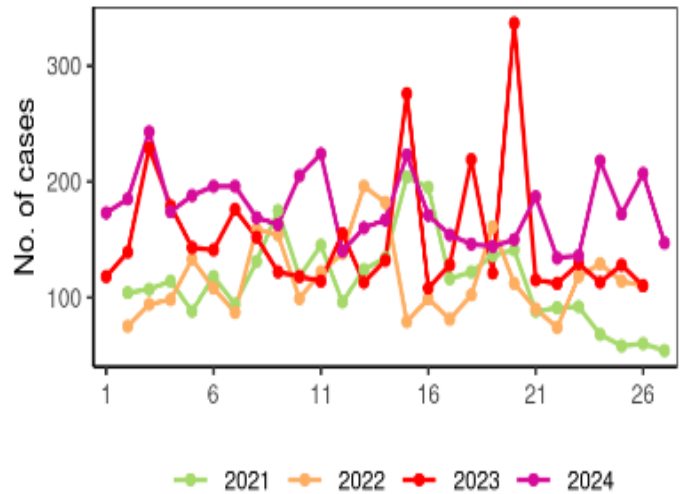
Figure 6.1: Suspected cases of other prioritized diseases and conditions by 2024 Wk27

Weekly Diarrhoea Case



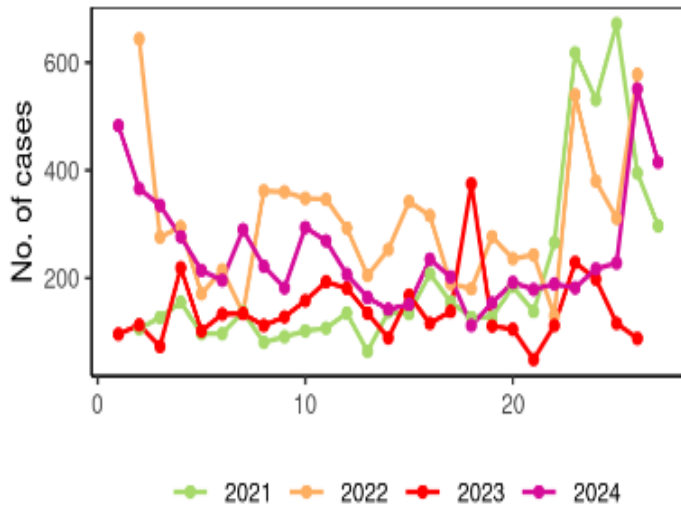
Data Source:DHIS2

Weekly Hepatitis Cases



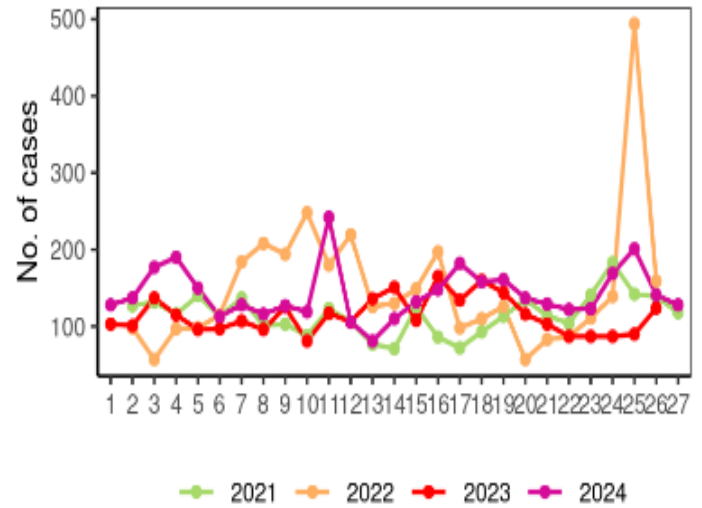
Data Source:DHIS2

SARI Cases



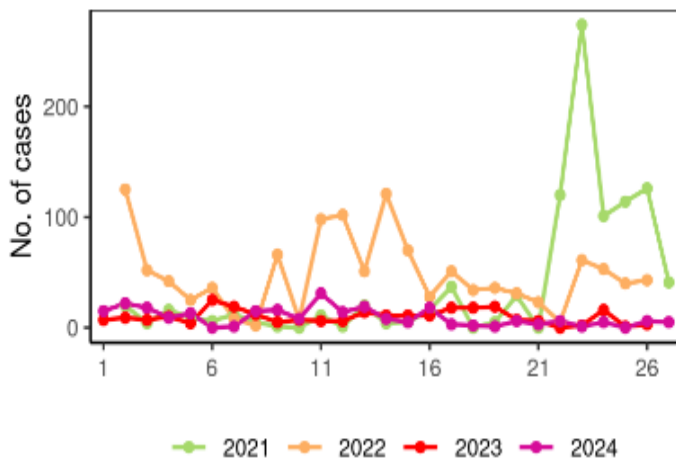
Data Source:DHIS2

Weekly Severe pneumonia Cases



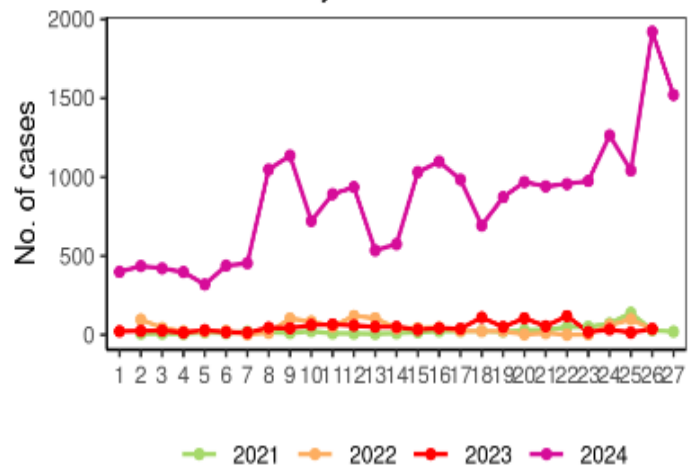
Data Source:DHIS2

Weekly SARS Cases



Data Source:DHIS2

Weekly Influenza Cases



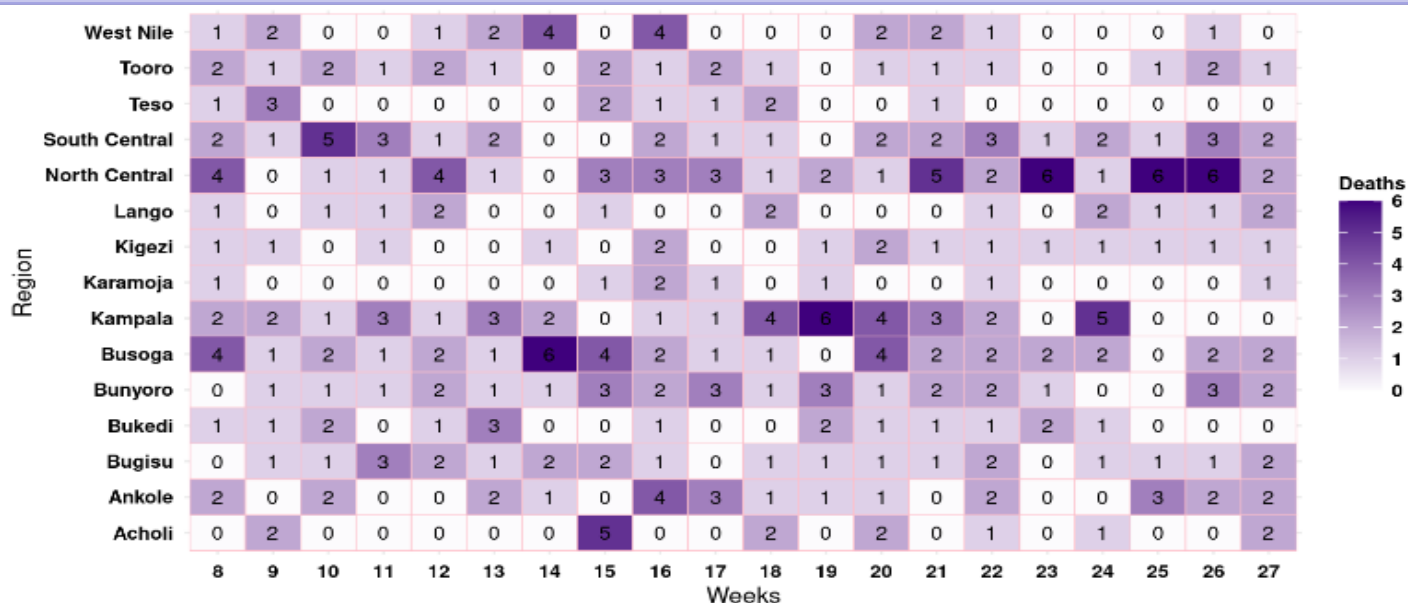
Data Source:DHIS2



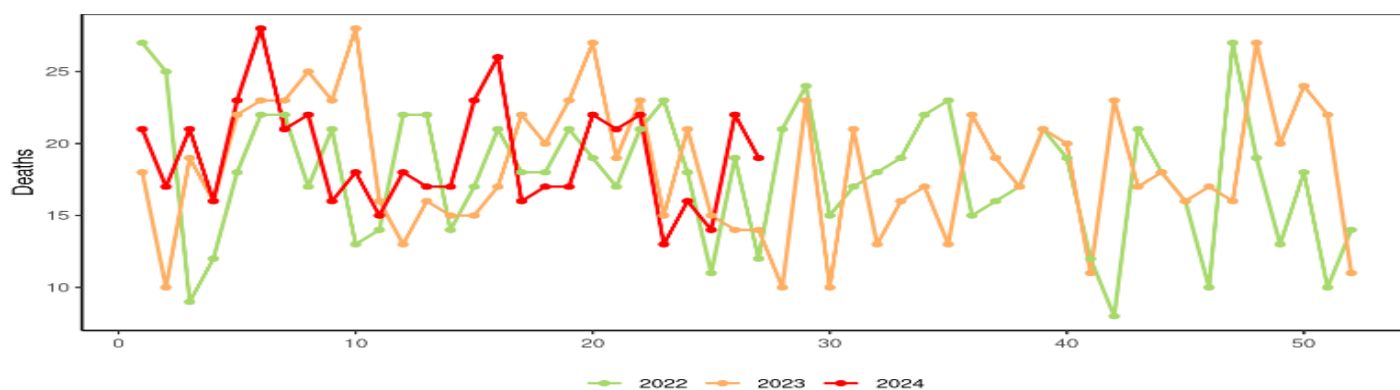
# Maternal Deaths Surveillance

In week 27, there were 19 maternal deaths. There was a decrease of 1 maternal death as compared to the 20 deaths reported in week 26.

**Table 7.1: Regional-based Maternal deaths reported in 2024 until EpiWeek 27**



Data source: DHIS2



Data Source:DHIS2

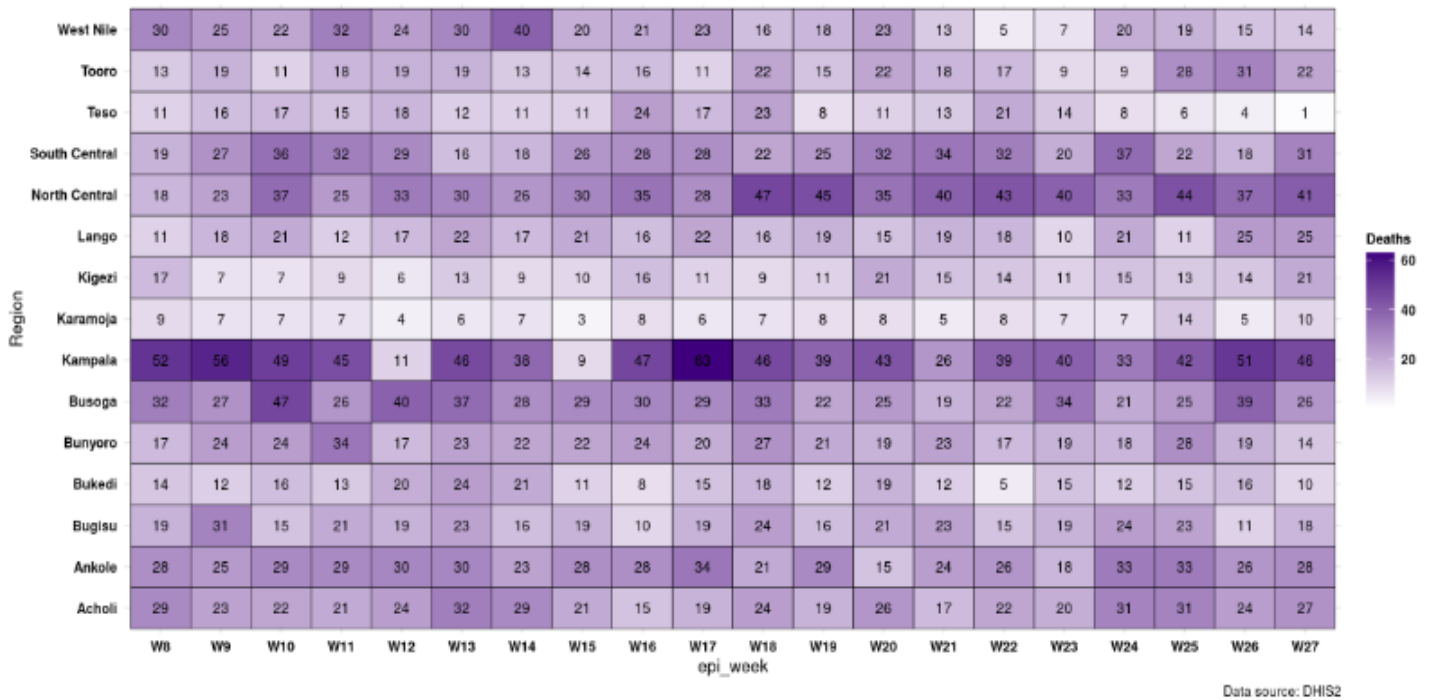
**Table 7.2: Facilities reporting Maternal deaths during 2024WK27**

Regions	Districts	Facility	No. of maternal deaths
Acholi	Gulu City	St. Mary's Hospital Lacor	2
Busoga	Kamuli District	Kamuli Mission Hospital	1
Tooro	Fort Portal City	Fort Portal Regional Referral Hospital	1
North Central	Kayunga District	Kayunga Regional Referral Hospital	1
Bugisu	Mbale City	Mbale Regional Referral Hospital	2
Bunyoro	Hoima City	Hoima Regional Referral Hospital	2
Ankole	Mbarara City	Mbarara Regional Referral Hospital	2
Lango	Kwania District	Aduku Health Centre IV	1
Lango	Lira District	Amach Health Centre IV	1
North Central	Mubende District	Mubende Regional Referral Hospital	1
Karamoja	Moroto District	Moroto Regional Referral Hospital	1
Kigezi	Kabale District	Kabale Regional Referral Hospital	1
South Central	Butambala District	Gombe General Hospital	1
Busoga	Kamuli District	Kamuli General Hospital	1
South Central	Lyantonde District	Lyantonde General Hospital	1

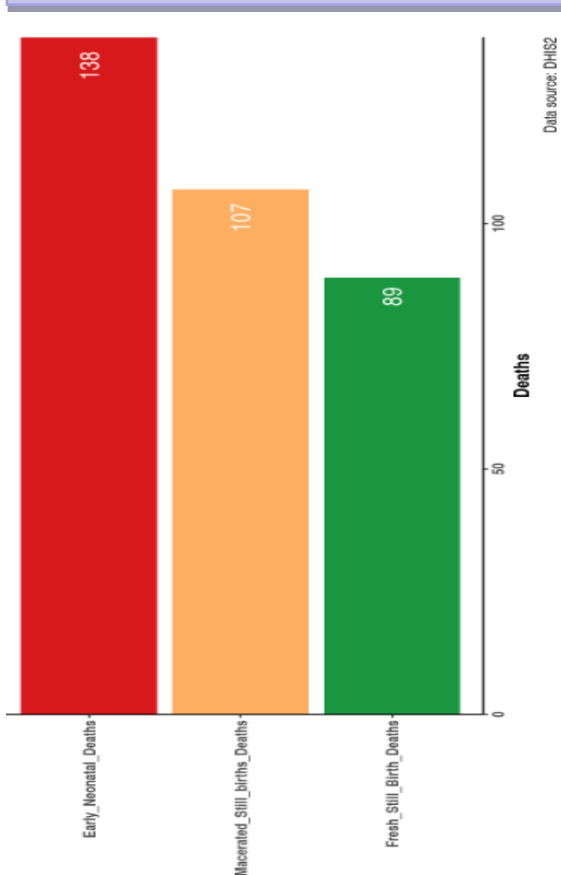
# Perinatal Deaths Surveillance

In week 27, there were 336 perinatal deaths. There was an increase of 1 death from the 335 deaths reported in week 26.

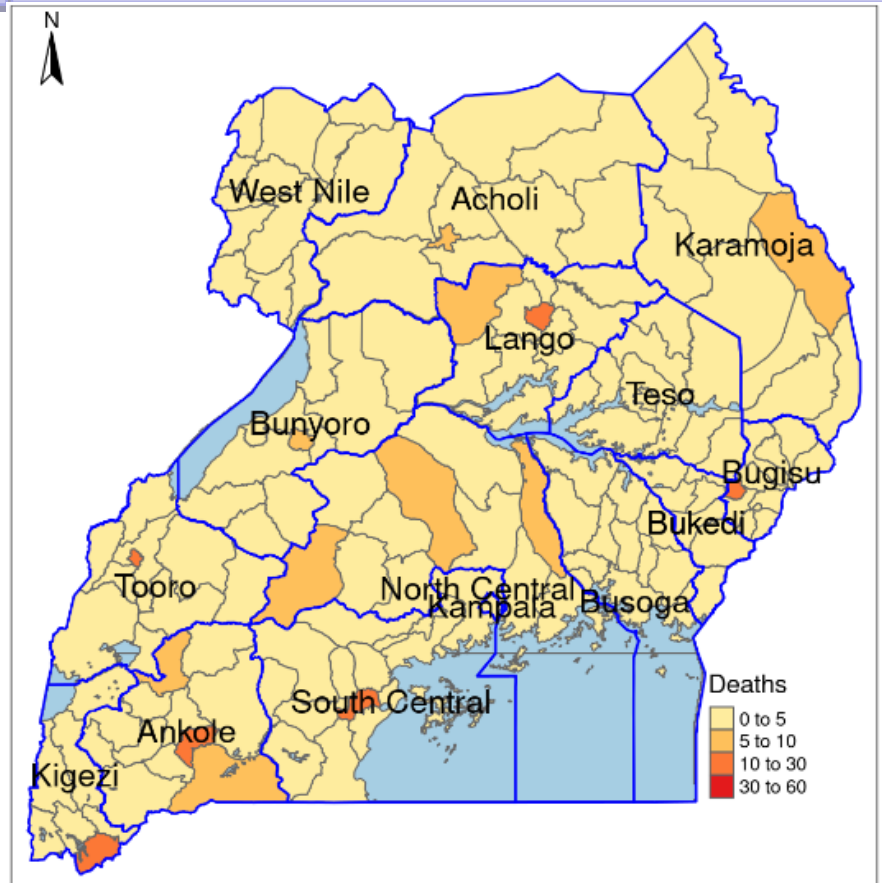
**Figure 8.1: Regional-based Perinatal deaths reported in 2024 until EpiWeek 27**



**Figure 8.2: Forms of Perinatal deaths reported during 2024WK27**



**Figure 8.3: Perinatal deaths reported during 2024WK27 by district**





# Influenza Surveillance

Results from the MUWRP Influenza Surveillance Sites: 2024Week27

Health Facility	Type of case	# of Specimens Tested (PCR)	# Flu B (Victoria)	# SARS-CoV-2
Kiruddu NRH	SARI	02	00	00
	ILI	08	00	00
Mulago NRH	SARI	02	00	00
	ILI	08	01	00
Jinja RRH	SARI	02	00	00
	ILI	08	00	01
Gulu RRH	SARI	02	00	00
	ILI	08	00	00
Bwera Hospital	SARI	10	00	01
<b>Totals</b>		<b>50</b>	<b>01</b>	<b>02</b>

During week twenty-seven, 50 samples were collected from Kiruddu NRH (n=10), Mulago NRH (n=11), Gulu RRH (n=10), Jinja RRH (n=10), and Bwera Hospital (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. Circulation of SARS-CoV-2 and Flu B (Victoria) 4% and 2% respectively. All samples were negative for Flu A (Table 9.1). Further, 38 samples collected during week 26 were analyzed for ten other viral causes of ILI/SARI. One sample (2.63%) was positive for adenoviruses, while the other (2.63%) was positive for the human boca virus. All positive samples were from samples collected in Jinja

**Table 9.2: Results of Analysis for Other Viral Pathogens 2024Week26**

Health Facility	Total Samples Tested	# ADV Positive	# RSV Positive	# hMPV Positive
Kiruddu NRH	10	0	0	0
Gulu RRH	10	1	0	0
Jinja RRH	10	1	0	0
Mulago NRH	11	1	2	1
Bwera Hospital	10	0	0	0
<b>Total</b>	<b>51</b>	<b>03</b>	<b>02</b>	<b>01</b>

# Influenza Surveillance

Table 10.1: Monthly Influenza, COVID 19 and RSV Results 2024WK27

Month	Influenza					COVID19Result		RSV Result		Total
	A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Pending	Negative	Positive	Negative	Positive	
January	4	0	162	0	0	155	11	163	3	166
February	3	1	147	0	1	147	5	150	2	152
March	1	1	270	3	0	273	2	262	13	275
April	1	1	135	5	0	141	1	131	11	142
May	1	0	163	3	0	160	7	152	15	167
June	1	3	143	5	0	150	2	147	5	152
Total	0	0	42	0	4	44	2	46	0	46
	11	6	1062	16	5	1070	30	1051	49	1100

Table 11.2: Health Facility: Influenza, COVID 19 and RSV Results in ILI and SARI, 2024WK27

Sample Type/ Sentinel Site	Influenza					COVID19Result		RSVResult		Total	
	A(H3)	B Victoria	Negative	Pandemic A (H1N1) 2009	Pending	Negative	Positive	Negative	Positive		
ILI	Arua RRH	0	0	16	0	0	16	0	15	1	16
	Entebbe RRH	1	0	28	3	1	32	1	32	1	33
	Fort Portal RRH	0	1	0	0	0	1	0	1	0	1
	Jinja RRH	7	1	178	1	0	180	7	181	6	187
	Kawaala HC IV	0	0	2	0	0	2	0	2	0	2
	Kibuli Hospital	0	1	12	0	0	13	0	13	0	13
	Kiryandongo H	0	0	57	0	0	56	1	57	0	57
	Kiswa HC III	0	1	174	0	1	176	0	176	0	176
	Kitebi HC III	1	1	63	8	1	74	0	73	1	74
	Koboko Hospital	0	0	16	0	0	16	0	16	0	16
	Mukono GH	0	0	75	0	0	71	4	67	8	75
	Mulago NRH	0	0	44	0	0	44	0	44	0	44
	Nsambya H	0	0	51	0	0	51	0	51	0	51
	Tororo GH	0	0	40	1	0	39	2	33	8	41
Total	9	5	756	13	3	771	15	761	25	786	
SARI	Arua RRH	0	0	36	0	0	34	2	35	1	36
	Entebbe R.RH	0	0	7	0	1	6	2	8	0	8
	Fort Portal RRH	0	0	46	0	0	42	4	36	10	46
	Jinja RRH	0	0	40	0	0	39	1	40	0	40
	Kiryandongo H	0	0	10	0	0	10	0	10	0	10
	Koboko Hospital	0	0	19	0	0	17	2	19	0	19
	Mbarara RRH	2	0	36	0	0	37	1	34	4	38
	Nsambya H	0	1	84	2	1	86	2	85	3	88
	Tororo GH	0	0	28	1	0	28	1	23	6	29
	Total	2	1	306	3	2	299	15	290	24	314
SARI-ILI	Arua RRH	0	0	52	0	0	50	2	50	2	52
	Entebbe RRH	1	0	35	3	2	38	3	40	1	41
	Fort Portal RRH	0	1	46	0	0	43	4	37	10	47
	Jinja RRH	7	1	218	1	0	219	8	221	6	227
	Kawaala HC IV	0	0	2	0	0	2	0	2	0	2
	Kibuli Hospital	0	1	12	0	0	13	0	13	0	13
	Kiryandongo H	0	0	67	0	0	66	1	67	0	67
	Kiswa HC III	0	1	174	0	1	176	0	176	0	176
	Kitebi HC III	1	1	63	8	1	74	0	73	1	74
	Koboko Hospital	0	0	35	0	0	33	2	35	0	35
	Mbarara RRH	2	0	36	0	0	37	1	34	4	38
	Mukono GH	0	0	75	0	0	71	4	67	8	75
	Mulago NRH	0	0	44	0	0	44	0	44	0	44
	Nsambya H	0	1	135	2	1	137	2	136	3	139
	Tororo GH	0	0	68	2	0	67	3	56	14	70
	Total	11	6	1062	16	5	1070	30	1051	49	1100

Source: Uganda Virus Research Institute (UVRI)

# Tuberculosis Status Update

Figure 11.1: Tuberculosis burden during 2024 EpiWeek 27

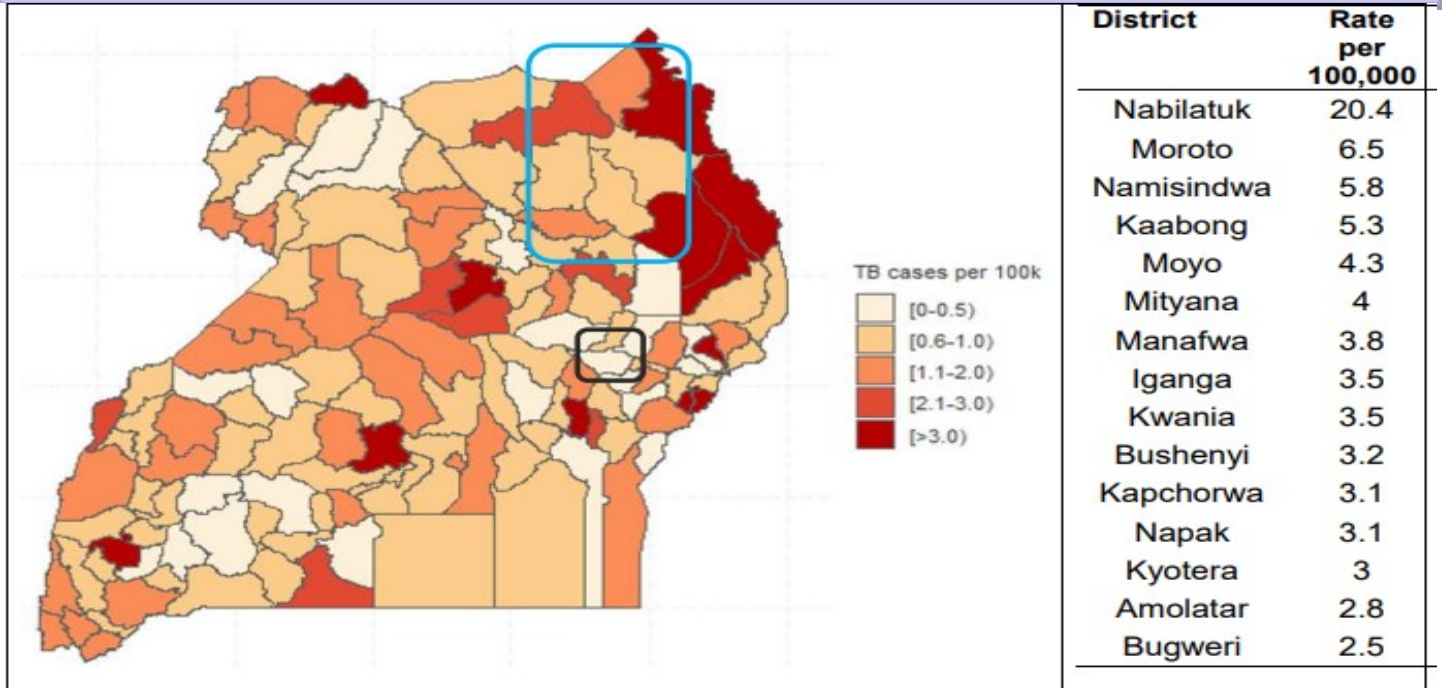


Figure 11.2: National weekly trends in TB screening, diagnosis and reporting, Wk01 2023 to Wk27 2024

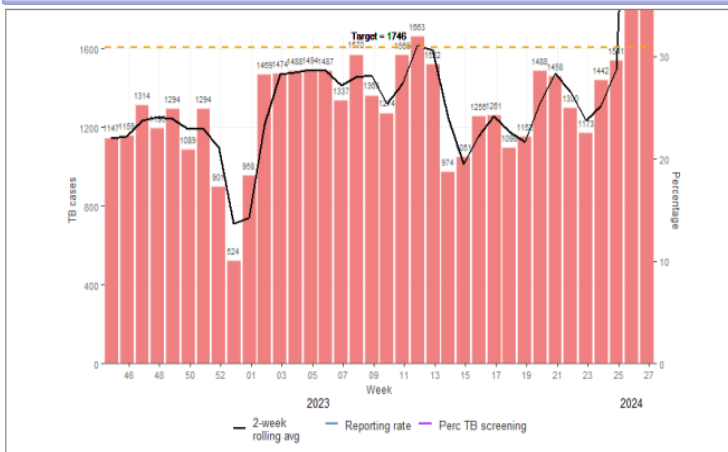


Figure 11.3: National weekly trends in New Relapse TB diagnosed Uganda, Wk01 2023 to Wk27 2024

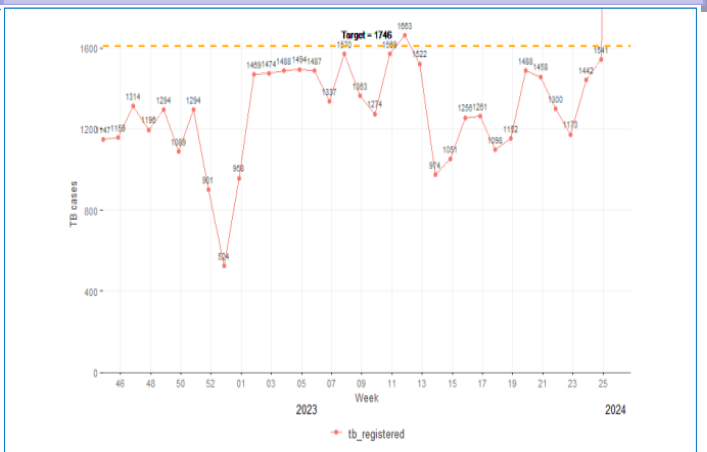
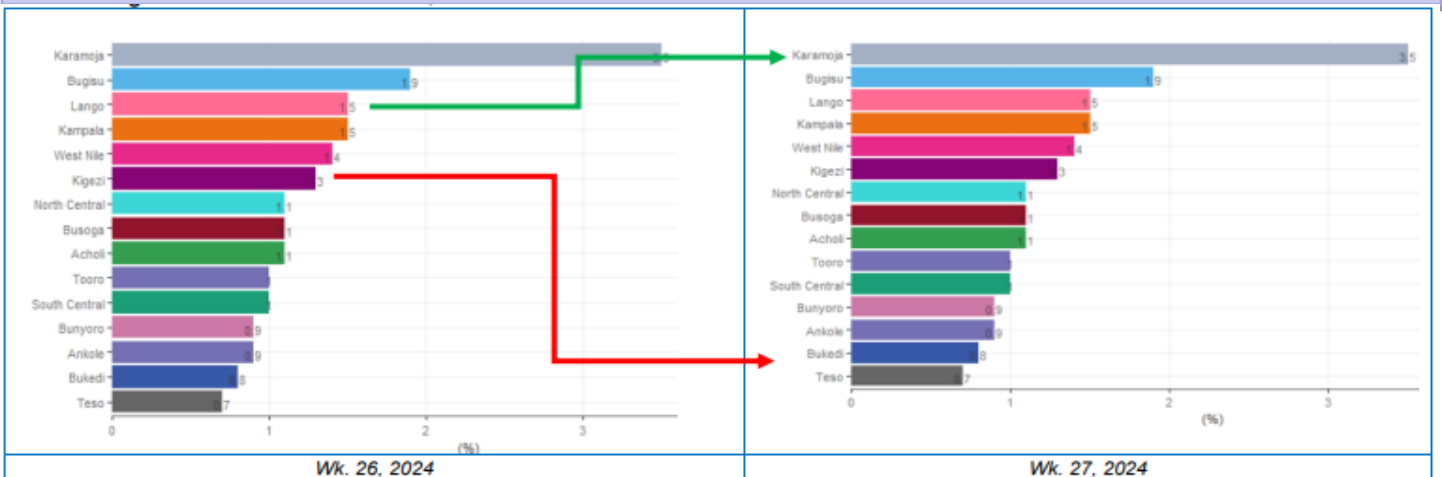


Figure 11.4: Comparison of TB burden by Health Regions between Epi Weeks 26–27, 2024



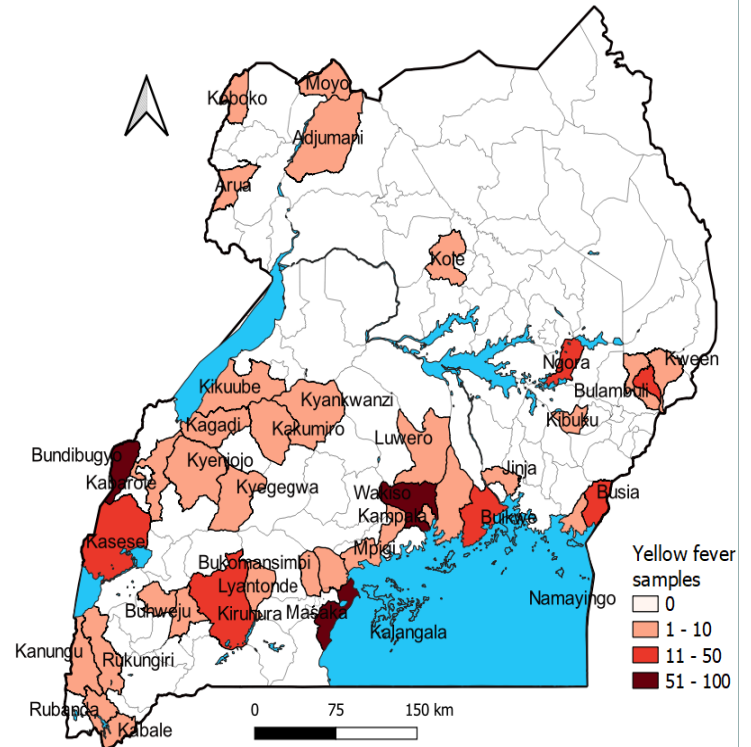
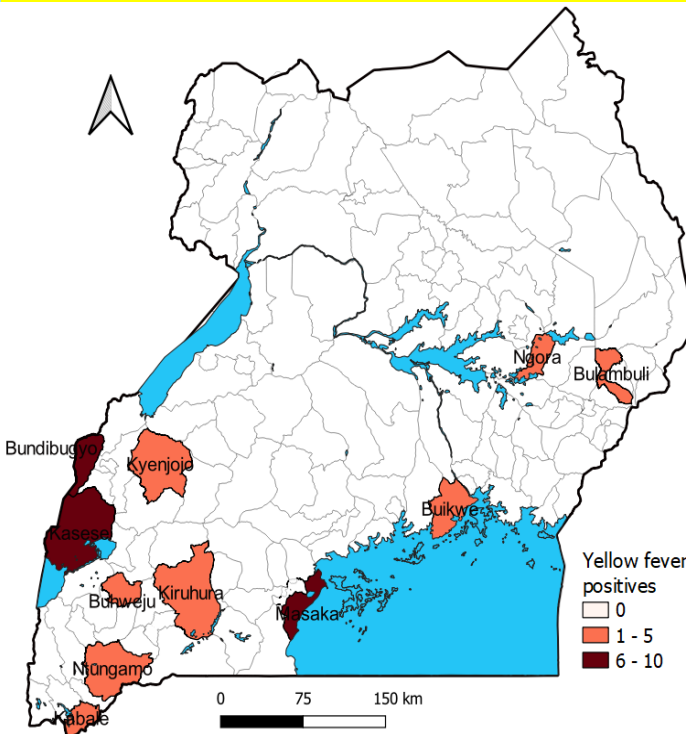
Source: National Tuberculosis Center

# Yellow Fever Virus (YFV) Surveillance

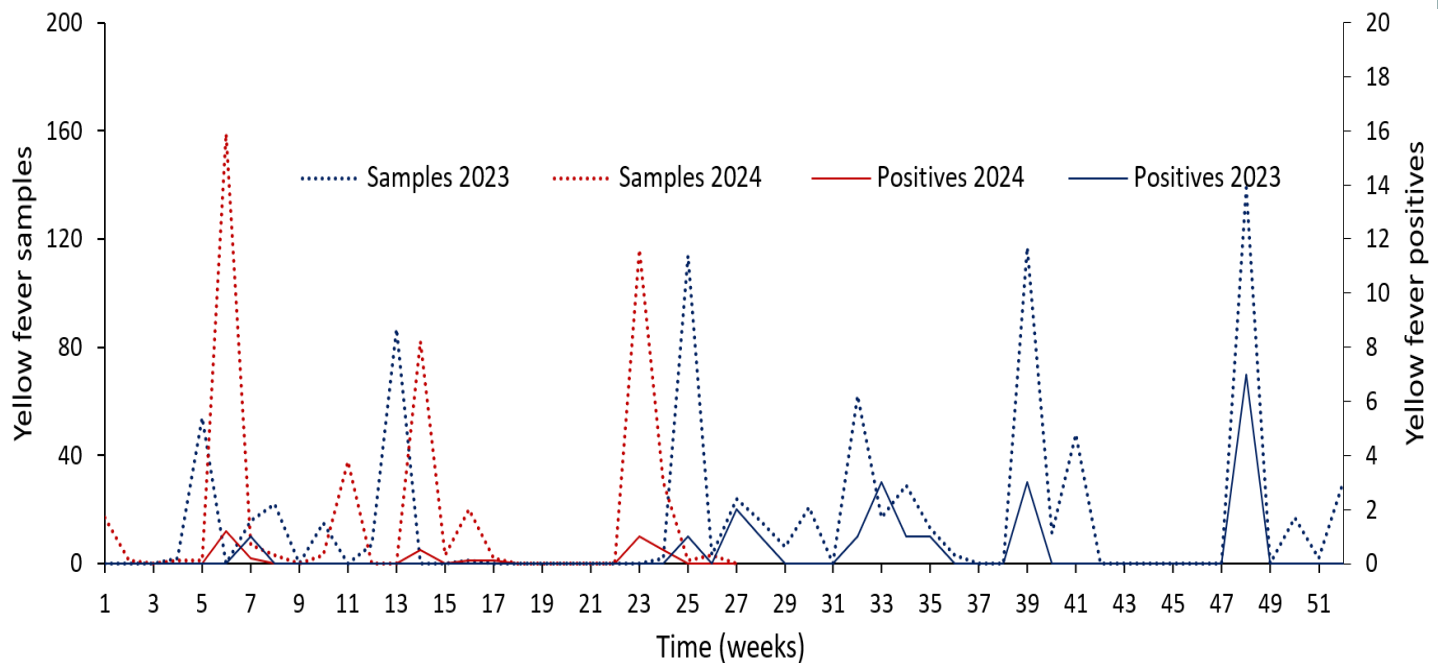
Figure 12.1 : Districts submitting samples for suspected YFV during 2024 EpiWeeks 01-27

During 2024 WK27, no yellow fever-suspected samples were submitted to UVRI.

Cumulatively, 491 samples have been submitted. The map on the right shows the districts where the tested yellow fever suspected samples came from between (WK01-27 2024).



During WK01-27 2024, 36 samples tested positive for yellow fever. The map on the left shows districts where the positive samples came from. The graph below shows yellow fever samples and positives during 2024 compared to 2023







# Points of Entry (POE) Surveillance

**Table 14.1: Traveler screening at Uganda's Points of Entry during 2024Epi Week27**

#	POE	Travelers Screened (Entry)	Travelers Screened (Exit)	
1	Mpondwe	84,904	1,938	
2	Elegu	19,252	8,856	
3	Entebbe Airport	17,815	18,543	
4	Bunagana	12,736	4,980	
5	Cyanika	6,898	5,715	
6	Malaba	6,557	-	
7	Busunga	4,989	4,425	
8	Busia	4,282	-	
9	Katuna	3,695	-	
10	Mutukula	2,963	2,232	
11	Afogi	2,614	2,382	
12	Goli	2,339	2,600	
13	Kokwochaya	2,076	1,169	
14	Vurra	1,350	1,060	
15	Mirama Hills	970	1,121	
16	Kyeshero	943	258	
17	Alakas	915	590	
18	Odramacaku	886	446	
19	Ntoroko Main	793	836	
20	Wanseko	783	783	
21	Arua Airport	685	255	
22	Transami	512	279	
23	Madi-Opei		334	29
24	Ishasha		313	229
25	Ndaiga		253	123
26	Kayanzi		240	240
27	Hima Cement		36	345
28	Sebagoro		89	10
29	Suam		84	102
30	Aweno Olwiyo		59	23
31	Tonya		55	29
	<b>Total</b>		<b>180,520</b>	<b>59,698</b>

During 2024 EpiWeek 27 a total of 180,520 in-coming, and 59,384 exiting travelers at 31 Points of Entry (POEs) were screened. The highest traffic was registered at Mpondwe, Elegu, Entebbe Airport, and Bunagana (Table 14.1).

Presumptive Tuberculosis was identified among 16 travelers, 19 travelers were tested for TB, 3 travelers were confirmed with TB and linked to care (Table 14.2).

**Table 14.2: Tuberculosis screening among travelers during 2024Epi Week27**

#	POE	# presumptive TB patients identified	# presumptive TB patients tested for TB	# confirmed TB patients identified	# confirmed TB patients linked to care
1	Bunagana	01	01	00	00
2	Busia	04	04	00	00
3	Elegu	04	07	03	03
4	Kokwochaya	06	06	00	00
5	Mpondwe	01	01	00	00
	<b>Total</b>	<b>16</b>	<b>19</b>	<b>03</b>	<b>03</b>



# Event Based Surveillance (EBS)

**Table 15.1 : Regional-based Signals received and triaged via the 6767 line**

Region	Total Signals Received	Signals Verified as Events	Signals Discarded	Human	Animal	Natural Disaster	Artificial Disaster
Acholi	02	02	00	02	00	00	00
Ankole	01	01	00	00	00	00	01
Bugisu	04	01	03	04	00	00	00
Bukedi	04	03	01	04	00	00	00
Busoga	01	01	00	01	00	00	00
Kampala	17	13	04	16	00	00	01
N. Central	08	04	04	03	05	00	00
S. Central	02	02	00	02	00	00	00
W. Nile	10	10	00	08	01	01	00
<b>Total</b>	<b>49</b>	<b>37</b>	<b>12</b>	<b>40</b>	<b>06</b>	<b>01</b>	<b>02</b>

A total of 49 signals were received within the reporting week; 73% (36) were verified as events. Most of the signals received (40, 82%) were from the human sector, 6 (12%) were from the animal sector, 2 (4%) was an artificial disaster, and 1 (2%) was a natural disaster (Table 15.1). The silent regions during the week were Bunyoro, Karamoja, Kigezi, Lango, Teso, and Tooro.

The animal signals were of a sudden death of 1 goat, bloat in 6 goats, lumpy skin disease in cows, and worms in a cow all in Mukono District (North Central Region). The animal signal was of presence of many stray dogs in Kazo Angola Zone, Kampala District. The artificial disaster was the sawdust pollution in Kisenyi Zone, Kampala District, and the school fire in Mbarara City (Ankole Region) which injured 17 students.

**NOTE: The number of reported signals is still low because MTN is not allowing its subscribers to send the 6767 messages.**

The most notable signal received during the week was the measles outbreak in Sembabule District (South Central Region) which was received and confirmed as an outbreak after 3 out of 5 samples tested positive for measles. The other signals received were; acute flaccid paralysis, animal bites, anthrax, dysentery, conjunctivitis, rabies, viral hemorrhagic fevers (VHF), tuberculosis, chicken pox, malaria, coughs, and colds. The VHF suspect in Mbale City (Bugisu region) was an inevitable abortion due to malaria in pregnancy (Table 15.2).

**Table 15.2 : Regional-based suspected conditions reported within signals received and triaged**

Region	Measles/Rubella	AFP	Animal Bites	Anthrax	Dysentery	Conjunctivitis	Rabies	VHF	TB	Others
Acholi	00	01	00	00	00	00	00	00	00	00
Bugisu	00	00	00	00	00	00	00	01	00	00
Bukedi	00	00	00	00	01	00	01	00	00	02
Busoga	01	00	00	00	00	00	00	00	00	00
Kampala	03	00	02	00	00	02	00	00	01	04
N. Central	00	00	00	02	01	00	00	00	00	00
S. Central	01	00	00	00	00	00	00	00	00	01
W. Nile	02	05	02	00	00	00	00	00	00	00
<b>Total</b>	<b>07</b>	<b>06</b>	<b>04</b>	<b>02</b>	<b>02</b>	<b>02</b>	<b>01</b>	<b>01</b>	<b>01</b>	<b>07</b>

# PUBLIC HEALTH EMERGENCIES (PHES) IN AND AROUND UGANDA

**Table 15.1: Active PHEs in Uganda during 2024WK27**

PHE	Activation Date	Location	All Cases	Confirmed Cases	Human Deaths
Tuberculosis	14-Dec-19	Seven Health Regions			
cVDPV2 (environmental)	31-May-24	Mbale City			
Conjunctivitis	18-Feb-24	Sixteen health Regions	33,467	33467	00
Measles	18-Jun-24	Moroto	200	13	04
	05-Jul-24	Kibuku	05	04	00
	19-Jun-24	Sembabule	48	03	03
Black Water Fever	08-Feb-24	Bukomansimbi	131	-	13
Rift Valley Fever	19-Jun-24	Mubende	05	02	02
	19-Jun-24	Sembabule	03	01	01
	28-Jun-24	Kyegegwa	07	01	01
	28-Jun-24	Ntungamo	01	01	01
Crimean Congo Hemorrhaging Fever	11-Jul-24	Kiboga, Kyankwanzi	01	01	00
	30-May-24	Kasese	05	01	00
Food Poisoning	15-Jul-24	Amuru	09	09	01
Rabies	25-May-24	Busia	29	29	00
Anthrax	04-Jun-24	Amudat	91	08	00
Yellow Fever	14-Jun-24	Ngora	10	04	00

Uganda's PHEOCs are currently activated for an outbreak of Red Eyes in multiple communities and at least 153 prison in-mates; Measles in Moroto, Kibuku and Sembabule districts; Yellow Fever in Ngora district; Tuberculosis upsurge in seven health districts; Complicated Malaria / Black Water Fever in Bukomansimbi district; Rift Valley Fever within the districts of Mubende, Sembabule, Kyegegwa, and Ntungamo; CCHF

in Kasese and Kiboga / Kyankwanzi districts; Environmental cVDPV2 in Mbale City; and Anthrax in Amudat district; Rabies in Busia; Food poisoning in Amuru.

Within Uganda's neighborhood, three countries are responding to incidents of Poliomyelitis (cVDPV1 and 2), measles and Cholera. Other incidents include plague, anthrax and Monkey Pox in the DRC, RVF in Kenya, among others.