



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 04: 20th-26th Jan 2020

Dear Reader,

We are pleased to share our 4th weekly epidemiological bulletin for the year 2020.

This epidemiological bulletin serves to inform all stakeholders at district, national, and global levels on disease trends, public health surveillance and interventions undertaken in detecting, preventing and responding to public health events in the country on a weekly basis.

In this issue, we bring you the following among others

- ◆ National and district weekly surveillance reporting
- ◆ Suspected epidemic prone diseases.
- ◆ Ongoing (current) public health events (page 1)
- ◆ Regional reporting rates
- ◆ Public health events in border countries

For comments please contact: Dr. Allan Muruta, Commissioner, Department of Integrated Epidemiology, Surveillance and Public Health Emergencies - MoH; P.O BOX 7272 Kampala, Tel: 080010066 (toll free); Email: esd@health.go.ug or esdugandazz@gmail.com

Current public health threats as of 3rd Feb 2020

EVD

EVD preparedness activities in high risk districts are intensified

- Active case search
- Contact tracing across the border
- Screening at points of entry
- EVD surveillance mentorship in community and health facilities

nCoronal Viral Disease

- No case has been reported in Uganda
- The National Task Force has been activated to enhance preparedness against nCoronal virus
- The nCorona surveillance strategy has been developed and disseminated (*Annex ii*)

Measles Outbreak in Isingiro Districts

- 50 measles cases have been managed at Nakivale HC IV
- Immunizations for children under 15 years was conducted with a coverage of 89%

TB in Karamoja and Lango sub-regions

- TB has been declared as a national emergency
- Most affected areas are Lango and Karamoja sub-regions

Yellow fever in Moyo, Maracha and Buliisa Districts

- 3 confirmed cases in Moyo
- 2 confirmed cases in Buliisa Districts
- 1 confirmed cases in Maracha
- Yellow fever was declared a national emergency
- Planning for yellow fever vaccination is ongoing
- Outbreak response activities are on going

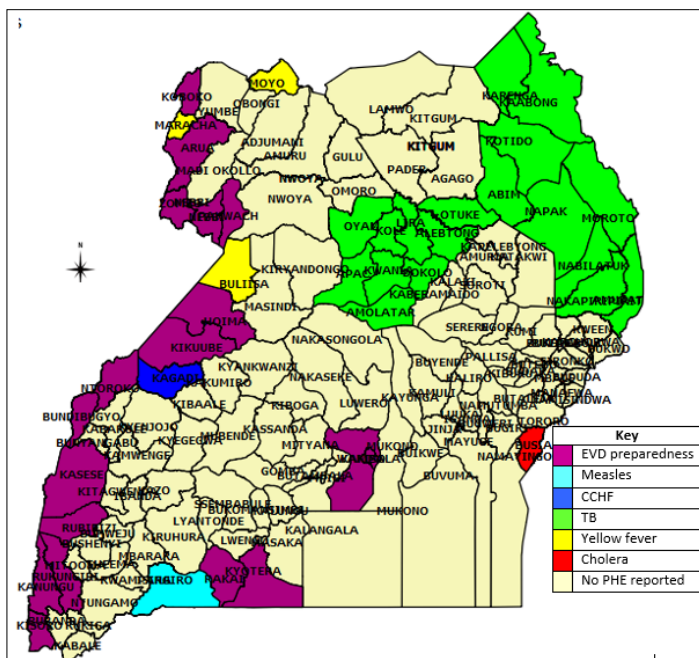
CCHF in Kagadi

- 1 confirmed person is still isolated and treated at Kagadi General Hospital
- Lumber jack that had been working in different villages in Mpeefu, Kyaterekera and Bwikara prior to onset of illness

Cholera in Busia

- 1 confirmed and 5 suspected cases in Busia (*Refer to map on page 1*)

Fig 1: Ongoing public Health Events



Data source: PHEOC

Priority Diseases

The data shows high number of typhoid, measles, Malaria, dysentery, SARI and animal bites in different parts of the country.

Table 1: Case Fatality Rate of Priority Diseases, week 04

Conditions	Cases	Deaths	CFR(%)
AFP	8	0	0.0
AEFIs	4	0	0.0
Animal bites	98	0	0.0
Bacterial Meningitis	2	0	0.0
Cholera	0	0	0.0
Dysentery	6	0	0.0
Guinea Worm	0	0	0.0
Malaria	29065	81	0.3
Hepatitis B	14	0	0.0
Measles	48	0	0.0
NNT	1	0	0.0
Plague	0	0	0.0
Other Suspected	0	0	0.0
VHFs	0	0	0.0
SARI	86	0	0.0
Typhoid fever	541	0	0.0
Yellow fever	2	0	0.0
Anthrax	0	0	0.0
Leprosy	0	4	0.0

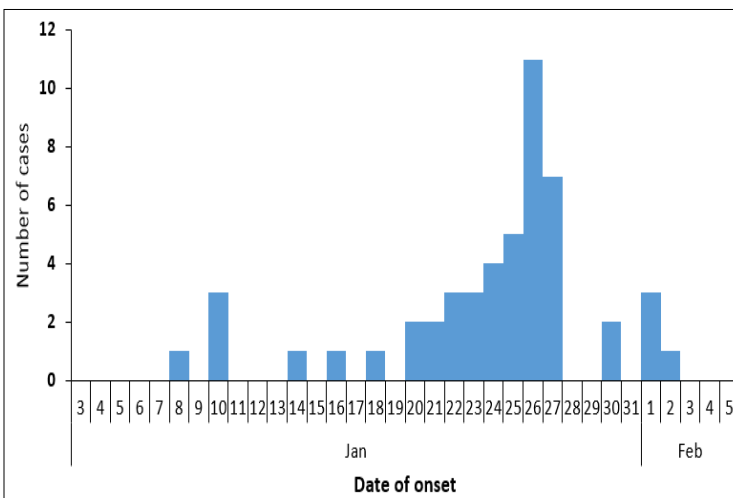
Data source: DHIS2

Severe Acute Respiratory Infection (SARI), Viral Haemorrhagic Fevers (VHF),

Measles (Confirmed cases)

- 15/135 districts have investigated at least one suspected measles case making it 11.1%
- They include; Agago, Alebtong, Apac, Bugiri, Bushenyi, Hoima, Isingiro, Kakumiro, Kole, Lamwo Lira, Moroto, Nakaseke Pader, and Serere

Fig 2: Epidemic curve of Suspected Measles by date of admission at Nakivale HC IV as of 3.02.20 (N=50)



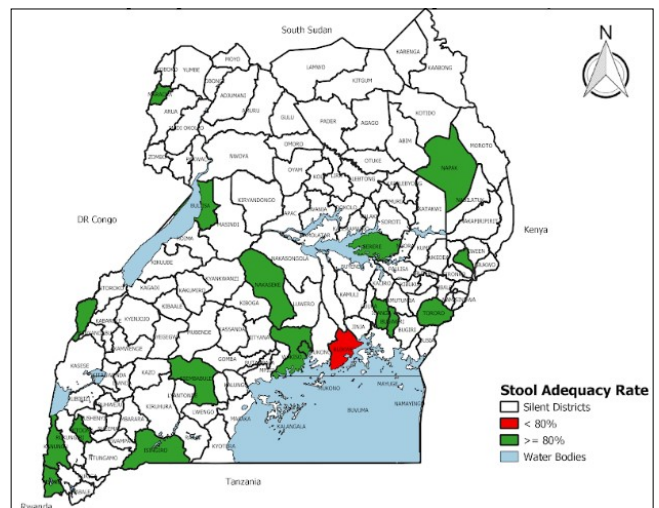
Response activities to measles outbreak, Isingiro

- Total of 50 suspected cases admitted and managed (fig 2)
- Vaccination of children 6m to 15 yrs (89% coverage achieved)
- 1503 children received deworming services

Acute Flaccid Paralysis (AFP)

- 8 AFP cases were investigated during week 04 from; Buliisa (2), Bundibugyo (1), Iganga (1), Kanungu (1), Maracha (1), Sembabule (1), and Tororo (1) (fig 4)
- The Non-polio AFP rate is 0.10/100,000 children 0 - 14 years compared with 0.16/100,000 children 0 -14 years in 2019.
- The adequate samples collection rate is 95.24% compared with 96.97% in 2019 in Epi week 4

Fig 3: Stool Adequacy rate for AFP surveillance week 04



Data source: EPI lab

Maternal and Perinatal deaths:

There were 2 maternal deaths and 8 perinatal deaths in week 04 as summarised in table 2.

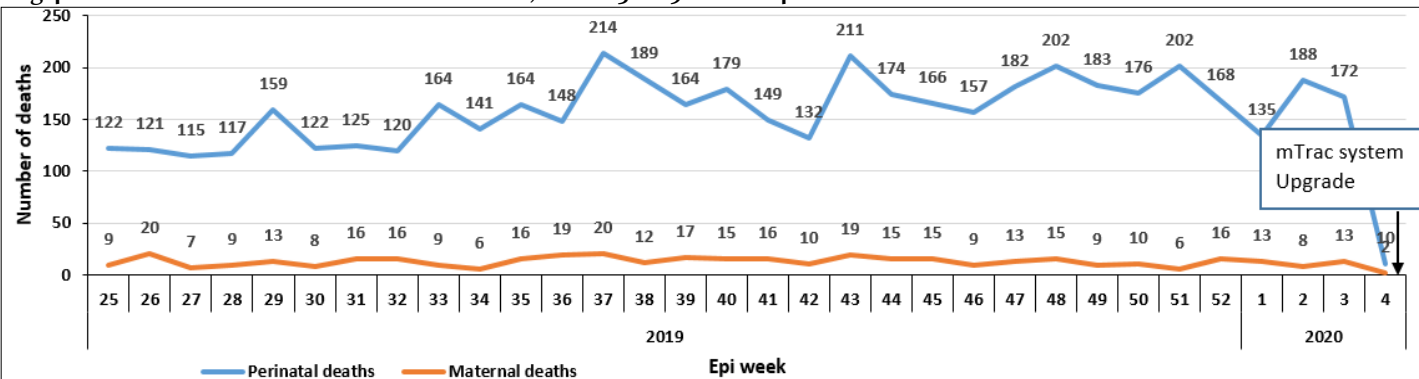
Table 2: Distribution of maternal deaths (n=2) and perinatal deaths (n=8 , week 04)

Districts	Maternal death- Deaths		Perinatal deaths		
			Macerated Still births	Fresh Still Birth -	Early Neonatal deaths days (0-7)
	Name of HF	No. Deaths			
Lamwo	Ladiebe HC IV	1	0	0	0
Kampala	Naguru RRH	1	0	0	0
Kibuku		0	0	1	0
Kyotera		0	2	2	0
Koboko		0	1	0	0
Rubanda		0	1	0	0
Mpigi		1	0	0	0
Maracha		0	0	0	1

Data source: DHIS2

Continue to page 3

Fig 4: Trends of maternal and neonatal deaths, week 25 2019 -week 04 2020

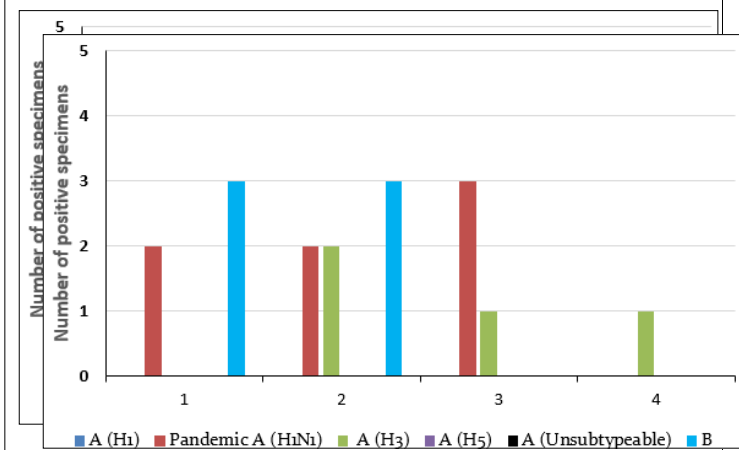


Human Influenza surveillance

Data source: DHIS2

During Epi week 4, a total of 59 samples were collected and tested for various Human Influenza sub types. 1 sample tested positive for; A (H1)(o), Pandemic A (H1N1) (o), A (H3) (1), A(H5)(o), and B (o). Cumulatively 16 samples tested positive since the beginning of the year as shown in figure 5

Fig 5: Distribution of human influenza subtypes, week 4 2020 (n=16)



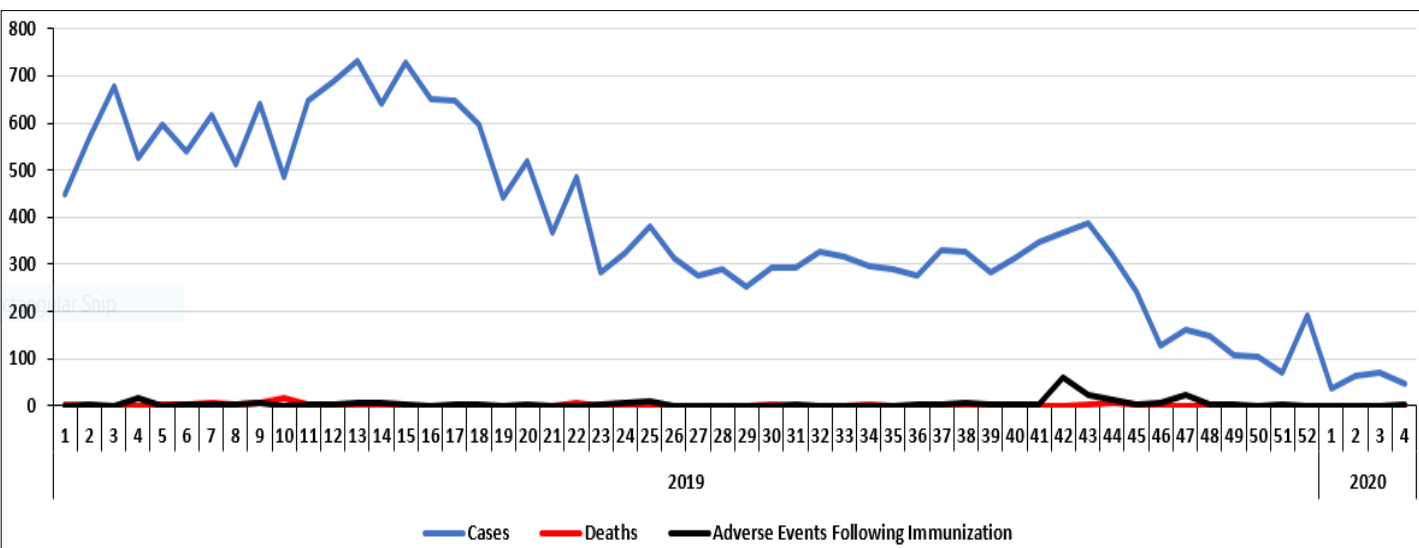
Data source: Makerere University Walter Reed Project

Reporting Rates

Table 3: Public health events across the countries bordering Uganda, as of 2nd Feb 2020

Country	Condition	No. of cases	No. of death	Grading
S. Sudan	Measles	4414	23	Ungraded
	Hepatitis E	137	2	Ungraded
DRC	EVD	3428	2250	G3
	Poliomyelitis (cVDPV2)	84	0	G2
	Measles	319,930	6148	G2
	Monkey pox	5387	107	N/A
	Cholera	31764	542	G3
	Plague	51	8	Ungraded
Rwanda	-	-	-	Closed
Kenya	Cholera	64	1	Ungraded
	Measles	559	1	Ungraded
	Leishmaniasis	2879	34	Ungraded
Tanzania	-	-	-	No update

Fig 6: Trends of suspected Measles cases, deaths and adverse events following immunization

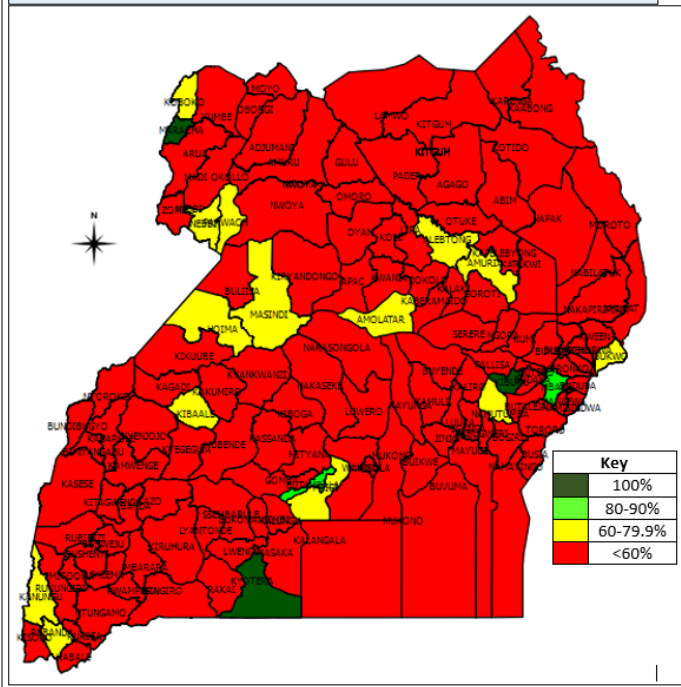


Data source: DHIS2

Completeness of reporting

The reporting rates in week 4 were affected by abrupt the Switch to the new systems DHIS2 & mTrac Pro which was communicated late to districts and hence some of the districts have not yet rolled out All Revised HMIS tools to all

Fig 7; Completeness of reporting, week 04, 2020

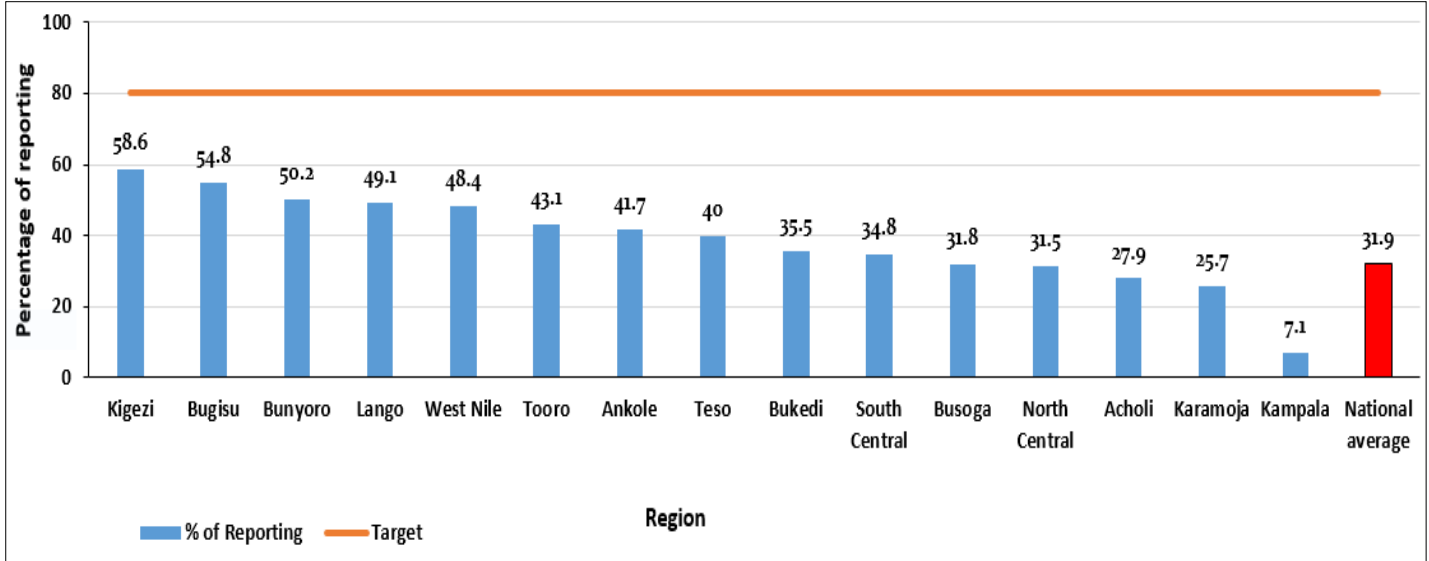


Source: DHIS2

Acknowledgement and Recommendations

- The data shows that measles cases are reported in districts that either host refugees or border districts. Therefore these districts are urged to enhance immunization and nutrition interventions.
- Chief Administrative Officers and District Health Officers (DHOs) should share situation reports of all public health events in their catchment areas.
- Implementing Partners supporting surveillance activities in different districts across the country are requested to support improvement of surveillance data quality in their respective districts.
- The timeline for EPI bulletin has been revised. This means that the bulletin will consist of only weekly data that is submitted on time (by Monday midday). Districts are encouraged to ensure timely reporting to enhance early detection and prompt response.
- UNEPI reminds and encourages all the districts to carry out active search for AFP, NNT, EAFI and measles cases in their health facilities and communities.
- Maternal deaths and perinatal deaths audits should be conducted to address issues surround excessive deaths of mothers and newborns especially for Kampala region.
- Partners are urged to support districts that are currently affected by outbreaks

Annex I: Percentage of reporting per region, Epi week 04, 2020



Data source: DHIS2

Editorial team :

Allan Muruta, Carol Kyozira, Godfrey Bwire , David Muwanguzi, Anne. Nakinsige, Eldard Mabumba, Benard Lubwama, Leocadia Kwagonza, Harriet Mayinja, Specioza Katusiime, Maureen Nabatanzi, Apollo Ayebale, Freda Aceng, Godfrey Ekuka, Emma Arinaitwe, Joyce Nguna, Milton Wetaka, Joshua Kayiwa, Jayne Tusiime.

Remember, your feedback is important to us.



National Surveillance Strategy for 2019-nCoV Virus outbreak

