



# MINISTRY OF HEALTH

## THE WEEKLY EPIDEMIOLOGICAL BULLETIN

**WEEK 31: 27<sup>th</sup> Jul-2<sup>nd</sup> Aug 2020**

Dear Reader,

We are pleased to share our 31<sup>st</sup> 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.

**This issue, we showcase the following updates among others**

- ◆ Uganda updates on COVID-19
- ◆ Suspected rabies (Animal bites\_dog bites)
- ◆ National trends of suspected Typhoid
- ◆ National trends of suspected epidemic prone diseases
- ◆ National, regional and district weekly surveillance reporting
- ◆ Iganga District success story in weekly reporting
- ◆ Public health events in border countries

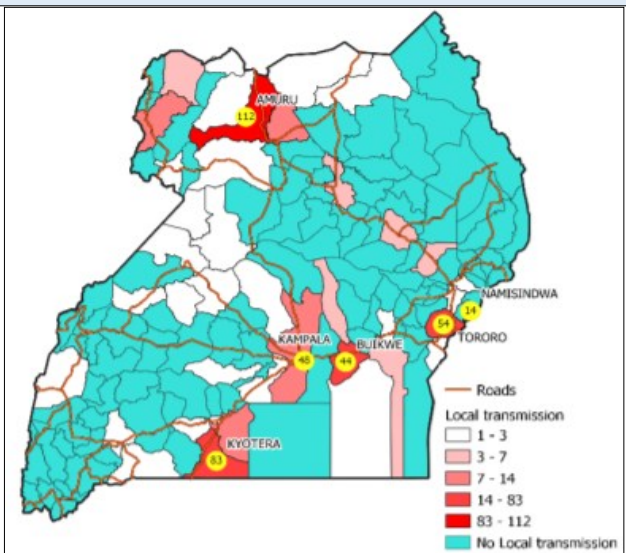
*For comments please contact: Dr. Allan Muruta, Commissioner, Department of Integrated Epidemiology, Surveillance and Public Health Emergencies - MoH; P.O BOX 7272 Kampala, Tel: 080010066 (toll free); Email: esd@health.go.ug or esdugandazz@gmail.com*

### Current public health threats

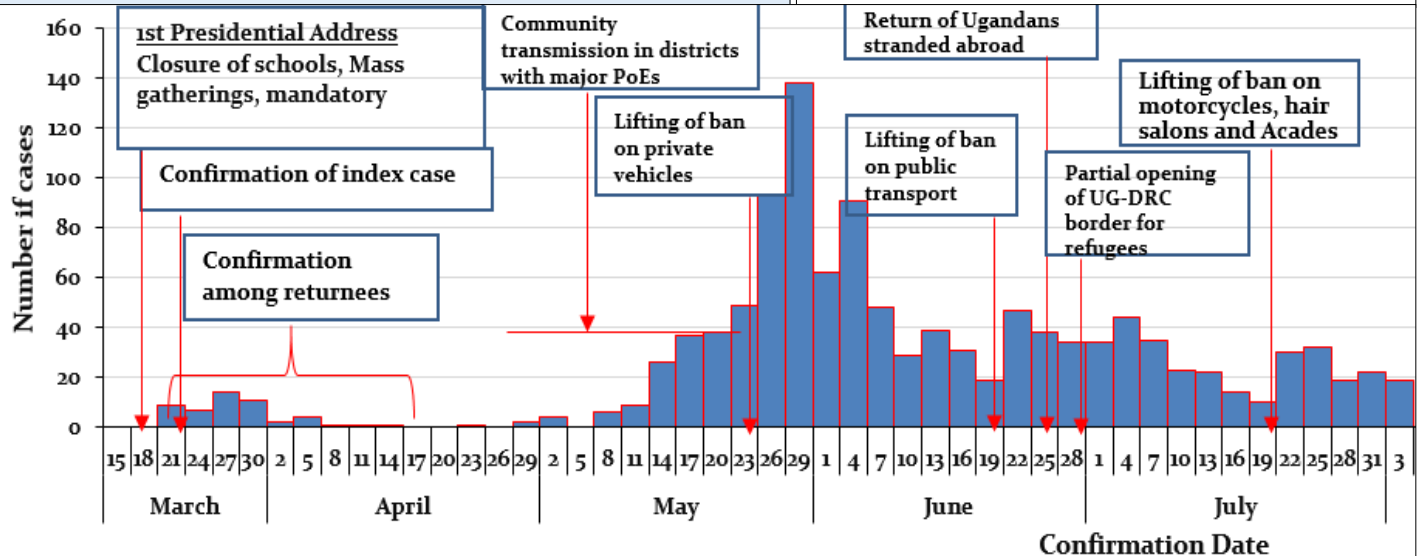
#### COVID-19 as of 2<sup>nd</sup> Aug 2020

- 1,195 Cumulative cases of COVID-19 confirmed cases in the country among Ugandan nationals
- 280,747 specimens collected and tested
- 1074 cumulative total recoveries
- 125 cases on admission
- 15,120 Cumulative contacts listed
- 708 contacts under follow-up
- 5 deaths among confirmed cases

**Fig 1a: Distribution of COVID-19 Local Transmission**



**Fig 1b: Epidemic curve of COVID-19 as of 2<sup>nd</sup> Aug 2020 (n=1195)**

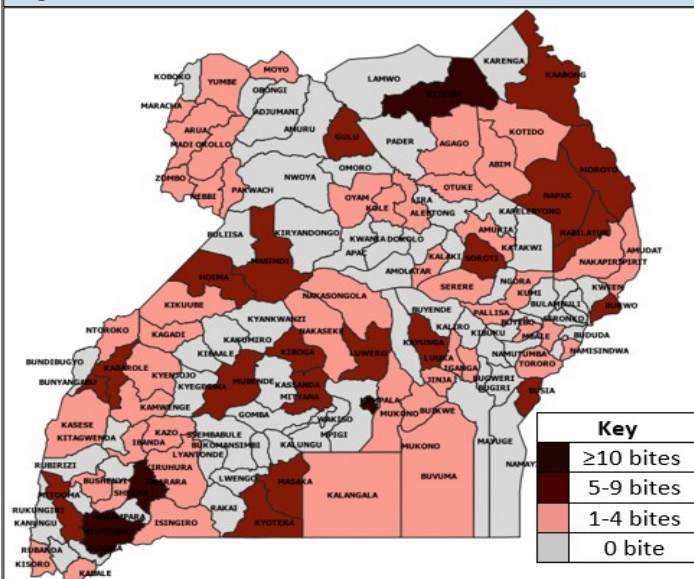


Source: COVID-19 Surveillance data

### Suspected Rabies (Animal Bites)

- There is a gradual increase in number of animal bites
- Kampala (18) reported the highest number of animal bites followed by Ntugamo (17) and Mbarara (11)

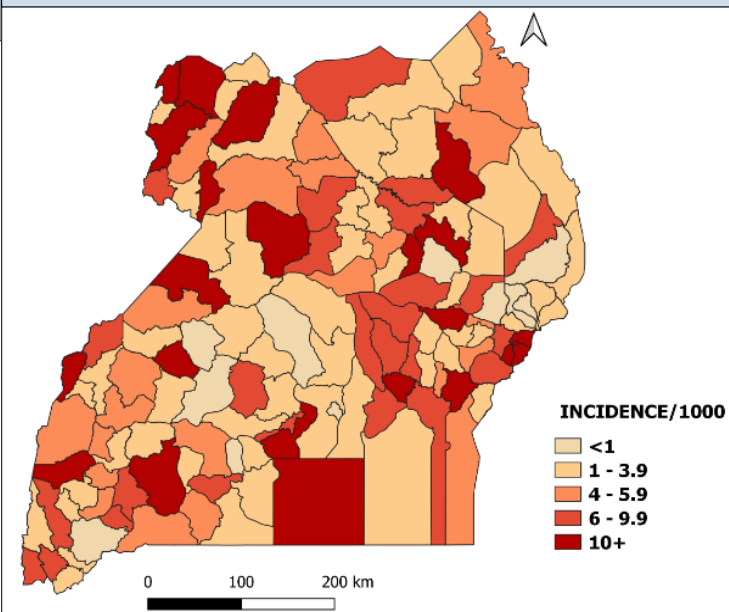
**Fig 2: Distribution of Animal bites, week 31 (n=288)**



### Malaria

- 47698 Malaria cases reported
- 21 deaths reported country wide

**Fig 3: Distribution of Malaria outbreak status, week 31**



### Suspected Typhoid Fever

- Typhoid fever is an acute, life-threatening, febrile illness presenting with chills and abdominal pain.
- The non-specific symptom profile complicates clinical diagnosis, with symptoms that are common to other diseases such as malaria, brucellosis etc
- Over 28538 cases have been suspected across the country since January 2020 with the vast majority reported from private health facilities.
- Tests used for screening, that is the O&H Antigen test (Widal test) and the rapid tests are not specific enough therefore more false positives could be reported
- The mainstay for laboratory confirmation is culture and sensitivity which is available Mulago, Regional Referral Hospitals and some private labs.
- Health facilities should utilize the hub system to confirm the suspected cases

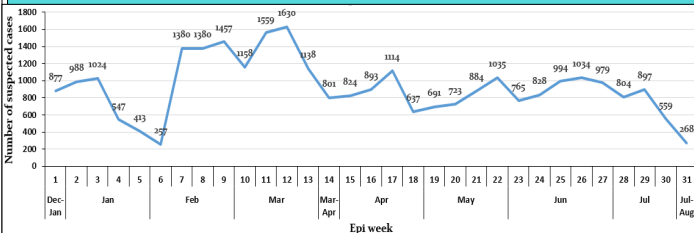
### Rift Valley Fever Outbreak in Kabale

- On 21<sup>st</sup> July 2020, a 36 year old male resident of Kigongi, Kabale Municipality presented with; nose bleeding, general weakness, abdominal pain with bloody diarrhea at a local clinic
- Routine tests were performed and were negative
- Patient was referred to Kabale Regional Referral Hospital on 22<sup>nd</sup> July. Upon admission he developed intense fatigue and nose bleeding
- He died on 27<sup>th</sup>, July 2020
- Due to his bleeding tendencies, a blood specimen was collected and transported to Uganda Virus Research Institute through the hub system
- On 28<sup>th</sup> July 2020, his specimen tested positive for RVF
- He was reported to have spent two months (April to June) in Mwizi- Mpara in Rwampara District.

#### Actions taken

- Contact listing and follow up of 6 people including health workers that handled the patient
- Mentorship of the hospital ward staff
- One health team is conducting an RVF Rapid Risk Assessment

**Fig: Trends of suspected Typhoid fever, Jan-Aug 2020**



## Priority Diseases

The data presented in table 1 consists of suspected cases. The data shows high numbers of water borne diseases such as; typhoid, Malaria, and cholera, dysentery in different parts of the country.

**Tab 1: Suspected Cases of epidemic prone Diseases, wk 31**

Conditions	Cases	Deaths	CFR(%)
AFP	10	0	0.0
AEFIs	1	0	0.0
Animal bites	162	0	0.0
Bacterial Meningitis	4	0	0.0
Cholera	23	0	0.0
Dysentery	55	0	0.0
Guinea Worm	0	0	0.0
Malaria	47,698	21	0.04
Hepatitis B	56	0	0.0
Measles	36	0	0.0
NNT	1	0	0.0
Plague	0	0	0.0
Other Suspected	1		
VHFs		0	0.0
SARI	82	0	0.0
Typhoid fever	268	0	0.0
Yellow fever	0	0	0.0
Anthrax	0	0	0.0
Leprosy	0	0	0.0
RR T.B	7	0	0.0

Severe Acute Respiratory Infection (SARI), Viral Haemorrhagic Fevers (VHF), Neonatal Tetanus (NNT), Tuberculosis (T.B), Acute Flaccid Paralysis (AFP), Adverse Events Following Immunisation

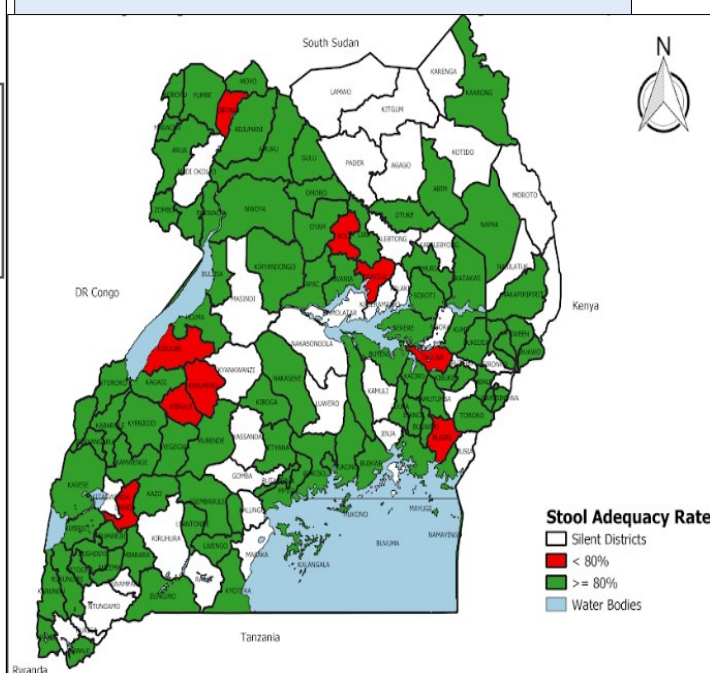
## Measles (Confirmed cases)

- Cumulatively, Seventy-nine (79) districts have detected and investigated at least one suspected measles case.
- 32/79 districts reporting measles cases have had at least one positive IgM case

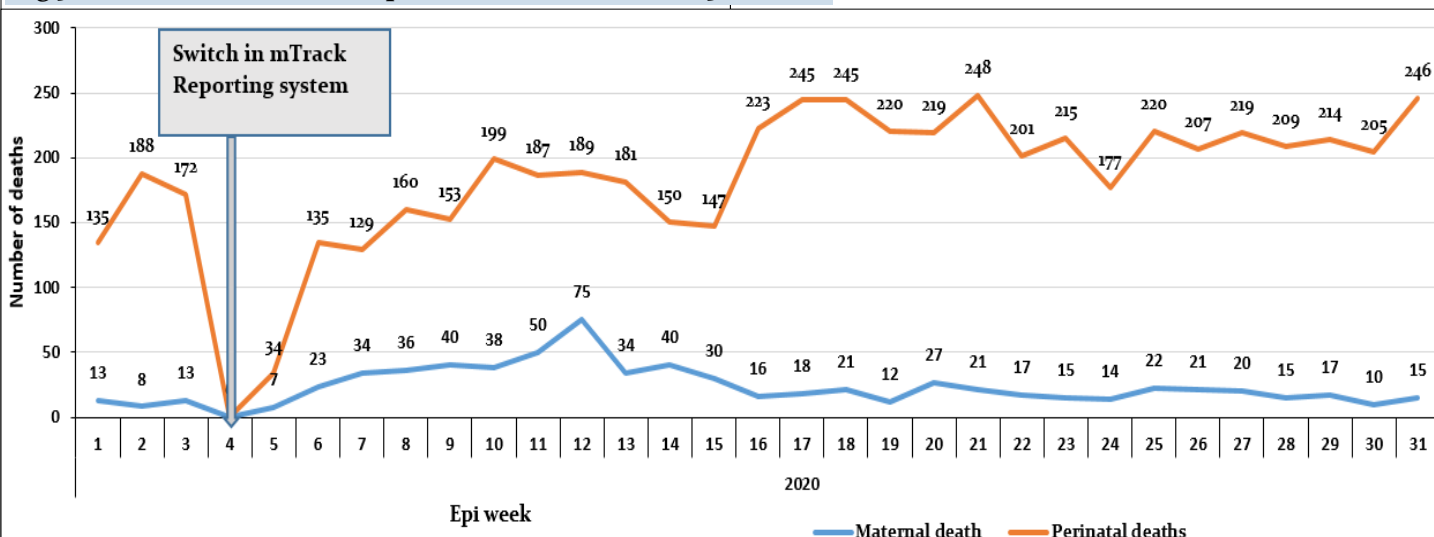
## Acute Flaccid Paralysis (AFP) Surveillance

- 10 AFP cases were reported during week 31
- The 10 cases were reported from; Kaliro (1), Kamwenge (1), Katakwi (1), Kiryandongo (2), Mayuge (1), Mpigi (1), Nakapiripirit (1), Nakaseke (1) and Nwoya (1)
- The Non-polio AFP rate is 0.96/100,000 children 0 - 14 years compared with 1.95/100,000 children 0 -14 years in 2019
- The adequate samples collection rate is 94.20% compared with 89.1% in 2019 (fig 4)
- NPENT rate is 13.99% compared with NPENT rate of 14.48% in 2019
- Ninety two (96) districts have detected and investigated at least one AFP case (fig 4)

**Fig 4: Stool Adequacy Rate, week 31**



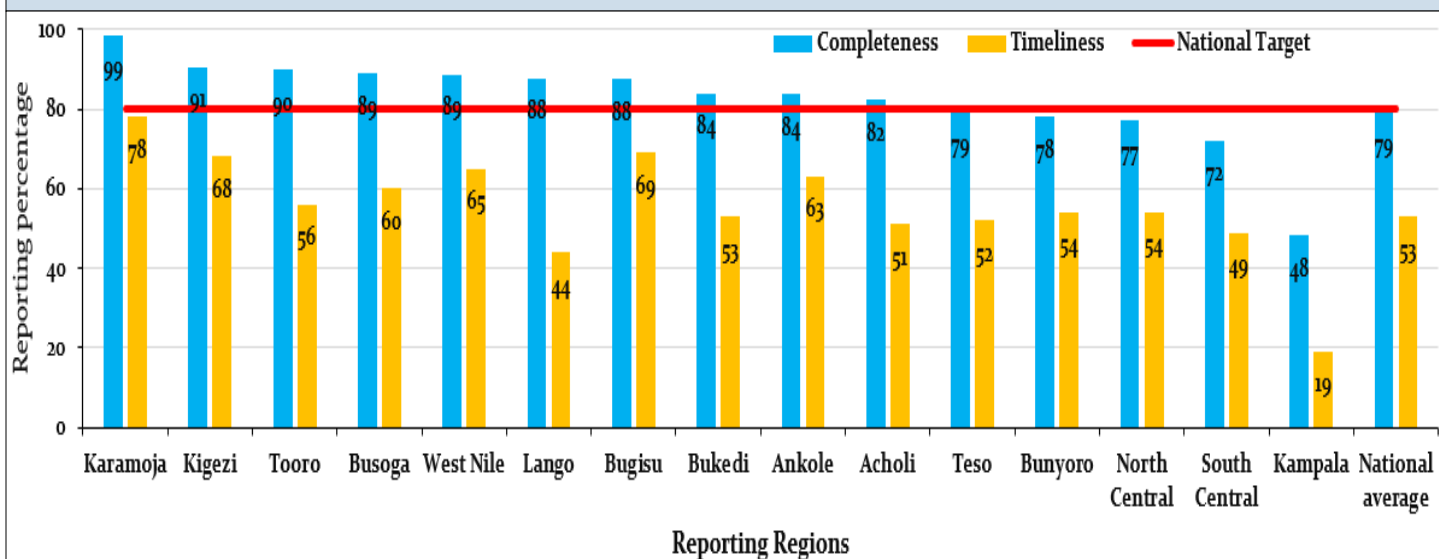
**Fig 5. Trends of maternal and perinatal deaths week 1– 31, 2020**



**Table 2: Distribution of maternal deaths (15) and perinatal deaths (246), week 31**

Maternal Deaths			Perinatal deaths					
District	Health Facility	Maternal death-Deaths	District	Macerated Still births - Deaths	District	Fresh Still Birth	District	Early Neonatal deaths (0-7 days)
Kampala	Kawempe NRH	2	Kampala	17	Kampala	25	Kampala	23
	Naguru RRH	1	Kabarole	5	Mbale	4	Lira	6
Mbale	Mbale RRH	2	Yumbe	4	Kabarole	4	Hoima	6
Kagadi	Kagadi Hosp	2	Nebbi	4	Tororo	4	Soroti	5
Zombo	Jongokoro HC III	1	Gulu	3	Kamuli	3	Mubende	5
Kamuli	Kamuli Mission Hosp	1	Soroti	3	Adjumani	3	Kamwenge	4
Kabale	Kabale RRH	1	Kyotera	2	Masaka	3	Kamuli	3
Kabarole	Virika Hosp	1	Amudat	2	Lira	2	Kagadi	3
Kanungu	Bwindi Community Hosp	1	Kibuku	2	Kapchorwa	2	Gulu	3
Namisindwa	Magale HC IV	1	Iganga	2	Butambala	2	Iganga	2
Kiryandongo	Kiryandongo Hosp	1	Sheema	2	Busia	2	Kabale	2
Kyankwanzi	Butembe HC IV	1	Kwania	2	Kagadi	2	Rukungiri	2
			Hoima	2	Kiboga	2	Kabarole	2
			Mbale	2	Soroti	2	Kanungu	2
			Buikwe	2	Buliisa	2	Bushenyi	2
			Luwero	2	Maracha	1	Masaka	2
			Kitagwenda	2	Yumbe	1	Maracha	1
			Maracha	1	Bundibugyo	1	Yumbe	1
			Bundibugyo	1	Bududa	1	Nwoya	1

**Fig 6: Completeness and Timeliness of weekly reporting per region, Epi week 31, 2020**



- There is a general improvement in completeness of reporting with the highest reporting rates recorded in Karamoja (99), Kigezi (91), Tooro (90), Busoga (89), West Nile (89), Lango (88), and Bugisu (88) while Kampala at (48), South central (72)% and North central (77). National average reporting rate declined to 79%
- Timeliness is still a challenge across the country. The regions with the highest reporting rates on time include Karamoja (78), Kigezi (68), Tooro (56), Busoga (60), West Nile (65) and Lango (44). While those with the least reporting rates include Kampala(19) South Central (49), North Central(54) and Bunyoro (54) (refer to fig 7). National average Timeliness of reporting is 53%

### Completeness and Timeliness of reporting by District

- There is a great improvement in completeness of reporting across all Districts (fig 7a)
- Majority of the districts reported late (fig 7b)

Fig 7a: Completeness of reporting, week 31, 2020

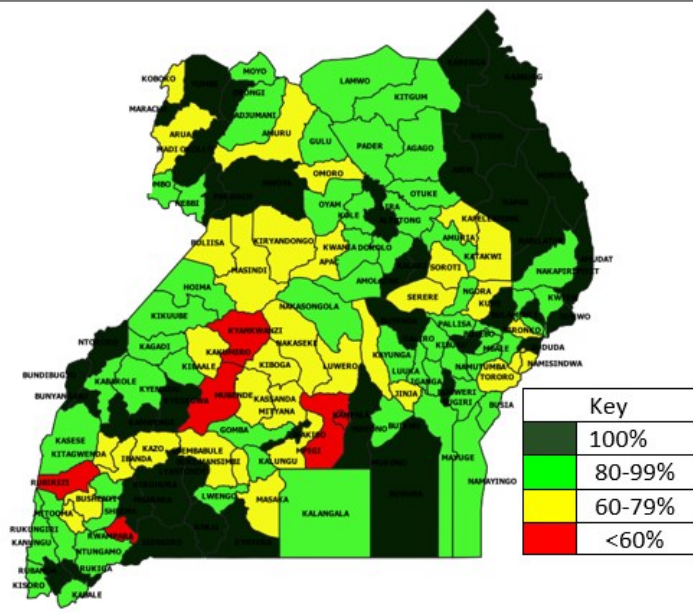
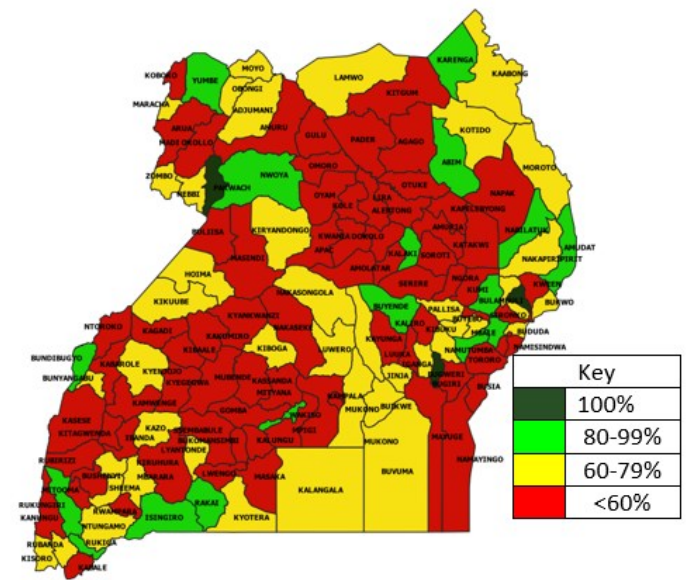


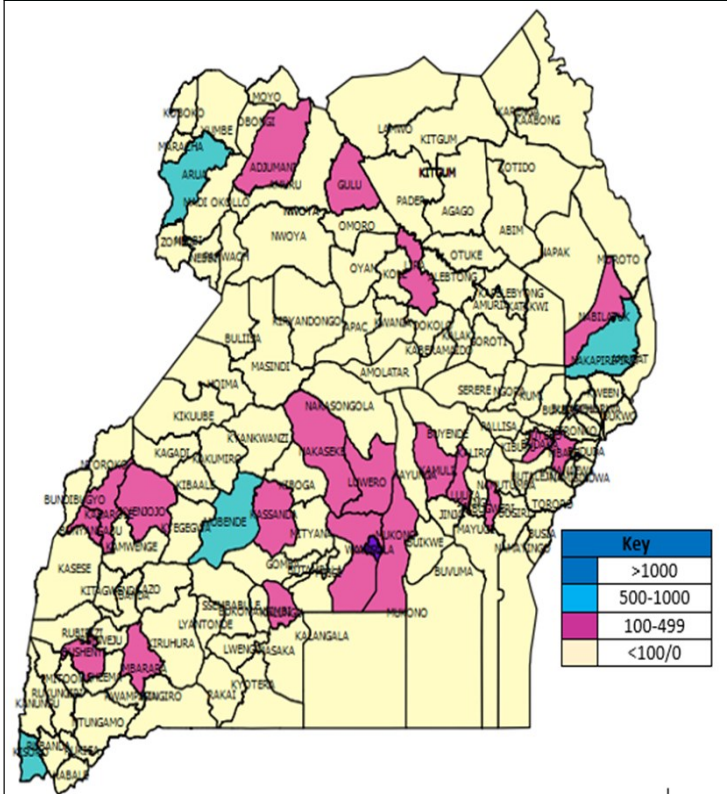
Fig 8b: Timeliness of reporting, week 31, 2020



### Severe acute Respiratory Infections (SARI) amidst COVID

- SARIs are a significant cause of infectious disease morbidity and mortality
- Private health centers are reporting a surge of SARI especially in Kampala
- Differentiating COVID-19 from other SARIs is challenging
- Clinicians should be on the alert during assessments

Fig 8: Distribution of suspected SARI, 2020



### Public Health Emergencies in neighboring countries

Country	Condition	No. of Cases	No. of deaths	Grade
DRC	Cholera	12691	181	Grade 3
	COVID 19	9115	214	Grade 3
	EVD	73	31	Grade 3
	Measles	67956	961	Grade 2
	Monkey pox	2924	108	Ungraded
	Plague	75	17	Ungraded
	Poliomyelitis (cVDPV2)	128	0	Grade 2
Kenya	Chikungunya	202	0	Ungraded
	Cholera	692	13	Ungraded
	COVID 19	22053	369	Grade 3
	Leishmania	224	7	Ungraded
	Measles	424	2	Ungraded
Rwanda	COVID 19	2062	5	Grade 3
Tanzania	COVID 19	509	21	Grade 3
South Sudan	COVID-19	2429	46	Grade 3
	Hepatitis E	337	2	Ungraded
	Measles	916	2	Ungraded

## Improvement in Weekly Reporting Experience from Iganga District

For a long time Iganga District was struggling with poor reporting rates in weekly reporting. Support supervision was not yielding results, until the team performed a bottle neck analysis.

### Findings from bottleneck analysis

- Some facilities were not enrolled on mTrac
- Some had old versions of reporting tools
- Limited knowledge on weekly reporting

### Actions taken

- Extracted non reporting facilities from DHIS2 and scheduled visits including clinics
- Enrolled missing facilities onto MTRAC Platform
- We mentored staff on HMIS 033b filling
- Supplied facilities visited with revised HMIS tools

- Hands on training on MTRAC sending
- Weekly reminders on reporting by Biostatistician.

### Challenge for not achieving 100%.

- 3 prison facilities do not exist in Iganga District although they are registered in DHIS2 system (Namungalwe, Iganga and Busesa)

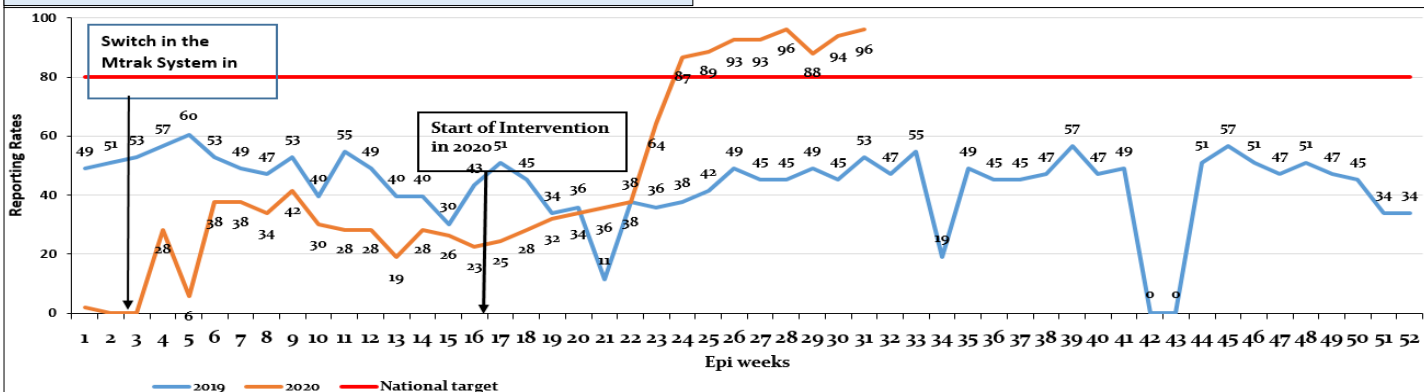
### Lesson Learnt

- Positive change comes from within staff
- Continuous reminding of staff has a beneficial effect

### Recommendation

- Need for data quality support supervision
- Division of Health Information should update the list of active health facilities in Iganga District

**Fig 9: Trends of weekly reporting, in Iganga District**



**IGANGA TEAM;** (R-L) Mwondha Isaac (Surveillance FP), Magala Dickson (Biostatistician) and Ms. Namutamba Sarah (HMIS Focal Person)

## Acknowledgement and Recommendations

- MOH acknowledges all efforts made by all districts and health facilities in surveillance activities.
- Regions of; Lango, Kigezi, West Nile, Tooro, Karamoja, Ankole and Bugisu achieved the national targets for the last two weeks
- 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 of excessive deaths of mothers and newborns especially for Kampala region.
- Districts with ongoing outbreaks should submit their linelists to the PHEOC on a daily basis

Data source: DHIS2

### Editorial team :

Allan Muruta, Carol Kyoziira, Godfrey Bwire , David Muwanguzi, Opolot John, Anne Nakinsige, Eldard Mabumba, Benard Lubwama, Leocadia Kwagonza, Harriet Mayinja, Specioza Katusiime, Maureen Nabatanzi, Apolo Ayebale, Freda Aceng, Godfrey Ekuka, Emma Arinaitwe, Job K., Robert Kato, Joyce Nguna, Milton Wetaka, Joshua Kayiwa, Jayne Tusiime.

*Remember, your feedback is important to us.*