



MINISTRY OF HEALTH

THE WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 14: 30th Mar–5th Apr 2020

Dear Reader,

We are pleased to share our 14th 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.

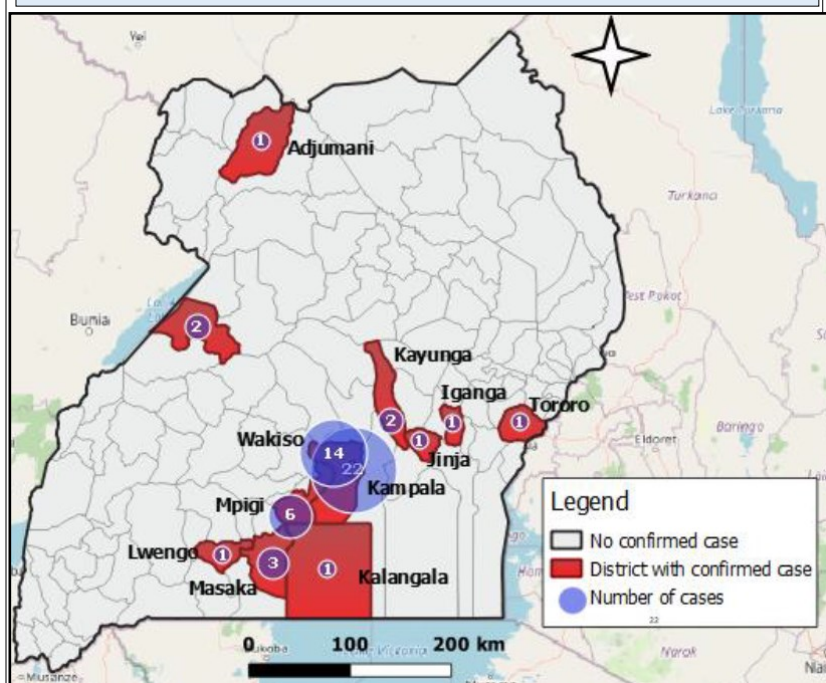
In this issue, we bring you the following among others

- ◆ National and district weekly surveillance reporting
- ◆ Suspected epidemic prone diseases.
- ◆ Uganda updates on COVID-19
- ◆ Regional reporting rates
- ◆ Public health events in border countries

***The data from DHIS2 used in this bulletin has not been verified**

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 esdugandaz2@gmail.com

Fig 1: Source of COVID-19 transmission and total cases by district of residence as of 18th April 2020

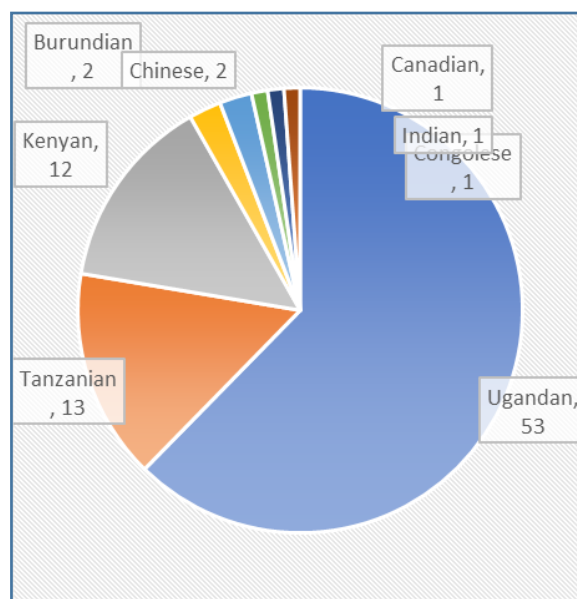


Source: COVID-19 Sitrep No. 61

Current public health threats

Coronavirus Disease 2019 (COVID-19)

- On 21st March 2020, the Ministry of Health of Uganda confirmed the 1st outbreak of COVID-19 in the country
- The cumulative total of COVID-19 confirmed cases in the country is 85 as of 1st May 2020
- A cumulative total of 52/85 (66%) confirmed cases have recovered and been discharged.
- Eighty-nine percent (76/85) are imported cases, 8% are local transmissions (7/85) while 2% have an unknown chain of transmission (2/85)
- **A rapid assessment survey is being conducted to establish the extent of COVID-19 community transmission in the country.**
- A total of 455 high-risk individuals are under institutional quarantine.
- The COVID-19 surveillance strategy has been developed and disseminated (*Annex ii*)



Source: COVID-19 Sitrep No. 75

Fig 2: Distribution of cases by nationality

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 14

Conditions	Cases	Deaths	CFR(%)
AFP	0	0	0.0
AEFIs	8	0	0.0
Animal bites	165	0	
Bacterial Meningitis	2	0	
Cholera	0	0	0.0
Dysentery	50	0	0.0
Guinea Worm	0	0	0.0
Malaria	116293	89	
Hepatitis B	50	0	
Measles	50	0	0.0
NNT	0	0	0.0
Plague	0	0	0.0
Other Suspected	0	0	0.0
VHFs	0	0	0.0
SARI	125	2	
Typhoid fever	801	1	
Yellow fever	0	0	0.0
Anthrax	0	0	0.0
Leprosy	0	2	
T.B	3	0	0.0

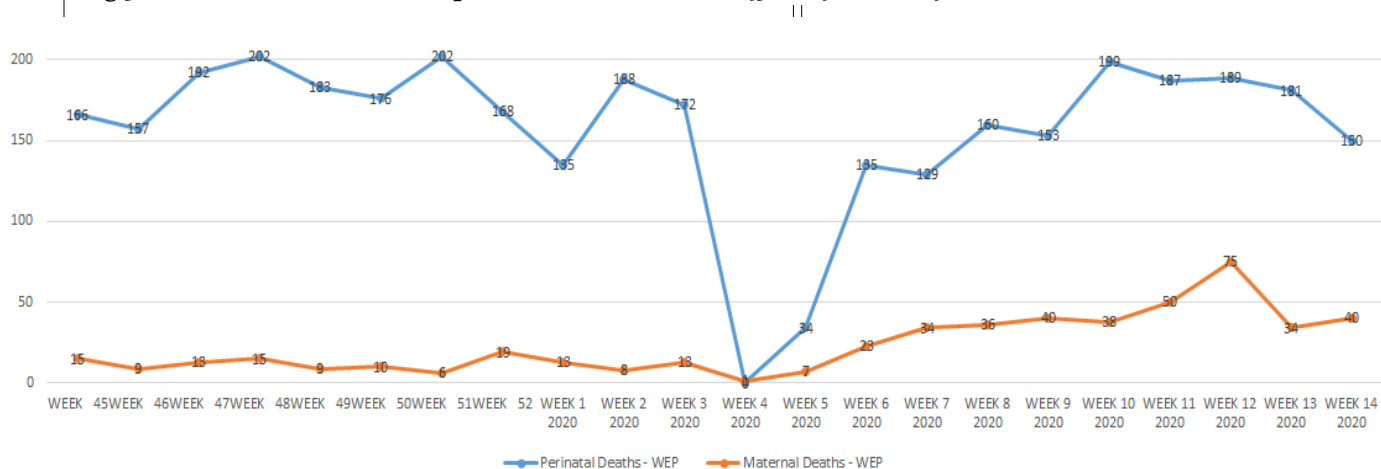
Data source: DHIS2

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)

- 56/135 districts have investigated at least one suspected measles case making it 41.5%
- These are: Adjumani, Agago, Alebtong, Apac, Bugiri, Budaka, Bududa, Bushenyi, Buhweju, Bukomansimbi, Doko- lo, Hoima, Isingiro, Jinja, Kabarole, Kakumiro, Kaliro, Kampala, Kanungu, Kasese, Kassanda, Kiboga, Kiry- andongo, Kisoro, Kole, Kotido, Kwania, Kyegeg- wa, Kyenjojo, Lamwo Lira, Luuka, Luwero, Lwengo, Lyantonde, Moroto, Masindi, Masaka, Mubende, Mukono, Ngora, Nakaseke Nakasongola, Obongi, Omo- ro, Otuke, Oyam, Pader, Rukiga, Rukungiri, Serere, Sheema, Tororo, Wakiso, Yumbe, and Zombo

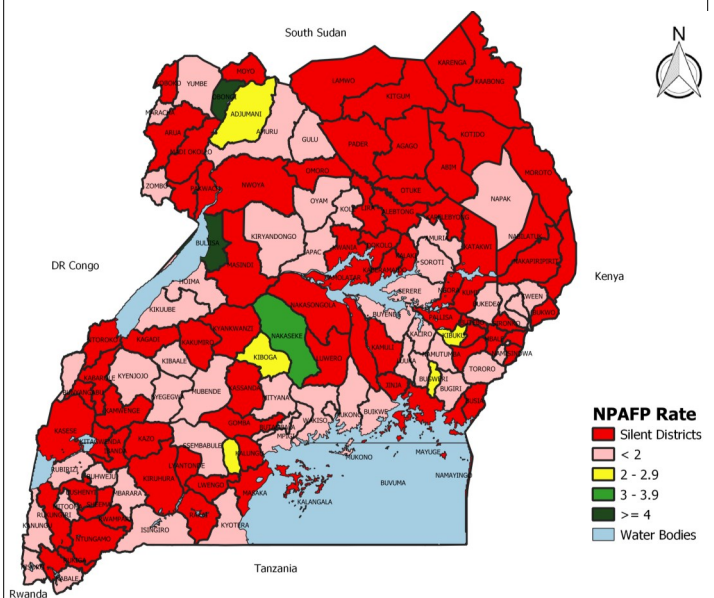
Fig 3. Trends of maternal and perinatal Deaths week 45, 2019-week 14, 2020



Acute Flaccid Paralysis (AFP)

- A total of 4 AFP case was reported during week 14 compared with 2 case reported in week 13
- Fifty - Eight (58) districts have detected and investigated at least one AFP case.
- The Non-polio AFP rate is 0.48/100,000 children 0 - 14 years compared with 0.86/100,000 children 0 -14 years in 2019
- The adequate samples collection rate is 93.20% compared with 90.17% in 2019

Fig 4: Non Polio AFP rates by district, week 14



Data source: EPI lab

Data source: DHIS2

Human influenza surveillance

In week 14, A total of 4 specimens were collected from Mulago, Jinja and Gulu Regional Referral Hospitals. The samples were tested for; A (H1), Pandemic A (H1N1), A (H3), A (H5), and B subtypes. In this week no specimen tested positive.

Data source: Makerere University Walter Reed Project

Table 2: Distribution of maternal deaths (n=40) and perinatal deaths (n=150, week 14)

Districts	Maternal death-Deaths		Perinatal deaths		
	Name of HF	No. Deaths	Macerated Still births	Fresh Still births	Early Neonatal deaths days (0-7)
Busia	Busia HCIV	3		1	
	Dabani Hospital	2			
	Lunyo HC III	1			
Mbale	Mbale RRH	4	5		
Kasese	Bwera Hospital	3	2		
	Kagando Hospital	1			
Sironko	Budadri HCIV	3			
Bududa	Bududa Hospital	2			
Arua	Odupi HC III	1	2		
	Kuluya Hospital	1			
Mayuge	Kigandalo HCIV	2		1	
Kampala	Kawempe NRH	2	20	23	14
Amudat	Karita HC III	1			
Pakwach	Pakwach HCIV	1	1		
Yumbe	Yumbe HCIV	1	2		
Kibuku	Kibuuku HCIV	1			
Kakumiro	Kakumiro HCIV	1			
Rukungiri	Kebisoni HCIV	1	2		
Moyo	Moyo Hospital	1	2	1	
Mukono	Mukono COU Hospital	1		1	
Nebbi	Angal Hospital	1	2		
Buhweju	Nsiika HCIV	1			
Kamwenge	Rwamwanja HC III	1			
Kagadi	Kagadi Hospital	1	2		
Masindi	Masindi Hospital	1			
Gulu	St. Mary's Lacob	1	2	5	1
Masaka	Masaka RRH	1	1	3	3
Others					

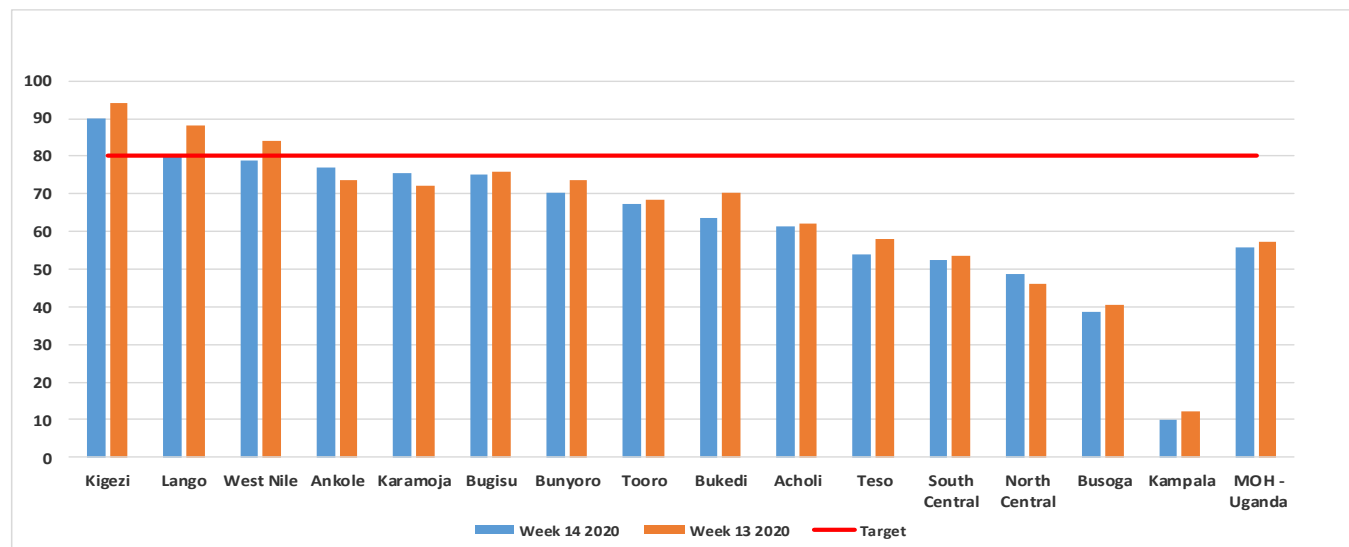
Table 3: Coronavirus disease 2019 updates across the countries bordering Uganda, as of 3rd May, 2020

Country	Total confirmed cases	Total deaths	Transmission classification
DRC	674	33	Clusters of cases
Kenya	435	22	Clusters of cases
Rwanda	255	0	Clusters of cases
United Republic of Tanzania	480	18	Clusters of cases
Burundi	19	1	Sporadic cases
South Sudan	45	0	Sporadic cases
Uganda	85	0	Sporadic cases
Globally	3,349,786	238,628	

* WHO situation report—104

Data source: DHIS2

Annex I: Percentage of reporting per region, Epi week 14 2020



Completeness of reporting

- The reporting rates in week 14 are still affected by switch to the new systems DHIS2 & mTrac Pro
- The reporting rates have improved compared to the last weeks following the switch.

Table 5: Completeness of reporting, week 14, 2020

DISTRICTS WEEKLY SURVEILLANCE REPORTING WEEK 14 OF 2020							
Districts	HMIS 033b - Weekly Epidemiological Surveillance Report Reporting rate	Districts	HMIS 033b - Weekly Epidemiological Surveillance Report Reporting rate	Districts	HMIS 033b - Weekly Epidemiological Surveillance Report Reporting rate	Districts	HMIS 033b - Weekly Epidemiological Surveillance Report Reporting rate
Amudat District	100	Kanungu District	85.2	Ibanda District	66	Budaka District	47.1
Isingiro District	100	Kween District	85.2	Hoima District	65.7	Kyenjojo District	46.8
Karenga District	100	Mukono District	83.9	Tororo District	65.3	Pader District	46.3
Kibuku District	100	Mitooma District	83.3	Kitagwenda District	63.6	Buvuma District	46.2
Kiruhura District	100	Mbarara District	82.7	Pallisa District	63.3	Nakapiripit District	46.2
Kyotera District	100	Kotido District	81.8	Kaliro District	62.5	Ngora District	46.2
Lira District	100	Kapchorwa District	81.5	Apac District	61.5	Luwero District	45.3
Nabilatuk District	100	Bukwo District	78.9	Kumi District	60.7	Ntoroko District	44.4
Nwoya District	100	Bunyangabu District	78.8	Bulisa District	60	Omoror District	44.4
Pakwach District	100	Bushenyi District	77.8	Amuria District	59.3	Soroti District	43.6
Rukiga District	100	Butebo District	76.9	Serere District	59.1	Bukedea District	42.9
Sembabule District	100	Nebbi District	76.9	Otuke District	58.8	Nakaseke District	42.9
Yumbe District	100	Obongi District	76.5	Kalaki District	58.3	Napak District	41.2
Rubanda District	97.3	Alebong District	76.2	Masindi District	57.4	Buikwe District	39.1
Kakumiro District	96.8	Sheema District	75.7	Kalungu District	55.9	Kyankwanzi District	39.1
Rukungiri District	96.7	Oyam District	75.5	Bukomansimbi District	55.6	Masaka District	38.6
Maracha District	94.4	Buhweju District	75	Mityana District	55.1	Jinja District	38.1
Amuru District	93.9	Buyende District	75	Sironko District	54.5	Bugiri District	37.3
Lyantonde District	93.9	Kasese District	74.6	Kaberamaido District	53.8	Rubirizi District	36.8
Kole District	93.8	Bulambuli District	74.1	Kazo District	53.8	Kassanda District	36.4
Bundibugyo District	93.5	Madi-Okollo District	73.7	Kibaale District	53.8	Kitgum District	36.1
Rakai District	93.5	Kamwenge District	73	Agago District	53.7	Kapelebyong District	35.7
Amolatar District	92.9	Abim District	72.7	Gulu District	53.1	Namisindwa District	35.7
Kaabong District	92.6	Kwania District	72.2	Lwengo District	52.8	Kamuli District	34.4
Mbale District	92.3	Kagadi District	71.4	Kabarole District	52.7	Mayuge District	30.4
Butaleja District	92	Butambala District	70.8	Koboko District	52.6	Namayingo District	30.3
Moyo District	90.3	Katakwi District	70.4	Kayunga District	52.5	Iganga District	26.4
Zombo District	90	Kiryandongo District	70.4	Namutumba District	51.4	Manafwa District	25
Kabale District	89.5	Bugweri District	69.2	Nakasongola District	51.3	Mubende District	25
Dokolo District	88.9	Moroto District	68.4	Kiboga District	51.1	Busia District	23.5
Bududa District	88.2	Rwampara District	68.4	Mpigi District	51	Luuka District	18.6
Kalangala District	88	Adjumani District	68.2	Arua District	50	Wakiso District	15.7
Lamwo District	87.1	Kisoro District	68.1	Kyegegwa District	50	Kampala District	9.8
Kikuube District	86.2	Ntungamo District	66.1	Gomba District	47.6		

KEY: The highlighted districts in dark green indicates best performance in reporting at 100% and those districts in light green had good performance over 80% in WEEKLY reporting and those in highlighted in RED indicates poor performing districts in reporting which is less than 60% and these district needs follow ups and support regarding to reporting; NB the highlighted blue districts are the Newly created districts

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 surrounding excessive deaths of mothers and newborns especially for Kampala region.

- Partners are urged to support districts that are currently affected by outbreaks

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Remember, your feedback is important to us.



National Surveillance Strategy for 2019-nCoV Virus outbreak

