



# Ministry of Health Uganda

## Weekly Epidemiological Bulletin

### Highlights of the week

- Cholera outbreak in Busia and Kampala Districts
- 3 new confirmed Ebola cases in Liberia
- Both Neonatal Tetanus cases in Manafwa and Mbale districts died

### Summary Table

Indicator	Week 45 2015	Week 46 2015
% Districts	99	100
Ave % HU	63	63
% Timely reports	*	*
AFP	2 (0)	1 (0)
Animal bites	285 (0)	189 (0)
Cholera	29 (2)	29 (0)
Dysentery	868 (1)	881 (1)
Guinea Worm	0	0
Malaria	143,487 (27)	138,699 (21)
Measles	132 (0)	134 (1)
Meningitis	4 (0)	2 (1)
NNT	0 (0)	2 (2)
Plague	0	0
Typhoid	1329 (0)	1344 (0)

\*Indicator not provided

### Completeness of Reporting

In week 46, 112 districts reported with average completeness 63% similar to week 45. Up to 24 districts achieved the national target of  $\geq 80\%$  of the health facilities reporting rate. Kyegegwa, Buliisa, Kole, Dokolo, Moyo and Zombo districts had 100% completeness. Lwengo, Lyantonde and Buvuma districts had less than 20% reporting facilities. The regional level performance as well as best districts and worst districts in week 46 have been presented in **Figure 1** & **Figure 2**.

### Epidemiological week 46 of 2015 [9<sup>th</sup> – 15<sup>th</sup> Nov 2015]

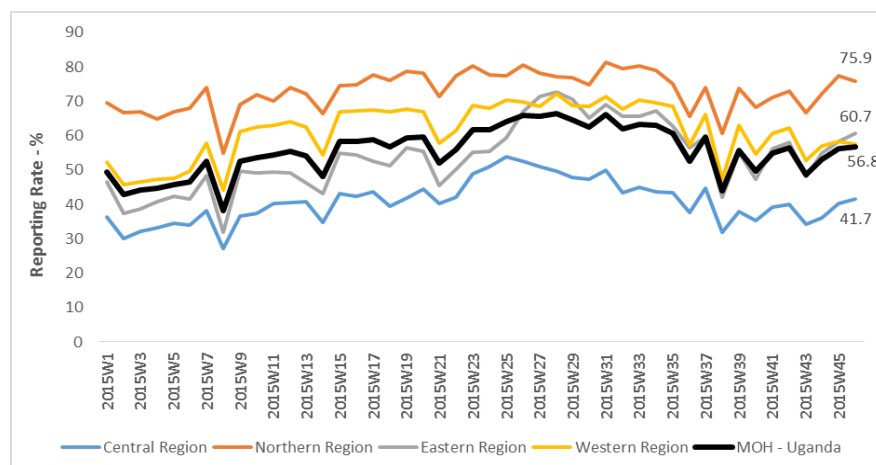


Figure 1: Average reporting level by region for weeks 1-46, 2015

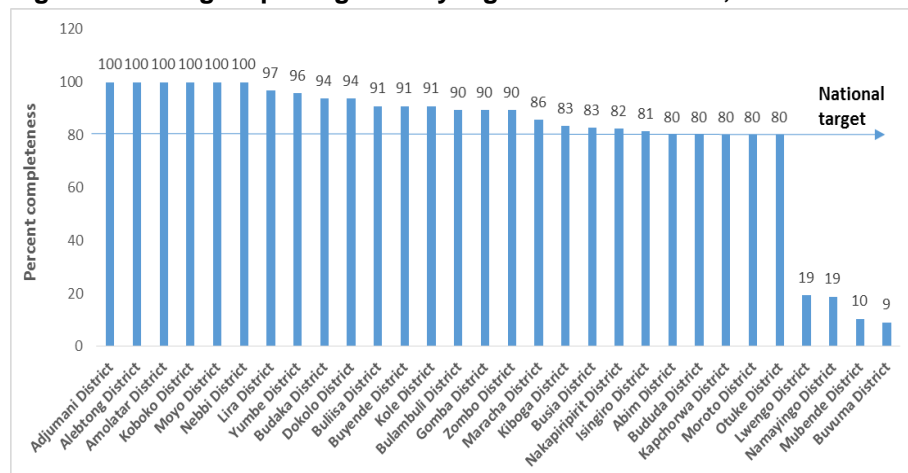


Figure 2: Percent reporting rate (completeness) of the best ( $\geq 80\%$ ) and worst performing districts in week 46

### Disease Outbreaks

#### Cholera in Hoima District:

No new cases have been reported. The outbreak started on 28<sup>th</sup> September 2015 in Nkondo II village, Nkondo Parish, Kabwoya Sub-county in Hoima District. In week 46 data, no cholera case was reported by Hoima. Several cases were managed at Nkondo Treatment Centre, until mid-October, when this CTC was closed because there were no more cases. There were no new cases admitted at Kaiso -Tonya cholera treatment centre. By 12<sup>th</sup> November, a total of 180 cases (1 health facility and 5 community deaths; case fatality rate 3%) had been reported (**Table 1**). The average age is 18.7 years; with 67 years and 1.5 years as maximum and minimum ages respectively. By sex, 105 (62%) of the cases were males, mostly fishermen and children. Twelve samples processed at Central Public Health Laboratories were culture positive for *Vibrio cholerae* 01 Inaba. Additional 27 samples tested positive with the Cholera rapid diagnostic test.

**Actions:** Hoima DHT is working closely with the national level in the response. Medical supplies to support case management are in adequate stock. The social mobilisation team has deployed film vans and the effectiveness of the control campaign has been demonstrated by sharply reducing numbers.

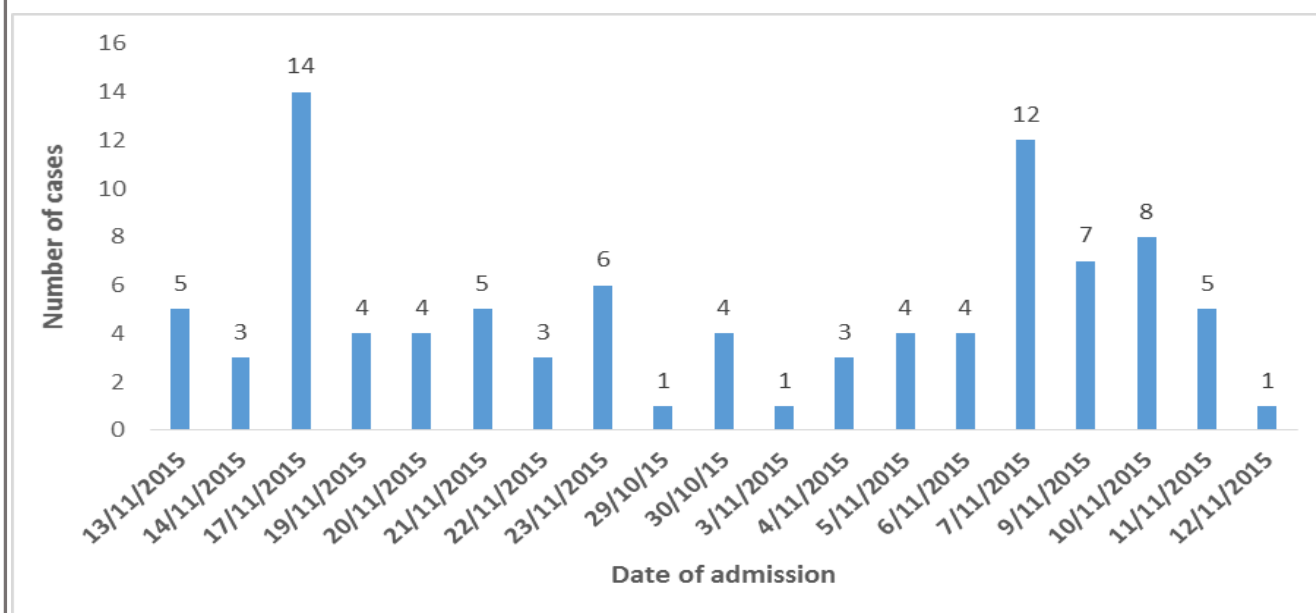


Figure 3: Epidemic curve of the cholera outbreak in Busia District, November 2015

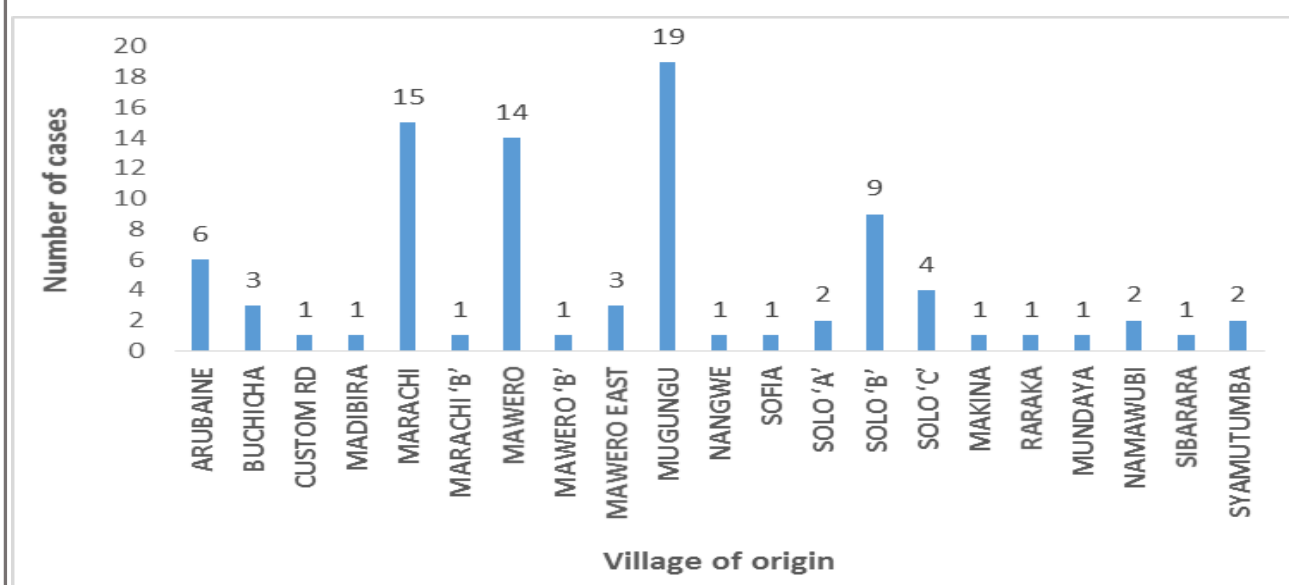


Figure 4: Number of cholera cases from the affected villages in Busia District

### Busia District Cholera outbreak

As of 24<sup>th</sup> November 2015, a total of 92 cases (2 deaths, CFR 2.2%) had been reported in Busia Municipality (79 cases), Dabani (6 cases), Sikuda (3 cases), Buteba (3 cases) and Busitema (1 case). The epidemic curve shows a slight decrease in number of cases (**Figure 3**). Most of the cases were from Mugungu, Marachi and Mawero (**Figure 4**). Of these cases, 51 (56%) were males and 41 females; with mean age as 17.8 years (lowest 0.5 years; highest 75 years). In week 46, Busia reported 29 cases and no deaths. The index case was identified on 29<sup>th</sup> October 2015 and 3 more cases were reported on 30<sup>th</sup> October. Seven samples have been confirmed positive by culture (*Vibrio cholera* 01 Ogawa) and 5 RDT positive for Cholera. By 25<sup>th</sup> November, there were three patients on admission at Busia HC IV. Some cases have also been treated at Masafu and Dabani Hospitals. The deaths were in health facilities; one reported late and died on arrival.

### Cholera outbreak in Kampala district:

By 25<sup>th</sup> November, 36 cases and 3 deaths (CFR 8.3%) had been treated in Kiswa HC IV and Mulago Cholera Treatment Centre (where all cases are currently referred and managed). The cases were from mainly

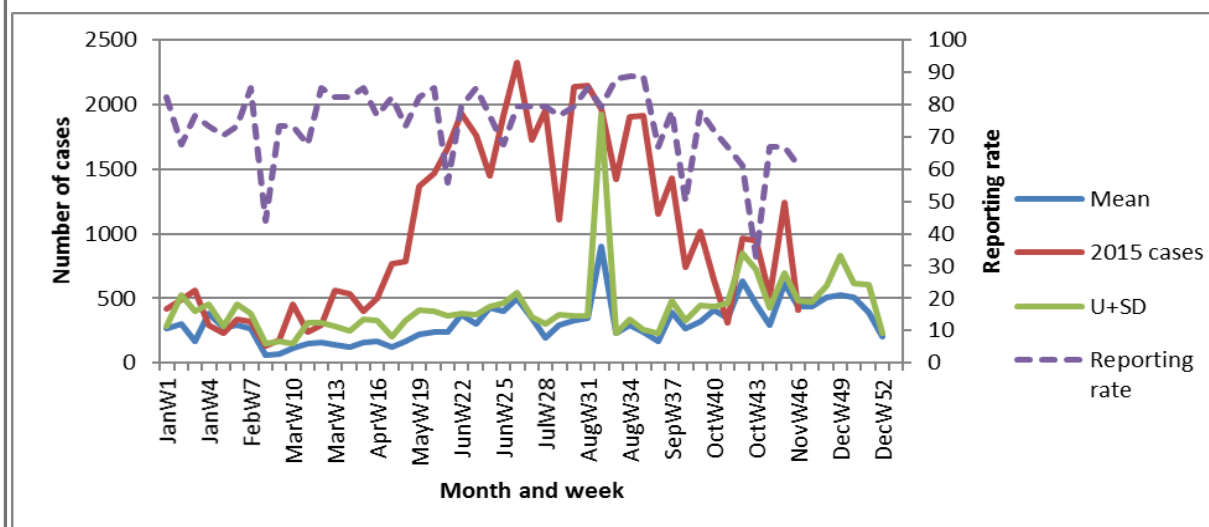
Kanyogoga zone (18 cases) in Namuwongo Parish, Makindye Division and Kakajjo zone (12 cases) in Kisenyi Parish. Other CTCs will be set up in Naguru Hospital, Kisugu HC III and Kawaala HC III. Of the 18 samples submitted to Central Public Health Laboratories, nine were confirmed positive for *Vibrio cholerae* 01 Ogawa by culture and isolation. The isolates were susceptible to Tetracycline (30µg), Ciprofloxacin (5µg) and Chloramphenicol (30µg) but had intermediate resistance to Sulfamethoxazol (1.25/23.75)µg and Ampicilin (10µg).

**Actions:** The National Task Force has been actively meeting thrice a week; and supporting Kampala Capital City Authority health division to control the outbreak. MOH and partners have supported water chlorination, soap and water for hand washing in public places and in vulnerable communities in the affected zones, stand pipes with treated water and general patient care. The social mobilisation team deployed film vans which are providing health education to the affected communities.

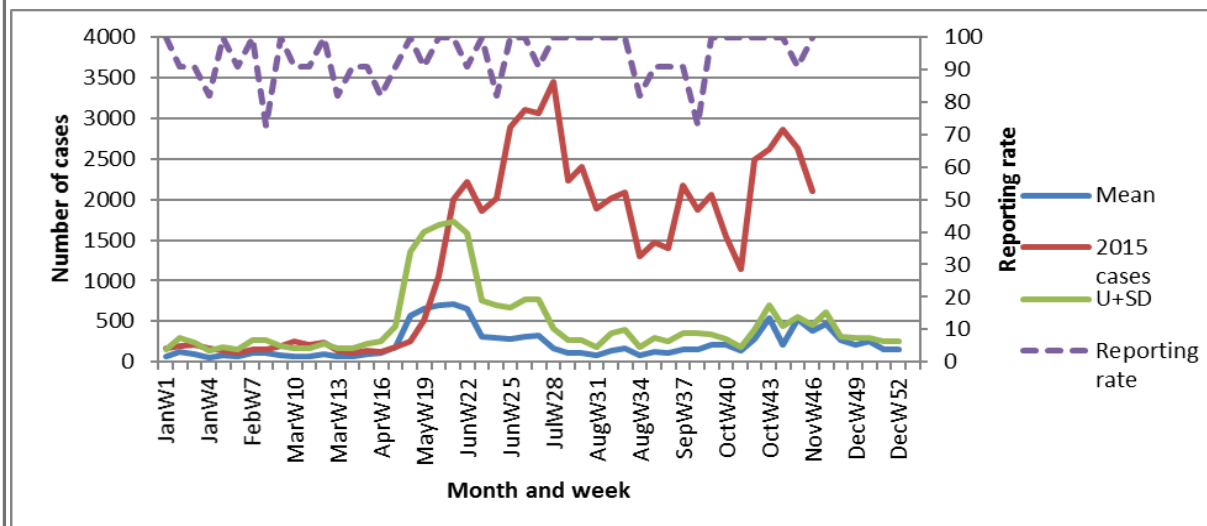
**Unknown illness in Buliisa & Hoima districts:** There were no new cases reported this week. The case that was managed at Hoima Regional Referral Hospital, recovered and was discharged. On 23<sup>rd</sup> September 2015, the Ministry of Health received information on suspected haemorrhagic fever in Buliisa and Hoima districts. According to the detailed investigations conducted, interaction between chronic schistosomiasis and alcohol consumption accounted for majority of the deaths.

**Acute diarrhoea cases in Rwebisengo, Ntoroko district:** No new cases were reported by the community in week 46 but health facility surveillance has continued. The event was reported on 15<sup>th</sup> October and so far, 128 cases have been treated, with no death. Laboratory samples (5) tested at CPHL indicated 2 as *Shigella* species positive by culture and isolation.

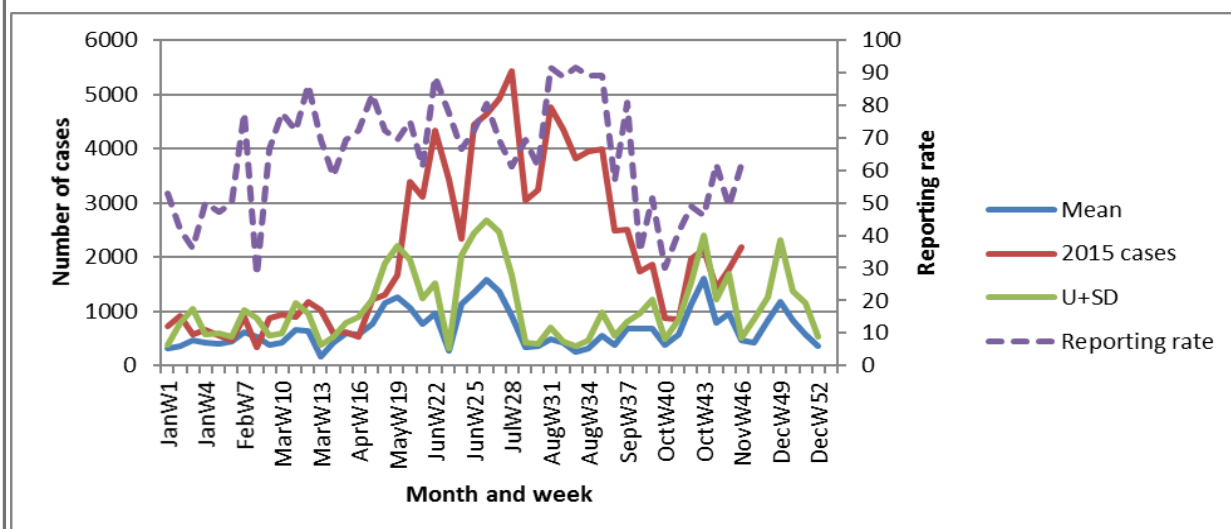
**Malaria:** Malaria cases decreased in week 46 (138,699 compared to 143,487 in week 45). Districts with the highest number of cases are: Gulu (6,789), Nebbi (5,264), Arua (5,139), Moyo (4,790) and Adjumani (4,457). The cases in the 10 outbreak districts in Northern Uganda and Arua remain above the normal channels despite the outbreak response efforts instituted so far (**Figures 5-15**).



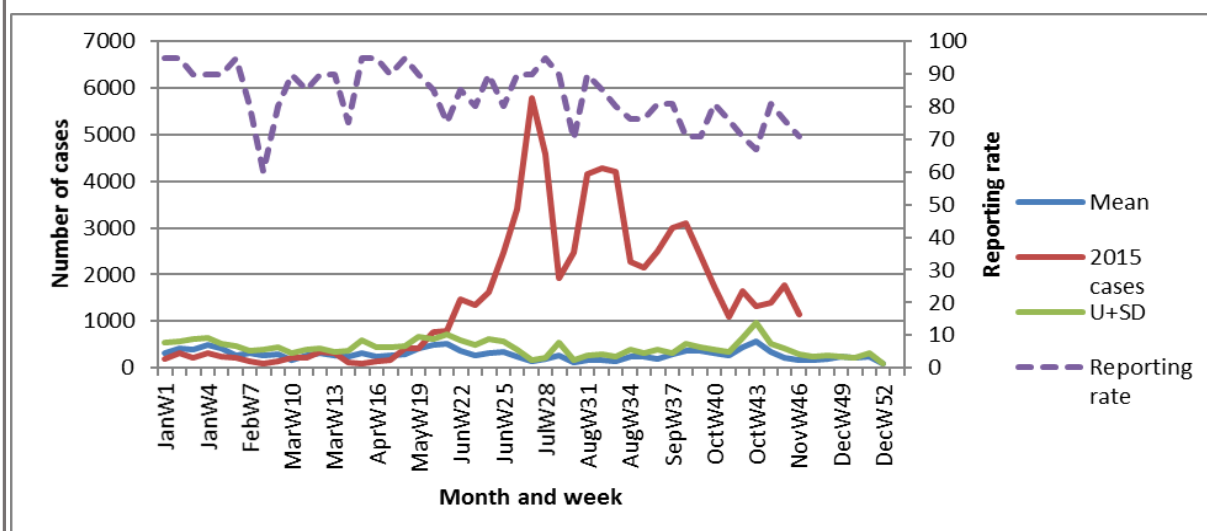
**Figure 5: Malaria normal channels and reporting rates for Nwoya district.** A sharp drop in number of cases reflecting a drop in reporting level is noted and should be reduced back to the normal channel.



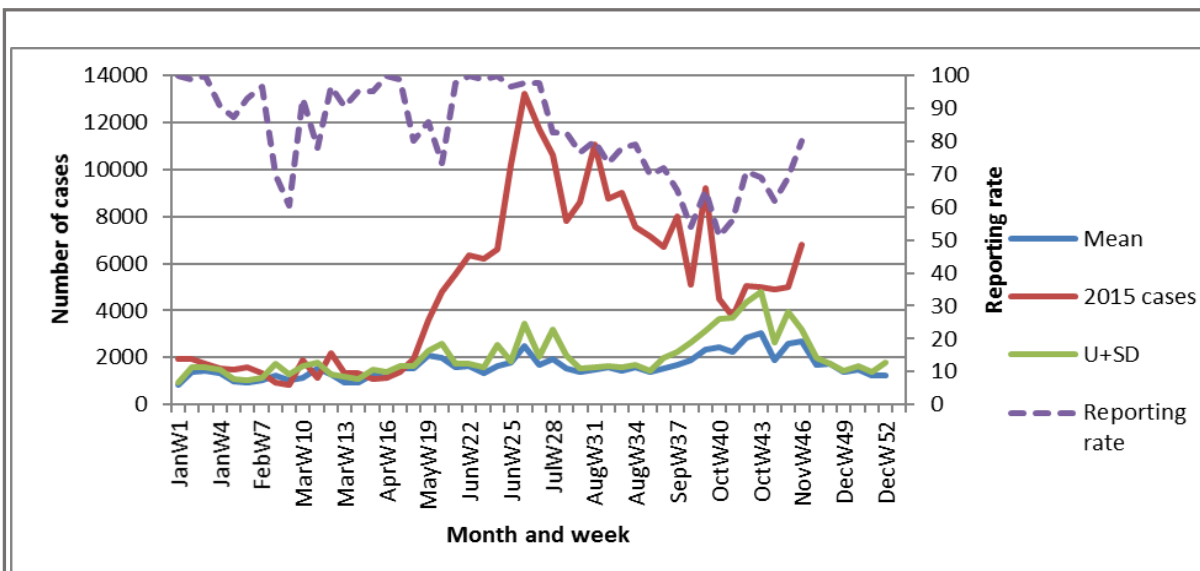
**Figure 6: Malaria normal channels and reporting rates for Kile district.** The current picture contrasts with the initial gains in reducing the numbers and further support is needed by the district to control the numbers and manage the cases well.



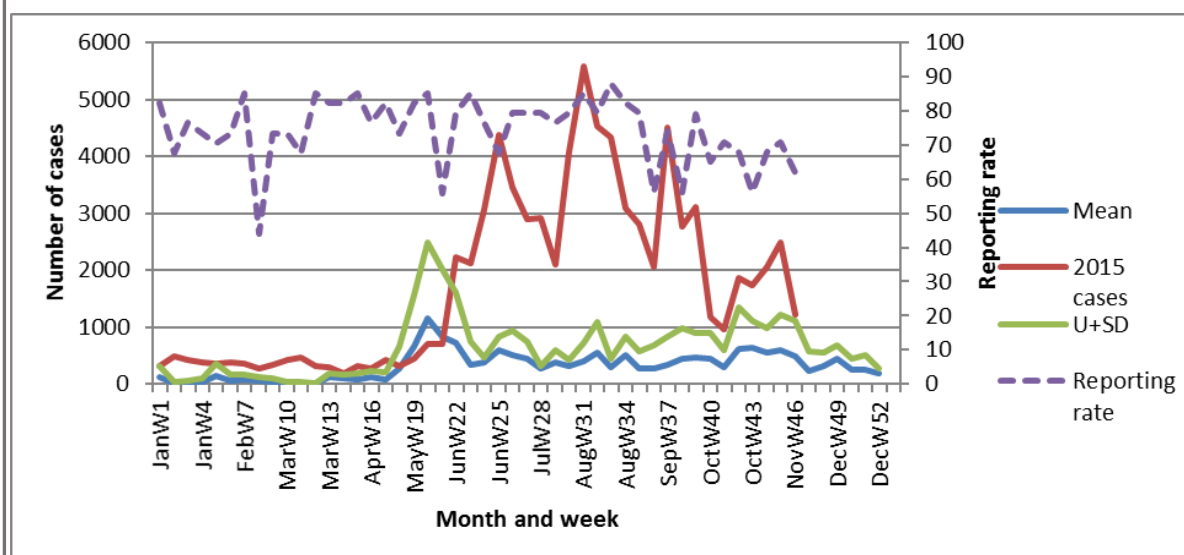
**Figure 7: Malaria normal channels and reporting rates for Apac district.** This is the only district where the current number of cases is at the normal channel level. All efforts are needed to keep the current picture or further reduce the transmission and cases.



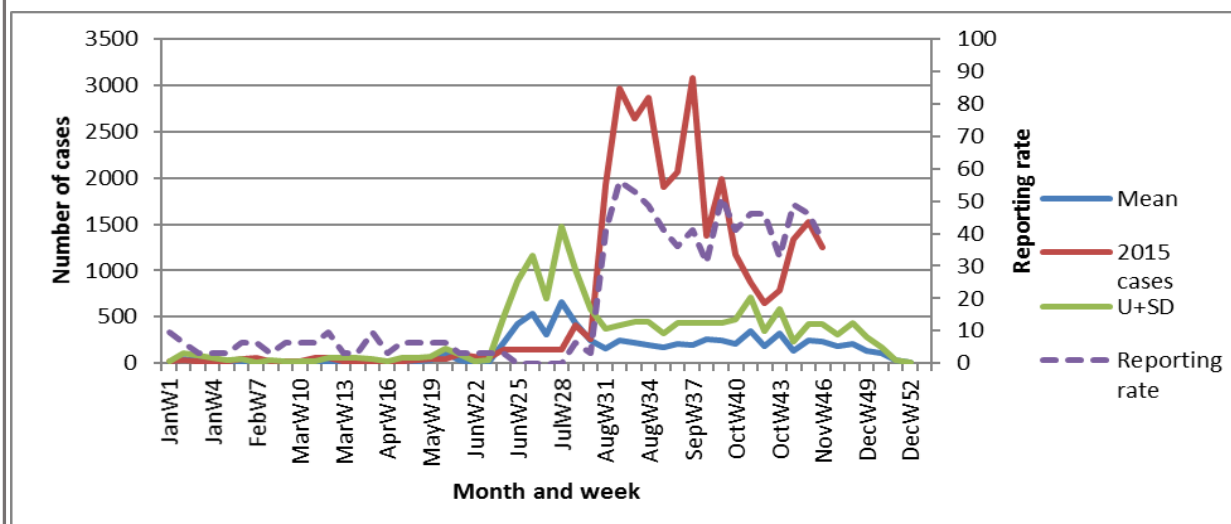
**Figure 8: Malaria normal channels and reporting rates for Lamwo district.** The rise in numbers above the normal channel should be monitored closely and the district needs to avoid escalation in numbers as the rainy season progresses.



**Figure 9: Malaria normal channels and reporting rates for Gulu district.** Despite a good reporting rate, the cases have increased only slightly above the normal channel at the same time period. Supporting case management and surveillance is important to keep the numbers below the current level.

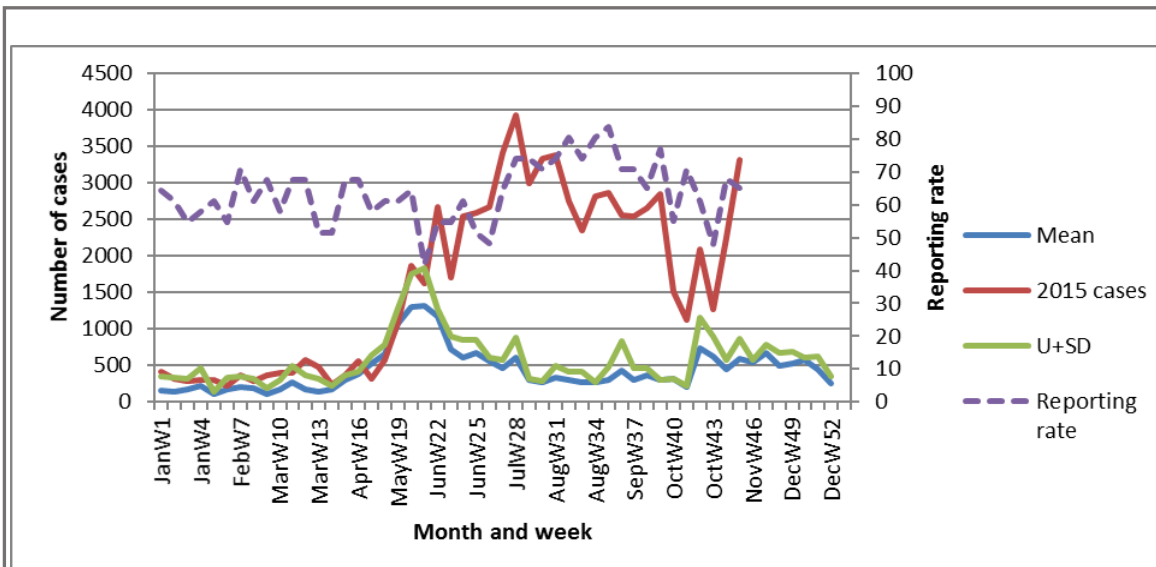


**Figure 10: Malaria normal channels and reporting rates for Agago district.** There is a drop in number of cases back to the normal channel, reflecting a drop in reporting level. Further support to the district to control the increase is needed.

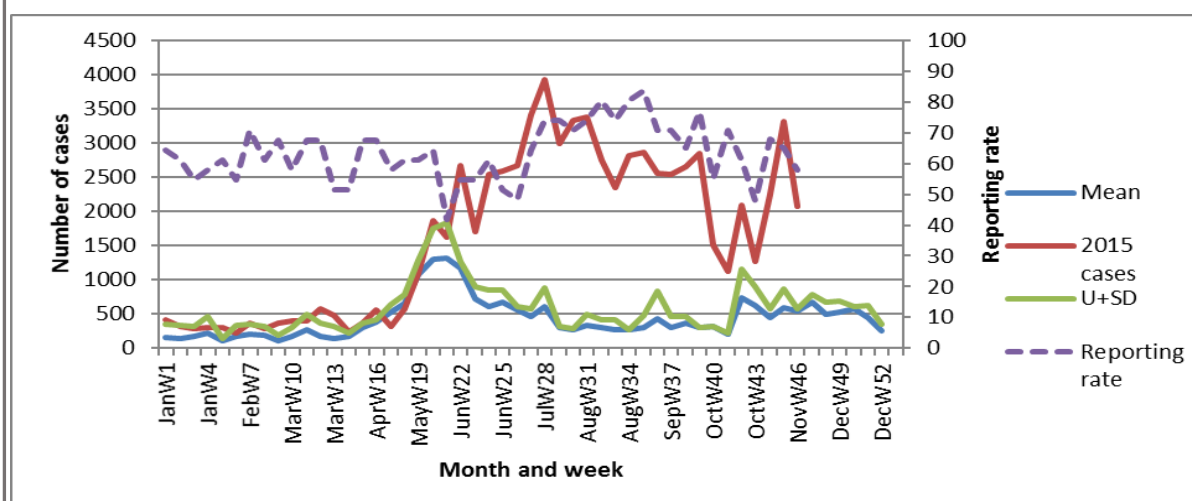


**Figure 11: Malaria normal channels and reporting rates for Pader district.** Despite the low reporting level by the district, there is a drop in number of cases reflecting the drop in reporting level and justifying further support to control the outbreak and improve the reporting level.

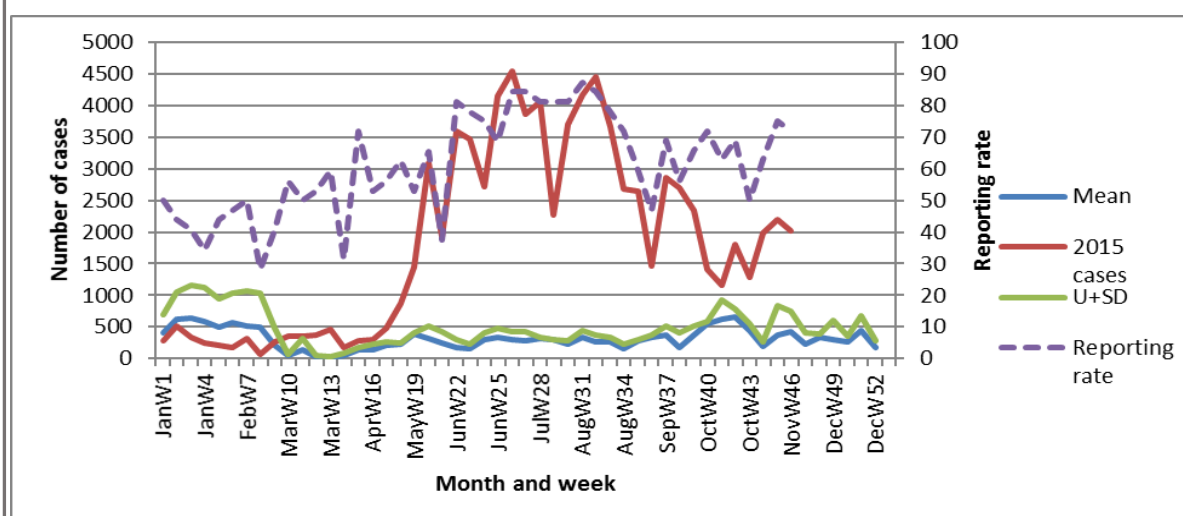




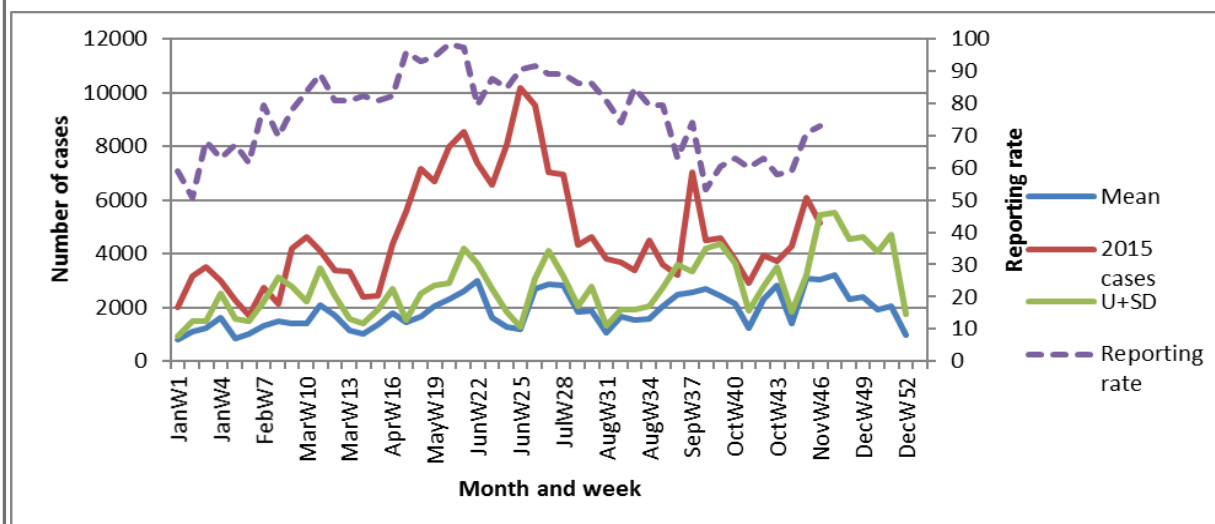
**Figure 12: Malaria normal channels and reporting rates for Oyam district.** A sharp increase in number of cases above the normal channel is noted even with a stable reporting level. This district needs more support to control the outbreak.



**Figure 13: Malaria normal channels and reporting rates for Amuru district.** The number of cases is starting to drop, in line with the increase in reporting level.



**Figure 14: Malaria normal channels and reporting rates for Kitgum district.** There is a slight reduction towards the normal channel in spite of increased reporting level.



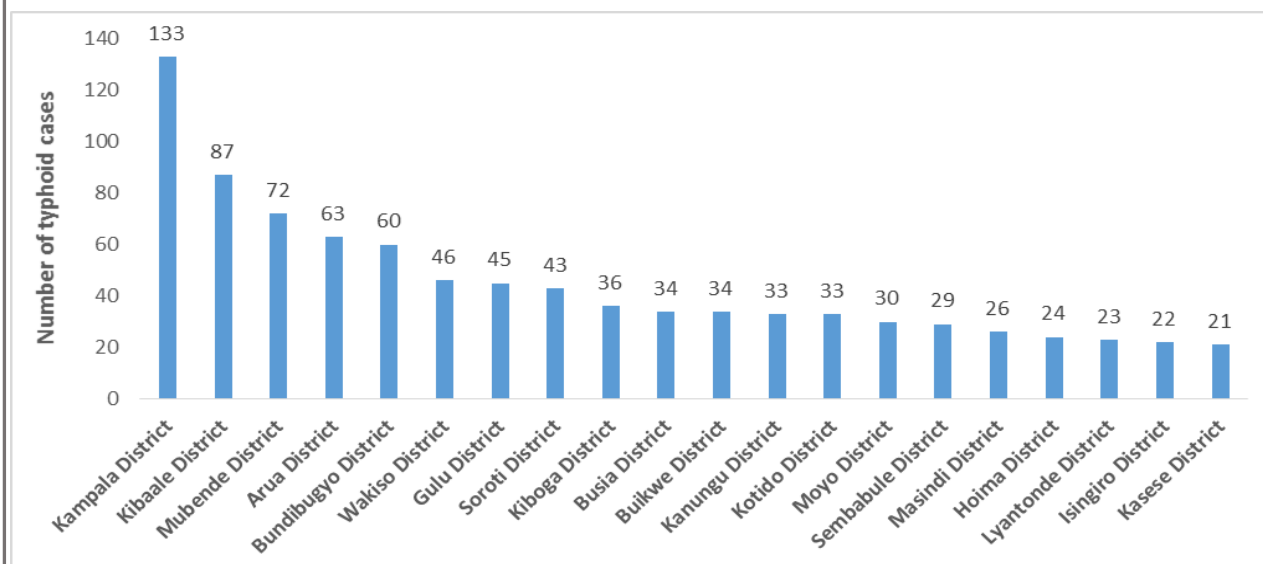
**Figure 15: Malaria normal channels and reporting rates for Arua district.** There is a slight decrease in cases back to the normal channel despite of increased reporting level.

### Other priority diseases

**AFP:** Every district has reported at least one AFP case this year. In week 46, one case was reported in Kabale districts. The Non-polio AFP rate is 2.49/100,000 children aged 0 – 14 years compared to Non-polio AFP rate of 2.14/100,000 in the corresponding week of 2014.

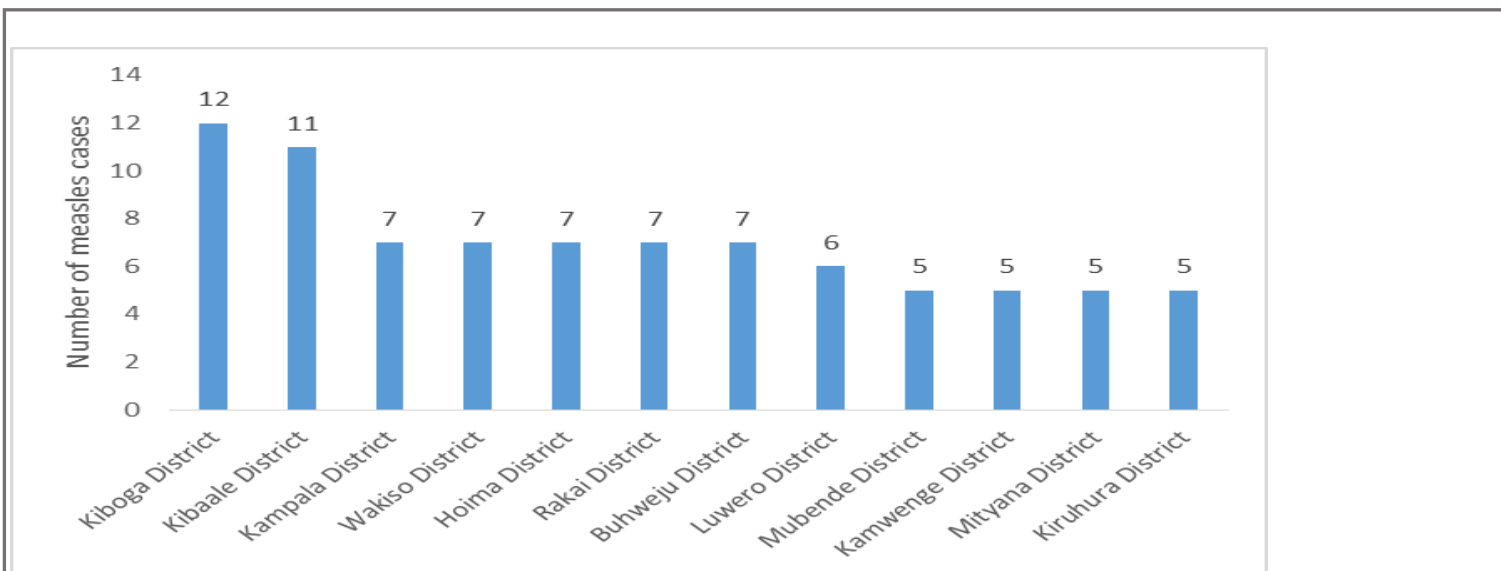
**Typhoid fever:** In week 46, the number of cases remained similar to that reported last week. At least one case of typhoid was reported by 76 districts compared to 82 district in week 45; and 20 of these exceeded the alert threshold of 20 cases (**Figure 16**). Similar to water-borne and diarrhoeal diseases in Kampala, the number of typhoid cases has increased.

**Action:** Information about effect of *El nino* rains has been circulated to the districts in order to increase vigilance in control of diarrhoeal diseases, typhoid and malaria. A team will be constituted to investigate the reported cases.



**Figure 16: Districts reporting suspected typhoid cases above the alert threshold of  $\geq 20$  cases**

**Measles:** The number of suspected measles cases remained similar and the number of districts which reported 5 or more suspected cases were 12 (**Figure 17**). Despite the recent mass vaccination campaign, Kiruhura, Kampala and Wakiso have continued to report high number of cases.



**Figure 17: Districts reporting 5 or more cases of measles in week 46, 2015**

**Maternal and perinatal deaths:** A total of five maternal deaths were reported from 5 health facilities (**Table 2**). Three of the six facilities that reported deaths in week 45 have submitted the maternal audit forms, which are used to investigate the causes of death and in respective control interventions.

**Table 2: Reported maternal deaths in week 46**

District	Division/Sub-county/Town Council	Health Facility	Number of deaths
Sembabule District	Mateete Town Council	Bamu HOSPITAL	1
Kampala District	Rubaga Division	Mengo HOSPITAL	1
Mbale District	Mbale Northern Division	Mbale REGIONAL REF HOSPITAL	1
Gulu District	Bar-dege Division	St. Mary's Hospital Lacor	1
Hoima District	Kahoora Division	Hoima REGIONAL REF HOSPITAL	1

**Influenza in Humans:** Two of the 11 samples collected from suspected Influenza patients and analysed by the weekly surveillance system at Makerere University Walter Reed Influenza Surveillance Project were positive for Influenza B.

## **International Health Event**

### **Ebola VHF in West Africa**

A cluster of 3 confirmed cases of Ebola virus disease (EVD) were reported from Liberia in the week ending 22 Nov 2015. The index case was a 15-year-old boy who tested positive for EVD after admission to a health facility in the Greater Monrovia area on 19 Nov 2015. He was then transferred to an Ebola treatment centre along with the 5 other members of his family. Two other members of the family (the boy's 8-year old brother and his 40-year-old father) subsequently tested positive whilst in isolation. In addition to the family, 149 contacts have been identified so far, including 10 health workers who had close contact with the index case before isolation.

Liberia was first declared Ebola-free on 9 May 2015, but new cases emerged in June 2015 resulting in 2 deaths, including one in mid-July 2015. WHO declared the country Ebola-free again on 3 Sep 2015. The new cases in Liberia were announced just days after Guinea (the country where the epidemic started) had no more Ebola patients and began a 42-day countdown toward being declared free of Ebola transmission, as Sierra Leone was declared Ebola-free on 7 Nov 2015.

Since the start of the outbreak, a total of 28,476 Ebola cases (suspected, probable and confirmed) have been reported, and 11,298 deaths have occurred. On 7 Nov 2015, WHO declared that Ebola virus transmission had been stopped in Sierra Leone, after the country completed 42 days since the last reported case was discharged. The country has now entered a 90-day period of enhanced surveillance, which is scheduled to conclude on 5 Feb 2016. (**Source:** Promed Mail & <http://apps.who.int/ebola/current-situation/ebola-situation-report-18-Nov-2015>)



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# Summary table for epidemiological reports received for week ending 15<sup>th</sup> November 2015

(Numbers in brackets indicate deaths)

District	% of H/U reporting	AFP	Animal bites	Cholera	Dysentery	Guinea Worm	Malaria	Measles	Meningitis	NNT	Plague	Typhoid Fever
Abim	70	0	0	0	14	0	495	0	0	0	0	0
Adjumani	97	0	1	0	41	0	4457(1)	0	0	0	0	3
Agago	62	0	6	0	27	0	1,222	0	0	0	0	14
Alebtong	85	0	3	0	1	0	632	4	0	0	0	4
Amolatar	92	0	0	0	1	0	208	0	0	0	0	7
Amudat	88	0	0	0	4	0	324	0	0	0	0	0
Amuria	62	0	0	0	1	0	1,882	0	0	0	0	0
Amuru	72	0	0	0	14	0	2,017	0	0	0	0	0
Apac	62	0	0	0	2	0	2,188	2	0	0	0	0
Arua	73	0	0	0	49	0	5,139	0	0	0	0	63
Budaka	50	0	0	0	1	0	491	0	0	0	0	0
Bududa	60	0	1	0	7	0	453	0	0	0	0	6
Bugiri	88	0	2	0	23	0	2,203	1	0	0	0	19
Buhweju	71	0	0	0	0	0	42	7	0	0	0	0
Buikwe	70	0	6	0	9	0	1,725	2	0	0	0	34
Bukedea	50	0	0	0	6	0	658	2	0	0	0	1
Bukomansimbi	65	0	0	0	0	0	156	0	0	0	0	0
Bukwo	63	0	2	0	3	0	175	0	0	0	0	5
Bulambuli	79	0	0	0	0	0	656	0	0	0	0	0
Buliisa	100	0	0	0	3	0	547	0	0	0	0	4
Bundibugyo	93	0	3	0	16	0	2,636	0	0	0	0	60
Bushenyi	67	0	0	0	0	0	433	0	0	0	0	9
Busia	72	0	5	29	6	0	2,220	0	0	0	0	34
Butaleja	58	0	0	0	6	0	1,371	0	0	0	0	13
Butambala	57	0	0	0	0	0	231	1	0	0	0	0
Buvuma	9	0	0	0	0	0	57	0	0	0	0	0
Buyende	91	0	0	0	1	0	880	0	0	0	0	0
Dokolo	100	0	1	0	3	0	867	3	0	0	0	4
Gomba	95	0	0	0	3	0	801	0	0	0	0	1
Gulu	80	0	9	0	46	0	6,789	1	0	0	0	45
Hoima	37	0	2	3	25	0	931(2)	7	0	0	0	24
Ibanda	40	0	1	0	1	0	918	0	0	0	0	0
Iganga	57	0	2	0	1	0	1898(1)	0	0	0	0	0
Isingiro	79	0	1	0	5	0	2,815	4	0	0	0	22
Jinja	45	0	0	0	9	0	2092(1)	1	0	0	0	15
Kaabong	70	0	0	0	9	0	693	0	0	0	0	0
Kabale	73	1	4	0	0	0	219	1	0	0	0	0
Kabarole	51	0	2	0	3	0	1,003	0	0	0	0	5
Kaberamaido	88	0	4	0	6	0	1,056	0	0	0	0	13
Kalangala	29	0	0	0	0	0		0	0	0	0	0
Kaliro	71	0	0	0	1	0	1620(1)	0	0	0	0	14
Kalungu	41	0	1	0	2	0	182	0	0	0	0	2
Kampala	20	0	13	0	9	0	2,015	7	0	0	0	133
Kamuli	37	0	1	0	0	0	1,413	0	0	0	0	6
Kamwenge	59	0	0	0	12	0	2,566	5	0	0	0	5
Kanungu	60	0	0	0	3	0	944	0	0	0	0	33
Kapchorwa	60	0	0	0	7	0	397	0	0	0	0	3
Kasese	74	0	3	0	12	0	2,874	2	0	0	0	21
Katakwi	27	0	0	0	1	0	518	0	0	0	0	0
Kayunga	57	0	3	0	11	0	1,601	0	0	0	0	5
Kibaale	23	0	4	0	1	0	816	11	0	0	0	87

District	% of H/U reporting	AFP	Animal bites	Cholera	Dysentery	Guinea Worm	Malaria	Measles	Meningitis	NNT	Plague	Typhoid Fever
Kiboga	70	0	2	0	2	0	373	12	0	0	0	36
Kibuku	60	0	0	0	4	0	506	0	0	0	0	1
Kiruhura	21	0	1	0	1	0	589	5	0	0	0	0
Kiryandongo	65	0	3	0	3	0	732	0	0	0	0	2
Kisoro	76	0	1	0	0	0	99	0	0	0	0	8
Kitgum	57	0	0	0	13	0	1,656	0	0	0	0	19
Koboko	88	0	1	0	2	0	1937(2)	0	0	0	0	0
Kole	100	0	3	0	2	0	2,100	0	0	0	0	0
Kotido	32	0	0	0	49	0	656	0	0	0	0	33
Kumi	59	0	0	0	0	0	986	0	0	0	0	7
Kween	58	0	0	0	7	0	566	0	0	0	0	0
Kyankwanzi	84	0	0	0	5	0	683	2	0	0	0	14
Kyegegwa	100	0	0	0	0	0	957	4	0	0	0	2
Kyenjojo	53	0	2	0	7	0	780	3	0	0	0	3
Lamwo	71	0	2	0	0	0	1,156	0	0	0	0	0
Lira	94	0	2	0	3	0	1,986	0	1(1)	0	0	13
Luuka	61	0	0	0	0	0	1,582	0	0	0	0	0
Luwero	58	0	2	0	5	0	1,099	6	0	0	0	15
Lwengo	16	0	0	0	0	0	271	0	0	0	0	0
Lyantonde	13	0	0	0	1	0	225	0	0	0	0	23
Manafwa	71	0	0	0	7	0	1047(1)	0	0	0	0	16
Maracha	93	0	2	0	11	0	1,417	0	0	0	0	17
Masaka	28	0	0	0	1	0	429	3	0	0	0	1
Masindi	70	0	3	0	8	0	924	0	0	0	0	26
Mayuge	54	0	1	0	12	0	1,831	0	0	0	0	1
Mbale	51	0	2	0	5	0	1546(4)	0	1	0	0	13
Mbarara	52	0	0	0	55	0	494	1	0	0	0	19
Mitooma	50	0	1	0	0	0	1,028	0	0	0	0	2
Mityana	58	0	7	0	2	0	1205(1)	5	0	0	0	0
Moroto	53	0	3	0	11	0	235	0	0	0	0	7
Moyo	100	0	0	0	23	0	4,790	0	0	0	0	30
Mpigi	80	0	0	0	2	0	800	0	0	0	0	14
Mubende	43	0	1	0	10	0	1,294	5	0	0	0	72
Mukono	59	0	0	0	1	0	913	0	0	0	0	0
Nakapiripirit	65	0	6	0	19	0	933	0	0	0	0	13
Nakaseke	83	0	3	0	6	0	600	2	0	0	0	16
Nakasongola	37	0	0	0	4	0	427	0	0	0	0	0
Namayingo	63	0	1	0	8	0	2,333	2	0	0	0	18
Namutumba	65	0	0	0	3	0	1,094	0	0	0	0	3
Napak	79	0	1	0	12	0	447	0	0	0	0	0
Nebbi	95	0	3	0	51	0	5264(4)	2	0	0	0	14
Ngora	75	0	0	0	0	0	423	0	1	0	0	0
Ntoroko	44	0	0	0	0	0	101	0	0	0	0	1
Ntungamo	39	0	0	0	0	0	231	0	0	0	0	0
Nwoya	61	0	0	0	1	0	406	0	0	0	0	0
Otuke	67	0	0	0	0	0	434	1	0	0	0	0
Oyam	58	0	12	0	2	0	2080(1)	0	3	0	0	5
Pader	39	0	1	0	13	0	1,248	0	0	0	0	4
Pallisa	58	0	1	0	5	0	1,072	0	0	0	0	3
Rakai	49	0	1	0	9	0	2,308	7	0	0	0	15
Rubirizi	74	0	0	0	1	0	611	0	0	0	0	0
Rukungiri	43	0	0	0	0	0	683	0	0	0	0	1
Sembabule	33	0	0	0	6	0	549	2	0	0	0	29

District	% of H/U reporting	AFP	Animal bites	Cholera	Dysentery	Guinea Worm	Malaria	Measles	Meningitis	NNT	Plague	Typhoid Fever
Serere	57	0	0	0	3	0	666(1)	0	0	0	0	2
Sheema	71	0	1	0	0	0	572	0	0	0	0	0
Sironko	53	0	1	0	3	0	1294(1)	0	0	0	0	0
Soroti	75	0	28	0	7	0	2,102	1	0	0	0	43
Tororo	69	0	2	0	2	0	1,069	0	0	0	0	5
Wakiso	33	0	2	0	25	0	2,125	7	0	0	0	46
Yumbe	96	0	2	0	25	0	3,453	0	0	0	0	11
Zombo	100	0	5	0	19	0	756	3	0	0	0	7
<b>National</b>	<b>63</b>	<b>1 (0)</b>	<b>189 (0)</b>	<b>29 (0)</b>	<b>881 (1)</b>	<b>0(0)</b>	<b>143487 (27)</b>	<b>134 (0)</b>	<b>2 (1)</b>	<b>1 (0)</b>	<b>0</b>	<b>1344 (0)</b>

**Key:** Yellow: 100% reporting, Green: 80-99% reporting, Red: Below 80% reporting

HU= Health Units, AFP=Acute Flaccid Paralysis, NNT=Neonatal Tetanus, NR =Not Reported

**Compiled by the Epidemiological Surveillance Division, Ministry of Health**