



# Ministry of Health Uganda

## Weekly Epidemiological Bulletin

Epidemiological week 45 of 2015 [2<sup>nd</sup> – 8<sup>th</sup> Nov 2015]

### Highlights of the week

- Cholera outbreak in Busia and Kampala Districts

### Disease Outbreaks

### Summary Table

Indicator	Week 44 2015	Week 45 2015
% Districts	100	99
Ave % HU	61	63
% Timely reports	*	*
AFP	4 (0)	2 (0)
Animal bites	255 (0)	285 (0)
Cholera	0	29 (2)
Dysentery	630 (0)	868 (1)
Guinea Worm	0	0
Malaria	116100 (42)	143,487 (27)
Measles	164 (0)	132 (0)
Meningitis	5 (0)	4 (0)
NNT	1 (0)	0 (0)
Plague	0	0
Typhoid	1121 (0)	1329 (0)

\*Indicator not provided

### Completeness of Reporting

In week 45, 111 districts (except Lyantonde) reported with average completeness 63.4% compared to 61% in week 44. Up to 26 districts achieved the national target of ≥80% of the health facilities reporting rate. Adjumani, Alebtong, Amolatar, Koboko, Moyo and Nebbi districts had 100% completeness. Lwengo, Namayingo, Mubende and Buvuma districts had less than 20% reporting facilities. The best districts and worst districts in week 45 have been presented in **Figure 1**.

### Cholera in Hoima District:

The outbreak started on 28<sup>th</sup> September 2015 in Nkondo II village, Nkondo Parish, Kabwoya Sub-county in Hoima District. In week 44 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.

Table 1: Summary statistics of the cholera outbreak in Hoima district

No	Summary of cases	Total Number
1	New suspect cases today	0
2	New deaths	0
3	Cumulative cases (suspect and probable)	180
	Five years and below	57
	Above five years	123
4	Cumulative deaths (probable & confirmed cases)	6
	• Health Facilities	1
	• Community	5
5	Total number of cases on admission	0
6	Cumulative cases discharged	174
7	Cumulative cases of Health Care Workers	0
8	Cumulative specimens collected	32
9	Cumulative cases with lab. confirmation	32
10	Cholera RDT Positive cases	27
11	Culture positive cases	12

### Busia District Cholera outbreak

As of 20<sup>th</sup> November 2015, a total of 68 cases (2 deaths, CFR 2.9%) have been reported in Busia Municipality. Of the cases, 29 (43%) were males and the mean age is 19.4 years (lowest 2 years; highest 56 years). In week 45, 29 cases and 2 deaths were reported, indicating the peak of the outbreak. 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 20<sup>th</sup> November, there were two 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.

**Actions:** The 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.

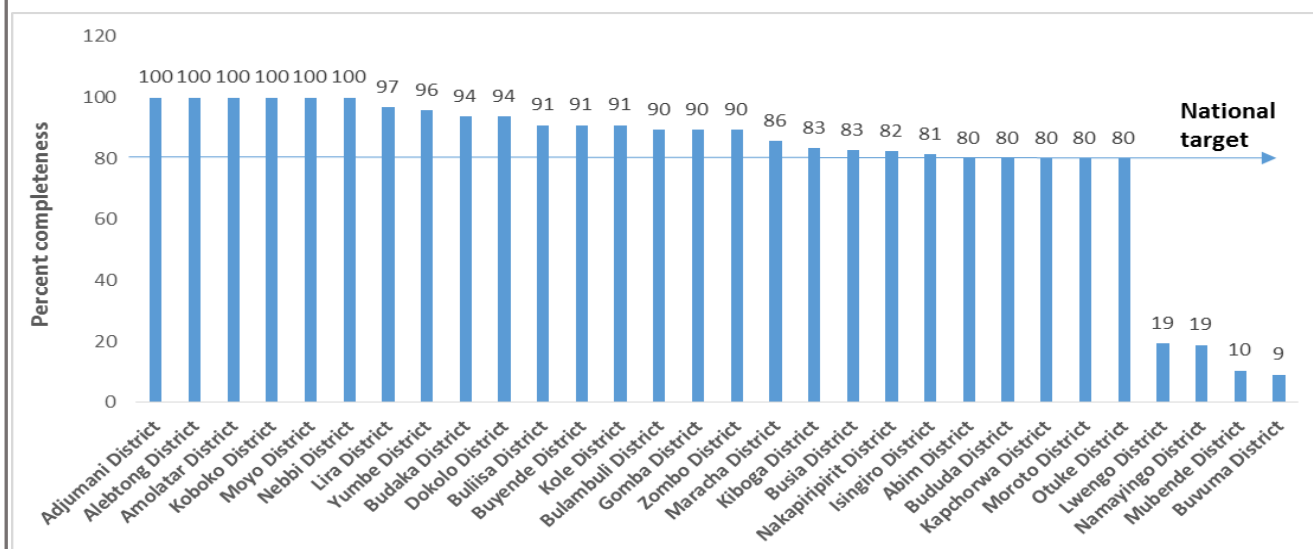
**Cholera outbreak in Kampala district:** By 20<sup>th</sup> November, 26 cases and 2 deaths (CFR 7.7%) had been treated in Kiswa HC IV and Mulago Cholera Treatment Centre (where all cases are currently referred and managed). The cases were from mainly Kanyogoga zone (11 cases) in Namuwongo Parish, Makindye Division and Kakajjo zone (8 cases) in Kisenyi Parish. Other CTCs will be set up in Naguru Hospital, Kisugu HC III and Kawaala HC III as the need arises to manage all the cases from their initial location. Of the 14 samples submitted to Central Public Health Laboratories, five 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, stand pipes with treated water and general patient care. The social mobilisation team will deploy film vans to start health education.

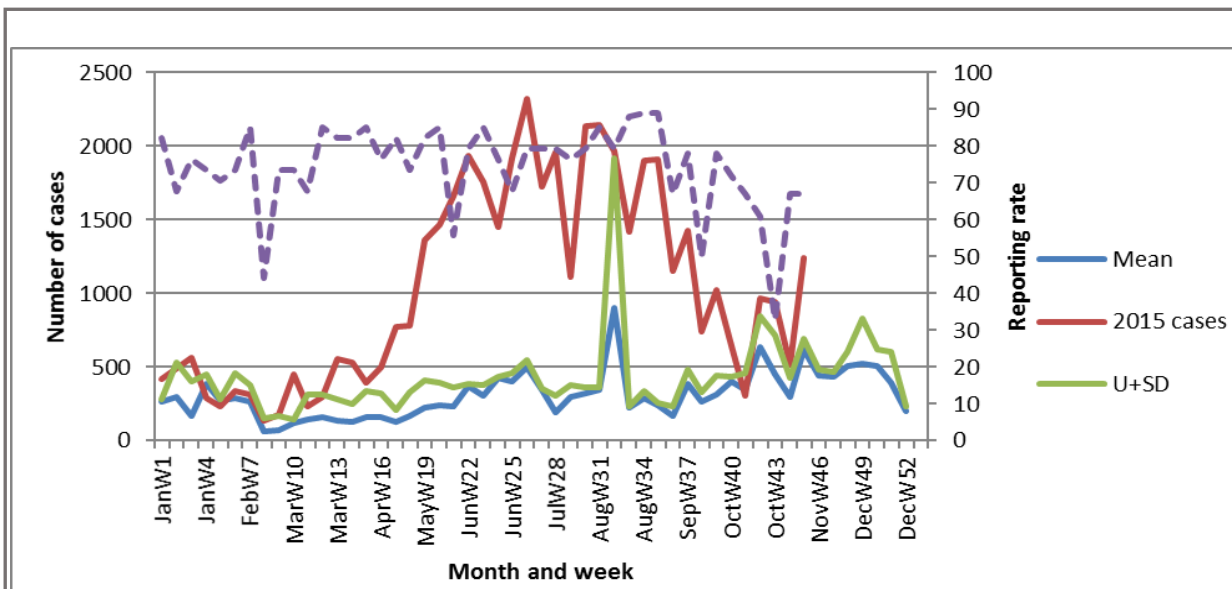
**Unknown illness in Buliisa & Hoima districts:** Three new cases and two deaths were reported. The current case is managed at Hoima Regional Referral Hospital, but the cases seek care in very late stages of the illness. On 23<sup>rd</sup> September 2015, the Ministry of Health received information on 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 and 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.

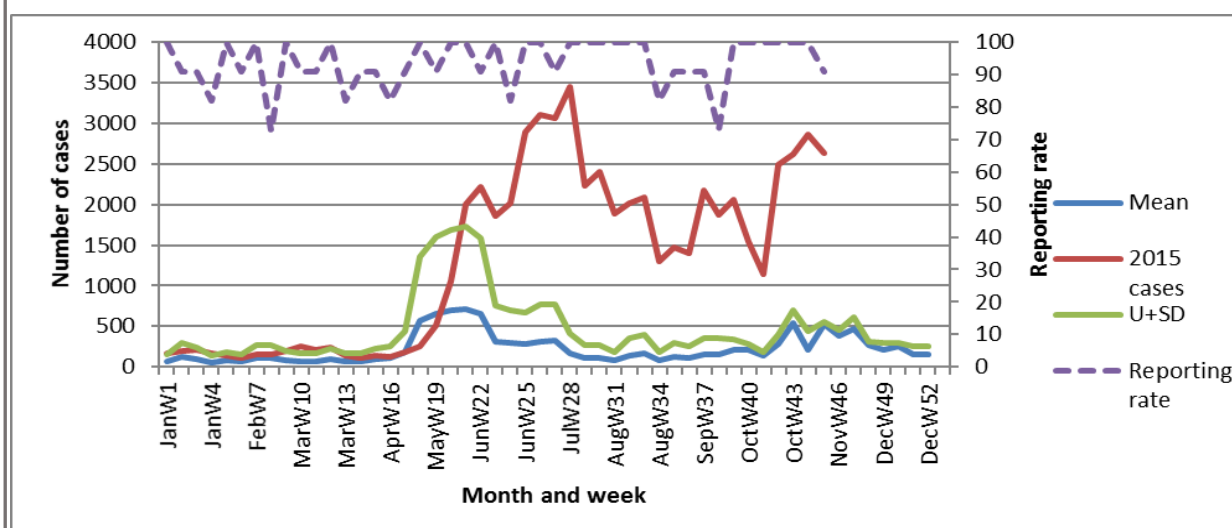
**Malaria:** Malaria cases increased by 24% in week 45 (143,487 compared to 116100 in week 44). Districts with the highest number of cases are: Bushenyi (10,075), Nebbi (6,290), Arua (6,087), Adjimani (5,590), Gulu (4,980), Moyo (4,313), Yumbe (3,710) and Oyam (3,316). The cases in the 10 outbreak districts in Northern Uganda and Arua remain above the normal channels despite the outbreak response efforts instituted so far (**Figures 2-12**).



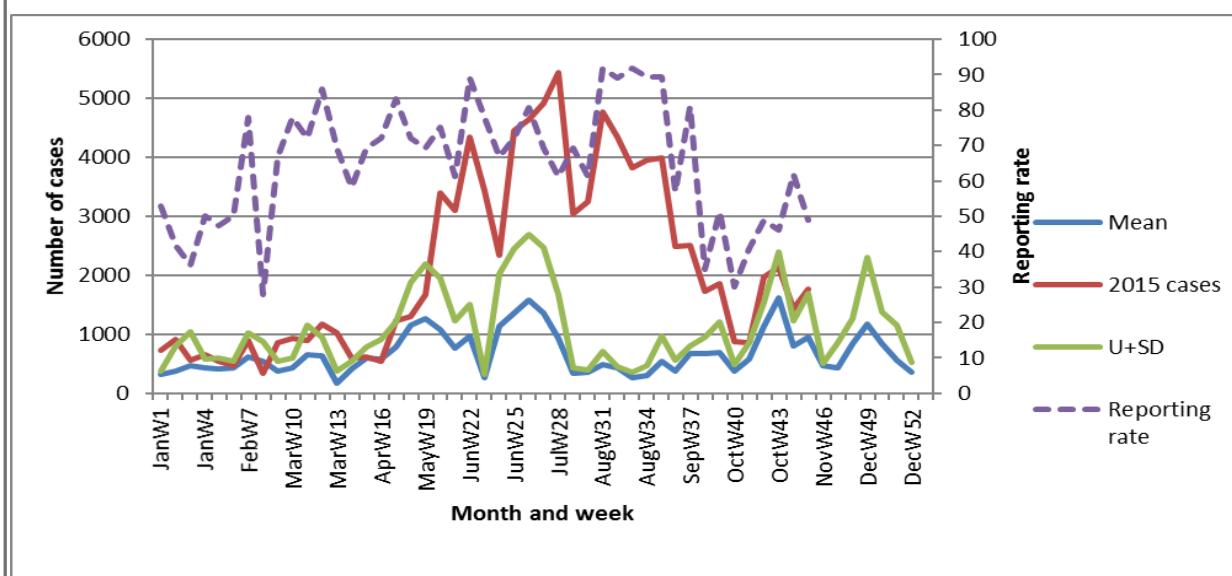
**Figure 1: Percent reporting rate (completeness) of the best (≥80%) and worst performing districts in week 45**



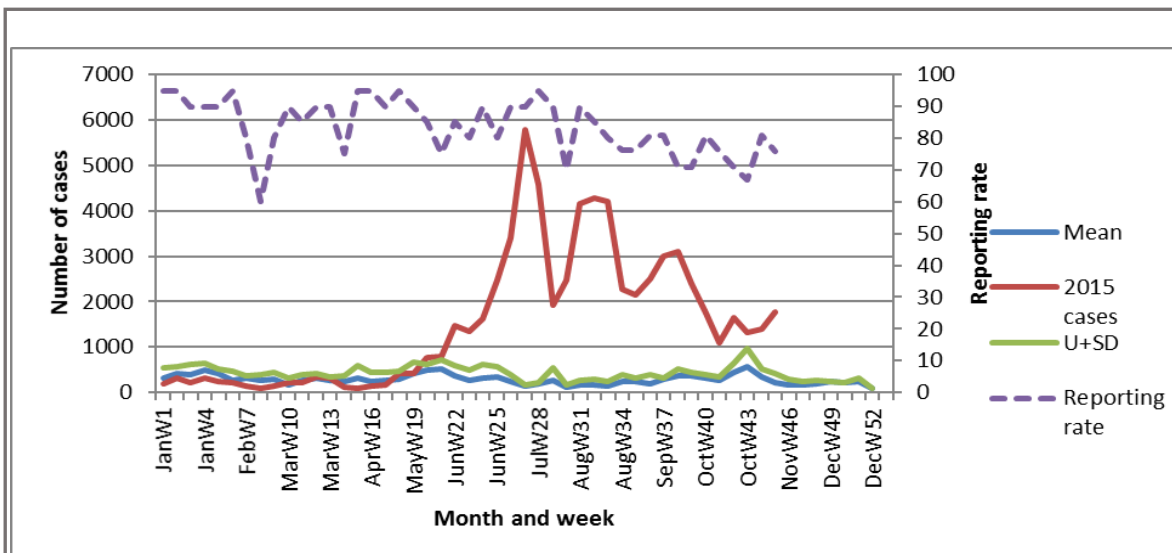
**Figure 2: Malaria normal channels and reporting rates for Nwoya district.** A sharp rise in number of cases reflecting a rise in reporting level is noted and should be reduced back to the normal channel.



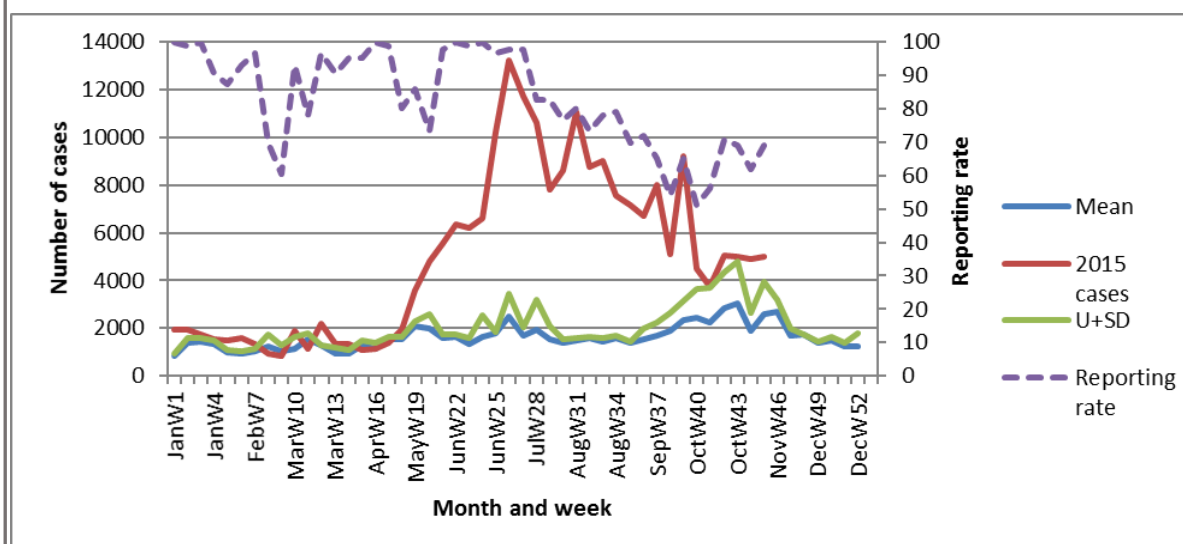
**Figure3: Malaria normal channels and reporting rates for Kole district.** The current picture contrasts with the initial gains in reducing the numbers and further support is needed by the district to control the numbers and manage the cases well.



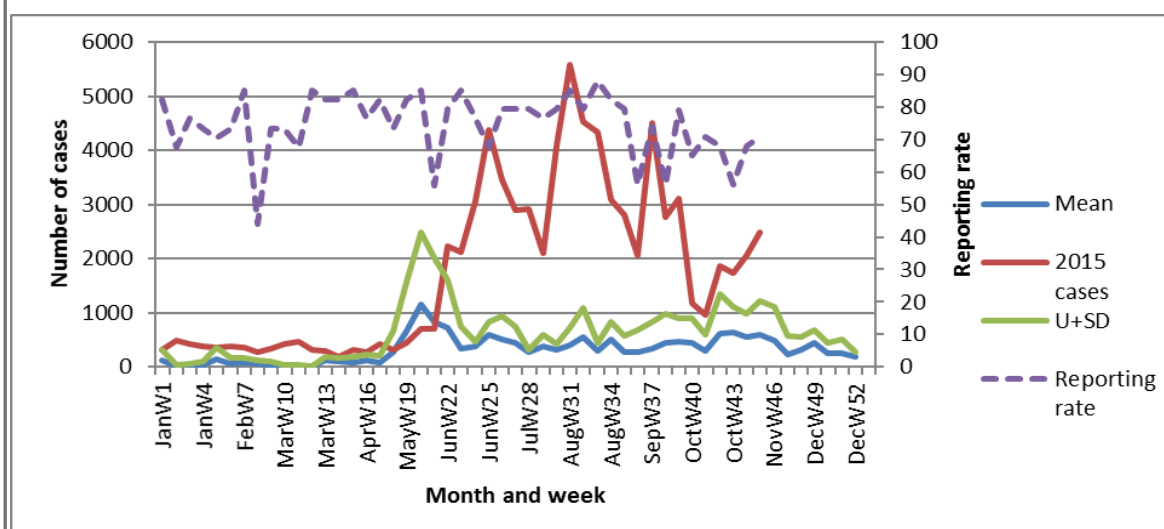
**Figure 4: Malaria normal channels and reporting rates for Apac district.** This is the only district where the current number of cases is at the normal channel level. All efforts are needed to keep the current picture or further reduce the transmission and cases.



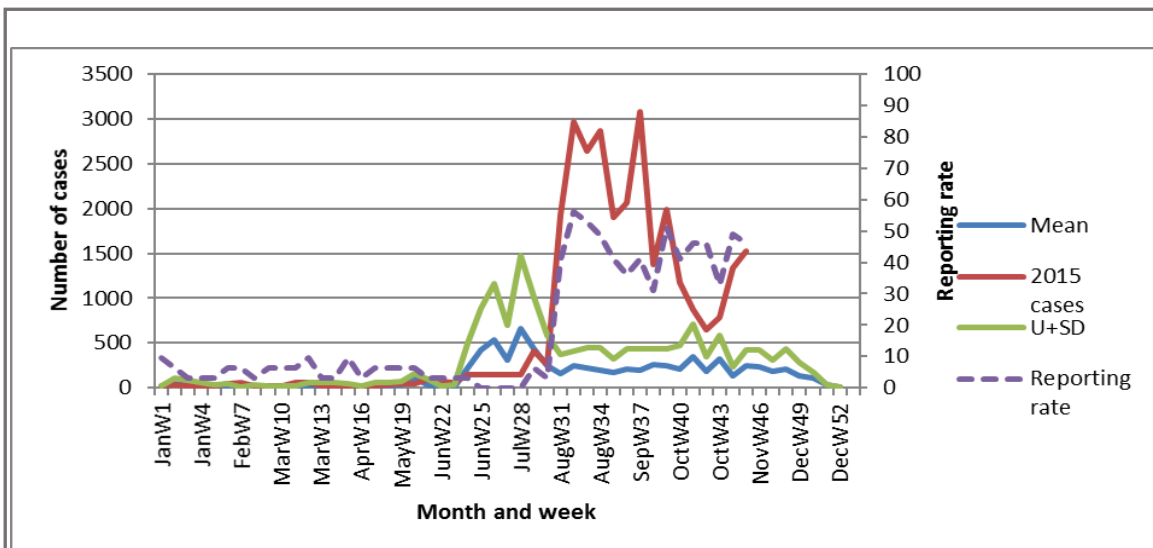
**Figure 5: Malaria normal channels and reporting rates for Lamwo district.** The rise in numbers above the normal channel should be monitored closely and the district needs to avoid escalation in numbers as the rainy season progresses.



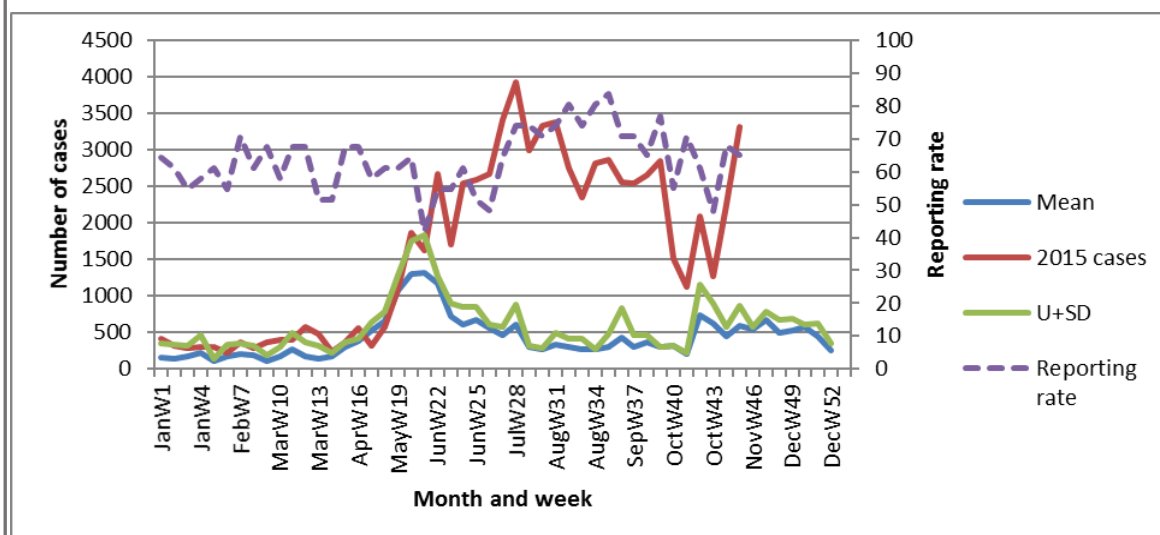
**Figure 6: Malaria normal channels and reporting rates for Gulu district.** Despite a good reporting rate, the cases are close to the normal channel at the same time period. Supporting case management and surveillance is important to keep the numbers below the current level.



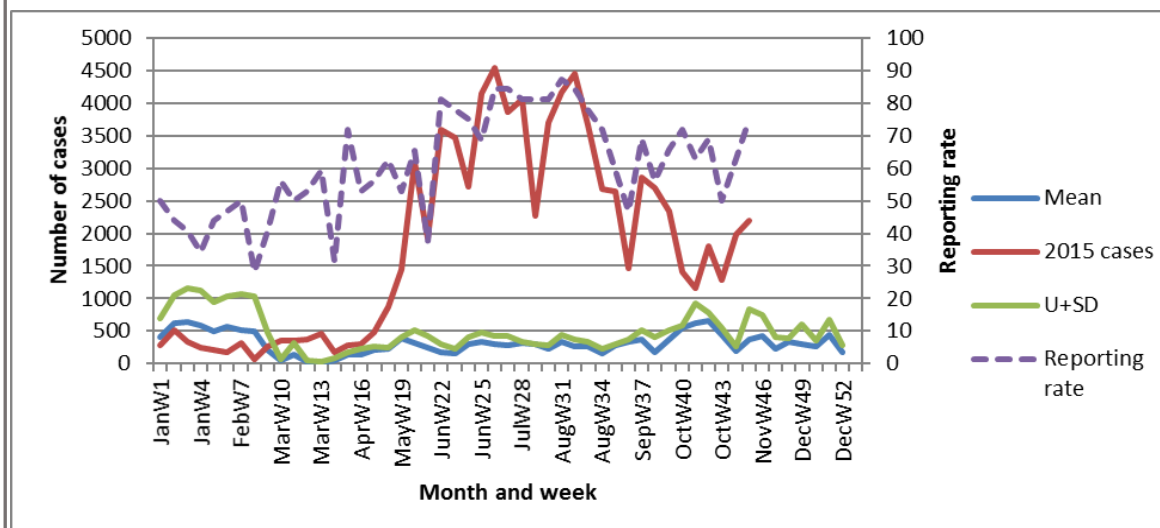
**Figure 7: Malaria normal channels and reporting rates for Agago district.** There is a steady rise in number of cases above the normal channel, so further support to the district to control the increase is needed.



**Figure 8: Malaria normal channels and reporting rates for Pader district.** Despite the low reporting level by the district, there is a steady increase in number of cases, justifying further support to control the outbreak and improve the reporting level.

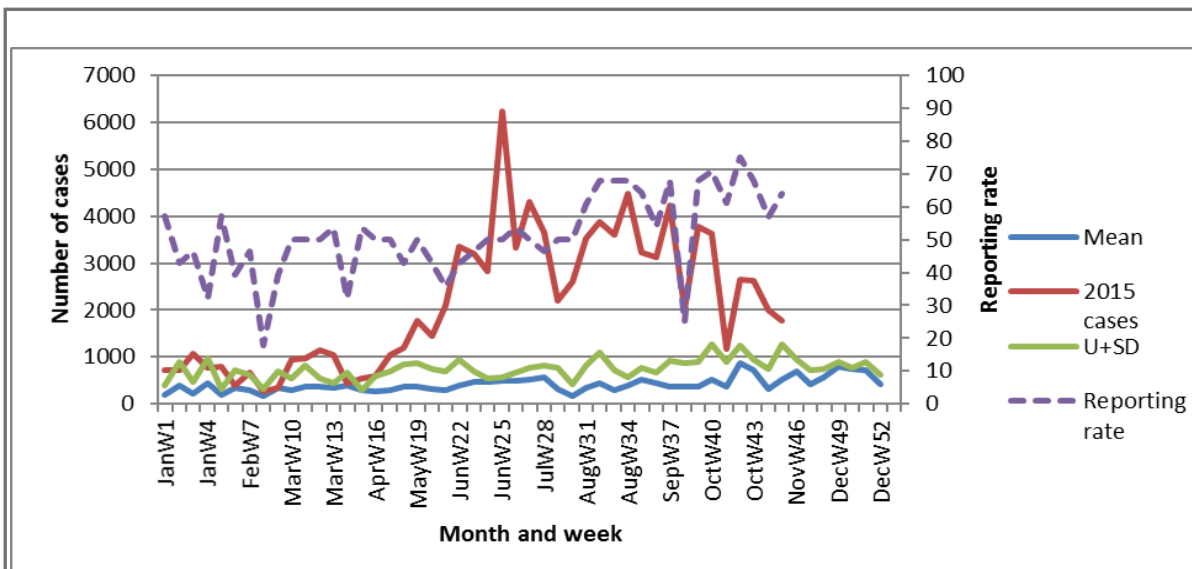


**Figure 9: Malaria normal channels and reporting rates for Oyam district.** A sharp increase in number of cases above the normal channel is noted even with a stable reporting level. This district needs more support to control the outbreak.

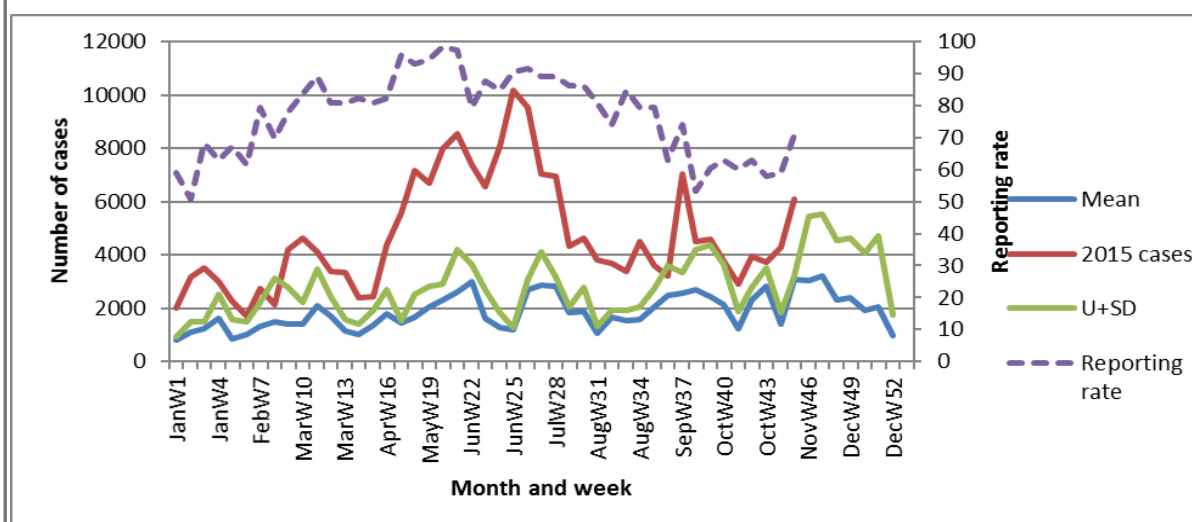


**Figure 10: Malaria normal channels and reporting rates for Amuru district.** The number of cases is starting to increase, in line with the increase in reporting level.





**Figure 11: Malaria normal channels and reporting rates for Kitgum district.** There is a slight reduction towards the normal channel in spite of increased reporting level.



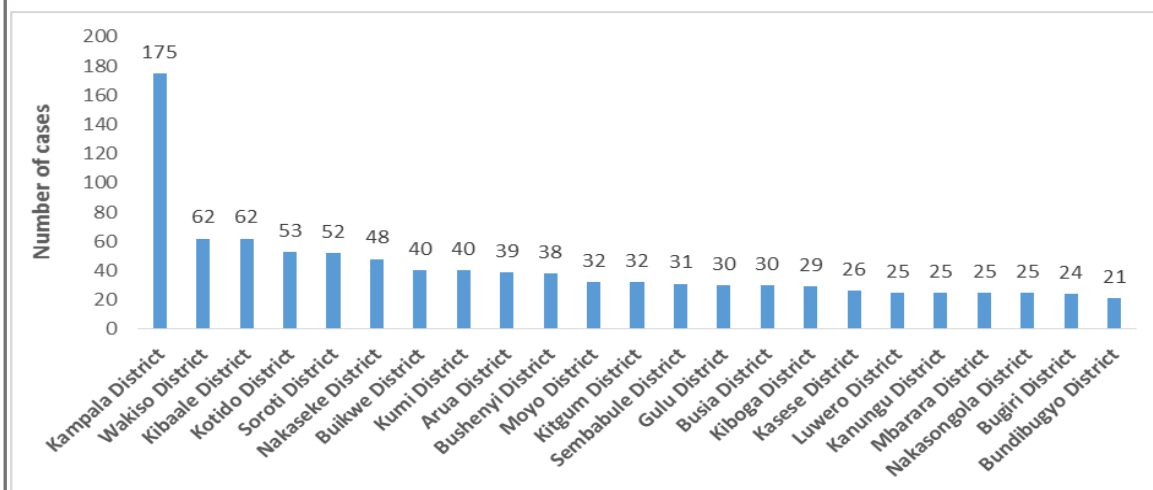
**Figure 12: Malaria normal channels and reporting rates for Arua district.** There is increase in cases above the normal channel and in tandem with increased reporting level.

### Other priority diseases

**AFP:** Every district has reported at least one AFP case this year. In week 45, one case was reported by Buyinja Health Centre IV in Namayingo district and another case by Kumi Hospital, Ongino. 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.

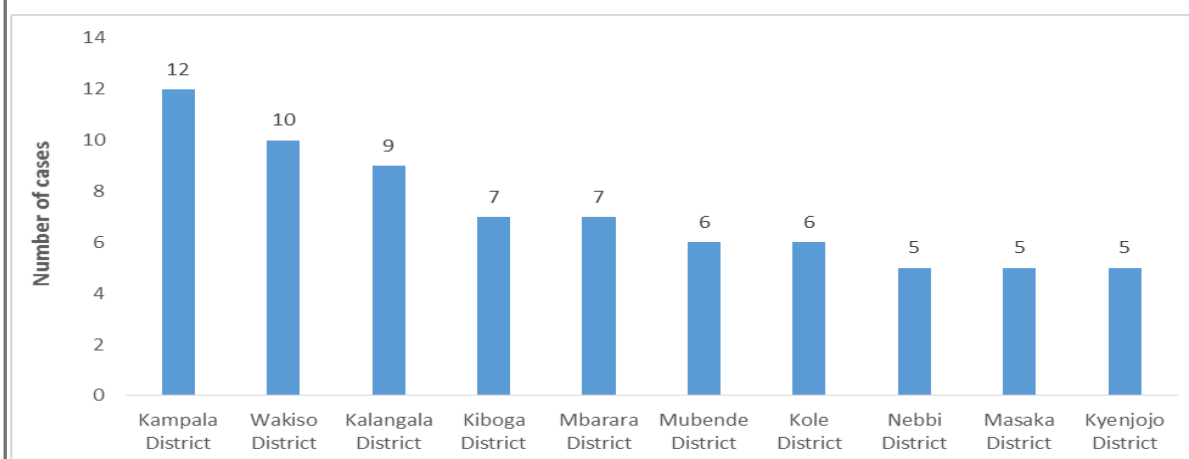
**Typhoid fever:** In week 45, the number of cases increased by 19%. At least one case of typhoid was reported by 82 districts compared to 75 district in week 44; and 23 of these exceeded the alert threshold of 20 cases (**Figure 13**). Similar to water-borne and diarrhoeal diseases in Kampala, the number 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 13: Districts reporting suspected typhoid cases above the alert threshold of  $\geq 20$  cases**

**Measles:** The number of suspected measles cases increased although the number of districts which reported 5 or more suspected cases reduced from 14 to 10 (**Figure 14**). Despite the recent mass vaccination campaign, Kiruhura, Kampala and Wakiso have continued to report high number of cases.



**Figure 14: Districts reporting 5 or more cases of measles in week 45, 2015**

**Maternal and perinatal deaths:** A total of six maternal deaths were reported from 6 health facilities (**Table 2**) whereas 23 perinatal deaths were reported. Four of the six facilities that reported deaths in week 44 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 45**

District	Division/Sub-county/Town Council	Health Facility	Number of deaths
Mityana	Mityana Town Council	Mityana Hospital	1
Mubende	Mubende Town Council	Mubende RR Hospital	1
Iganga	Ibulanku Subcounty	Busesa HC IV	1
Ngora	Ngora Subcounty	Ngora District Maternity HC III	1
Apac	Ibuje Subcounty	Ibuje HC III	1
Masindi	Masindi Central Division	Masindi Hospital	1

**Influenza in Humans:** None of the 14 samples collected from suspected Influenza patients and analysed by the weekly surveillance system at Makerere University Walter Reed Influenza Surveillance Project was positive.

## International Health Event

### Ebola VHF in West Africa

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. Both Liberia and Sierra Leone have now achieved objective 1 of the phase 3 response framework: to interrupt all remaining chains of Ebola virus transmission.

Guinea reported no confirmed cases in the week to 8 Nov 2015. A total of 4 cases have been reported from Guinea in the past 28 days, all of who are members of the same family from the village of Kondayah, Forecariah. All 69 contacts currently being followed in Guinea, are located in Kaliah and have completed their 21-day follow-up period. Confirmed cases 15,208 (3 cases in past 35 days); probable cases 2619; and suspected cases 10,649. The country will start the count-down for another 21 days before Guinea is declared free of Ebola.

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# Summary table for epidemiological reports received for week ending 8<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	80	0	0	0	5	0	419	0	0	0	0	0
Adjumani	100	0	2	0	26	0	5,590	0	0	0	0	4
Agago	71	0	9	0	12	0	2,481	0	0	0	0	6
Alebtong	100	0	2	0	2	0	536	1	0	0	0	7
Amolatar	100	0	0	0	1	0	310	0	0	0	0	4
Amudat	50	0	0	0	4	0	201	0	0	0	0	0
Amuria	64	0	0	0	5	0	2359(1)	0	0	0	0	2
Amuru	75	0	2	0	9	0	2,201	0	0	0	0	1
Apac	49	0	1	0	0	0	1,774	0	0	0	0	0
Arua	71	0	3	0	35	0	6087(2)	3	0	0	0	39
Budaka	94	0	0	0	2	0	782	0	0	0	0	3
Bududa	80	0	3	0	5	0	690(1)	0	0	0	0	4
Bugiri	78	0	1	0	10	0	2301(1)	0	0	0	0	24
Buhweju	41	0	0	0	0	0	92	0	0	0	0	0
Buikwe	70	0	4	0	14	0	1,632	1	0	0	0	40
Bukedea	31	0	1	0	0	0	283	0	0	0	0	0
Bukomansimbi	71	0	0	0	0	0	209	0	0	0	0	1
Bukwo	69	0	2	0	12	0	211	0	0	0	0	9
Bulambuli	90	0	0	0	1	0	633	0	0	0	0	0
Buliisa	91	0	4	0	3	0	579	1	0	0	0	4
Bundibugyo	73	0	0	0	14	0	1,524	0	0	0	0	21
Bushenyi	74	0	1	0	2	0	10,075	0	0	0	0	38
Busia	83	0	10	29(2)	7	0	1,680	2	0	0	0	30
Butaleja	54	0	0	0	4	0	1,185	0	0	0	0	4
Butambala	57	0	0	0	1	0	181	0	0	0	0	0
Buvuma	9	0	10	0	0	0	0	2	0	0	0	34
Buyende	91	0	4	0	0	0	1,007	0	0	0	0	0
Dokolo	94	0	2	0	5	0	965	1	0	0	0	6
Gomba	90	0	0	0	2	0	455	0	0	0	0	2
Gulu	69	0	3	0	32	0	4,980	1	0	0	0	30
Hoima	31	0	0	3	13	0	1,279	2	0	0	0	17
Ibanda	38	0	0	0	0	0	891	0	0	0	0	0
Iganga	70	0	2	0	2	0	2518(2)	0	0	0	0	1
Isingiro	81	0	0	0	6	0	1,770	1	0	0	0	11
Jinja	23	0	6	0	7	0	1358(4)	0	0	0	0	6
Kaabong	78	0	3	0	10	0	1,433	0	0	0	0	7
Kabale	69	0	9	0	0	0	170(1)	0	0	0	0	0
Kabarole	56	0	2	0	5	0	650	0	0	0	0	3
Kaberamaido	36	0	2	0	2	0	393	0	0	0	0	12
Kalangala	53	0	0	0	1	0	64	9	0	0	0	3
Kaliro	67	0	0	0	0	0	1,242	0	0	0	0	0
Kalungu	35	0	0	0	2	0	234	1	0	0	0	10
Kampala	25	0	45	0	8	0	2,112	12	0	0	0	175
Kamuli	36	0	0	0	0	0	969	0	0	0	0	2
Kamwenge	50	1	0	0	4	0	1,078	1	0	0	0	1
Kanungu	75	0	0	0	3	0	733	0	0	0	0	25
Kapchorwa	80	0	0	0	11	0	649	0	0	0	0	4
Kasese	70	0	0	0	12	0	2,587	0	0	0	0	26
Katakwi	39	0	0	0	1	0	518	0	0	0	0	0
Kayunga	68	0	1	0	10	0	1067(1)	0	0	0	0	0
Kibaale	27	0	6	0	2	0	800	3	0	0	0	62

District	% of H/U reporting	AFP	Animal bites	Cholera	Dysentery	Guinea Worm	Malaria	Measles	Meningitis	NNT	Plague	Typhoid Fever
Kiboga	83	0	0	0	1	0	421	7	0	0	0	29
Kibuku	60	0	0	0	2	0	402	1	0	0	0	2
Kiruhura	44	0	1	0	0	0	1,179	6	0	0	0	0
Kiryandongo	69	0	0	0	2	0	1,232	2	0	0	0	3
Kisoro	74	0	0	0	0	0	104	3	0	0	0	0
Kitgum	64	0	2	0	22	0	1,777	0	0	0	0	32
Koboko	100	0	3	0	8	0	2,235	1	0	0	0	0
Kole	91	0	1	0	1	0	2,640	6	0	0	0	1
Kotido	32	0	0	0	1	0	563	0	0	0	0	53
Kumi	63	1	2	0	1	0	1,166	0	0	0	0	40
Kween	58	0	0	0	3	0	337	1	0	0	0	2
Kyankwanzi	64	0	0	0	3	0	478	1	0	0	0	3
Kyegegwa	73	0	0	0	1	0	777	2	0	0	0	0
Kyenjojo	38	0	1	0	3	0	615	5	0	0	0	2
Lamwo	76	0	4	0	3	0	1,777	0	0	0	0	0
Lira	97	0	0	0	8	0	2098(1)	3	0	0	0	13
Luuka	68	0	0	0	0	0	1,445	2	0	0	0	1
Luwero	62	0	10	0	2	0	808	2	0	0	0	25
Lwengo	19	0	1	0	1	0	229	0	0	0	0	1
Lyantonde	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Manafwa	75	0	2	0	5	0	1,016	1	0	0	0	19
Maracha	86	0	1	0	3	0	1,372	0	0	0	0	19
Masaka	36	0	0	0	1	0	410	5	0	0	0	4
Masindi	70	0	11	0	7	0	804	1	0	0	0	18
Mayuge	57	0	0	0	4	0	1,512	0	0	0	0	0
Mbale	49	0	1	0	10	0	761	0	0	0	0	0
Mbarara	64	0	7	0	7	0	680	7	0	0	0	25
Mitooma	71	0	1	0	0	0	986	0	0	0	0	0
Mityana	41	0	2	0	1	0	892(1)	1	0	0	0	1
Moroto	80	0	14	0	4	0	670	0	0	0	0	8
Moyo	100	0	5	0	19	0	4,313	0	0	0	0	32
Mpigi	73	0	0	0	0	0	629	0	0	0	0	7
Mubende	10	0	2	0	5	0	203(2)	6	0	0	0	18
Mukono	51	0	1	0	1	0	551	3	0	0	0	5
Nakapiripirit	82	0	5	0	22	0	1,118	0	0	0	0	19
Nakaseke	79	0	5	0	6	0	729	3	0	0	0	48
Nakasongola	26	0	0	0	4	0	429	0	0	0	0	25
Namayingo	19	1	1	0	1	0	673	0	0	0	0	1
Namutumba	68	0	0	0	7	0	564	2	0	0	0	2
Napak	79	0	5	0	13	0	514	0	0	0	0	1
National	63	2 (0)	285 (0)	29 (2)	868 (0)	0(0)	143487 (27)	132 (0)	4 (0)	1 (0)	0	1121 (0)
Nebbi	100	0	9	0	37	0	6290(4)	5	0	0	0	18
Ngora	75	0	0	0	3	0	584	0	1	0	0	2
Ntoroko	56	0	0	0	0	0	138	1	0	0	0	3
Ntungamo	39	0	4	0	0	0	754	4	0	0	0	11
Nwoya	67	0	0	0	3	0	1,240	0	0	0	0	0
Otuke	80	0	2	0	0	0	784	0	0	0	0	0
Oyam	65	0	12	0	1	0	3316(2)	0	3	0	0	5
Pader	46	0	3	0	3	0	1,532	0	0	0	0	0
Pallisa	49	0	1	0	3	0	734	0	0	0	0	10
Rakai	49	0	2	0	14	0	2,036	2	0	0	0	18
Rubirizi	68	0	0	0	0	0	440	0	0	0	0	1

District	% of H/U reporting	AFP	Animal bites	Cholera	Dysentery	Guinea Worm	Malaria	Measles	Meningitis	NNT	Plague	Typhoid Fever
Rukungiri	56	0	6	0	0	0	394	2	0	0	0	0
Sembabule	29	0	2	0	1	0	470	1	0	0	0	31
Serere	52	0	0	0	3	0	451	0	0	0	0	0
Sheema	77	0	0	0	1	0	420	0	0	0	0	0
Sironko	67	0	0	0	1	0	811	0	0	0	0	0
Soroti	53	0	13	0	2	0	2,271	1	0	0	0	52
Tororo	71	0	5	0	0	0	906	0	0	0	0	3
Wakiso	35	0	4	0	8	0	2,015	10	0	0	0	62
Yumbe	96	0	1	0	27	0	3710(3)	0	0	0	0	8
Zombo	90	0	3	0	29	0	1,145	0	0	0	0	2

**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**