

Republic of Uganda



National Monkey Pox Situation report #001, 23-AUG-2024



Data update as of 23rd August 2024 at 08:00 HRS

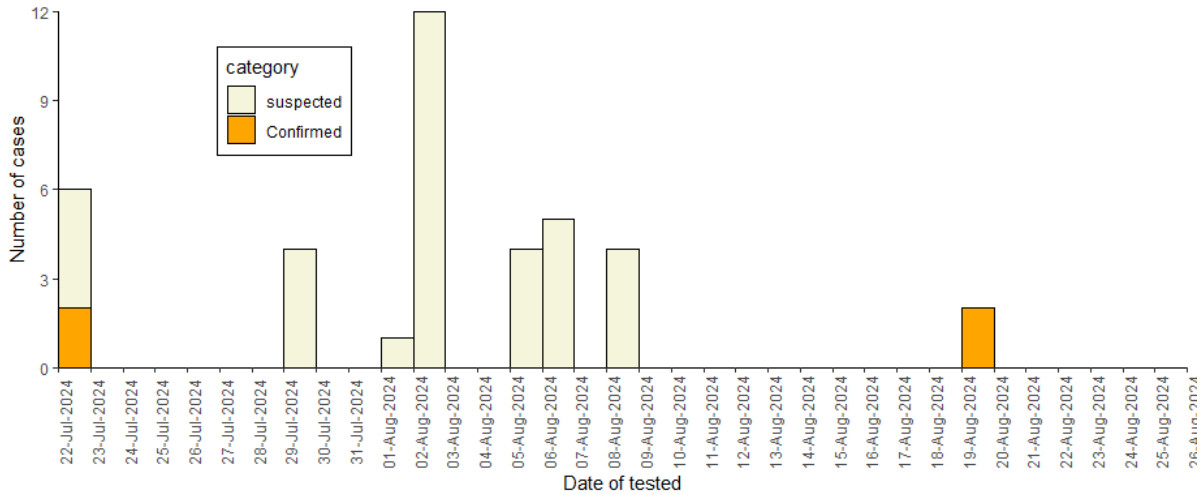
Background

Uganda confirmed the first cases of Mpox on 24th July 2024 following the confirmation of two case-patients from Kasese District, Bwera Hospital by the Uganda Virus Research Institute (UVRI) through a routine sentinel surveillance system. These two cases were detected among six case-patients with symptoms consistent with the Mpox case definition. The two index cases were treated and discharged. National wide surveillance for mpox continues alongside routine surveillance.

This reporting week, two cases were reported from two districts (Amuru, Mayuge) which are outside the index district (Kasese). Today marks 29 days of responding to the Mpox outbreak and four days since the last confirmed case. This is the first national SitRep,

- No new confirmed cases or deaths in the past 24 hours.
- Case Fatality Ratio (CFR) among confirmed cases still stands at 00/04 (0.0%).
- 41 active contacts are currently under follow-up. Contacts in Amuru district are not yet included.

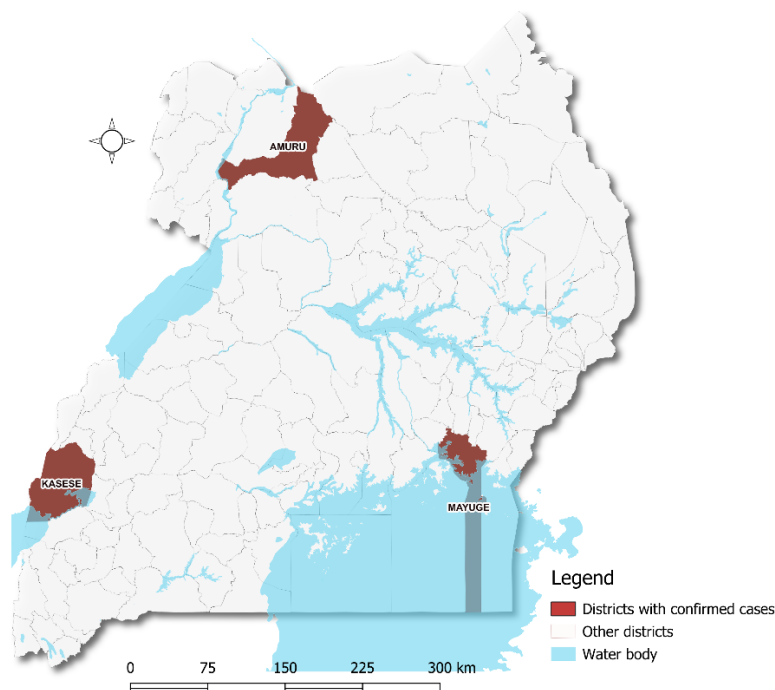
Figure: Time analysis of affected individuals



Summary of Cases as of 23rd August 2024 at 08:00 HRS

	KAS	AMU	MAY	Total
Cummulative confirmed cases	02	01	01	04
On admission	00	00	01	01
Recoveries	02	01	00	03
Deaths	00	00	00	00
Confirmed	00	00	00	00
Probable	00	00	00	00
Days since last confirmed case	29	04	04	-
Confirmed Healthcare Workers				
Confirmed	00	00	00	00
Deaths	00	00	00	00
Contacts				
New	00	00	00	00
Cummulative	53	_*	_*	53
Completed 21 days of followup	35	_*	_*	35
Contacts who have tested POSITIVE (sero-converted)	00	00	00	00

Table Acronyms: AMU=Amuru, KAS= Kasese, MAY = Mayuge ,_* to be confirmed



Actions to date

The Ministry of Health (MoH), Districts, and partners in Uganda are implementing several outbreak control interventions in Kasese as an Epi-centre and other affected districts of (Amuru and Mayuge) to contain the disease spread. An overview of key activities is summarized below:

Response Pillar

Key Updates in the past 24 hours

Coordination

- ➔ The Hon. Minister of Health
 - On 20-AUG-2024, the Hon. Minister of Health convened a briefing meeting with Ambassadors and High Commissioners and heads of multi-national agencies resident in Uganda
 - Briefing included a brief situation update of the Mpxv in the country, request for support, assurance for cooperation and transparency
 - Requested the US Embassy for Mpxv vaccines and therapeutics
 - Updated the Parliament about the current situation of Mpxv in Uganda
- ➔ National Task Force (NTF) meets once a week
- ➔ IMT at national level has been activated, meets twice a week.
- ➔ National Preparedness and Response Plan (July 2024 – June 2025) was finalized and approved by NTF
- ➔ DTF meetings held twice a week in Kasese, and daily in KCCA.
- ➔ Uganda National Immunisation Technical Advisory Group (UNITAG) was requested and met to consider the category prioritization for vaccination

Surveillance & Contact tracing

- ➔ Alerts continue being received from the entire country – on average 4 per day, mostly from high risk districts
- ➔ Active case search in health facilities of the affected districts ongoing.
- ➔ 100% follow up of contacts under follow up in Kasese (53/53) stable
- ➔ ECHO sessions for health workers and public sensitization have been conducted (06)

<i>Case Management</i>	<ul style="list-style-type: none"> ➔ Health-workers remain on standby at the treatment units to support other admissions. ➔ Formal communication to targeted hospitals on isolation space identification made. ➔ Online meeting with RRH Directors, Nurse in-charges, Case Management leads, IPC focal points, facility surveillance officers, Regional EMS coordinators and partners. ➔ Case management guidelines have been developed. ➔ Mpox Case Management training toolkit developed and dissemination is ongoing to both public and private health facilities. ➔ Training of trainers conducted for 32 participants in the Mpox Case Management training toolkit. ➔ 3 online trainings on Case Management held with 560 healthworkers oriented in basic principles of case management. ➔ Isolation unit design and quantification of infection prevention supplies and drugs developed. ➔ Support Supervision & training visits to eight priority regions (54 districts) to confirm establishment of isolation space with dedicated staff, supplies and trained healthcare workers on Case Management planned.
<i>Emergency Medical Services (EMS)</i>	<ul style="list-style-type: none"> ➔ In the past 24-hrs, no evacuations were made.
<i>Vaccination</i>	<ul style="list-style-type: none"> ➔ UNITAG has met twice to review candidate Mpox vaccines ➔ Micro-plans have been initiated by UNEPI to review potential priority groups for vaccination
<i>Risk Communication & Public Awareness</i>	<ul style="list-style-type: none"> ➔ Team engaged 256 people (123 Males and 133 Females) at Kalee COU- Bwera Subcounty
<i>Social Mobilisation & Stakeholder Engagement</i>	<ul style="list-style-type: none"> ➔ The District Task forces in the affected have been activated, and RDC Airtime is being use to mobilise and sensitise the masses on the prevention and control interventions for Mpox.
<i>Mental Health & Psychosocial Social Support</i>	<ul style="list-style-type: none"> ➔ SURVIVOR FOLLOW-UP: Engaged suspect in Kakone village ➔ Followed up suspects. Males 07, Females 05 All these in Kasese District

*Category 1: (**Boarder District**) Very high-risk districts, They include; Kisoro, Kanungu, Ntoroko, Bundibugyo, Kikuube, Hoima, Bulisa, Rukungiri, Kasese, Rubirizi and Kampala Metropolitan Area (**Assup**;-Category one districts are border districts that receive a high number of cross-border populations seeking services in Uganda.)

Planned Activites in the next reporting week

- Activation of DTFs starting with Mayuge, Amuru, and the 23 high risk districts
- Update the national Mpox risk mapping and categorisation in light of emerging epidemiology of the outbreak
- Pretesting the digitalisation of the Case Investigation Form (CIF) on eIDSR and to be interoperable with Go-DATA and RDS.

Current Gaps

- Response coordination:
 - IMT is not yet fully constituted, leading to sub-optimal performance of all response pillars.
 - Situation room not yet setup to coordinate response activities across the country.
 - DTF in all high-risk districts need to be activated to lead response in the local district.
- Mpox Case finding and Case detection
 - Case definition should be printed and distributed to the 23 high-risk districts
 - Community surveillance and active search should to be activated in all 23 high risk districts.
- Risk Communication and community awareness (on Mpox presentation, clinical progress, prevention, and what to do when people are infected or exposed)
 - National and district level Risk Communication messages not yet broadcasted
 - Risk communication messages not yet translated into local languages
 - Case-patient and contacts, suspected and confirmed patients data are in different formats and not in one place
 - Need to digitalize all Case Investigations Forms into eIDSR and Go-Data
- Mpox risk communication and awareness among high risk groups (*Commercial Sex Workers, MSM, Antenatal Mothers and schools/ kindergaten*)
- HIV and Mpox integration
 - Need a meeting to explore areas of interaction between Mpox, transmission, clinical progression and outcomes in relation to HIV.
 - Mpox Surveillance within HIV clinics has not yet started
 - Low awareness of Mpox risk, clinical progression and poor clinical outcomes among HIV patients
- Mpox case-patient management
 - Each district should establish a designated isolation
 - Training of healthworkers on Mpox case management in the 23 district plus the two districts with confirmed cases
 - Isolated patients (suspected and confirmed) don't have food

Key messages to the public

- ➔ Symptoms of Mpox:
 - Skin rash on any part of the body including mouth and genitals, swollen lymph nodes, fever, sore throat, headache, muscle pain/body aches, back pain, profound weakness, or fatigue.
- ➔ How can you protect yourself from Mpox?
 - Practice adequate hand-hygiene (frequent hand-washing with soap and clean water).
 - Wear protective gear (masks, gloves) when caring for infected individuals.
 - Avoid close (face-to-face, skin-to-skin, mouth-to-skin, and mouth-to-mouth) contact with people who have been confirmed to have Mpox or who have signs and symptoms of Mpox.
 - Avoid touching or sharing personal items like beddings, eating utensils, clothes, phones, or other belongings of a person who has the signs and symptoms of Mpox.
 - Avoid contact with all wild animals (alive or dead), especially those known to carry the virus, such as rodents or monkeys, and those that appear sick or have been found dead.

- Avoid eating wild animals (squirrels, rats, mice, and monkeys)
- ➔ What to do when you have with Mpox
 - Avoid physical contact with others and wear a facemask. Visit the nearest health facility for further assessment by a healthworker.
 - If you are far from a health facility or cannot travel to one, call the Ministry of Health toll-free line 0800 100 066 or send an SMS to U-Report on 8500 for support.
 - Tell everyone you have been in close contact with recently and ask them to monitor themselves.
 - Encourage whoever has symptoms to report to the nearest healthcare facility for treatment as soon as possible. This will limit further transmission within the household and amongst loved-ones.
 - Report all suspected cases in your community to the VHT or through the toll-free line
- ➔ People who have had Mpox or symptoms consistent with Mpox should not be stigmatised, but handled with compassion and care. Much as the disease is contagious, but it is curable.
- ➔ Stay informed about Mpox outbreaks and follow public health guideline Hotline numbers are: **0800100660** for Ministry of Health; **0800255200** for Kasese and **0800299000** for Kampala Metropolitan Area (All Toll Free)
- ➔ Free alert SMS on **6767** starting with the 'ALERT' key word.