

# Republic of Uganda



## National Monkey Pox Situation report

#002, 02-SEP-2024



Data update as of 02<sup>nd</sup> September 2024 at 08:00 HRS

### Background

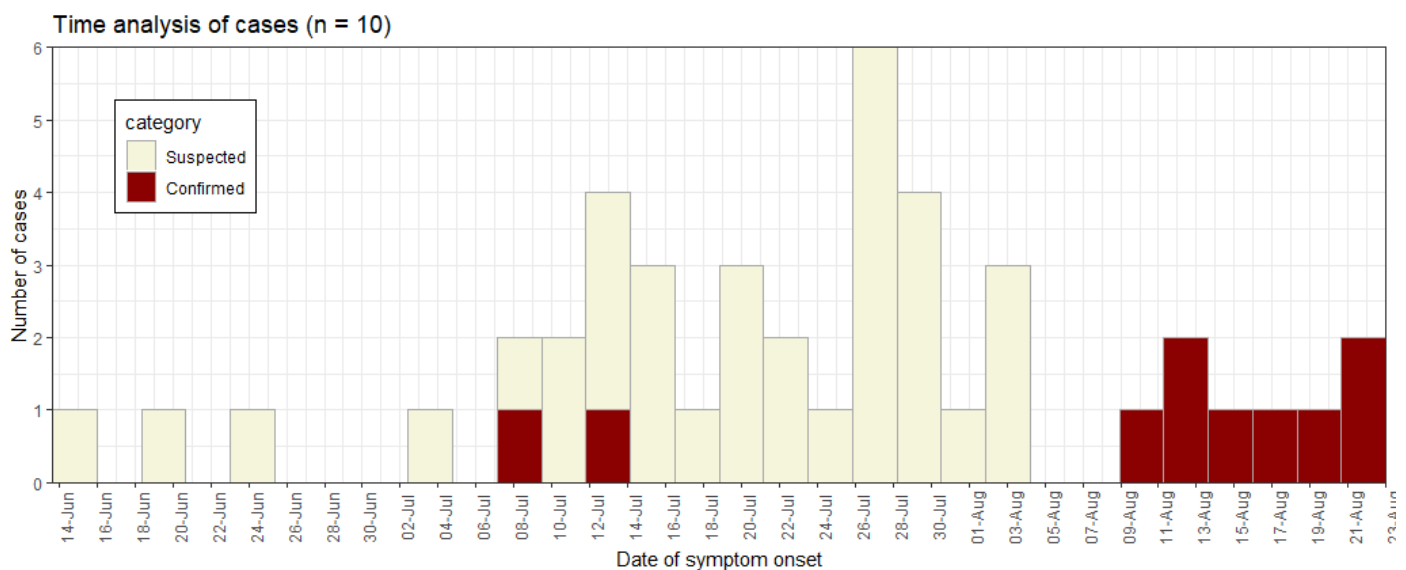
Uganda confirmed the first cases of Mpox on 24th July 2024 following the confirmation of two case-patients from Kasese District, Bwera Hospital by the Uganda Virus Research Institute (UVRI) through a routine surveillance system. These two cases were detected among six case-patients with symptoms consistent with the Mpox case definition.

## Key Highlights

Since the last reporting period / week, six new case-patients have been reported from four districts; Mayuge (02), Kampala (02), Wakiso (01), Kasese (01). Of the six new case-patients, five were reported outside the index district (Kasese) making a total of seven cases to be confirmed outside the index district. Today marks 42 days of responding to the Mpox outbreak and two days since the last confirmed case.

- Within the past 24 hours, no new confirmed case or death was registered; there was no recovery.
- No death has been registered among the confirmed cases. Case Fatality Ratio (CFR) is at 00/10 (0.0%).
- 21 active contacts are currently under follow-up.
- Contact follow up was completed for the contacts in Kampala district.
- No Mpox case has been confirmed among health care workers

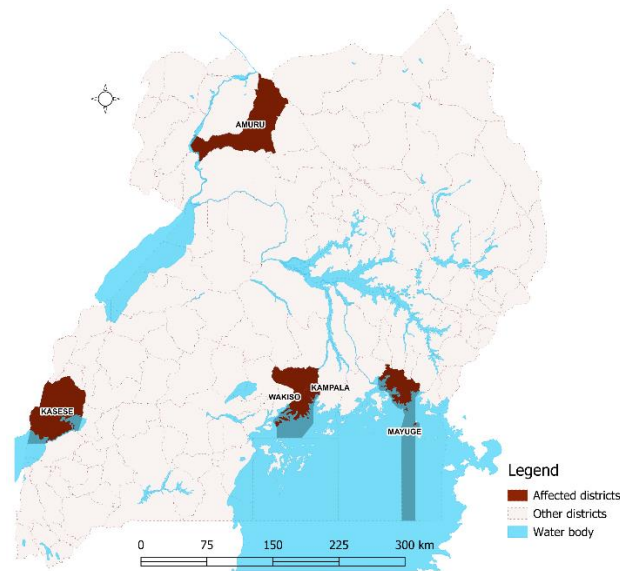
**Figure I: Time analysis of affected individuals (n = 10)**



### Summary of Cases as of 02<sup>nd</sup> September 2024 at 08:00 HRS

	KASESE	AMURU	KAMPALA	MAYUGE	WAKISO	TOTAL
Confirmed Cases	03	01	02	03	01	10
Confirmed Deaths	00	00	00	00	00	00
Recoveries	02	00	00	01	00	03
Days since first confirmed case	41	13	05	02	02	-
Contacts						
NEW	00	00	00	00	00	00
Cumulative	53	11	16	15	**	95
Completed 21 days of follow-up	53	00	00	00	00	53

\*\* to be confirmed



### Description of the confirmed cases

**Case-001:** Female, 37 years, Congolese, House wife, Gravid 7, Para 5+1, at 21 W.O.A (LNMP 01st March 2024) Location: Kasese. Symptoms: non-pruritic generalized papular-vesicular skin eruptions initially involving hands but rapidly spreading to rest of the body by day 2 of onset. Rapid resolution of symptoms within one week of onset. Epidemiologic risk: frequent traveler to DRC and consumption of various meats (including wild game).

**Case-002:** Female, 22 years, Ugandan, Housewife Breastfeeding mother, P1+0, at one month puerperium, Pregnancy was at term at onset of symptoms. Location: Kasese. Symptoms: Small generalized pruritic papular-vesicular skin eruptions initially involving hands but rapidly spreading to rest of body by day 2 of onset. Rapid resolution of symptoms within 4 days of onset, Safe delivery of baby on 18th July 2024 by Caesarean, Epidemiologic risk: Exposure to sick poultry (turkey) and sick individuals, complaining of skin rash. Negative history of travel to the DRC.

**Case-003:** Male, 32 years, Ugandan from Mayuge district. Felt Chills and a rash around the groin on 12th August, obtained OTC medication from a drug shop on 12th Aug 2024, symptoms persisted with the rash spreading to the trunk, visited Case clinic in Jinja on 14th Aug 2024 and started on antibiotics. On 16th Aug 2024 he was admitted at Case Hospital, Buganda Rd, isolated on 17th Aug 2024 and confirmed 19th Aug 2024.

**Case-004:** Male, 46 years, Ugandan from Amuru District. Felt fever, rash, chills, light sensitivity on 14<sup>th</sup> Aug 2024 and samples collected on 17<sup>th</sup> Aug 2024. He is HIV+. No history of small pox vaccination and no travel history to Mpox affected countries.

**Case-005:** Male, 2 years, Ugandan from Kampala, onset of symptoms on 09<sup>th</sup> Aug 2024, with fever, rash, and chills. Samples collected on 26<sup>th</sup> Aug 2024. No history of small pox vaccination and no recent travel history to Mpox affected countries.

**Case-006:** Male, 32 years, Ugandan from Mayuge, onset of symptoms on 12<sup>th</sup> Aug 2024, with fever, muscle pain, headache, vomiting/nausea. Samples collected on 26<sup>th</sup> Aug 2024. No history of small pox vaccination and no recent travel history to Mpox affected countries.

**Case-007:** Male, 40 years, Ugandan from Wakiso, onset of symptoms on 22<sup>nd</sup> Aug 2024 with fever, skin rash with lesions distributed all over the body, fatigue, genital ulcers. Samples collected on 27<sup>th</sup> Aug 2024. HIV positive. No history of small pox vaccination and no recent travel history to Mpox affected countries.

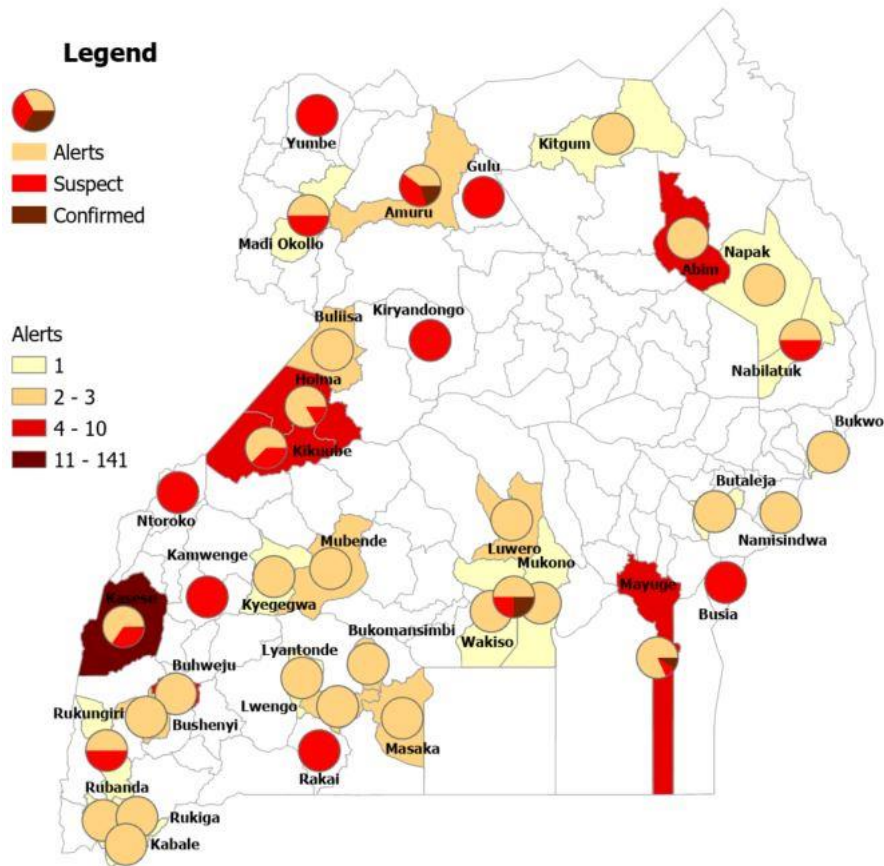
**Case-008:** Male, 30 years, Ugandan from Kasese, onset of symptoms on 19<sup>th</sup> Aug 2024 presenting with skin rash, muscle pain, mucosal lesions, sample collected and tested at Bwera Mobile lab. Sample collected on 27<sup>th</sup> Aug 2024. HIV negative. Epidemiologic risk: frequent traveler to DRC and residing at the boarder of Uganda and DRC in Kasese. No history of small pox vaccination.

**Case-009:** Female, 50 years, Ugandan from Kampala, onset of symptoms on 16<sup>th</sup> Aug 2024 with fever, skin rash, swollen lymph nodes, muscle pain, cough, fatigue, chills. Sample collected on 27<sup>th</sup> Aug 2024. Unknown HIV status. No history of small pox vaccination and no recent travel history to Mpox affected countries.

**Case-010:** Female, 24 years, Ugandan from Kampala, onset of symptoms on 21<sup>st</sup> August 2024 with fever, skin rash, muscle pain, headache, vomiting. HIV positive. Sample collected on 28<sup>th</sup> August 2024. No history of small pox vaccination and no recent travel history to Mpox affected countries.

## Mpox Alerts

To date, the total number of Mpox alerts registered are 206 from 37 districts. The map below is a distribution of the alerts registered so far; most alerts are from the western part of the country, towards the border with DRC.



## 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 Kampala, Wakiso, Amuru and Mayuge to contain the disease spread. An overview of key activities is summarized below:

**Response  
Pillar**

**Key Updates in the past seven days**

<p><i>Coordination</i></p>	<ul style="list-style-type: none"> <li>➔ National Task Force (NTF) meets once a week (Every Wednesday 11:00 am EAT)</li> <li>➔ IMT at national level meets twice a week.</li> <li>➔ National Preparedness and Response Plan (July 2024 – June 2025) was finalized and approved by NTF</li> <li>➔ Partner mapping tool developed and presented to IMT</li> <li>➔ Pillar level coordination is ongoing to develop priority activities with coordination from the national and sub-national PHEOCs</li> <li>➔ Planning for DTF activation in districts with confirmed cases and high risk districts</li> </ul>
<p><i>Surveillance &amp; Contact tracing</i></p>	<ul style="list-style-type: none"> <li>➔ Alerts continue being received from the entire country – so far, a total of 206 registered from 37 districts.</li> <li>➔ Active case search in health facilities of the affected districts ongoing.</li> <li>➔ 100% follow up of contacts under follow up in Kasese (53/53) stable; active contact tracing of those from Kampala is still ongoing.</li> <li>➔ Mapped contacts from Amuru and Mayuge are under active followup</li> <li>➔ A total of 12 ECHO sessions for health workers and public sensitization have been held</li> </ul>
<p><i>Case Management</i></p>	<ul style="list-style-type: none"> <li>➔ Health-workers remain on standby at the treatment units to support more admissions.</li> <li>➔ Online meeting with RRH Directors, Nurse in-charges, Case Management leads, IPC focal points, facility surveillance officers, Regional EMS coordinators and partners.</li> <li>➔ Case management guidelines have been developed.</li> <li>➔ Mpox Case Management training toolkit developed and dissemination is ongoing to both public and private health facilities.</li> <li>➔ Training of trainers conducted for 32 participants in the Mpox Case Management training toolkit.</li> <li>➔ Three online trainings on Case Management held with 560 healthworkers oriented in basic principles of case management.</li> <li>➔ Isolation unit design and quantification of infection prevention supplies and drugs developed.</li> <li>➔ Support Supervision &amp; 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.</li> </ul>
<p><i>Emergency Medical Services (EMS)</i></p>	<ul style="list-style-type: none"> <li>➔ In the past 24-hrs, no evacuations were made</li> </ul>
<p><i>Vaccination</i></p>	<ul style="list-style-type: none"> <li>➔ UNITAG has met twice to review candidate Mpox vaccines</li> <li>➔ Micro-plans have been initiated by UNEPI to review potential priority groups for vaccination</li> </ul>
<p><i>Risk Communication &amp; Public Awareness</i></p>	<ul style="list-style-type: none"> <li>➔ Team engaged 256 people (123 Males and 133 Females) at Kalee COU- Bwera Subcounty</li> <li>➔ Development of risk communication materials and messages has been finalised</li> <li>➔ Review and approval of the risk communication translated materials by the affected District Education officers is underway</li> <li>➔ Deployed one film van and one audio-visual van to support Kasese for 3 weeks effective 1st September 2024.</li> <li>➔ Conducted orientation sessions for Call Centre Agents; health workers of UCMB, ECHO.</li> <li>➔ Weekly Risk Communication pillar meetings ongoing.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ 4W matrix shared with RC partners to populate.</li> </ul>
<i>Community engagement</i>	<ul style="list-style-type: none"> <li>➤ Community Engagement (CE) and Social service pillar intervention forum activated</li> <li>➤ CE district and sub county/Community focal person are active: So far one new site in Busia district, eight villages in Budimo and Lumino Subcounties, Masanafu has been reported (seven suspected case) all forwarded to the Surveillance team for action</li> <li>➤ Integrated CE interventions into HIV clinic community intervention and HIV structures have been activated in the high risk district with support from Baylor – they are doing community symptomatic screening and reporting into the surveillance structures</li> <li>➤ Baylor district toll free lines have been opened to support Community reporting.</li> </ul>
<i>Mental Health &amp; Psychosocial Social Support</i>	<ul style="list-style-type: none"> <li>➤ <b>SURVIVOR FOLLOW-UP:</b> Engaged suspect in Kakone village</li> <li>➤ Followed up suspects. Males 07, Females 05 All these in Kasese District</li> </ul>
<i>Strategic Information Research and Innovation(SIRI)</i>	<ul style="list-style-type: none"> <li>➤ Pretesting the digitalisation of the Case Investigation Form (CIF) on eIDSR and to be interoperable with Go-DATA and RDS</li> <li>➤ Mpox Case Investigation Form digitised within eIDSR and rolled out.</li> <li>➤ Mpox contact tracing form was digitised within GoData and rolled out.</li> <li>➤ System training on eIDSR (20/20 participants) and GoData (16/16 participants) was conducted in Kasese District.</li> <li>➤ Digitisation of the Mpox laboratory results dispatches through the Results Dispatch System (RDS).</li> </ul>

\*Category 1: (**Boarder District**) Very high-risk districts, They include; Kisoro, Kanungu, Ntoroko, Bundibugyo, Kikuube, Hoima, Buliisa, 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.) other districts include: Mayuge and Amuru and surrounding

### 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
- Review of the pilot data from the pretesting the digitalisation of the Case Investigation Form (CIF) on eIDSR and to be interoperable with Go-DATA and RDS in Kasese district
- Continuing sensitization, orientation and training of health care workers in Mpox case identification, reporting, diagnosis, case management, IPC and counselling through ECHO sessions
- Partner mapping and coordination to review current activities and priorities

### Community Engagement Pillar

- Activate the community health support structure to create a base for community and HH support for Referral and linkage of suspected cases.
- Develop standardized CE tools on Mpox.
- Work with CM pillar to orient stake holders at all levels on their roles in HBC for Mpox.

### SIRI Pillar

- Digitise the following tools from the Case Management Pillar

- Alert Reporting form – EMS, Clinical care Daily report form (a minimum data set for daily reporting), Clinical Care Case Report Form, Mpox screening tool - to be used at the entrance of facilities, key risk areas like the HIV clinic and Points of Entry to quickly identify suspects, the IPC tool
- Support pillars to roll out digital tools for the response.
- Support data management needs of the response including ensuring data quality.
- Data Analytics and Reporting, the data analytics team constituted and generation of information products to commence on 2nd September 2024

### Risk Communication Pillar

- Printing process on for 11 languages focusing on the 23+2 high risk districts. Total materials are 165,600 and 207,000 posters and flyers respectively.
- DHE's virtual orientation for this week

### 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.
  - Suboptimal funding of Mpox response activities.
  - Case-patient and contacts, suspected and confirmed patients data are in different formats and not in one place
- **Mpox Case finding and Case detection**
  - Contact tracing and identification of contacts for the Kampala cases
  - Case definition should be printed and distributed to the districts with confirmed cases and the high-risk districts
  - Community surveillance and active search should to be activated in districts with confirmed cases and the 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 disseminated
  - Mpox risk communication and awareness among high risk groups (*Commercial Sex Workers, MSM, Antenatal Mothers and schools/ kindergaten* )
  - Delayed dissemination of risk communication materials and messages
- **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 districts with confirmed cases and high risk district

- Isolated patients (suspected and confirmed) don't have food
- Facilitation of health care workers managing Mpox patients in Entebbe Isolation unit
- **SIRI**
  - Delayed finalisation of the case management form which delayed the digitisation and rollout of the same.
  - Delayed rollout of the response digital tools due to poor coordination between the Surveillance Pillar and SIRI pillar.
  - Inadequate and delayed release of resources to support the response data management and rollout of digital tools.

## 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 a free SMS to **6767** starting with the 'ALERT' key word; or 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: **0800-100-066** 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.