World Health Organization
Uganda

Mpox Disease Outbreak - Uganda

WHO Interventions 30 November 2024

52
Cumulative Districts Affected

784
Cumulative Confirmed Cases

04
Cumulative Deaths

102
Active admissions

546
Cumulative discharges

00
Cumulative Health Workers infected

4030
Total Contacts

Summary

Since the declaration of the mpox outbreak in Uganda on 24 July 2024, the Ministry of Health with support from WHO and partners has initiated a fully-fledged response to guide the country's response to the outbreak.

Today marks 130 days of responding to the outbreak with 52 districts reporting cases.

The following report highlights WHO's interventions in supporting the country's response.

- Articles and Press Releases on the response - https://bit.ly/3Sk07EE
- Daily SitReps by the Ministry of Health with support from WHO - https://bit.ly/3TzkVZU

Key Highlights as of 30 November 2024

Coordination and Resource Mobilization

- The Situation Room at the National Public Health Operations Centre (PHEOC) has been set-up, providing information technology equipment, basic furniture and communication equipment to optimize coordination. This has enhanced coordination across pillars and national and subnational levels.
- **4** Technical officers recruited to support the IMT Secretariat in the PHEOC.
- **61** Ministry of Health National Rapid Response Teams and 432 District Rapid Response Teams mobilized and deployed in Kampala, Wakiso, Mayuge, Nakasongola, Isingiro, Amuru, Adjumani, Masindi, Nakaseke, Mityana, Palisa, Luwero, Kasese and Kampala Metropolitan. These teams were critical in supporting the districts to establish response structures.
- WHO technical expertise at the regional level across 12 of the 17 health regions maintained, providing support to Regional Emergency Operations Centres at the subnational level.
- **10** UN Coordination meetings held to promote awareness on mpox situation and coordinate the response efforts.
- **5** updates on mpox provided to UN Country Team, **2** Town Hall meetings conducted.
- District Task Forces in the affected districts have been supported to continue operate and meet at least once a week.
- Partner coordination at both the national and subnational levels has been supported.
- 4W matrix has been developed, regularly updated, analyzed and shared with partners ensure information sharing on the resources mobilized and allocated per pillar to avoid duplications and gaps.
- **3** high level partners meetings convened to brief partners on the outbreak, response and advocate for additional resources to support response efforts.
- **12** coordination meetings with implementing partners attended and supported.
- **19** MoH Incident Management Team meetings attended and supported.
- Information products including sitreps and operational reports are regularly compiled and disseminated to partners.

Surveillance and Laboratory

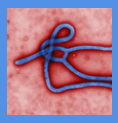
- National and district surveillance activated, providing technical guidance to national surveillance pillar and supporting capacity building at the subnational level.
- **7** epidemiologists recruited and deployed to support the response in Kampala Metropolitan Area, and the health regions of Kayunga, Mubende, Soroti, Lango, Mbarara. This has greatly improved case identification, case investigation, contact listing and follow up.
- Affected districts of Mayuge, Kampala, Nakasongola and Namayingo supported to establish surveillance mechanisms in schools to improve case detection and follow up of contacts.
- Mpox screening tools drafted to support the school surveillance efforts.
- **5,000** sample collection kits procured and distributed to the districts of Luwero, Kampala and Wakiso to ensure quality sample collection.
- **848** case investigation forms, **1,488** contact listing forms, **14,784** contact follow up forms, **13,088** standard case definitions, **24,176** community case definitions and **50,580** pocket size picture posters for village health teams printed and distributed.
- **288** (133 F, 155 M) health workers trained on mpox case investigation and contacts management.
- **7** vehicles hired to improve mobility of surveillance teams at district level and WHO technical teams at sub-national level. This has enhanced case investigation and alerts management.
- **87** village health teams oriented in Mukono district to support contact tracing and active case searches at the community level.
- Case investigations and contact listing for the cases identified in **45** districts conducted. This has enhanced the mapping and understanding of the outbreak, informing risk communication messaging.
- Stakeholders convened to review the National Mpox Plan.

Key Highlights as of 30 November 2024

- **6** national laboratory personnel deployed to Mayuge, Nakasongola, Iganga, Amuru, Adjumani, Nakaseke, Wakiso, Kampala and Kasese districts to support capacity building in mpox sample collection and management, biosafety and biosecurity as well as data management.
- **621** health workers oriented virtually and physically on sample collection and management as well as biosafety and bio security.
- **1000** laboratory investigation form booklets printed and distributed to improve data collection.
- Results dispatch system activated and functionalized.

Case Management and Phychosocial Support

- **5,000** health workers and service providers trained in managing mpox cases.
- **3** community of practice sessions held to support case discussions and share best practices.
- Database of community of practice specialists established to support patient care.
- Mpox interim case management guidelines developed and disseminated.
- Case management training toolkit developed and disseminated.
- Screening and triage algorithm developed and disseminated.
- Mpox guidelines for schools, home-based care and mass gatherings in the context of mpox developed and disseminated.
- Training material for provision of Mental Health and Psychosocial Support (MHPSS) in the context of mpox developed and disseminated.
- Community re-integration of patients in Nakasongola district and Entebbe isolation units supported.



Infection Prevention and Control (IPC)

- Quantification of IPC supplies for establishment of isolation units supported.
- IPC assessment tool developed and used to conduct assessment of **88** facilities.
- **25** isolation units and **16** holding areas established.
- Standard mpox IPC training tools developed and disseminated.
- IPC guidelines developed and disseminated.

Risk Communication and Community Engagement (RCCE)

- **2** anthropologists maintained in Nakasongola and Kampala. These are supporting awareness efforts at the subnational level. Additionally, ongoing observation in these districts is helping to inform the revision of Surveillance and Risk Communication strategies.
- **10** ethnographic group discussions conducted, primarily in Nakasongola to understand the community perceptions and behaviour.
- **173,060** posters and **216,575** flyers printed and distributed in English and local languages to promote awareness and behavior change across **18** districts, including the Kampala Metropolitan Area.
- **10** regional FM radio stations and **2** national TV stations engaged to raise awareness and encourage positive behavior for mpox control.
- **200** journalists oriented on mpox media reporting .

PRSEAH

- **103** (59 M; 44 F) deployed personnel and **14** (9M; 5F) newly recruited staff briefed on Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH).
- SEAH Risk Assessments (rapid and comprehensive) conducted for mitigation.
- **473** (211F, 262M) participants of WHO meetings including partners briefed on PRSEAH.
- **3** trainings targeting most at risk populations in Kampala metropolitan area conducted.
- PRSEAH incorporated in the activated Incident Management System.
- Joint activities with the Inter-agency PSEA network conducted.
- **961** IEC materials distributed at various meetings and to newly deployed personnel to increase awareness on PRSEAH (T-shirts, bracelets, passports, banners, No Excuse cards).

Summary of key challenges

- Inadequate resources to support implementation.
- Other sectors (multi-sectoral collaboration) not yet integrated into the response.
- IPC sub-pillar requires strengthening to provide the optimal support.
- Lean case management team across the treatment facilities.
- Delays in data entry by clinicians.
- Several temporary/quick fix structures for isolation e.g. tents affecting sustainability.
- Inadequate capacity of health workers across the country to manage cases.
- Inadequate numbers of MHPSS officers at lower levels.

Recommendations

- There is a need to enhance community engagement on mpox prevention in order for communities to support contact listing and follow up.
- Continued maintenance of high-level of index of suspicion at all the health facilities.
- Activate backup cars within the National Specimen Transport Referral Network to reduce turn-around time for sample transportation from the facilities to the testing labs.
- Activate Adjumani mobile laboratory for mpox testing.
- Fast track lab advisory on mpox sample management and testing.
- Fast track guidance on sample collection from the community.
- Hiring of additional staff for WHO Country Office to strengthen the IPC sub-pillar.
- Procure surge supplies for IPC.
- Support establishment of more permanent isolation spaces.
- Cascade trainings to the lowest health facilities.
- Print and disseminate case management guidelines.
- Strengthen regional MHPSS teams to follow up discharged cases and link to existing MHPSS systems.

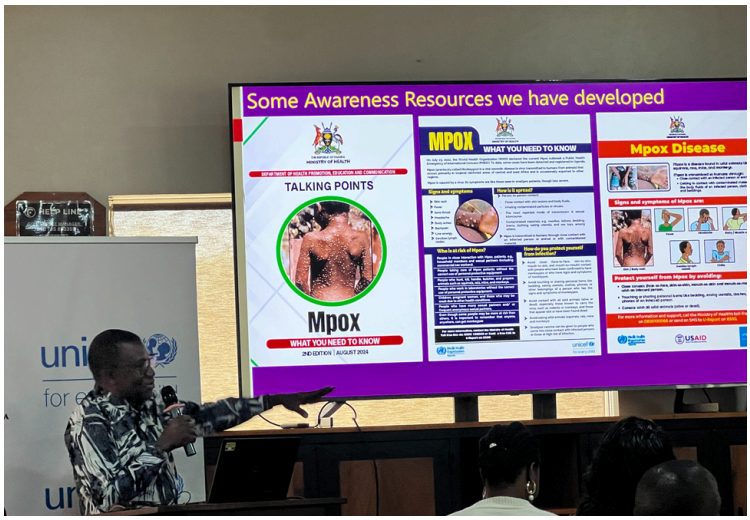
Partnerships and Financial Contributions - as of 19 Dec 2024

Budget	Funding Secured	% Secured	Pledges	% Coverage (incl Pledges)	Funding Utilization	Funding Gap	Gap %
$12.9m	$1.8m	15%	0	15%	**82%**	**$11m**	**85%**

Sincere acknowledgement to all development partners who have generously provided resources through WHO to support the mpox response in Uganda. These are: USAID and Ireland bilaterally and Germany, Norway, Ireland, Canada, France, New Zealand, Kuwait, Portugal, Philippines, Switzerland, Estonia and WHO Foundation through the Contingency Fund for Emergencies (CFE).

More funds are needed to bridge the **85% funding gap** given the **high utilization rate** of available funds and needs on the ground.

WHO calls all partners to urgently support the Government of Uganda through increasing their financial contributions towards the mpox response.



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