

Week 46 and 47,

10<sup>th</sup> – 23<sup>rd</sup> November 2008

### I. General Situation

#### a. Political, Social and Security

- *Karamoja region*; report of few incidences of cattle raids and armed clashes between armed Karamojongs and government forces.
- *DRC*; Security situation in Eastern DRC remains tense.

#### a. Main Events of Interest/Concern for Health

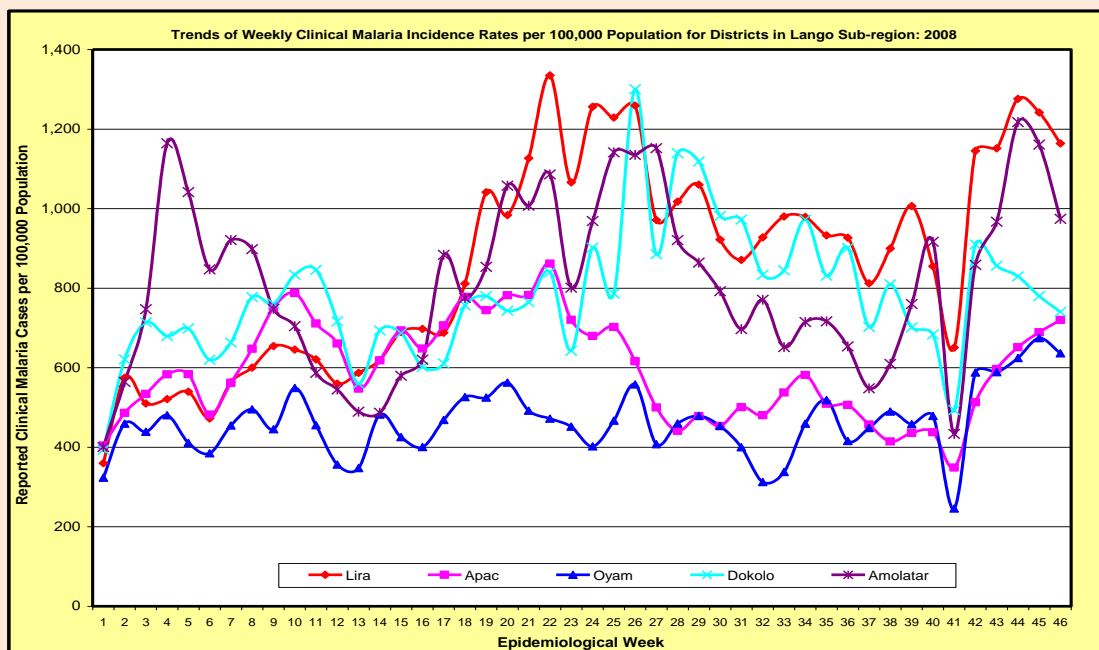
- *DRC*; Influx of refugees from Democratic Republic of Congo (DRC) to Uganda continues however, at a reduced rate.
- *DHS*; Draft concept note on conducting a mini Demographic and Health Survey (DHS) in Acholi and Karamoja region of Uganda has been developed and shared with partners
- *REMO*; Beginning of implementation of WHO funded Rapid Epidemiological Mapping of Onchocerciasis (REMO) survey

### II. Analysis and Health Consequences (Health Problems and Needs of Affected Population)

#### Malaria:

*Lango sub-region*; The weekly incidence of malaria in Apac district increased from 2578 in epi-week 42 to 3,617 in epi-week 46, this represent a 60% increase in number of cases. Note that IRS was conducted in Apac district 6 months ago. To avert further increase in number of cases of malaria in Apac district, there is need to conduct the second round of IRS. For the case of Lira district, the number of cases of malaria over the last two weeks is on the declining trend however the absolute figure is still high.

Figure I



*Acholi sub-region*; Over the last four weeks the weekly incidence of malaria in Amuru and Kitgum district in 2008 is on average 29% higher than that of 2007. Stock out of anti-malarial drugs at health facilities, increase in number of health facilities reporting and poor coverage of malaria prevention activities at community level could partially explain the high number of cases seen in 2008 as compared to 2007. See figure II and III.



### Highlights

- Response to influx of refugees from DRC
- WHO support to Rapid Epidemiological Mapping of Onchocerciasis (REMO) survey in Pader district

## Acknowledgement

Production of this weekly activity report has possible by contribution from the followings



Figure II; Malaria trend in Kitgum district in 2007 & 2008

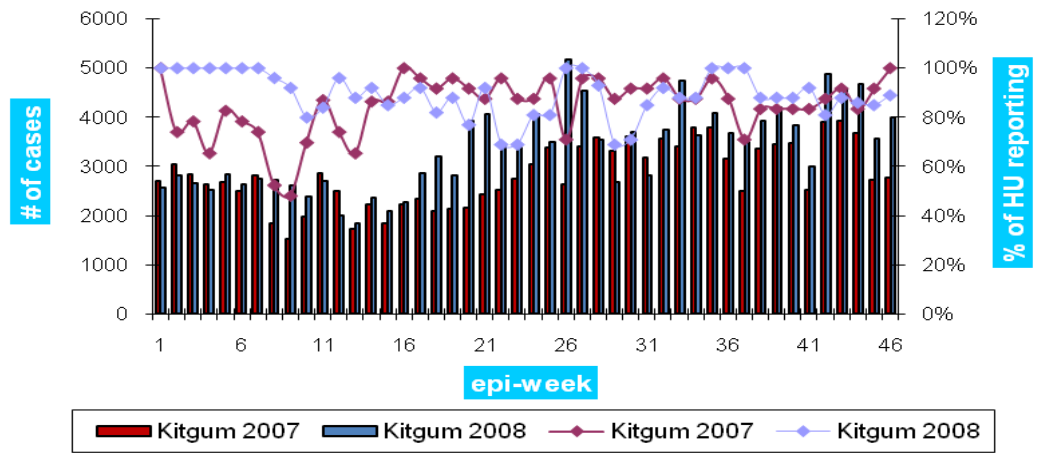
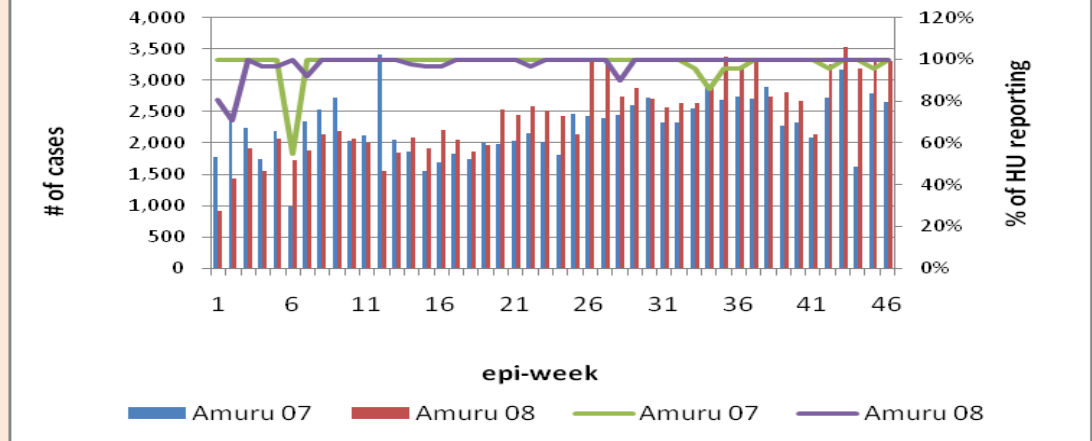


Figure III; Weekly incidence of malaria cases in Amuru district in 2007 and 2008



**Dysentery:** The number of cases of dysentery reported in all sub-regions of Acholi, Lango and Karamoja continues to be low in 2008 as compared to that of 2007 for the same epi-week.

**Cholera:** In epi week 46, 3 and 5 new case of cholera was reported in Kampala and Kayunga district respectively. The cumulative number of cases of cholera is 99 and 15 for Kampala and Kayunga district respectively. The cumulative deaths is 9 (CFR 9%) and 2 (CFR 20%) for Kampala and Kayunga district respectively.

**Polio;** Threat of wild polio virus importation still exists in district bordering Sudan.

**Measles and meningitis;** No case was reported in epi-week 46,

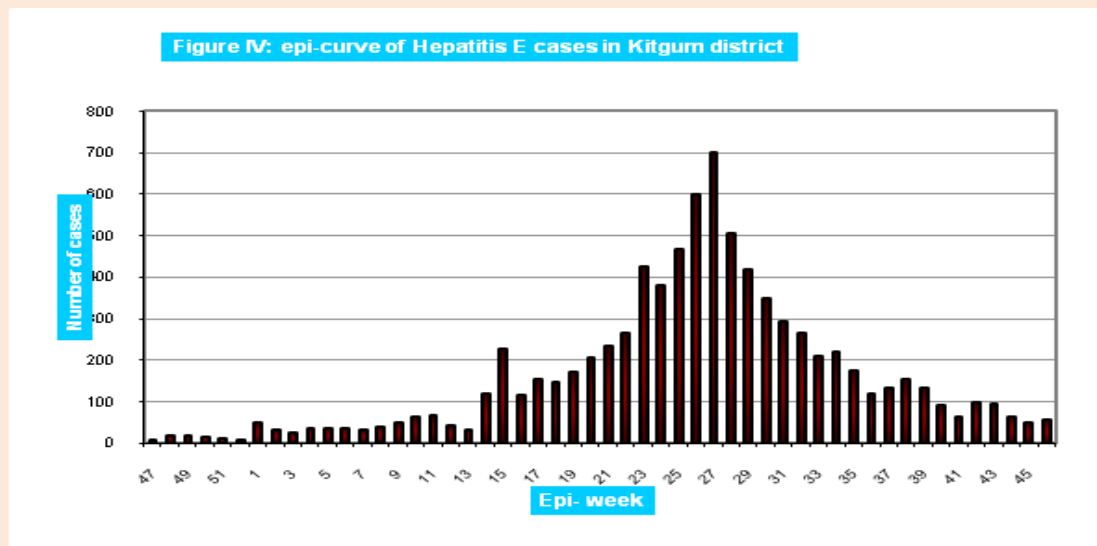
**Sleeping sickness;** One case of sleeping sickness was reported from Dokolo district in epi-week 46. The cumulative number of cases of sleeping sickness reported in Dokolo district over the last 2 years is 120 with CFR of 12%. 70% of the patients reported with late stage of the disease leading to high CFR.

**Hepatitis E:** 57 new cases of Hepatitis E with 2 deaths were registered in epi-week 46. The cumulative number of cases of Hepatitis E registered in all districts of Acholi and Lango is 9,051 with 141 deaths (CFR 1.56%). See table I for details. Kitgum district which is the epi-centre of the epidemic registered 54 cases in epi-week 46 up from 48 cases registered in epi-week 45. Sub-counties that registered cases in epi-week 45 were Mucwini (16), Padibe

E/W (12), and Potika (8). See figure IV for details.

**Table I: New Hepatitis E Cases by District in Week 45**

District	New cases	New deaths	Cumulative Cases	Cumulative deaths (Case Fatality Rate CFR)
Kitgum	54	2	8,975	134 (1.5%)
Gulu & Amuru	0	0	15 (9 confirmed)	2 (13.3%)
Pader	3	0	58 (8 confirmed)	7(11%)
Lango	0	0	3	0
Total	57	2	9,051	143 (1.57%)



**Influx of refugees from DRC;** While the influx of refugees from DRC to Uganda reduces the humanitarian concerns of the refugees like poor access to health care, safe water and sanitation still exist and threat of epidemics outbreak of disease continue

**Threats of floods in north eastern and north western Uganda;** in Epi-week 46 and 47, the north western and north western part of Uganda recorded a drop in rainfall. The risk of flood in the above region has reduced.

### III. Actions

#### a. WHO Response

##### Epidemic Response (Sida)

- *Malaria;*
  - Supported the district of Lira and Pader to conduct rapid assessment of drug inventory
  - Advocated for filling of critical gaps in drug supply by partners
  - Continue advocating for IRS with Lira district officials
- *Sleeping sickness;* Build capacity of clinical teams in Dokolo district on the treatment of sleeping sickness
- *Cholera;* Continue providing technical support to the control of cholera epidemic
- *Hepatitis E;* WHO is supporting members of the DHTs to move out and participate with members of the sub-county task force to mobilize communities in sub-counties still reporting cases of Hepatitis E. Furthermore WHO sub-office in Kitgum continues supporting cases

management, community mobilization, community sensitization, disease surveillance and coordination of health response. Major gap in the response include inadequate quantity of aqua tablet to cover the whole district

- *Measles*; WHO is supporting the DHOs in the districts bordering Sudan in heightening disease surveillance

### **Emergency Health and Nutrition Response in Karamoja (CERF)**

- Trained, equipped and provided incentives to 378 VHTs in 1 sub-county in Nakapiripirit and 3 sub-counties in Kaabong district
- Conducted outreach services to returnee community in Apetolim
- Distributed 1 cholera kit and 2 meningitis kit to each of the 5 district in Karamoja region

### **Others**

- Draft concept note on conducting a mini Demographic and Health Survey (DHS) in Acholi and Karamoja region of Uganda was written as circulated to stake holders for comments
- Refugee influx from DRC; WHO has deployed one public health physician in the region to provide technical support in strengthening of disease surveillance and EPR in Kisoro, Kanungu and Isingiro district

### **b. Cluster Partner's Response**

- UNICEF distributed 79,000 ITNs in Lira district
- Medair has filled the gaps on essential drugs and supplies to Lapono, Adilanga, Patongo & Lukole H/Units in Pader district
- ICRC has also filled gaps on essential drugs in health facilities of Omot HCIII, Arum HC II, Awere HC III, Porogali HC II & Alim HC II all in Pader district.
- Medical Teams International has continued providing mobile clinics in Pader District especially the areas that have no access to health services.
- MSFH and partners of WASH cluster continue to carry out activities that aim at controlling the Hepatitis E outbreak in Pader District
- NUMAT has given 27 bicycles to support health workers in implementation of CBDOT programme in Pader District.
- Others Partners like Concern, CESVI, AVSI, TPO Uganda, AMREF, UNFPA, MSU, GOAL, etc are supporting activities in the World Aids Day

### **Response to refugees from DRC**

- MSF France; Providing clinical services and distribution of essential medicines to health facilities in Nakivale, Kinanira, Busanza, Kabahindi Rubondo Nteko, and Nyakabande
- UNFPA distributed dignity kits and PEP kits to Nakivale, Kinanira, Busanza, Kabahindi and Nyakabande health centres
- Uganda Red Cross Society; Is conducting public awareness campaigns
- UNICEF; distributed mama kits, ORS, water purification tablets and family kits
- WFP; Has planned to conduct nutrition surveillance
- UNHCR; distributed bed nets to Kabahinda and Kabaazana refugee camps and distributed essential medicines to Rubondo and Nakivale health centres

## **IV. Comments and Conclusions**

- There is need to conduct second round of IRS in Apac and Oyam district to

avert further increase in number of cases of malaria in the district.

**V. Plan for Coming Week**

- Continue supporting hepatitis E and cholera epidemic response
- Continue to support response to the influx of refugees from DRC
- Continue providing technical and financial support to the office of the DHOs in strengthening HMIS/IDSR
- Continue advocating for IRS in Lira, Apac, Amolatar and Kitgum district

For further information, please contact:

Dr. Joaquim Saweka, WHO Representative Uganda: Tel. +256 41 335500, Mobile +256 752 728 257,  
Email: [sawekaj@ug.afro.who.int](mailto:sawekaj@ug.afro.who.int)