

# Emergency and Humanitarian Action (EHA), Uganda

## Weekly Activity Report

Week 32,

2<sup>nd</sup>- 8<sup>th</sup> August

2009



### Highlights

- Low stock level of first line anti malarial drugs at NMS has greatly impacted on drug stock level at health units hence district response to the upsurge in the number of cases of malaria in Gulu and Amuru

### General Situation Political, Social and Security;

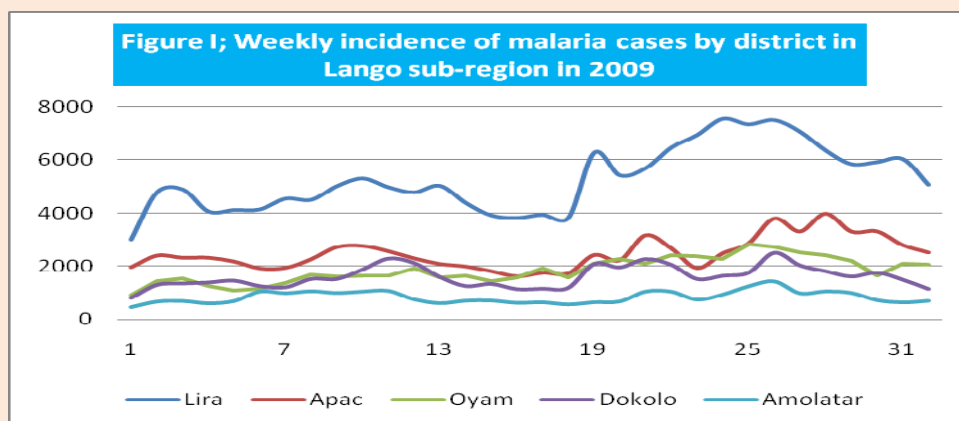
- Disarmament of armed Karamojong by UPDF continues. No report of cattle raids by armed Karamojongs in the week. Acholi and Lango sub-region is calm

### Main Events of Interest/Concern for Health;

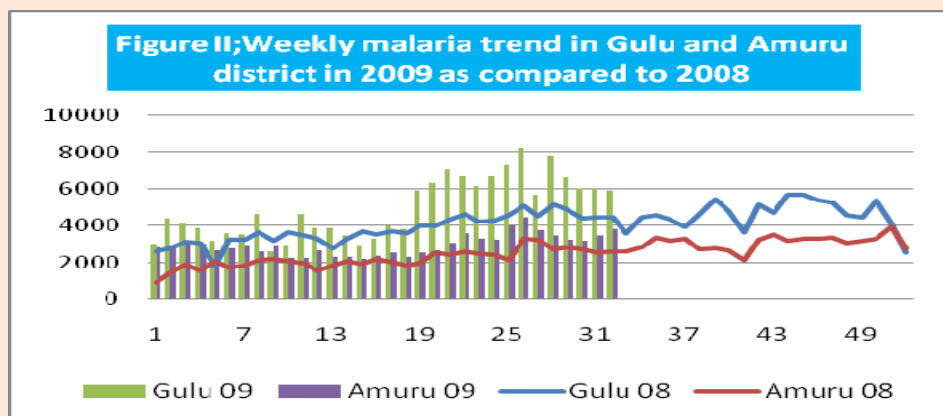
- The 4 days mass polio immunization campaign which is scheduled to begin on the 15<sup>th</sup> August 2009 in 12 high risk district of Uganda is ongoing.
- Data collection for the mini UDHS in Acholi and Karamoja sub region is complete in 6 of the 9 district. It is expected that data collection will be complete in all district by mid September.

### Analysis and Health Consequences (Health Problems and Needs of Affected Population) Malaria:

**Lango;** There is a general decrease in the number of cases of malaria reported in all districts in Lango sub-region. The decrease began in epi-week 26. See figure I below for details.



**Acholi;** Gulu and Amuru district continues to report high number of cases of malaria in 2009 as compared to 2008. See figure II below for details.

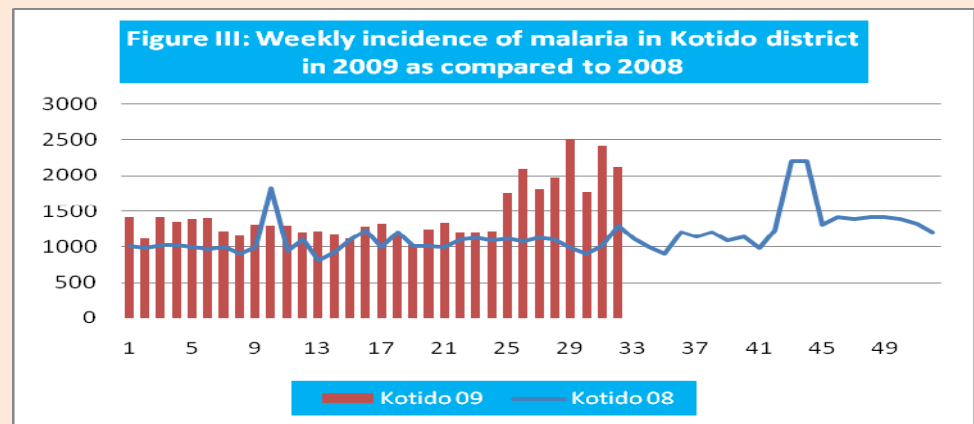


## Acknowledgement

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

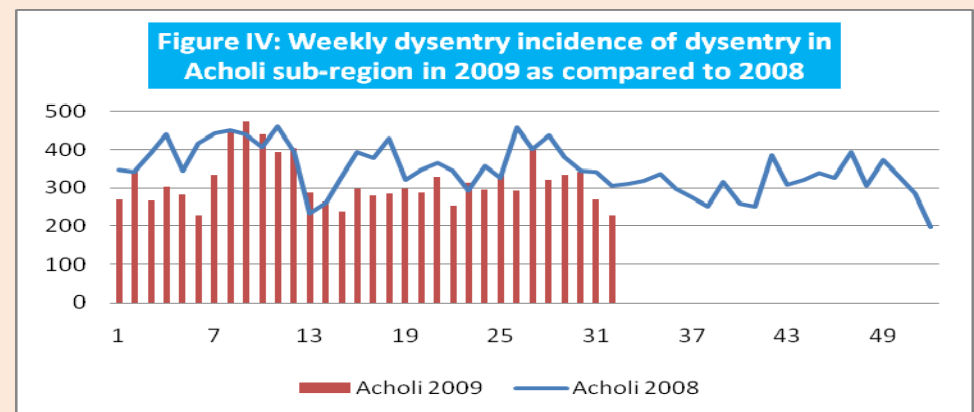


**Karamoja sub-region:** Kotido district continues to report high number of cases of malaria in 2009 as compared to 2008. See figure III below for details.

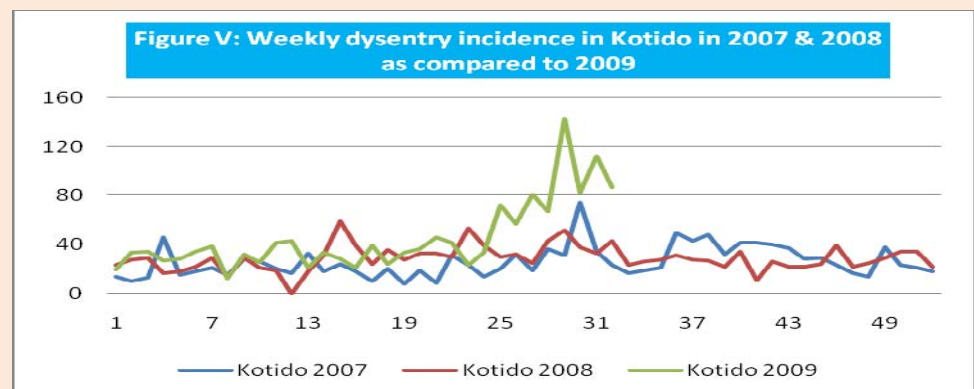


**Dysentery:**

**Acholi and Lango sub-region;** Dysentery incidence in Lango and Acholi sub-region in 2009 remains low as compared to 2008, however, the trends are similar. See figure IV below for Acholi sub-region for details.



**Karamoja sub-region;** Kotido district continues to register high number of cases of dysentery in 2009 as compared to 2008. See figure V below for details.



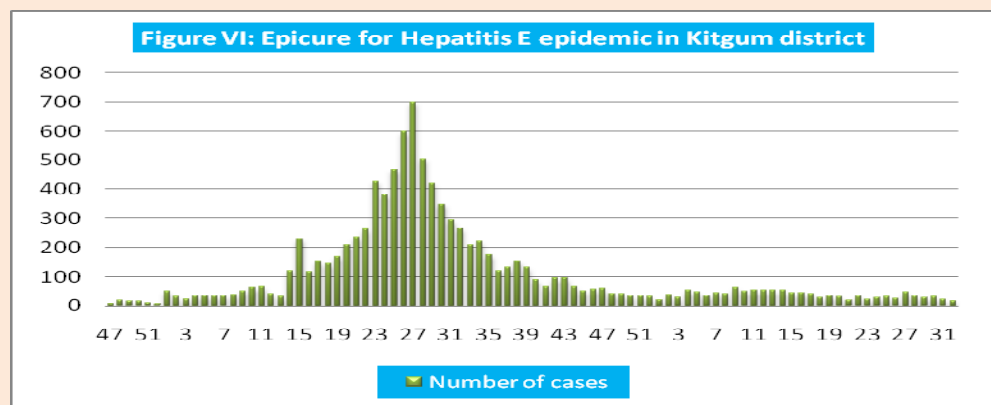
**Hepatitis E;** 17 new cases of Hepatitis E were reported from Kitgum district in epi-week 32 down from 22 cases reported in epi-week 21, representing a decrease of 22.7%.

Three suspected cases of Hepatitis E were reported from Pader district in epi-week 32 down from 4 cases reported in epi-week 31. The three cases were reported from Pader (1)

and Pajule (2) sub-counties. Gulu district have reported one case of Hepatitis E for three consecutive weeks now,

See table I and figure VI below for details.

District	New cases	New deaths	Cumulative cases	Cumulative deaths
Kitgum	17	0	10,376	165 (1.59%)
Gulu & Amuru	1	0	44 (9 positive)	0 (0)
Pader	3	0	222	8 (3.6%)
Lango	0	0	3	0
<b>Total</b>	<b>21</b>	<b>0</b>	<b>10,645</b>	<b>173(1.62%)</b>



Measles; Two suspected cases of measles were reported, one was from Gulu district and the other from Lira district

Meningitis; No case reported in epi-week 32.

AFP; Two suspected cases of AFP was reported in the week. One suspected case reported in Dokolo and another in Abim district

#### *Epidemic outbreak of Cholera in Busia district;*

- Last case was admitted at CTC on the 18<sup>th</sup> August 2009
- Cumulative number of cases since the begging of the outbreak is 93 with 8 deaths (CFR 8.4%). 7 of the 8 death occurred at health unit.
- Response;
  - Case management at CTC in Busia HC II
  - Community mobilization using radios and VHTs ongoing
  - Major challenge to the response are;
    - Inadequate fund to continue social mobilization using VHTs
    - Resistance of the community to behavior change.

#### **HINI;**

- 41 suspected cases of Influenza A HINI have been investigated in Uganda of which 10 cases were confirmed positive. The last one was on the 15<sup>th</sup> August 2009
- Of the last confirmed case 3 contacts are currently being followed up

## Actions (WHO response, Sida grant)

### Epidemic Response

#### *Disease surveillance;*

WHO continues to support districts financially and technically in disease surveillance. Weekly epidemiological reports depicting disease trends have been shared with all the districts and partners.

#### *Malaria;*

- Community mobilization and sensitization using radios and VHTs is ongoing
- Drugs from NMS were supplied to health units in Amuru district. The drug supplied is expected to last one month.

#### *Diarrheal disease;*

WHO is continuing to support the districts to advocate for and to conduct community mobilization and sensitization on latrine construction and improved hygiene. Note that Latrine coverage and access to safe water in Kitgum district is less than 40%.

#### *H1N1;*

- Response;
  - Heightened routine surveillance in all health facilities
  - Active screening ongoing at Entebbe international airport and the border points of Busia and Malaba
  - Community sensitization supported by Uganda Red Cross Society ongoing
  - WHO update all UN staff on H1N1
  - Planned activities
    - WHO and MoH is planning to train health workers on Influenza A H1N1
  - Major challenge to the response is
    - Lack of fund to implement the national preparedness and response plan.

#### *Hepatitis E;*

- Response to Hepatitis E in Kitgum and Pader district include;
  - HEV surveillance and case management
  - Community mobilization and sensitization on improved sanitation through radio sports and talk shows, VHTs, Health Assistants and local leaders
  - Chlorination of domestic water
  - Discouraging use of wide mouth local pots for storage of water
  - Mainstreaming of Hepatitis E control messages in all programs implemented by health partners
  - Major partners supporting the district are WHO, CESVI, ASB, Concern Worldwide, UNICEF, AVSI, MTI and IRC

#### *AFP;*

Stool sample from the two suspected cases have been taken to UVRI for confirmation. The 4 days mass Polio immunization campaign which began on the 15<sup>th</sup> August 2009 is ongoing in 12 high risk districts in Uganda.

#### *Mini UDHS in Acholi and Karamoja sub-region;*

- Data collection complete in 6 of the 9 district
- Data capture ongoing
- Preliminary result expected in November

### *Other partners*

- NUMAT
  - Support ART clinics and laboratories at HC III and IV.
  - Support malaria outbreak response activities. Through support to community sensitization and mobilization through the radio programmes.
- Visions in Action: providing HCT outreaches in selected areas in both Amuru and Gulu districts.
- Health Alert: follow-up of babies born to HIV+ mothers, anti-HIV/AIDS stigma campaigns in schools and adolescent positive HIV/AIDS prevention campaign.
- UNICEF: routine immunization in sub counties, support to CHDs and support to PMTCT programmes at HC III and above. Training of health workers from PMTCT sites have been carried out last week. UNICEF has started supporting CTC supervised by Regional Nutritionist based at Gulu Hospital.
- ARC: supporting local CBO HIDO to run TOT peer educators activities in HIV/AIDS, condom distribution and conducting HCT outreaches.
- NUTI: re-construction/ renovation of health facilities
- Malaria Consortium: distribution of LLIN to pregnant mothers attending antenatal clinics.
- CUAMM continues to support Oyam in implementing comprehensive maternal and child health services (staff development, EmoC, ambulance systems for referrals, immunizations, radio talk shows, support supervision);

### **Comments and Conclusions**

WHO is continuing to advocate with MoH and National Medical stores to maintain adequate stock of medicines to enable it to effectively supply all health units in the country

### **Plan for Coming Week**

- Support MOH to respond to Influenza A H1N1 pandemic
- Support hepatitis E epidemic response in Kitgum and Pader district
- Support Busia district to respond to epidemic outbreak of cholera
- Provide technical and financial support to the DHOs in strengthening HMIS/IDSR
- Provide technical and financial support to MoH and UBoS in conducting mini-Demographic and Health Survey

**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)