

ACHOLI REGIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTRE



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

WEEKLY EPIDEMIOLOGICAL BULLETIN WEEK: 29 (15th– 22nd July,2024)

Dear Reader, we are pleased to share Acholi Sub Region’s weekly epidemiological bulletin for week 29 ,2024. This bulletin serves to inform all stakeholders at community, district and national levels on suspected disease trends, public health surveillance and interventions undertaken in detecting, preventing and responding to public health events in Acholi Sub Region.

In this issue, we showcase the following updates:

- Indicator Based Surveillance
- Epidemic Prone Diseases
- Maternal and Perinatal deaths surveillance
- Tuberculosis updates
- Malaria case updates

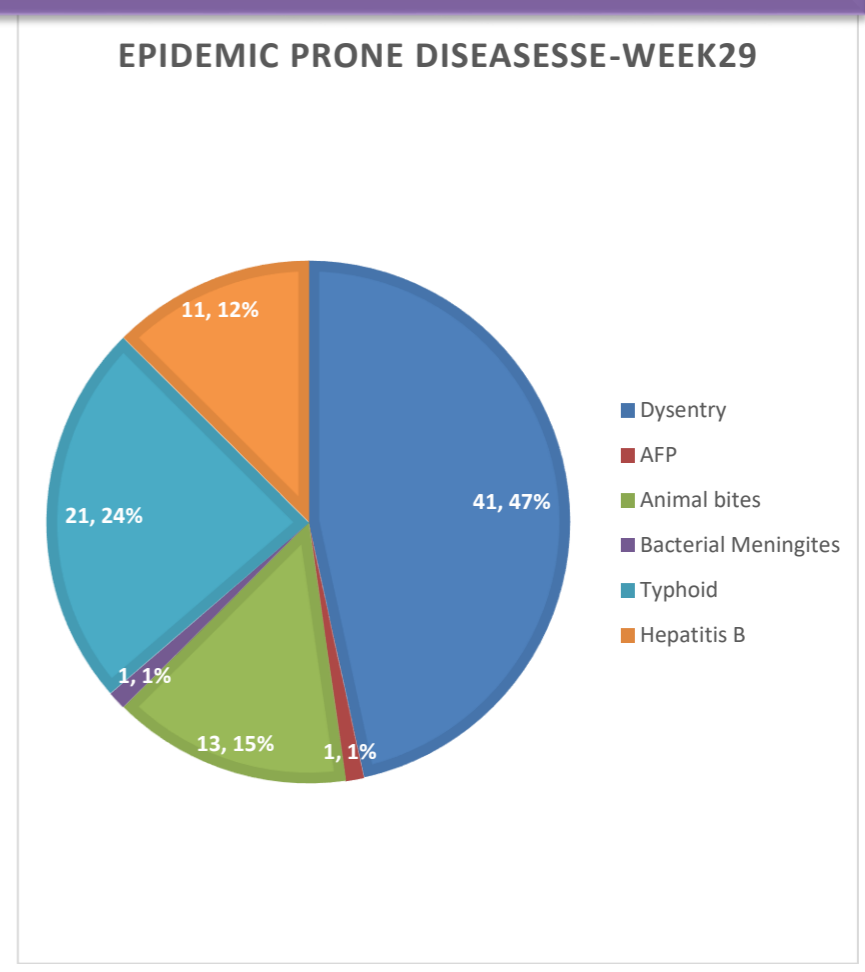
Table 1: 033b Epidemiological Weekly Reporting Rates – Week 29: Completeness and Timeliness

COMPLETENESS												TIMELINESS											
District	W19	W20	W21	W22	W23	W24	W25	W26	W27	W28	W29	District	W19	W20	W21	W22	W23	W24	W25	W26	W27	W28	W29
Agago	100	100	100	100	100	100	100	100	100	100	100	Agago	46.5	53.5	69.8	16.3	60.5	67.4	67.4	72.1	46.5	79.1	60.5
Amuru	87.5	90.6	90.6	75	84.4	87.5	87.5	93.8	93.8	81.3	84.4	Amuru	68.8	46.9	71.9	31.3	62.5	43.8	62.5	15.6	59.4	56.3	21.9
Gulu City	100	100	100	100	100	100	97.6	95.2	88.1	92.9	90.5	Gulu City	52.4	64.3	57.1	23.8	50	47.6	47.6	50	33.3	52.4	35.7
Gulu	91.3	100	100	100	100	95.7	100	95.7	95.7	95.7	95.7	Gulu	13	39.1	17.4	0	56.5	26.1	4.3	34.8	39.1	30.4	21.7
Kitgum	100	95	100	87.5	100	97.5	97.5	87.5	100	92.5	90	Kitgum	82.5	57.5	70	32.5	62.5	77.5	77.5	72.5	72.5	62.5	72.5
Lamwo	90.3	93.5	93.5	80.6	80.6	90.3	96.8	93.5	87.1	90.3	83.9	Lamwo	67.7	64.5	80.6	19.4	71	54.8	54.8	61.3	67.7	71	67.7
Nwoya	100	100	100	100	100	100	100	100	100	100	100	Nwoya	90	100	100	96.7	96.7	100	100	100	100	96.7	93.3
Omoro	92.6	100	96.3	92.6	100	100	96.3	88.9	96.3	96.3	96.3	Omoro	59.3	70.4	74.1	37	63	33.3	70.4	37	37	44.4	70.4
Pader	97.6	100	100	100	100	100	100	100	97.6	100	97.6	Pader	61.9	50	57.1	31	81	59.5	54.8	64.3	50	64.3	54.8

The regional have improved on the weekly reporting rate, all the districts have achieved the MoH reporting target of 80% completeness in week 29. However, there is a decline in reporting on time for the past 6 weeks as shown above. Only Nwoya district has continuously reported on time while the rest of the 8 districts didn’t achieve the target. Amuru and Gulu Districts have totally declined in timely reporting with 21.9 and 21,7 respectively. Gulu City is as well as among the poor reporting districts with no Improvement in the past 6 weeks. DHOs and District Biostats should be able to address this challenge as it affects the regions weekly reporting. Poor timely reporting affects the timely detection and response to public health threats

Epidemic Prone Diseases in Acholi Sub Region -Week 29

District	Malaria (diagnosed)	Dysentery	Acute Flaccid Paralysis	Animal bites (Suspected rabies)	Bacterial Meningitis	Typhoid Fever	Hepatitis B
Agago	7966	7	0	1	0	0	0
Amuru	2637	10	0	0	0	0	0
Gulu City	1783	4	0	2	1	0	11
Gulu	2433	4	0	0	0	0	0
Kitgum	3734	7	0	9	0	18	0
Lamwo	5602	0	1	0	0	1	0
Nwoya	2102	0	0	0	0	0	0
Omoro	2910	4	0	1	0	0	0
Pader	4784	5	0	0	0	2	0
Total	33951	41	1	13	1	21	11



During this weekly surveillance reporting of epidemic prone diseases, Malaria remains the major concern in the region followed by Dysentery with 41 cases and Typhoid with 21 cases. Gulu City is still registering high cases of Hepatitis B as shown in the table above. This calls for Kitgum DHOs team to respond to the continuous high typhoid cases being registered in the district.

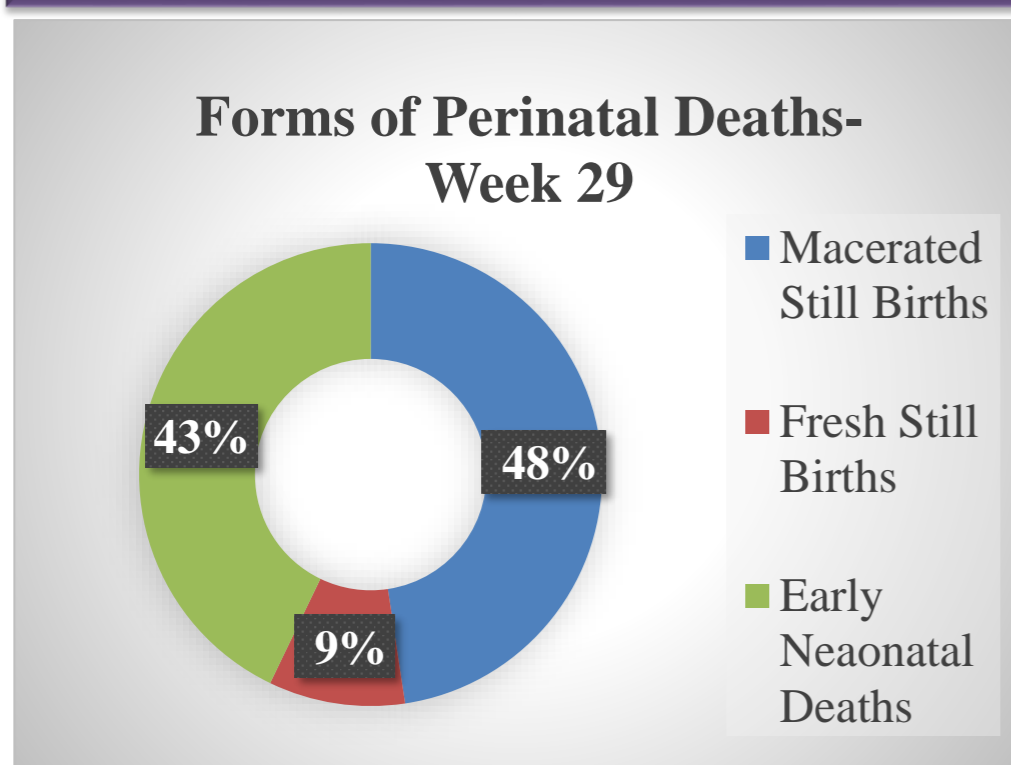
Weekly Epidemiological Surveillance malaria channels- Week 29



The above normal malaria channels, malaria cases have increased in Gulu City, Gulu District, Lamwo and Agago which calls for malaria interventions in these affected districts in week 29. The rest of the districts are within the normal ranges as shown in the above individual district graphs.

Malaria diseases remains a burden in Acholi Region and needs urgent attention of MoH as well implementing partners.

Maternal and Perinatal Deaths Surveillance-Week 29



District	Maternal death	Macerated Still births	Fresh Still Birth	Early Neonatal deaths 0-7 days
Agago	0	0	0	2
Gulu City	0	2	6	1
Amuru	0	2	0	0
Gulu	0	0	0	0
Kitgum	2	1	0	3
Lamwo	0	1	0	0
Omoro	0	0	0	0
Nwoya	0	0	0	0
Pader	0	0	1	0
Total	2	10	2	9

The region notified twenty-three (21) perinatal deaths and two maternal deaths. Macerated Still births are leading contributors to perinatal deaths with 48%. The region registered two maternal deaths from Kitgum District specifically Kitgum General Hospital. There is a backlog in the death reviews, Notifications and certifications in the region and this calls for support from MoH especially filling form 100.

TB Burden in Acholi Sub Region Epi-Week 29

District	Clients Screened for TB in OPD	Presumptive TB cases identified	New and Relapse TB diagn & registered	New and Relapse TB cases started on TX	%rate Linkage	Bacteriologically TB cases registered	Bacteriologically Confirmed TB cases tested with GeneXpert	TB contacts traced & screened
Agago	11768	33	10	9	90	8	4	39
Amuru	3613	108	4	1	25	1	1	
Gulu City	12513	480	23	23	100	17	16	12
Gulu	4105	10	2	2	100	2	1	0
Kitgum	7481	125	6	6	100	6	6	8
Lamwo	9884	87	1	1	100	1	0	7
Nwoya	4245	28	2	2	100	2	2	6
Omoro	4874	115	11	11	100	9	5	5
Pader	7680	64	4	4	100	3	3	23

There is improvement in TB screening at OPD in all the districts

The region continues to register new & relapse TB cases totaling to 63 cases in week 29 compared to week 28 which had 66 cases. Treatment linkage of patients diagnosed with TB was at 90.5%. Amuru district only linked one case on treatment highlighting the need to follow up with the rest of diagnosed cases to be follow up.

Public Health Actions Implemented by Acholi Regional PHEOC

- Ongoing Mortality Surveillance, death notification and certifications mentorship
- Follow up on 033B reporting done with focus on Timely reporting in all the districts

Challenges

- Sending signals through eIDSR is still a challenge.
- Inconsistency in Data reporting in most of the districts therefore data cleaning should be prioritized

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DISCLAIMER: The data included in this summary was extracted from DHIS2 -033b through m-track and other key sources- This report was compiled by Acholi regional PHEOC under Gulu Regional referral Hospital