

Emergency and Humanitarian Action (EHA), Uganda

Weekly Activity Report

Week 34,

16th – 22nd August

2009



Highlights

Inadequate stock of first line anti malarial drug still persist in most health facilities in Acholi, Lango and Karamoja sub-regions.

General Situation Political, Social and Security;

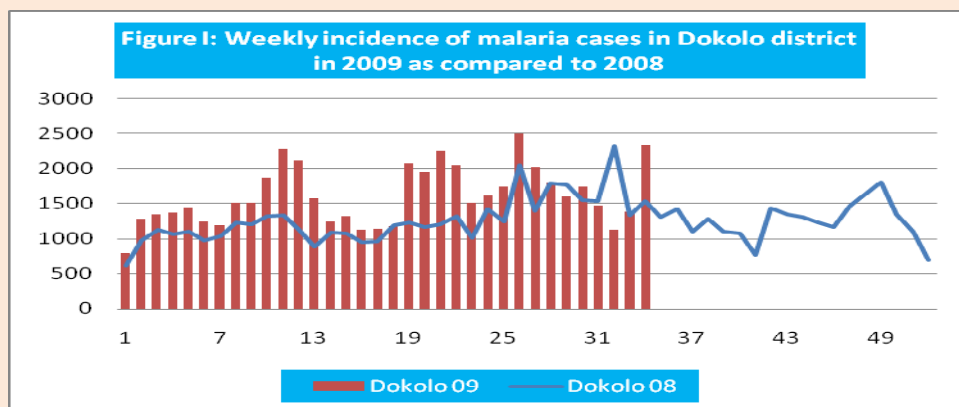
- Karamoja sub-region; Disarmament of armed Karamojong by UPDF continues.
- Acholi and Lango sub-region is calm.

Main Events of Interest/Concern for Health;

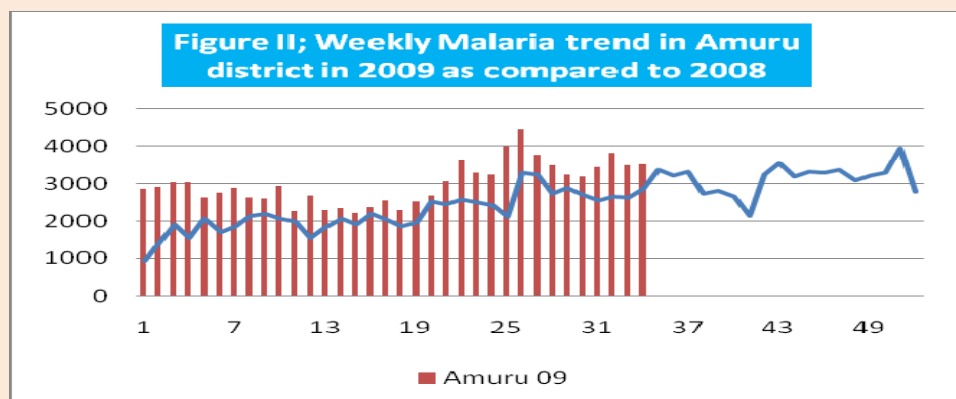
- The 4 days mass polio immunization campaign which began on the 15th August 2009 ended well. Results from the 12 districts indicate that the administrative coverage achieved for all districts was 106%. Results from independent monitors indicate that the coverage achieved for all 12 districts was 95%.
- The districts of Dokolo, Amuru and Kotido continue to report high number of cases of malaria in 2009 as compared to 2008. Note that low stock of anti-malarial drugs are reported in most health units in Acholi, Lango and Karamoja sub-regions

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

Lango; All districts in Lango sub-region registered an increase in the number of cases of malaria in epi-week 34 as compared to epi-week 33. Dokolo district registered a 69% increase in the number of cases of Malaria in epi-week 34 as compared to epi-week 33. See figure I below for details.



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



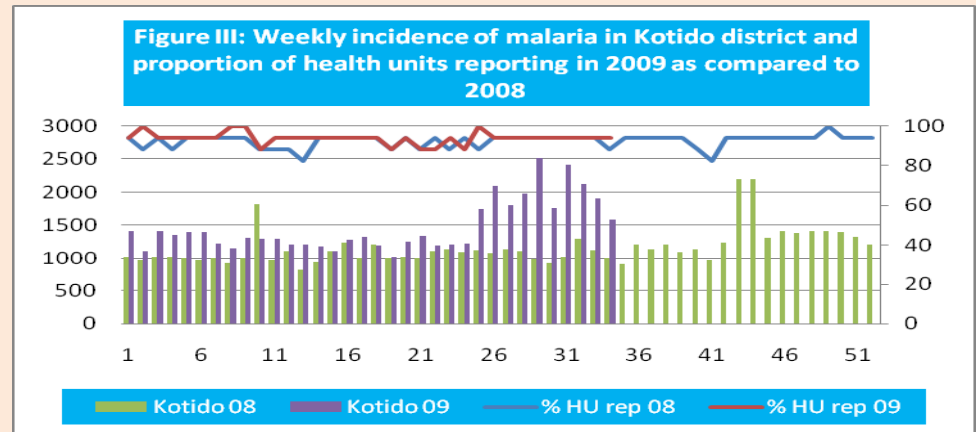
Karamoja sub-region: Kotido district continues to report high number of cases of malaria in 2009 as compared to 2008 despite comparable numbers of health facilities reporting. See

Acknowledgement

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

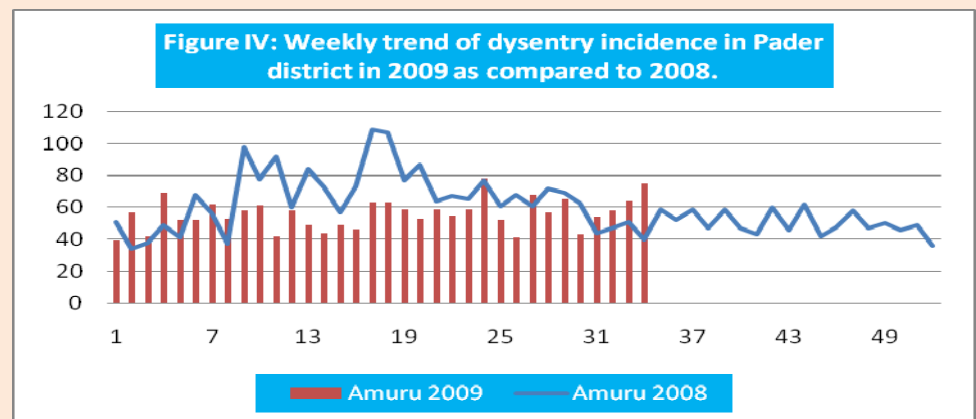


figure III below for details.



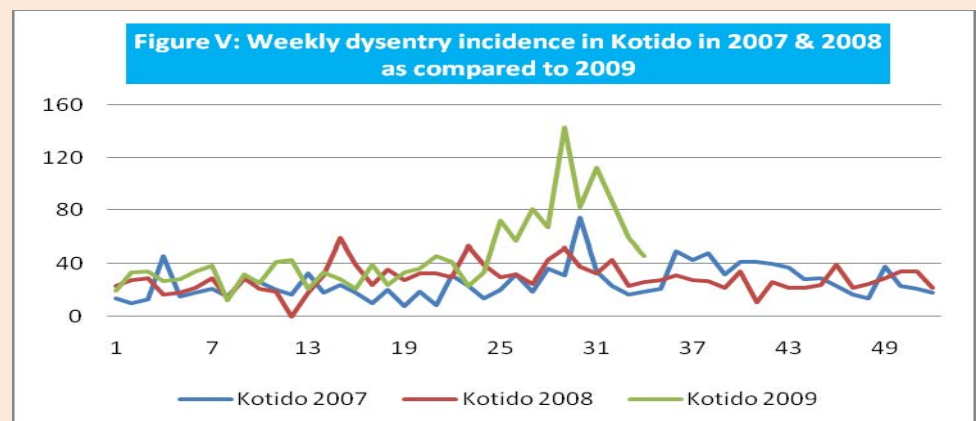
Dysentery:

Acholi Sub-region; The Number of cases of dysentery reported in Amuru district increased from 58 in epi-week 31 to 75 in epi-week 34 representing a 30% increase. Note that the number of cases of dysentery reported in Amuru district in 2009 is much higher than that of 2008. See figure IV below for details.



Lango sub-region; The number of cases of dysentery and the trend in 2009 is comparable to that of 2008.

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.



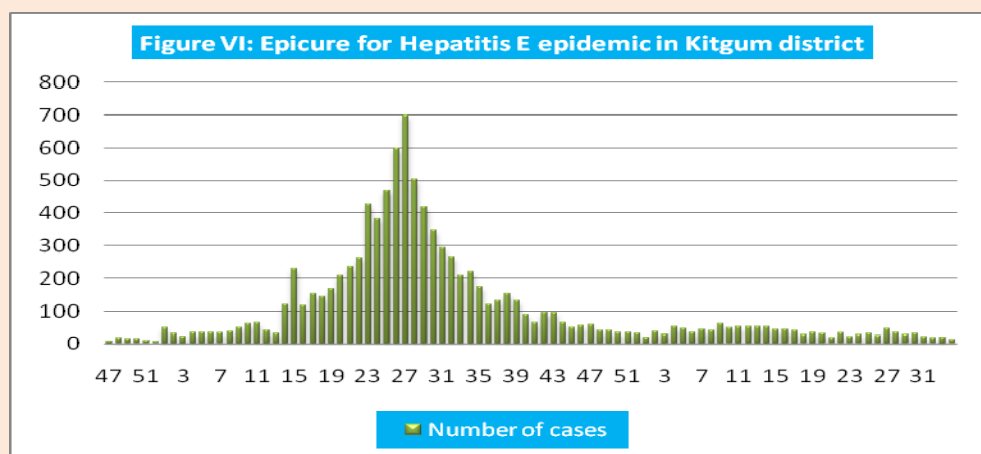
Hepatitis E;

12 new cases of Hepatitis E were registered in epi-week 34 down from 20 cases reported in epi-week 33. One death due to Hepatitis E was registered in epi-week 34. A cumulative total number of cases of Hepatitis E registered since the beginning of the outbreak in Kitgum district is 10,409 with 166 deaths (CFR 1.59%). The sub counties that registered

cases in Epi week 34 of 2009 are; Kitgum Matidi [3]; Mucwini [3];Palabek Gem [2]; Kitgum Town council [1];Omiya Anyima [1];Agoro/Potika [1] ;Amida [1]

One cases of Hepatitis E was registered in Pader district in epi-week 34 of 2009. This figure is down from 2 new cases of Hepatitis E reported in epi-week 33. Gulu district did not register any suspected case of Hepatitis E in epi-week 34. See table I and figure VI below for details.

| District | New cases | New deaths | Cumulative cases | Cumulative deaths |
|--------------|-----------|------------|------------------|-------------------|
| Kitgum | 12 | 1 | 10,409 | 166 (1.59%) |
| Gulu & Amuru | 0 | 0 | 44 (9 positive) | 0 (0) |
| Pader | 1 | 0 | 218 | 8 (3.47%) |
| Lango | 0 | 0 | 3 | 0 |
| Total | 13 | 1 | 10,674 | 174(1.63%) |



Measles; No suspected cases of measles were reported in the week.

Meningitis; No case reported in epi-week 34.

AFP; Three cases of suspected AFP were reported in epi-week 34. Two suspected cases of AFP were reported from Gulu district, The third cases was reported from Pader district.

Epidemic outbreak of Cholera in Busia district;

No new case reported since 18th August 2009. Cumulative number of cases since the begging of the outbreak is 93 with 8 deaths (CFR 8.4%). Community mobilization and sensitization using radios and VHTs on-going.

H1N1;

II cases were confirmed positive since the beginning of the pandemic. The last one was on the 21st August 2009.

Actions (WHO response, Sida grant)

Epidemic Response

Disease surveillance;

WHO continues to provide financial and technical support to all districts in Acholi, Lango and Karamoja sub-regions in disease surveillance. Weekly epidemiological reports depicting disease trends have been shared with all the districts and partners.

Malaria;

WHO is supporting the districts of Dokolo, Amuru and Kotido to respond to the high number of cases of malaria.

Diarrheal disease;

Low latrine coverage, poor access to safe water and poor personal hygiene are responsible for the high number of cases of dysentery in the region.

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
 - Planned activities
 - WHO and MoH is planning to train health workers in Kampala 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;

- House hold sensitizations by environmental staff on basic personal hygiene, ensuring safe fecal disposal and usage of safe water
- Water chlorination in some sub counties while others have shortage of supply
- Community mobilization and sensitization is ongoing on the local FM radios
- Repair and maintenance of water sources activities are ongoing in some sub counties

AFP;

Stool sample from the three suspected Polio cases have been taken to UVRI for confirmation. Results for stool samples sent to UVRI in epi-week 33 have not yet been received.

Mini UDHS in Acholi and Karamoja sub-region;

- Data collection complete in 7 of the 9 district
- Data capture ongoing
- Preliminary result expected in November

Other activities of WHO

Rehabilitation work ongoing at the maternity unit in Alenga HC III in Apac district

Other partners

Partners active in the region include; ASB, CESVI, Concern, MTI, AVSI, AIS and Mercy Corps, UNFPA, GOAL, Malaria consortium (MC), AMREF, MEDAIR, , AVSI, MTI, ICRC, NUMAT, Visions in Action, Health Alert, ARC and CUAMM

Comments and Conclusions; Inadequate stock/frequent stock out of first line anti-malaria drugs in most health units has negatively impacted on the current response to the upsurge in number of cases of malaria. WHO is continuing to advocate for improved drug stock management at both central (NMS) and local levels (district and health units).

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

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