

UPDATE OF HEPATITIS E EPIDEMIC IN KITGUM DISTRICT, 5 APRIL 2008

Weeks	New Cases	Cumulative Cases	New deaths (17-23 Mar 08)	Cumulative deaths
24- 30 MARCH	33	599	0	13
31 ST MARCH-6 APRIL	+72	+740	0	15

Highlights

- More than 72 cases were registered in week 14, compared to 33 cases reported in week 13 in the whole district unlike in the previous week when cases were coming from on sub county
- The district has now a cumulative of more than 740 cases registered to date, the majority (88.9%) are from Madi opei Sub County; 54 (7.3%) from Agoro S/C; 11 (1.5%) from Padibe sub county and 8 (1.2%) cases were from Sudan.]
- A total of 15 deaths have been recorded in the health facilities giving a CFR of 2.0% death have mainly occurred in the pregnant mothers.

Intervention measures

WASH

By week 13 the following had been achieved in madi opei Sub County:

- A total of 139 new stances of latrines have been completed in Madi Opei Camp (OXFAM & MSF)
- At least all villages now a latrine and work is ongoing in madi opei.
- 4 stances of latrine has been constructed at the border check point that temporarily hosts many travelers from Sudan
- Bucket chlorination is stall and the wash cluster is yet to explain the reasons for this activity to stop.

Agoro Sub County

Uganda Red Cross has start intervention by carrying out training of VHTs & Volunteers, the LCs are now helping the URSC members in trying to spot where pit latrines are to be dug in the area, IEC materials have been distributed in the sub counties.

PADIBE Sub county

Oxfam GB is the lead agent in this sub county and they have started work by carrying out training of the LCs and VHTs, they have also distributed jerricans to house hold with soap

Emerging Issues

- The use of Tippy taps for hand washing continues to be poor as most of them are found without water and soap

Item distributed (jerricans, soap) are now being found in shops in the town on sale

- Local brewer's containers need testing for contamination as many people are prone to infection from consuming local brew if contaminated.
- Following the recent water quality testing done by Oxfam it is clear that water contamination is at house hold level mainly by thee different water containers and not the water sources.
- Staffing levels at the facilities that are handling Hepatitis E patients like madi opei, Padibe and Agoro are not adequate as most patient stay for very long before they can be seen by the few staff present; the staff needs to be beefed by some health workers from other health centres within the district.

🚩 *Social Mobilization*

- Finally the ministry of health sent a film van although its driver was not facilitated by MoH, The van continues to show films and health education in the affected sub counties.
- VHTs are continuing with conducting household hygiene education and promotion using (PHAST) approach however they need regular supervision by the health assistants [District & WHO]
- Radio programs are ongoing in local FM radio stations [OXFAM & WHO]

🚩 *Case management and Surveillance*

- MSF is handling case management activities in madi opei HCIV and all the HEV patients who need admission are being admitted in madi opei health centre, while in Agoro HC III they do not admit patients are referred to madi opei HC IV. In Padibe they have not started admission yet. The district is managing all surveillance activities while being technically supported by WHO. On-job training of health workers on HEV was completed in the district.

🚩 *Coordination*

- Weekly District EPR Task Force meetings continue to take place weekly except last week
- Weekly Sub-county Task Force meetings is also ongoing

DISCRIPTIVE EPIDEMIOLOGY

The Epi curve in the figure 1 below illustrates that the HEV outbreak is still fluctuating in the district as we now have started getting increasing cases from Padibe and Agoro sub counties.

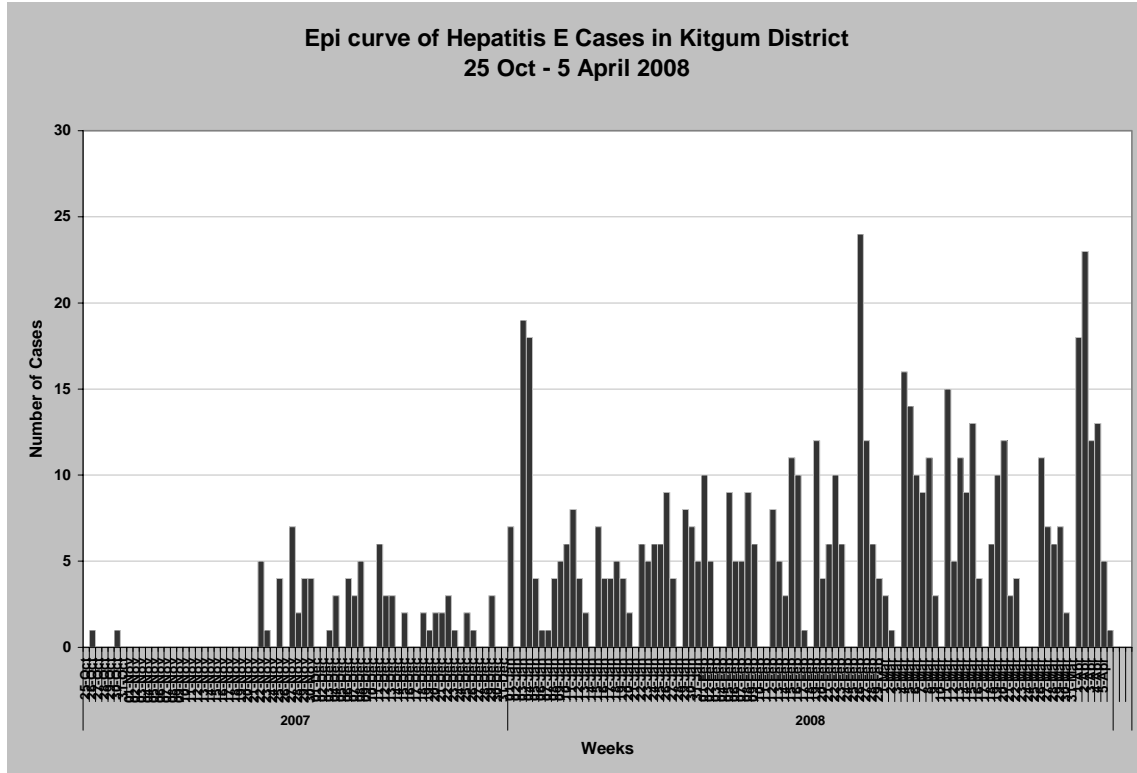


Figure 1

From Figure 2 below which is showing weekly incidence curve, the cases have continued to increase from Epi week 12 to Epi Week 14, there is a more than 2 fold increase and this is because of the establishment of line list in Padibe and Agoro sub counties which have apparently been off board in the previous weeks. Similarly the attack rate has doubled over the past one week from 220/100,000 to now 540/100,000 people. Just like madi opei the two new sub counties have very appalling sanitation eg Agoro has a latrine coverage of 4% while Padibe is less than 20% water quality testing has not been done in these two new sb county however the partners have replicated similar intervention that we are using in madi opei.

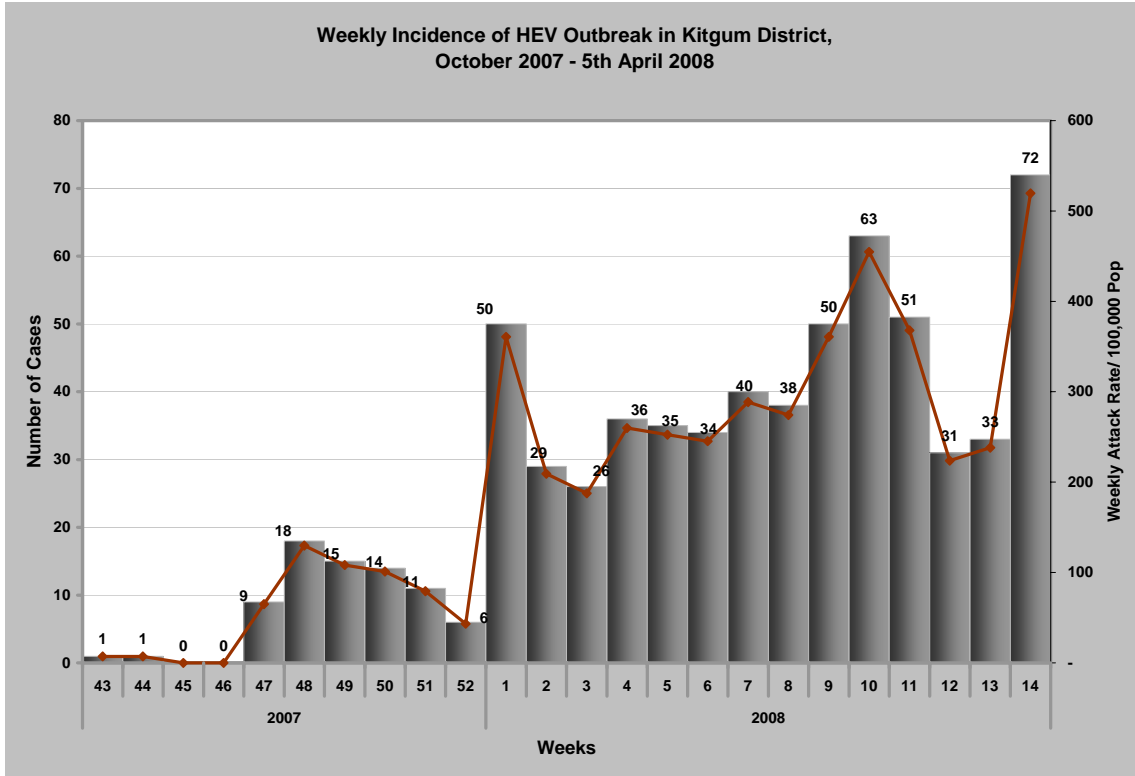


Figure 2

As we see from figure 3 the majority of cases in madi opei come from Okol parish which by any standard it has the poorest sanitation facilities.

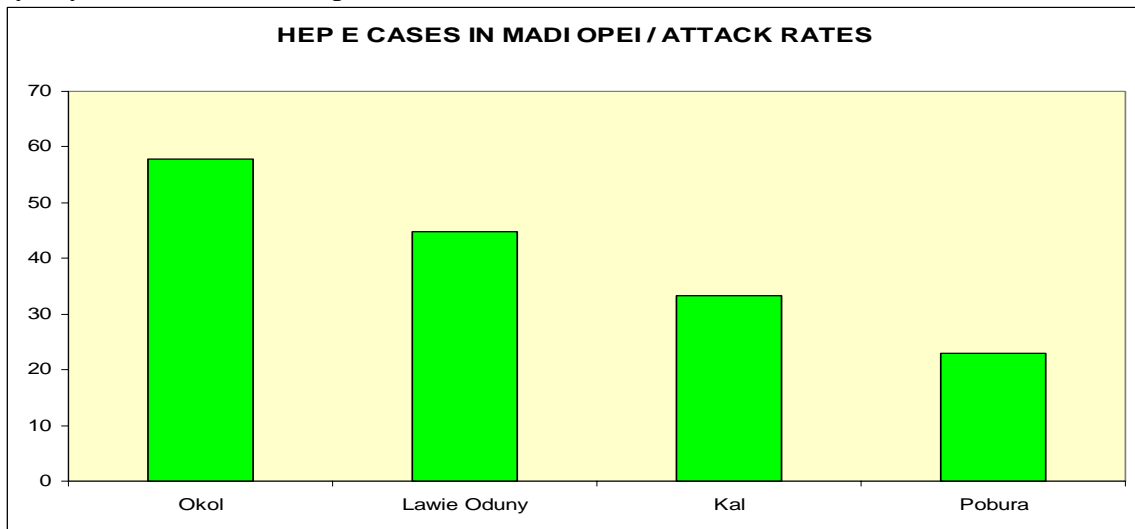


Figure 3

Conclusion

The HEV outbreak in Kitgum is now on the increase following its spreading to the other sub counties. We therefore need to plan for further intervention and contain the disease in these 3 sub counties.