

**UPDATE OF HEPATITIS E EPIDEMIC IN KITGUM DISTRICT,
22TH APRIL 2008**

Weeks	New Cases	Cumulative Cases	New deaths (7-13 april 08)	Cumulative deaths
14 (31- 6 APRIL 08)	109	791	4	17
15 (7-13 APRIL 08)	228	1019	4	21
16 (14-20 APRIL)	87	1106	3	24

Highlights

- 87 new cases were registered in week 16, compared to 228 cases reported in week 15; this is under reporting which is attributed to the late reporting by many health facilities in the district. We only record cases diagnosed by health workers at the facilities and not the community reported cases by the VHTS.
- A cumulative of 1106 cases has been notified to date and these are from Madi Opei S/C; Agoro S/C; Paloga S/C, and Mucwini S/C. notably Padibe HC IV and Kitgum hospital have not reported despite all efforts rendered to them by the surveillance team.
- A cumulative total of 24 deaths have been recorded, giving a CFR of 2.17%, of these it's mainly the pregnant mothers who are the majority (+78%)

Intervention measures

1. WASH

By week 15 the following had been achieved:

The 3ws are yet to be received from the wash cluster however the following were noted

- Oxfam has continued to lead the wash cluster and it has produced its update for its operation sub counties namely Padibe, lokung and madi opei,
- UNICEF is not present in the wash activities to date and reasons are not clear.
- Water quality testing is ongoing in the camps of Padibe, agoro, lokung and madi opei
- In Agoro Uganda red cross has started digging pit for 137 pit latrines and the VHTs are already providing health education to the community.
- In Paroga ICR is taking the lead in the interventions and the wash cluster is yet to provide us with the 3ws to establish gaps.

Emerging Issues

- Continued staff absenteeism at the health facilities has affected the HEV patient's attention resulting in unnecessary self transfer to other health facilities. DHO/CAO to address this issue urgently
- URCS has been asked to extend its stay in the agoro sub county and also give a hand in other sub counties given the magnitude of the epidemic in the district.
- Most health facilities have no qualified staff and all the females have deserted their stations for fear of contracting the disease
- The none participating WASH cluster members were requested to duplicate interventions currently being used in the affected camps in their areas of operation and if they can the should assist other partners who are being overwhelmed by work, these include UNICEF, LWF, AVSI, WVI and ICRC.

2 Social Mobilization

- VHTs are continuing with conducting household hygiene education and promotion using (PHAST) approach [District & WHO]
- Radio programs are ongoing on the local FM radio stations [OXFAM & WHO] and are stopping tomorrow 23rd april 2008.

3 Case management and Surveillance

- MSF is handling case management activities at madi opei, while at other health facilities it's the other health workers whom we trained who are handling all the cases. The district and WHO are managing all surveillance activities. IRC has offered 4 clinical officers for agoro and Paloga health centres for 2 months.

4 Coordination

- Weekly District EPR Task Force meetings is ongoing
- Weekly Sub-county Task Force are irregular

DISCRIPTIVE EPIDEMIOLOGY

The Epi curve in the figure 1 below shows a multi peaked curve with increasing peak right from Epi wk 43 to now Epi wk 16 where the highest peak is noted since the outbreak. The HEV outbreak is on the increase in the district since we have just started line listing cases from other sub counties unlike in the period before Epi wk 13 when we were recording cases from madi opei Sub County. We strongly recommend to our partners in all sub counties to start wash interventions in all camps.

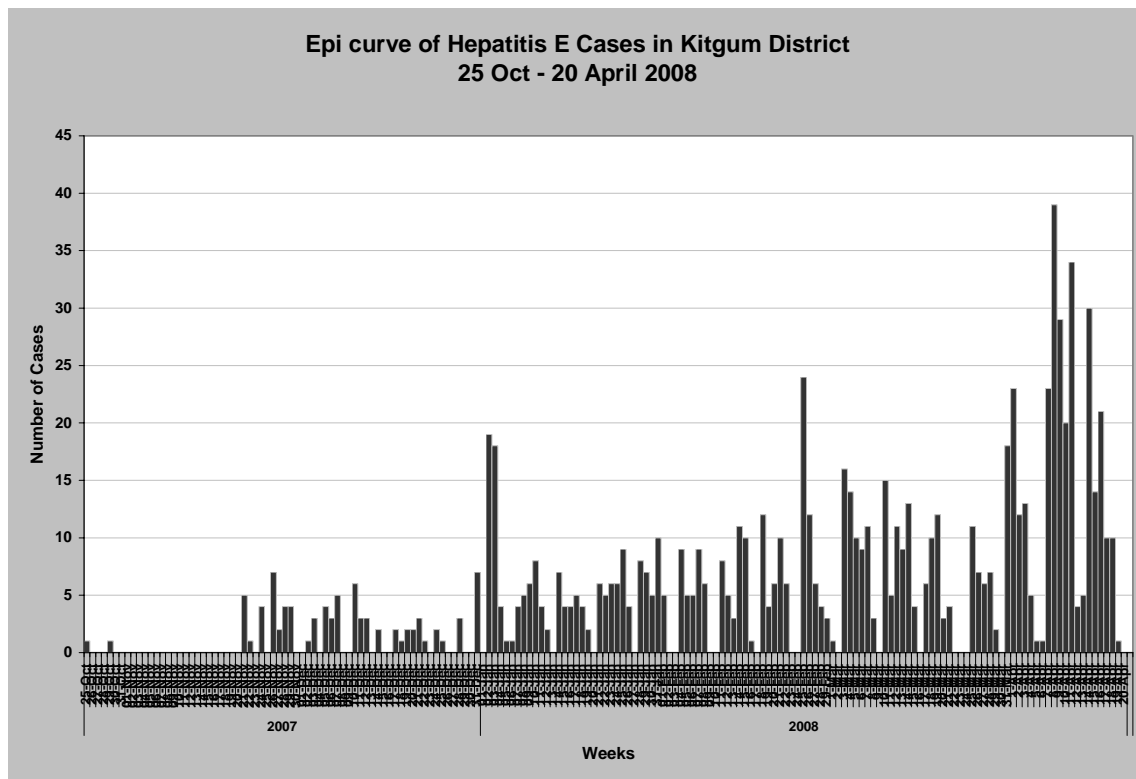


Figure 1

Figure 2 shows weekly incidence curve of HEV in the district, we not a sudden decrease in the number of cases from the previous week 15, this sudden decrease is being attributed to the late reporting by many health facilities.

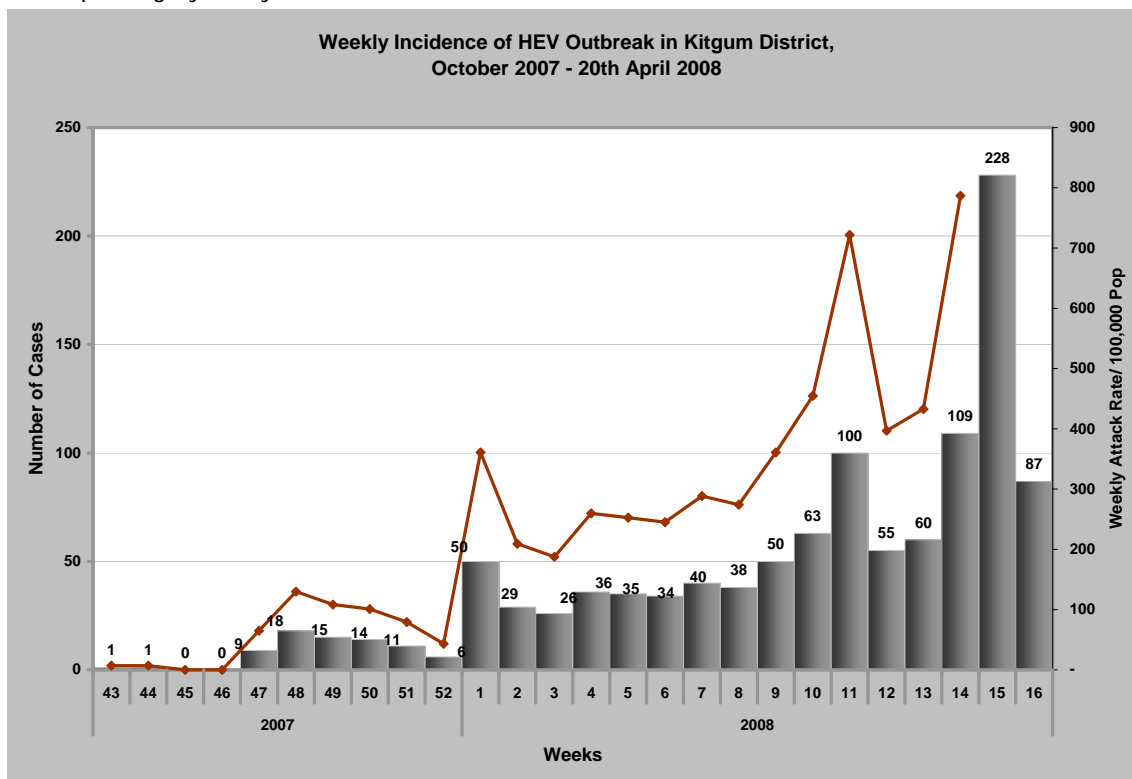


Figure 2

SUB COUNTY HEV TREND IN KITUM DISTRICT

1 Madi Opei

This is the sub county that has been the epi centre for HEV in the district since October 25 .2007, when the first case was reported in the district. Madi opei HC IV has been a referral point for most severe cases of HEV patients, the camps in madi opei Sub county have been affected basically because of the poor sanitation, congestion, contamination of the water storages, free range animal keeping and lack community participation in personal hygiene.

From figure 3 it is clear that HEV in madi opei Sub County has been increasing up to now, this can be generally attributed to the slow implementation of WASH interventions in the sub county and the long incubation period of 6-8 week. We urgently need the 3 ws and gaps per Sub County from the wash cluster.

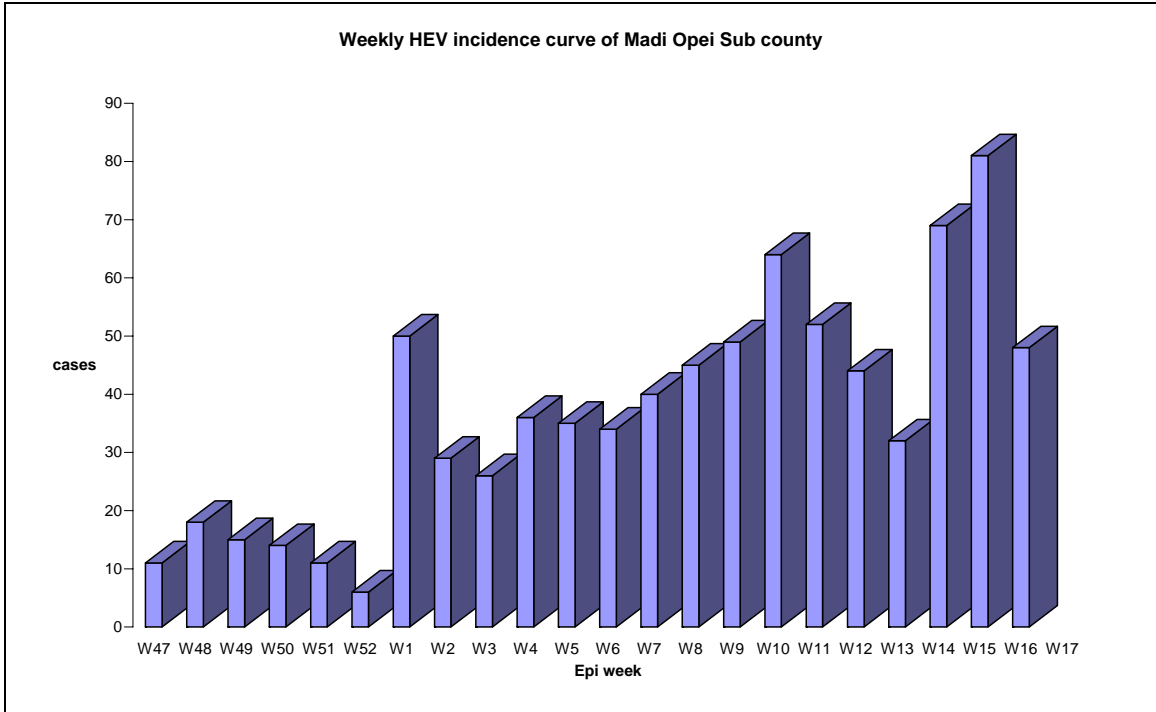


Figure 3

2. Agoro sub county

The second affected sub county in the district is agoro and because of its geographical location being a border area with south sudan its prone to importation of many diseases across the border. The health units in agoro have recently started line listing and below are the graphs to illustrate the HEV trend in the sub county.

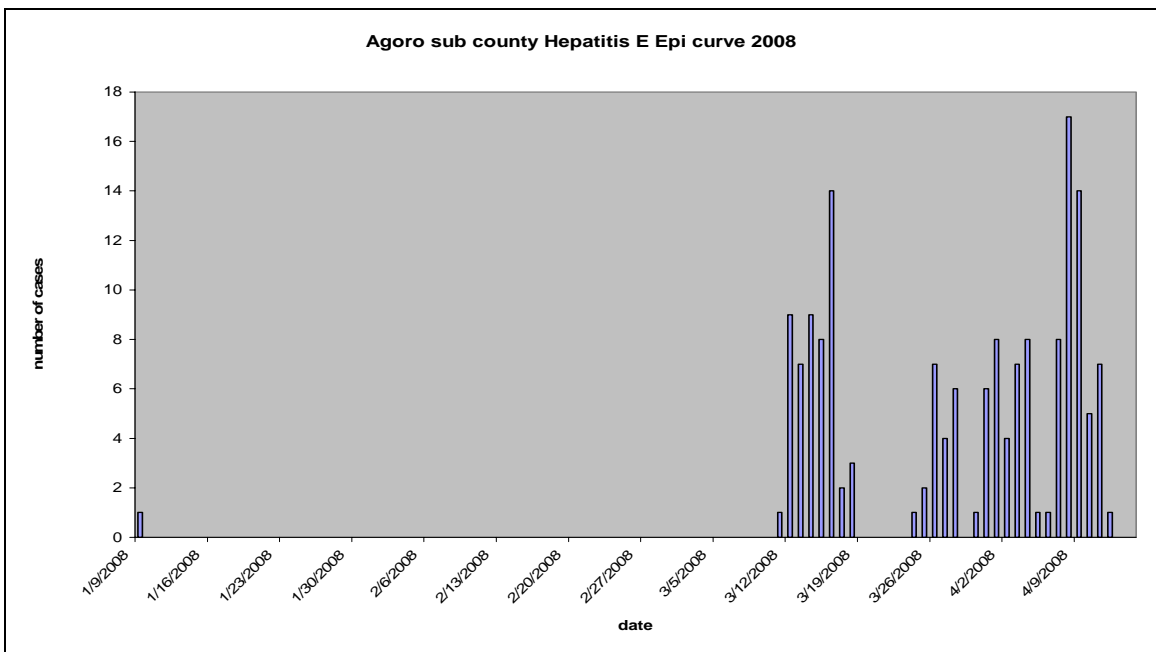


Figure 4

From figure 4 which is the epi curve we are seeing that since the first case was reported on the 9th jan 2008 there were no cases recorded till march 11 2007, since then we are increasing recording cases per day. The noted gap of no cases can be associated with the long incubation period but also by that time the health unit was not working well because of staff shortage and knowledge of the HEV disease. In fig 5 the graph shows the weekly HEV incidence curve and the cases in agoro on average increasing per week so far the highest weekly incidence was 49 cases in week 15.

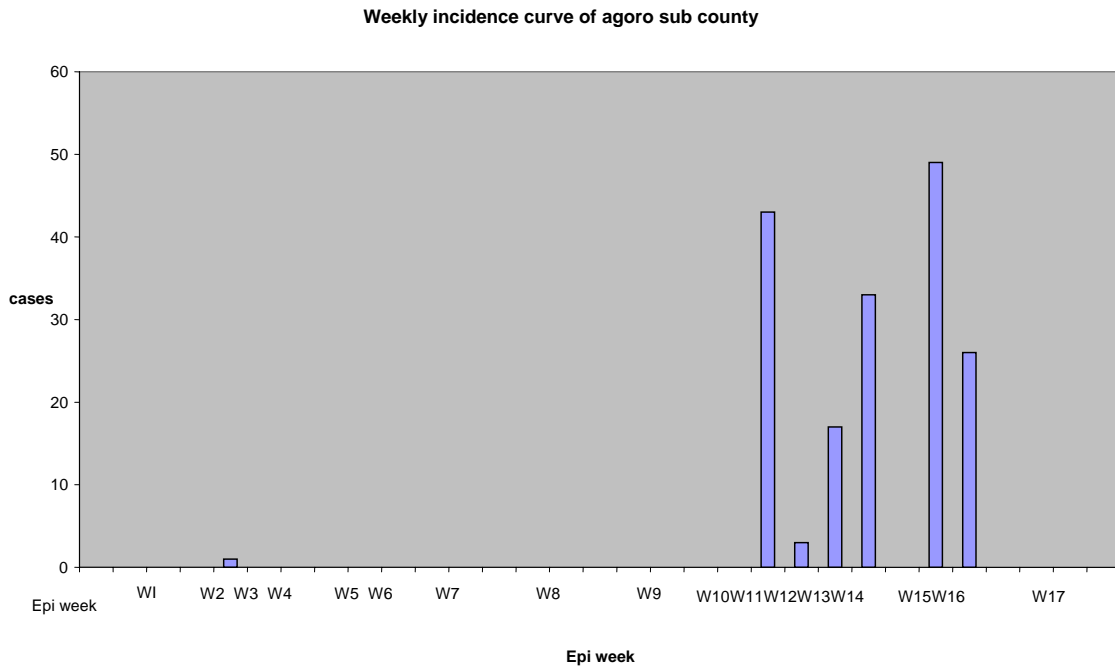


Figure 5

3. Padibe Sub County

This sub county houses the Lamwo HSD headquarters and from the epidemiological tree the HEV was acquired from madi opei camp by some individuals who were staying in madi ope some months back and came into Padibe. Although the data capture has not stabilized we clearly see from fig 6 that that since Epi week 14 some cases of HEV are being reported in the sub county and they seem to be increasing.

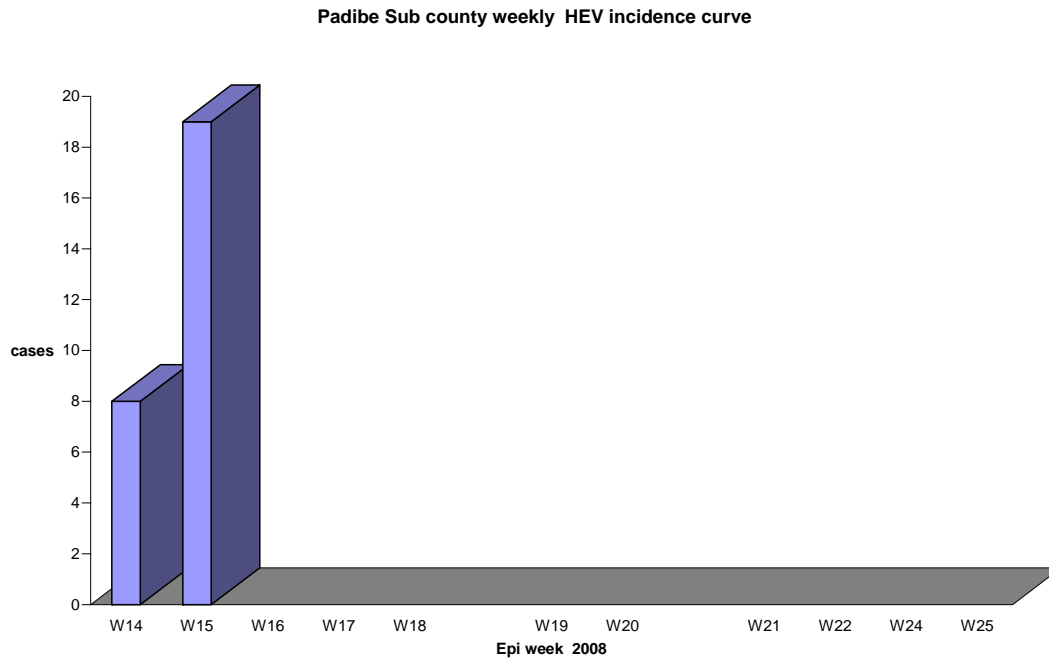


Figure 6

Conclusion:

The Hepatitis E outbreak in kitgum district is on the increase and this has been compounded by the long incubation period, the slow progress in instituting the wash intervention in all camps and none participation by the community in the management of their camps. We need partners to roll out similar interventions in all the other sub counties immediately.

Dr Tenywa Emmanuel

WHO- Kitgum office
0772721972