



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

COVID-19 DAILY SITUATION REPORT

1.0 HIGHLIGHTS

- ❖ **One hundred twenty-four (124) new COVID-19 confirmed cases** have been reported in the last 24 hours bringing the cumulative total to **3,900** from **86 districts**.
- ❖ **Two new (2) COVID-19 deaths** have been registered bringing the cumulative total to **46** (Case Fatality Rate: **1%**).
- ❖ A total of **915 confirmed cases** (Ugandans: 901; Non-Ugandans: 14) are currently admitted across **18 health facilities** and a cumulative total of **2,088 patients** (Ugandans: 1,817; Non-Ugandans: 271) have recovered and been discharged.
- ❖ Seventy-seven percent (**77%: 3,016/3,900**) are **locally transmitted** while **23%** (884/3,900) are **imported cases**.
- ❖ A total of **4,242 laboratory samples** were tested today bringing it to a cumulative total of **415,908 samples** tested. Positivity rate stands at **1.0%** today compared to **1.7%** of the previous day.
- ❖ A cumulative total of **30,811 contacts (70,39 still under follow up)** have been listed to date, **23,772 (77%)** of whom have completed the mandatory 14-day follow up period.



Summary of COVID-19 outbreak in Uganda

Summary statistics as of 07 September 2020	
Total Confirmed Cases	3,900
New deaths	02
Cumulative deaths (confirmed)	46
Health facilities	44
Community	02
Confirmed cases on admission	915
Ugandans	901
Non-Ugandans	14
Cumulative number of recoveries	2,088
Ugandans	1,817
Non-Ugandans	271
Runaways from isolation	05
Cumulative contacts listed	30,811
Contacts that have completed 14 days	23,772
Contacts still under follow up	70,39
Contacts followed up today	6,989 (99%)
Contacts lost to follow up	00
Individuals currently under institutional quarantine	3,095
Specimens collected and sent to the lab today	4,242
PoE	215
Contacts and alerts	4,027
Health workers	-
Cumulative specimens collected	415,908
Number of cases with positive results today	124
Ground crossing POE	04
Contacts	49
Alerts	56
Returnees via EIA	02
Health workers	13



2.0 EPIDEMIOLOGY

On 11th March 2020, the World Health Organisation declared COVID-19 outbreak a global pandemic. On 21st March 2020, Uganda registered its first case of COVID-19. To date, a total of 3,900 cases have been registered across 86/135 districts with a case fatality rate of 1% (46 deaths). Of the confirmed cases, 77% are locally transmitted while 23% are imported. Kampala followed by Amuru, Buikwe and Wakiso have the highest cases of local transmission at more than 100 cases. Today, 124 new cases confirmed and 2 deaths registered both males 53 and 56 years old from Paliisa and Jinja respectively.

Category	New cases by location
Contacts (49) and Alerts (56)	Kampala (37), Wakiso (15), Kitgum (11), Buikwe (6), Masaka (6), Kikuube (5), Namisindwa (4), Pader (4), Jinja (3), Oyam (3), Arua (2), Bundibugyo (2), Kasese (2), Adjumani (1), Hoima (1), Kiboga (1), Mbale (1) Ngora (1)
Health workers (13)	Apac (3), Lira (2), Hoima (1), Tororo (1), Masaka (1), Kikuube (1), Oyam (1), Jinja (1), Gulu (1), Kasese (1)
Returnees (4)	From Kenya via Lwakhakha border (1); From Rwanda via Mirama hills (1); Via EIA: from Oman (1), from Pakistan (1)
Truck drivers (2)	Mpondwe (1), Lia (1)



2.1 National trend of confirmed cases by date of laboratory confirmation

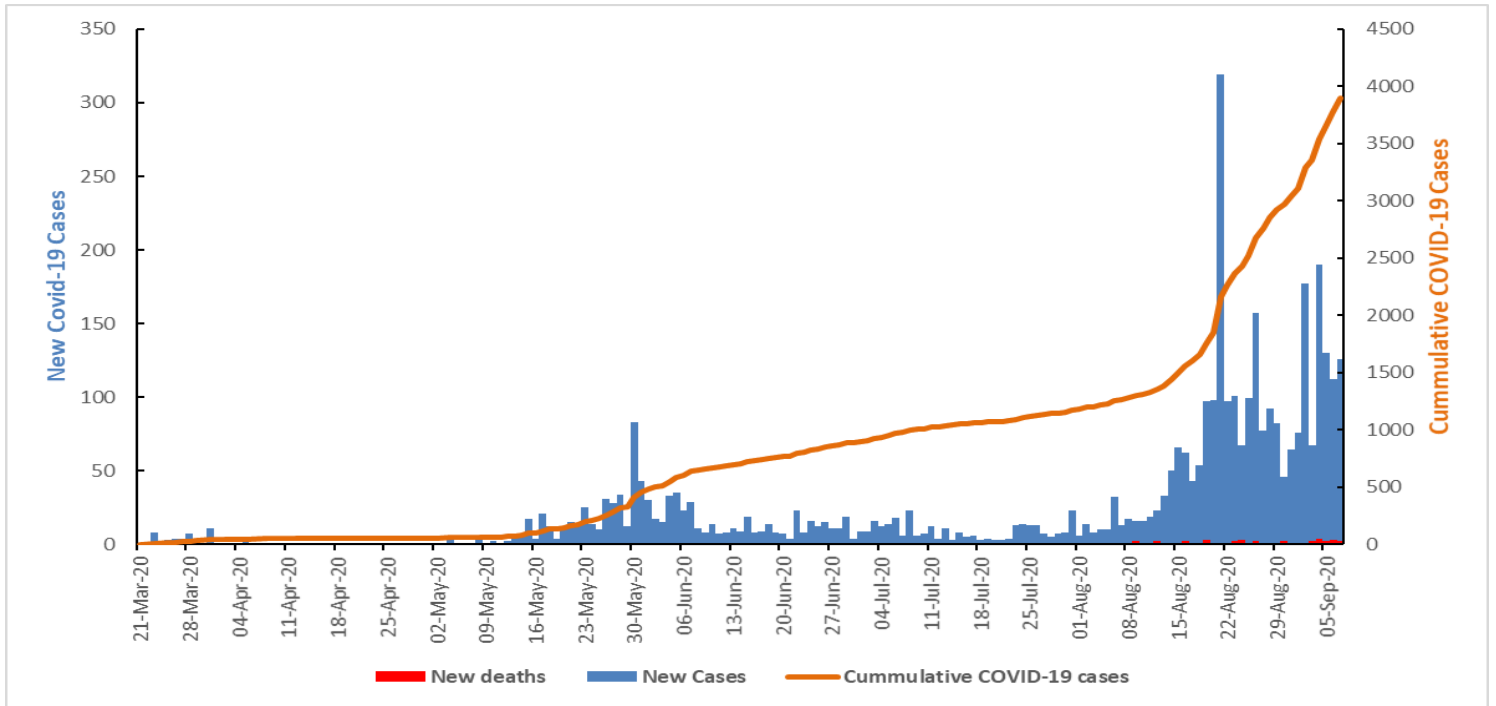


Figure 1: confirmed cases by date of laboratory confirmation

2.2 Distribution of Uganda cases by type

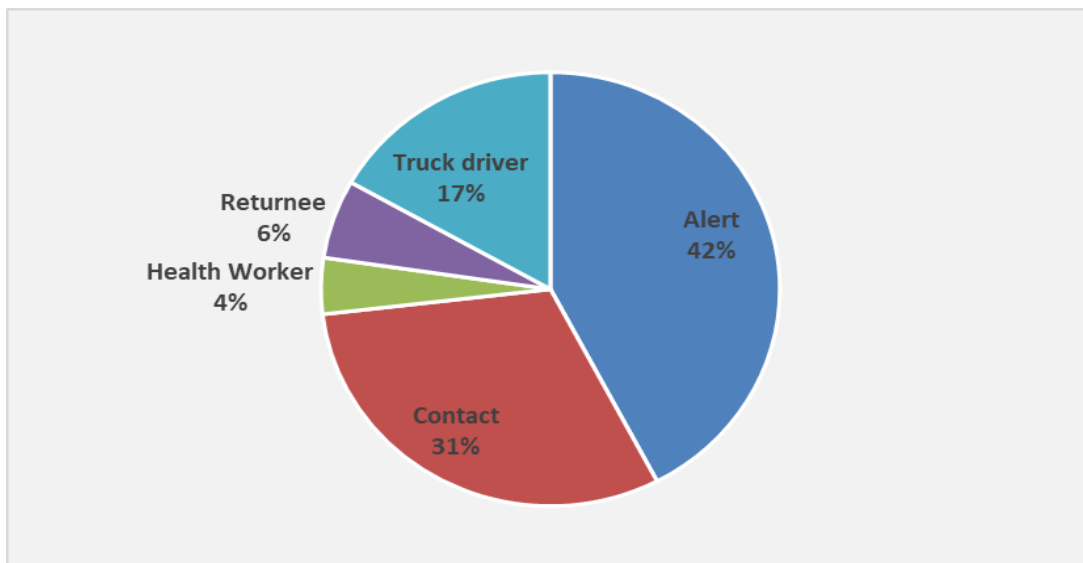


Figure 2: COVID-19 case distribution by type



2.3 Distribution of Uganda cases by age and gender

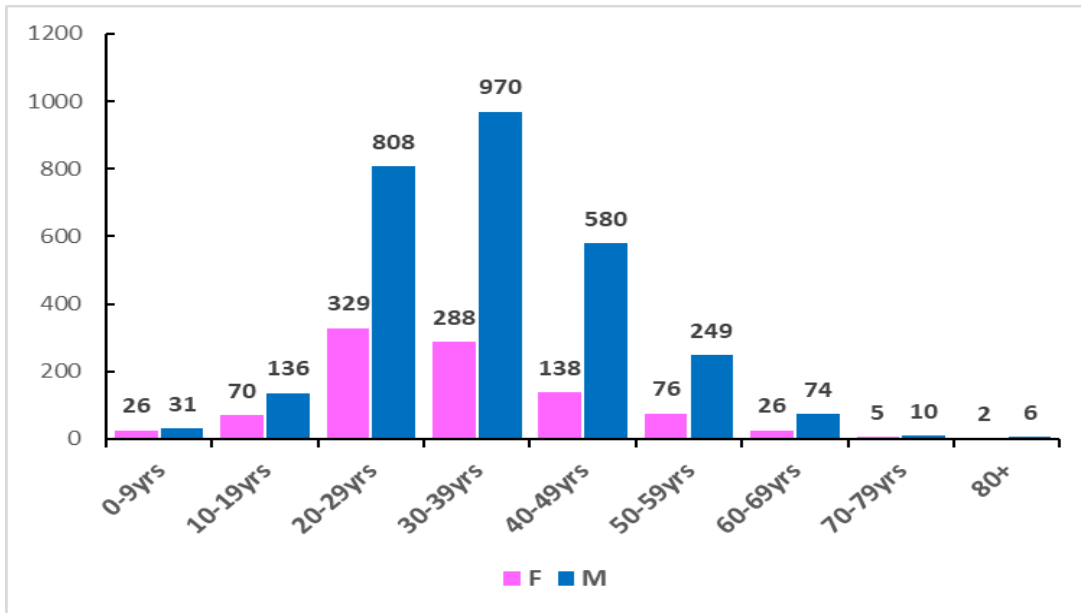


Figure 3: Distribution of cases by age and sex

2.4 Trends of confirmed cases in Kampala (n=1,402)

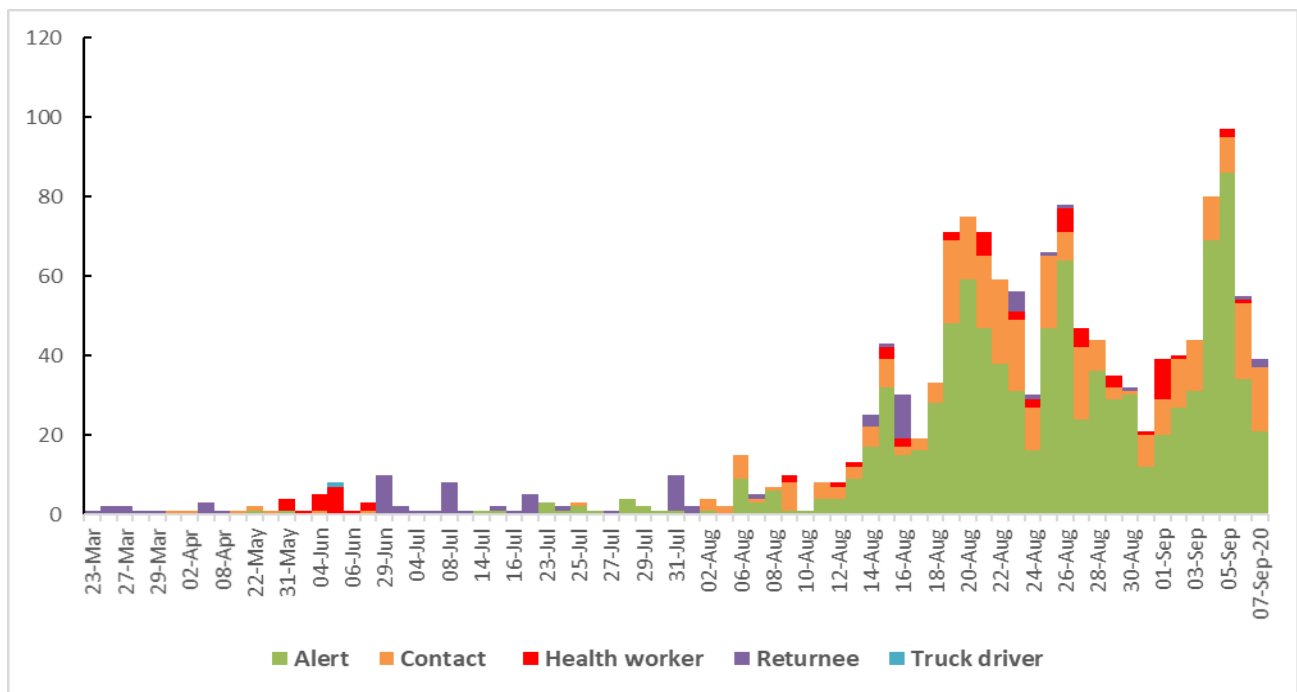


Figure 4: Daily new confirmed cases in Kampala metropolitan



2.5 Distribution of Ugandan cases by district and transmission (districts >15 cases)

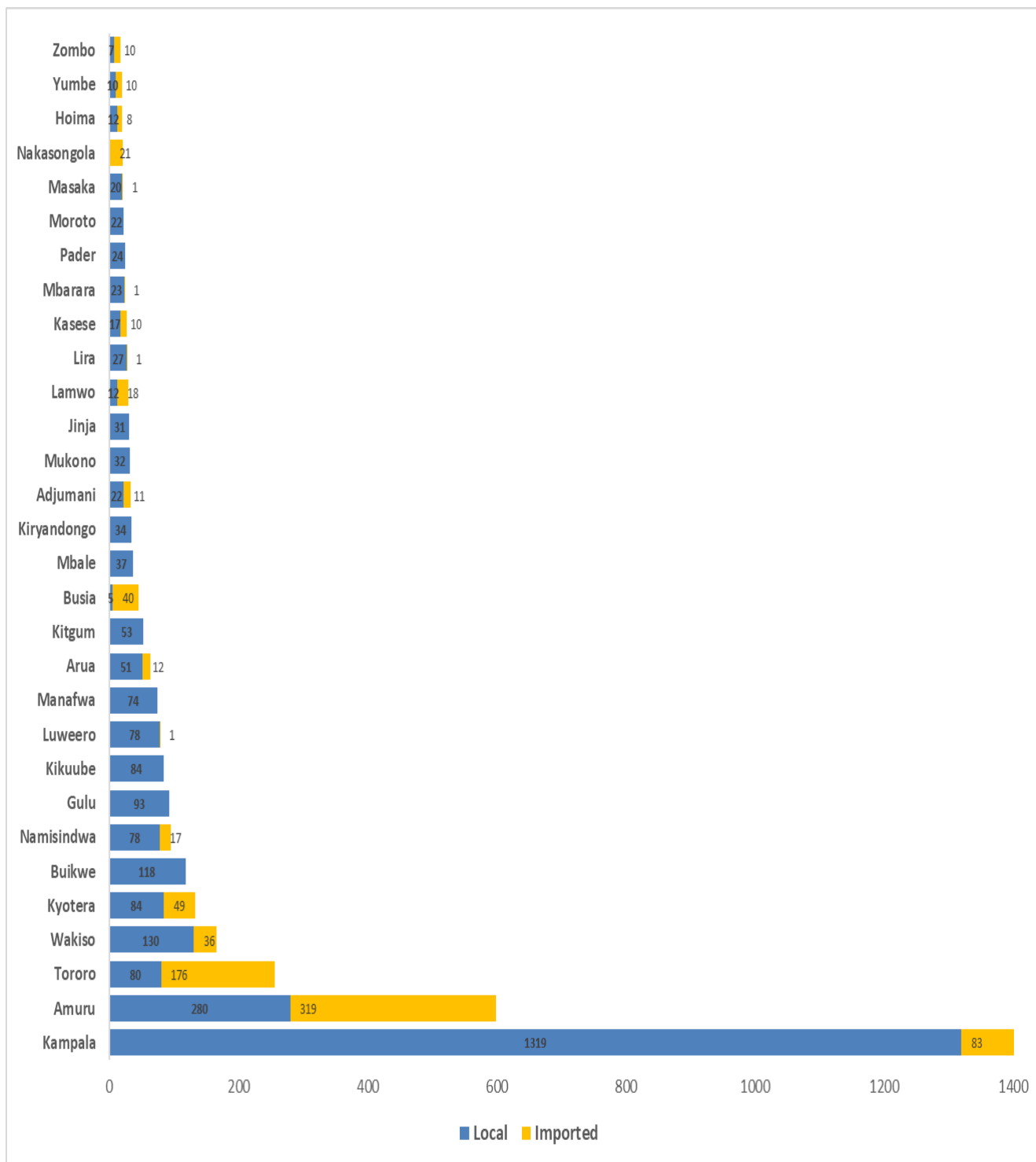
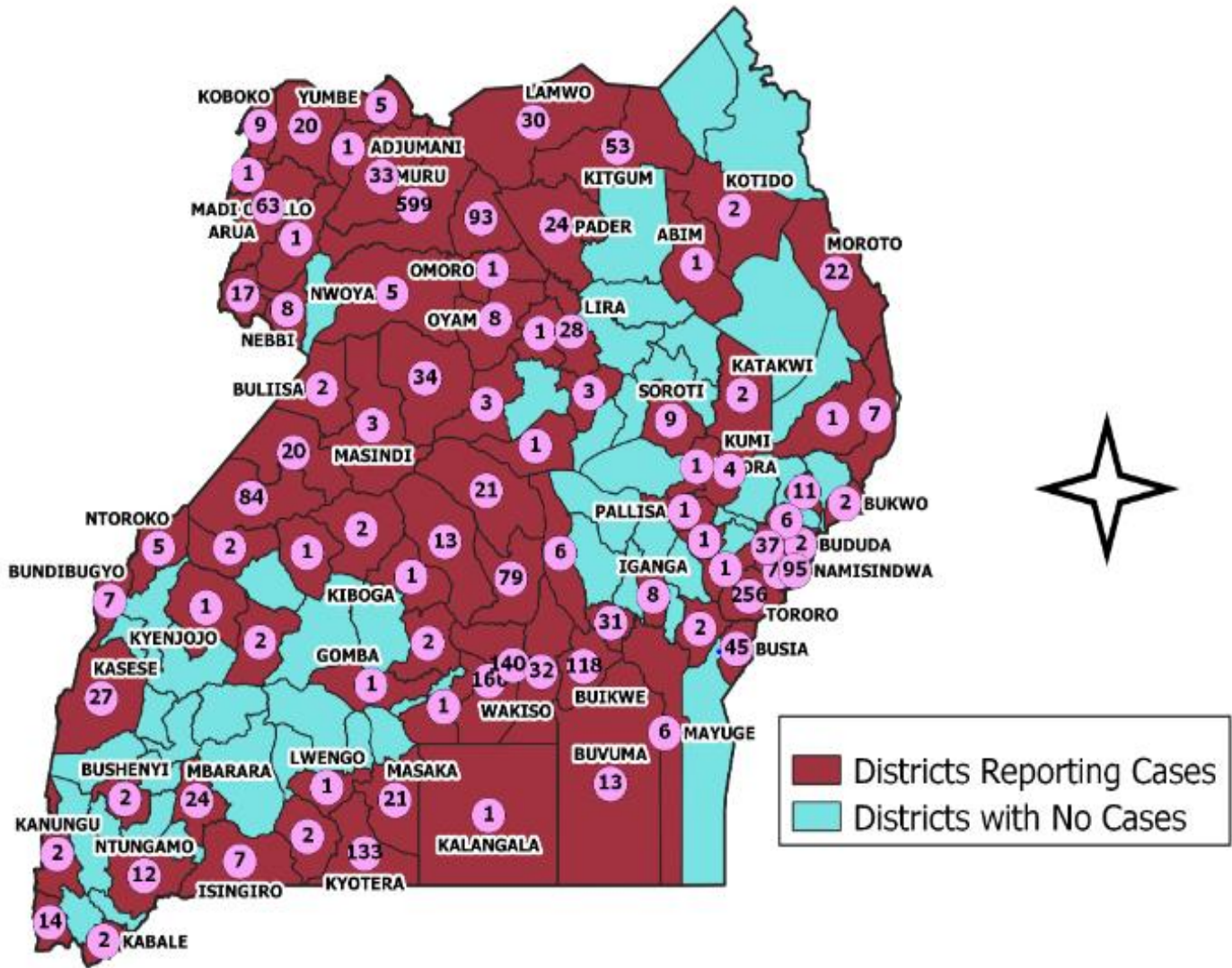


Figure 5: Cases by transmission (local transmission or imported)



2.5 Distribution of confirmed cases by district of sample collection (Cases: 3,900; Districts: 86)





2.6 Comparative analysis of progression of COVID-19 pandemic in Eastern Africa

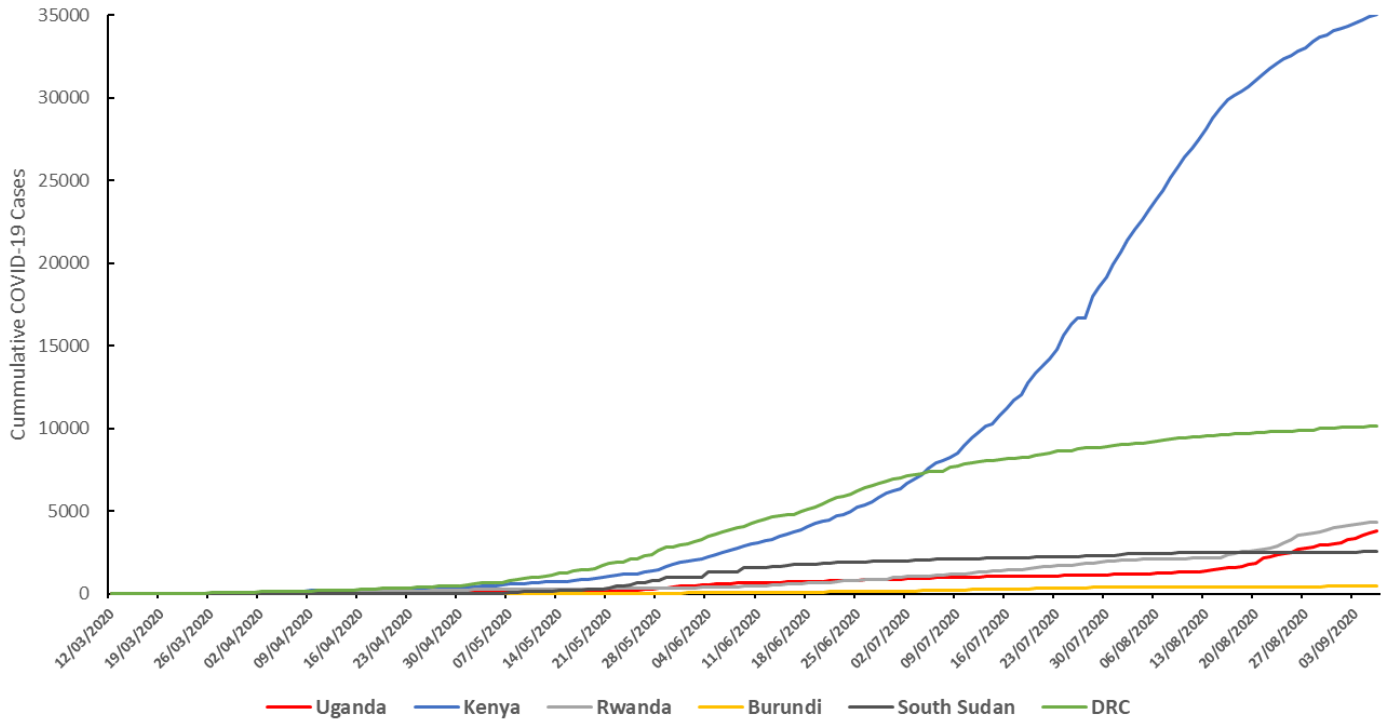


Figure 6: COVID-19 pandemic analysis across border: East Africa

3.0 PUBLIC HEALTH ACTIONS

COORDINATION

- The IMT meeting chaired by the Incident Commander continues to meet daily.

SURVEILLANCE AND LABORATORY

- Health facility-based surveillance activated in West Nile region, Amuru, Kampala and Wakiso.
- Enhanced surveillance at ground crossing points.
- Private health facilities have been directed to stop testing COVID-19 contacts and alerts using Rapid Diagnostic Tests.
- Preparations are ongoing to receive a total of 314 expected returnees from New Delhi, India on 7th September 2020.
- Quarantine for returnees at public sites has been discontinued.
- Alerts management team continues to receive COVID-19 related calls, follow-up and investigate alerts as shown below;



Variable	Indicator	Output
Alerts management	Incoming calls	763
	Signals not investigated at the end of previous day	61
	New signals received	1017
	Signals from Health Facilities	113
	Total signals	1,191
	Signals validated for follow-up (Alerts)	760
	Alerts investigated with collection of lab sample	626

CASE MANAGEMENT

- Namboole, the new Non-traditional COVID-19 Isolation Facility is to officially be opened today at 2:00pm by the Permanent Secretary, Ministry of Health.
- The facility will accommodate 200 asymptomatic patients for the first phase of operation.
- There are **915** confirmed cases currently admitted across the country. Below is summary by treatment site.
- With the increasing number of cases due for admission, an evacuation prioritisation algorithm has been drafted and submitted for approval.

Isolation unit	No. of confirmed cases on admission	Discharges	Bed capacity
Entebbe Hospital	89	311	141
Masaka RRH	10	78	41
Gulu RRH	98	225	100
Lira RRH	21	72	30
Arua RRH	38	87	41
Mbale RRH	49	176	50
Jinja RRH	30	99	35
Naguru RRH	9	30	12
Mulago NRH	431	768	495
Mbarara RRH	6	56	30
Hoima RRH	41	32	49
Mubende RRH	12	21	25
Fort Portal RRH	4	11	26
Adjumani Hospital	0	1	7
Soroti RRH	16	39	45
Kabale RRH	1	58	30
Moroto RRH	27	3	30
Bombo Military Hospital	33	21	60



RISK COMMUNICATION AND SOCIAL MOBILIZATION

- In light with the ongoing political campaigns and processes, a hand book and factsheet to guide politicians on COVID-19 prevention and safety measures has been developed.
- Preparations are ongoing to orient Compliance Officers at work places to ensure adherence to SOPs; World Vision to orient Compliance Officers from selected workplaces within Kampala from 9th-11th September 2020.
- Engagement of partners/telecoms; MTN Uganda is currently running a mask use campaign to air for the month of September
- The team continues to release daily press briefs to update the general public on the COVID-19 outbreak.

LOGISTICS

- National funding requirements per pillar of the COVID-19 response have been estimated as below:

Pillar	Requirement (1 month)	Requirement (3 months)	Requirement (6 months)
Case Management PPE	1,490,549,928	28,607,968,971	59,798,569,862
Case Management Treatment	28,113,278	539,573,378	1,127,856,263
Case Management Oxygen requirements	90,455,850,560	97,373,543,080	100,832,389,340
IPC	28,971,549,979	75,573,605,784	145,476,689,491
Surveillance including POEs	5,432,456,182	10,245,916,058	17,466,105,871
Laboratory**	54,277,882,616	162,833,647,847	325,667,295,693
TOTAL (UGX)	180,656,402,542	375,174,255,117	650,368,906,520

ICT AND INNOVATIONS

- The Regional Cargo Driver Tracking System (RECDTS) to be officially launched on 8th September.
- Incorporation of automated email notification of positive results to case management, surveillance and Emergency Medical Services.
- Roll out of electronic lab request to reduce burden of data entry at lab and consistency of data end



to end.

- The Uganda COVID-19 dashboard can be accessed at <https://covid19.gou.go.ug/>

4.0 CHALLENGES

- Delay in dispatch of results to districts; electronic lab request application to be rolled out to reduce data entry workload and thus turnaround time.
- There is a heavy backlog on evacuation of cases especially within Kampala; up to 350 confirmed cases are still at large.
- Due to global high demand for test kits by various countries, the rate of production does not allow procurement in large quantities and thus there is an in-country shortage of test kits.
- Human resource constraints (contact tracing, laboratory etc); pillars to quantify the human resource needs.

Given the fast-evolving nature of this epidemic, errors and omissions are inevitable. The Incident Management Team welcomes feedback and any information that could help rectify this. Send any comments and feedback to: E-mail: mohugpheoc@gmail.com