World Health Organization
Uganda

Mpox Outbreak

WHO Interventions

84 Districts Affected	2,531 Confirmed Cases	16 Deaths	192 Active admissions
1,102 Discharges	02 Health Workers Infected	7,622 Contacts	

Since the declaration of the mpox outbreak in Uganda on 24 July 2024, the Ministry of Health with support from WHO and partners has initiated a fully-fledged response to guide the country's response to the outbreak. Today, the Ministry of Health with support from WHO and partners are responding to the outbreak in 84 districts where cases have been reported.

The following report highlights WHO's interventions in supporting the country's response.

- Articles and Press Releases on the response - https://bit.ly/3Sk07EE
- Daily SitReps by the Ministry of Health with support from WHO - https://bit.ly/3TzkVZU

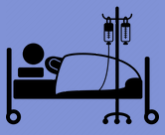
Highlights (31 December 2024)

Coordination

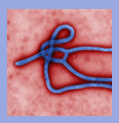
- Stakeholders convened to review the National Mpox Plan across all pillars.
- The Situation Room at the National Public Health Operations Centre (PHEOC) has been set-up, providing information technology equipment, basic furniture and communication equipment to optimize coordination. This has enhanced coordination across pillars and national and subnational levels.
- **5** Technical officers recruited to support the IMT Secretariat in the PHEOC.
- **61** Ministry of Health National Rapid Response Teams and **432** District Rapid Response Teams mobilized and deployed in Kampala, Wakiso, Mayuge, Nakasongola, Isingiro, Amuru, Adjumani, Masindi, Nakaseke, Mityana, Palisa, Luwero, Kasese and Kampala Metropolitan. These teams were critical in supporting the districts to establish response structures.
- WHO technical expertise at the regional level across **12** of the 17 health regions maintained, providing support to Regional Emergency Operations Centres at the subnational level.
- **14** UN Coordination meetings held to promote awareness on mpox situation and coordinate the response efforts.
- **6** updates on mpox provided to UN Country Team, **3** Town Hall meetings conducted.
- District Task Forces in the affected districts have been supported to continue operate and meet at least once a week.
- Partner coordination at both the national and subnational levels has been supported.
- 4W matrix has been developed, regularly updated, analyzed and shared with partners ensure information sharing on the resources mobilized and allocated per pillar to avoid duplications and gaps.
- **3** high level partners meetings convened to brief partners on the outbreak, response and advocate for additional resources to support response efforts.
- **12** coordination meetings with implementing partners attended and supported.
- **19** MoH Incident Management Team meetings attended and supported.
- Information products including sitreps and operational reports are regularly compiled and disseminated to partners.

Surveillance

- National and district surveillance activated.
- Technical guidance to national surveillance pillar provided.
- Capacity building at the subnational level conducted.
- **7** epidemiologists recruited and deployed to support the response in Kampala Metropolitan Area, and the health regions of Kayunga, Mubende, Soroti, Lango, and Mbarara. This has greatly improved coordination, case identification, case investigation, contact listing and follow up.
- **16** NRRTs deployed to Kasese (twice), Kampala, Wakiso, Mukono, Nakasongola (twice), Isingiro, Pallisa, Mbarara, Mityana, Luwero, Adjumani, and Amuru.
- Mayuge, Kampala, Nakasongola and Namayingo districts supported to establish surveillance mechanisms in schools to improve case detection and follow up of contacts.
- Mpox screening tools developed to support the school surveillance efforts.
- **24** points of entry, with 1,304,000 travelers screened.
- **118** copies of community case definition and 48 standard case definitions posters printed and distributed to the **54** points of entry.
- **5,000** sample collection kits procured and distributed to the districts of Luwero, Kampala and Wakiso to ensure quality sample collection.
- **848** case investigation forms, **1,488** contact listing forms, **14,784** contact follow up forms, **13,088** standard case definitions, **24,176** community case definitions and **50,580** pocket size picture posters for village health teams printed and distributed.
- **288** (133 F, 155 M) health workers trained on mpox case investigation and contacts management.

	• **3** media briefings in 3 regions of Kampala, Mbarara and Mbale held. • **150** health care workers trained on mpox to improve case detection and follow up of key populations in Kampala Metropolitan Area. • **7** vehicles hired to improve mobility of surveillance teams at district level and WHO technical teams at sub-national level. This has enhanced case investigation and alerts management. • **87** village health teams oriented in Mukono district to support contact tracing and active case searches at the community level. • Case investigations and contact listing for the cases identified in affected districts conducted. This has enhanced the mapping and understanding of the outbreak, informing risk communication messaging.
 **Laboratory**	• **6** national laboratory personnel deployed to Mayuge, Nakasongola, Iganga, Amuru, Adjumani, Nakaseke, Wakiso, Kampala and Kasese districts to support capacity building in mpox sample collection and management, biosafety and biosecurity as well as data management. • **2002** health workers oriented virtually and physically on sample collection and management as well as biosafety and bio security. • **1000** laboratory investigation form booklets printed and distributed to improve data collection. • Results dispatch system activated and functionalized. • **67** DNA extraction kits and **36** PCR kits procured and disseminated.
 **Case Management and Psychosocial Support**	• Case management pillar and its sub-pillars (clinical care, mental health and psychosocial support, Infection prevention and control, nutrition and emergency medical services) reactivated. • Mpox interim case management guidelines developed and disseminated to health workers across the country. • Case management training toolkit developed and disseminated. • Screening and triage algorithm developed and disseminated. • Case management clinical care package for various levels of health facilities drafted, pending approval through Ministry of Health structures. • Mortality audit conducted for 2024 mpox mortalities and recommendations made for improved care. • National census of infectious disease isolation units at district level conducted to guide readiness and response efforts. • Strategic assessment of all regional referral hospitals using the WHO STAR-H tool as part of readiness supported. • Mpox school health guidelines drafted. • Mpox Home-based care guidelines drafted. • Guidance for mpox considerations during mass gathering events developed and disseminated. • Guidance on standard processes and requirements for establishing isolation units provided. • Over **5,000** health workers trained in managing mpox cases. • **4** mpox case management community of practice sessions held to support case discussions and share best practices. • Community of medical specialists database created to guide management of complicated mpox cases. • National case managers' database created, to be targeted for capacity building. • Support supervision conducted to all **16** health regions to support capacity building. • Social workers and police family unit in Nakasongola district trained to support patient re-integration into communities.

- Over **1,200** patients provided with care (99.46% recovery rate and 0.54% mortality rate).
- **54** isolation units set up across the country to support care for mpox patients.
- Discharged patients provided with mental health and psychosocial support.
- National Emergency Medical team deployed to address mpox surge in Nakasongola and Pallisa districts.



IPC

- Standardized quantification of IPC supplies for establishment of isolation units developed.
- IPC assessment for **109** health facilities conducted.
- Standard mpox IPC training tools developed and disseminated.
- IPC guidelines developed and disseminated.

RCCE

- **2** anthropologists deployed in Nakasongola and Kampala to support awareness efforts at the subnational level. This helped to inform the revision of Surveillance and Risk Communication strategies.
- **3** anthropological studies conducted in **4** high risk districts including among key populations.
- Community listening on-going in **5** high risk districts. Insights are strengthening evidence informed decision making dialogues with key populations and gatekeepers.
- **4** RCCE officers recruited and deployed to support mpox response in Kampala Metropolitan Area, Luwero and Nakasongola.
- **105,964** IEC materials printed and disseminated in English and local languages to promote awareness and behavior change across the country.
- **37** FM radio stations and **3** national TV stations contracted to disseminate mpox messages.
- **2** Digital vans deployed in Pallisa and Kampala Metropolitan Area, reaching over **600,000** people with mpox messages.
- **200** journalists oriented on mpox media reporting.
- **1,418** community influencers and gatekeepers oriented in hotspot areas of Kampala Metropolitan Area.
- **380** key populations peers **o**riented. The peers have so far reached over **58,637** key populations.
- RCCE stakeholders engaged to harmonize RCCE activities at national level and in high risk districts.
- RCCE structures (comprising of **20** people each), activated in **14** high risk districts.
- **2,958** leaders and gatekeepers trained in RCCE.

PRSEAH

- **103** (59 M; 44 F) deployed personnel and **14** (9M; 5F) newly recruited staff briefed on Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH).
- SEAH Risk Assessments (rapid and comprehensive) conducted for mitigation.
- **473** (211F, 262M) participants of WHO meetings including, health workers, MOH officers and other partners briefed on PRSEAH.
- **151** (76F, 75M) peers under Most at Risk Population Initiative (MARPI) briefed on PRSEAH.
- PRSEAH incorporated in the activated Incident Management System.
- Joint activities with the Inter-agency PSEA network conducted.
- **1,195** IEC materials distributed at various meetings and to newly deployed personnel to increase awareness on PRSEAH (T-shirts, bracelets, passports, banners, No Excuse cards).

Challenges and Recommendations

Pillar	Challenges	Recommendations
Coordination	Inadequate resources to support full implementation of the different pillar response plans.	Urgent increase in funding to support the response. Engage different UN agencies and partners to fully participate in the mpox response.
	Inadequate support and advocacy by political and civic leaders.	Urgent increase of advocacy efforts to support resource mobilization efforts. Support sustainable health systems improvement and leverage existing structures to support the response e.g. political and civic leaders.
	Multisectoral collaboration not yet integrated into the response.	Advocate for multisectoral collaboration during the response e.g bringing the WASH sector on board.
	Limited community engagement on PRSEAH due to lack of trained structures at regional and district level.	Integrate PRSEAH in regional and district trainings and activities.
	Limited involvement from government entities in PRSEAH activities.	Advocate for integration of PRSEAH trainings in government activities
Surveillance	Delays in data entry by clinicians.	Increase number of clinicians involved in data entry and train them.
IPC	IPC sub-pillar requires strengthening to provide the optimal support.	Procure surge supplies for IPC. Fast-track approval and dissemination of the national IPC guidelines.
Laboratory	Negative results of some typical suspect mpox cases.	Mobilize and procure reagents for differential testing to rule out mpox. Fast track guidance on sample collection from the community. Fast track lab advisory on mpox sample management and testing. Activate Adjumani mobile laboratory for mpox testing.
	Stock out of sample collection kits.	Procure and distribute sample collection kits.
	Knowledge gaps among some laboratory teams on sample collection.	Fast track guidance on sample collection from the community. Fast track lab advisory on mpox sample management and testing.
	Reliance on the routine sample transport schedules leading to long turnaround time for the results.	Activate backup cars within the National Specimen Transport Referral Network to reduce turn-around time for sample transportation from the facilities to the testing labs.

Pillar	Challenges	Recommendations
Case Management	New and mutating virus.	Continued maintenance of high-level of index of suspicion at all the health facilities. Print and disseminate case management guidelines.
	Inadequate capacity of health workers across the country to manage cases.	Cascade trainings to the lowest health facilities.
	Inadequate numbers of MHPSS officers at lower levels.	Strengthen regional MHPSS teams to follow up discharged cases and link to existing MHPSS systems.
	Several temporary/quick fix structures for isolation e.g. tents affecting sustainability.	Support establishment of more permanent isolation spaces.
	Lack of adequate space in high volume health facilities to establish isolation units.	Support establishment of more permanent isolation spaces.
RCCE	Low perception of risk and low knowledge levels amongst health workers across the board.	Support integration of infectious disease management training in training institutions to improve the level of knowledge and risk appreciation amongst health workers in the country.
	Stock out of IEC materials.	Print and disseminate more IEC materials.
	Hard to reach communities especially key populations.	There is a need to enhance community engagement on mpox prevention in order for communities to support contact listing and follow up. Use community own resource persons such as the VHTs and key population peers in the hard-to-reach areas.
	Inadequate RCCE skilled staff to support field activities.	Recruit additional staff to support RCCE activities.
	Partner support and participation in RCCE activities is still limited.	Advocate for involvement of more partners in RCCE.

Partnerships and Financial Contributions (28 January 2025)

Budget	Funding Secured	% Secured	Pledges	% Coverage (incl Pledges)	Funding Utilization	Funding Gap	Gap %
$12.99m	$2.24m	17%	0	17%	**79%**	**$10.69m**	**82%**

Sincere acknowledgement to all development partners who have generously provided resources through WHO to support the mpox response in Uganda. These are: USAID and Ireland bilaterally and Germany, Norway, Ireland, Canada, France, New Zealand, Kuwait, Portugal, Philippines, Switzerland, Estonia, Netherlands and WHO Foundation through the Contingency Fund for Emergencies (CFE).

More funds are needed to bridge the **82% funding gap** given the **high utilization rate** of available funds and needs on the ground.

WHO calls all partners to urgently support the Government of Uganda through increasing their financial contributions towards the mpox response.

Contact information

Mr. Anthony Bugembe	Communications Associate	bugembea@who.int
Dr Elizabeth Mgamb Adhiambo	Incident Manager	mgambe@who.int
Dr Kasonde Mwinga	WHO Representative	mwingak@who.int
Ms. Samah Hassoun	External Relations Officer	hassouns@who.int