Table 1: Statistics of Hepatitis E cases

<table>
<thead>
<tr>
<th>Sub-county</th>
<th>New Cases</th>
<th>Cumulative Cases</th>
<th>New Death</th>
<th>Cumulative Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agoro</td>
<td>14</td>
<td>1,975</td>
<td>0</td>
<td>28</td>
<td>1.4</td>
</tr>
<tr>
<td>Padibe E/W</td>
<td>17</td>
<td>1,637</td>
<td>0</td>
<td>12</td>
<td>0.8</td>
</tr>
<tr>
<td>Paloga</td>
<td>17</td>
<td>1,356</td>
<td>0</td>
<td>16</td>
<td>1.2</td>
</tr>
<tr>
<td>Mucwini</td>
<td>31</td>
<td>1,184</td>
<td>0</td>
<td>19</td>
<td>1.7</td>
</tr>
<tr>
<td>Madi-Opei</td>
<td>1</td>
<td>1,103</td>
<td>0</td>
<td>28</td>
<td>2.5</td>
</tr>
<tr>
<td>Lokung</td>
<td>1</td>
<td>313</td>
<td>1</td>
<td>6</td>
<td>2.2</td>
</tr>
<tr>
<td>Layamo</td>
<td>14</td>
<td>200</td>
<td>0</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Kitgum T/C</td>
<td>10</td>
<td>113</td>
<td>1</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Orom</td>
<td>7</td>
<td>104</td>
<td>0</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Kitgum Matidi</td>
<td>8</td>
<td>69</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Akwang</td>
<td>5</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Namukora</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>3</td>
<td>18.8</td>
</tr>
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<td>Palabek Gem</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>14.3</td>
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<tr>
<td>Omiya Anyima</td>
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<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Amida</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lagoro</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Palabek Kal</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Palabek Ogili</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Acholi bur (Pader)*</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South Sudan**</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>8,157</td>
<td>2</td>
<td>124</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

** Cases coming from outside Uganda
* Cases coming from outside Kitgum

Highlights

- A total of 133 new cases of Hepatitis E were registered in Epi week 37, indicating a 3% increase this week, compared to 129 cases registered in the previous week. This brings the cumulative number of cases to 8,157; 62% of which are females.

- Two (2) new deaths were recorded in week 37, bringing the cumulative number of death to 124 with a CFR of 1.5%. Seventy two (72%) of the registered death occurred in women.

- All 19 sub-counties in Kitgum District have now registered cases, thus 100% of the district has been affected. The last sub-counties to come on board this week were Palabek Ogili and Palabek Kal.
There was a slight increase in the number of Hepatitis E cases registered this week after a consistent 9-week decline in the trend of the epidemic. It is still early to make any deduction on the trend of events. However, it could be plausible that the onset of heavy rains a couple of weeks ago (the 2nd rainy season) have propagated transmission of infections in the community - particularly in the Return Sites/ Villages where safe water sources are limited. This notion is corroborated by the report that chlorination has not been/ is not consistent and comprehensive. If this true, then the prediction is that there will be an upsurge in the trend of the epidemic. A review of the whole control interventions is being conducted. This exercise will then inform the District Epidemic Task Force on the status of interventions and the recommendations thereof.

Emerging Issues

- The Technical Team from the Ministry of Health is ending their mission in Kitgum District on Friday 19 September 2008. However, the District Epidemic Task Force requested the Ministry of Health to extend their stay for another 1 months, for the team to continue providing technical support, stewardship and guiding the interventions.

- It was noted with grave concern that chlorination of water has stopped or is not consistent in a number of sub counties, purportedly because the Agencies involved have run short of funds for paying chlorinators. It was also noted that the transition from bucket chlorination (at source) to household chlorination is not being done systematically: chlorine tablets are being delivered to sub-county headquarters/ health facilities/ Parish levels without adequate sensitization/ promotion and education of communities on proper use of chlorine at household levels; and selection of chlorine distributors/ promoters at village levels. Again, chlorination has not been initiated in the Sub counties of Layamo, Akwang, Palabek Kal, Palabek Ogili, Palabek Gem and Kitgum Town Council despite that fact that all these sub-counties are already reporting cases. A strategy to streamline this is being developed by a technical team.

- The need for direct funding to the District Local Government for Hepatitis E response has been reiterated during the Task Force meeting, stemming from the difficulty in re-aligning Agencies funds towards District’s planned priority intervention activities.
DESCRIPTIVE HEPATITIS E EPIDEMIOLOGY IN KITGUM DISTRICT 2008

In fig 1 below which is the district hepatitis E Epi curve based on first day of attending to health facility from October 2007 to 14th September 2008, in the last 9 Epi weeks we continue to register a decline.

Figure 1
Fig 2
Fig 2 shows district hepatitis E weekly incidence, the graph shows that in the last 9 Epi weeks there is continued decline in cases of HEV, in the last 2 weeks the cases have leveled.
Hepatitis E distribution by sub county in Kitgum district 2008

- Agoro, 1975, 24%
- Padibe, 1637, 20%
- Paloga, 1356, 17%
- Mucwini, 1184, 15%
- Orom, 104, 1%
- Sudan, 17, 0%
- Palabek Gem, 10, 0%
- Namukora, 21, 0%
- lagoro, 4, 0%
- Madi Opei, 1103, 14%
- O/A, 6, 0%
- Layamo, 204, 3%
- Akwang, 24, 0%
- Kitgum T/c, 113, 1%
- Kitgum Matidi, 69, 1%
- Mucwini, 1184, 15%
- Padibe, 1637, 20%
- Paloga, 1356, 17%
- Madi Opei, 1103, 14%
- O/A, 6, 0%
- Layamo, 204, 3%
- Akwang, 24, 0%
- Kitgum T/c, 113, 1%
- Kitgum Matidi, 69, 1%

Figure 3 shows the hepatitis E burden per sub county, the most affected sub counties are Agoro (24%), Padibe (20%), Paloga (17%), Madi Opei (14%), and Mucwini (1%) respectively.

Graph of number of cases of HEV versus age group in Kitgum

Fig 4
The most affected age group according to fig 4 is between 10-45 years with peak at 20-24 years.

SUB COUNTY TRENDS OF HEPATITIS E IN KITGUM DISTRICT
1. Madi Opei: The weekly incidence curve of Madi opei as seen in *Fig 5* shows a decreasing trend of hepatitis E cases in the sub county.

![Weekly HEV incidence curve of Madi Opei Sub county](image)

Figure 5
The graph in fig 5 shows that the trend of hepatitis E continues to go down, soon the sub county may have no more cases if the interventions are further strengthened.

2. Agoro Sub County

![Weekly incidence curve for Hepatitis E in Agoro Subcounty 2008](image)

Figure 6
This Sub County is slowly having a decline in the cases of hepatitis E for the past 9 weeks as shown in fig 6; most cases are from Potika parish which continues to have sporadic cases of hepatitis E because of the water sources which are mainly ponds or streams which need PUR for disinfection.

3. **Paloga sub county**
   As reflected in fig 7; the cases per week have continued to decrease following the intensive interventions put in place.

![Paloga weekly Hepatitis E incidence curve](image)

**Figure 7**

4. **Padibe Sub Counties (Padibe East and West)**
There is general decline in the trend of HEV in Padibe Sub County as reflected in figure 8. Padibe East registered 10 and Padibe West registered 7 cases of HEV making a total of 17 in Epi week 37.

5. Mucwini: Mucwini graph continues to show the decline in the trend of HEV.

In fig 8 above, the hepatitis E trend has been decreasing for the past 6 weeks. The social mobilization team is now faced with many return sites/ villages that still have no hand wash facilities and need more health education.

DSF/HMIS KDLG & WHO-KITGUM FIELD OFFICE