

### Mpox Incident Management Team Ministry of Health, Kampala, Uganda

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# National Mpox Situation Report

## 1 Summary

Total Cases	Total Cases New Last 24h Num		Case Fatality Rate (%)
6,015	23	41	0.68

#### Key Points:

- 1. Epidemic remains active. Despite a reported decline in incident cases, transmission is ongoing and widespread, with 79% (115/146) of districts affected and 46%(67/146) reporting new cases in the past 21 days.
- 2. Testing rates have reduced. The observed drop in reported cases coincides with reduced testing, making it unclear whether the decline reflects true epidemiological improvement or under-detection.
- 3. High-risk mortality observed. A total of 41 deaths have occurred among confirmed cases, over half (56.1%) of whom were co-infected with HIV.
- 4. Young adults are disproportionately affected. Attack rates are highest among females aged 25–29 (3.4/100,000) and males aged 35–39 (4.9/100,000). This represents a marginal increase in attack rates in these population group compared to last week which signifies continued increase in transmission.
- 5. Urban and fishing communities remain epicenters. The highest transmission has been recorded in Kampala, Mbarara, Hoima, Masaka, and the fishing communities of Kalangala, Nakasongola, Buvuma, and Kyotera. A new hotspot has emerged in Lyantonde District.
- 6. Key populations drive transmission. Transmission continues to be concentrated among key populations, particularly sex workers. Investigations are ongoing in Masaka and Mbarara to assess evolving dynamics.

Weekly and Cumulative Confirmed Mpox Cases <sup>1</sup>						
Year	Epi Week	Weekly Confirmed Cases	Cumulative Confirmed Cases	Percent Change (%)		
2025	10	273	4043	7.24		
2025	11	402	4445	9.94		
2025	12	190	4635	4.27		
2025	13	247	4882	5.33		
2025	14	271	5153	5.55		
2025	15	235	5388	4.56		
2025	16	177	5565	3.29		
2025	17	160	5725	2.88		
2025	18	217	5942	3.79		
2025	19	73	6015	1.23		

<sup>'</sup> This is data for the last 10 Epiweeks. % Week-on-Week Change

#### Surveillance and Epidemiology $\mathbf{2}$

#### Summary Table of Incident Cases by Age and Sex $\mathbf{2.1}$

Cases by Age Group and Gender Distribution across demographics						
Age Group Total Cases % of Cases' Males % of All Males <sup>2</sup> Females % of All Femal						
0-4	256	4.4%	144	4.2%	112	4.7%
5-9	240	4.2%	138	4.1%	102	4.3%
10-14	168	2.9%	90	2.7%	78	3.3%
15-19	571	9.9%	281	8.3%	290	12.2%
20-24	980	17.0%	463	13.7%	517	21.7%
25-29	1,213	21.0%	689	20.3%	524	22.0%
30-34	903	15.6%	557	16.4%	346	14.5%
35-39	687	11.9%	467	13.8%	220	9.2%
40-44	389	6.7%	276	8.1%	113	4.7%
45-49	217	3.8%	163	4.8%	54	2.3%
50+	151	2.6%	121	3.6%	30	1.3%
_	<b>5,775</b> <sup>3</sup>	100.0%	3,389	100.0%	2,386	100.0%

 $^{\scriptscriptstyle 2}$  Percentage of all cases within each gender category

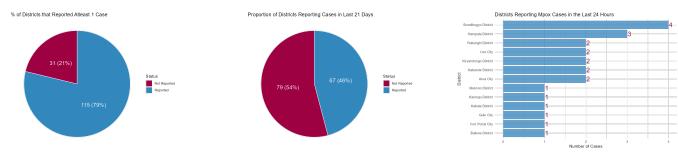
<sup>3</sup> Total cases less due to some missing age information

#### $\mathbf{2.2}$ Summary Table of Incident Cases by the Top 10 Districts

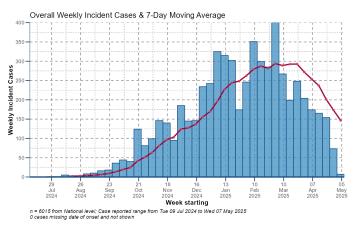
Top 10 Districts Summary						
District	Total Cases	Total Deaths	Cases Last Epiweek	Deaths Last Epiweek	% Change in Cases	
Kampala District	2,520	16	3	0	-82.4%	
Vakiso District	741	7	0	0	-100.0%	
Mbarara City	488	2	0	0	-100.0%	
Masaka City	211	3	0	0	-100.0%	
Mukono District	209	2	0	0	-100.0%	
Nakasongola District	121	1	0	0	-100.0%	
Hoima City	114	2	0	0	-100.0%	
Luwero District	104	0	0	0	-100.0%	
Lyantonde District	91	0	0	0	-100.0%	
(yotera District	70	0	0	0	NA	

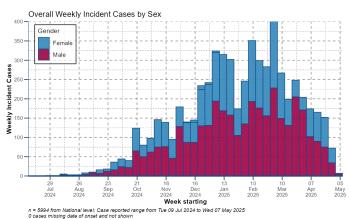
<sup>1</sup> The percentage change in cases is calculated by comparing the number of cases in the most recent epidemiological week to the previous epidemiological week

#### **Proprotion of Affected Districts** $\mathbf{2.3}$

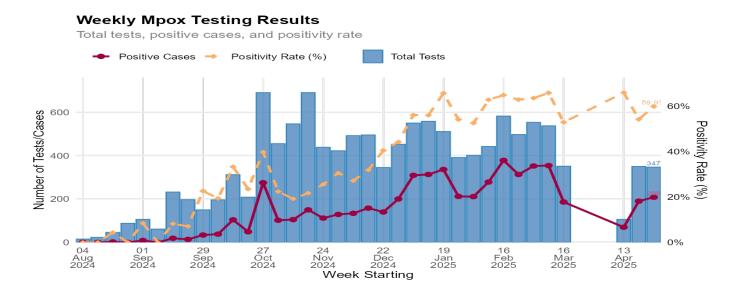


## 2.4 Overall Distribution of Incident Cases by Time

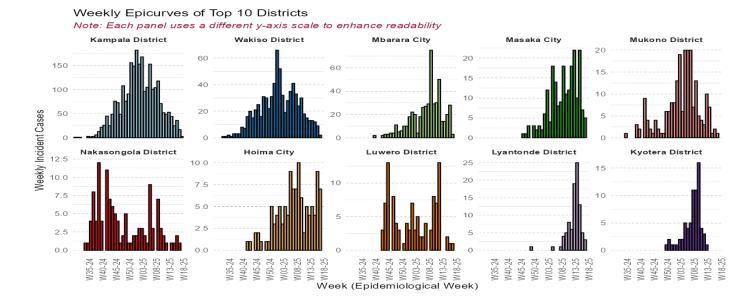




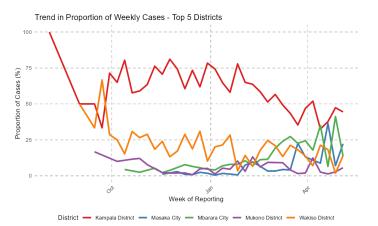
### 2.5 Testing Rates

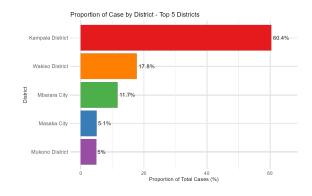


### 2.6 Epicurves of the Top 10 Districts

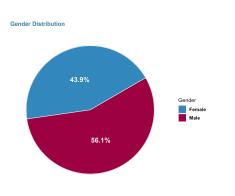


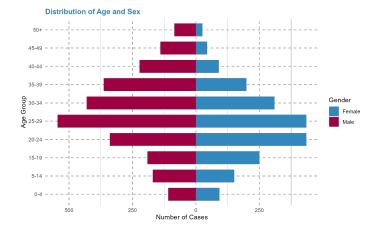
## 2.7 Overall Distribution of Incident Cases by Time



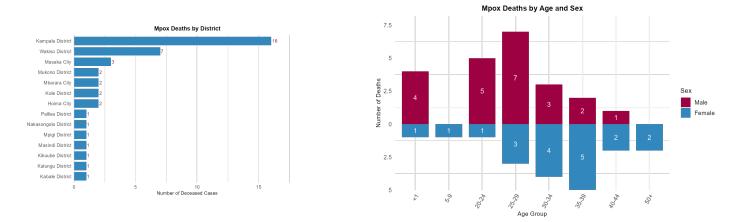


### 2.8 Overall Distribution of Incident Cases by Age and Sex



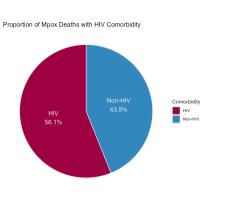


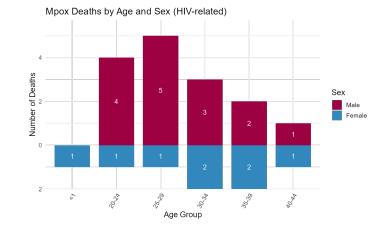
### 2.9 Overall Distribution of Deaths by Place and Sex - Age



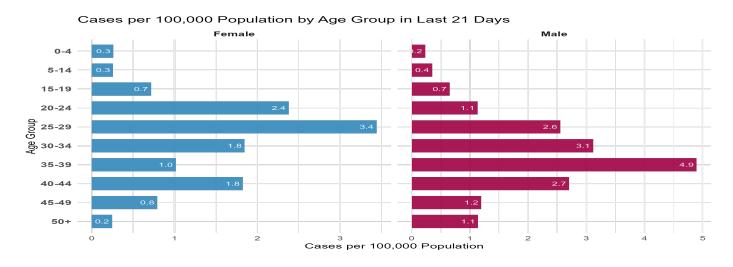
**Change in ages:** The change in agegroups among the reported deaths is as a result of a data cleaning exercise that eliminated data entry errors on ages.

## 2.10 Distribution of Deaths by HIV Status

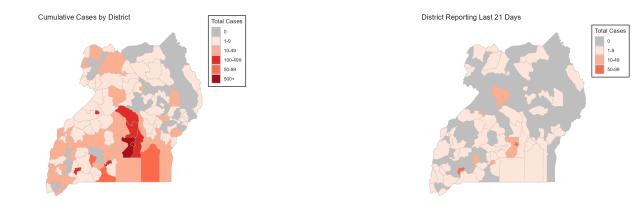




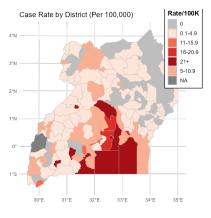
### 2.11 Overall Attack Rates by Age

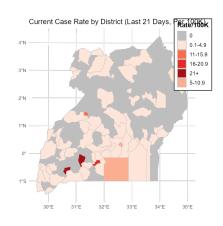


### 2.12 Distribution of Incident Cases by Place(Absolute Numbers)

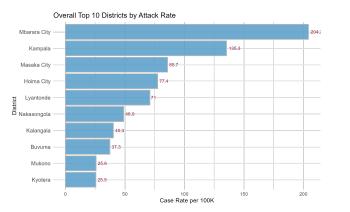


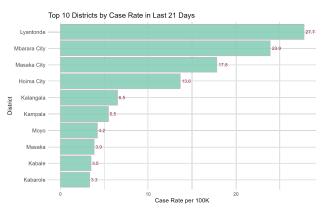
## 2.13 Attack Rates per 100K Population by Place





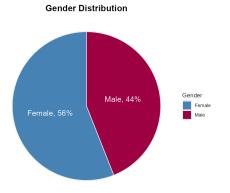
## 2.14 Attack Rates per 100K Population by Place and Top 10 Districts

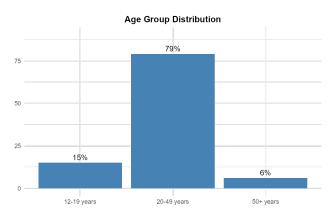




## 3 Vaccination

### 3.1 Distribution of Vaccinated by Age and Sex





#### 3.2 Vaccination coverage

Vaccination Targets, Vaccines procided and Coverage					
District	Target	Doses given	Vaccinated	% vaccinated	
Kampala-Kawempe	6,000	5,285	5,285	88	
Kampala-Makindye	2,841	4,713	4,713	166	
Kampala-Rubaga	1,330	7,000	3,049	229	
Kampala-Nakawa	6,050	10,000	5,471	90	
Kampala-Central	19,919	10,000	6,283	32	
Buvuma	162,903	18,000	12,513	8	
Wakiso	10,440	9,000	8,746	84	
Hoima City	5,000	8,000	8,000	160	
Mbarara City	4,615	8,000	8,000	173	
TOTAL	210,257	80,000	62,060	NA	

## Mpox Vaccination Update

#### Total MVA-BN Doses Received: 111,400

**Target Population:** Vaccination targeted Key Populations (KPs) including:, Sex Workers (SWs), Men who have Sex with Men (MSM), Persons with Immunodeficiencies (PIWD), long-distance drivers, fisher folk, and residents in crowded hotspots.

Target Age Group: 12–50 years

**Phase I** The first phase of vaccination was conducted in Kawempe and Makindye Divisions from 1–10 February 2025, targeting areas that accounted for 78 percent of reported Mpox cases. A single dose was administered to eligible individuals.

**Phase II** The second phase expanded to Kampala (Rubaga, Nakawa, Central), Wakiso, Buvuma, Mbarara City, and Hoima City, with 49,303 doses available.

Adverse Events Following Immunization (AEFI) A total of 33 AEFI cases were reported, including 4 serious cases (one occurring within 5 minutes post-vaccination; all hospitalized, investigated, and recovered). The remaining 29 mild cases involved symptoms such as nausea, vomiting, pain at the injection site, headache, and fever.

## 4 Laboratory Testing

#### Tests:

The average weekly number of tests conducted was 550 between October 2024 and March 2025. However, there has been a marked decline in testing since March 10, 2025 (refer to chart in Section 2.5). This decline in testing coincides with a reduction in weekly incident cases (refer to epicurves in Section 2.4).

#### **Positivity:**

Despite the reduction in testing, the test positivity rate has remained stable at 60% from January 19, 2025 to date.

## **Epidemiological Situation Analysis**

- 1. Epidemic remains uncontrolled. The epidemic is not yet contained despite an apparent decline in the number of incident cases reported. To date, 79% (146) of administrative units, including districts, have been affected, with 46% reporting incident cases in the last 21 days.
- 2. Testing rates have declined. The apparent drop in case numbers coincides with a decline in the number of tests conducted. This may indicate either a true decrease in incidence or a reduction in case detection due to lower testing volumes.
- 3. High HIV co-infection among deaths. Cumulatively, 41 deaths have been reported among confirmed cases, with 56.1% of these being co-infected with HIV.
- 4. Young adults are the most affected. The most affected age group overall is 20–40 years. Among females, the 25–29 age group has the highest attack rate at 3.3 per 100,000 population. Among males, the 35–39 age group is most affected, with an attack rate of 4.4 per 100,000 population in the past 21 days.
- 5. Urban centers and fishing communities are hotspots. Transmission has been most intense in the cities of Kampala, Mbarara, Hoima, and Masaka, as well as in the fishing communities of Kalangala, Nakasongola, Buvuma, and Kyotera. In the past 21 days, Lyantonde has emerged as a new epicenter.
- 6. Key populations drive transmission. Earlier investigations revealed that transmission was predominantly driven by key populations, particularly sex workers in cities and fishing communities. An epidemiological investigation is currently ongoing in Masaka and Mbarara to understand recent changes in transmission dynamics.

## Next Steps

- 1. Complete Intra-Action Review (IAR): An Intra-Action Review of the current response was conducted to identify key successes, challenges, and necessary adjustments. Findings from this review will inform the development of the next phase of the National Mpox Preparedness and Response Plan, ensuring alignment with the evolving epidemiological trends and contextual realities.
- 2. Implement Next Phase of Vaccination: Roll out the next phase of vaccination to utilize the remaining vaccine doses. Concurrently, quantify vaccine needs for the upcoming phase to ensure adequate coverage of identified high-risk populations.
- 3. Strengthen Case Investigations: Undertake comprehensive case investigations to better understand the epidemiological drivers of the outbreak. Insights generated will support the design of more targeted and effective interventions.
- 4. Finalize Treatment Guidelines: Finalize and disseminate the abridged version of the Mpox treatment guidelines. The updated guidance will incorporate protocols for both facility-based and home-based care, ensuring consistency and clarity across levels of service delivery.