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National Mpox Situation Report

Date: May 19, 2025

1 Summary

Total Cases	New Last 24h	Number of Deaths	Case Fatality Rate (%)
6,324	0	42	0.66

Key Points:

1. **Epidemic remains active.** The epidemic remains active and evolving, with varying transmission dynamics across the country. While there is a notable decline in weekly incident cases, sustained transmission is ongoing in identified hotspots. Todate **79% (115/146)** of districts resported atleast one case since the beginning of the outbreak and **45%(65/146)** reporting new cases in the past **21 days**.
2. **Decline in cases requires cautious interpretation.** The observed drop in reported cases coincides with reduced testing, making it unclear whether the decline reflects true epidemiological improvement or under-detection. There is currently an ongoing epidemiological investigation to establish the reasons for this.
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**, underscoring vulnerabilities in this population.
4. **Young adults are disproportionately affected.** Attack rates are highest among **females aged 25–29 (3.5/100,000)** and **males aged 35–39 (4.8/100,000)**.
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. **Mbarara City** has the highest attack rate overall both since the start of the epidemic and in the last 21 days.

Weekly and Cumulative Confirmed Mpox Cases[1]

Year	Epi Week	Weekly Confirmed Cases	Cumulative Confirmed Cases	Percent Change (%)
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	161	5726	2.89
2025	18	217	5943	3.79
2025	19	233	6176	3.92
2025	20	148	6324	2.40

[1] This is data for the last 10 Epiweeks. % Week-on-Week Change

2 Surveillance and Epidemiology

2.1 Summary Table of Incident Cases by Age and Sex

Cases by Age Group and Gender

Distribution across demographics

	Age Group	Total Cases	% of Cases[1]	Males	% of All Males[2]	Females	% of All Females[2]
	0-4	273	4.5%	153	4.3%	120	4.8%
	5-9	249	4.1%	143	4.0%	106	4.2%
	10-14	174	2.9%	95	2.7%	79	3.2%
	15-19	591	9.8%	289	8.1%	302	12.1%
	20-24	1,017	16.8%	479	13.5%	538	21.5%
	25-29	1,275	21.0%	725	20.4%	550	22.0%
	30-34	950	15.7%	588	16.5%	362	14.5%
	35-39	724	11.9%	489	13.7%	235	9.4%
	40-44	415	6.8%	293	8.2%	122	4.9%
	45-49	231	3.8%	174	4.9%	57	2.3%
	50+	160	2.6%	129	3.6%	31	1.2%
sum	—	6,059[3]	100.0%	3,557	100.0%	2,502	100.0%

[1] Percentage of all cases within each age group

[2] Percentage of all cases within each gender category

[3] Total cases less due to some missing age information

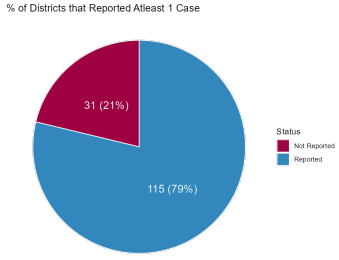
2.2 Summary Table of Incident Cases by the Top 10 Districts

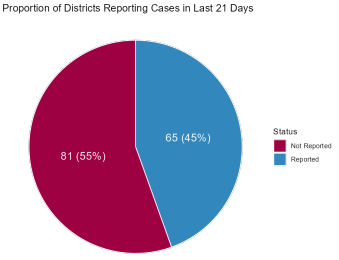
Top 10 Districts Summary

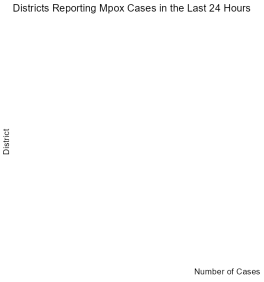
District	Total Cases	Total Deaths	Cases Last Epiweek	Deaths Last Epiweek	% Change in Cases[1]
Kampala District	2,564	16	4	0	−86.2%
Wakiso District	753	7	0	0	−100.0%
Mbarara City	523	2	1	0	−83.3%
Mukono District	227	2	1	0	−80.0%
Masaka City	223	3	3	0	−25.0%
Hoima City	128	2	0	0	−100.0%
Nakasongola District	124	1	0	0	NA
Lyantonde District	113	0	3	0	−50.0%
Luwero District	105	0	0	0	NA
Kyotera District	70	0	0	0	NA

[1] The percentage change in cases is calculated by comparing the number of cases in the most recent epidemiological week to the previous epidemiological week.

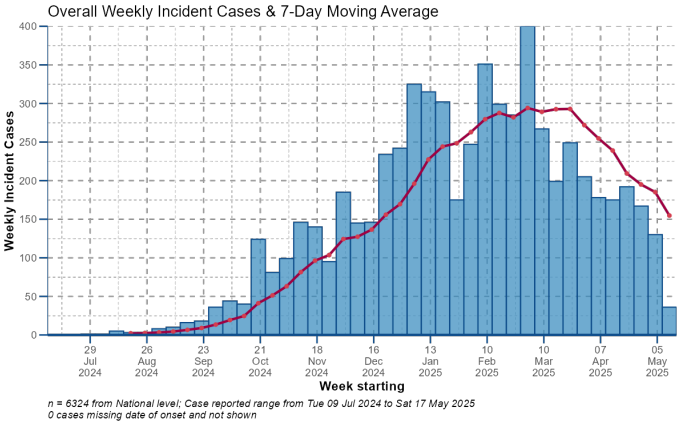
2.3 Proprotion of Affected Districts

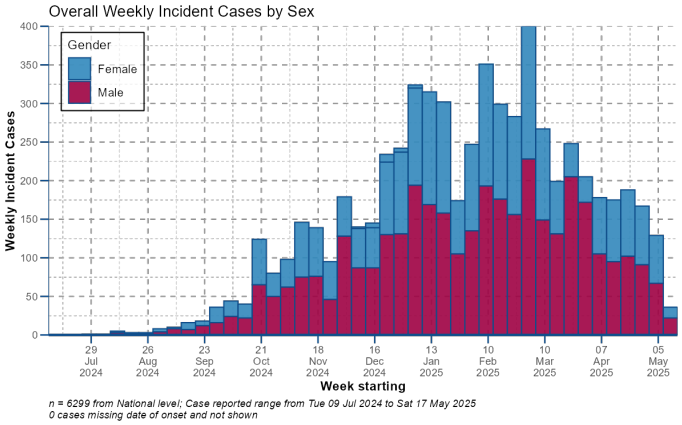




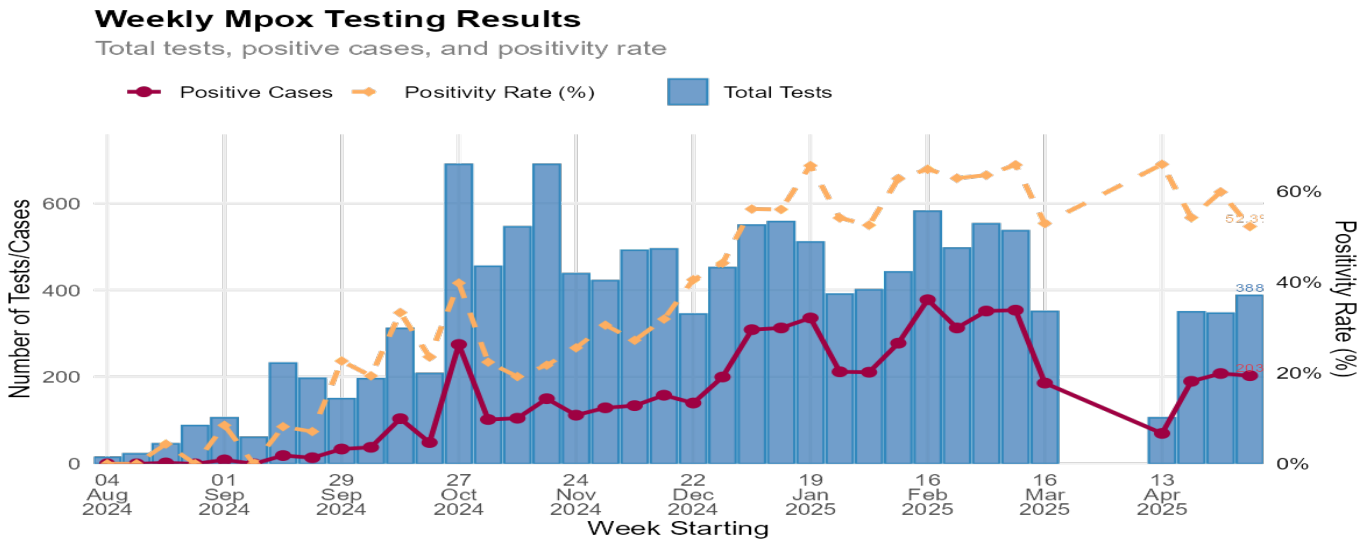


2.4 Overall Distribution of Incident Cases by Time

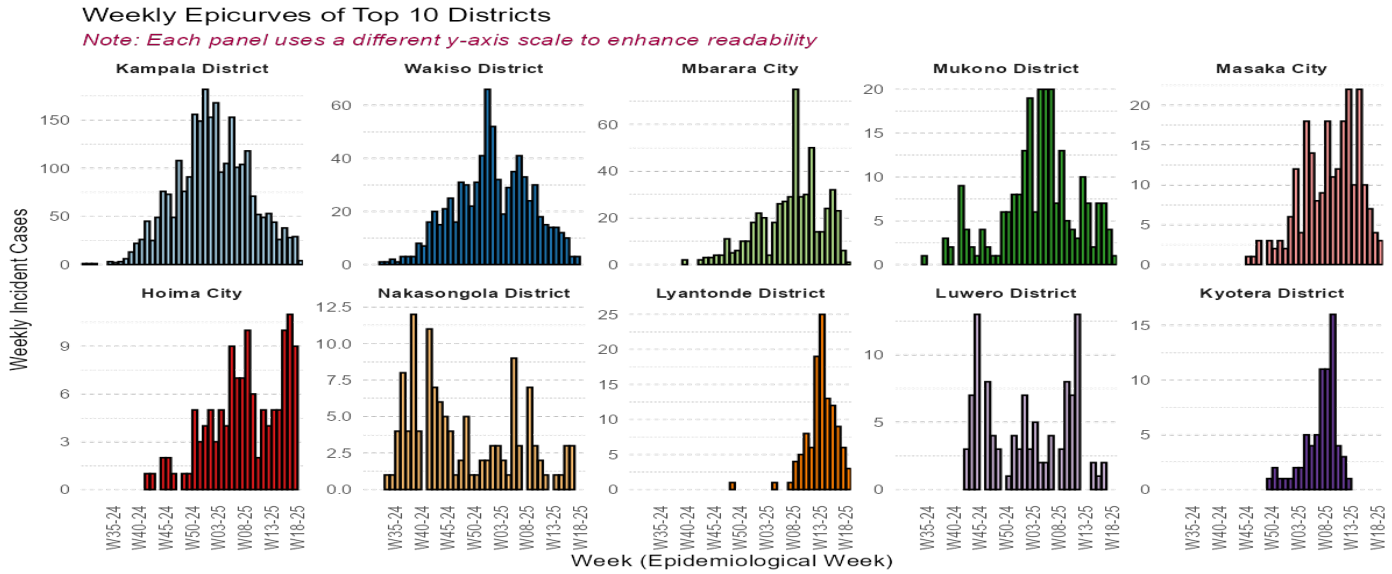




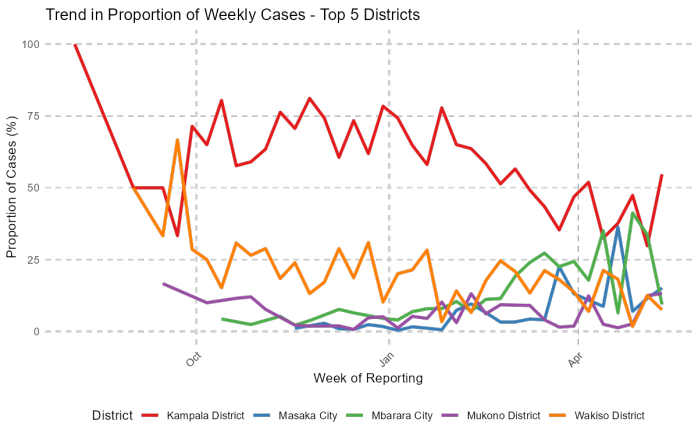
2.5 Testing Rates

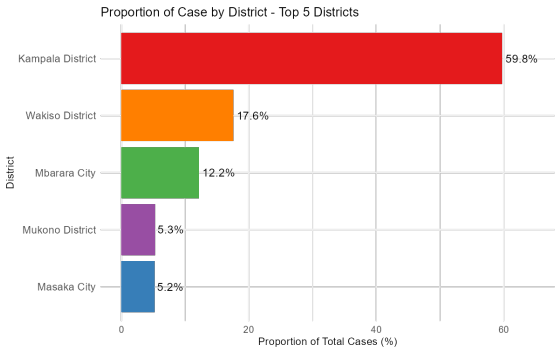


2.6 Epicurves of the Top 10 Districts

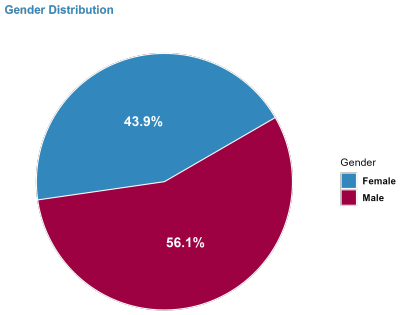


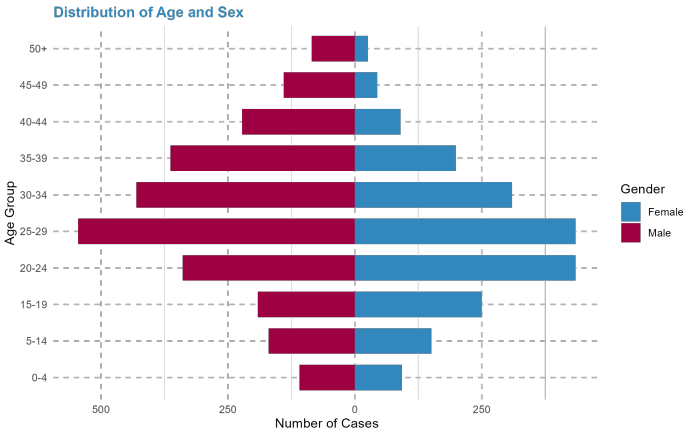
2.7 Overall Distribution of Incident Cases by Time



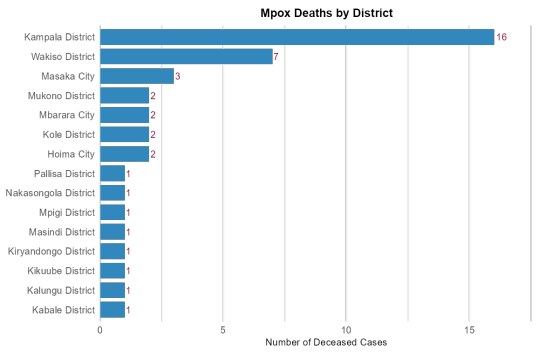


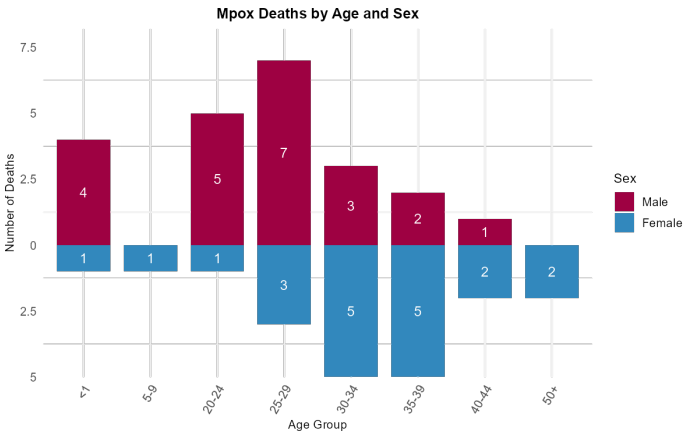
2.8 Overall Distribution of Incident Cases by Age and Sex



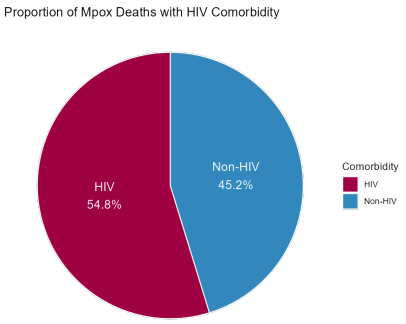


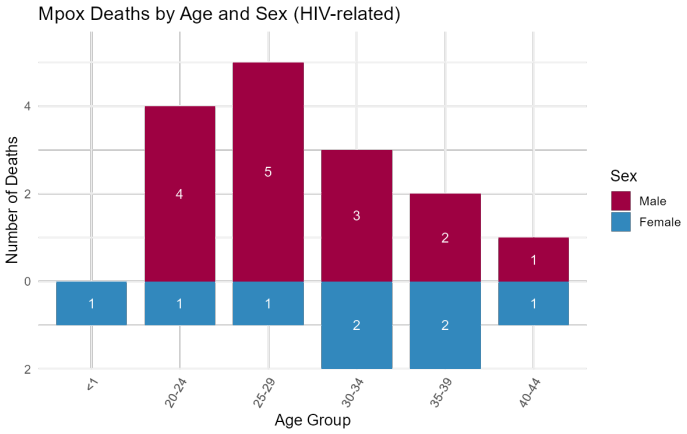
2.9 Overall Distribution of Deaths by Place and Sex - Age



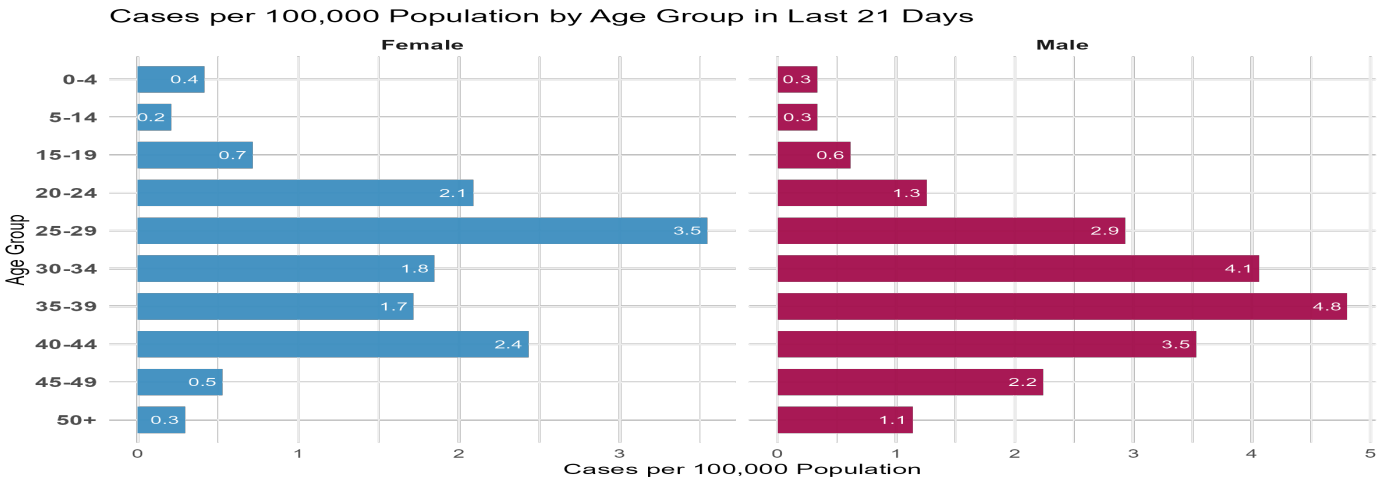


2.10 Distribution of Deaths by HIV Status

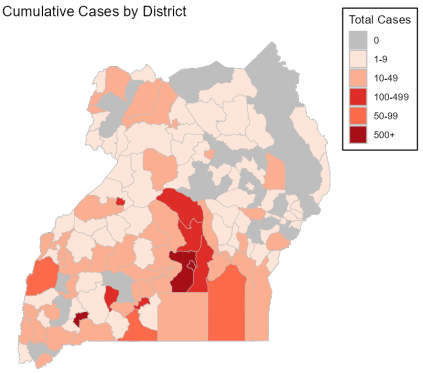


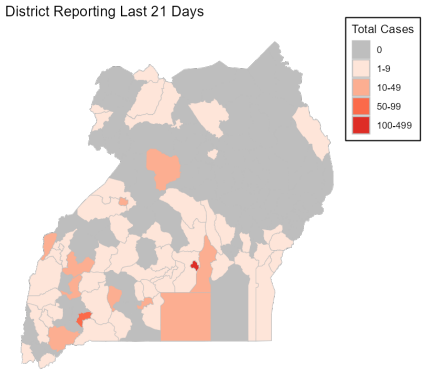


2.11 Overall Attack Rates by Age

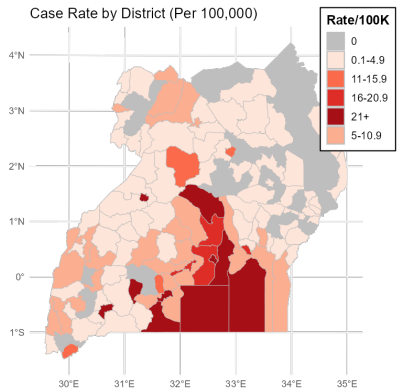


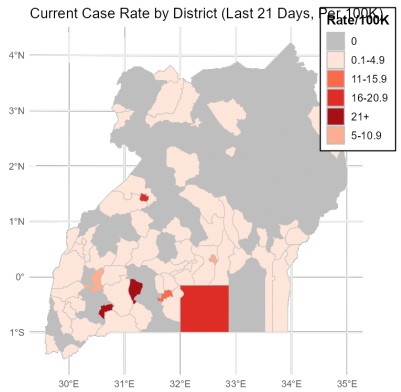
2.12 Distribution of Incident Cases by Place(Absolute Numbers)



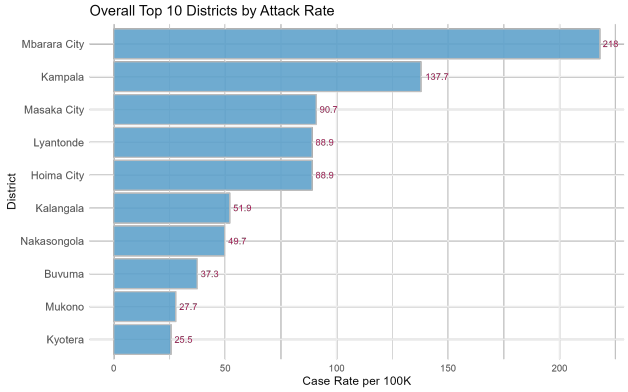


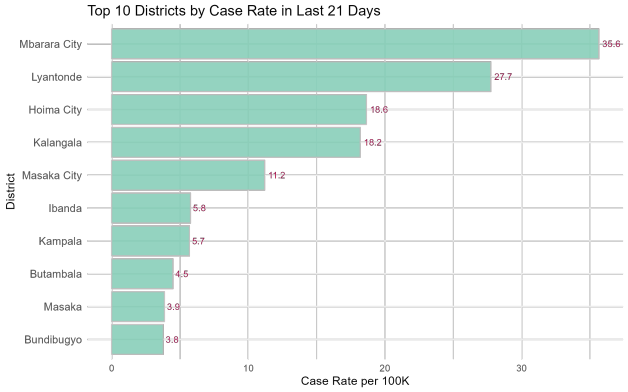
2.13 Attack Rates per 100K Population by Place





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





3 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.However, this dropped to **52.3% in Epiweek 20**

4 Vaccination

Phase I and II:
The **first and second phases** of the **targeted vaccination strategy**, interventions focused on **peer-to-peer engagement** for key populations, deployment of **mobile vaccination teams**, and **training of vaccination and mobilization personnel**. These efforts prioritized **five hotspot districts**—**Kampala**, **Wakiso**, **Buvuma**, **Mbarara City**, and **Hoima City**—ensuring high-risk populations were effectively reached. As a result, **vaccine coverage** reached **98%** in targeted areas, with a **utilization rate** of **66%**. Currently, **37,610 doses** remain in stock.

Phase III:
The Ministry of Health will commence **Phase III** of the Mpox vaccination campaign. Preparatory activities will begin with the **training** of mobilization and vaccination teams scheduled for **22nd–23rd May 2025**. This will be followed by a **seven-day vaccination exercise from 26th May 2025**, targeting five high-priority districts: **Kyotera, Masaka City, Lyantonde, Kalangala, and Mukono**.

Epidemiological Situation Analysis

1. **Transmission persists with marked subnational heterogeneity.** While weekly case counts show a declining trend, the outbreak remains geographically widespread but unevenly distributed. As of the latest reporting period, **79% (115/146)** of districts have reported at least one confirmed case since the beginning of the outbreak, and **47% (69/146)** have reported new cases within the past 21 days.

    - Surveillance teams should conduct investigations in districts with no recent case reports to confirm whether the observed silence reflects an absence of transmission or limitations in case detection.

2. **Urban centers and fishing communities remain epicenters of transmission.** High case burdens have been recorded in urban districts such as **Kampala, Mbarara, Hoima, and Masaka**, as well as fishing communities including **Kalangala, Nakasongola, Buvuma, and Kyotera**. Notably, **Mbarara City** has registered the highest cumulative and recent attack rates—**218 per 100,000** since the outbreak began and **35.6 per 100,000** in the past 21 days—indicating sustained local transmission.

    In addition to these known hotspots, a new focus of transmission has emerged in **Lyantonde District**, which is neither a city nor a fishing community. This could signal a shift in the epidemic's geographic dynamics.

    - Enhanced case investigations should be conducted in all identified hotspots to identify context-specific transmission drivers and inform tailored intervention strategies.

3. **Most high-burden districts show declining case trends,** except for **Hoima City**, which is experiencing an upward trend in incident cases. This increase is attributed to ongoing **active case search efforts** at both health facility and community levels. In contrast, other districts largely rely on passive surveillance.

    - Active case search should be scaled up in all high-burden districts to ensure timely detection and treatment. Early detection is critical, as anecdotal reports suggest that patients presenting late tend to have worse outcomes.

4. **Data completeness remains suboptimal.** Currently, **4% (265/6324)** of confirmed cases lack information on sex, and similar gaps are observed across other key variables on the Case Investigation Form.

    A recent meeting called by the Deputy Incident Commander (DIC) has initiated engagement with district teams to improve data quality. Measures are underway to ensure real-time electronic data entry into Go.Data by district surveillance focal persons.

    - Districts should ensure timely and complete electronic entry of all variables in the Case Investigation Form to support robust epidemiological analysis.

5. **The observed decline in reported cases requires cautious interpretation.** The drop in incident cases coincides with a reduction in testing volumes, raising the possibility of under-detection.

    - Continue epidemiological investigations to determine the drivers behind reduced testing and implement corrective actions to ensure sustained surveillance sensitivity.

6. **More than half of deaths occured among HIV Co-infected Mpox cases.** Of the **41 deaths** among confirmed Mpox cases, **56.1%** were co-infected with HIV.

    - Integrate routine HIV screening into Mpox response activities and prioritize active case search among people living with HIV to facilitate early diagnosis and management.

7. **Young adults are the most affected age group.** Among females, those aged **25–29 years** exhibit the highest attack rate at **3.5 per 100,000**. Among males, the **35–39 age group** is most affected, with an attack rate of **4.8 per 100,000**. However, females aged **40–44 years** are the second most affected among females with an attack rate of **2.4 per 100,000**.

    - Conduct detailed case investigations to understand age-specific risk factors and exposure patterns that may explain observed demographic differences.

8. **Transmission continues to be driven by key populations,** particularly sex workers, as previously identified in urban and fishing communities. Current investigations in **Masaka and Mbarara** aim to elucidate recent shifts in transmission dynamics.

    - Accelerate ongoing investigations in high-risk populations and use findings to tailor risk communication and intervention strategies accordingly.

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