

Mpox Incident Management Team Ministry of Health, Kampala, Uganda

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National Mpox Situation Report

1 Summary

Total Cases	New Last 24h	Number of Deaths	Case Fatality Rate (%)
5,431	44	40	0.74

Key Points:

- Stabilised Trend of Mpox Cases: The incident Mpox cases have stabilised to an average of 280 weekly cases. Although the epicurve appears to show a decline, this is primarily due to delayed case reporting, as the analysis is based on date of onset, which introduces a natural reporting lag.
- Most Affected Age Group: Individuals aged 25–29 years are the most affected demographic.
- Cities and Fishing Communities Most Affected: Cities and Fishing Communities exhibit the highest attack rates especially, Mbarara City-142/100,000 population, Kamapala City-120/100,000 population, and Fishing Districts including Buvuma, Kalangala and Nakasongola Districts.
- Increased Severity: Case management has noted increased severity among patients admitted with Mpox
- Vaccination: Uganda received an additional consignment of 100,000 doses Mpox vaccines. Young adults aged 25-35 will be prioritised in the next round of vaccination.

Weekly and Cumulative Confirmed Mpox Cases¹

Percentage Change in Cumulative Cases (Week-on-Week)

Year	Epi Week	Weekly Confirmed Cases	Cumulative Confirmed Cases	Percent Change (%)	
2025	7	270	3128	9.45	
2025	8	359	3487	11.48	
2025	9	283	3770	8.12	
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	233	5386	4.52	
2025	16	45	5431	0.84	
¹ This is data for the last 10 Epiweeks					

Surveillance and Epidemiology $\mathbf{2}$

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

Cases by Age Group and Gender						
Age Group	Total Cases	% of Cases	Males	% Males ⁷	Females	% Females ⁷
0-4	231	4.3%	132	4.1%	99	4.5%
5-9	213	3.9%	121	3.8%	92	4.2%
10-14	154	2.8%	81	2.5%	73	3.3%
15-19	530	9.8%	264	8.2%	260	11.9%
20-24	891	16.4%	430	13.4%	451	20.6%
25-29	1,100	20.3%	636	19.9%	448	20.5%
30-34	842	15.5%	515	16.1%	323	14.8%
35-39	619	11.4%	414	12.9%	202	9.2%
40-44	352	6.5%	256	8.0%	96	4.4%
45-49	199	3.7%	152	4.7%	46	2.1%
50+	132	2.4%	105	3.3%	26	1.2%
NA	168	3.1%	95	3.0%	69	3.2%
Total	5,431	100.0%	3,201	100.0%	2,185	100.0%
¹ Devente and a standard with the set of t						

Percentages are calculated within each age group

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

Top 10 Districts Summary						
District	Total Cases	Total Deaths	Cases Last Epiweek	Deaths Last Epiweek	% Change in Cases ⁷	
Kampala District	2,394	16	11	0	-75.0%	
Wakiso District	702	7	2	0	-77.8%	
Mbarara City	420	2	2	0	-81.8%	
Mukono District	201	2	3	0	-70.0%	
Masaka City	166	3	1	0	-95.0%	
Nakasongola District	117	1	1	0	NA	
Luwero District	100	0	0	0	NA	
Hoima City	89	1	2	0	-33.3%	
Kyotera District	70	0	0	0	- 100.0%	
Buvuma District	66	0	0	0	NA	
¹ The perceptage change in cases i	s calculated by comparing the	e number of cases in the m	nost 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 Epicurves of the Top 10 Districts



2.6 Overall Distribution of Incident Cases by Time







2.7 Overall Distribution of Incident Cases by Age and Sex





2.8 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.

2.9 Distribution of Deaths by HIV Status





2.10 Overall Attack Rates by Age



2.11 Distribution of Incident Cases by Place(Absolute Numbers)





2.12 Attack Rates per 100K Population by Place





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





3 Vaccination

3.1 Distribution of Vaccinated by Age and Sex





3.2 Coverage by District



- Uganda commenced Phase II of the Mpox vaccination campaign on 2 April 2025, targeting non-Malaria Vaccine Immunization implementing districts. These included the three divisions of Kampala—Rubaga, Nakawa, and Central—as well as Wakiso District, Buvuma District, Mbarara City, and Hoima City.
- The **The targeted population** comprised individuals at increased risk of Mpox infection, including **sex workers** (SWs), men who have sex with men (MSM), people in detention (PIWD), long-distance truck drivers, fisher folk, and individuals living in crowded communities. The campaign prioritized outreach to these groups, ensuring equitable access to vaccination.
- The campaign recorded **73% of the Mpox vaccine doses utilized** across all target districts. **Optimal coverage** was achieved in several areas. **Females** and individuals aged **20–49 years** constituted the majority of the vaccinated. this indicates that although Males are more affected compared to females, females had a higher coverage.

- ; 100 percent coverage The districts with more that 100 percent coverage of the targeted population is an indication of under estimation of the high risk groups during microplanning. The program will work closely with districts in the next round to ensure proper microplanning.
- **Buvuma District** had the lowest coverage of the targeted population due to the fishing patterns of the fishermen who were targeted. There is a planned peer mobilisation approach planned to address this challenge.
- Despite overall success, there were 10 reported cases of Adverse Events Following Immunization (AE-FIs). Of these, five were classified as serious. One serious AEFI occurred within five minutes of vaccine administration. Geographical distribution of serious AEFIs - four cases occurred in Rubaga Division and one in Nakawa Division. All serious cases were hospitalized and investigated. The remaining five cases were mild, presenting symptoms such as nausea, vomiting, injection site pain, headache, and fever.
- The next phase will start on 22 April 2025, targeting MVI implementing districts—specifically Nakasongola District, Masaka City, and Mukono District. The campaign will maintain its focus on key populations and will utilize surveillance data to identify and prioritize emerging hotspots. Lessons learned from Phase II will be used to strengthen planning, enhance community engagement, and reinforce safety monitoring mechanisms.

4 Laboratory Testing

4.1 Test Positivity Rate



- The consistent upward trend in the **test positivity rate** over time. Beginning at **0% in July 2024**, the positivity rate progressively increased, reaching **66% by April 2025**. Notable increments occurred between **October and January**, with the rate rising sharply from **26% in October** to **58% in January 2025**. This spike may reflect improved case detection, enhanced targeting of high-risk individuals, or broader community transmission during that period.
- In terms of laboratory efficiency, the **median turnaround time (TAT)** for processing and reporting results was **66 hours**, with a range of **3 to 1,268 hours**. This overall TAT comprises three key phases:
- Sample Collection to Receipt at Laboratory: Median time of 58 hours (range: less than 24 to 1,262 hours)
- Receipt to Testing: Median time of 4 hours (range: less than 24 to 16 hours)
- Testing to Upload of Results: Median time of 3 hours (range: less than 24 to 192 hours)