

# **Empowering Community Health Workers (CHWs) through capacity strengthening for outbreak detection and response in Uganda**

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30<sup>th</sup> April 2025

# Sudan – Ebola Virus Disease (SUVD) and Mpox Disease Outbreaks , 2025

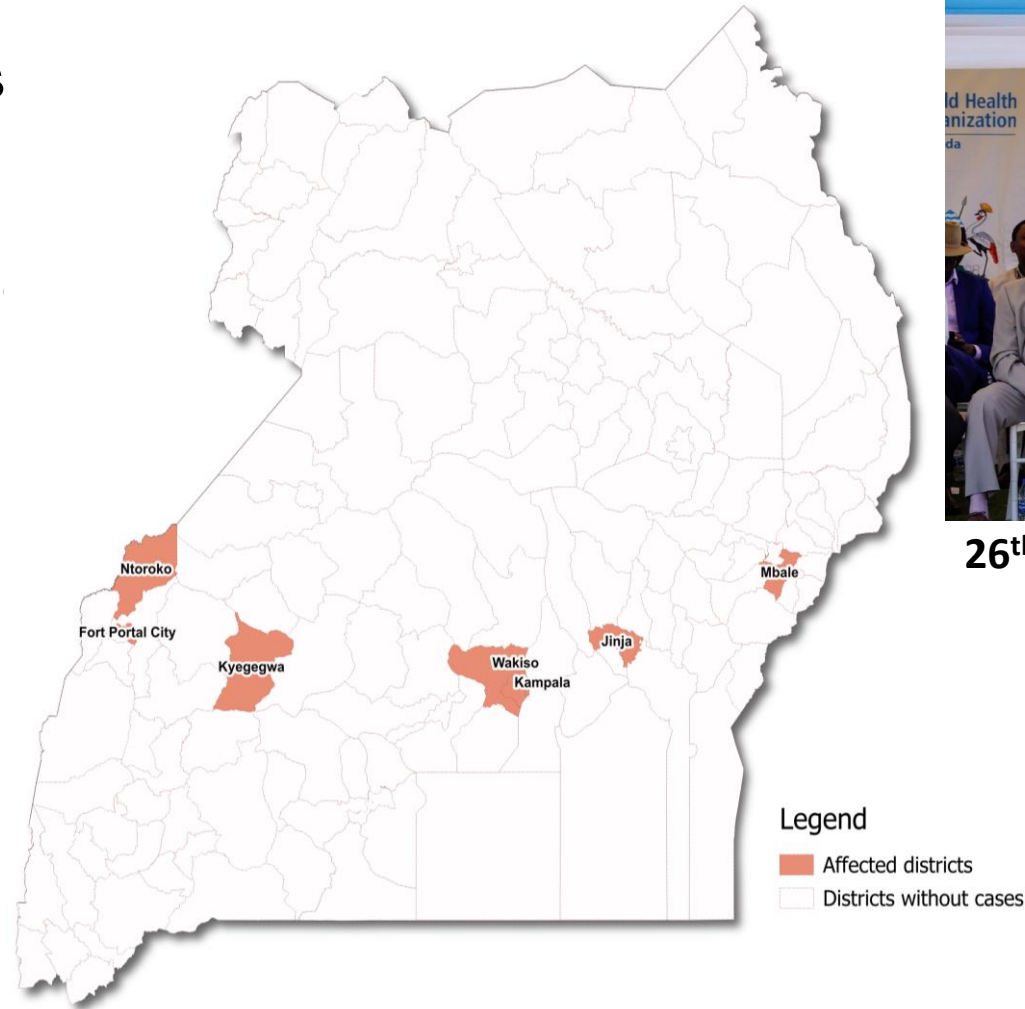


- SUVD Outbreak occurred in the face of persistent, sustained Mpox epidemics
  - SUVD declared on the 30<sup>th</sup> January 202, 2025
  - Mpox declared on the 24<sup>th</sup> July, 2024
- Uganda was declared SUVD free on the 26<sup>th</sup> April, 2025
  - 86 days of response
- Uganda still grapples with Mpox outbreak

# SUVD outbreak, 30th Jan-26th April, 2025



- 14 cumulative cases
  - 12 confirmed
  - 2 probable
- 10 Patients recovered
- **CFR: 28.6%**
- Districts
  - Kampala City
  - **Wakiso**
  - Jinja
  - Mbale
  - Ntoroko (probables)
  - Kyegegwa



26<sup>th</sup> April, 2025; Mbale City

# Mpox Outbreak in Uganda



- 15<sup>th</sup> April 2025, National Sitreps
  - **Cumulative cases: 5,431**
  - **Cumulative deaths: 40**
  - **Case Fatality Rate: 0.74**
- Most affected districts: 10/146
  1. Kampala: Cum cases: **2,394** and Cum deaths: **16**
  2. Wakiso: Cum cases: **702** and Cum deaths: **07**
  3. Mbarara City: Cum cases: **420** and Cum deaths: **02**
  4. Mukono: Cum cases: **201** and Cum deaths: **02**

# CBS performance in SUVD outbreak



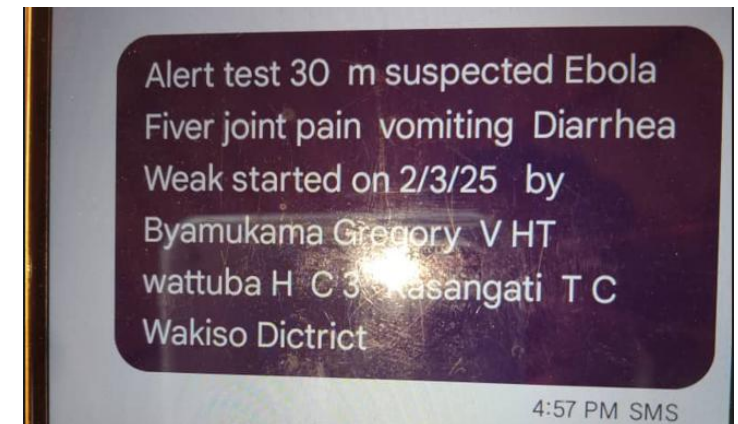
Indicator	Target	Performance	
Proportion of community oriented on CBS	50 % of total VHTs in the affected village oriented on CBS and EVD	<b>Overall: 61.9%</b> KMA (Kampala) Wakiso (VHTS-2570) Mukono Mbale City& District Jinja City & District Ntoroko Kyegegwa Fort Portal & Kabarole (1034)	<b>Kla 1428/1520-93.9%</b> <b>Wattuba 190(100%)-7.4%</b> <b>400/884 (45.2 %)</b> <b>1180/1212 (97.4%)</b> <b>250/273 (91%)</b> <b>426/438 (97.2%)</b> <b>242/956 (25.3%)</b> <b>80/80 (100%) -7.7%</b>
Proportion of High-Risk Households visited and sensitized	100%	<b>Overall: 100%</b> KMA (Mukono, Kla & Wakiso) Mbale City& District Jinja City & District Ntoroko Kyegegwa Fort Portal & Kabarole	<b>176 Last week 270/270 (100%)</b> <b>26/26 (100%)</b> <b>13/13 (100%)</b> <b>15/15 (100%)</b> <b>6/6 (100%)</b> <b>5/5 (100%)</b>



# Orientation of Community members



1. Basics of CBS
2. SUVD and Mpox
3. Reporting
4. Roles of community
  - Fight of SUVD and Mpox





# Roles of VHTS in CBS during SUVD/Mpox

- **Detection of SUVD/Mpox**

- Screening suspects
  - Case Definition
  - CBS hand book

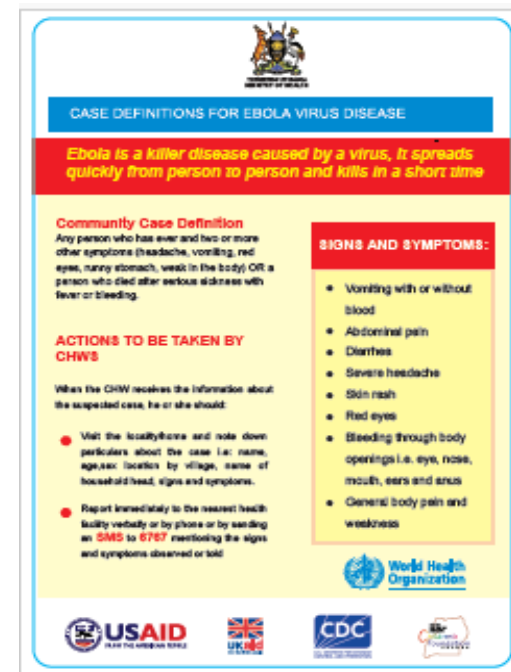
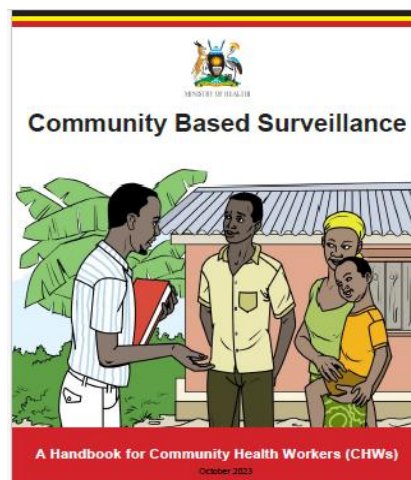
- **Notification and Reporting- Alerts**

- 6767
- Phone Calls

- **Support Response**

- Community Mobilization
- Referrals
- Community Dialogue
- Contact tracing

## Handbook



Community Case definition

VHT SUMMARY REPORT FOR EBOLA AND MPOX PREVENTION ACTIVITIES	
VHT Details: Name of VHT: _____, Contact: _____, Dates: _____	
Location of activities:	Sub location: _____ Parish: _____ Village: _____
Home Visits	Total number of home visits made (weekly): _____ Topics covered: _____ Issues raised: 1. _____ 2. _____ 3. _____
No of sensitizations held with various community groups	
Community mobilization	Total Number of Meetings held: _____ M. _____ F. _____ Target audience: _____ Mobilization approach e.g. (mega phone announcements/one on one communication): _____ Topics addressed: _____
Community Dialogues	Total Number of Dialogues held: _____ Total participants: _____ Men only discussion(s) e.g. (boda boda): _____ Women only discussion(s) e.g. (Women savings group): _____ Women and Men: _____ Topics discussed: _____
Referrals	Total No of people referred: _____ Total Men referred: _____ Total Women referred: _____ Major reasons for referral: _____ Main areas where referrals were made to: _____
Alerts made	Total number of Alerts (weekly): _____ Channel of communication e.g. SMS 6767 or phone call or verbal facility notification: _____ Person/Office/Facility contacted: _____ Reasons for alerts: _____ 1. _____ 2. _____
Challenges	1. _____ 2. _____
Name of facility: _____, Date: _____, Signature: _____, Phone Number: _____	

VHT weekly summary



# Home visits to high-risk households

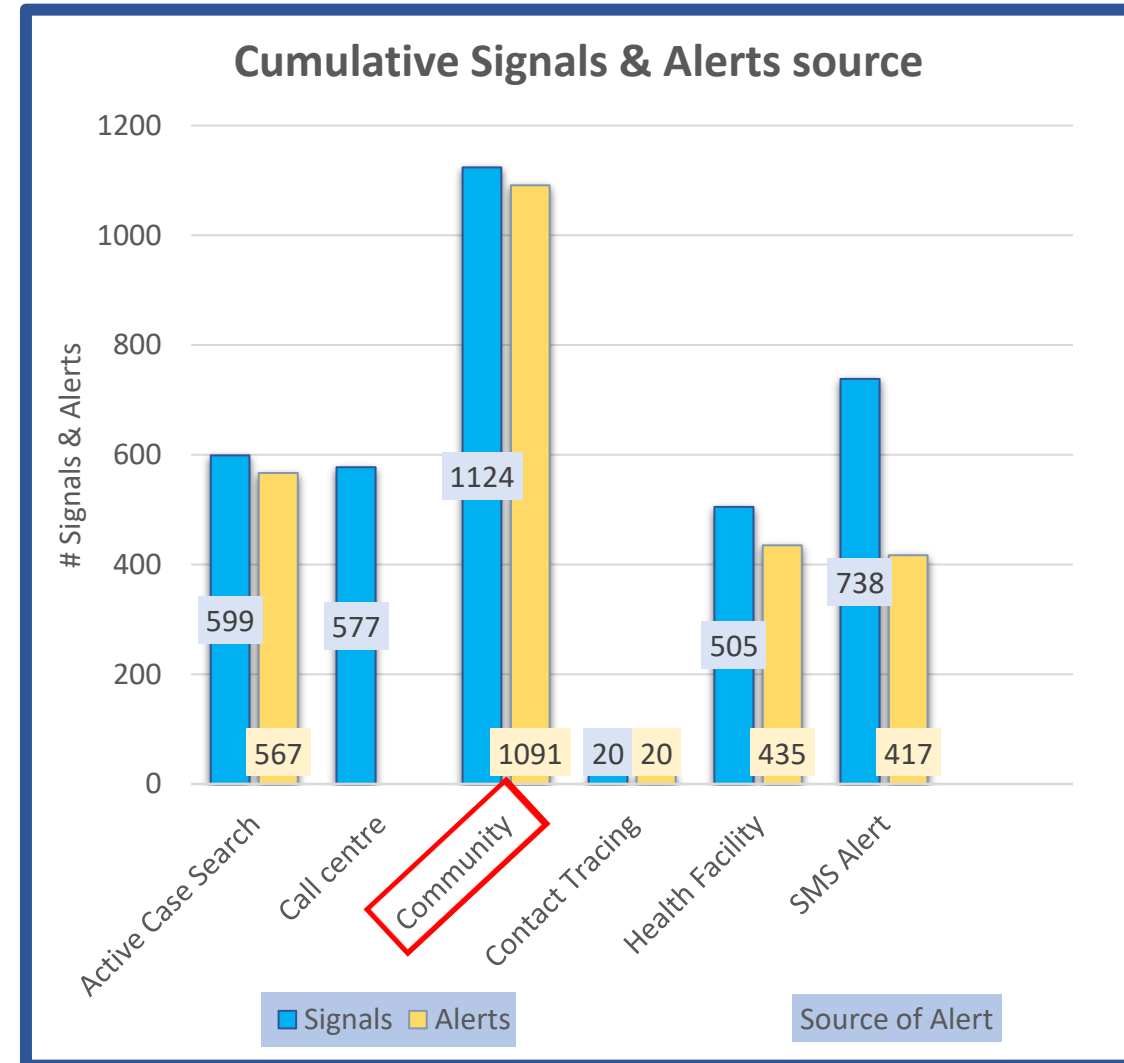






# CBS contribution to other sub-pillars

- Alert Management
  - Community signals and alerts
- Contact Tracing and follow-up
  - Supported HWs to identify homes
- RCCE pillar
  - Integrated response
  - Community sensitization and mobilization meetings
- School Based Surveillance





# Community sensitization and dialogues



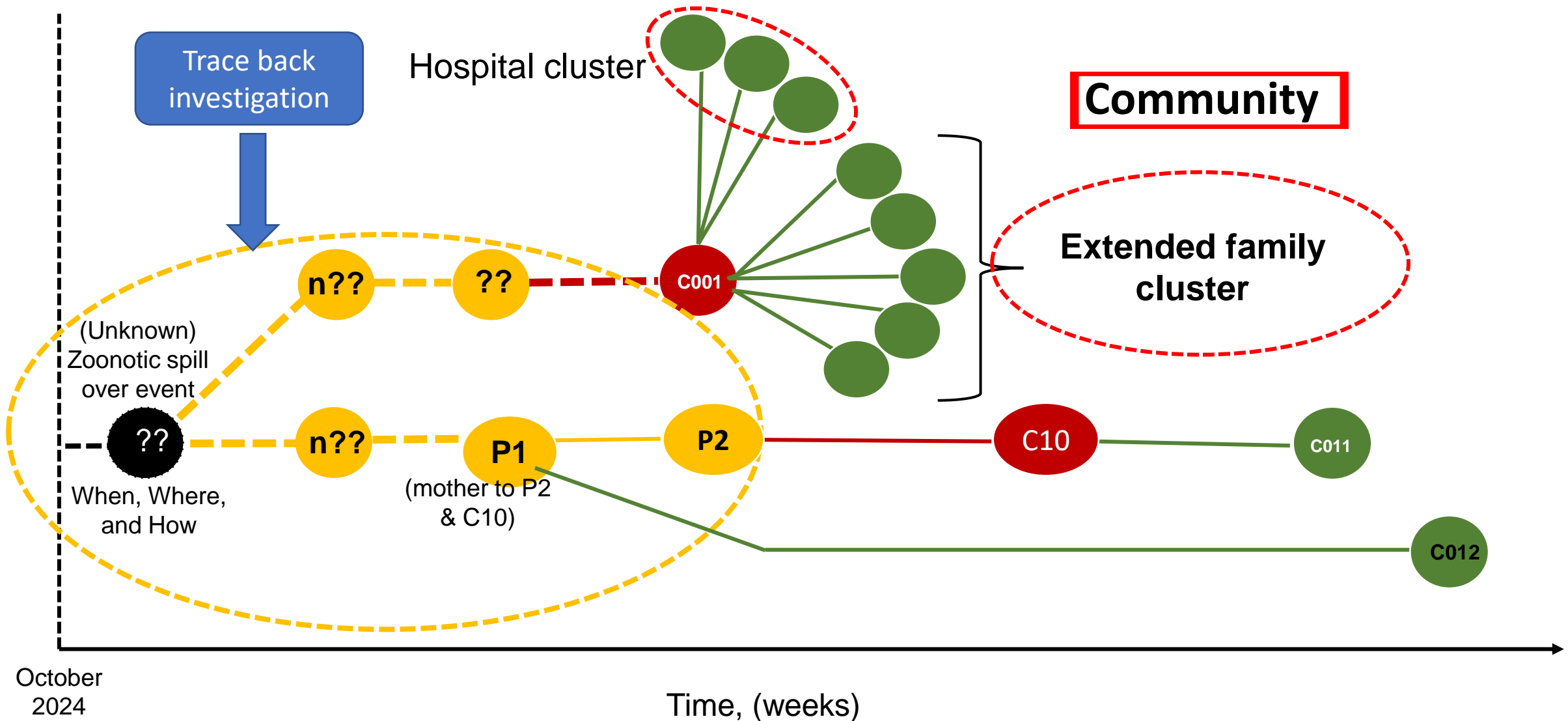


# Support to SBS





# SUVD, two transmission chains



# Lessons/Facts on the SUVD outbreak

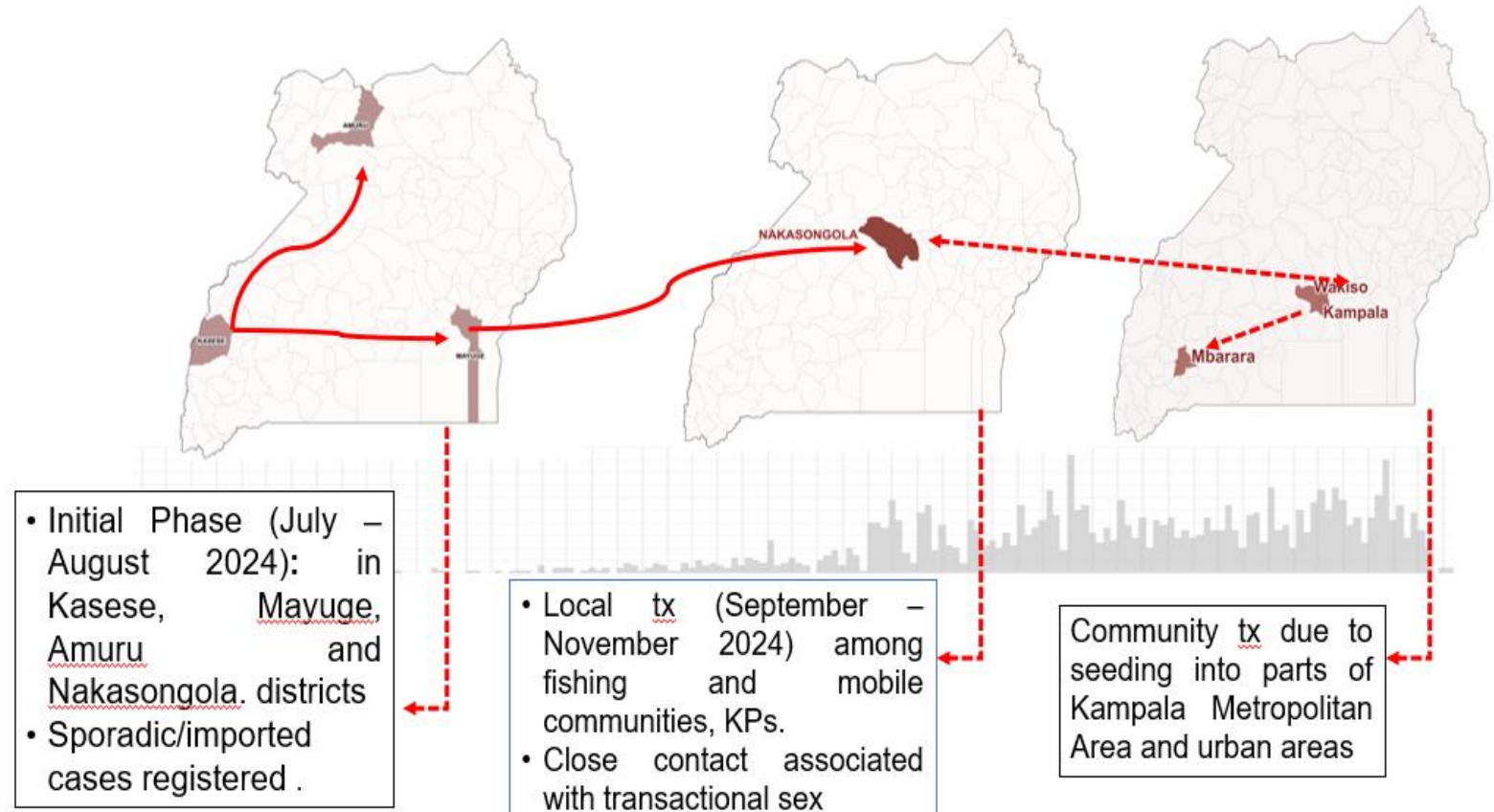


- Respect for cultural/religious diversity is key-reduces community resistance and conflicts
  - Moslem contacts were monitored for 21 days from home during Eid El-Fitr
- Zoonotic disease outbreaks need One Health Approach
  - Deployed teams from environment and animal health
- Capacity building for community enhances early detection
  - Trained community members from Wakiso, Kole and Mukono were deployed to support response
- Integrated response improves outbreak containment
  - Anthropologists and risk communication specialists worked with surveillance
- Digitization of community reporting tools improves timely reporting
  - Alert management systems were digitized

# Evaluation of current Mpox outbreak



- **Wide spread community transmission**
- **Increased incidence**
  - Urban centers like cities
  - Crowded areas like fishing communities
  - Age category: 25-29
  - Among sex workers







# Can the lessons learned from SUVD CBS help contain Mpox outbreak?

- **Yes**

- Involve CHWs to convey targeted risk communication
- Collaborate and Involve community leaders in creating and disseminating information
- Distribute IEC materials to hot spots
- Orientation of Communities and schools



# Challenges and recommendations



- 1. Issue:** One Health approach not fully involved in MPOX control
  - **Recommendation:** strengthen OH at community and district level
  
- 2. Issue:** CHWs not involved in home-based care for Mpox like Covid 19
  - **Recommendation:** Develop, orient and disseminate guidelines for Mpox home-based care



**THANK YOU**