



UGANDA PUBLIC HEALTH BULLETIN

July–September, 2025

Dear Reader,

We take great pleasure in welcoming you to Volume 10 Issue 3 of the Uganda Public Health Bulletin.



We aim to inform the district, national, and global stakeholders on disease outbreak investigations, public health surveillance, and interventions undertaken in detecting, preventing, and responding to public health events in Uganda.

In this issue, we present a variety of articles including: Improving completeness of requests at a selected veterinary laboratory X in Kampala Metropolitan area using a quality improvement approach, December 2024 ; Enhancing HIV commodity reporting using Real-time ARV Stock Status Monitoring tool in an HIV-accredited regional referral hospital, Kampala, March–August 2024 ; Advancing triple elimination of vertical transmission of HIV, syphilis, and hepatitis B in Africa: outcomes of the Triple Elimination in Africa, 2025 Conference; and Investigation of unexplained cluster of deaths, Mubende, Kyankwanzi, and Kakumiro Districts, June–September 2025.

Should you have any questions or require additional information related to articles in this bulletin please contact us on:

justinewobusobozi@uniph.go.ug, matovan5@uniph.go.ug, deborah.aujo@uniph.go.ug, marthejo27@uniph.go.ug, lbulage@uniph.go.ug.

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UPHFP - LLP Fellow, UNIPH, MoH

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Improving completeness of requests at a selected government veterinary laboratory X in Kampala Metropolitan area using a quality improvement approach, December 2024

Esther Nabatta^{1,2*}, Samuel Gidudu¹, Gladys Nakanjako², Olympia Mugarura², and Abumelech Byamukama²

Institutional affiliations:¹Uganda Public Health Fellowship Program, Laboratory Leadership Program, Uganda National Institute of Public Health, Kampala, Uganda, ²National Animal Disease Diagnostics and Epidemiology Center, Ministry of Agriculture Animal Industry and Fisheries, Entebbe, Uganda

***Correspondence:** Tel: +256 782539910, Email: enabatta@uniph.go.ug

Summary

Background: Although the World Organization for Animal Health (OIE) provide requirements for sample collection and documentation, anecdotal evidence from a government veterinary laboratory X indicated that samples were often submitted with incomplete request forms. Using a continuous quality improvement (CQI) approach, we aimed at improving the form completeness to 70% by December 2024 at the veterinary laboratory X.

Methods: Applying a CQI approach, conducted a baseline assessment, identified two main issues: lack of staff orientation and a non-user-friendly form design as the root causes of form incompleteness. We redesigned the request form and mentored staff on the use of the revised form. A subsequent decline prompted assigning a dedicated staff member to follow up on completion of the request forms.

Findings: At baseline, only 11.3% of the samples had complete request forms. Following form redesign and staff mentorship, a 60% raise in form completeness was realized within the first three months. Addition of a follow up component further improved the completeness to 83%, exceeding the 70% target.

Conclusion: The multi-layered CQI intervention significantly improved form completion. To sustain the gains, we recommend integrating the revised form and follow-up mechanisms into the laboratory standard operating procedures and quality systems, supported by regular monitoring and refresher trainings.

Background

The reliability of diagnostic testing is a cornerstone of effective animal disease surveillance, control, and public health protection. Veterinary laboratory X is key in diagnosing diseases such as African Swine Fever, Foot and Mouth Disease, tick borne diseases and zoonotic threats like Rift Valley Fever, Brucellosis, Rabies, and Crimean Congo Hemorrhagic Fever. The analytical precision of diagnostic platforms is fundamentally dependent on the quality of the pre-analytical phase, which includes the submission of accurate and complete sample information on the laboratory request forms (1). Laboratory request forms provide essential epidemiological, clinical, and demographic information as emphasized in the by international standards such as the Animal Health (OIE) guidelines on sample collection (3). Although the OIE provide requirements for sample collection and documentation, anecdotal evidence from a government veterinary laboratory X indicated that samples were often submitted with incomplete request forms or sometimes with no forms at all. Using a continuous quality improvement (CQI) approach, we aimed at improving form completeness to 70% by December 2024 at the veterinary laboratory X.

Methods

We conducted the project at a government veterinary laboratory X, located in the greater Kampala metropolitan area serving the outskirts of Kampala and several districts through providing confirmatory testing of several animal diseases. The project was conducted by the veterinary laboratory X's existing quality improvement committee led by the quality officer. The committee conducted a retrospective review of forms accompanying samples received over a four-month period (January to April 2024). Additionally, a questionnaire was subjected to all veterinary laboratory X staff involved in sample reception to understand the possible causes of submission of samples without or with incomplete forms. Using the root cause analysis techniques, we identified lack of orientation for staff on request form filling was the most modifiable root cause for form incompleteness. The form not being user friendly was a secondary contributing factor.

To address the root cause, we redesigned the form and mentored the staff on its use. A subsequent decline in completeness prompted assigning a laboratory staff to follow upon request form completion.

We designed an action plan with suggested changes that we monitored over a period of three months for action implementation and an additional three months for action (intervention) effectiveness.

To monitor the tested change, we collected data every month on the number of samples received at the veterinary laboratory X with complete request forms (as the numerator) and the number of samples received at the veterinary laboratory X (as the denominator). The proportion of samples received at veterinary laboratory X with complete request forms was then plotted using a line graph.

This study was determined to be a non-research activity by the US Centers for Disease Control and Prevention. Administrative clearance to conduct the study was sought from the laboratory leadership. Verbal informed consent was obtained from the staff before obtaining information regarding the possible root causes for incomplete request forms.

Results

At baseline, of the 106 forms accompanying samples received between the months of January and April 2024, only 12 (11.3%) were complete. Out of the 94 incomplete forms, 33 (35.1%) were ad hoc (improvised pieces of paper with scribbles of information), 35 (37.2%) were district-developed forms, and 26 (27.7%) were incomplete standard laboratory test request forms. Following intervention implementation, there was an improvement from 11% to 60% in the first three months (July-September 2024). Subsequently assigning a laboratory staff to follow up on form completeness-related issues led to an increase to 83% surpassing the set target of 70% (Figure 1).

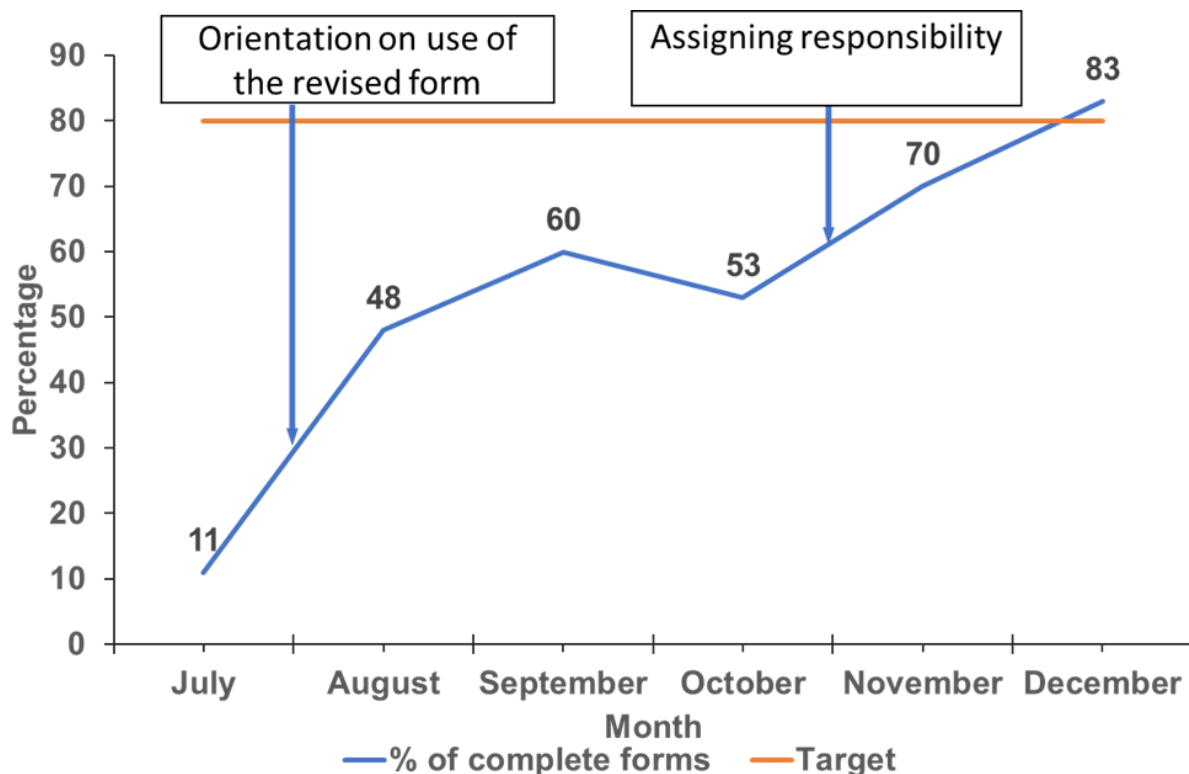


Figure 1: Completion rate progress following interventions

Discussion

The CQI approach successfully increased the completeness of laboratory request forms from 11% to 83%, exceeding the 70% target. The baseline reflected a systemic lack of standardization and awareness of the request form, with over one-third of forms being improvised documents. Improvement required a multi-

layered approach that involved redesigning the form, staff orientation, and assigning a laboratory staff to follow upon form completion. This made the form more user-friendly, reduced complexity and the likelihood of errors. Concurrently, the mentorship sessions were crucial for educating staff on how to complete the new form and, more importantly, why its completeness is critical for diagnostic accuracy and national disease surveillance. Although these were effective, a decline in performance midway into the project could have occurred due to behavioral changes where by staff are bound to revert back to previous habits and practices (9). For accountability and making compliance a routine part of the workflow, a second intervention was instituted which proved to be effective leading to the final improvement of 83%.

Study limitations: We conducted the study at a single veterinary laboratory. This restricts the generalizability of the findings, as the specific root causes identified and the effectiveness of the interventions may be unique to the local context, workflows, and staff dynamics of this particular site.

Conclusions: A multi-layered CQI approach (form redesign, staff mentorship, and accountability) significantly improved form completeness. To sustain gains, we recommend integrating the revised form and follow-up into standard operating procedures, supported by regular monitoring and refresher training.

Conflict of interest: The authors declare that they had no conflict of interest.

Authors' contributions: EN did the conceptualization of the study idea, data analysis, writing, and editing of the manuscript, SG, GNK, OM, and AB provided guidance in the writing and reviewing of the bulletin. All authors read and approved the final manuscript.

Acknowledgements: We acknowledge the US Centers for Disease Control and Prevention Uganda for financial support through Makerere University School of Public Health, and Baylor Uganda. We extend our heartfelt gratitude to all stakeholders and partners for their vital roles in implementing the quality improvement project. Their collaboration, expertise, and dedication were key in effectively improving completeness of the request forms at the selected veterinary laboratory.

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Enhancing HIV commodity reporting using Real-time ARV Stock Status Monitoring tool in an HIV-accredited regional referral hospital, Kampala, March-August 2024

Tracy M. Rutogire^{1,2}, Samuel Gidudu¹, Gloria Bahizi², Jackson Were⁴, and Irene B. Kyamwine¹

Institutional affiliations: ¹Uganda Public Health Fellowship Program-Laboratory Leadership Program, National Institute of Public Health, Kampala, Uganda; ²Kampala Capital City Authority, Kampala, Uganda; ³Baylor Foundation Uganda, Kampala, Uganda; and ⁴Mulago National Referral Hospital, Kampala, Uganda. Correspondence*: Email: trutogire@uniph.go.ug, Tel: +256782344218

Summary

Background: Timely reporting of HIV commodity stock status is critical for effective supply chain management. However, only four (12%) of 31 HIV-accredited sites in Kampala submitted all weekly reports in quarter one 2024 using the Real-time ARV Stock Status Monitoring (RASS) tool. We aimed to improve weekly reporting from 0% to 100% by August 2024 at a non-reporting HIV-accredited regional referral hospital using a continuous quality improvement (CQI) approach.

Methods: At a regional referral hospital in Kampala, we formed a CQI team, conducted a baseline assessment in March 2024 using RASS dashboard data, and identified non-reporting root causes. We implemented interventions from April to July 2024, including orienting new staff and introducing WhatsApp reminders. We monitored progress weekly using the Plan-Do-Check-Act (PDCA) cycle, with data analyzed monthly to assess trends.

Results: Baseline reporting was 0% in March 2024, due to lack of staff orientation. Orientation of two RASS users in April increased reporting to 80% by May, and with WhatsApp reminders in June, it reached 100% and was sustained through August.

Conclusion: Staff orientation and WhatsApp reminders significantly improved HIV commodity reporting. We recommend institutionalizing these interventions across HIV-accredited sites in Kampala to enhance stock management.

Background

Effective supply chain management of antiretroviral (ARV) drugs and HIV test kits is essential to prevent stock-outs, which have repeatedly disrupted HIV care in the country (2,3). To strengthen supply chain management, the Monitoring and Evaluation Technical Support (METS) developed the Real-time ARV Stock Status (RASS) monitoring tool in 2018. The RASS is a computer-based system integrated with the national health information system that enables weekly tracking of HIV commodity stock levels. The tool provides for a dashboard that facilitates submission of weekly stock status reports, allowing for timely redistribution of commodities and minimizing the risk of stock-outs. HIV accredited health facilities in Kampala were required to report ARV and HIV test kit stock status weekly through the dashboard. However, in quarter one 2024, a regional referral hospital in Kampala failed to submit any weekly RASS reports. Using a continuous quality improvement approach, we aimed to improve reporting at this site from 0% to 100% by August 2024.

Methods

We conducted the study at an HIV-accredited regional referral hospital in Kampala, Uganda from March to August 2024. Despite its critical role in delivering HIV care and treatment services, the hospital faced challenges with accurately and consistently reporting weekly HIV commodities using the RASS system. Although two logistics officers at this site were trained on RASS reporting during the 2018 national rollout, these challenges persisted.

We formed a CQI team and conducted a baseline assessment using data from the RASS dashboard to confirm zero weekly reports submitted by the site. Using the fishbone technique, we identified lack of staff orientation as the primary modifiable root cause. The absence of reminders was a secondary contributing factor.

In April 2024, we oriented two newly transferred RASS users on reporting protocols, including coding, submission deadlines, and verification procedures. In May 2024, a WhatsApp group was created to send weekly reminders and reinforce timely reporting.

We monitored report submission to RASS on a weekly basis. Weekly monitoring facilitated provision of immediate feedback and address issues in real-time, ensuring timely intervention adjustments.

We calculated the percentage of reports submitted on a monthly and assessed trends in reporting compliance. Monthly analysis provided a stable metric for evaluating intervention effectiveness and sustained improvements, aligning with standard CQI practices for tracking progress over time.

This study was determined to be a non-research activity by the US Centers for Disease Control and Prevention (CDC). Administrative clearance to conduct the study was sought from the regional referral hospital. To ensure data confidentiality, Real-time ARV Stock Status (RASS) dashboard data were stored on secure servers with access restricted to authorized personnel only.

Results

The interventions led to progressive improvements in weekly reporting rates (Figure 1). At baseline in March 2024, reporting was 0% (0/4 expected reports submitted). In April 2024, after staff orientation, reporting rose to 75% (3/4) reports submitted, with one missed due to a public holiday. In May 2024, the introduction of WhatsApp reminders further increased reporting to 80% (8/10 reports submitted for April and May combined). From June to August 2024, monitoring confirmed sustained 100% reporting (Figure 1).

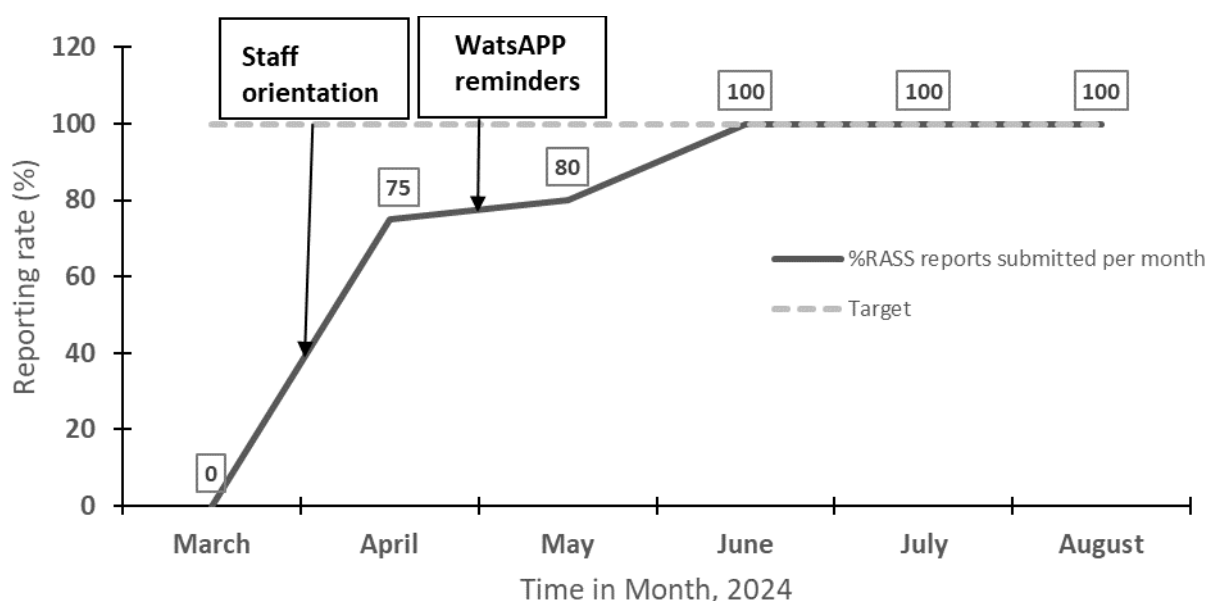


Figure 1: Weekly HIV commodity reporting rates at a selected HIV-accredited regional referral hospital, Kampala, March-August 2024

Discussion

This CQI project demonstrated that targeted, low-cost interventions such as staff orientation and WhatsApp reminders significantly improved HIV commodity reporting at the HIV-accredited regional referral hospital in Kampala, Uganda. Reporting compliance initially increased from 0% to 75% by the end of April 2024, following a two-day staff orientation on April 1–2, highlighting the critical role of structured training in addressing knowledge gaps, particularly among newly transferred logistics officers. This finding aligns with existing literature demonstrating that comprehensive employee training enhances performance and operational efficiency in health systems (6). The orientation likely addressed deficiencies in RASS system familiarity, enabling users to navigate its technical requirements more effectively, a challenge that had persisted at this site despite training during the 2018 national

rollout. The subsequent introduction of WhatsApp reminders on May 3, 2024, further improved compliance, sustaining 80% reporting by the end of May and achieving 100% by early June. This success reflects the power of low-cost digital communication tools in reinforcing accountability and fostering consistent reporting behaviour. WhatsApp, widely used in Uganda due to its accessibility and affordability, provided timely prompts that aligned with staff workflows, reducing delay. This outcome is consistent with studies on text message reminders in healthcare, which demonstrate their efficacy in improving adherence to protocols, such as medication adherence and data reporting (7). Together, these interventions addressed both technical and behavioural barriers, creating a combined effect that led to sustained improvements. These findings highlight the importance of addressing personnel-related barriers, such as inadequate orientation and lack of ongoing support, to improve reporting compliance in resource-constrained settings.

Study limitations: While our interventions were successful, our project had some limitations. First, we focused on a single HIV-accredited site, which limits the generalizability of our findings to all 31 sites in Kampala. Additionally, our study did not assess the long-term sustainability of these interventions beyond August 2024. Future studies should explore whether ongoing training and digital reminders continue to maintain high reporting compliance over extended periods.

Conclusion: Staff orientation and WhatsApp reminders improved weekly HIV commodity reporting at a Kampala HIV accredited site, sustaining compliance by August 2024. These simple CQI interventions are scalable for Kampala HIV stock management.

Conflict of interest: The authors declare that they had no conflict of interest.

Authors' contributions: TMR, did the conceptualization of the study idea, data analysis, writing, and editing of the bulletin, SG, JW, GB, TN, and IK guidance in the writing and reviewing of the bulletin. All authors read and approved the final bulletin.

Acknowledgements: We acknowledge the US Centers for Disease Control and Prevention Uganda for financial support through Makerere University School of Public Health, and Baylor Uganda.

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Updates of key activities conducted during July–September 2025

Advancing triple elimination of vertical transmission of HIV, syphilis, and hepatitis B in Africa: outcomes of the Triple Elimination in Africa, 2025 Conference

Authors: Aman D. Kyomugisha^{1*}, Vianney J. Kigongo¹, Kenneth Kabagambe², Linda Nabitaka Kisaakye³

Institutional affiliations: ¹Uganda Public Health Fellowship Program, Field Epidemiology Track, ²National Organisation for People Living with Hepatitis B, ³Ministry of Health, AIDS Control Program, Prevention of Mother-to-Child Transmission Unit.

Correspondence*: Tel: +256 759803507, Email: akyomugisha@uniph.go.ug

The inaugural Triple Elimination Conference in Africa (TECA 2025) was convened in Kampala, Uganda, under the theme “*Unifying Actions, Transforming Futures.*” The meeting brought together ministers of health, African Union representatives, World Health Organization and Africa Centers for Disease Control and Prevention officials, donors, civil society organizations, and community leaders from more than 30 countries. Its purpose was to accelerate progress toward the elimination of mother-to-child transmission (MTCT) of HIV, syphilis, and hepatitis B virus (HBV) by 2030, a target that represents one of the most ambitious and transformative public health goals of this decade.

Conference deliberations emphasized both the significant achievements of recent years and the urgent challenges that remain. Since 2010, UNAIDS data reports that a 62.5% global reduction in paediatric HIV infections has been recorded (from approximately 310,000 to 120,000), and 18 countries have achieved validation for elimination of vertical transmission of either HIV or syphilis. Nevertheless, the African region continues to carry a disproportionate share of the burden. In 2024, an estimated 120,000 children acquired HIV through vertical transmission; congenital syphilis was responsible for some 700,000 new cases annually, leading to 390 000 adverse birth outcomes, including stillbirths and neonatal deaths; and more than 4.3 million children under five years of age were living with chronic HBV infection. These outcomes are largely preventable, yet inequities in access to antenatal testing, treatment, and hepatitis B birth-dose vaccination persist across many countries.

Discussions at TECA 2025 had a common theme of integrated service delivery. Evidence from pilot programmes demonstrated that the use of dual and triple rapid diagnostic tests in antenatal care is not only feasible but also highly cost-effective. When offered at the first antenatal visit, such tests substantially improve uptake, efficiency, and early detection, and are widely acceptable to women and health workers alike. Country examples illustrated the added value of integration beyond diagnostics. Nigeria showcased community-based approaches that involve traditional birth attendants in referral and service delivery, while Namibia and Rwanda demonstrated how inclusion of HIV and syphilis testing within health insurance schemes has expanded equitable access. Uganda, the host nation, highlighted its long-standing commitment to prevention of MTCT and its early adoption of innovations that have driven down vertical transmission of HIV to historic lows.

Another major theme of the conference was the role of communities in advancing the elimination agenda. Presenters from Zimbabwe, Nigeria, and Kenya described how grassroots organizations and advocacy groups negotiate reduced drug prices, mobilize demand for testing, reduce stigma, and provide peer support to improve retention in care. These examples confirmed that technical innovation alone cannot succeed without meaningful engagement of the communities most affected by HIV, syphilis, and HBV.

Despite these advances, delegates voiced concern that declining global health financing threatens to reverse recent gains. Cuts to key funding streams risk undermining laboratory diagnostics, supply chains, and the health workforce.

In response, sessions on financing and market shaping stressed the importance of domestic resource mobilization, innovative public–private partnerships, and pooled procurement mechanisms to secure affordable medicines and diagnostics. Speakers also emphasized the need to strengthen local and regional manufacturing capacity in Africa, supported by regulatory harmonization, to reduce reliance on imports and improve sustainability.

The African Union launched its Africa Elimination of Vertical Transmission (AEVT) Plan, which calls for an integrated one-stop approach to maternal and child health services. The plan highlights the urgency of domestic financing, innovative mechanisms such as progressive taxation and debt relief, and stronger monitoring and accountability systems. Member States were urged to embed triple elimination targets into their national health strategies and to align implementation with broader health systems strengthening efforts.

The conference concluded with a reaffirmation of political will. Ministers of Health from participating countries endorsed the call to action to advance integrated, people-centered service delivery models within their national programs. They recognized that sustaining progress will require not only technical innovation but also resilient supply chains, robust data systems for mother/infant follow-up, and continuous engagement of communities as equal partners in service design and delivery.

The TECA 2025 provided a roadmap for translating commitment into action. The evidence presented demonstrated that elimination of vertical transmission of HIV, syphilis, and HBV is within reach if governments institutionalize integrated service delivery, secure sustainable financing, and expand the role of communities in programme implementation and accountability. The conference also emphasized the importance of regional solidarity and continental leadership in sustaining momentum at a time of shifting global priorities. From Kampala came a powerful call -triple elimination is within reach and urgently needed. By acting with determination today, Africa can secure a future where, by 2030, no child enters the world with HIV, syphilis, or hepatitis B.

Authors contribution: KDA and VK conceived and designed the article and served as conference rapporteurs. KDA led the drafting of the bulletin. CK, KK, and LNK contributed to authorship and editorial revisions. KK was the lead conference organizer, and LNK was the technical lead at the Ministry of Health (MoH) Uganda. All authors reviewed and approved the final version of the bulletin.

Acknowledgement: We acknowledge the conference organisers, MoH and partners — the National Organization for People Living with Hepatitis B; the African Union Commission; the Africa Centres for Disease Control and Prevention; the African Union Development Agency–New Partnership for Africa’s Development (AUDA-NEPAD); the World Health Organization; the United Nations Children’s Fund (UNICEF); the Clinton Health Access Initiative; the Joint United Nations Programme on HIV/AIDS (UNAIDS); AIDS Healthcare Foundation Africa; and the Elizabeth Glaser Pediatric AIDS Foundation.

Investigation of unexplained cluster of deaths, Mubende, Kyankwanzi, and Kakumiro districts, June—September 2025

Author: Michael Mutegeki, ¹Uganda Public Health Fellowship Program, Field Epidemiology Track, Tel: 0787882985, Email: mutegekim@uniph.go.ug

On September 3, 2025, a team of Fellows from the Uganda Public Health Fellowship Program were deployed to Mubende region to investigate a cluster of unexplained deaths following an alert received by the Regional Public Health Emergency Operations Centre (RPHEOC) on 7th August 2025. The team conducted an investigation through house to house search, reviewed health facility records, carried out laboratory testing and environmental assessment. The investigation and laboratory tests confirmed *Plasmodium falciparum* malaria as the causative agent, while ruling out viral hemorrhagic fevers, bacterial pathogens, and toxicological agents.

Based on these findings, several public health actions were implemented to contain the outbreak and prevent further deaths. Case management capacity was strengthened through reorientation of health workers especially private clinics. Community-based Village Health Teams (VHTs) were mobilized to support early identification and referral of suspected cases. District led re-distribution of mosquito nets was initiated, alongside health education campaigns to promote early health-seeking behavior and reduce reliance on self-medication and informal providers. These interventions were coordinated and overseen by the District Health Teams in collaboration with the Mubende Regional Public Health Emergency Operations Centre.



Figure 1: Nasif Matovu and Florence (Fellows in jackets) attending an investigation meeting chaired by the Incident Commander, Dr. Peter Chris Kawungezi

Upcoming key health events October–December 2025

Authors: Justine Wobusobozi^{1*}, Nasif Matovu², Deborah Aujo², Martha Nakaye³

Institutional affiliation: ¹Uganda Public Health Fellowship Program-Field Epidemiology Training Program, Uganda National Institute of Public Health, Kampala, Uganda; ²Uganda Public Health Fellowship Program-Laboratory Leadership Program; Uganda National Institute of Public Health, Kampala, Uganda

Correspondence: *Tel: +256772041876, Email: justinewobusobozi@uniph.go.ug

Introduction

Global public health awareness days aim to increase visibility, awareness, and understanding of specific diseases or health conditions among the general public; they are key in highlighting the importance of healthy lifestyle and well-being among general population. Each year, various organizations and communities around the world actively participate in promoting and supporting World Health Days.

Breast cancer awareness month, October 1-31, 2025

Breast Cancer Awareness Month, observed from October 1 to 31, 2025, in Uganda, is a global initiative to raise awareness about breast cancer, the most common cancer worldwide, affecting one in eight cancer cases. Under the 2025 theme “No-one should face breast cancer alone,” the campaign emphasizes early detection, education, and support to reduce late-stage diagnoses, which are prevalent in resource-constrained settings like Uganda, where 70% of breast cancer deaths occur. Activities include promoting self-examinations, screenings, and community support to empower women, foster knowledge exchange, and strengthen multisectoral collaboration for better outcomes.

World sight day, October 9, 2025

This falls on October 9, 2025 is a global initiative to raise awareness about blindness and vision impairment, emphasizing the importance of accessible eye care. In Uganda, where over 1% of the population faces visual impairment, often due to preventable causes like cataracts and uncorrected refractive errors, the 2025 theme, “Love Your Eyes,” encourages early detection through regular eye check-ups and equitable access to vision care services. Coordinated by the International Agency for the Prevention of Blindness (IAPB) and the World Health Organization (WHO), the day promotes community-driven efforts, such as free eye screenings and educational campaigns, to reduce the 80% of vision impairments that are preventable or treatable, fostering healthier lives and economic opportunities.

World Mental Health Day- 10 October

World Mental Health Day, observed annually on 10th October, raises awareness about mental health's critical role in individuals' and societies' well-being. This year's theme, “Access to services- Mental health in catastrophes and emergencies,” aims to raise awareness about the critical need for accessible mental health support during crises. With 60% of the global population engaged in work; poor working conditions, stigma, and discrimination can significantly impact mental health, quality of life, and productivity. Governments, employers, and organizations must collaborate with workers and those with lived experiences to implement evidence-based strategies that protect mental health in the workplace. Investments in mental health at work are important for fostering thriving individuals and communities.

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International Infection prevention week, October 19-25, 2025

International Infection Prevention Week, observed every 3rd week of October, highlights the critical role of infection prevention in safeguarding health. Hospital-acquired infections (HAIs) are a significant concern, affecting millions worldwide each year, with 23,000 deaths reported annually. Poor hygiene practices, inadequate cleaning and overcrowding contribute to the infections impacting both patients and health workers. In high-income countries 7 out of 100 patients have developed HAIs during their hospital stay, while this stay increases to 15 out of 100 in low and middle-income countries with 10% of those affected dying as a result. The World Health Organization (WHO) emphasizes that 70% of infections can be prevented through proper hand hygiene and other simple, cost-effective measures. Strengthening hygiene practices in healthcare settings is essential to reducing the risk of HAIs and ensuring safe patient care.

Safe motherhood Day, October 17, 2025

This focuses on promoting maternal and newborn health to reduce preventable deaths and ensure safe childbirth. Under the theme "Empowering Mothers, Saving Lives," the day emphasizes access to quality maternal healthcare, nutrition, and education, particularly in rural and underserved communities where maternal mortality remains high. With over 80% of maternal deaths in Uganda linked to inadequate healthcare access, this initiative calls for collaboration among governments, healthcare providers, and communities to strengthen prenatal and postnatal care, improve skilled birth attendance, and address socio-economic barriers. By prioritizing safe motherhood, we aim to protect mothers and newborns, fostering healthier families and stronger communities.

World pneumonia Day, November 12, 2025

This aims to raise awareness about pneumonia, the world's leading infectious killer of children and adults, claiming 2.2 million lives globally in 2021, including 502,000 children. Under the 2025 theme "Every Breath Counts: Stop Pneumonia in Its Tracks," the day emphasizes prevention through vaccination, improved nutrition, and clean air initiatives, particularly in low-resource settings like Uganda where malnutrition and air pollution exacerbate risks. Collaborative efforts among governments, health organizations, and communities focus on enhancing access to pulse oximetry, oxygen therapy, and antibiotics, aiming to reduce child mortality to below 3 per 1,000 live births by 2025, as outlined by World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF), to save lives and strengthen health systems.

World diabetes Day, November 14, 2025

This is a global campaign to raise awareness about diabetes, a chronic condition affecting over 463 million people worldwide, with rising prevalence in low- and middle-income countries. Under the 2025 theme "Diabetes: Know Your Risk, Know Your Response," the day promotes early diagnosis, prevention, and management through education on healthy diets, regular physical activity, and access to affordable treatment. In Uganda, where diabetes affects approximately 4.5% of adults and is often undiagnosed due to limited healthcare access, the campaign encourages community screenings, policy advocacy for better insulin access, and collaboration among healthcare providers, governments, and organizations to reduce complications like heart disease and kidney failure, empowering individuals to live healthier lives.

World AIDS Day, December 1, 2025

This day is a global initiative to raise awareness about Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS), honor those affected, and recommit to ending the epidemic by 2030. Under the theme “Take the Rights Path: My Health, My Right!” the day emphasizes protecting human rights to ensure equitable access to HIV prevention, testing, and treatment services, particularly for marginalized groups like adolescents, women, and key populations. In Uganda, where HIV prevalence is around 5.4% and new infections remain a challenge, the campaign, led by the Uganda AIDS Commission, promotes community-led efforts, stigma reduction, and early antiretroviral therapy to achieve viral suppression and zero transmission risk. Collaborative actions with governments, Non-Governmental Organizations, and communities aim to strengthen health systems and advance progress toward an AIDS-free generation.