



**THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH**

PRESS STATEMENT

**UPDATE ON COVID-19 PANDEMIC SITUATION AND VACCINE UPTAKE IN
UGANDA**

30th April, 2021

Amughwa



30th April 2021: – The Ministry of Health would like to update the general public on the COVID-19 situation in the country and the response to prevent a resurgence of the pandemic.

OVERVIEW OF COVID-19 IN THE COUNTRY

As of today, the cumulative number of COVID-19 cases stand at 41,866, active cases on admission are 33, recoveries (home-based care and health facility based) stand at 41,422 while 342 have succumbed to this highly infectious and deadly disease.

We are now experiencing a gradual increase in the COVID-19 cases as shown by the statistics collected countrywide in the last 6 weeks and it is an inclination towards the beginning of a resurgence. This surge is already showing in districts that have remained on high alert and have been carrying out active surveillance like Arua, Gulu, Kiryandongo, Oyam, Kitgum, Jinja, Tororo, Adjumani, Moyo, Wakiso and Kampala.

It is important for us to note that for viral epidemics, the second wave is usually more aggressive than the 1st wave

COVID-19 Variants

Since the pandemic was first recognized at the end of 2019, scientists have been conducting surveillance of the Coronavirus to understand its genetic sequence, to track virus evolution and transmission. The sequences have also helped in designing diagnostic kits and vaccines.



Here in Uganda laboratory sequencing for the variants has been coordinated, carried out and reported by the UVRI in collaboration with the MRC/UVRI & LSHTM Uganda Research Unit and Makerere University since April 2020.

There are currently 5 variants that have been detected in the country. The epidemiological distribution and impact of these variants in Uganda is currently unknown, but our scientists are continuously studying the progression. We have however, observed that some of these variants enable the virus to transmit more efficiently from person to person, and infection from some may result into more severe illness.

The variants currently circulating are:

- i. Indian variant
- ii. South African variant
- iii. Nigerian variant
- iv. UK variant
- v. Ugandan variant

Of the 399 samples sequenced so far, the distribution of variants is as follow:

Variant	Original report	Nos detected in Uganda	Location of patient
A.23.1 (VOI)	Uganda	135	First reported in Uganda, but now found in 34 countries

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A.23 (VOI)		73	
B.1.351 (VOC)	South African	15	Mostly from truck drivers from Kenya
B.1.1.7 (VOC)	UK	15	Mostly from Truck drivers from Kenya
B.1.525 (VOC)	Nigerian	13	Some from Truck drivers others Kampala, Mulago
B.1.617 (VOC)	Indian	1	Patient was in Mulago
Others: A, A,20, A 22, A25, B. B.1, B.1.1, B.1.1.1, ETC (VOI)		147	Mostly detected early in the pandemic from travelers
TOTAL		399	

The national genomic surveillance protocol will improve this sequencing process and increase the number of samples tested through the laboratory.

Therefore, against the above background, the Ministry would like to communicate the following measures to prevent further importation and spread of the variants and protect the Ugandan population from COVID-19.

1. Travelers arriving from highly affected countries

The Ministry of Health is reviewing the evolution of new waves of the COVID-19 pandemic in various countries. Based on the current trend of the COVID-19



outbreak, the Ministry of Health is categorizing countries in relation to the COVID-19 risk they pose. The countries have been categorized according to the presence of variants of concern, high rate of transmission of the disease, and number of deaths reported.

Category 1

Further to the existing Covid19 control measures, the following shall apply to all flights from **INDIA** and all passengers originating from India as from the 1st May 2021 at 23:59hrs

1. All passenger Flights between Uganda and India are suspended until further notice.
2. No travelers from India shall be allowed into Uganda regardless of the route of travel.
3. All travelers who may have been in India or travelled through India in the last 14 days regardless of route taken shall not be allowed into Uganda.
4. All travelers arriving from India before suspension date regardless of the route of travel are expected to:
 - a. Be in possession of a negative PCR COVID 19 test certificate that is digitally verifiable conducted within 120 hours from the time of sample removal.
 - b. Undergo a mandatory PCR test upon arrival. All those who test positive shall undergo isolation at a government approved isolation center at their own cost. Those who test negative shall undergo self-



quarantine under the supervision of Ministry of Health with mandatory re-testing between 5 to 10 days.

5. The following flights and travelers from India are exempted from the suspension;
- a. Cargo flights where crew do not disembark
 - b. Technical stops where travelers do not disembark
 - c. Aircraft in a state of emergency
 - d. Operations related to humanitarian aid, medical evacuation and diplomatic flights approved by the Appropriate Authority
 - e. Nationals returning home after medical treatment in India

Category 2

Travelers from USA, United Kingdom, United Arab Emirates, Turkey, South Africa, Ethiopia, South Sudan and Tanzania should consider postponing non-essential travel to Uganda.

Any traveler from these countries including Ugandan nationals will be subjected to a PCR COVID-19 test at the Points of Entry including Entebbe International Airport.

Category 3

Countries **not** in Category 1 and 2 are exempt from the above measures.



NOTE: Individuals in Category 2 and 3 who have received their full COVID-19 vaccination and are asymptomatic will be allowed into the country without the need for testing on arrival.

The Ministry of Health will observe countries showing a rapid increase in number of cases every 7 days and will advise on any restrictions in the coming weeks.

This analysis will be reviewed and updated on a weekly basis.

Testing of incoming travelers

The Ministry of Health in collaboration with the private sector laboratories has enhanced capacity for testing in readiness for the upsurge. Testing will be carried out at the Land border points of entry and the Airport in real time without causing congestion or stagnation of activities.

The following private laboratories have been assessed and authorized to support the Ministry of Health at the Points of Entry.

1. MBN Laboratory
2. Medipal International Hospital
3. Test and Fly Laboratory
4. Case Hospital Kampala
5. Lancet Laboratories
6. ANCA Biotech laboratories
7. City Medicals
8. TesXpress (now called Safari Lab)
9. ATCG Laboratories
10. MAIA Group Labs



11. Same Day COVID-19 labs

Details on how this will function will be communicated to the country on Wednesday 5th May, 2021.

The ongoing testing of individuals arriving through the land Points of Entry without test certificates from recognized laboratories shall continue.

Land Border Points of Entry and Risk for Importation of infection

The 20th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health held on Friday, 23rd April, 2021 through Zoom and attended by the Ministers of Health of the six (6) EAC Partner States (Kenya, Burundi, Rwanda, South Sudan, United Republic of Tanzania and Uganda directed as follows:

1. Partner States to submit the names of accredited / nationally approved / validated laboratories for COVID -19 testing to be linked to the upgraded RECDTS, and conclude the uploading of Accredited COVID-19 Testing Laboratories in the RECDTS, by 15th May, 2021.
2. Partner States to ensure Interstate Truck drivers and other travelers test for COVID-19 in only accredited laboratories.
3. Partner States to take up and implement the RECDTS System.
4. The EAC Secretariat to share a detailed concept note on the development of a common Regional Health Pass (EAC Common pass, linked to the upgraded surveillance system) with Partner States for detailed input by 15th May, 2021.



5. The EAC Secretariat (East Africa Health Research Commission) in collaboration with Partner States to undertake regional studies and surveillance on the circulating variants of COVID-19 in the region.

COVID-19 Vaccination Exercise

Uganda commenced vaccination against COVID-19 on 10th March 2021. The vaccination was targeting the priority groups of; health workers, security, teachers and people aged 70 years old and above. However, this group was later revised to include people aged 50 years and above and those aged 18-50 years living with comorbidities such as cancer, hypertension, diabetes and heart/liver/kidney disease. To-date, we have vaccinated a cumulative number of 330,077 people with the AstraZeneca Vaccine.

Allow me to applaud and congratulate the district leadership for sensitizing their respective communities to increase the uptake of the vaccine.

The best performing districts are:

1. Rukungiri
2. Kanungu
3. Hoima
4. Rukiga
5. Tororo
6. Bushenyi
7. Masaka



8. Mukono
9. Pakwach
10. Jinja
11. Kalangala
12. Namisindwa
13. Bukedea
14. Kampala
15. Ibanda

The poorly performing districts are:

1. Nakapiripirit
2. Bukwo
3. Kaberamaido
4. Pader
5. Omoro
6. Amudat
7. Kassanda
8. Otuke
9. Amolatar



10. Kagadi
11. Ngora
12. Kamuli
13. Kyegegwa
14. Sironko
15. Serere

As I mentioned earlier, we are beginning to witness a resurgence in the pandemic. I, therefore call upon all those aged 50 years and above and those aged 18-50 years with comorbidities to get vaccinated. Remember no one is safe until all eligible people are vaccinated.

RESURGENCE PLAN

The Ministry of Health has developed a resurgence plan. There are a number of factors that contribute to resurgence.

- i) Non-adherence to public health and social measures which is a common observance in our current situation.
- ii) Increased travel following the opening of National borders/ resumed flights/ public transportation
- iii) Opening economies, workplaces, schools with limited planning
- iv) General COVID-19 fatigue leading to non-compliance to SoPs and complacency.
- v) Appearance of variants as explained above.



The Resurgence Plan is organized around three thresholds: control, alert and action. The alert threshold is reached when there is an increase of 10% in the number of cases, while the action threshold begins when a 20% increase is observed from the baseline in any geographical location, which in our case is the district.

The main objective of the Resurgence Plan is to mitigate transmission and minimize the public health and socio-economic impact of a prolonged COVID-19 response in Uganda.

To inform the planning, we included gaps identified in implementation of the 1st wave response plan while considering key issues observed in other countries.

The cost drivers for this resurgence plan include; enhanced surveillance, active case search, contact tracing, procurement of test kits, personal protective equipment, critical care support, strengthening community engagement and risk communication and supporting vaccination team's country wide for a period of 6 months. The cost of the resurgence plan is estimated to be USD 290.2 million. This does not include the costs of vaccines.

CONCLUSION

As we embrace the vaccination exercise, we must continue to religiously follow the scientifically proven prevention and control measures i.e., consistently, and correctly wearing masks while in public, physical distancing

A handwritten signature in black ink, appearing to read 'Andrew...', is written over the bottom of the page.



of at least two meters, avoid crowded places, and always wash hands with soap or use alcohol-based sanitizers.

I appeal to the communities and community leaders to be vigilant should they identify a traveler from any of the countries listed in the above categories and report to the District Authorities.

Remember, it is our responsibility to protect ourselves and our loved ones. Let us adhere to the COVID-19 SOPs and vaccination.

Together we can prevent the second COVID-19 wave.

COVID-19 IS REAL, IT'S STILL WITH US AND IT KILLS.

COVID19 vaccine is safe and COVID- 19 vaccine saves you and your loved one's life.

For God and my Country.

Dr. Jane Ruth Aceng Ocer

Minister for Health

30th April, 2021