

UGANDA NATIONAL IMMUNISATION TECHNICAL ADVISORY GROUP (UNITAG) MPOX WORKING GROUP

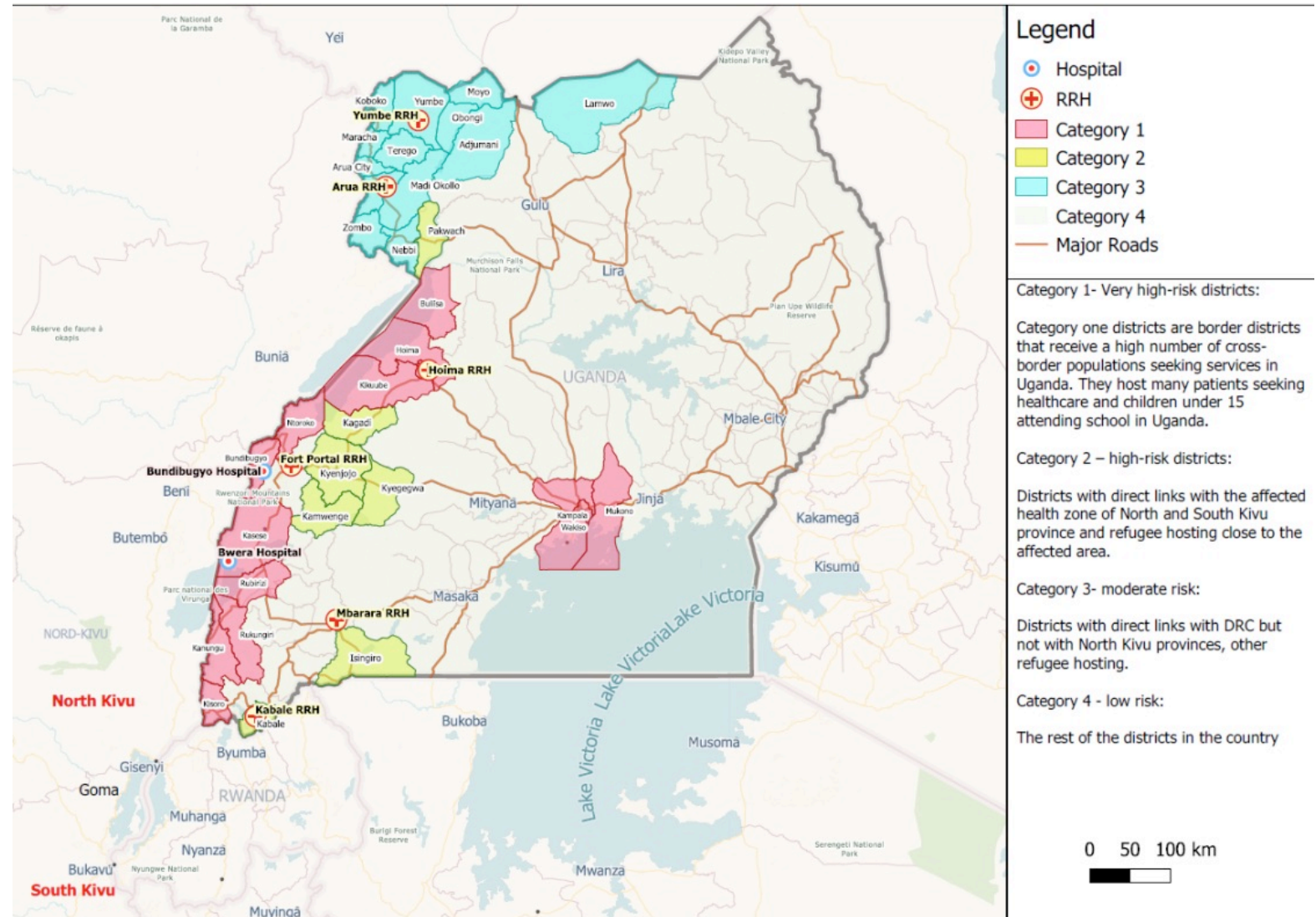
**PRESENTATION AT THE NISH-WHO WEBINAR
ON MPOX OUTBREAK
28/08/2024**

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CHAIR UGANDA NITAG MPOX WORKING GROUP**

Uganda Mpox Risk mapping and classification

The considerations and assumptions for risk categorization

- *The proximity to epicenters,*
- *Trade and regional transportation hubs*
- *Refugee host communities*
- *Population movements*
- *Districts providing social services: health care & education.*



Context to Mpox Transmission for Uganda

- Uganda borders DRC with a lot of human interactions and **porous borders**
- Communities in Uganda share social, cultural and economic ties with communities in DRC
- 17 of 142 districts in Uganda share a border with DRC with 5 districts hosting DRC refugees
- Ugandan army troops deployed in Eastern DRC
- Long distance truck drivers ply the region in the interconnected routes (DRC-Kenya-South Sudan-Rwanda & Uganda)
- Proportion of HIV viral load suppression among persons living with HIV in the 23 districts ranges from 75.9-82.8% below the recommended 95% (UNAIDS 95-95-95 targets)

MoH Advice request to UNITAG on Mpox

- On 26th July 2024, The MoH wrote to the UNITAG requesting for advice to consider Mpox vaccines for prevention of Mpox Transmission among high risk groups in Uganda
- This followed a confirmation of 2 initial Mpox cases in Bwera Kasese District, which is linked to a new variant clade Ib which is responsible for upsurge of cases in DRC
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- To date, Uganda has confirmed 5 Mpox cases – 2 cases epidemiologically linked to DRC and 3 new confirmed cases in non border districts **not linked to the initial cases**
- The Chair UNITAG convened a Full UNITAG meeting on 9th Aug, where the MoH request was presented to members for consideration
- An Mpox working Group was constituted and held the first meeting on 15th Aug 2024. Reviewed available evidence using ETR framework

UNITAG Mpox Working Group Composition

- 6 Core NITAG Members, Specialties include;
 - Medicine , Public Health & Epidemiology (1),
 - Medicine & Surgery (1) doubles as the Chair, Clinical Care Sub Pillar under Case Management Unit, Ministry of Health,
 - Vaccinology & Immunology (2),
 - Community Health & Behavioral Sciences (1)
- 3 Ex-officio Members - Uganda National Expanded Program for Immunisation (UNEPI, MOH) & Head Surveillance and Epidemics Incident Commander
- 2 Liaison Members- Representatives of WHO and UNICEF
- 2 Co-opted Experts - National Drug Authority -Drug Regulation and Pharmaco-vigilance and member of AEFI Committee, and Uganda Virus Research Institute - Biomedical Laboratory Technology & Head of Data Analysis for Mpox

Mpox Policy Questions & considerations

1. Should Uganda use a vaccine against Mpox for high-risk populations to halt community transmission?

Key considerations: WHO recommendations, alternative preventive control measures

2. Which population groups should be targeted for vaccination? How will they be prioritized if supply is limited?

Key considerations: Populations at risk of severe disease outcomes -considering modelling different scenarios using available data to guide selection of high-risk groups, ethical guidelines

Mpox Policy Questions & Considerations

3. Which vaccine products, if any, should Uganda use to halt community transmission?

Key considerations: Availability, Affordability, Ease of administration- training needs, Efficacy, cold chain requirements, safety & AEFI monitoring requirements, WHO recommendations

4. What mode of introduction should be used? WHO EUL with a Research Component.

Key considerations: WHO EUL, timelines, NDA approvals, donor conditions

5. Social Considerations: Targeted populations, ethics, Health communication

Key Considerations; leveraging Ebola and COVID 19 response experience, Sex work and MSMs are illegal in Uganda

Next steps: Mpox Evidence Collection

- Local Epidemiology data- Incidence Management team presentations
- WHO/SAGE recommendation report and position paper on Mpox
- Draft recommendation report for consideration by the Full NITAG committee

THANK YOU