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Evaluating response to an anthrax outbreak using 7-1-7 metrics in Southwestern Uganda, September 2024

Inhalt

Background
Uganda has responded to 37 anthrax outbreaks in the past decade. In 2021, the country adopted the 7-1-7 framework which stipulates outbreak detection in 7 days, notification in 1 day and completion of early response actions in 7 days. Kanungu District at the border with Democratic Republic of Congo (DRC) reported its first known anthrax outbreak on September 17, 2024. We assessed response to this outbreak using the 7-1-7 approach.

Methods
We used the 7-1-7 metrics to document the dates of emergence, detection, notification, and completion of early response actions. We held discussions with the district leadership, health workers, and community members to establish key dates and facts, and to identify bottlenecks and enablers. Qualitative data were organized into themes to capture bottlenecks and enablers.

Results
The disease emerged in animals on June 15, 2024 and was detected after 85 days. In humans, the time from emergence (June 26, 2024) to detection was 77 days. The district One Health Team was notified 1 day after detection. Early response actions were jointly initiated after 5 days and completed in 13 days for human health, and in 14 days for animal health. Overall, the outbreak involved 111 sudden animal deaths, and 90 human anthrax cases with 6 (6.7%) human deaths. Enablers for immediate notification included presence of a real-time One Health communication platform for health workers. Bottlenecks included weak zoonotic disease surveillance characterized by understaffing, low suspicion index for anthrax, and weak coordination with private health facilities.

Conclusion
The response to Kanungu District's first documented anthrax outbreak met only one (notification) of the 7-1-7 timeliness targets, facilitated by an existing real-time One Health communication platform. This study reveals missed opportunities for early detection and response, posing potential cross-border health risks. The findings underscore the need to adopt the 7-1-7 framework within Uganda's animal health sector and to strengthen One Health coordination, event-based surveillance, and frontline veterinary capacity in high-risk areas

Keywords

Anthrax, outbreak response, 7-1-7, One Health, Uganda

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