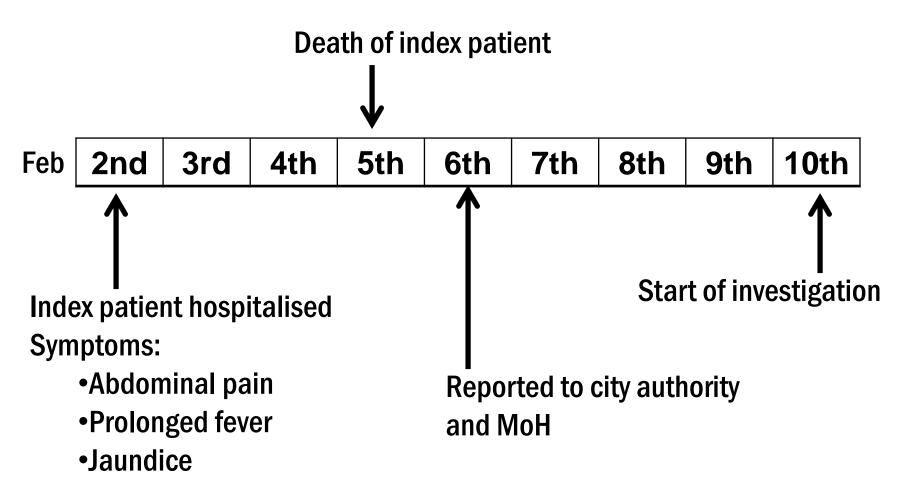
Public Health Fellowship Program – Field Epidemiology Track

A Large Outbreak of Typhoid Fever caused by Consuming Contaminated Water and Street-vended beverages Kampala, Uganda Jan-Jun 2015

Steven Ndugwa Kabwama, BSc FST, MSc PH



Strange disease reported in Kampala Feb 2015



Objectives

- Identify nature of illness
- Establish mode of transmission and risk factors
- Inform control measures

Initial investigation indicated typhoid

- Doctor: Index patient had severe abdominal pain and (+) Widal Test
- A hospitalised patient had similar symptoms
 - Many of her colleagues were sick
 - Her husband had similar symptoms, took antibiotics and got better
- Community interviews and observations identified other people with similar symptoms

Case definition

Suspected case:

- Onset of fever (≥37.5 °C) for ≥3 days from 1 Jan 2015, with headache, abdominal pain, negative malaria test or failure to respond to anti-malaria treatment, and ≥2 of the following symptoms: diarrhea, nausea or vomiting, constipation, or fatigue in a resident of Kampala or neighbouring districts
- Probable case: Suspected case plus TUBEX test (+)
- Confirmed case: Suspected case plus Salmonella Typhi (+) from blood culture

Case finding

- Active case finding in areas where outbreak had been reported
- Setting up free treatment centers throughout the city
- Media outreach

Case count 12 Jun 2015

- 10230 Suspected cases
- 1038 Probable cases
- 56 Confirmed cases

Attack rates by sex and age-group

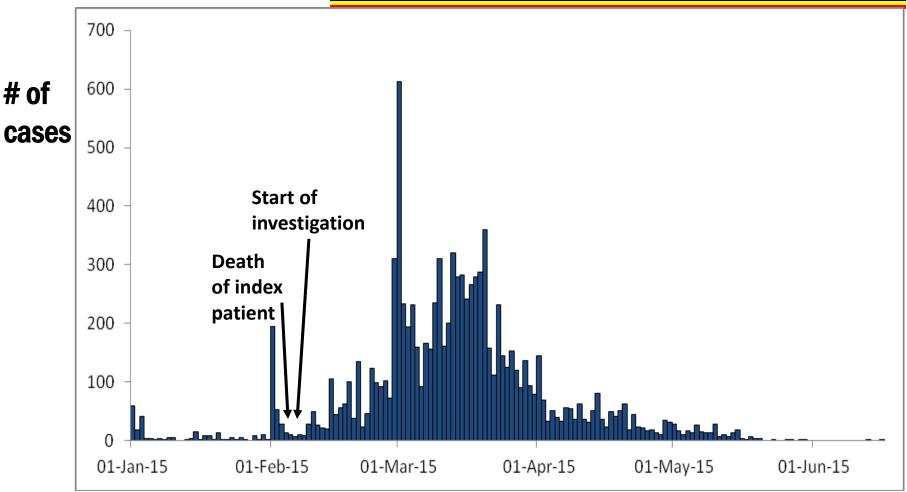
| Demographic | Attack Rate/1000 |
|-------------|------------------|
| Sex | |
| Male | 11 |
| Female | 8.4 |
| Total | 6.5 |
| Age group | |
| <15 | 2.0 |
| 15 - 59 | 12 |
| >59 | 2.0 |

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Suspected case-patients by place of residence Kampala, Uganda, 17 Feb 2015 – 14 Apr 2015



Epi curve of suspected typhoid case patients, Jan-Jun 2015



Date of Onset

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Food-borne or water-borne?

- Case distributed throughout Kampala
- Cases reported buying unbottled drinks at unreasonably low price
- Hypothesis-generating interviews: Patients more likely to get drinking water from workplace

Strong suspicion of water-borne outbreak

Case-control study

- 33 cases
- 78 controls
- Frequency-matched by sex and place of work
- Info on water and food intake

Consuming locally made drinks and water associated with disease

| Usually drank | OR _{M-H} (95% CI) |
|---------------------|----------------------------|
| Kaveera water (Y/N) | 8.9 (1.6-49) |
| Butunda (Y/N) | 4.6 (1.9-11) |
| Obushera (Y/N) | 2.8 (0.76-10) |
| Munanansi (Y/N) | 2.0 (0.74-5.2) |

Bottled water and food items were not associated with disease



Kaveera water



Obushera



Butunda



Munanansi

Higher odds from consuming more types of drinks

| # of types of locally made drinks | % cases (n=33) | % controls (n=78) | OR (95%CI)* |
|-----------------------------------|-------------------|----------------------|----------------|
| 0 | 36 | 64 | 1 (Ref) |
| 1 | 27 | 26 | 1.9 (0.68-5.1) |
| 2 | 15 | 9 | 3.0 (0.80-11) |
| 3-4 | 21 | 1 | 29 (3.2-260) |

^{*}Chi-square test for linear trend: Chi-square=14.65, p=0.00013





Butunda - passion fruit juice

Laboratory investigation

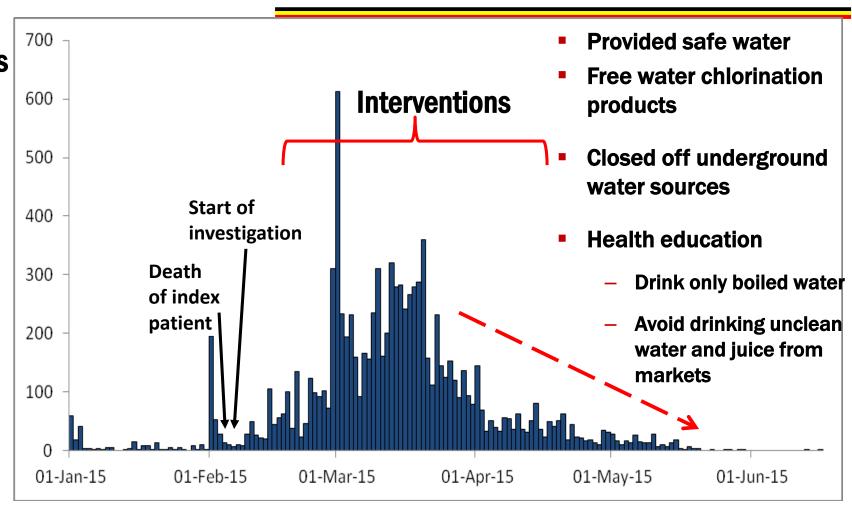
- 56 blood samples (+) for Salmonella typhi by culture
- All drinks and water heavily contaminated with faecal matter
 - 9/9 juice samples
 - 18/20 water samples

Conclusions

- Large outbreak of typhoid fever
- Caused by consuming locally made drinks, made with contaminated underground water

Public health actions taken

of cases



Date of Onset

Acknowledgements

- PHFP Cohort 2015
- Ministry of Health
- MakSPH
- US CDC
- PHFP
- NWSC
- KCCA



Other variables

| Sealed Water | 0.6 (0.2-1.7) |
|-----------------------|---------------|
| Unsealed Water | 1.8 (0.7-4.8) |
| Lunch food Market | 0.3 (0.1-1.1) |
| Breakfast food Market | 0.2 (0.1-0.9) |



