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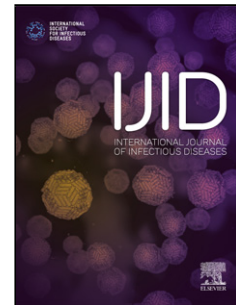
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**Letter to the Editor**

**Uganda's First 100 COVID-19 Cases: Trends and Lessons.**

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Coronavirus disease -2019 (COVID-19) continues to hit-hard on many countries across the world. Uganda reported its first case of COVID-19 on the March 21, 2020 [1]. A 36-year-old businessman from Kampala, Uganda's capital, who had travelled to Dubai, United Arab Emirates (UAE) in a healthy condition four days prior to his return. He presented with fever and flu-like symptoms at Entebbe International Airport (EIA) and his sample tested positive for SARS-CoV-2, the causative agent of COVID-19 [1]. Consequently, individuals who had been to UAE two weeks prior to the first case were traced by Ministry of Health (MoH) Uganda and subjected to institutional quarantine. In the following two weeks (March 21 to April 5), there was a rapid rise in the number of cases to 52, most of whom were imported cases from institutional quarantine, *Figure 1*. The epidemiologic curve had flattened between April 5 to April 19. However, we observed a second upsurge in incident cases during the late April and early May ultimately reaching 100 cases on May 6, 2020, *Figure 1* [2]. Of these, 89 cases (89%) were imported, 8 (8%) local transmissions and 3 (3%) with unknown chain of transmission. Majority of the cases were truck drivers (40, 40%) from Kenya (21) and Tanzania (14) with 3 Ugandans, 1 Eritrean and 1 Burundian. The truck drivers transit through Uganda, carrying cargo to or from neighbouring countries who have all recorded rises in cases of late [3]. In addition to the truck drivers, two cases of local transmission have been reported among Uganda Police Force officers, which may indicate an on-going community transmission of COVID-19.

Uganda has to date largely been able to achieve control of local transmission through lockdown, massive testing of people in quarantine, country's borders and their contacts in addition to public health campaigns. Testing of truck drivers at the borders commenced on April 10<sup>th</sup>, 2020. MoH Uganda also commissioned

community testing to establish the status of local transmission on the April 28, 2020. As of 7<sup>th</sup> May 2020, 55 cases have recovered and have been discharged home, 45 are receiving treatment and no recorded deaths.

Whereas Uganda is in a lockdown with no public and private transport allowed, cargo planes and trucks have been allowed to move. Of great threat are truck drivers who have rest points (lodges, eating places and fuel stations) along the journey and interact with a number of local Ugandans. MoH-Uganda has put measures like testing drivers at all border points but they are left to continue with the journey until pronounced positive, tracked and taken to treatment centres. Hospitality staffs and security personnel along these routes are at a high risk of infection.

It is of immense importance that all the East African countries work together to ensure there are no contact between these drivers and the community; and if unavoidable, preventive measures prescribed by WHO are put in place. In addition, introduction of rapid point of care testing cannot be overemphasized, especially at the border points to reduce the long turnaround time and guide decision making.

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#### **Ethical Approval**

No ethical approval required by Uganda National Council for Science and Technology.

#### **Conflict of Interests**

The authors declare no conflict of interests.

**Declaration of interests**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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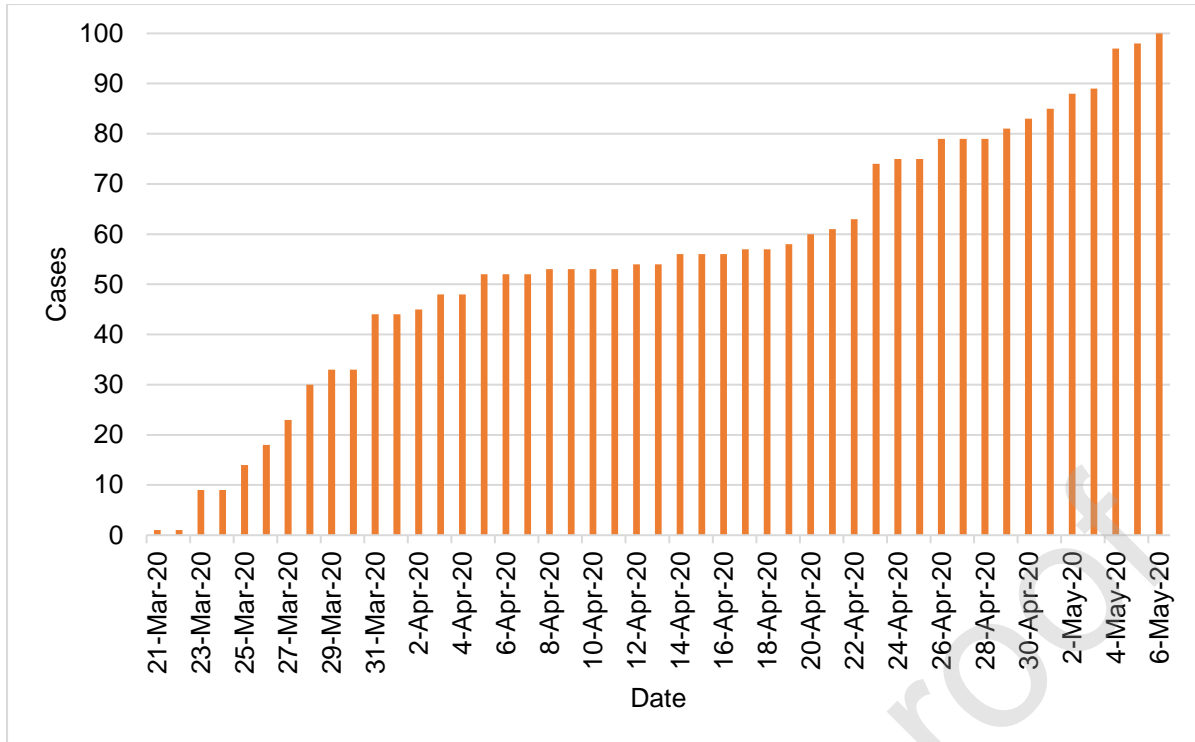


Figure 1. Cumulative COVID-19 cases in Uganda (Source: Ministry of Health Uganda. COVID-19 Information Portal [2])