



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 02– 2025

(06–12 January 2025)

Editorial message

Effective and efficient disease surveillance system contribute to the reduction of morbidity, disability and mortality from disease outbreaks and health emergencies.

This weekly bulletin presents the epidemiological status of the priority diseases, conditions, and events under surveillance in Rwanda. These data are useful to trigger a rapid response for rapid impact, actions and results oriented, a proactive preparedness, risk mitigation and prevention, intelligence, real-time information, and communication for decision making.

Authors: Public Health Surveillance & Emergency Preparedness and Response Division

KEY EPIDEMIOLOGICAL HIGHLIGHTS

EPIDEMIOLOGICAL WEEK 02/2025

Event Based Surveillance (EBS) Highlights:

- **Alerts from community: 26 alerts**

1 human illness, 22 human deaths and 3 dog bites.

- **Alerts from EIOS: two alerts**

- Zimbabwe cholera outbreak spreads to eight districts
- PRO/EAFR> Meningitis - Togo: (Kara) epidemic

- **Indicator Based Surveillance (IBS) Highlights:**

- 301 immediate reportable diseases were notified by 110 health facilities countrywide. These include cases of acute flaccid paralysis (AFP), suspected cases of chicken pox, confirmed severe malaria; suspected cases of bloody diarrhea, suspected measles/rubella, suspected human influenza due to a new subtype, suspected Mpox and mumps.
- 45 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Most of deaths were perinatal deaths and deaths of children under 5 years.

- **Outbreaks and events updates in week 02**

Weekly updates on ongoing outbreaks:

- Ongoing outbreak:
Mpox outbreak
- New outbreak: none
- **Event highlighted**
Increase in suspected measles cases occurred in Gisagara district

- **Completeness and timeliness**

In Epi Week 02, the overall completeness and timeliness of surveillance data reporting in Rwanda was 98% and 94% respectively.

WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS) EPIDEMIOLOGICAL WEEK 02

Description: *Event Based Surveillance (EBS) is a type of public health surveillance system that detects and reports unusual health events or disease outbreaks in a timely manner. The system is designed to detect signals of potential public health threats and allow a rapid response to prevent or control the spread of diseases. RBC is implementing EBS through PHS&EPR Division.*

Currently, an electronic Community Event Based Surveillance System (eCBS) and Epidemic Intelligence from Open Source (EIOS) are being used to detect and report events of public health importance from the community and media. The process for establishment of other types of EBS is still being on going.

- **Alerts from community: 26 alerts**

1 human illness reported by 1 village, 22 human deaths reported in 22 villages, and 3 dog bites reported in 3 village.

- **Alerts from EIOS: two alerts**

- **Zimbabwe cholera outbreak spreads to eight districts**

Zimbabwe's Ministry of Health and Child Welfare has announced that the current cholera outbreak in the country has affected the districts of Bikita, Bindura, Chiredzi, Chipinge, Kariba, Goromonzi, Mazowe and Shamva. The farming town of Glendale in Mazowe district, about 70 kilometres north of Harare, is one of the epicentres of the outbreak. Residents are calling on the government to take urgent action to stop the spread of the disease. Glendale residents are forced to wade through pools of mud after the government left burst pipes neglected for months. Human waste carrying pathogens has apparently contaminated fresh water sources in Glendale and beyond. <https://www.togolais.info/lepidemie-de-cholera-au-zimbabwe-setend-a-huit-districts/>

- **PRO/EAFR> Meningitis - Togo: (Kara) epidemic**

A series of meningitis cases have been reported in the Kara region, particularly in the Dankpen district. The Ministry of Health and Public Hygiene has announced a series of measures to contain the epidemic and protect the population. Meningitis is a serious and contagious disease that can lead to severe complications, or even death. <https://promedmail.org/promed-post?place=8721431,52296>

WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS) EPIDEMIOLOGICAL WEEK 02

Description: *Rwanda had implemented Indicator Based Surveillance according to the IDSR guidelines 3rd edition where approximately 45 priority diseases, health conditions and public health events are being monitored and reported from health facilities countrywide on a regular basis. Diseases that are prone to outbreaks are being reported immediately within 24 hours after detection while diseases that are considered as endemic are reported on weekly basis every Monday before midday.*

A. IMMEDIATE REPORTABLE DISEASES – EPI WEEK 2

During this Epi week, 301 cases of immediate reportable diseases were notified by 110 health facilities:

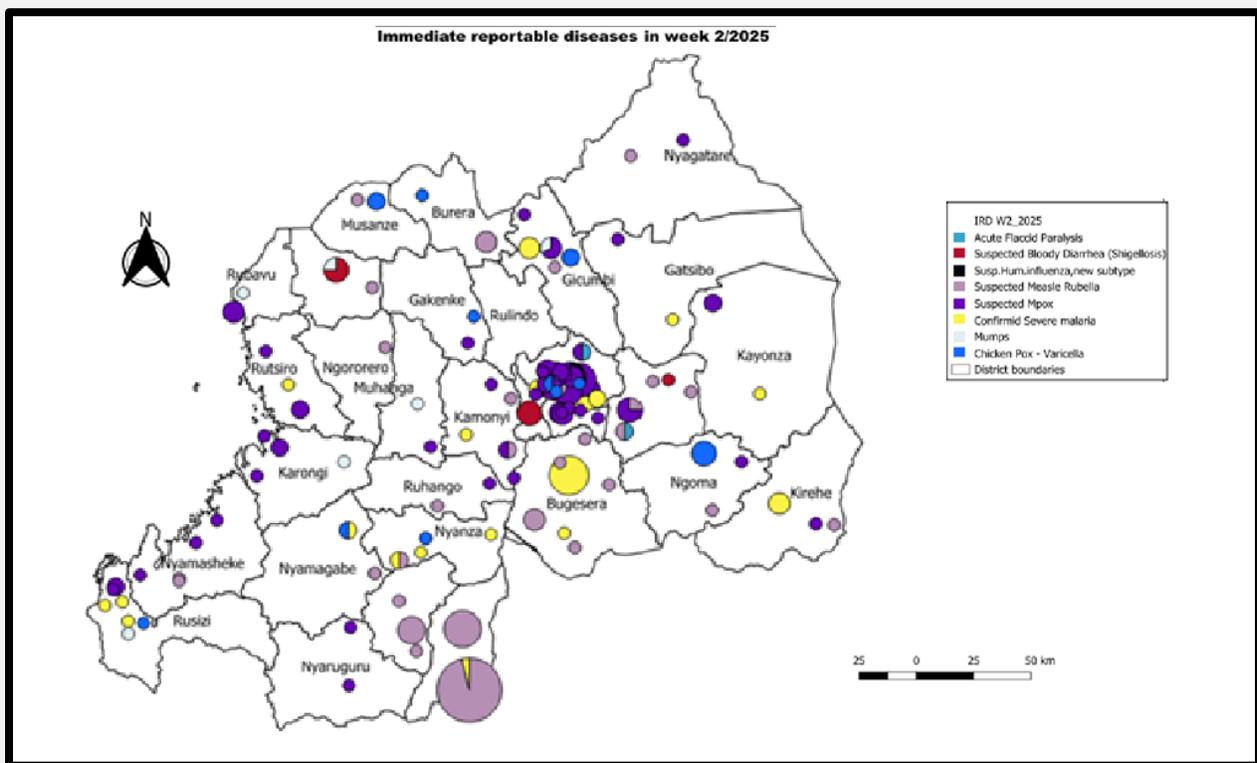
- 8 suspected cases of bloody diarrhea (Shigellosis) were reported by 3 health facilities. The samples were taken and sent to NRL.

- 16 cases of chicken pox(varicella) were reported by 11 health facilities.
- 73 suspected cases of Measles/Rubella were reported by 31 HCs. Among them, 35 suspected cases (48%) were reported in Gisagara district, where a suspected measles outbreak occurred (including 26 cases from Kibirizi DH and 9 cases from Kirarambogo HC). Samples were taken and sent to NRL.
- 38 cases of confirmed severe malaria were reported by 19 health facilities.
- 2 cases of acute flaccid paralysis were reported by 2 health facilities, the sample was taken and sent to NRL for transportation to UVRI laboratory.
- 154 suspected cases of Mpox were reported by 49 health facilities.
- 7 case of mumps were reported by 7 health facilities.
- 3 suspected cases of human influenza due to a new subtype were reported by 2 health facilities, the samples were taken and sent to NRL.

Notes:

- ✓ The hospitals with surpassed thresholds are recommended to conduct the investigations and implement control measures accordingly

Geographical distribution of immediate reportable disease cases notified during the epi week 2/2025



Distribution of immediate reportable diseases in Epi week2

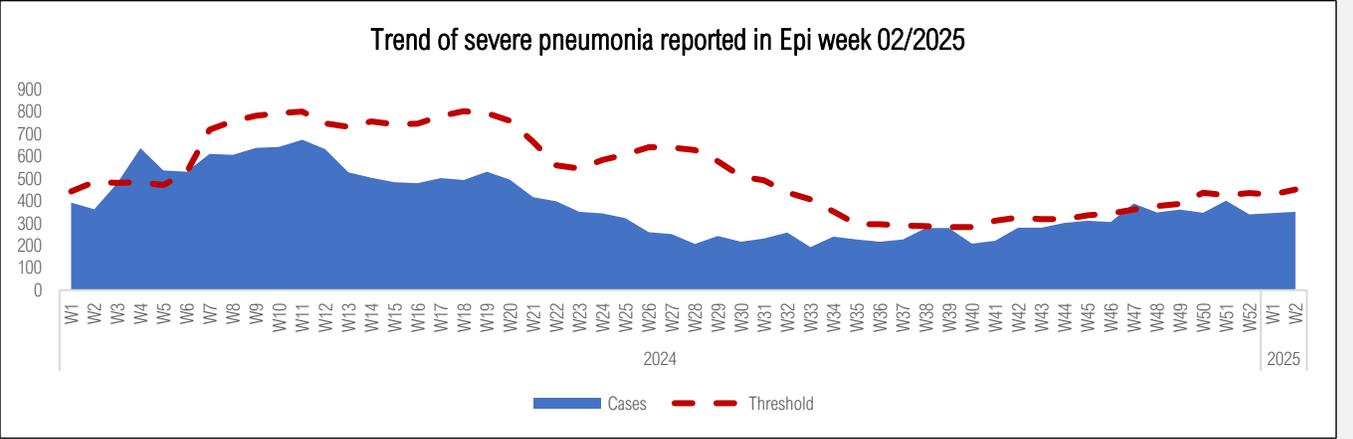
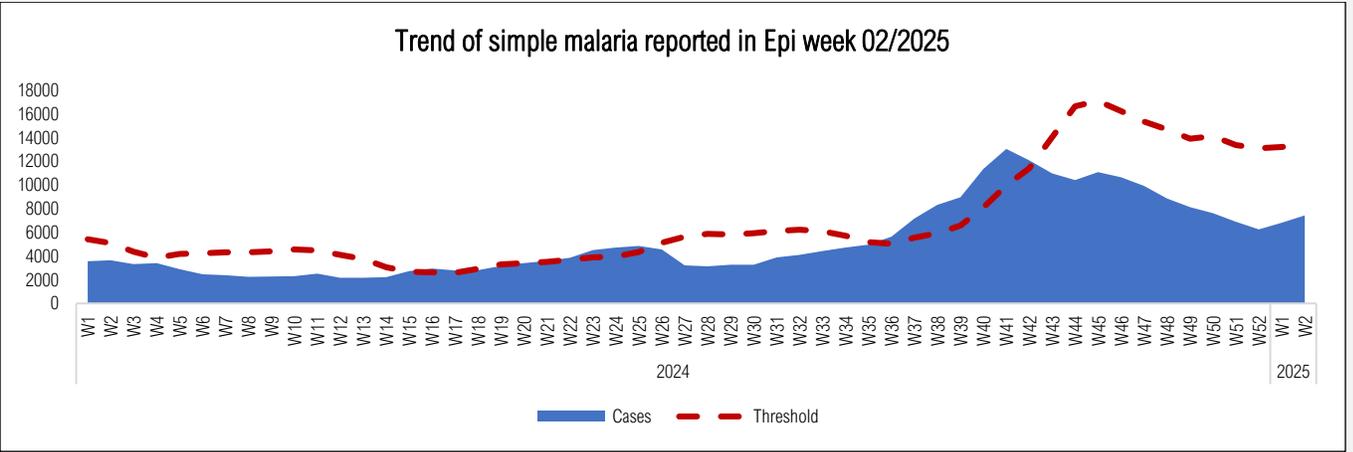
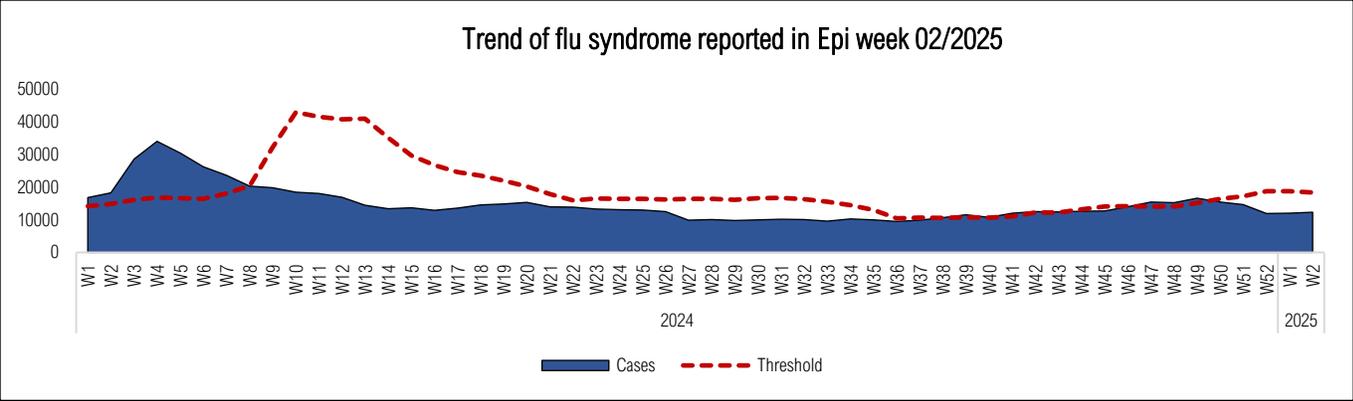
B. WEEKLY REPORTABLE DISEASES – EPI WEEK 02

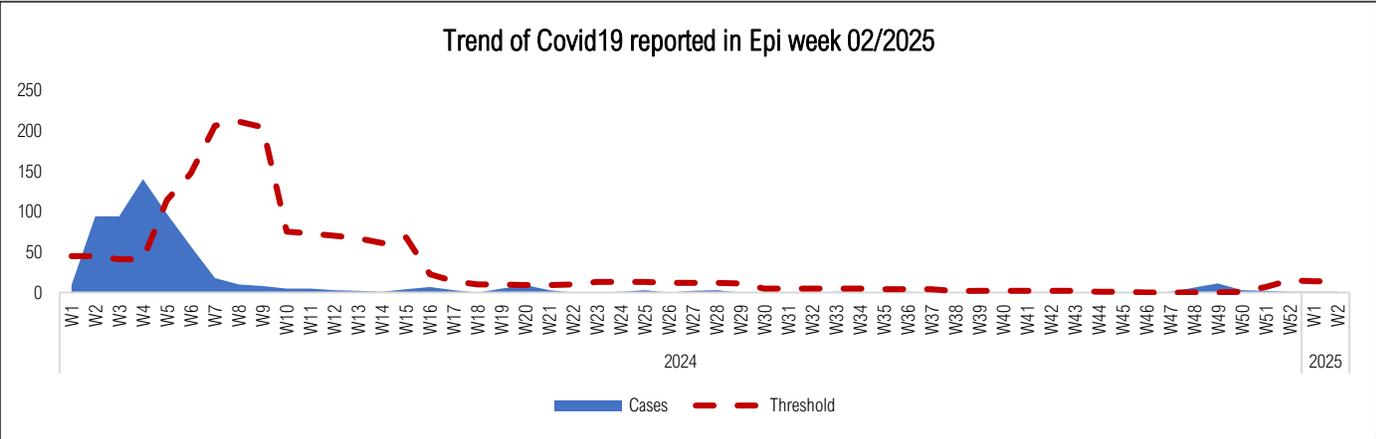
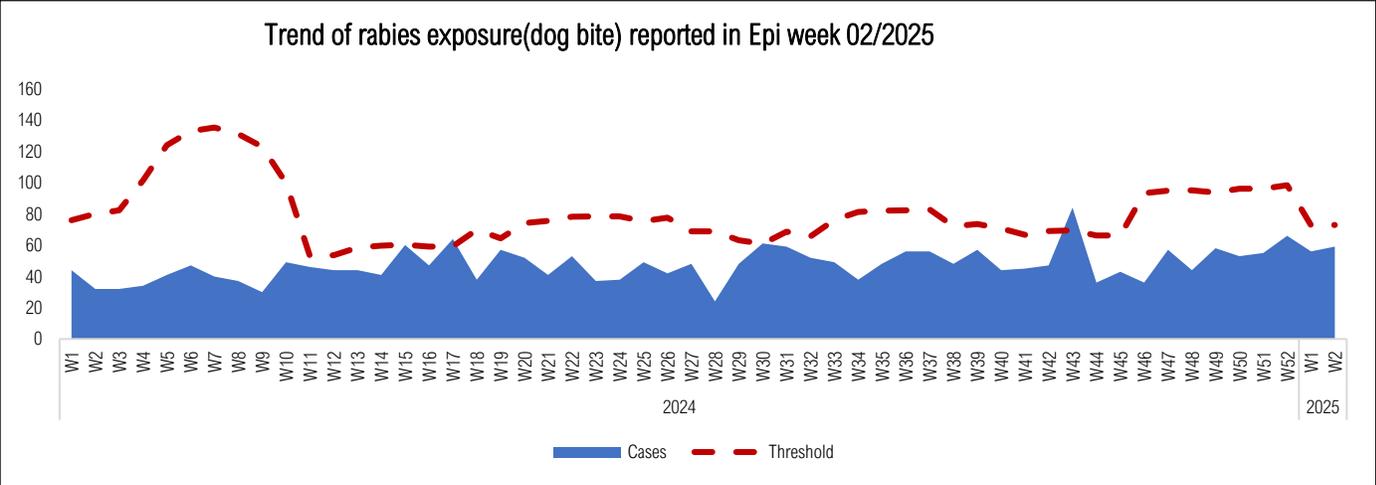
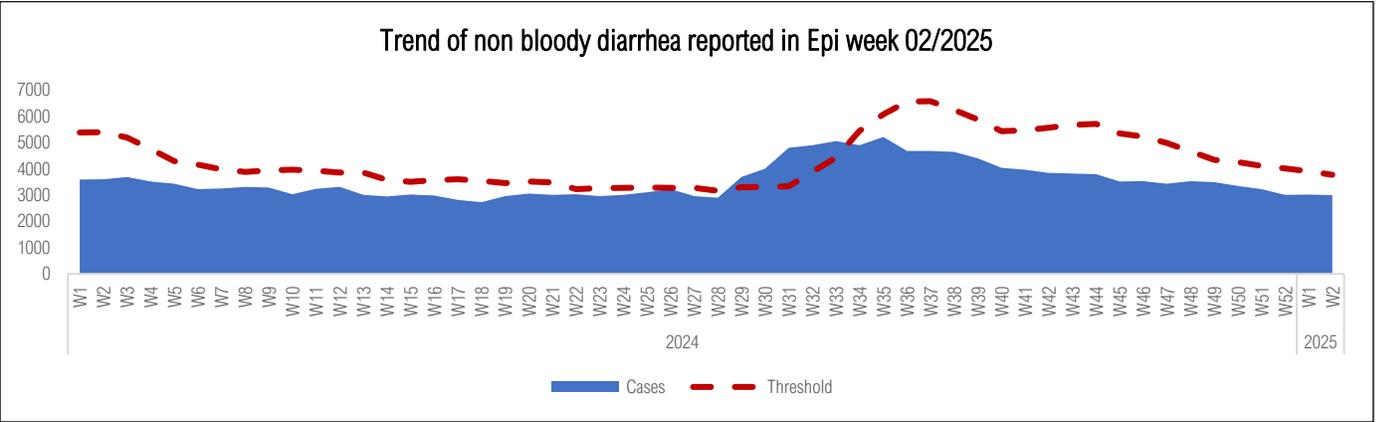
Description: *In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.*

The monitoring trends of these weekly reportable diseases or health events helps to detect an unusual increase early.

In Epi Week 2, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that no disease surpassed the epidemic thresholds.

The figures below show the weekly reportable diseases trends:

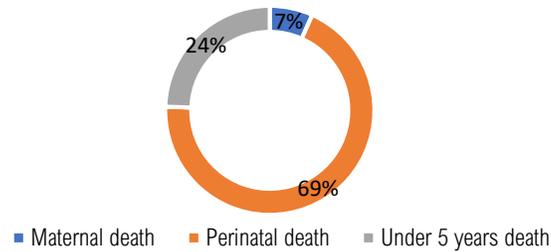




C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 02

As summarized in the Pie Chart below, a total number of 45 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 31(69%) were perinatal deaths, 10(24%) were the deaths of children under 5 years old, and 3(7%) maternal deaths.

Deaths reported by health facilities in week 2/2025

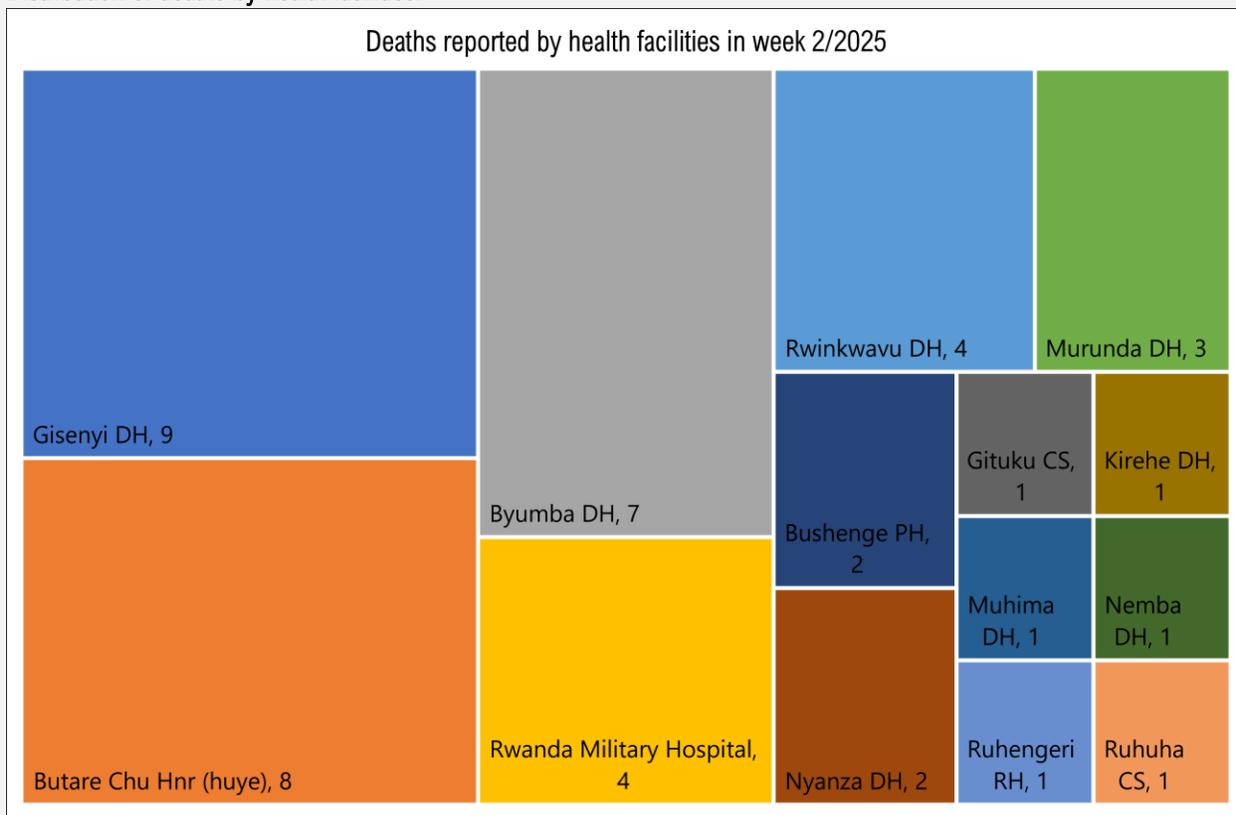


Type of deaths declared in epi week 02

45 deaths were reported from various catchment areas as follow:

- A total of 9 deaths were reported by Gisenyi DH (5 perinatal deaths and 4 under 5 years deaths).
- A total of 8 deaths were reported by CHUB (1 maternal death, 7 perinatal deaths)
- A total of 7 deaths were reported by Byumba DH (6 perinatal deaths and 1 under 5 years deaths)
- A total of 4 deaths were reported respectively by Rwanda Military Hospital (2 maternal deaths and 2 under 5 years deaths); Rwinkwavu DH (4perinatal deaths)
- A total of 3 deaths were reported by Murunda DH (3 perinatal deaths).
- A total of 2 deaths were reported respectively by Bushenge PH (2 perinatal deaths) and Nyanza DH (2 under 5 years deaths)
- 1 death was reported respectively by Gituku HC in Kibungo RH and Ruhuha HC in Nyamata DH (each reported 1 under-five death);Kirehe DH, Muhima DH, Nemba DH, Ruhengeri RH (each reported one perinatal death).

Distribution of deaths by health facilities:

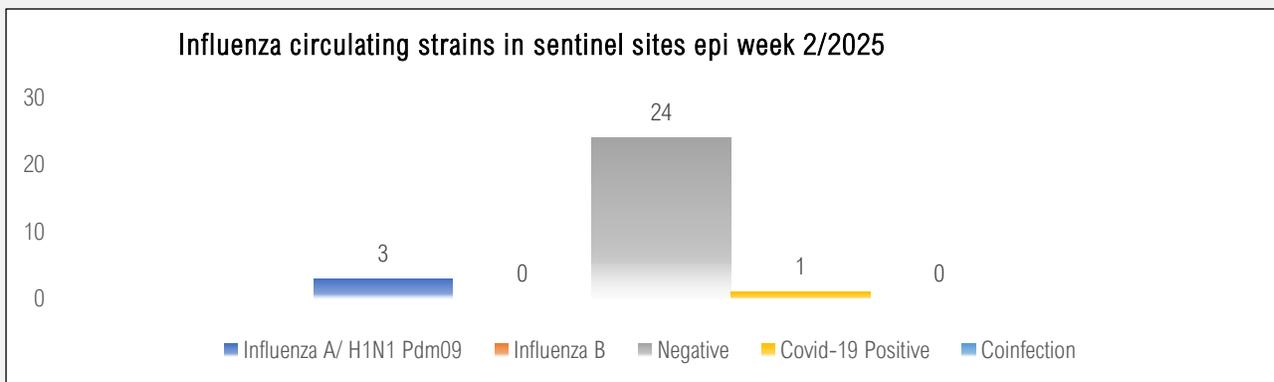


Distribution of deaths by health facilities in Epi week 02

D. SENTINEL SURVEILLANCE

Influenza circulating strains in sites, week2

In the epidemiological Week 2, a total of 27 samples were collected from sentinel site sites. (0) from GIHUNDWE RH, (10) KIBUNGO RH, (12) RUHENGELI RH, (0) from Kibagabaga, (0) from CHUB and from (5) CHUK/KFH. Out of the 27 samples received and tested by the National Reference Laboratory (NRL), 24 tested negatives for all influenza subtypes, 3 tested positive for seasonal influenza (3 on seasonal influenza type A, H1N1 Pdm09 subtype & zero on seasonal influenza type B) with zero co-infection cases, and 1 positive cases for COVID-19.



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 02

1. Ongoing Mpox outbreak in Rwanda

Rwanda confirmed its first two cases of Mpox on July 24, 2024. The current situation, as of 12th January 2025 is as following:

- Cumulative suspected cases: 5898
- New suspected cases: 154
- Total confirmed cases: 90
- New confirmed cases: 3
- Cases currently under follow-up: 19
- Total discharged cases: 71
- New discharged cases: 6

Actions taken

In response to the Mpox outbreak, several key interventions are being implemented at central and district levels, where Incident Management System for Mpox is activated to enhance preparedness and strengthen response efforts. Key interventions are being implemented, including enhanced surveillance, case management, ring vaccination, and public awareness campaigns.

2. New outbreak

None

3. Event highlighted

Increase in suspected measles cases occurred in Gisagara district, Muganza sector

On January 11, Kibilizi DH declared an increase in measles rubella suspected cases, then on the same date, a team composed by PHEOC South, Kibilizi DH rapid response team (RRT) and the Head of Kirarambogo HC, in collaboration with local leaders, conducted a field active case search for measles, along with community health education on prevention measures. As of January 11, 2025; 7 suspected measles cases were identified in the community, including 1 child < 1 year, 3 aged 12 years, and 3 adults over 25 years. All presented with skin rashes, fever and reddish eyes. All cases were located in Ryarumenangiga and Akimirama villages in Muganza Sector, Gisagara District. Blood samples were taken from all suspected cases, and all were clinically stable. Vaccination status: 6 unknown, 1 not eligible. Moreover, in IDSR, 35 suspected cases were reported in week 2 by Gisagara district, including 26 from Kibirizi DH, 9 from Kirarambogo HC, the samples were collected and sent to NRL, results are pending.

Actions taken

- o Case management
- o The community awareness (measles prevention measures, hygiene education) was provided.
- o Plan to conduct door to door screenings in collaboration with the CHWs next week during MCH week.
- o The laboratory samples were taken and sent to the NRL
- o Reporting of cases in e-IDSR

eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 02

In Rwanda, eIDSR reports completeness and timeliness are scored as follow:

-  *Greater or equal to 80%: High,*
-  *Between 60% and 79%: Moderate,*
-  *Less than 60%: Low.*

In the Epi Week 02, the overall completeness and timeliness of disease surveillance data reporting in Rwanda, was scored to 98% and 94%, respectively. All hospitals had a high completeness score above 80%. For the timeliness, almost all hospitals had a high score above 80%, except three hospitals that had the low score: King Faisal Hospital, Rwanda Military Hospital and CARAES Ndera.

Notes: The health facility that did not have a high score for the timeliness had been recommended to improve the reporting by submitting weekly surveillance reports not later than Monday before 12:00.

Details on completeness and timeliness for all health facilities are shown in the figures below.

Hospital catchment area	Completeness 2025		Hospital catchment	Timeliness 2025	
	W1	W2		W1	W2
Nyagatare	93	100	Nyagatare	93	100
Gatunda	89	100	Gatunda	89	100
Ngarama	88	88	Ngarama	88	88
Kiziguro	100	100	Kiziguro	100	92
Gahini	100	86	Gahini	100	86
Rwinkwavu	100	100	Rwinkwavu	90	100
Kibungo	100	94	Kibungo	100	94
Kirehe	93	100	Kirehe	85	95
Rwamagana	100	94	Rwamagana	100	94
Nyamata	100	100	Nyamata	100	88
Kinihira	89	100	Kinihira	89	89
Rutongo	100	93	Rutongo	100	93
Gatonde	100	100	Gatonde	100	100
Butaro	95	100	Butaro	90	100
Ruli	100	100	Ruli	100	100
Nemba	90	100	Nemba	90	80
Ruhengeri	89	89	Ruhengeri	78	83
Byumba	100	100	Byumba	100	96
CHUB	100	100	CHUB	100	100
Kabutare	100	100	Kabutare	100	100
Kabgayi	100	100	Kabgayi	100	100
Kibilizi	100	100	Kibilizi	100	100
Gakoma	100	100	Gakoma	100	83
Gitwe	100	100	Gitwe	100	100
Ruhango	100	100	Ruhango	100	88
Remera Rukoma	100	100	Remera	100	100
Nyanza	100	100	Nyanza	100	89
Kigeme	100	100	Kigeme	85	100
Kaduha	100	100	Kaduha	100	100
Munini	100	100	Munini	100	100
Bushenge	100	100	Bushenge	100	100
Kibogora	100	93	Kibogora	100	93
Kibuye	100	100	Kibuye	100	100
Kirinda	100	100	Kirinda	100	83
Mugonero	100	100	Mugonero	100	86
Shyira	100	100	Shyira	94	94
Muhororo	100	100	Muhororo	70	90
Kabaya	100	100	Kabaya	100	100
Gihundwe	100	100	Gihundwe	100	100
Mibilizi	100	100	Mibilizi	100	100
Gisenyi	100	94	Gisenyi	100	88
Murunda	100	100	Murunda	100	100
CHUK	100	100	CHUK	100	100
Nyarugenge	89	89	Nyarugenge	78	89
Muhima	100	100	Muhima	100	100
RMH	100	100	RMH	100	0
Masaka	100	100	Masaka	100	92
Kigababaga	95	100	Kigababaga	90	85
Kacyiru	100	100	Kacyiru	100	100
KFH	100	100	KFH	0	0
Caraes Ndera	0	100	Caraes	0	0
Nyabikenke	100	100	Nyabikenke	100	100
Rwanda	96	98	Rwanda	96	94