

WEEKLY EPIDEMIOLOGICAL BULLETIN

Week 47: 21-27 Nov 2022

Released on: 30th November 2022



PUBLIC HEALTH SURVEILLANCE & EMERGENCY PREPAREDNESS AND RESPONSE DIVISION

Editorial message

Effective and efficient Integrated Disease Surveillance and Response (IDSR) systems contribute to the reduction of morbidity, disability and mortality from disease outbreaks and health emergencies.

This weekly bulletin presents the epidemiological status of the diseases 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.

Editorial board

Surveillance Unit, Outbreak Preparedness and Response Unit, Food and Waterborne Diseases Unit, Avian Influenza and Highly Pathogenic Diseases Unit, One health Unit

Overview

This Weekly Bulletin focuses on diseases under surveillance in Rwanda. This week's articles cover:

- ☞ Reports completeness
- ☞ Reports timeliness
- ☞ Trend of weekly reportable diseases
- ☞ Distribution of Immediate reportable diseases
- ☞ COVID-19 situation
- ☞ Ebola situation
- ☞ Reported deaths
- ☞ Health facilities with no reports

Acknowledgement

The authors would like to thank Health facilities of Rwanda for providing the data used in this bulletin.

TREND OF IDSR REPORTS COMPLETENESS

(Previous 10 weeks: Wk38 – Wk47)

OVERALL

RWANDA

Completeness – Wk 47: 98%



Completeness is calculated as the proportion of received reports over expected reports by week in a catchment area

Observation: During this week 47, the overall IDSR reports completeness was 98%. It was improved compared with previous weeks. However, **Rwanda Military Hospital** did not report. We recommend it to conduct the root cause analysis and set measures that will facilitate to report all required reports.

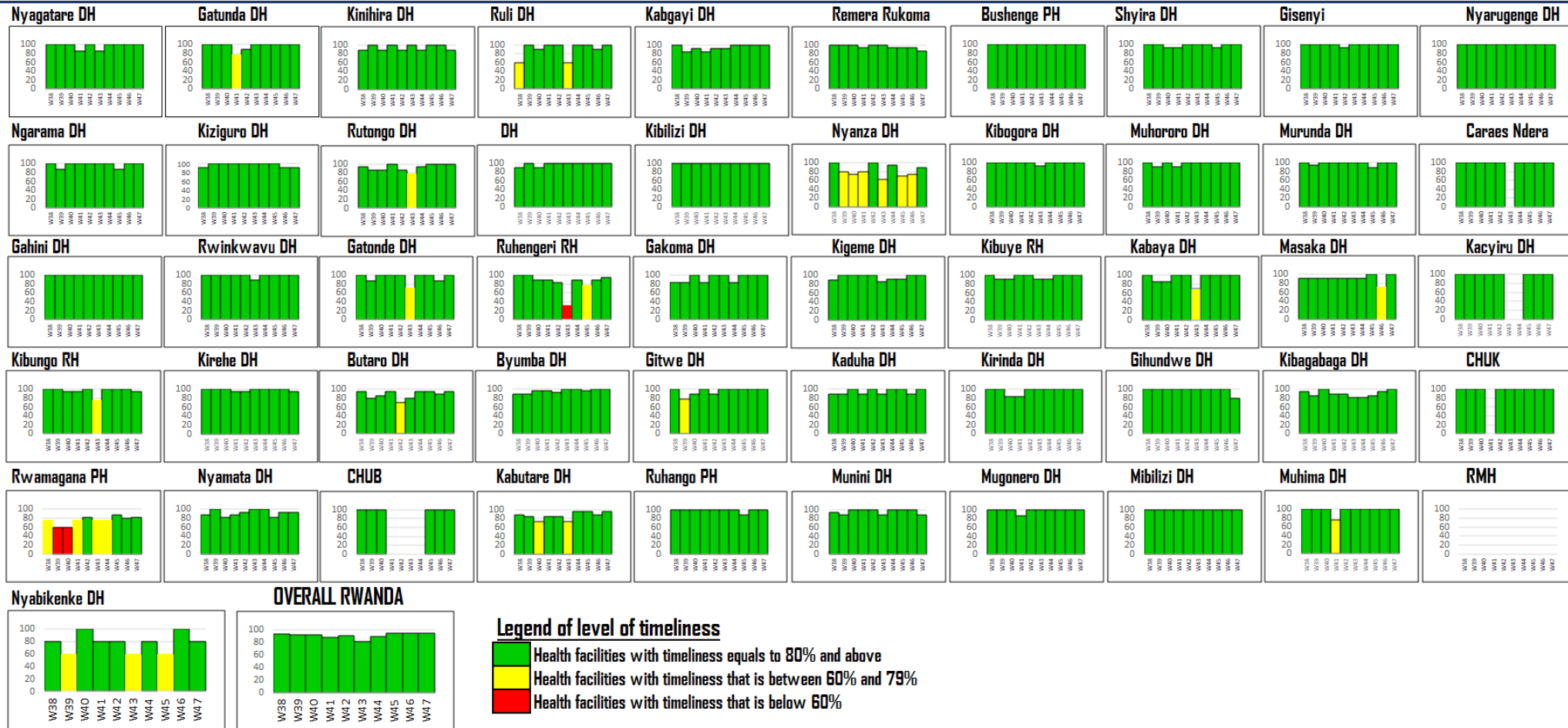
TREND OF IDSR REPORTS TIMELINESS

(Previous 10 weeks: Wk38 – Wk47)

OVERALL

RWANDA

Timeliness – Wk 47: 96%



Timeliness is calculated as the proportion of received reports on time over the expected reports by week in a catchment area

During this week 47, the overall IDSR reports timeliness was 96%. It was improved compared with previous weeks. However, **Rwanda Military Hospital** did not report. We recommend it to conduct the root cause analysis and set measures that will facilitate to report all required reports on time (Monday before 12:00)

IDSR WEEKLY REPORTABLE DISEASES - 2022

Non-Bloody Diarrhea cases

Wk01 – Wk47: 224,153

Wk47: 3,149

↓ Wk47: 3,149

Flu syndrome cases

Wk01 – Wk47: 737,787

↑ Wk47: 13,580

Malaria cases

Wk01 – Wk47: 190,261

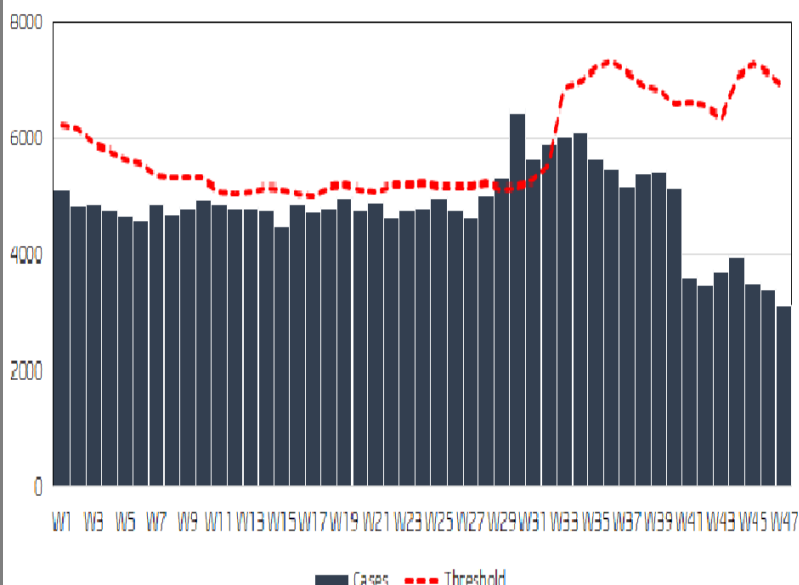
↑ Wk47: 3,327

Severe Pneumonia cases

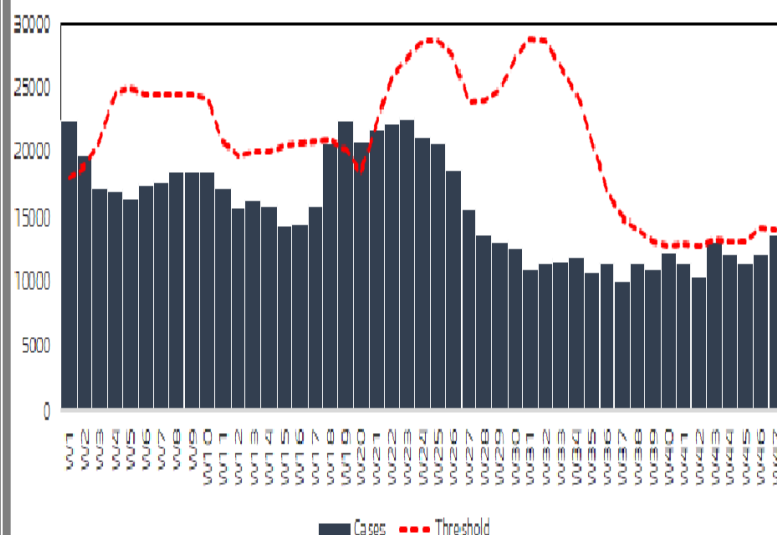
Wk01 – Wk47: 14,235

↑ Wk47: 338

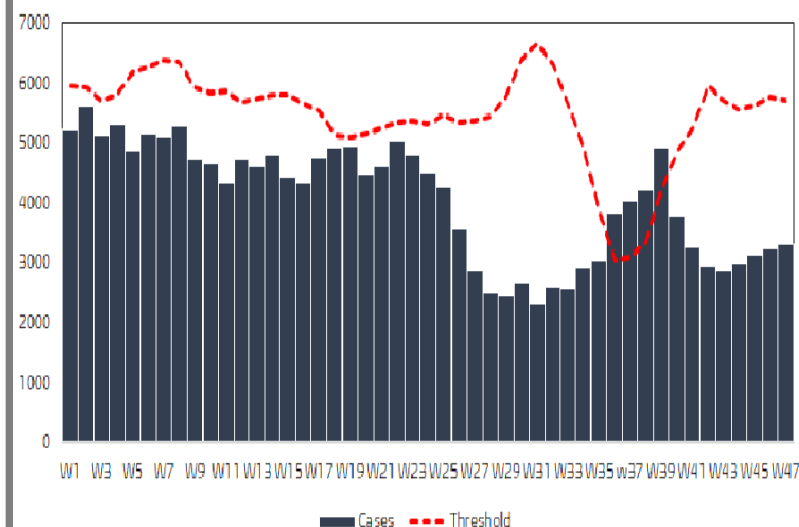
Trend of Non Bloody Diarrhea cases in Rwanda 2022
(Wk1 - Wk47)



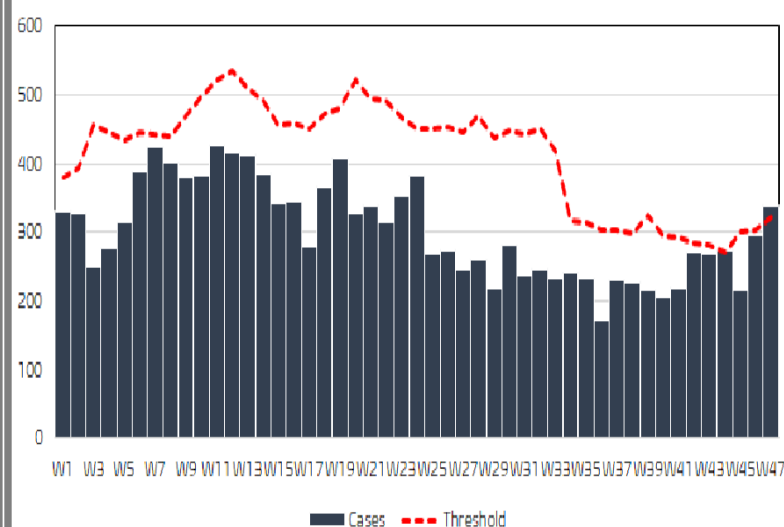
Trend of Flu syndrome cases in Rwanda 2022
(Wk1 - Wk47)



Trend of Malaria cases in Rwanda 2022
(Wk1 - Wk47)



Trend of Severe pneumonia cases in Rwanda 2022
(Wk1 - Wk47)



IDSR WEEKLY REPORTABLE DISEASES - 2022

Covid19 confirmed cases:

Wk 42-47: 293
Wk 47: 145 cases

Rabies exposure (Dog or other mammals bite) cases:

Wk 42-47: 202
Wk 47: 24 cases

Brucellosis cases

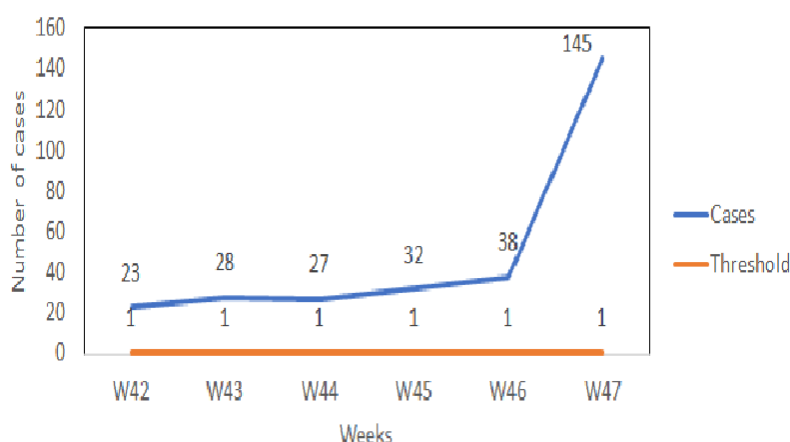
Wk 42-47: 1 case

Wk 47: 0 case

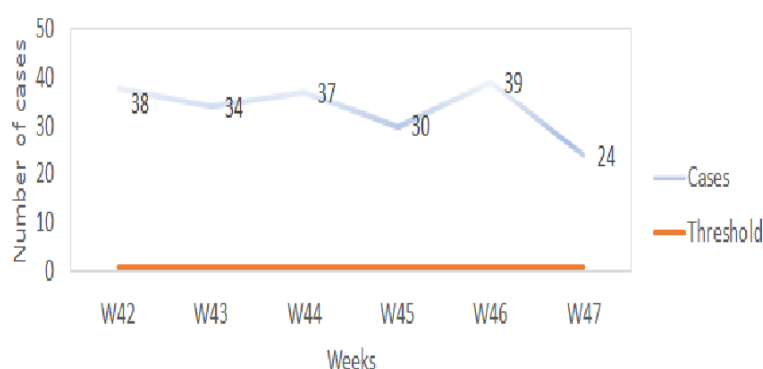
Other weekly reportable diseases:

Trypanosomiasis
no case

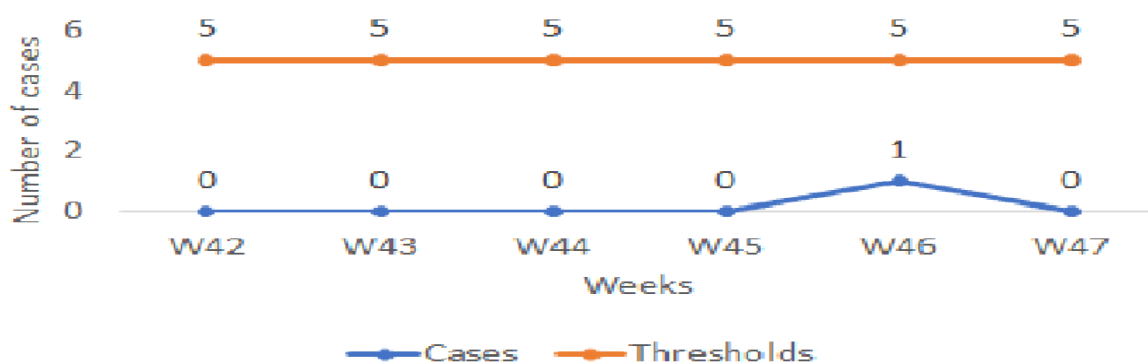
Covid19 confirmed cases in Rwanda 2022
(Wk 42-47)



Rabies exposure cases in Rwanda 2022
(Wk 42-47)



Trend of Brucellosis cases in Rwanda 2022
(Wk42 - Wk47)



From week 42, IDSR weekly report form revised and adapted on technical guideline 3rd edition was adapted also in DHIS-2, therefore many changes occurred.

In week 47, for 8 weekly reportable diseases, data analysis showed that Covid19 cases had a sharpened increasing, about 4 times previous week, due to the mass testing conducted from 24 to 25 November 2022; Severe Pneumonia crossed the threshold, while Rabies exposure cases decreased. Further investigation should be conducted.

IDSR IMMEDIATE REPORTABLE DISEASES – Wk47

Hospital	Health facility name	Acute Flaccid Paralysis	Bacterial Meningitis	Bloody Diarrhea (Shigellosis)	Human Rabies	Measles	Rubella	Severe malaria
Byumba Sub District	Byumba DH	0	0	0	0	0	0	1
	Ruhenda CS	0	0	0	0	1	0	0
Gitwe Sub District	Karambi (ruhango) CS	0	0	0	0	1	0	0
Kabgayi Sub District	Mata CS	0	0	0	0	1	0	0
Kabutare Sub District	Sovu (Huye) CS	0	0	0	0	1	0	0
Kaduha Sub District	Kaduha DH	0	0	2	0	0	0	0
Kibagabaga Sub District	Kinyinya CS	0	0	0	0	0	0	1
Kibilizi Sub District	Kigembe CS	0	0	1	0	0	0	0
Kibogora Sub District	Kibingo (nyamasheke) CS	0	0	0	0	1	0	0
	Rangiro CS	0	0	0	0	0	1	0
Kibungo Sub District	Kibungo RH	0	0	0	2	0	0	1
	Cyanika (nyamagabe) CS	0	0	1	0	0	0	0
Kigeme Sub District	Mbuga CS	0	0	1	0	0	0	0
	Ngara CS	0	0	0	0	1	0	0
Kinihira Sub District	Kinihira PH	0	0	0	0	0	0	1
Kirehe Sub District	Kirehe DH	0	0	0	0	0	0	0
Kiziguro Sub District	Kibondo CS	0	0	1	0	0	0	0
Masaka Sub District	Masaka DH	0	0	0	0	0	0	1
Mibilizi Sub District	Mibilizi DH	0	0	0	0	0	0	1
Murunda Sub District	Murunda DH	0	0	0	0	0	0	0
Nyamata Sub District	Ngeruka CS	0	0	0	0	0	0	1
Nyanza Sub District	Kibilizi (nyanza) CS	0	0	1	0	0	0	0
	Kirambi CS	0	0	1	0	0	0	1
Nyarugenge Sub District	Biryogo CS	0	0	3	0	0	0	0
CHK(CHUK) HNR	CHK(CHUK) HNR	0	1	0	0	0	0	0
Remera Rukoma Sub District	Mugina CS	0	0	0	0	2	0	0
Ruhango Sub District	Ruhango CS	0	0	3	0	0	0	0
Rutongo Sub District	Remera-mbogo CS	1	0	0	0	0	0	0
	Rutongo DH	0	0	0	0	0	0	3
Rwamagana Sub District	Munyaga CS	0	0	1	0	0	0	0
	Nzige CS	0	0	0	0	2	0	0
Shyira Sub District	Shyira CS	0	0	0	0	1	0	0
	Total	1	1	15	2	11	1	11

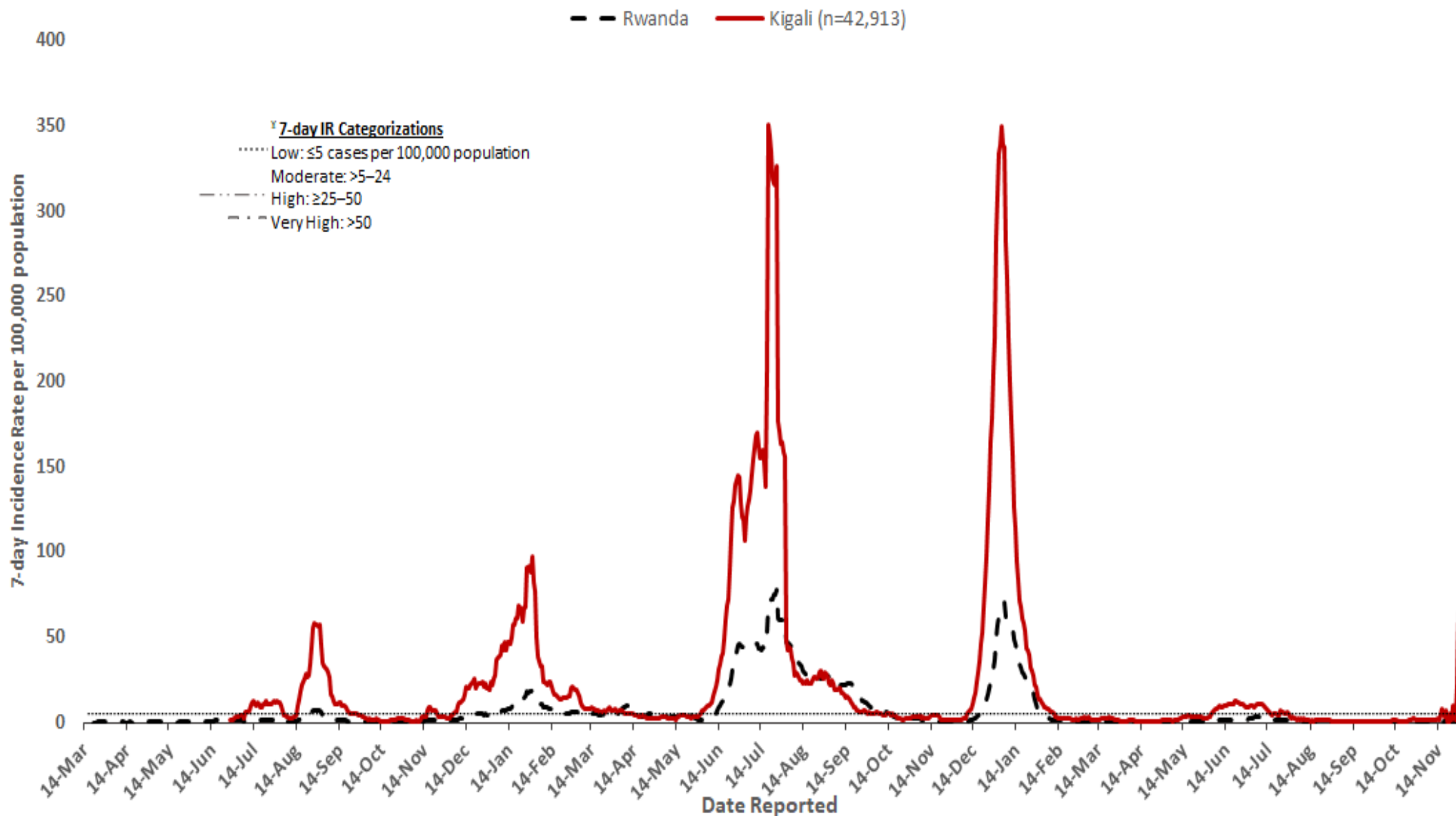
Alerts

Disease	Case	Alert threshold	Recommendations
AFP	1	1 case per week	Verify, investigate and reports as soon as possible
Human rabies	2	1 suspected case	Verify, investigate and reports as soon as possible
Severe malaria	11	1 case	Verify, investigate and reports as soon as possible

Observation: During the week 47, the reported IDSR immediate reportable diseases were AFP, Bacterial meningitis, Bloody diarrhea, Human rabies, Rubella, Measles and Severe malaria

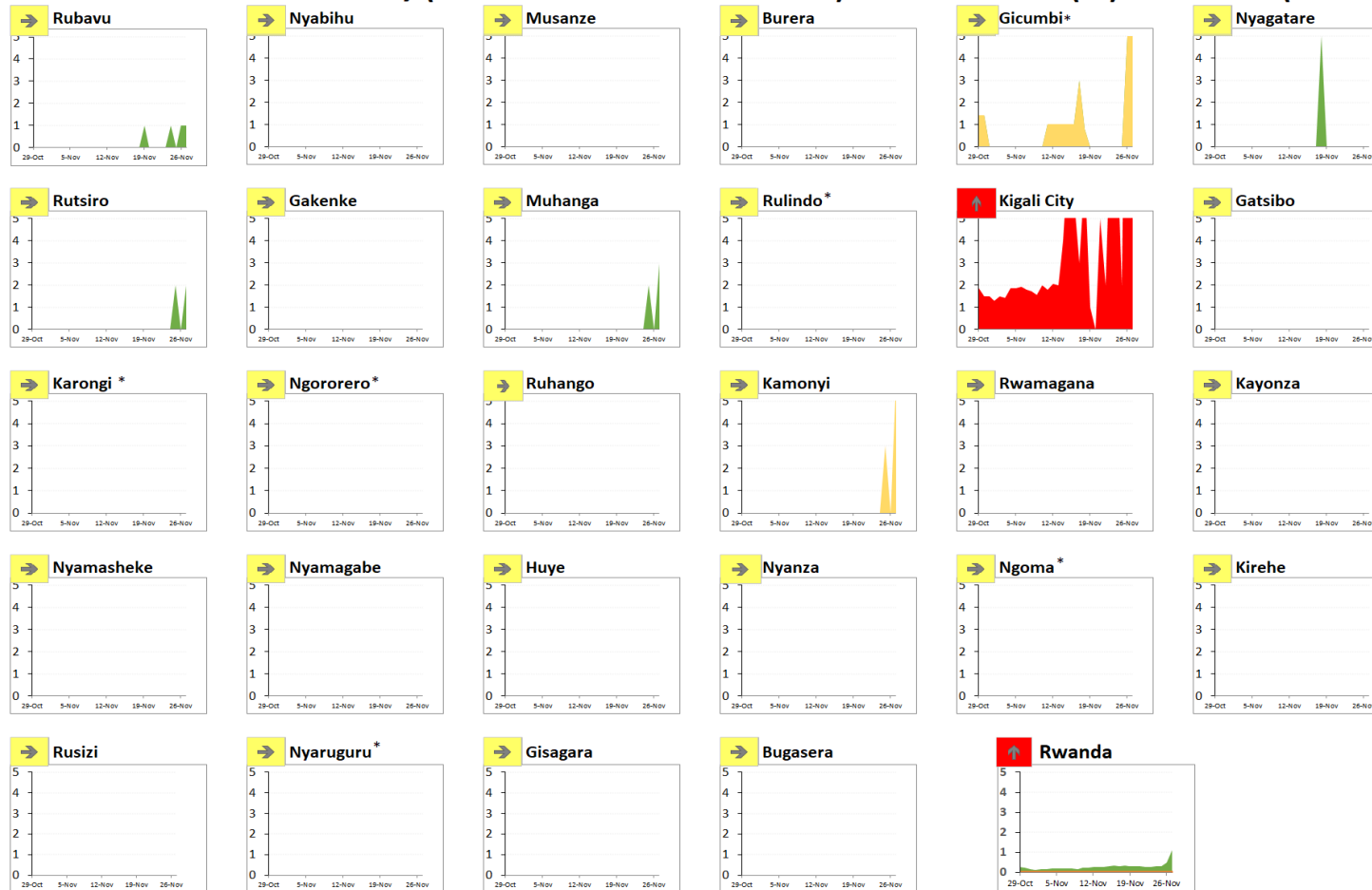
TREND OF 7-DAY INCIDENCE RATE OF COVID-19

COVID-19 Incidence Rate (IR) in Kigali City and Rwanda, March 14, 2020–November 27, 2022



TREND OF INCIDENCE RATE OF COVID-19 BY DISTRICTS

COVID-19 Cumulative 7-day (November 21–November 27) Incidence Rate (IR) and Trend (week-



		Distribution of Districts	
Incidence rate in the last 7 days per 100,000		No.	%
Low:			
≤5 cases		30	100%
Moderate:			
5–24 cases		0	0%
High:			
≥25–50 cases		0	0%
Very High:			
>50 cases		0	0%
Percentage change in cases in last 7 days vs previous 7 days			
Decrease:			
≤ -10% change	↓	5	17%
Stable:			
> -10% change and <10% change	→	25	83%
Increase:			
≥10% change	↑	0	0%

Observation: During the week 47, The overall incidence rate of Rwanda was 1.1 case per 100,000 population (it highly increased compared with previous week: 0.3 cases per 100,000 population in week 46), due to a mass testing activity done from 24 to 25 November 2022. Kigali City presented a very highest incidence rate (IR above 5 cases), Gicumbi, Rubavu, Nyagatare, Rutsiro, Muhanga and Kamonyi districts presented also an increase of cases, while other districts did not have cases for this week.

UPDATE ON EBOLA VIRUS DISEASE

Ebola virus disease in Uganda

1. Key highlights

- On 20th November 2022 marks 65 days of response to the EVD outbreak,
- first case was confirmed on 19-Sep 2022.
- Within the past 24 hours, no new confirmed EVD case, no death, no recovery was registered
- Case Fatality Ratio (CFR) among confirmed cases is 55/141 (39%).
- A total of 703 contacts actively being followed-up in seven districts,
- follow-up rate in the past 24 hours was 63%.

Date update as of 25th November 2022

	District affected	Cases confirmed	Confirmed deaths	Recoveries
Total	9	141	55	88

2. Action to date in Uganda

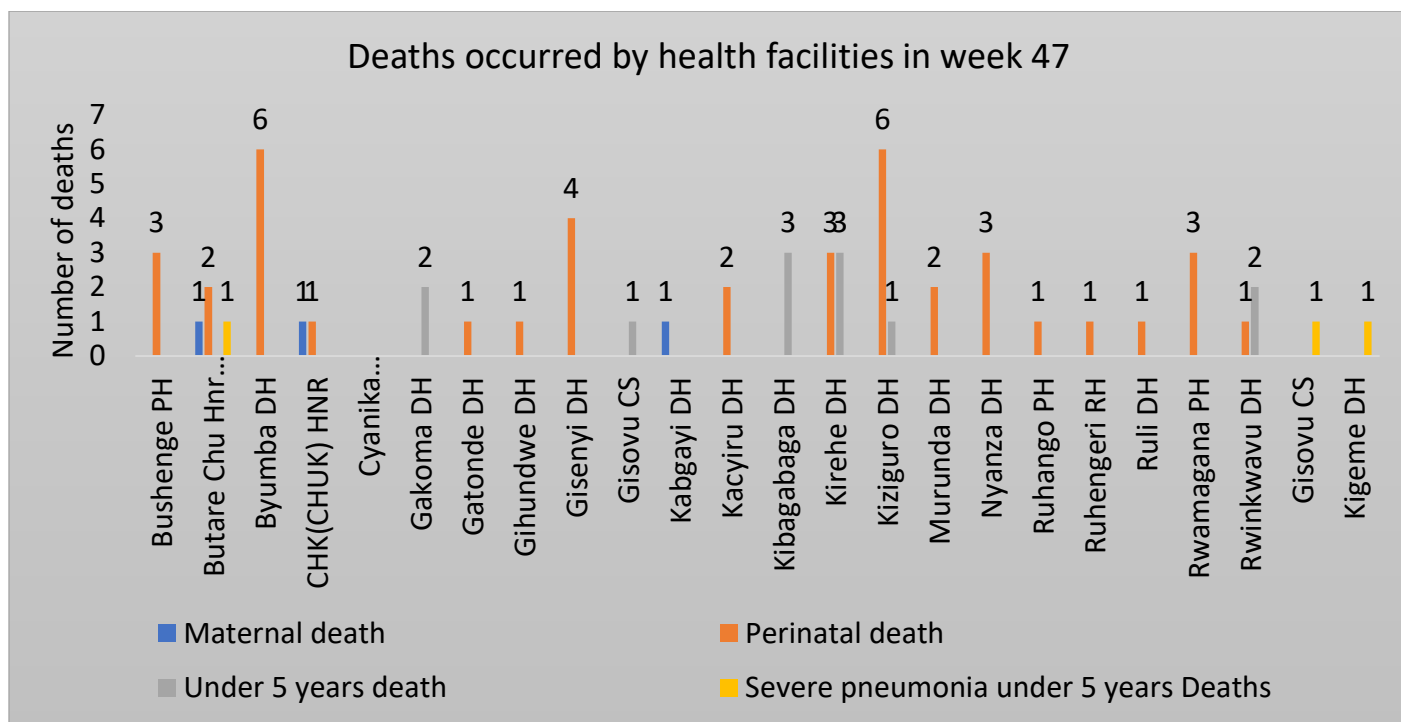
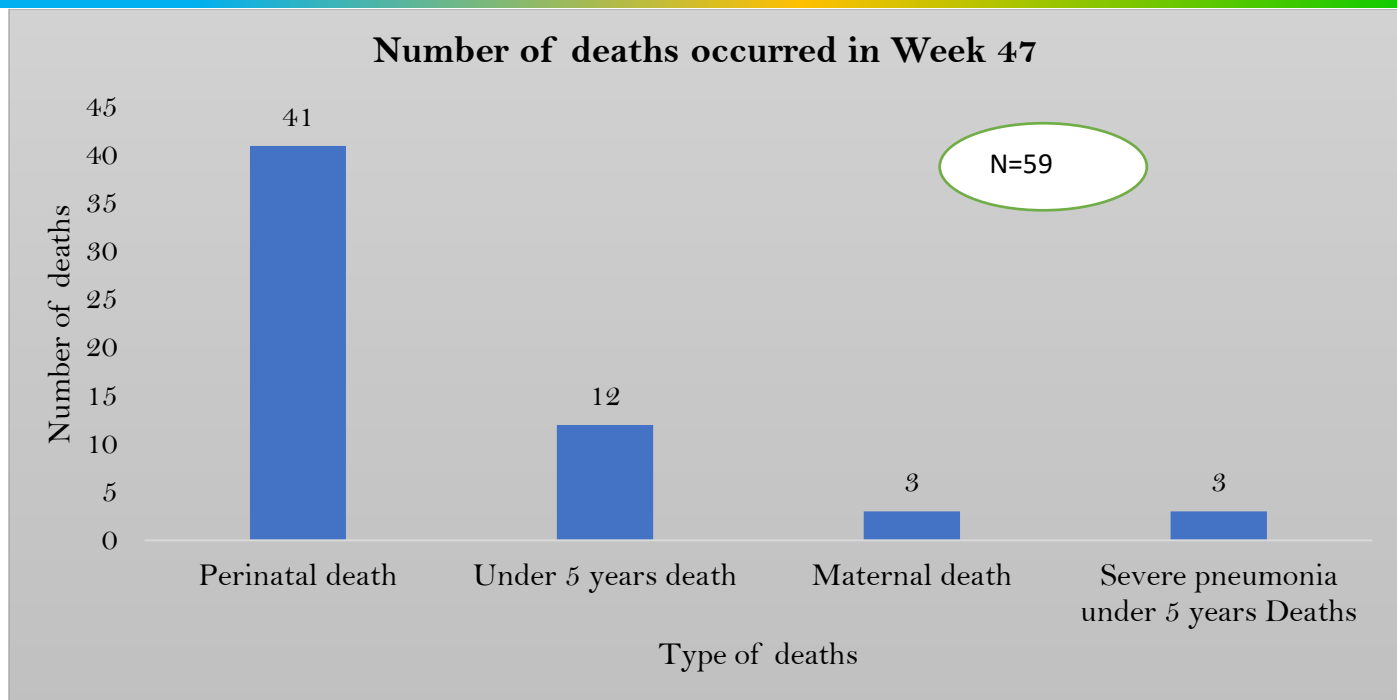
The Ministry of Health, Districts and Partners in **Uganda** are implementing several outbreak control interventions in affected and surrounding districts to contain the disease spread.

3. Key strategies ongoing for Ebola Virus outbreak preparedness in Rwanda

Key strategies in Rwanda

- Activate all command post in all districts
- Temperature screening in all POEs
- Map all people upon entry coming from Mubende, Kyegegwa Kagadi, Bunyangabu, Kassanda, Wakiso, Masaka, Jinja and Kampala regions to be quarantined for 21 days
- Community screening for people with symptoms by CHWs
- Awareness to both community and health care workers
- Investigate and follow up of cases with unexplained fever who consulted health facilities

SUMMARY OF REPORTED DEATHS THROUGH e-IDSr (Wk 47)



In week 47, perinatal deaths had a highest number (41), especially in Kiziguro DH (6) and Byumba DH (6; about 15%), 12 deaths of under 5 years, 2 deaths due to simple malaria. The death audit should be conducted in health facilities for determining the cause of those deaths and elaborate recommendations for reducing those which should be preventable.

HEALTH FACILITIES WITH NO REPORTS RECEIVED IN e-IDSR FOR Wk 47

Hospital	Organisation unit name
Kibungo Sub District	Gashanda CS
Ruhengeri Sub District	Gasiza (musanze) CS
Remera Rukoma Sub District	Karangara CS
Remera Rukoma Sub District	Kayumbu CS
Kirehe Sub District	Mahama CS
Kabutare Sub District	Mbazi CS
Nyabikenke Sub District	Nyabinoni CS
Nyanza Sub District	Nyabinyenga CS
Rwinkwavu Sub District	Nyamirama CS
Masaka Sub District	Rwanda Military Hospital
Kinihira Sub District	Tare CS