

WEEKLY EPIDEMIOLOGICAL BULLETIN

Week 44: 31 Oct-6 Nov 2022

Released on: 10th 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.

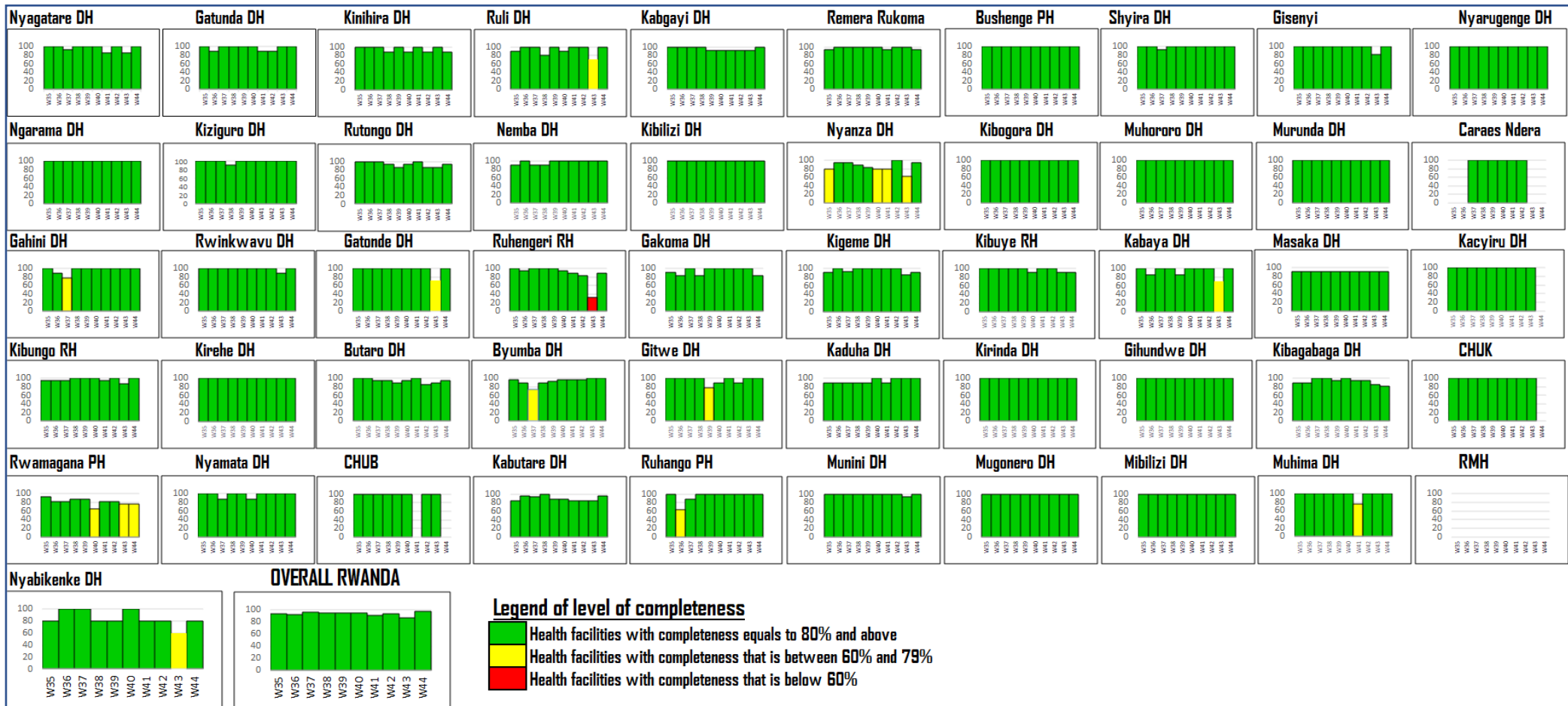
TREND OF IDSR REPORTS COMPLETENESS

(Previous 10 weeks: Wk35 – Wk44)

OVERALL

RWANDA

Completeness – Wk 44: 96%



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

Observation: During this week 44, the overall IDSR reports completeness was 96%. However, 2 hospitals indicated a low completeness rate: between 60-79%: **Rwamagana PH**; while **Rwanda Military Hospital, CHUK, Ndera** and **Kacyiru** hospitals did not report. We recommend these hospitals 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: Wk35 – Wk44)

OVERALL

RWANDA

Timeliness – Wk 44: 96%



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

Observation: During this week 44, the overall IDSR reports timeliness was 96%. The following catchment area indicated the low level of timeliness (Between 60 and 79%): **Rwamagana**, below 60%: **Rwanda Military Hospital, CHUK, Kacyiru and Ndera** hospitals did not report. We recommend these hospitals 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

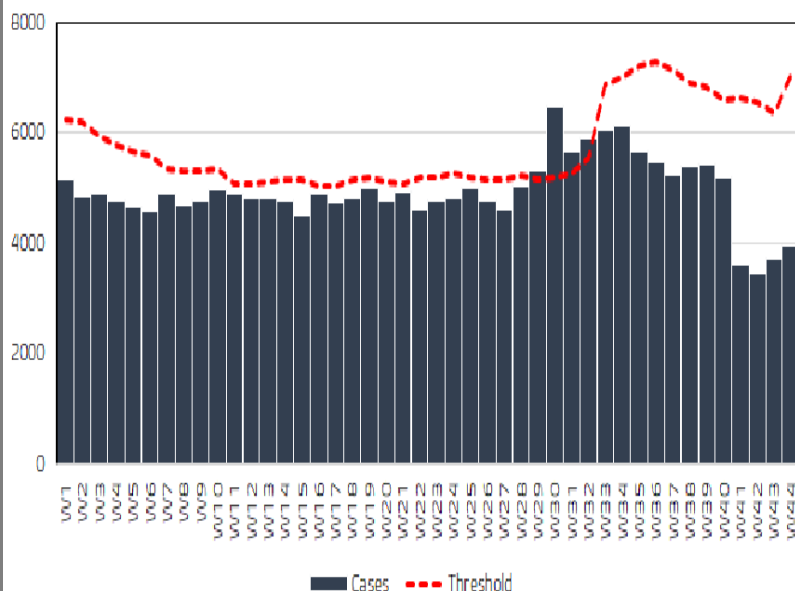
Non-Bloody Diarrhea cases
Wk01 – Wk44: 217,272
Wk44: 3,946

Flu syndrome cases
Wk01 – Wk44: 700,579
Wk44: 12,077

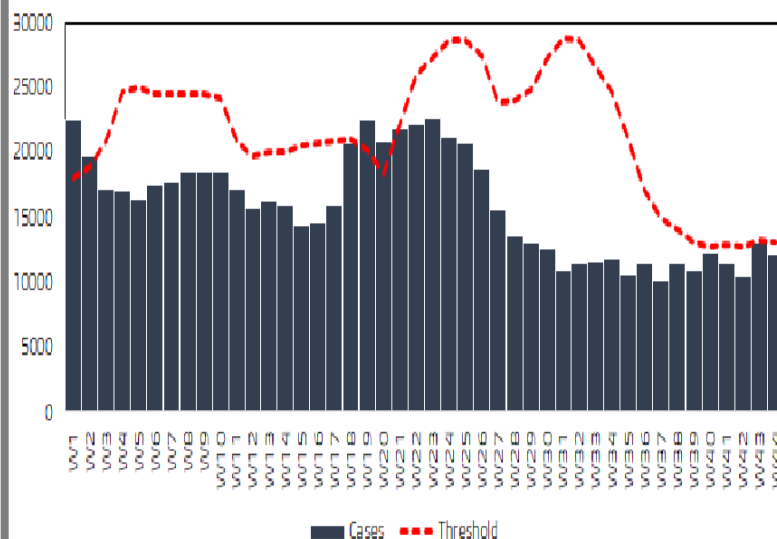
Malaria cases
Wk01 – Wk44: 180,586
Wk44: 2,983

Severe Pneumonia cases
Wk01 – Wk44: 13,386
Wk44: 274

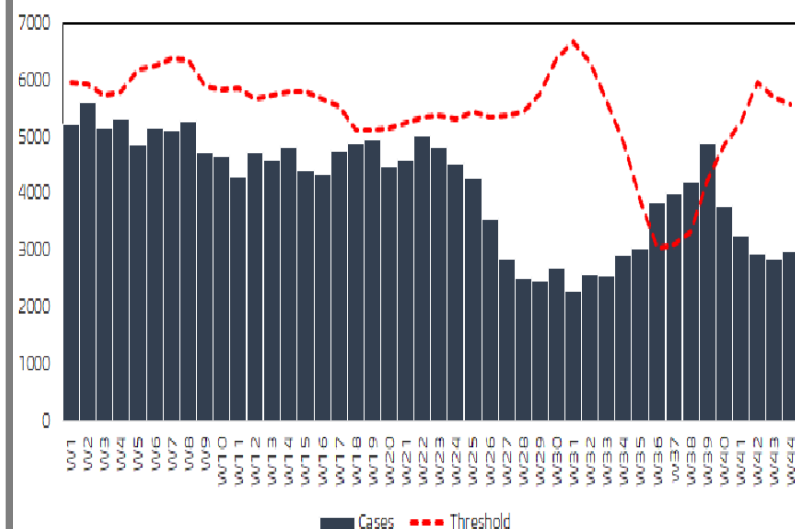
Trend of Non Bloody Diarrhea cases in Rwanda 2022
(Wk1 - Wk44)



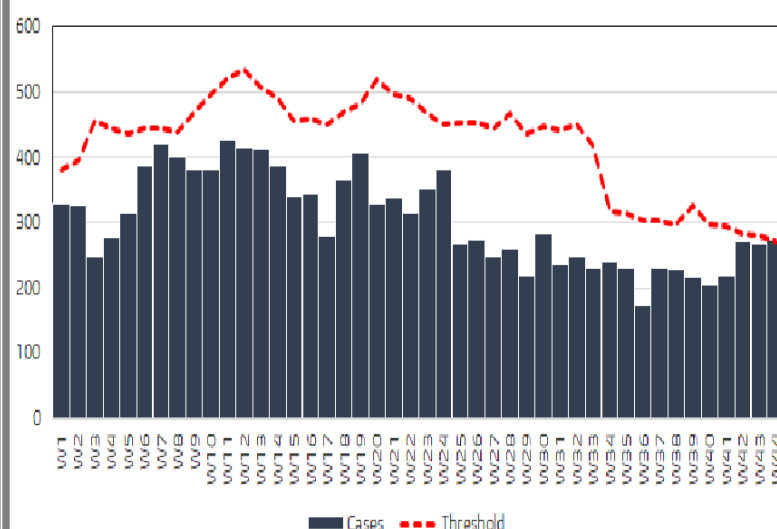
Trend of Flu syndrome cases in Rwanda 2022
(Wk1 - Wk44)



Trend of Malaria cases in Rwanda 2022
(Wk1 - Wk44)



Trend of Severe pneumonia cases in Rwanda 2022
(Wk1 - Wk44)



IDSR WEEKLY REPORTABLE DISEASES - 2022

Covid19 confirmed cases:

Wk 42-44:33

Wk 44:78 cases

Rabies exposure (Dog or other mammals bite) cases:

Wk 42-44: 109

Wk 44: 37 cases

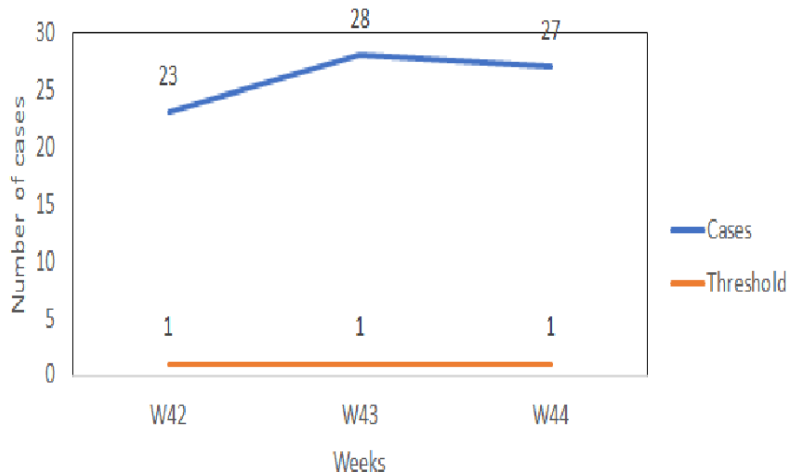
Other weekly reportable diseases:

Brucellosis, Typanosomiasis

no case

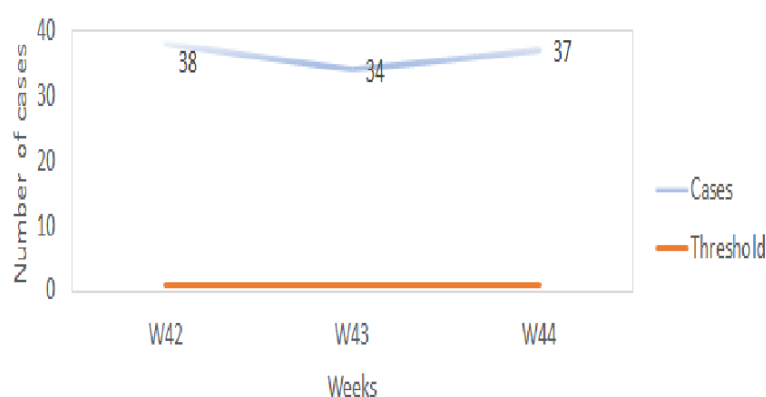
Covid19 confirmed cases in Rwanda 2022

(Wk 42-44)



Rabies exposure cases in Rwanda 2022

(Wk 42-44)



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 44, for 8 weekly reportable diseases, data analysis showed that Covid19 , Rabies exposure and Severe Pneumonia under 5 years crossed the threshold on National level, further investigation should be conducted.

IDSR IMMEDIATE REPORTABLE DISEASES – Wk44

DH	HF	Acute Flaccid Paralysis	Bacterial Meningitis	Bloody Diarrhea (Shigellosis)	Measles	Rubella
Nyarugenge	Biryogo CS	0	0	4	0	0
Nyarugenge	CHK(CHUK) HNR	0	1	0	0	0
Gakoma	Gakoma CS	0	0	1	0	0
Gakoma	Gishubi CS	0	0	1	0	0
Byumba	Gisiza CS	0	0	1	0	0
Nyanza	Hanika I (NYANZ)	0	0	0	1	0
Kibilizi	Kigembe CS	0	0	1	0	0
Kigeme	Kigeme DH	1	0	0	0	0
Ruhango	Kigoma CS	0	0	2	0	0
Nyagatare	Matimba CS	0	0	0	0	1
Remera Rukoma	Mugina CS	0	0	0	1	0
Rwamagana	Murambi (rwam)	0	0	0	1	0
Muhororo	Ntaganzwa CS	0	0	0	2	0
Gisenyi	Nyakiriba CS	0	0	0	1	0
Rwinkwavu	Nyamirama CS	0	0	2	0	0
Nyamata	Rilima CS	1	0	0	0	0
Ruhango	Ruhango CS	0	0	0	1	0
Nyamata	Ruhuha CS	0	0	0	3	0
Kirehe	Rusumo CS	0	0	1	0	0
Butaro	Rwerere CS	0	0	1	0	0
Kabutare	Simbi CS	0	0	0	1	0
	Total	2	1	14	11	1

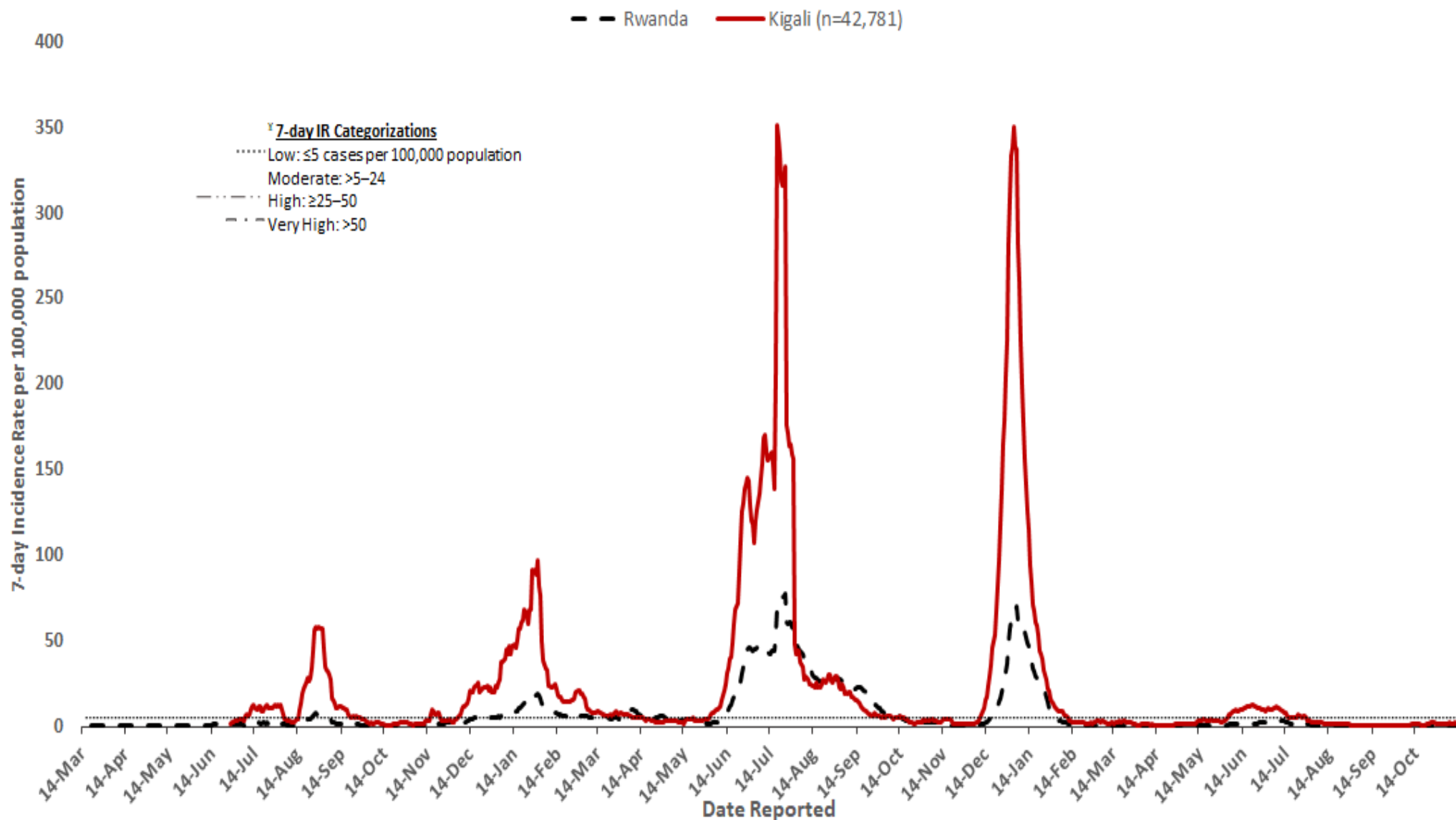
Alerts

During the week 44, the reported immediate disease that crossed the threshold was 2 suspected AFP cases as well as the threshold is 1 suspected case. The sample were collected for those cases for laboratory testing.

Observation: During the week 44, the reported IDSR immediate reportable diseases were AFP, Bacterial Meningitis, Bloody diarrhea, Measles and Rubella.

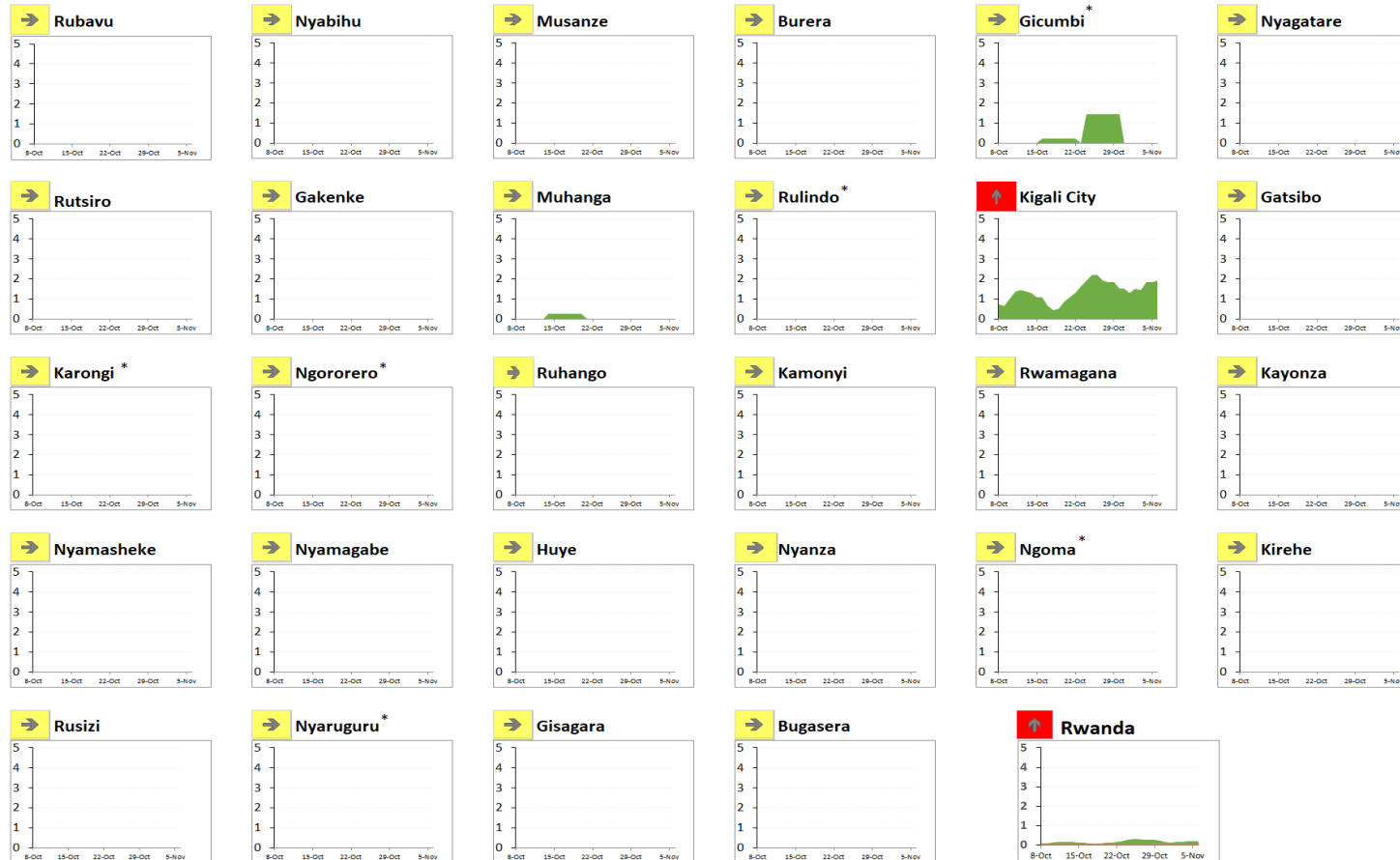
TREND OF 7-DAY INCIDENCE RATE OF COVID-19

COVID-19 Incidence Rate (IR) in Kigali City and Rwanda, March 14, 2020–November 06, 2022



TREND OF INCIDENCE RATE OF COVID-19 BY DISTRICTS

COVID-19 Cumulative 7-day (October 31–November 06) Incidence Rate (IR) and Trend (week-to-week % change) in Rwanda, October 08–November 06 (30 days), 2022



	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 44, The overall incidence rate of Rwanda was 0.2 case per 100,000 population (it was the same with week 43: 0.2 cases per 100,000 population). All districts of Rwanda presented a very low incidence rate (IR below 5 cases). 27 districts showed a stable incidence rate for this week compared to previous week while 3 districts had a decreased incidence rate in this week compared to the previous week.

UPDATE ON EBOLA VIRUS DISEASE

Ebola virus disease in Uganda-Mubende district

1. Key highlights

On 20th September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus (EVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI). This follows investigations by the National Rapid Response Team of suspicious deaths that had occurred in the district earlier in the month. This is the first time in more than a decade that Uganda reports an outbreak of Sudan ebolavirus.

- Two new EVD confirmed and no new deaths in the past 24 hours.
- Contacts follow-up rate was 60%.
- CFR among confirmed is 09/43 (20.9%)
- Total of 10 healthcare workers infected, with 3 deaths.

Date update as of 6th November 2022

	District affected	Cases confirmed	Confirmed deaths & probable deaths	Recoveries
Total	7	135	53 & 18	62

2. Action to date in Uganda

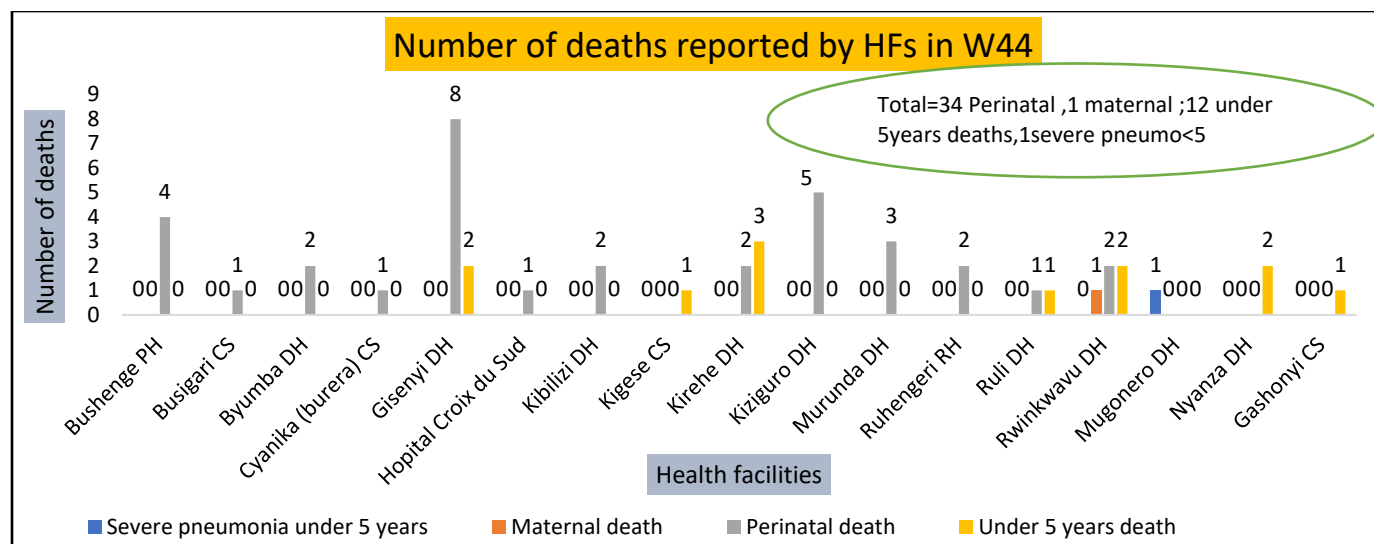
The Ministry of Health, Districts and Partners in **Uganda** are implementing several outbreak control interventions in affected and surrounding districts to contain the disease spread.

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 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 44)



The death audit should be conducted 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 44

Hospitals	Health facilities
Butaro	Kinyababa CS
Gakoma	Save CS
Kabutare	Mbazi CS
	Kabuye CS
Kibagabaga	Rubungu CS
Kacyiru DH	Kacyiru DH
King Faisal Hospital HNR	King Faisal Hospital HNR
Kibuye	Bisesero (karongi) CS
Kigeme	Kigeme Refugee Camp HC
Kinihira	Tumba CS
Rwanda Military Hospital	Rwanda Military Hospital
Nyabikenke	Gitega (kibangu) CS
Nyanza	Mucubira CS
Remera Rukoma	Kayumbu CS
	Busogo CS
Ruhengeri	Kabere CS
Rutongo	Masoro CS
	Gahengeri CS
	Gishari(Police) CS
Rwamagana	Nzige CS
	Rwamagana Prison