

WEEKLY EPIDEMIOLOGICAL BULLETIN

Week 46: 14-20 Nov 2022

Released on: 24th 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: Wk37 – Wk46)

OVERALL

RWANDA

Completeness – Wk 46: 97%



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

Observation: During this week 46, the overall IDSR reports completeness was 97%. However, two hospitals indicated a low completeness rate: between 60–79%: **Nyanza DH** and **Rwanda Military Hospital** that 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: Wk37 – Wk46)

OVERALL

RWANDA

Timeliness – Wk 46: 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 46, the overall IDSR reports timeliness was 96%. However, 2 hospitals indicated a low timeliness rate: between 60-79%: **Nyanza DH, Masaka DH and Rwanda Military Hospital** that 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 – Wk46: 224,153
Wk46: 3,381

Flu syndrome cases

Wk01 – Wk46: 724,207
Wk46: 12,104

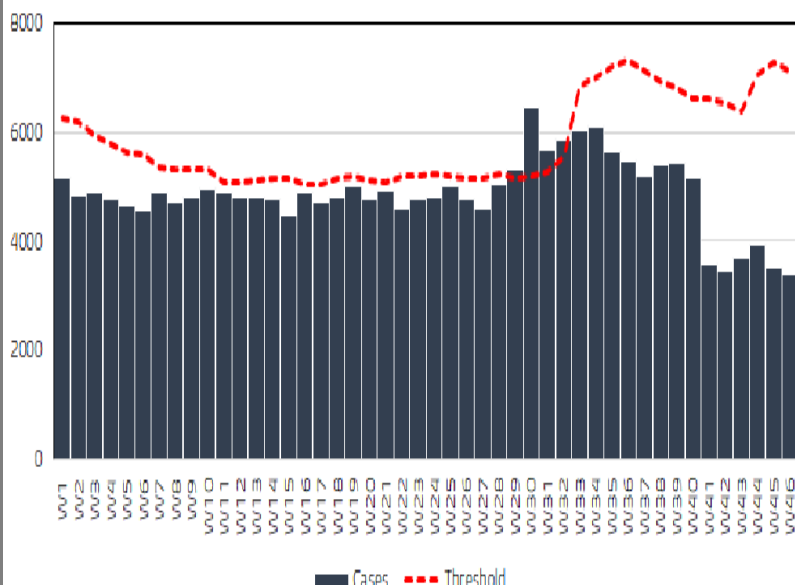
Malaria cases

Wk01 – Wk46: 186,934
Wk46: 3,226

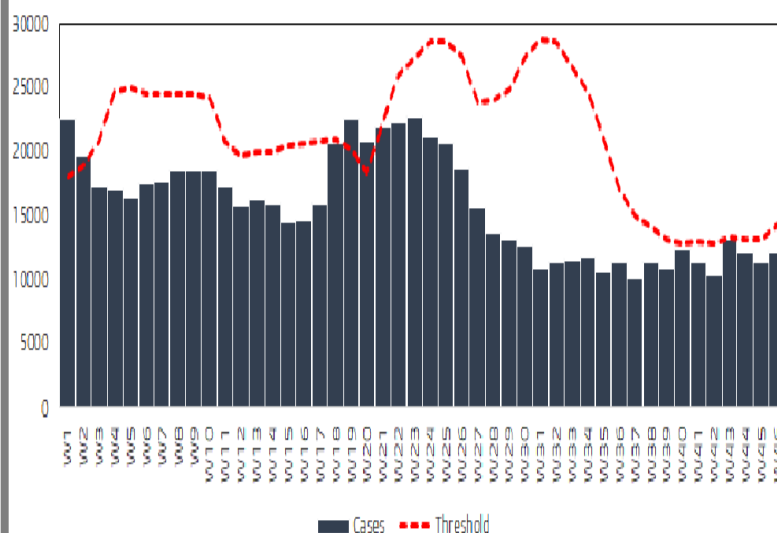
Severe Pneumonia cases

Wk01 – Wk46: 13,897
Wk46: 296

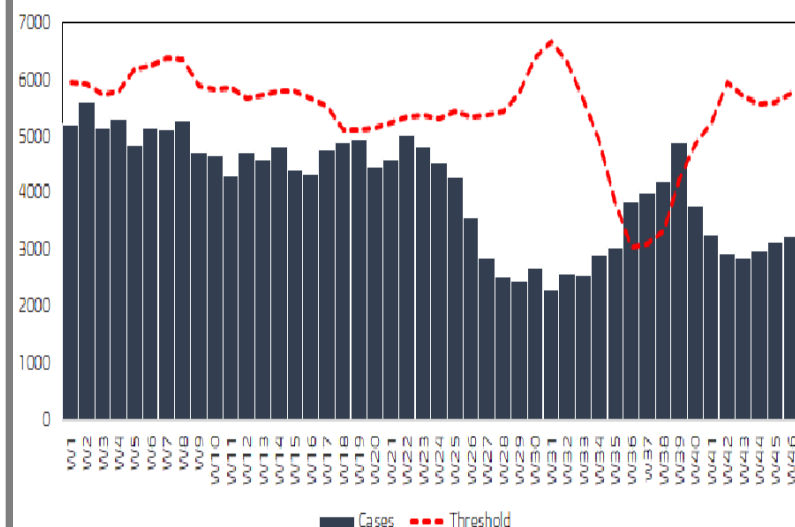
Trend of Non Bloody Diarrhea cases in Rwanda 2022
(Wk1 - Wk46)



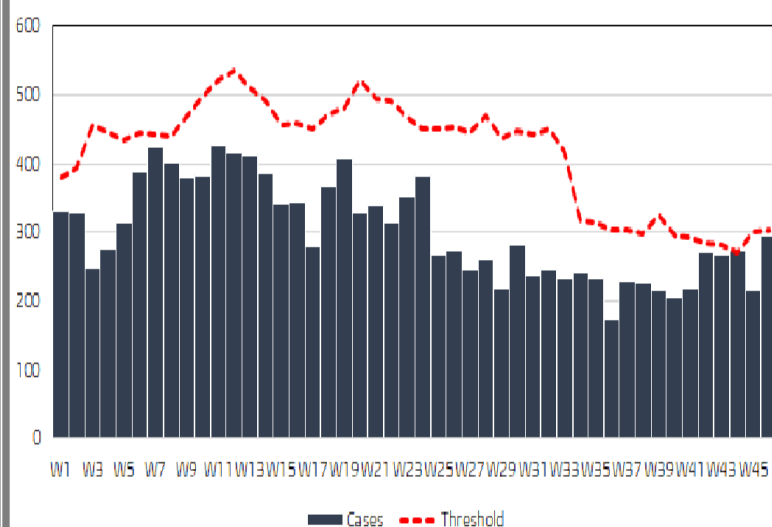
Trend of Flu syndrome cases in Rwanda 2022
(Wk1 - Wk46)



Trend of Malaria cases in Rwanda 2022
(Wk1 - Wk46)



Trend of Severe pneumonia cases in Rwanda 2022
(Wk1 - Wk46)



IDSR WEEKLY REPORTABLE DISEASES - 2022

Covid19 confirmed cases:

Wk 42-46:148

Wk 46: 38 cases

Rabies exposure (Dog or other mammals bite) cases:

Wk 42-46: 178

Wk 46: 39 cases

Brucellosis cases

Wk 42-46:1case

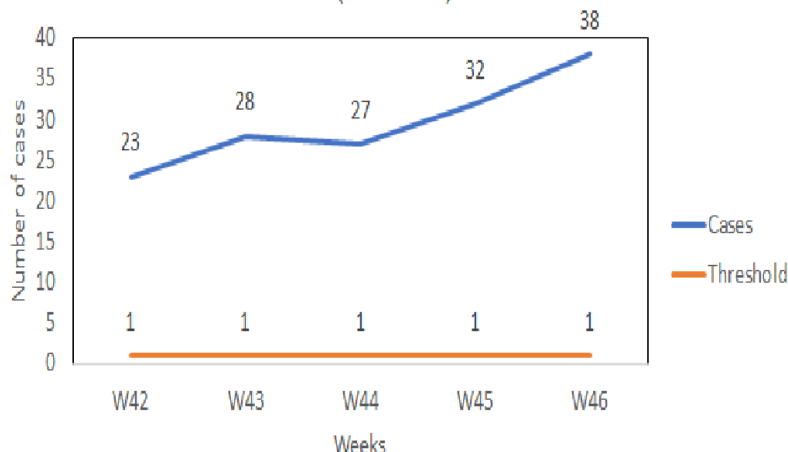
Wk 46:1(suspected case)

Other weekly reportable diseases:

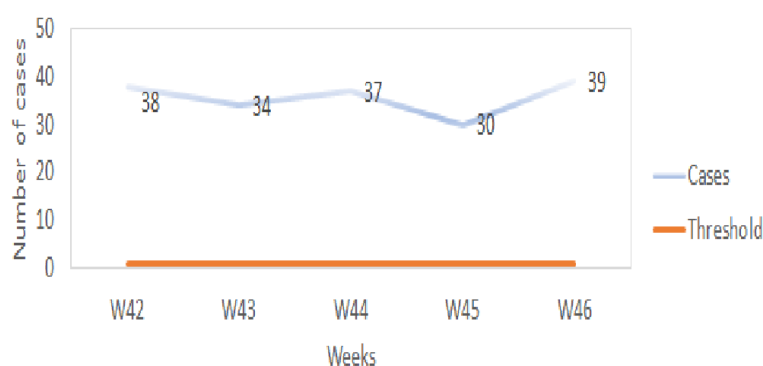
Trypanosomiasis

no case

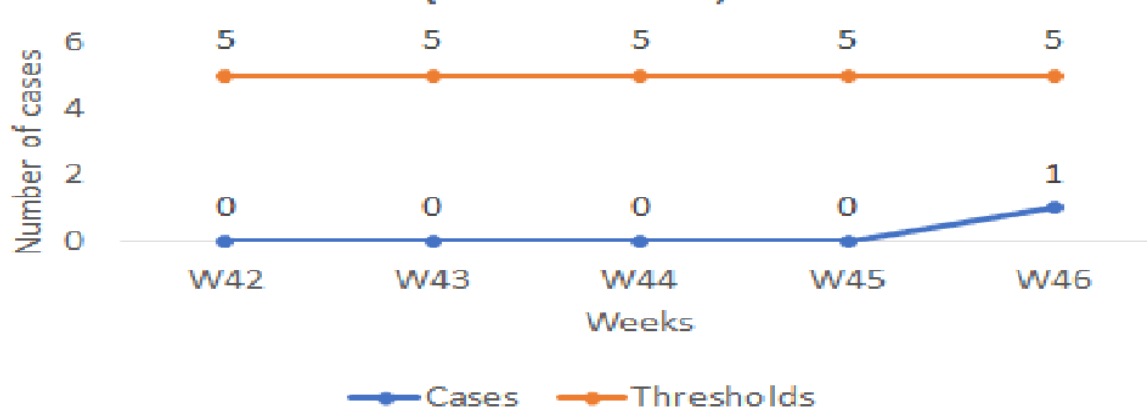
Covid19 confirmed cases in Rwanda 2022
(Wk 42-46)



Rabies exposure cases in Rwanda 2022
(Wk 42-46)



Trend of Brucellosis cases in Rwanda 2022
(Wk42 - Wk46)



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 46, for 8 weekly reportable diseases, data analysis showed that Covid19 and Rabies exposure crossed the threshold on National level, and 1 case of suspected Brucellosis was found in CHUB. Further investigation should be conducted.

IDSR IMMEDIATE REPORTABLE DISEASES – Wk46

Hospitals	Health facility name	Acute Flaccid Paralysis	Bacterial Meningitis	Bloody Diarrhea (Shigellosis)	Foodborne illness	Human Rabies	Measles	Rubella	Typhoid Fever	Severe malaria
Butaro Sub District	Gatebe CS	0	0	1	0	0	0	0	0	0
Byumba Sub District	Byumba DH	0	0	0	0	0	0	0	7	1
Gahini Sub District	Rutare (kayonza) CS	0	0	1	0	0	0	0	0	0
Gisenyi Sub District	Nyundo (rubavu) CS	0	0	0	0	0	1	0	0	0
CHUB	Butare Chu Hnr (huye)	0	0	0	0	0	0	0	0	1
Kibagabaga Sub District	Jali CS	1	0	0	0	0	0	0	0	0
Kibogora Sub District	Cyivugiza (Nyamasheke)	1	0	0	0	0	0	0	0	0
Kibuye Sub District	Musango CS	1	0	0	0	0	0	0	0	0
Masaka Sub District	Masaka CS	0	0	0	0	0	2	0	0	0
Munini Sub District	Ruheru CS	0	0	0	0	0	0	1	0	0
Murunda Sub District	Crete Congo Nil CS	1	0	0	0	0	2	0	0	0
Murunda Sub District	Murunda DH	0	0	0	0	0	0	0	0	1
Ngarama Sub District	Ngarama DH	0	0	0	3	0	0	0	0	0
Nyagatare Sub District	Kagitumba CS	0	0	0	0	0	2	0	0	0
Nyagatare Sub District	Nyagatare DH	0	0	0	0	2	0	0	0	0
Nyamata Sub District	Ruhuha CS	0	0	0	0	0	0	0	0	1
Nyanza Sub District	Gahombo CS	0	0	1	0	0	0	0	0	0
Nyanza Sub District	Kirambi CS	0	0	1	0	0	0	0	0	0
Nyanza Sub District	Nyanza DH	0	1	0	0	0	0	0	0	0
Nyarugenge Sub District	Biryogo CS	0	0	1	0	0	0	0	0	0
Remera Rukoma Sub District	Karama (Kamonyi) CS	0	0	1	0	0	0	0	0	0
Remera Rukoma Sub District	Musambira CS	0	0	0	0	0	1	0	0	0
Remera Rukoma Sub District	Remera Rukoma DH	0	0	0	0	0	0	0	0	1
Rwamagana Sub District	Nzige CS	0	0	0	0	0	1	0	0	0
Rutongo Sub District	Remera-mbogo CS	0	0	0	0	0	1	0	0	0
Ruhango Sub District	Ruhango CS	0	0	0	0	0	2	0	0	0
Rwinkwavu Sub District	Ndego CS	0	0	0	0	0	0	0	0	1
	Total	4	1	6	3	2	12	1	7	6

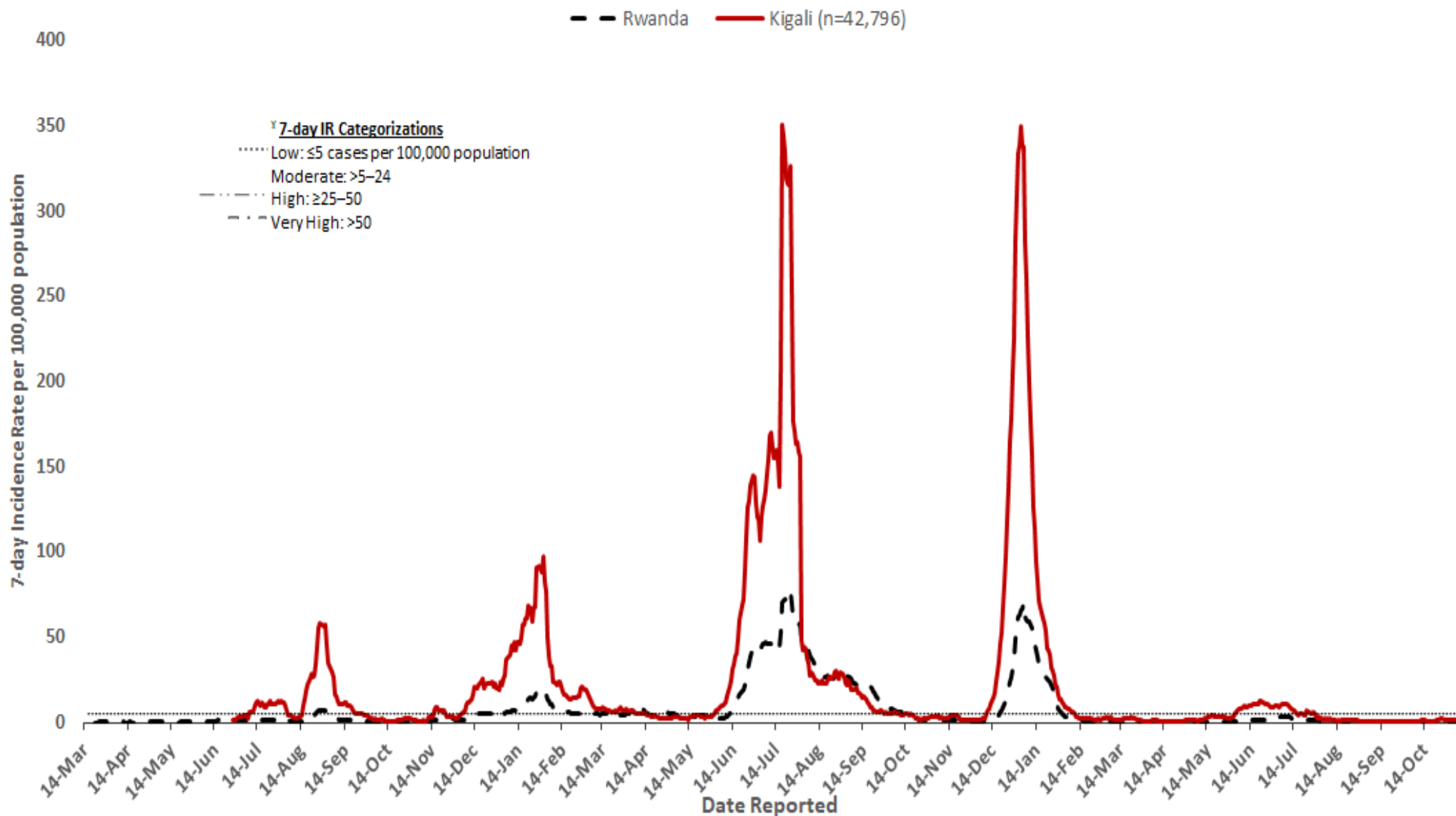
Alerts

Disease	Case	Alert threshold	Recommendations
AFP	4	1 case per week	Verify, investigate and reports as soon as possible
Foodborne illnesses	3	2 or more suspected cases	Verify, investigate and reports as soon as possible
Human rabies	2	1 suspected case	Verify, investigate and reports as soon as possible
Severe malaria	6	1 case	Verify, investigate and reports as soon as possible

Observation: During the week 46, the reported IDSR immediate reportable diseases were AFP, Bacterial meningitis, Bloody diarrhea, Human rabies, Foodborne illnesses, Rubella, Measles, Typhoid fever and Severe malaria

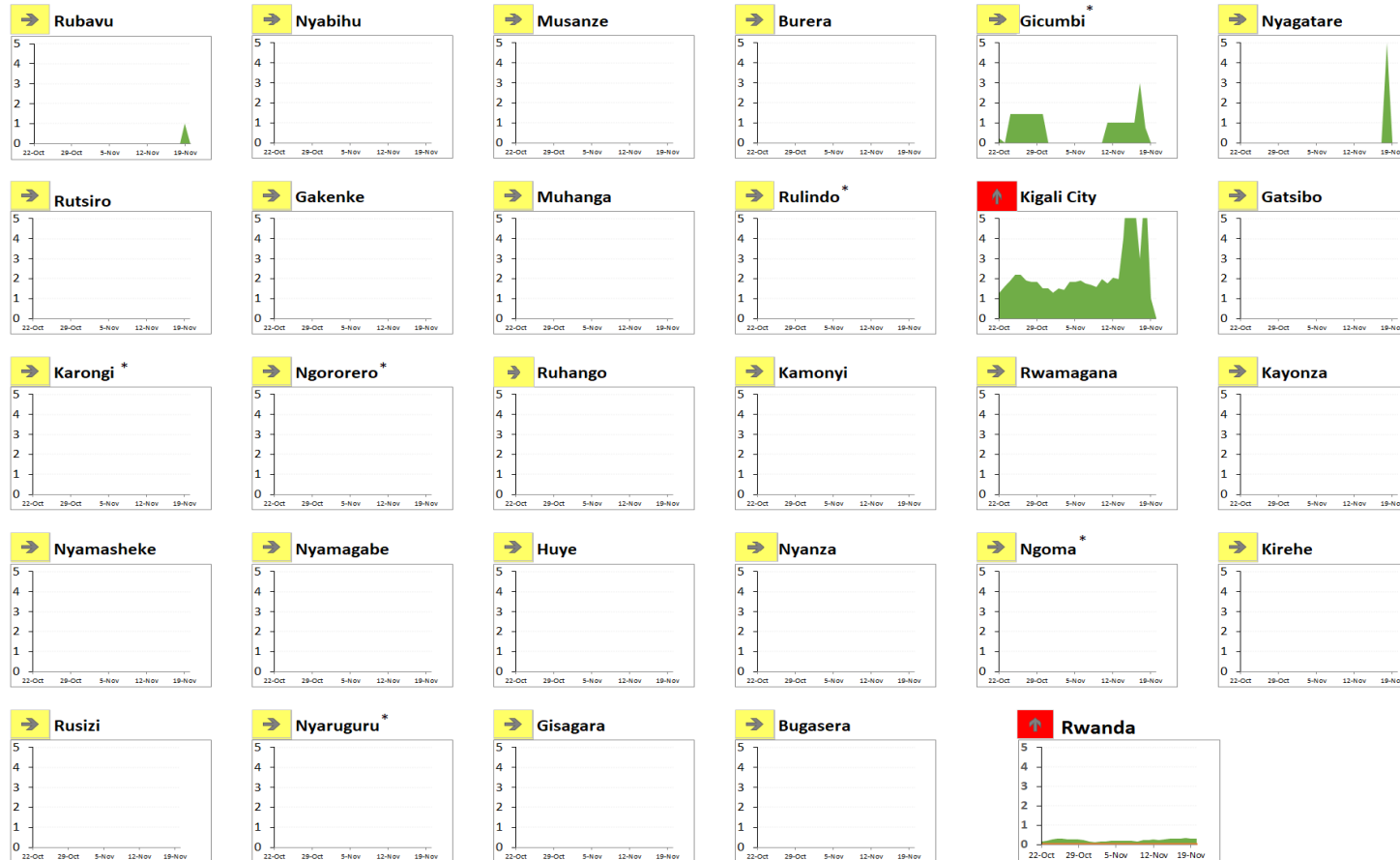
TREND OF 7-DAY INCIDENCE RATE OF COVID-19

COVID-19 Incidence Rate (IR) in Kigali City and Rwanda, March 14, 2020–November 20, 2022



TREND OF INCIDENCE RATE OF COVID-19 BY DISTRICTS

COVID-19 Cumulative 7-day (November 14–November 20) Incidence Rate (IR) and Trend (week-to-week % change) in Rwanda, October 22–November 20 (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 46, The overall incidence rate of Rwanda was 0.3 case per 100,000 population (it was the same compared with previous week: 0.3 cases per 100,000 population in week 45). About all districts of Rwanda presented a very low incidence rate (IR below 5 cases) except Kigali City which presented the cases >5 in some days, Gicumbi and Nyagatare districts presented also an increase of cases in some days, while 27 districts showed a stable incidence rate for this week compared to previous 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 20th November 2022

	District affected	Cases confirmed	Confirmed deaths	Recoveries
Total	9	141	55	79

2. Action to date in Uganda

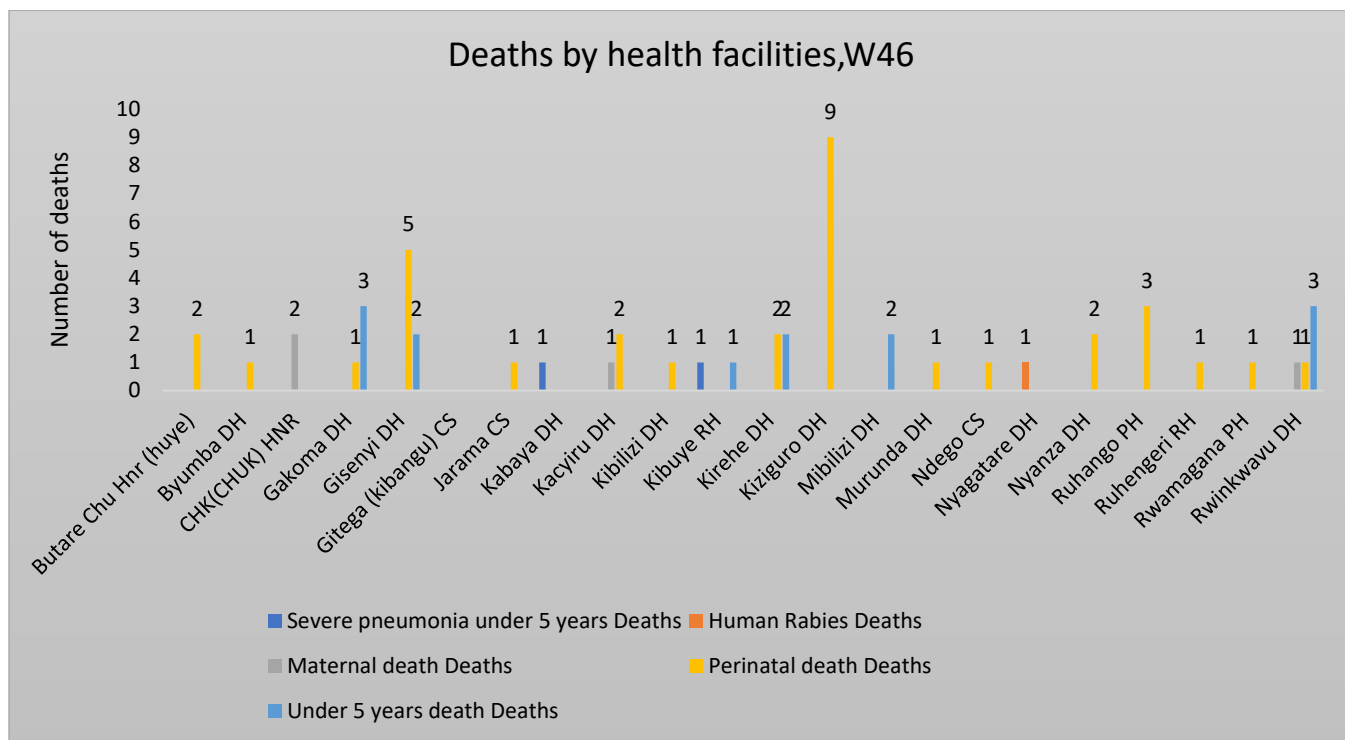
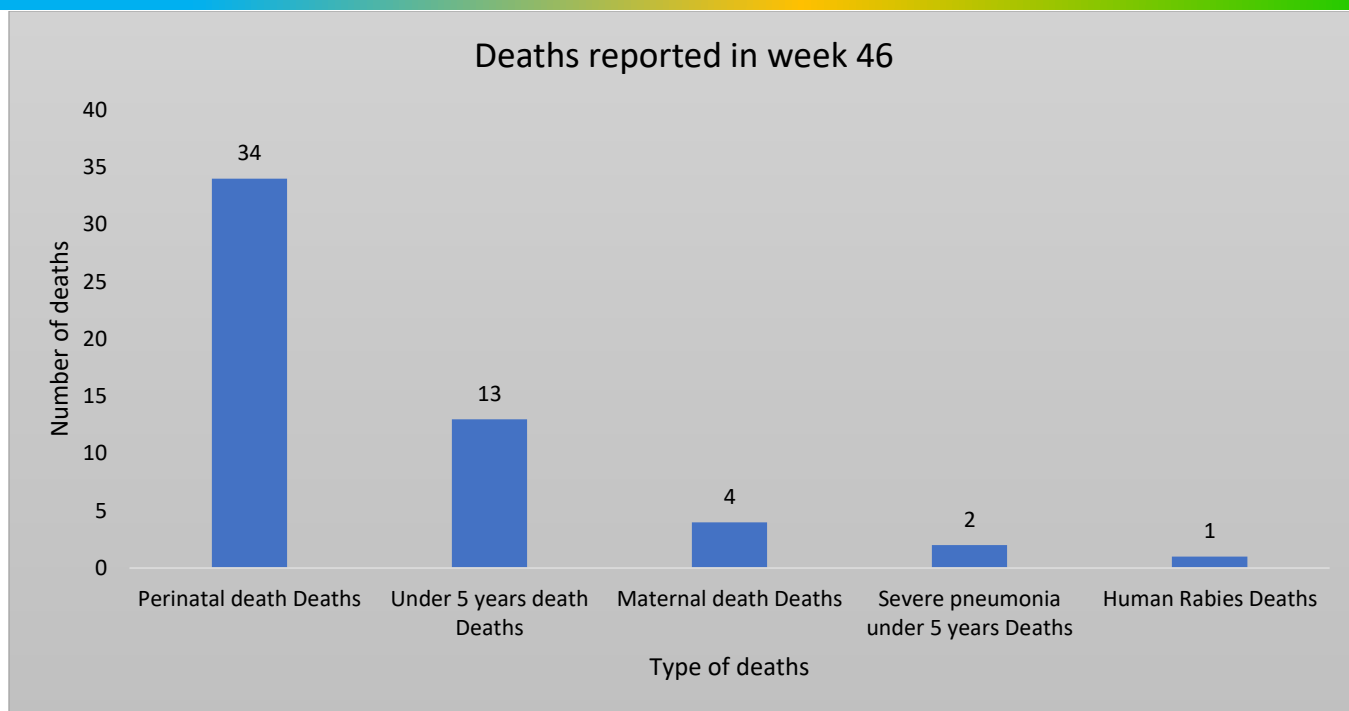
The Ministry of Health, Districts and Partners in **Uganda** are implementing several outbreak control interventions in affected and surrounding districts to contain the disease spread.

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 46)



In week 46, perinatal deaths had a highest number (34), especially in Kiziguro DH (9;26%) and Gisenyi DH (5; about 15%). In addition, there was a death due to human rabies in Nyagatare DH. 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 46

Hospitals	Health facility names
Gatonde Sub District	Gatonde CS
Kaduha Sub District	Kaduha CS
Remera Rukoma Sub District	Kayumbu CS
Ruhengeri Sub District	Kimonyi CS
Masaka Sub District	Masaka CS
Kabutare Sub District	Mbazi CS
Rwamagana Sub District	Murambi (Rwamagana) CS
Nyanza Sub District	Mucubira CS
Nyanza Sub District	Busoro CS
Nyanza Sub District	Ntyazo CS
Nyanza Sub District	Nyanza DH
Butaro Sub District	Ruhunde CS
Rwanda Military Hospital	Rwanda Military Hospital