

WEEKLY EPIDEMIOLOGICAL BULLETIN

Week 49: 05 -11 Dec 2022

Released on: 15th December 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



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

Observation: During this week 49, the overall IDSR reports completeness was 98%. There is an improvement in completeness. However, **Rwanda Military Hospital** did not report. The follow up of this hospital is needed for conducting the root cause analysis and set measures that will facilitate to report all required reports.

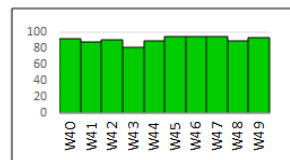
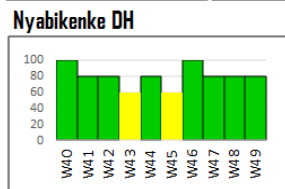
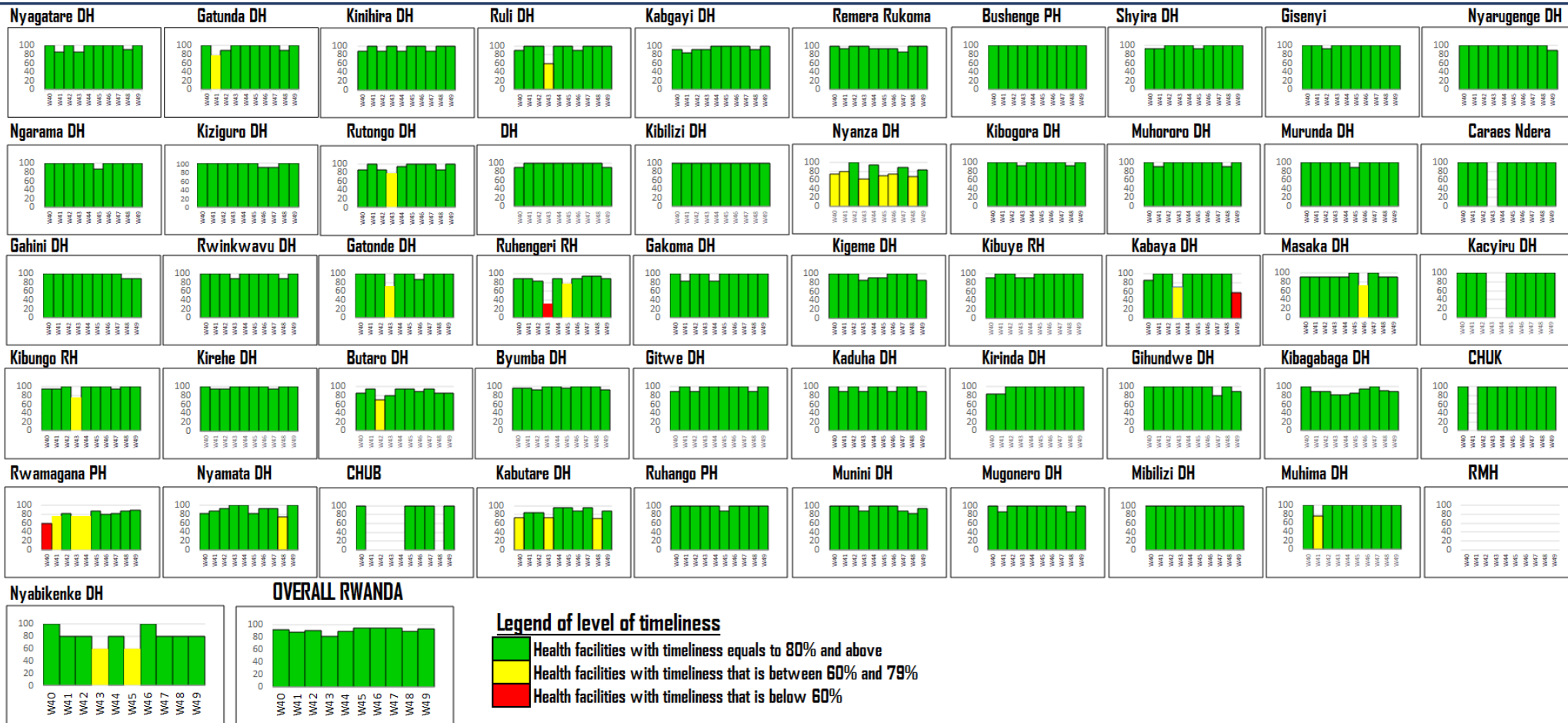
TREND OF IDSR REPORTS TIMELINESS

(Previous 10 weeks: Wk40 – Wk49)

OVERALL

RWANDA

Timeliness – Wk 49: 95%



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

During this week 49, the overall IDSR reports timeliness was 95%. However, 2 hospitals indicated a low timeliness rate: below 60%: **Kabaya DH**; while **Rwanda Military Hospital** 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 – Wk49: 233781

↓ Wk49: 3303

Flu syndrome cases

Wk01 – Wk49: 768,168

↑ Wk49: 16,270

Malaria cases

Wk01 – Wk49: 196869

↓ Wk49: 3290

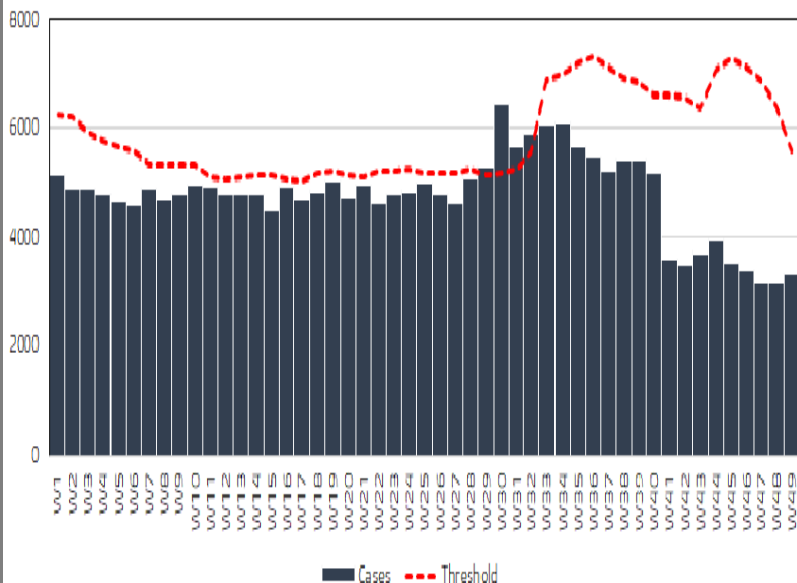
Severe Pneumonia cases

Wk01 – Wk49: 14860

↓ Wk49: 336

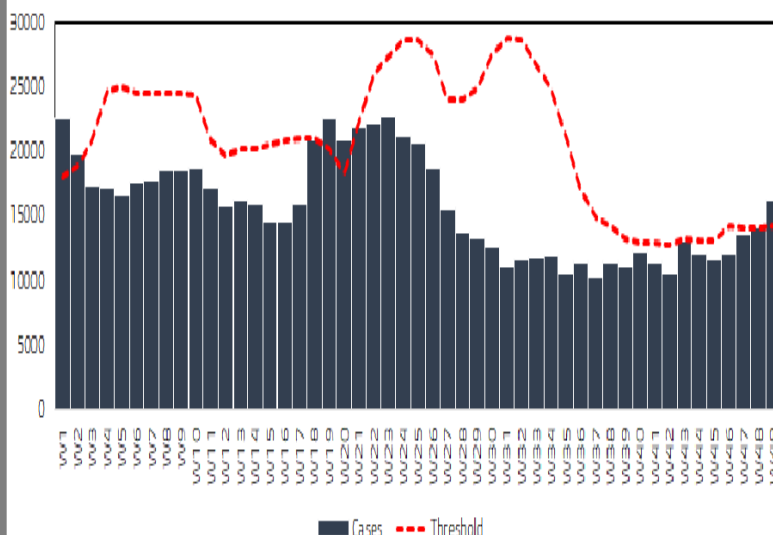
Trend of Non Bloody Diarrhea cases in Rwanda 2022

(Wk1 - Wk49)



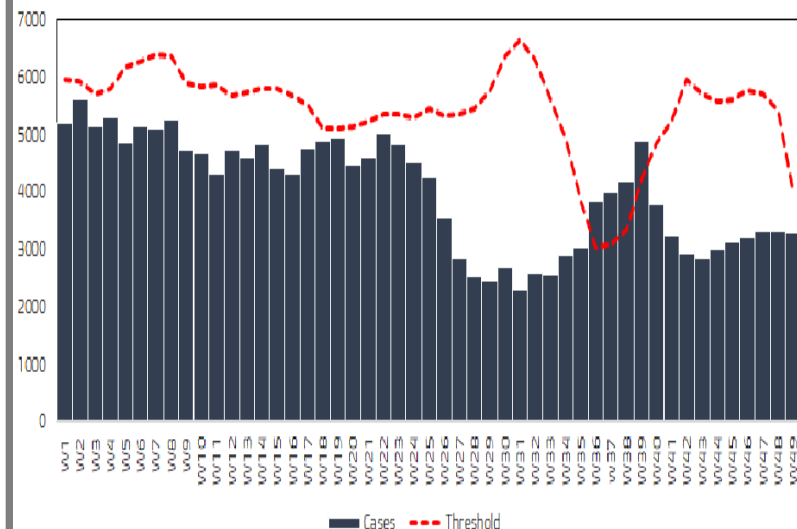
Trend of Flu syndrome cases in Rwanda 2022

(Wk1 - Wk49)



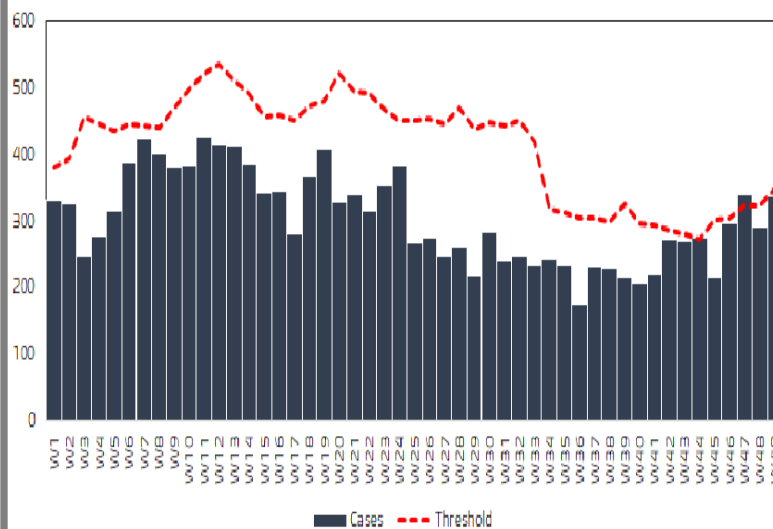
Trend of Malaria cases in Rwanda 2022

(Wk1 - Wk49)



Trend of Severe pneumonia cases in Rwanda 2022

(Wk1 - Wk49)



IDSR WEEKLY REPORTABLE DISEASES -Week 49

2022

Covid19 confirmed cases:

Wk 42-49:369
Wk 49: 28 cases

Rabies exposure (Dog or other mammals bite) cases:

Wk 42-48: 242
Wk 48: 21 cases

Brucellosis cases

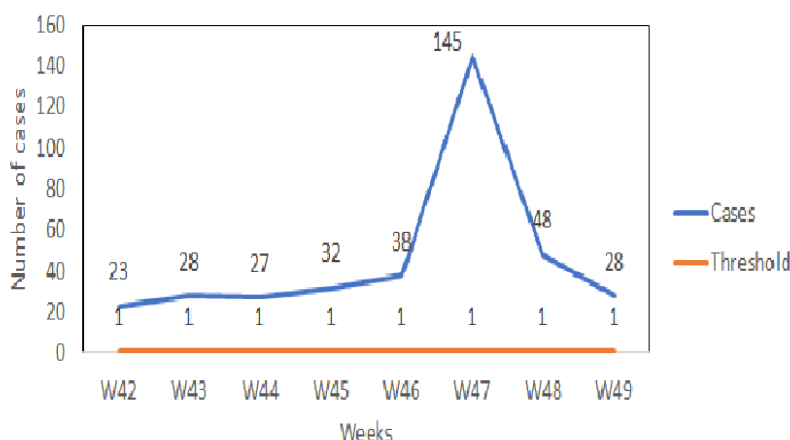
Wk 42-49:1 case

Wk 49:0 case

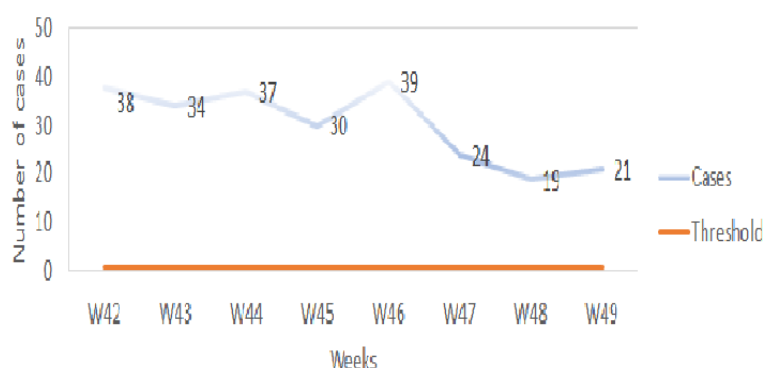
Other weekly reportable diseases:

Trypanosomiasis
no case

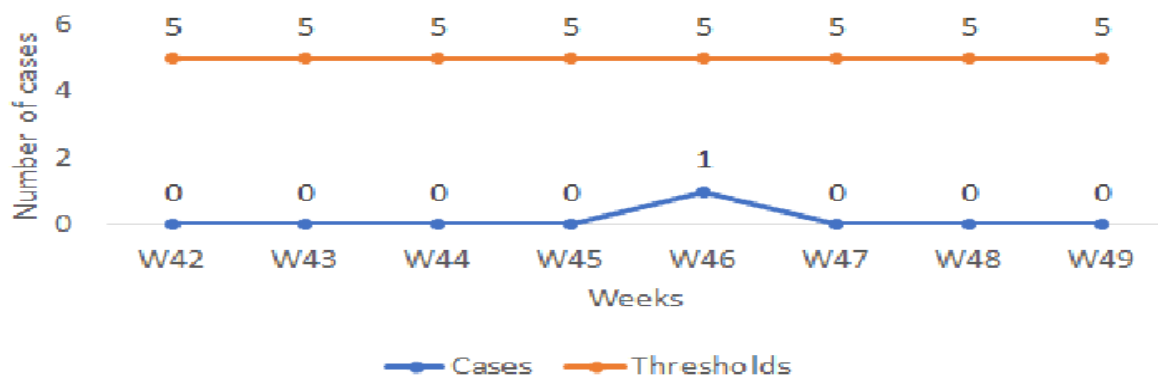
Covid19 confirmed cases in Rwanda 2022
(Wk 42-49)



Rabies exposure cases in Rwanda 2022
(Wk 42-49)



Trend of Brucellosis cases in Rwanda 2022
(Wk 42 - Wk 49)



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 49, for 8 weekly reportable diseases, data analysis showed that Flu syndrome cases increased and crossed a threshold, severe Pneumonia cases also increased and were about the threshold, while Covid19 cases decreased even if they crossed the threshold, Rabies exposure cases crossed also the threshold and increased, while other diseases decreased. Further investigations are needed.

IDSR IMMEDIATE REPORTABLE DISEASES – Wk49

Hospital	Health facility name	Acute Flaccid Paralysis	Bacterial Meningitis	Bloody Diarrhea (Shigellosis)	Measles	Rubella	Severe malaria
Butaro	Bungwe (burera) HC	0	1	0	0	0	0
Gakoma	Gakoma HC	0	0	1	0	0	0
	Gakoma DH	0	0	0	0	0	1
Gatonde	Gatonde DH	0	0	0	0	0	1
Gatunda	Gatunda DH	0	1	0	0	0	0
Gihundwe	Mont Cyangugu HC	0	0	0	1	0	0
Gitwe	Gitwe HC	0	0	3	0	0	0
Kabgayi	Mushishiro HC	1	0	0	0	0	0
Kibilizi	Kibilizi DH	0	0	0	0	0	1
Kibogora	Kibingo (nyamasheke) HC	0	0	0	1	0	0
Kibungo	Rukumberi HC	0	0	0	0	0	1
Kigeme	Cyanika (nyamagabe) HC	0	0	1	0	0	0
	Kigeme DH	0	0	0	0	0	2
	Mbuga HC	0	0	1	0	0	0
Kirehe	Mushikiri HC	0	0	0	1	0	0
Masaka	Masaka DH	0	0	0	0	0	2
Mibilizi	Mibilizi DH	0	0	0	0	0	4
Muhima	Muhima HC	0	0	0	3	0	1
Munini	Ruheru HC	0	0	0	0	1	0
Murunda	Mukura (Rutsiro) HC	0	0	0	0	0	1
Nyarugenge	Biryogo HC	0	0	4	0	0	0
Remera	Kayumbu HC	0	0	1	0	0	0
Rukoma	Kigese HC	0	0	0	1	0	0
Ruhango	Ruhango HC	0	0	0	1	0	0
Ruhengeri	Kimonyi HC	0	0	0	1	0	0
	Nyange (Musanze) HC	0	0	1	0	0	0
Rutongo	Rutongo DH	0	0	0	0	0	1
Rwamagana	Nyakaliro HC	0	0	0	1	0	0
Shyira	Shyira HC	0	0	0	0	1	0
	Total	1	2	12	10	2	15

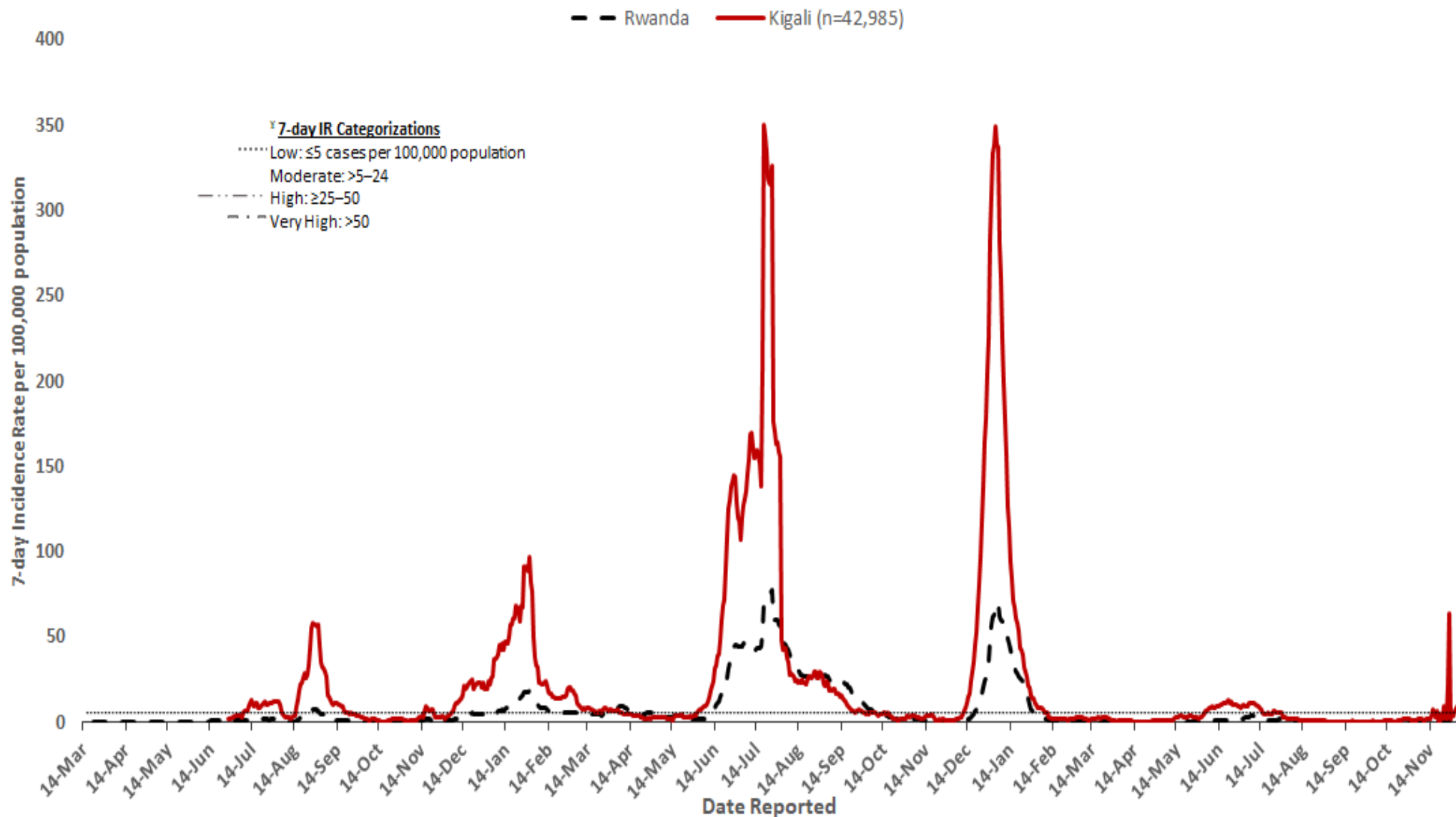
Alerts

Disease	Case	Alert threshold	Recommendations
AFP	1	1 case per week	Verify, investigate and reports as soon as possible
Severe malaria	15	1 case	Verify, investigate and reports as soon as possible

Observation: During the week 49, the reported IDSR immediate reportable diseases were AFP, Bacterial meningitis, Bloody diarrhea, Measles, Rubella and severe malaria

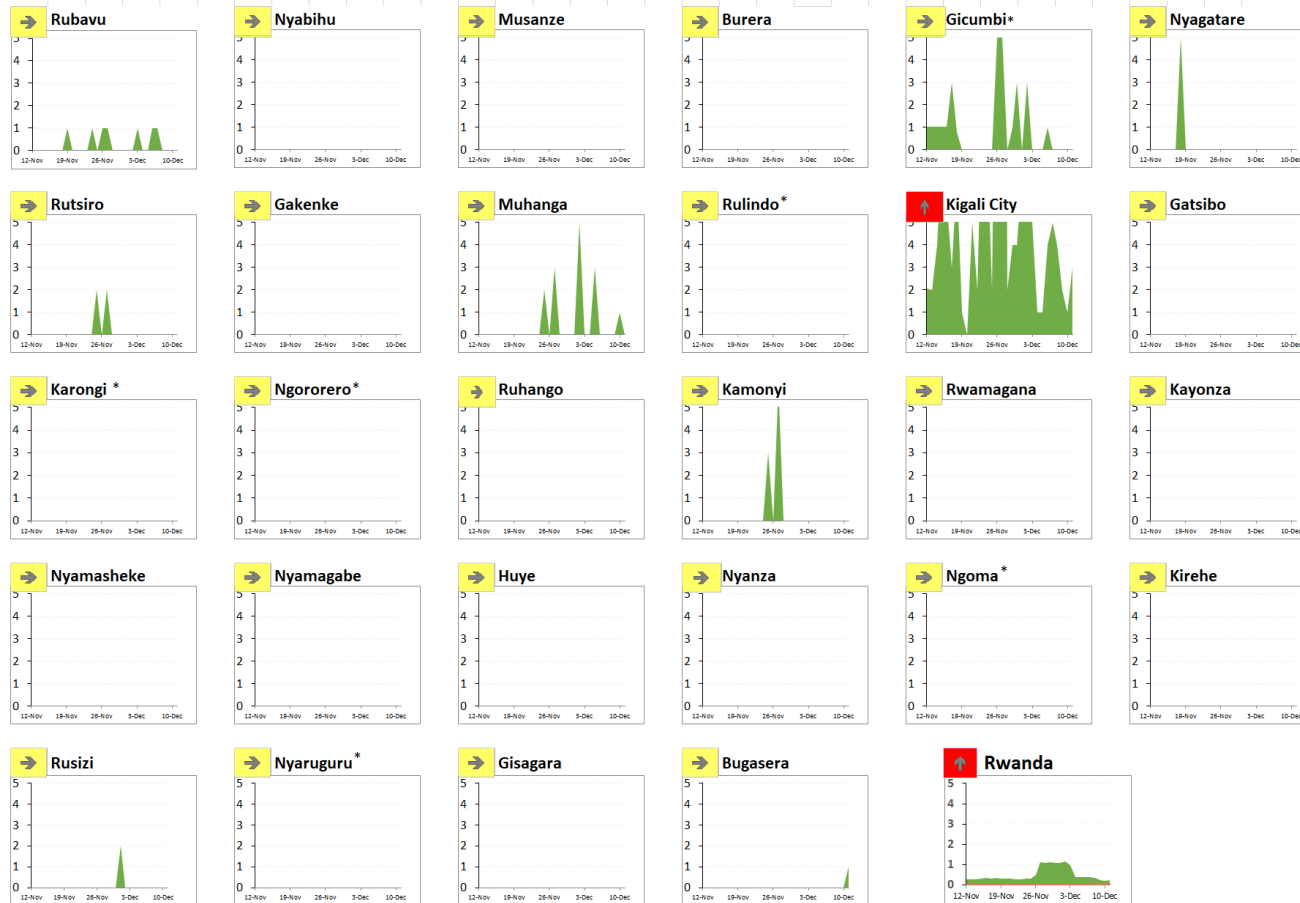
TREND OF 7-DAY INCIDENCE RATE OF COVID-19

COVID-19 Incidence Rate (IR) in Kigali City and Rwanda, March 14, 2020–December 11, 2022



TREND OF INCIDENCE RATE OF COVID-19 BY DISTRICTS

COVID-19 Cumulative 7-day (December 05–December 11) Incidence Rate (IR) and Trend (week-to-week % change) in Rwanda, November 12–December 11 (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 49, The overall incidence rate of Rwanda was 0.2 case per 100,000 population (it highly decreased compared with previous week: 0.4 cases per 100,000 population in week 48). Kigali City presented a very highest incidence rate and Gicumbi, Rubavu, Bugesera, Muhanga districts presented also the cases, while other districts did not have cases for this week.

UPDATE ON EBOLA VIRUS DISEASE

Ebola virus disease in Uganda

1. Key highlights

- first case of Covid19 was confirmed on 19-Sep 2022.
- On 11th December 2022 marks 86 days of responding to the EVD outbreak, and 14 days since the last confirmed case. Within the past 24 hours, there was no new confirmed case, no deaths or recoveries.
- However, following a data reconciliation exercise between case management and surveillance, one case previously classified as 'dead' is re-classified as 'recovered'.
- Case Fatality Ratio (CFR) among confirmed cases still stands 55/142 (39%).
- Six contacts actively being followed-up in Kassanda district, follow-up rate in the past 24 hours was 100%.

Date update as of 11th December 2022

	District affected	Cases confirmed	Confirmed deaths	Recoveries
Total	9	142	55	87

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.

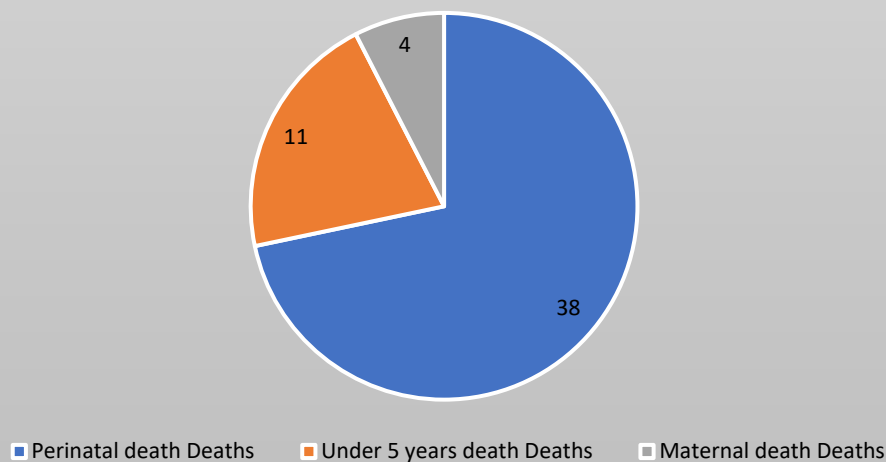
3. Key strategies ongoing for Ebola Virus outbreak preparedness in Rwanda

Key strategies in Rwanda

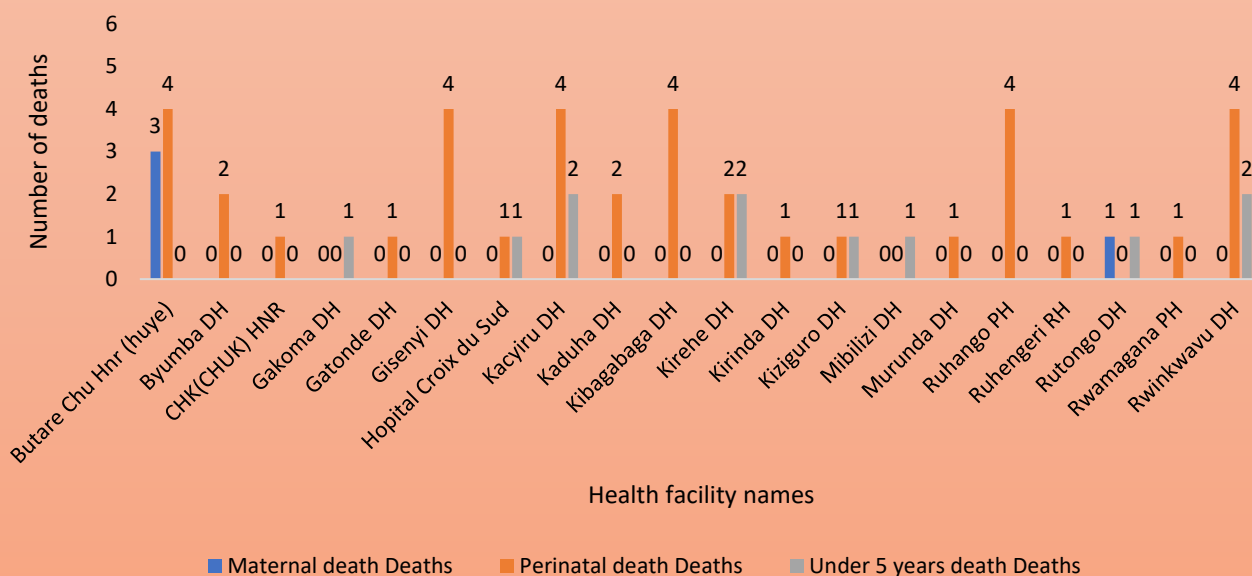
- Activate all command post in all districts
- Temperature screening in all POEs
- Map all people upon entry coming from Mubende, Kyegegwa Kagadi, Bunyangabu, Kassanda, Wakiso, Masaka, Jinja and Kampala regions to be quarantined for 21 days
- Community screening for people with symptoms by CHWs
- Awareness 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 49)

Number of deaths occurred in week 49



Number of deaths occurred in week 49 by health facility



In week 49, perinatal deaths had a highest number (38), especially in CHUB, Gisenyi DH, Kacyiru DH, Kibagabaga DH, Ruhango PH and Rwinkwavu (4 perinatal deaths for each of them), 11 deaths of under 5 years, 4 maternal death. 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 49

Hospital	Health Facility
Ruhengeri	Gashaki CS
Nyanza	Mucubira CS
Byumba	Mulindi (gicumbi) CS
Gitwe	Munanira CS
Munini	Ngoma CS
Nyabikenke	Nyabinoni CS
Kigeme	Nyamagabe Prison
	Nyarusiza CS
Gahini	Rukara CS
Rwamagana	Rwamagana Prison
Rwanda Military Hospital	Rwanda Military Hospital
Butaro	Rwerere CS