

WEEKLY EPIDEMIOLOGICAL BULLETIN

Week 50: 12 -18 Dec 2022

Released on: 22nd 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

TREND OF IDSR REPORTS COMPLETENESS

(Previous 10 weeks: Wk41 – Wk50)

OVERALL

RWANDA

Completeness – Wk 50: 97%



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

Observation: During this week 50, the overall IDSR reports completeness was 97%. However, Gitwe DH had a low rate of completeness (between 60 and 79%) and **Rwanda Military Hospital** did not report. The follow up of these hospitals 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: Wk41 – Wk50)

OVERALL

RWANDA

Timeliness – Wk 50: 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 50, the overall IDSR reports timeliness was 94%. However, 4 hospitals indicated a low timeliness rate: between (60 and 79%): **Rwamagana PH, Ruhango PH and Gitwe 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 – Wk50: 237,016

↓ Wk50: 3235

Flu syndrome cases

Wk01 – Wk50: 784,803

↑ Wk50: 16635

Malaria cases

Wk01 – Wk50: 199721

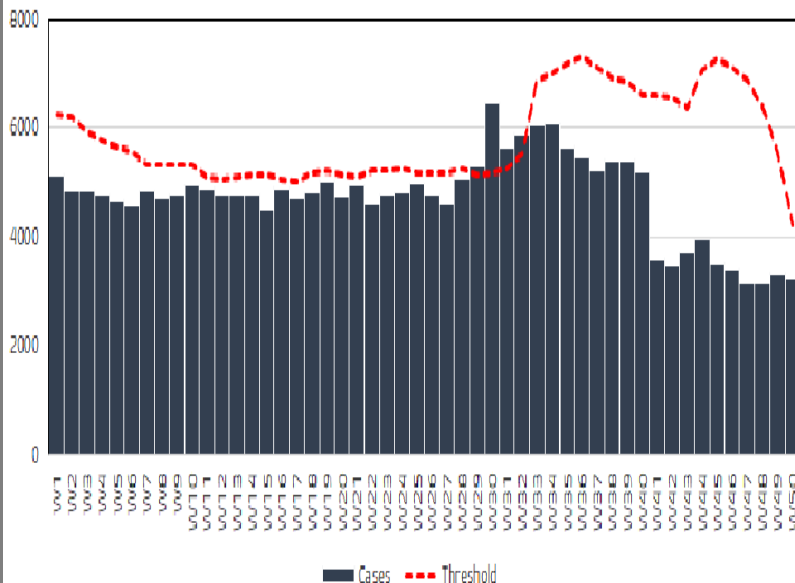
↓ Wk50: 2852

Severe Pneumonia cases

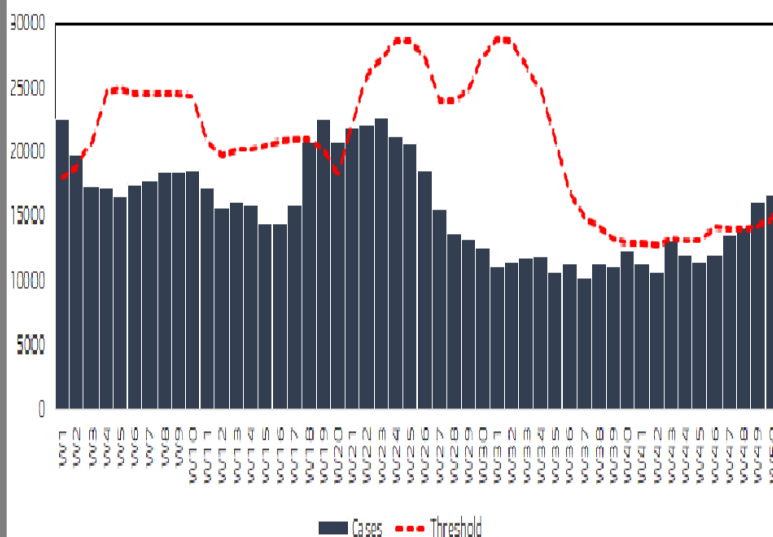
Wk01 – Wk50: 15247

↑ Wk50: 387

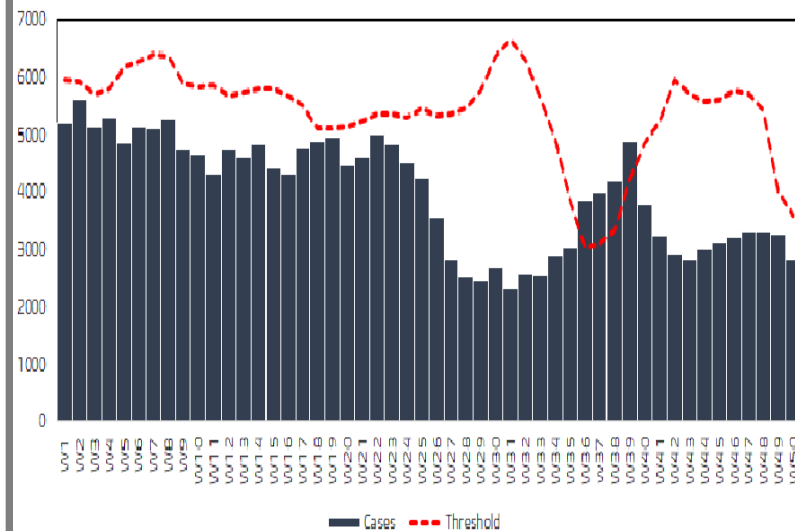
Trend of Non Bloody Diarrhea cases in Rwanda 2022
(Wk1 - Wk50)



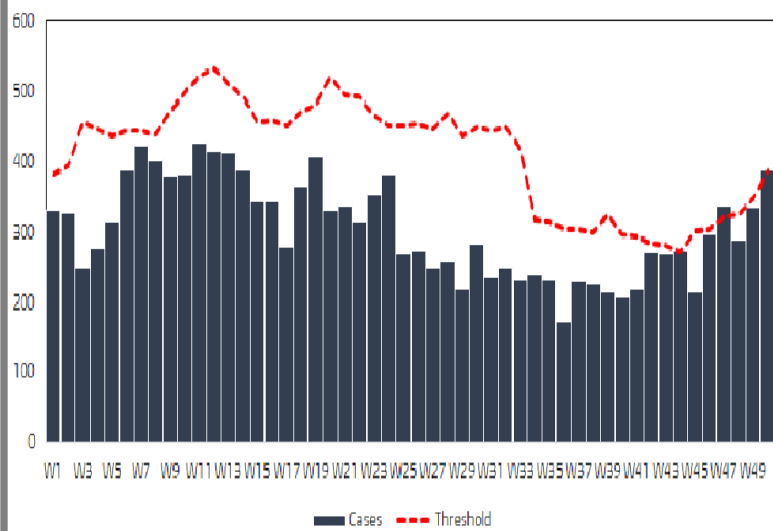
Trend of Flu syndrome cases in Rwanda 2022
(Wk1 - Wk50)



Trend of Malaria cases in Rwanda 2022
(Wk1 - Wk50)



Trend of Severe pneumonia cases in Rwanda 2022
(Wk1 - Wk50)



IDSR WEEKLY REPORTABLE DISEASES -Week 50

2022

Covid19 confirmed cases:

Wk 42-50:449
Wk 50: 80 cases

Rabies exposure (Dog or other mammals bite) cases:

Wk 42-50: 261
Wk 50: 21 cases

Brucellosis cases

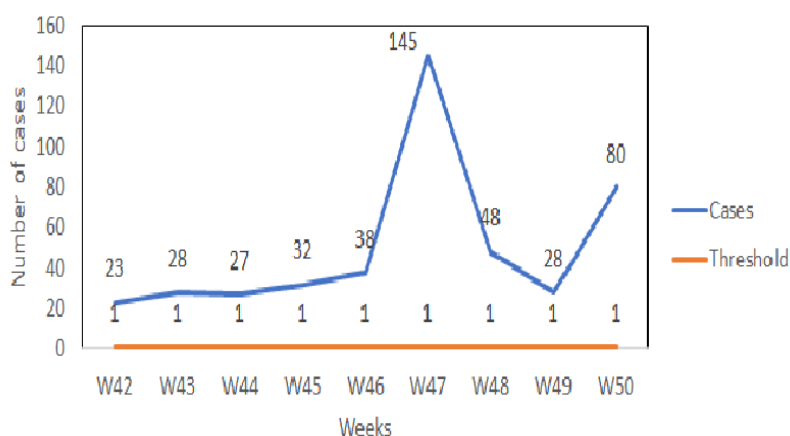
Wk 42-50:1 case

Wk 50:0 case

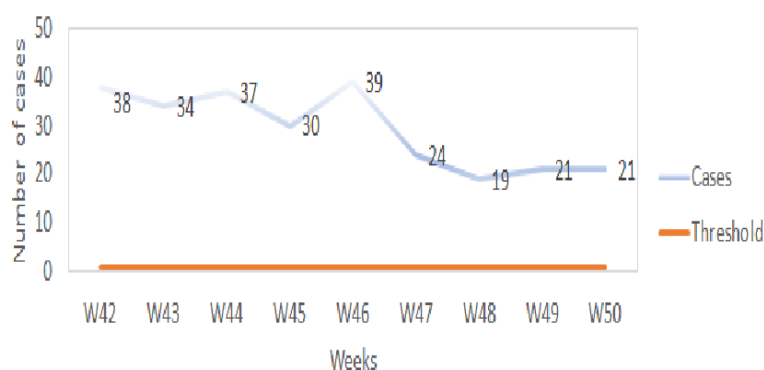
Other weekly reportable diseases:

Trypanosomiasis
no case

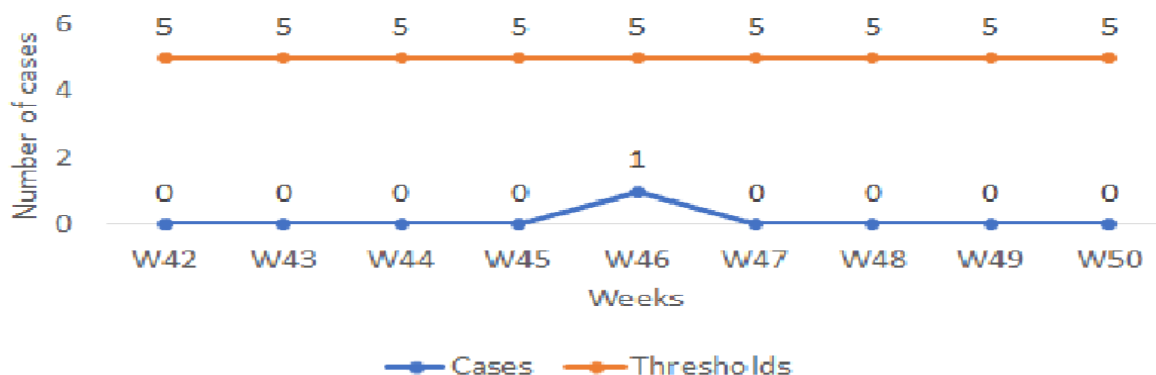
Covid19 confirmed cases in Rwanda 2022
(Wk 42-50)



Rabies exposure cases in Rwanda 2022
(Wk 42-50)



Trend of Brucellosis cases in Rwanda 2022
(Wk42 - Wk50)



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 50, for 8 weekly reportable diseases, data analysis showed that Flu syndrome cases and Pneumonia increased and crossed a threshold, Covid19 cases also increased and were greater than the threshold. Further investigations are needed.

IDSR IMMEDIATE REPORTABLE DISEASES – Wk50

Hospitals	Health facility names name	Acute Flaccid Paralysis	Bacterial Meningitis	Bloody Diarrhea (Shigellosis)	Human influenza due to a new subtype	Measles	Severe malaria
Nyarugenge	Biryogo CS	0	0	2	0	0	0
Kinihira	Buyoga CS	0	0	1	0	0	0
Nyarugenge	CHK(CHUK) HNR	0	1	0	0	0	0
Kigeme	Cyanika (nyamagabe) CS	0	0	2	0	0	0
Gisenyi	Gisenyi DH	1	0	0	0	0	0
Gakoma	Gishubi CS	0	0	1	0	0	0
Rwamagana	Karenge CS	0	0	0	0	1	0
Ruhengeri	Karwasa CS	0	0	1	0	0	0
Munini	Kibeho CS	0	0	0	0	1	0
Ruhango	Kizibere CS	0	0	0	0	1	0
Gihundwe	Mont Cyangugu CS	0	0	0	0	1	0
Mugonero	Mugonero DH	0	0	1	0	0	0
Kabgayi	Mushishiro CS	1	0	0	0	0	0
Nyanza	Nyanza DH	0	0	1	0	0	0
Nyanza	Nyanza Prison	0	0	2	0	0	0
Rwamagana	Nzige CS	1	0	0	0	0	0
Remera Rukoma	Remera Rukoma DH	0	0	0	5	0	0
Butaro	Cyanika (burera) CS	0	0	0	0	0	1
Kibagabaga	Hopital Croix du Sud	0	0	0	0	0	3
Murunda	Kibingo (rutsiro) CS	0	0	0	0	0	1
Mibilizi	Mibilizi DH	0	0	0	0	0	1
Murunda	Murunda DH	0	0	0	0	0	1
Byumba	Tanda CS	0	0	0	0	0	1
	Total	3	1	11	5	4	8

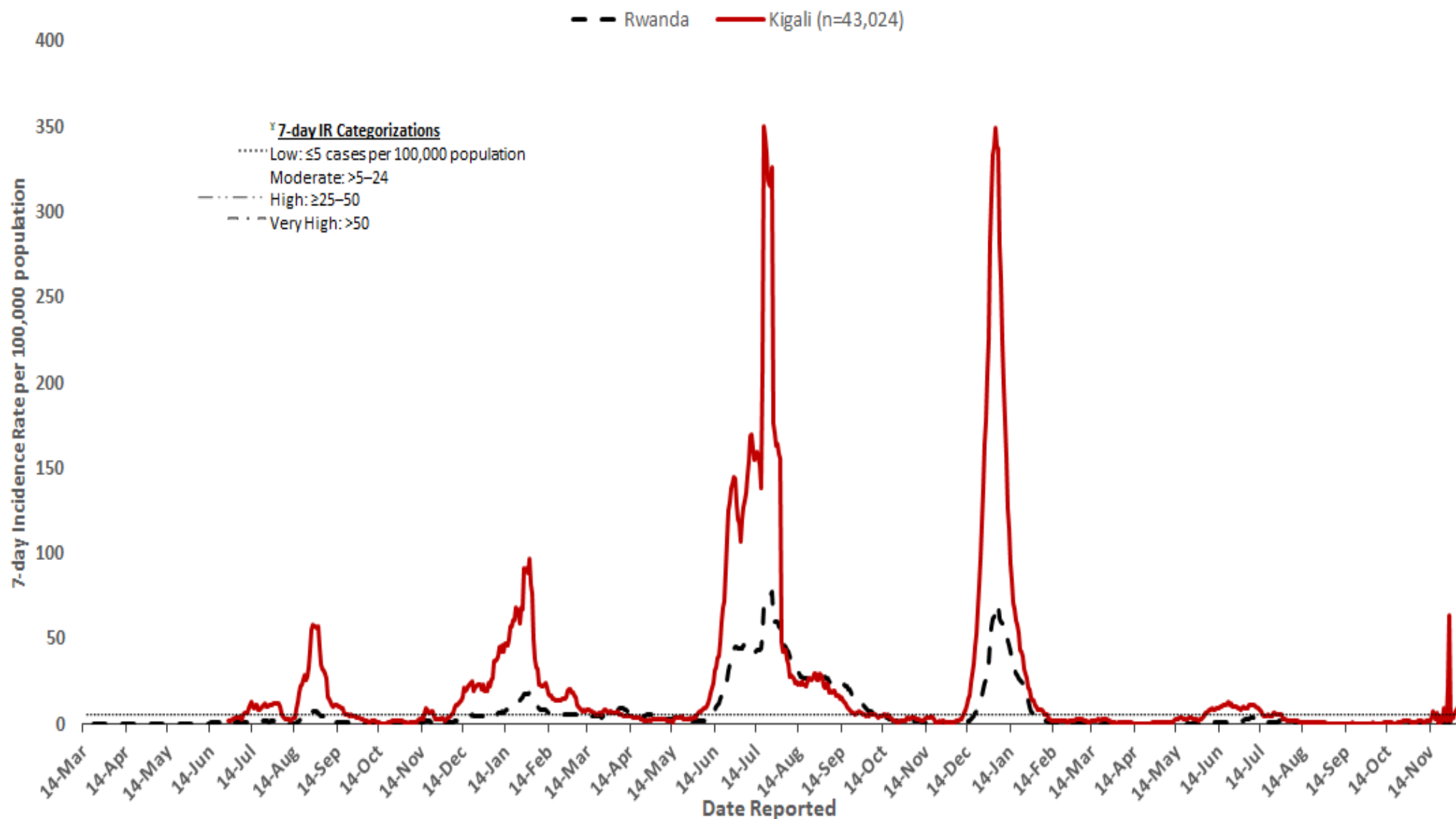
Alerts

Disease	Case	Alert threshold	Recommendations
AFP	3	1 case per week	Verify, investigate and reports as soon as possible
Severe malaria	8	1 case	Verify, investigate and reports as soon as possible
Human influenza caused by a new subtype	5 suspected cases	1 suspected case	Verify, investigate and reports as soon as possible

Observation: During week 50, the reported IDSR immediate reportable diseases were AFP, Bacterial meningitis, Bloody diarrhea, Measles, Severe Malaria and suspected Human influenza new subtype

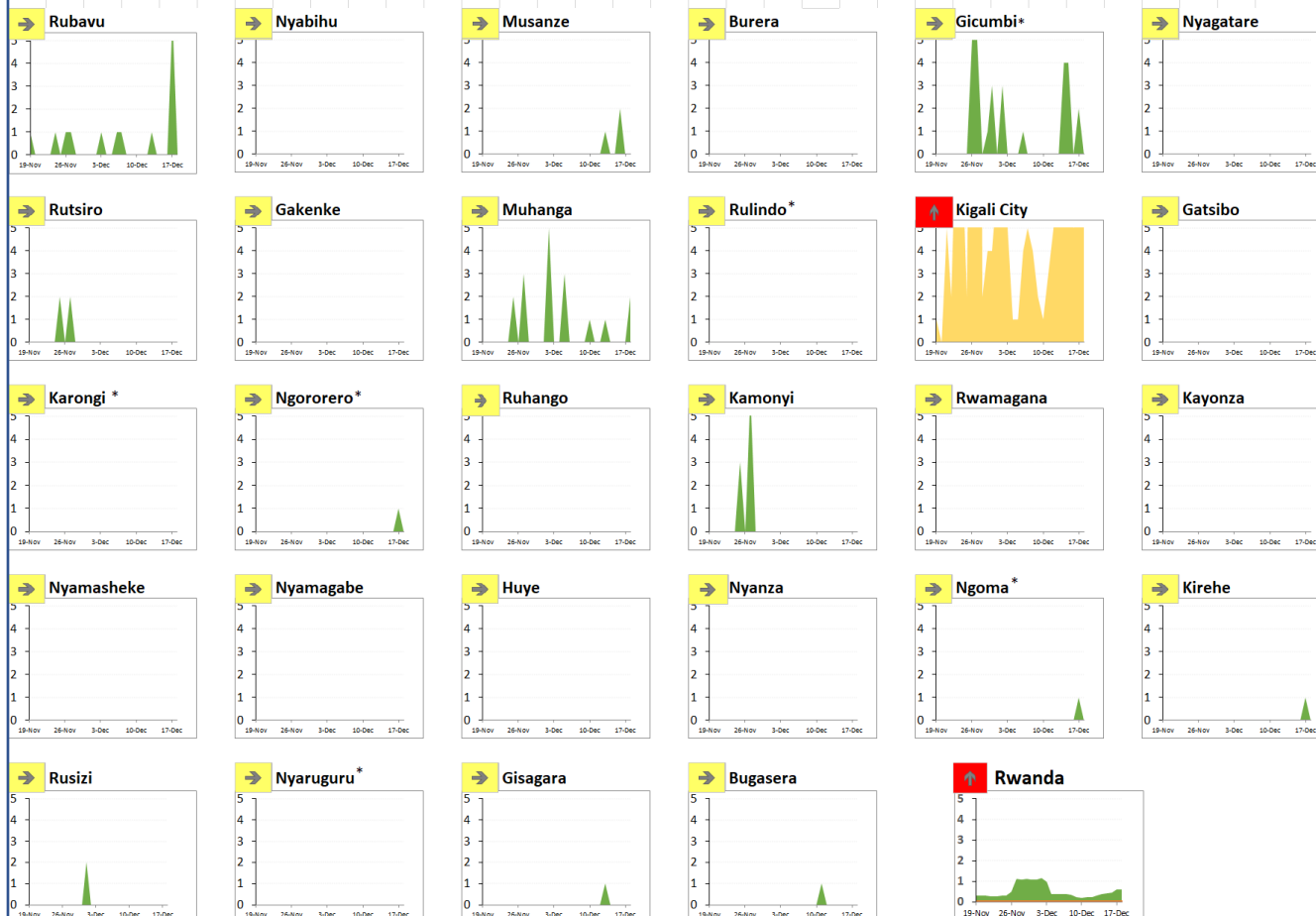
TREND OF 7-DAY INCIDENCE RATE OF COVID-19

COVID-19 Incidence Rate (IR) in Kigali City and Rwanda, March 14, 2020–December 18, 2022



TREND OF INCIDENCE RATE OF COVID-19 BY DISTRICTS

COVID-19 Cumulative 7-day (December 12–December 18) Incidence Rate (IR) and Trend (week-to-week % change) in Rwanda, November 19–December 18 (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 50, The overall incidence rate of Rwanda was 0.5 case per 100,000 population (it highly decreased compared with previous week: 0.2 cases per 100,000 population in week 49). 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 18th December 2022 marks 93 days of responding to the EVD outbreak, and 21 days since the last confirmed case. Within the past 24 hours, there was no new confirmed case, no deaths or recoveries.
- Case Fatality Ratio (CFR) among confirmed cases still stands 55/142 (39%).
- All six contacts previous being followed-up in Kassanda District have completed 21-days of follow-up today, currently no active contacts.

Date update as of 18th December 2022

	District affected	Cases confirmed	Confirmed deaths	Recoveries
Total	9	142	55	0

2. Action to date in Uganda

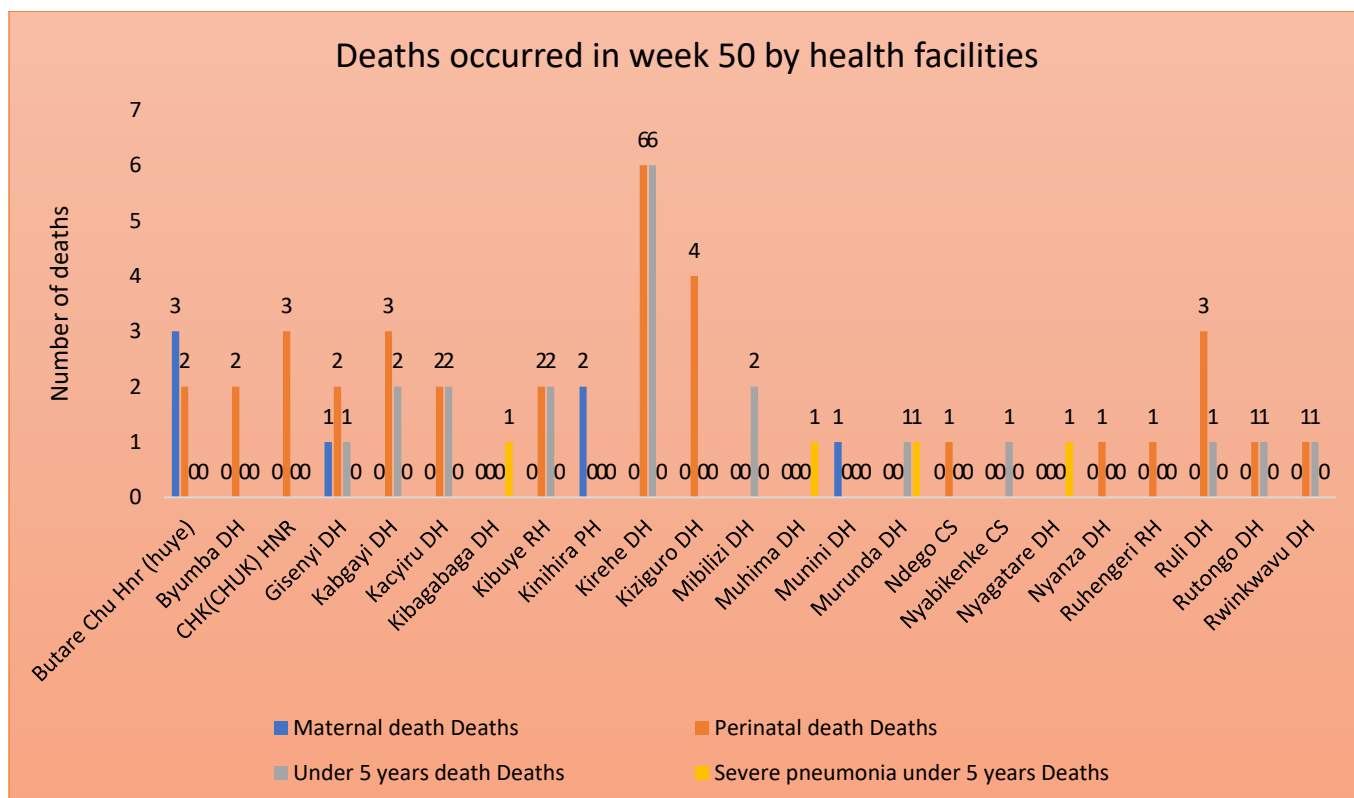
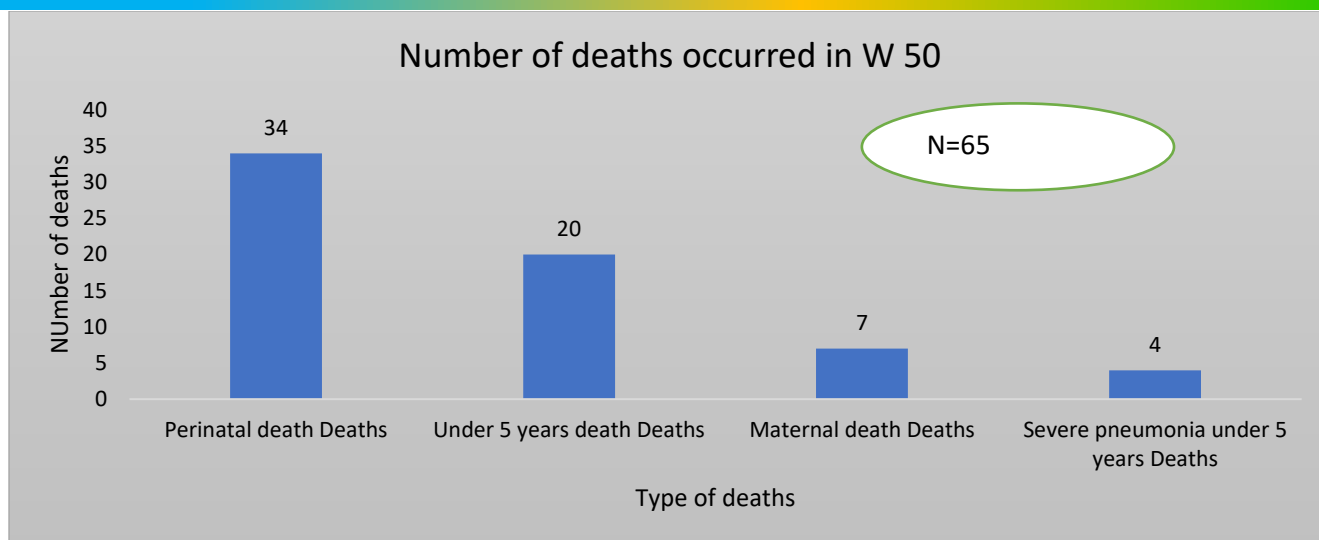
The Ministry of Health, Districts and Partners in **Uganda** are implementing several outbreak control interventions in affected and surrounding districts to contain the disease spread.

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 50)



In week 50, perinatal deaths had a highest number (34), especially in Kirehe DH (6perinatal deaths), 20 deaths of under 5 years, 7 maternal death and 4 deaths due to severe pneumonia. 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 50

Hospital	Health facility name
Ruhengeri	Gashaki CS
Ruhango	Kigoma CS
Munini	Muganza CS
Gitwe	Munanira CS
	Muremure CS
Gakoma	Musha (gisagara) CS
Rwamagana	Muyumbu CS
Butaro	Ntaruka (kinoni Burera) CS
Nyabikenke	Nyabinoni CS
Ruhengeri	Nyakinama CS
Kigeme	Nyamagabe Prison
Butaro	Ruhunde CS
Rwamagana	Rwamagana CS
Masaka	Rwanda Military Hospital

TRUE EVENTS REPORTED IN COMMUNITY BASED SURVEILLANCE(e-CBS) IN e-IDSR FOR Wk 50

Event date	Village	CEB Event trigger	Sex	Age in years
12/15/2022	Bunyogwe	Dod Bite	NA	NA
12/18/2022	Ngoma	Human Illnesses	NA	NA
12/17/2022	Buhoro	Human Death	Female	1
12/17/2022	Kayovu	Human Death	Male	20

Among the events reported and verified, only 4 were true, the case of dog bite received antirabic vaccine, the persons who were ill were referred to health center and treated, while the verbal autopsy for the deaths will be conducted.