

WEEKLY EPIDEMIOLOGICAL BULLETIN

Week 01: 2nd to 8th Jan 2023

Released on: 12th January 2023

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
- ☞ Reported deaths
- ☞ Events reported in electronic community based surveillance (e-CBS)
- ☞ Health facilities with no reports

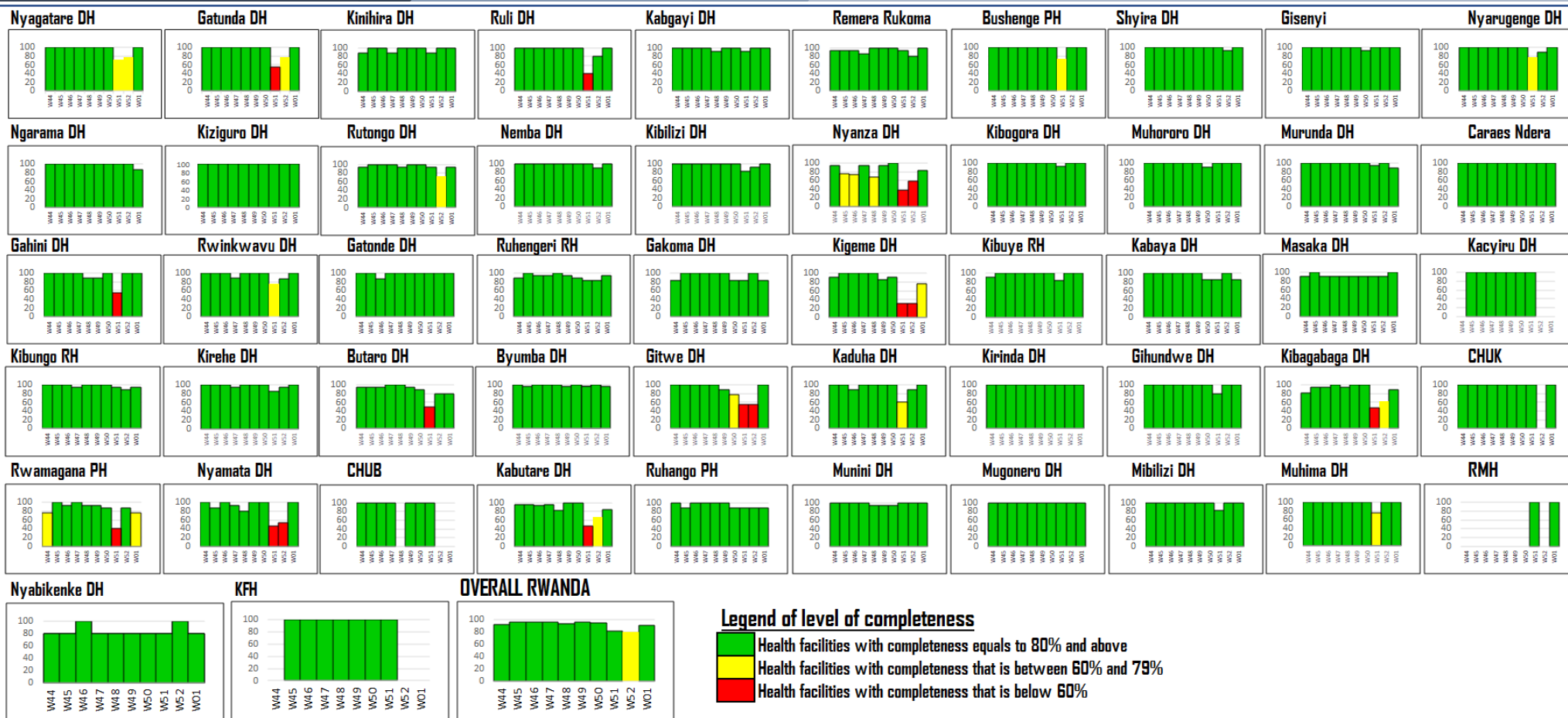
TREND OF IDSR REPORTS COMPLETENESS

(Previous 10 weeks: Wk 44/2022 – Wk 01/2023)

OVERALL

RWANDA

Completeness – Wk 01/2023: 94%



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

Observation: During this week 01/2023, the overall IDSR reports completeness was 94%. However, some District Hospital had a low rate of completeness (between 60 and 79%): Kigeme DH, Rwamagana PH, while King Faysal and Kacyiru hospitals did not report. These hospitals have to report all required reports.

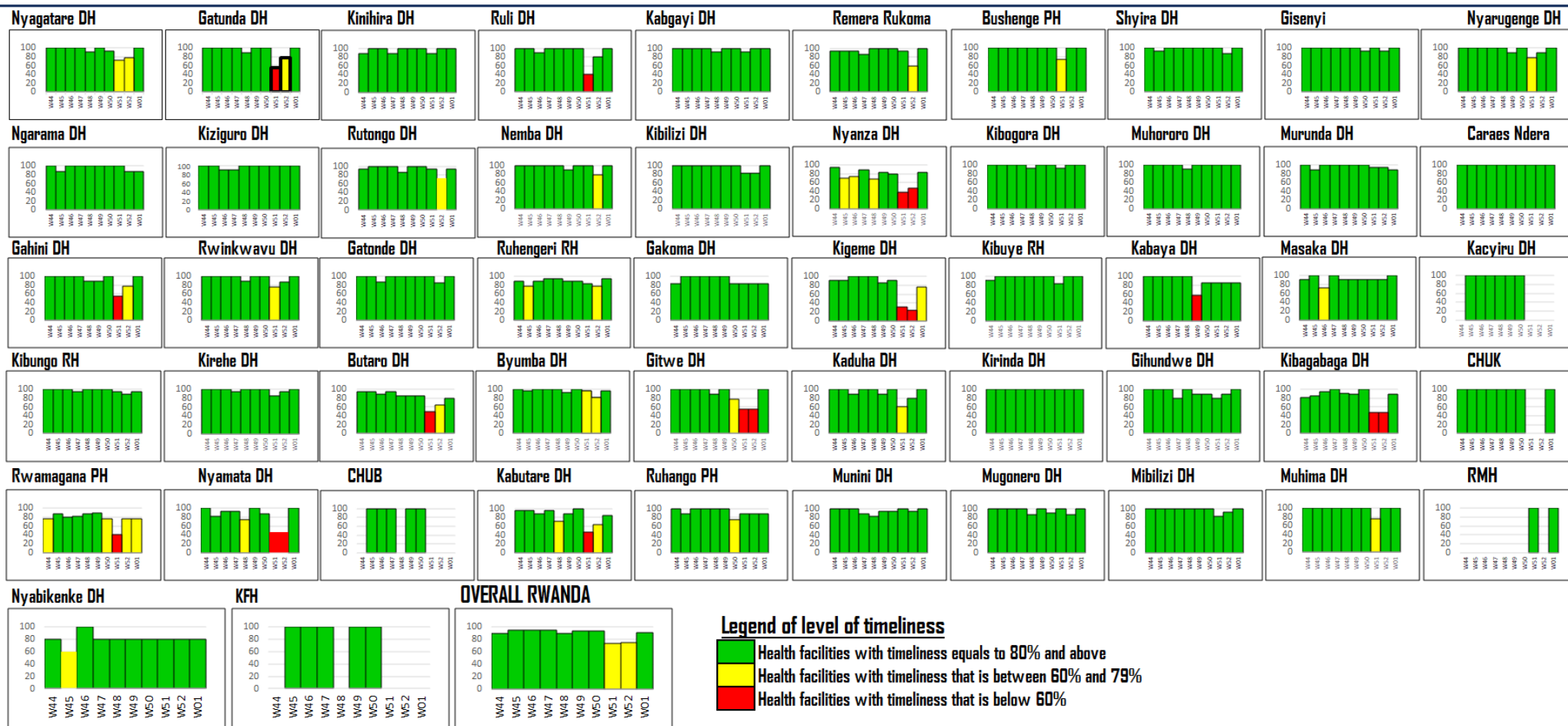
TREND OF IDSR REPORTS TIMELINESS

(Previous 10 weeks: Wk44/2022 – Wk01/2023)

OVERALL

RWANDA

Timeliness – Wk 01/2023: 94%



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 01/2023, the overall IDSR reports timeliness was 94%. However, some District Hospital had a low rate of completeness (between 60 and 79%): Kigeme DH, Rwamagana PH, while King Faysal and Kacyiru hospitals did not report. These hospitals have to report all required reports on time (on Monday before 12:00).

IDSr WEEKLY REPORTABLE DISEASES – week44/2022 to week 01/2023

Non-Bloody Diarrhea cases
Wk44/2022 – Wk01/2023:

34,534

Wk01: 3,329

Flu syndrome cases

Wk44/2022 –

Wk01/2023: 137,025

Wk01: 14,675

Malaria cases

Wk44/2022 –

Wk01/2023: 28,801

Wk01/2023: 2,327

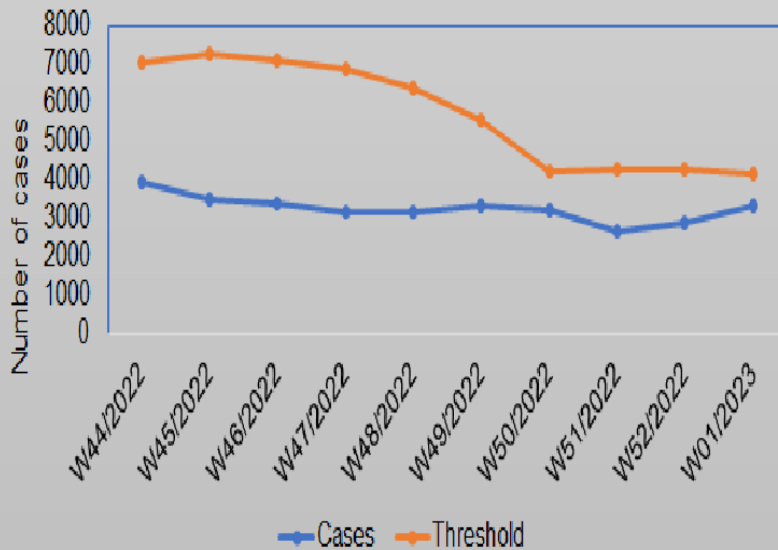
Severe Pneumonia cases

Wk44/2022 – Wk01/2023:

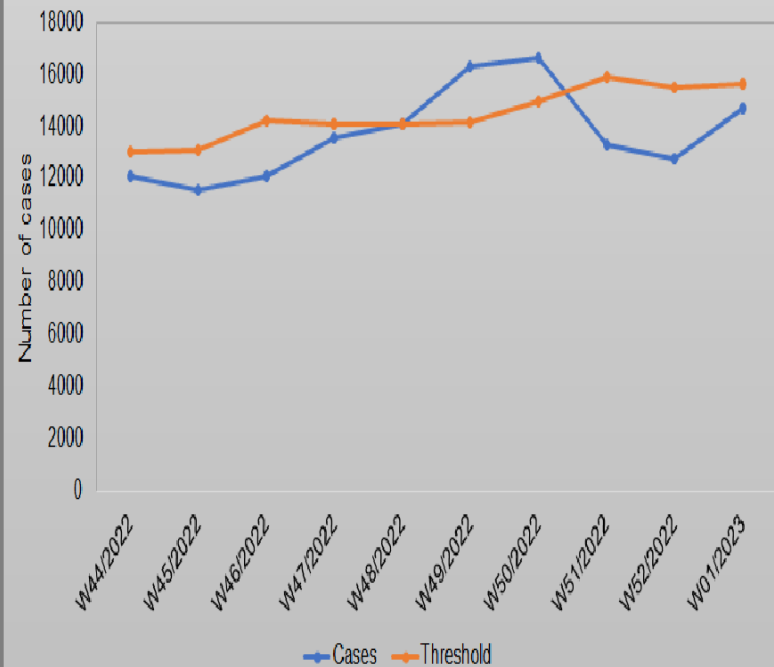
3,175

Wk01/2023: 377

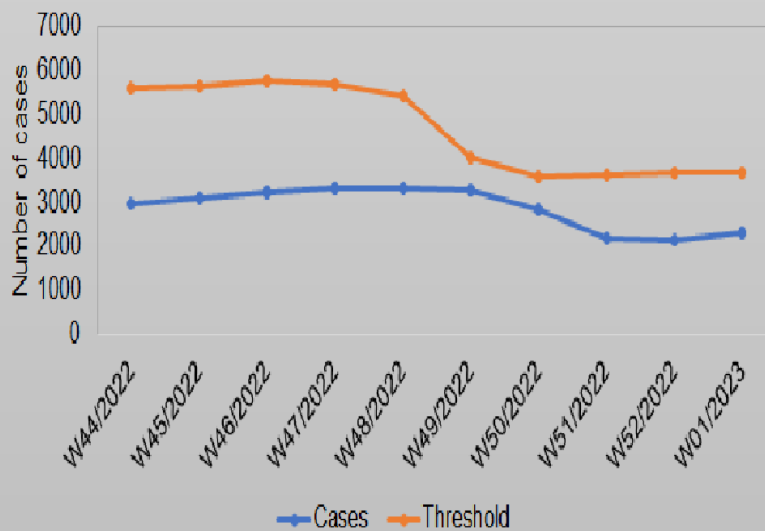
Trend of Non Bloody Diarrhea cases for under 5 years old
in Rwanda
(Wk44/2022 - Wk01/2023)



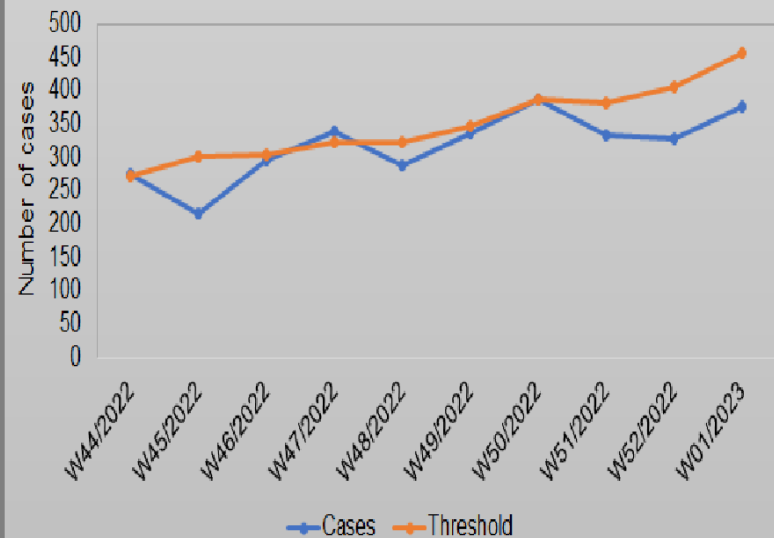
Trend of Flu syndrome cases in Rwanda (Wk44/2022 - Wk01/2023)



Trend of Malaria cases in Rwanda
(Wk44/2022 - Wk01/2023)



Trend of Severe Pneumonia cases in Rwanda
(Wk44/2022 - Wk01/2023)



IDSR WEEKLY REPORTABLE DISEASES -Week 44/2022 to Week 1/2023

Rabies exposure (Dog or other mammals bite) cases:

Wk 44/2022-01/2023: 258

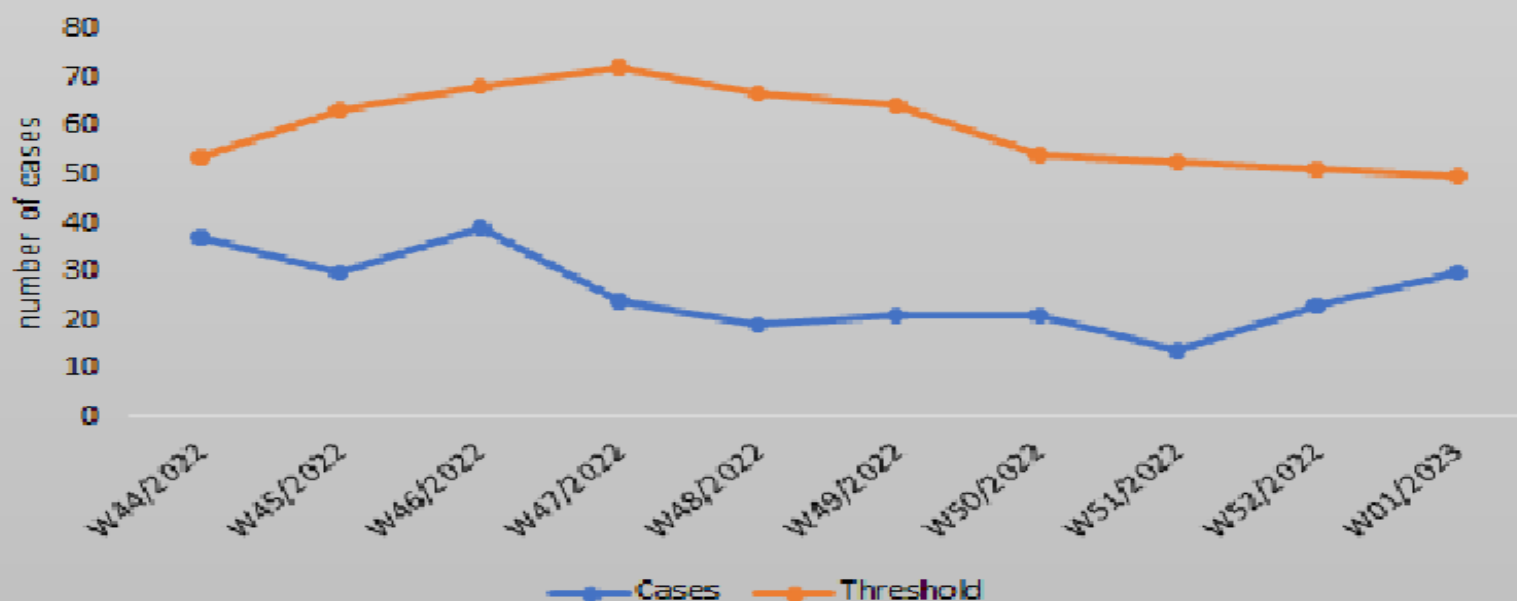
↑ Wk 01: 30 cases

Other weekly reportable diseases:

Brucellosis & Trypanosomiasis

no case

Rabies exposure from week 44/2022 to 1/2023 in
Rwanda



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 01/2023, for 8 weekly reportable diseases, data analysis showed that no case crossed the thresholds, even if the number of cases increased for almost all of them, except Brucellosis and Trypanosomiasis that had not any case reported.

IDSR IMMEDIATE REPORTABLE DISEASES – Wk 01/2023

Hospitals	HF's	Bacterial Meningitis	Bloody Diarrhea (Shigellosis)	Cholera	Foodborne illness	Measles	Typhoid Fever	Severe malaria
Nyarugenge	Biryogo CS	0	3	0	0	0	0	0
Gisenyi	Busasamana CS	0	0	0	0	0	0	1
Gakoma	Gakoma CS	0	3	0	0	0	0	0
Gihundwe	Gihundwe DH	0	1	0	0	0	0	0
Gitwe	Gitwe CS	0	2	0	0	0	0	0
Nyanza	Hanika I (NYANZA) CS	0	1	0	0	0	0	0
Rwinkwavu	Kabarondo (kayonza) CS	0	1	0	0	0	0	0
Nyamata	Kamabuye CS	0	0	0	0	1	0	0
Kirehe	Kigarama CS	0	0	0	0	0	11	0
Kigeme	Kigeme DH	0	0	0	0	0	0	1
Ruhango	Kigoma CS	0	1	0	0	0	0	0
Kaduha	Mugano CS	0	0	0	0	1	0	0
Murunda	Murunda CS	0	1	0	0	0	0	0
Murunda	Murunda DH	0	0	0	0	0	0	1
Murunda	Mushubati CS	0	0	0	0	0	0	1
Kibogora	Ngange CS	0	0	1	0	0	0	0
Butaro	Ntaruka (kinoni Burera) CS	0	0	0	74	0	0	0
Nyagatare	Nyagatare Prison	0	1	0	0	0	0	0
Ruhango	Nyarurama CS	0	1	0	0	0	0	0
Masaka	Rwanda Military Hospital	1	0	0	0	1	0	1
Rwinkwavu	Rwinkwavu DH	0	0	0	0	0	0	1
Shyira	Shyira DH	0	0	0	0	0	0	1
	Total	1	15	1	74	3	11	7

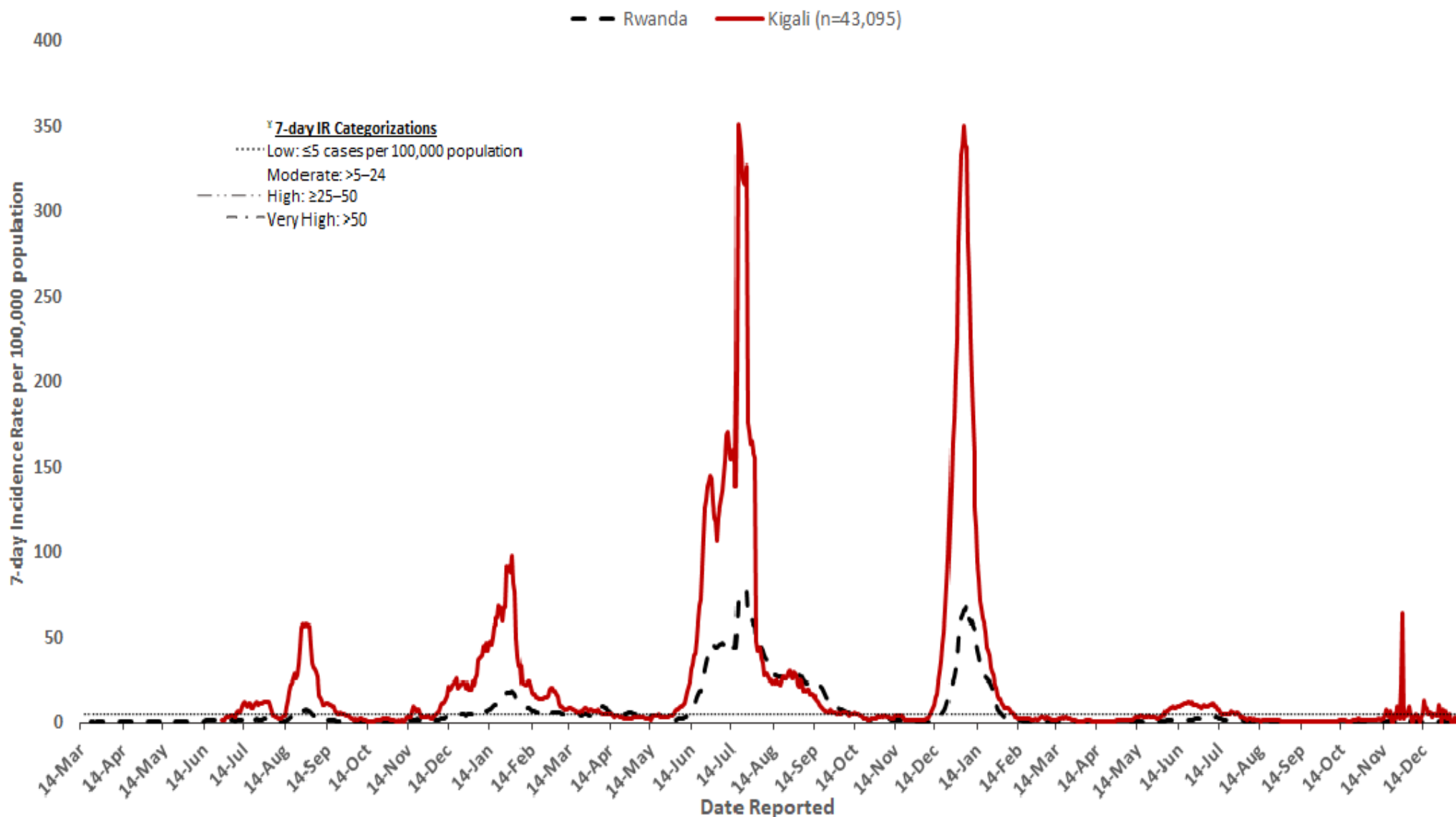
Alerts

Disease	Case	Alert threshold	Action, Recommendations
Severe malaria	7	1 case	Verify, investigate and reports as soon as possible
Cholera	1	1 suspected case	Verify, investigate and reports as soon as possible
Foodborne illnesses	74	2 or more suspected cases	Verify, investigate and reports as soon as possible
Typhoid fever	2 confirmed cases	1 confirmed case	Investigation was conducted, the team recommended to early detect, report unusual cases and respond on time

Observation: During week 01/2023, the reported IDSR immediate reportable diseases were Bacterial meningitis, Bloody diarrhea, Cholera, Measles, Typhoid fever and Severe Malaria.

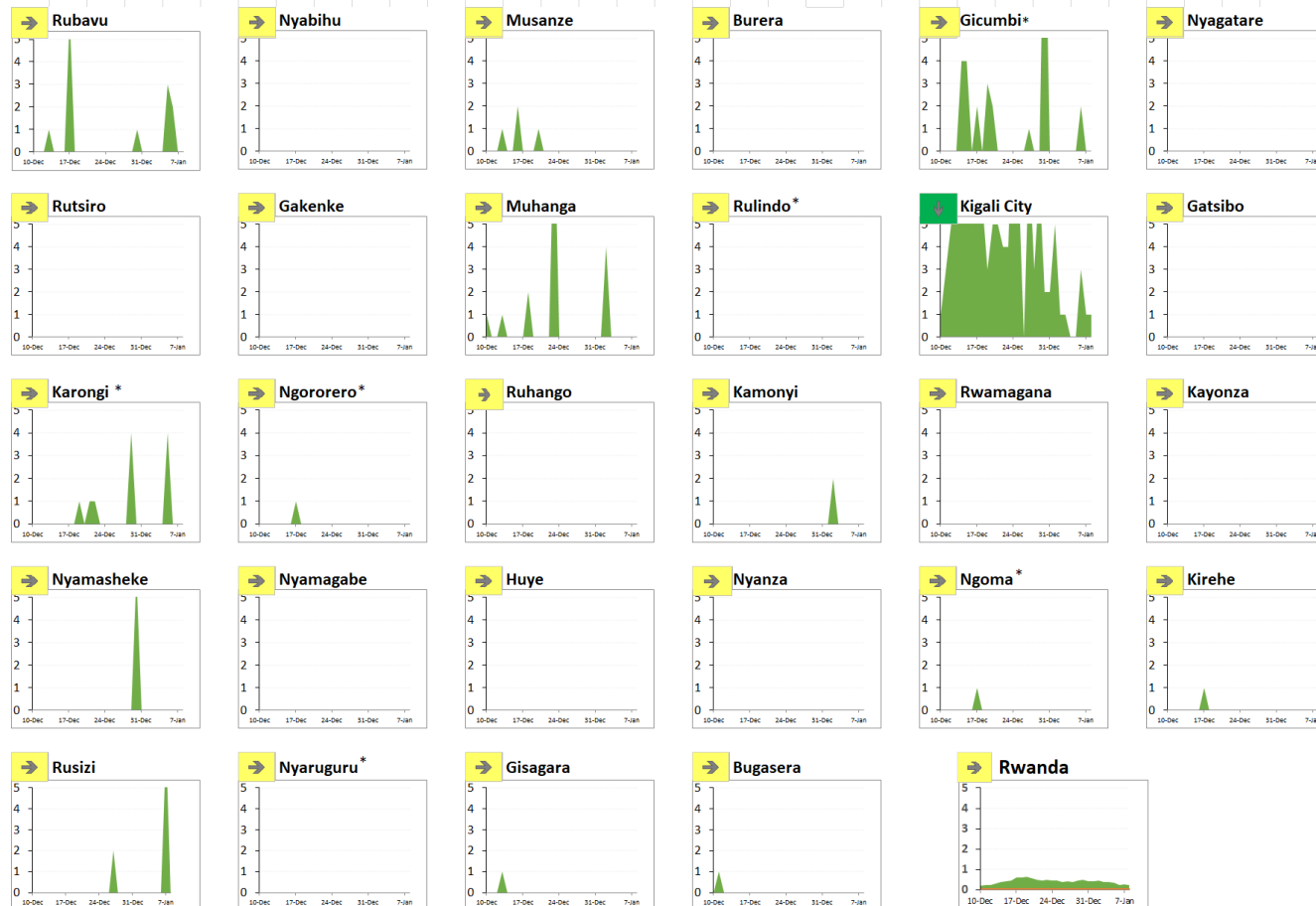
TREND OF 7-DAY INCIDENCE RATE OF COVID-19

COVID-19 Incidence Rate (IR) in Kigali City and Rwanda, March 14, 2020–January 08, 2023



TREND OF INCIDENCE RATE OF COVID-19 BY DISTRICTS

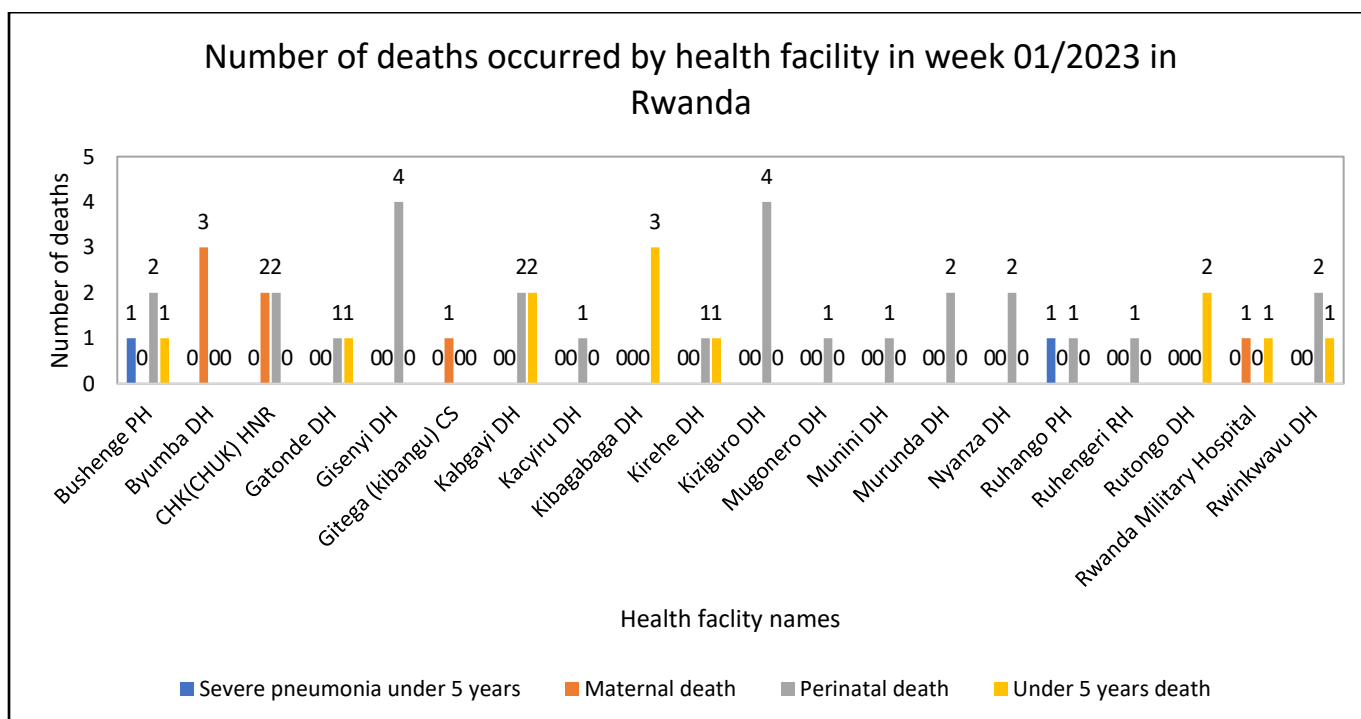
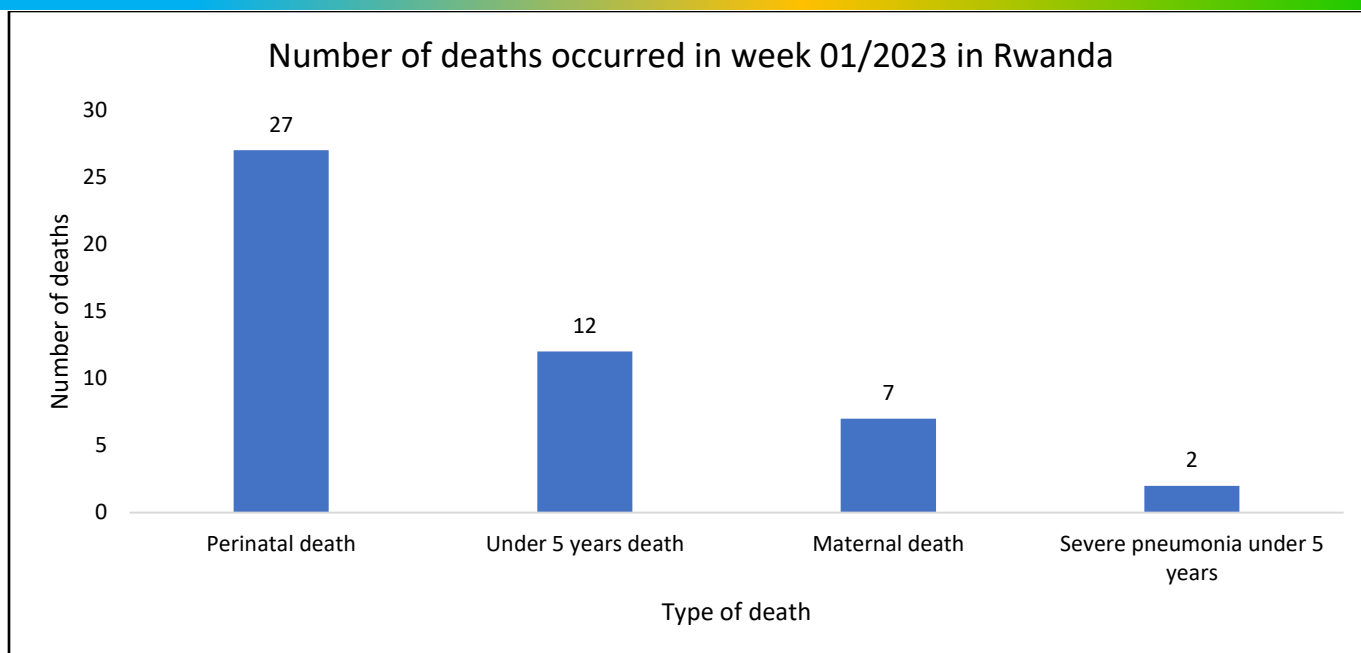
COVID-19 Cumulative 7-day (January 02–January 08) Incidence Rate (IR) and Trend (week-to-week % change) in Rwanda, December 10–January 08 (30 days), 2023



	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 01/2023, The overall incidence rate of Rwanda was 0.2 case per 100,000 population (it was decreased compared with previous week: 0.4 cases per 100,000 population in week 52). Kigali City, Rubavu, Karongi and Rusizi districts presented a low incidence rate, while, other districts did not have cases in week 01.

SUMMARY OF REPORTED DEATHS THROUGH e-IDSr (Wk 01/2023)



In week 01/2023, perinatal deaths had a highest number (27), especially in Kiziguro and Gisenyi hospitals DH (4perinatal deaths for each hospital), 12 deaths of under 5 years, 7 maternal deaths and 2 deaths due to severe pneumonia<5years. 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 WEEK 01/2023

Hospitals	Health facility name
Butaro	Bungwe (burera) CS
	Gahunga CS
	Rugarama CS
	Ruhombo CS
Byumba	Byumba CS
Gakoma	Gakoma DH
Kabaya	Sovu (Ngororero) CS
Butare Chu Hnr (huye)	Butare Chu Hnr (huye)
Kabutare	Mbazi CS
	Ruhashya CS
	Kibagabaga
Kacyiru DH	Kacyiru DH
King Faisal Hospital HNR	King Faisal Hospital HNR
Kibungo RH	Kibungo RH
Kigeme	Kigeme Refugee Camp HC
	Nyamagabe Prison
	Nyarusiza CS
Murunda	Iwawa CS
	Kabona CS
Ngarama	Kageyo (gatsibo) CS
Nyabikenke	Nyabinoni CS
Nyamata	Ngeruka CS
	Nyamata DH
Nyanza	Busoro CS
	Mucubira CS
	Ntyazo CS
Ruhango	Mukoma (ruhango) CS
Ruhengeri	Nyange (Musanze) CS
Rutongo	Kiyanza CS
Rwamagana	Gishari(Police) CS
	Nzige CS
	Ruhunda CS
	Rwamagana Prison

TRUE EVENTS REPORTED IN COMMUNITY BASED SURVEILLANCE(e-CBS) IN e-IDSR FOR WEEK 01/2023

Event date	Village	CEB Event trigger	Sex	Age in years
01/08/2023	Kaboshya	Human death	Male	62
01/08/2023	Bukira	Human death	Female	84

The events reported and verified were 2 human deaths, respectively with 62 and 84 years old, the verbal autopsy for the deaths will be conducted.