



WEEKLY EPIDEMIOLOGICAL BULLETIN WEEKLY EPIDEMIOLOGICAL BULLETIN

(24-30 July 2023)

Editorial message

Effective and efficient disease surveillance system contribute to the reduction of morbidity, disability and mortality from disease outbreaks and health emergencies.

This weekly bulletin presents the epidemiological status of the priority diseases, conditions, and events 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.

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KEY EPIDEMIOLOGICAL HIGHLIGHTS EPIDEMIOLOGICAL WEEK 30

Event Based Surveillance (EBS) Highlights:

- During the epidemiological week 30, eight alerts were notified through the electronic Community Event Based Surveillance System (eCBS) including 6 human deaths (reported respectively in Rusizi, Nyagatare, Rutsiro, Karongi districts) and two events of human illness reported in Nyagatare district.
- o One alert was identified through the Epidemic Intelligence from Open Source (EIOS).

Indicator Based Surveillance (IBS) Highlights:

- 229 immediate reportable diseases were notified by health facilities countrywide. They included cases of acute flaccid paralysis (AFP), foodborne illness, mumps, severe malaria; bloody diarrhea, measles/rubella, cholera and chicken pox.
- 8 weekly reportable diseases and health events are being reported on weekly basis, they include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis. A thorough analysis conducted for Epi Week 30 revealed that, non-bloody diarrhea for under 5 years crossed the epidemic thresholds.
- A total of 73 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. The majority of deaths were classified as perinatal and deaths of children under the age of 5.

Outbreaks occurred or ongoing in week 30-2023

In the Epi Week 30, there was five outbreaks in Rwanda:

- Ongoing Measles outbreak in Kirehe District
- Ongoing Cholera outbreak in Rubavu district
- Four events due to foodborne illness occurred respectively in three districts: Gicumbi, Nyagatare and Rwamagana.

Completeness and timeliness

In Epi Week 30, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 97%, respectively.



Description: Event Based Surveillance (EBS) is a type of public health surveillance system that detects and reports unusual health events or disease outbreaks in a timely manner. The system is designed to detect signals of potential public health threats and allow a rapid response to prevent or control the spread of diseases. RBC is implementing EBS through PHS&EPR Division.

Currently, an electronic Community Event Based Surveillance System (eCBS) and Epidemic Intelligence from Open Source (EIOS) are being used to detect and report events of public health importance from the community and media. The process for establishment of other types of EBS is still being on going.

COMMUNITY EVENT BASED SURVEILLANCE

During the Epi week 30, eight alerts were received from community:

Six Human Deaths:

- 1. A 40-years-old, Male from Byimana village, Munini cell, Rwankuba sector, Karongi District, passed away on 30/07/2023. The person was known to be HIV positive.
- 2. A 5months old, Male from Kabuga village, Gakomeye cell, Giheke sector, Rusizi District, passed away on 29/07/2023. She was known to be born with heart illness.
- 3. A 64-years-old, Male from Kajevuba village, Katabagemu cell, Katabagemu sector, Nyagatare District, passed away on 30/07/2023. The cause of death was an illness.
- 4. A 2 years-old, Male from Kamunyurwe village, Ngoma cell, Nyabirasi sector, Rutsiro District passed away on 30/07/2023. The kid was eaten by bees, and passed away on his way to the health facility (Nyabirasi HC)

Two alerts of Human Illness (HI)

This event was about chicken pox cases reported on 29/07/2023 in Nyagatare district, Tabagwe sector, Nyagatoma cell, Runyeri village, where a total of 25 cases consulted Tabagwe HC presenting fever and skin rash with many small blisters. The cases were treated and are recovering.

MEDIA SCAN

During the Epi week 30, one alert was received through Epidemic Intelligence from Open Source (EIOS):

Deadly Cholera Outbreak Strikes Kayunga and Namayingo – Health Ministry Confirms

KAMPALA, July 26 (Xinhua) -- Uganda has confirmed the outbreak of cholera after six people tested positive for the disease in the country's central and eastern regions. Emmanuel Ainebyoona, a spokesperson for the Ministry of Health, told journalists in the capital of Kampala on Wednesday that the disease had been confirmed in Uganda's central district of Kayunga and eastern district of Namayingo. "So far about three samples obtained

from Kayunga confirmed positive upon testing at the public health laboratories, and also three samples in Namayingo tested positive," Ainebyoona added. "Our rapid response teams are working with the districts to ensure they contain the spread of cholera."

According to the ministry, the public is being sensitized on measures such as ensuring the masses consume water from safe sources, handwashing, and ensuring that food is fully cooked.

https://english.news.cn/africa/20230726/1c23f774940e43a5a16988cd5e2191f9/c.html

WEEKLY UPDATES ON INDICATOR BASED SURVEILLANCE (IBS) EPIDEMIOLOGICAL WEEK 30

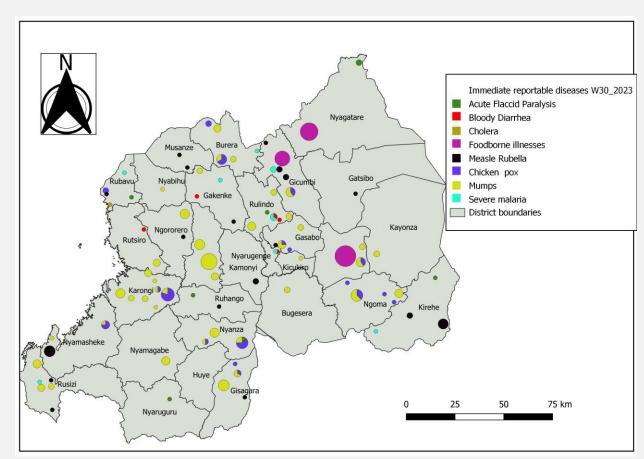
Description: Rwanda has been implemented Indicator Based Surveillance according to the IDSR 3rd guidelines where approximately 45 priority diseases, health conditions and public health events are being monitored and reported from health facilities countrywide on a regular basis. Diseases that are prone to outbreaks are being reported immediately within 24 hours after detection while diseases that are considered as endemic are reported on a weekly basis, every Monday before midday.

A. IMMEDIATE REPORTABLE DISEASES — EPI WEEK 29

During Epi week 30; 279 cases of immediate reportable diseases were notified. They include 126 cases of mumps, 40 cases of chicken pox, 56 cases of foodborne illness, 33 suspect cases of measles/rubella, 10 confirmed cases of severe malaria, 5 suspected cases of bloody diarrhea, 8 suspected cases of acute flaccid paralysis, 1 case of cholera confirmed by RDT. (See figure below).

Notes:

- For the diseases requiring laboratory confirmation, the samples were collected and sent to the National Reference Laboratory for testing. For the samples of measles/rubella sent to NRL in the previous week,
 5 from Mahama refugee camp were tested positive.
- All confirmed cases and suspected cases have been managed at the health facility level.

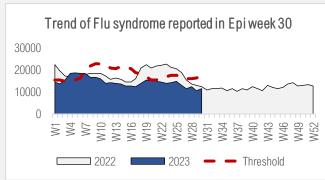


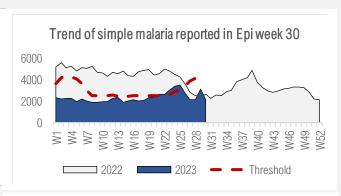
Distribution of immediate reportable diseases in Epi week 30

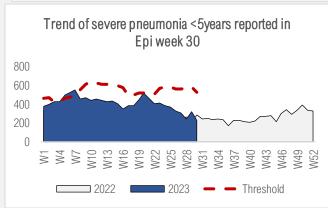
WEEKLY REPORTABLE DISEASES - EPI WEEK 30

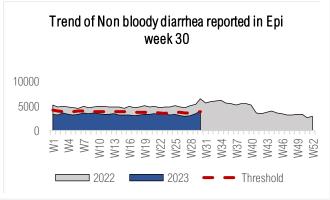
Description: In Rwanda, after the adaptation of the IDSR 3rd edition, eight diseases & events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis. The monitoring trends of these weekly reportable diseases or health events helps to detect an unusual increase early.

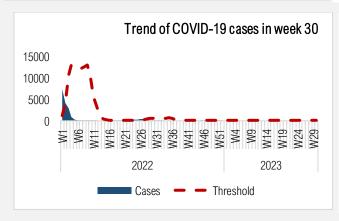
In Epi Week 30, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that non bloody diarrhea for under 5 years cases crossed the epidemic thresholds.

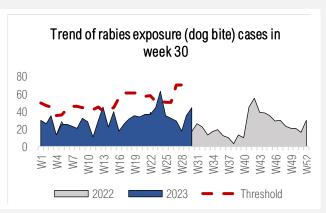






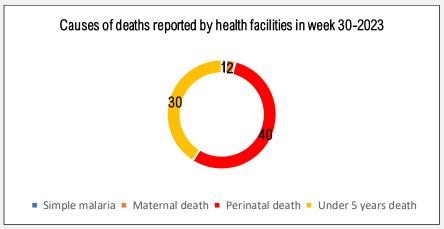






B. DISTRIBUTION OF REPORTED DEATHS IN eIDSR - EPIDEMIOLOGICAL WEEK 30

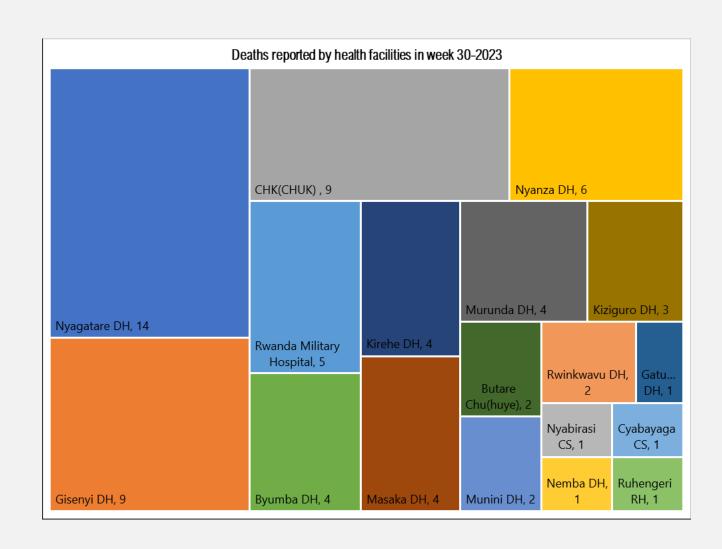
In Epi week 30, as summarized in the Pie Chart below, a total number of 73 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 40 (55%) were classified as perinatal, 30 (41%) are deaths of children under 5 years old, 2 (3%) maternal deaths and 1(1%) death due to simple malaria. Among 7 under 5 deaths occurred at Nyagatare DH,1 death was due to non-bloody diarrhea,1 was due to severe pneumonia, and 1 under 5 death occurred at Gatunda DH was due to non-bloody diarrhea.



Cause of deaths declared in epi week 30

Deaths were reported from various catchment areas as follow:

- 14 deaths were reported in Nyagatare DH
- 9 deaths were reported respectively in Gisenyi DH and CHUK
- 6 deaths were reported In Nyanza DH
- 5 deaths were reported in Rwanda Military Hospital
- 4 deaths were reported respectively in Byumba DH, Kirehe DH, Murunda DH, Masaka DH
- 3 deaths were reported respectively in Kiziguro DH
- 2 deaths were reported respectively in CHUB, Rwinkwavu DH and Munini DH
- 1 death was reported respectively in Gatunda DH, Ruhengeri RH, Nemba DH, Nyabirasi HC(Murunda DH) and Cyabayaga HC (Nyagatare DH)



OUTBREAK AND EVENT UPDATES EPIDEMIOLOGICAL WEEK 30

1. ONGOING MEASLES OUTBREAK IN MAHAMA REFUGEE CAMP, KIREHE DISTRICT

Confirmed cases	30	Date reported:	February 27, 2023	Risk assessment	Low
Epi link cases	59	Source:	NRL, eIDSR		
Death(s)	0	District/HFs:	Kirehe/Mahama Refugee Camp		
Total cases	89	Geoscope:	Low		

Outbreak description: The measles outbreak is still ongoing in Kirehe district since 27th February 2023. During Epi Week 30; 5 additional confirmed cases were found in Mahama Refugee camp. As of 31 July 2023, there are 30 laboratory confirmed cases, 59 cases confirmed by epidemiological link and no death.

Ongoing interventions

- -Continuous active cases search
- -Case management (treatment, isolation)
- -Field investigation

2. ONGOING CHOLERA OUTBREAK IN RUBAVU DISTRICT

Confirmed cases	43	Date reported:	June 14, 2023	Risk assessment	Low
Suspected cases	0	Source:	elDSR		
Death(s)	1	District/HFs:	Rubavu/ Kigufi HC,		
Total cases	43	Geoscope:	Low		

Outbreak description: On 13/06/2023, Kigufi health center, in Rubavu district recorded 2 suspected cases of cholera. This was followed by notification of other 2 cases on June 14 and 15, 2023, respectively. Six stool samples were taken for culture, and all tested positive by pre-culture rapid test. Of them, three were tested positive for Vibrio Cholerae/ Inaba on18/06/2023.

As of 31/07/2023; 43 cases meeting cholera case definition have been recorded with 4 confirmed by stool culture and 39 confirmed by RDTs. For the outcome of patients, 42 were cured, 1 died (a female aged of 14) and 1 case was referred from Kigufi HC to Gisenyi DH. The source of infection was the use of unsafe water, poor hygiene and sanitation.

Interventions:

- Field investigation.
- Case management
- Enhance risk communication and community engagement on prevention and control measures
- Reinforce community awareness on IPC, hygiene and sanitation and wash strategies toward cholera prevention
- Improve the reporting mechanisms and the effective communication and provide interim reports (update on daily basis including the line list)
- Reinforce community surveillance for early detection and active search of new cases

3. FOODBORNE ILLNESS IN GICUMBI DISTRICT, BWISIGE SECTOR, RWONDO VILLAGE

Confirmed cases	0	Date reported:	July 28, 2023	Risk assessment	Low
Suspected cases	6	Source:	elDSR		
Death(s)	1	District/HFs:	Mukono HC/ Byumba DH		
Total cases	6	Geoscope:	Low		



On July 28, 2023, a person in Rwondo Village Bwisige Sector, Gicumbi district reported to Mukono HC that 5 patients in her village were in a critical condition and 1 death occurred. They developed symptoms of vomiting, abdominal pain, diarrhea, and fever. On July 27, 2023; they shared a homemade sorghum drink (ubushera). Currently, all cases are clinically stable.

Interventions:

- Ambulance evacuation of patients from community to Mukono HC.
- Case management of patients.
- Referral of cases and the body to Byumba L2TH, for further management, and autopsy
- Stool samples taken and sent to NRL.

4. FOODBORNE ILLNESS IN NYAGATARE DISTRICT, GATUNDA SECTOR, CYAGAJU CELL AND RAMIRO VILLAGE

Confirmed cases	0	Date reported:	July 24, 2023	Risk assessment	Low
Suspected cases	27	Source:	elDSR		
Death(s)	0	District/HFs:	Nyarurema HC/ Nyagatare DH		
Total cases	27	Geoscope:	Low		

Outbreak description:

On the 24/07/2023, 27 cases from Nyagatare district, Gatunda sector, Cyagaju cell, Ramiro Village consulted Nyarurema HC presenting diarrhea and abdominal pain. They consumed consumed sorghum brew (ubushera) during a ceremony of child introduction (kwerekana umwana) in Ramiro village, which is the probable cause of the outbreak. Stool samples collected at the health center revealed intestinal worms and yeast (levures). Currently, all cases are treated, and discharged.

Interventions:

- Case management of patients
- Community education on hygiene

5. FOODBORNE ILLNESS IN RWAMAGANA DISTRICT, MUHAZI SECTOR, KARITUTU CELL

Confirmed cases	0	Date reported:	July 22, 2023	Risk assessment	Low
Suspected cases	25	Source:	elDSR		
Death(s)	0	District/HFs:	Rwamagana district/ Nzige HC		
Total cases	25	Geoscope:	Low		



Outbreak description:

On the 22/07/2023; 25 cases from Rwamagana district, Nzige Sector consulted Nzige HC complaining watery Diarrhea, abdominal pain, vomiting and headache after attending baptism ceremony in Nzige. Among them, 2 were severely dehydrated and were transferred to Rwamagana PH. They consumed rice, beans, cabbage banana, potatoes and sorghum brew (Ubushera) which was the probable cause of this outbreak. Currently, all cases are treated, and discharged.

Interventions:

- Case management of patients
- Field investigation

eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 30

In Rwanda, eIDSR reports completeness and timeliness are scored as follow:

- ♣ Greater or equal to 80%: High.
- **Between 60% and 79%: Moderate**,
- Less than 60%: Low.

In the Epi Week 30, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 99% and 97%, respectively.

With regards to completeness of surveillance reports, all hospitals had the high completeness (>80%), that was to be appreciated. For the timeliness the overall score was 97%, almost all hospitals had the high timeliness (>80%), except two hospitals that had a moderate score: Nyamata DH and Muhororo DH.

Notes: There was an improvement of completeness. However, for the timeliness, the health facilities that had not a high score had been recommended to improve the reporting by submitting weekly surveillance reports not later than Monday before 12:00.

Details, on completeness and timeliness for all health facilities are showed in the figure below.

