



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 35 - 2023

(28 August-3 September 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 35

Event Based Surveillance (EBS) Highlights:

- During the epidemiological week 35, six alerts were notified through the electronic Community Event Based Surveillance System (eCBS), there were 5 human deaths, and 1 dog bite.
- One alert was identified through the Epidemic Intelligence from Open Source (EIOS):
 Tchad: Elevated dengue fever activity reported in multiple areas, especially Ouaddai Region, through August /update 1

Indicator Based Surveillance (IBS) Highlights:

- 302 immediate reportable diseases were notified by health facilities countrywide. They included the 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 35 revealed that no disease crossed the epidemic threshold.
- A total of 62 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. The majority of deaths were classified as perinatal deaths and deaths of children under 5 years.

Outbreaks updates in week 35

Ongoing outbreaks:

- o Foodborne illness outbreaks in Rulindo district (Cyinzuzi sector, Budakiranya cell, Kigarama Village),
- Foodborne illness outbreak in Kayonza district (Gahini sector, Kahi cell, Akabare Village).

Closed outbreaks:

- Measles outbreak in Kirehe District
- Cholera outbreak in Rubavu district

Completeness and timeliness

In Epi Week 35, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 97%, respectively.

WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS) EPIDEMIOLOGICAL WEEK 35

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 BASED SURVEILLANCE

During the Epi week 35, six alerts were received from community:

- o 5 alerts of Human deaths:
 - 3 alerts from Ngororero District
 - 1 alert from Gicumbi District
 - 1 alert from Bugesera District
- 1 alert of Dog bite: from Nyagatare district. The case was referred to Nyagatare DH for further management.

MEDIA SCAN

During the Epi week 35, one alert was received through Epidemic Intelligence from Open Source (EIOS):

Chad: Elevated dengue fever activity reported in multiple areas, especially Ouaddai Region, through August /update 1

Local health officials have declared an outbreak of dengue fever in multiple areas in Chad as of Aug. 27, with 26 confirmed cases reported since Aug. 3. This is the first dengue fever outbreak reported in Chad. Abeche district in Ouaddai Region (19 cases) is the most affected, followed by Biltine district in Wadi Fira Region (4 cases), and N'Djamena district in the N'Djamena Region (3 cases). Health authorities have implemented risk communication and community engagement activities to educate the public on mosquito bite prevention. Epidemiological investigations and surveillance are ongoing in affected districts. This report represents the most complete information available as of Aug. 30.

https://crisis24.garda.com/alerts/2023/08/chad-elevated-dengue-fever-activity-reported-in-multiple-areas-especially-ouaddai-region-through-august-update-1

WEEKLY UPDATES ON INDICATOR BASED SURVEILLANCE (IBS) EPIDEMIOLOGICAL WEEK 35

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.

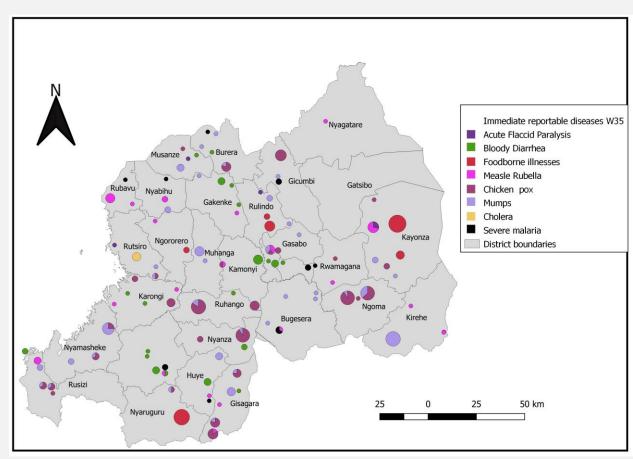
A. IMMEDIATE REPORTABLE DISEASES - EPI WEEK 35

During Epi week 35; 302 cases of immediate reportable diseases were notified. They included:

- o 94 cases of chicken pox were reported by 28 health facilities, included 3 HCs that crossed the thresholds: Gakoma HC, Muyunzwe HC and Nyange HC, they reported respectively 10 cases.
- o 74 cases of mumps reported by 37 HCs, included one HC that crossed the threshod: Rwantonde HC.
- 45 cases of foodborne illness were reported by 6 health facilities, included 2 events of foodborne illness occurred during the week 34 in Rwinkwavu DH (4 cases) and Muhororo DHs (2cases) but reported with delay in week 35, one outbreak of foodborne illness occurred at the end of week 34 in Coko HC in Ruli DH (14 cases) whose response was ongoing, 2 events of foodborne illness described below, one occurred in Cyinzuzi and Remera-Mbogo HCs in Rutongo DH, those were under reported as well as among 57 cases described in response, only 8 were reported in IDSR, the second occurred in Nyakabungo HC in Gahini DH, all 17 cases described were reported.
- 34 suspected cases of bloody diarrhea reported by 20 HCs whose the laboratory test results were pending.
- o 33 suspected cases of Measles/Rubella were reported by 21 health centers, and the laboratory results were pending.
- o 13 confirmed cases of severe malaria reported by 9 health facilities and they crossed the alert threshold: CHUB, Byumba DH, Kigeme DH, Masaka DH, Busasamana HC, Cyanika (Burera)HC, Kabuga (Kicukiro)HC, Ruhuha HC and Rwankeri HC.
- o 5 suspected cases of acute flaccid paralysis reported by 4 health facilities that crossed alert threshold: Kinihira PH, Gahini HC, Kinunu HC and Muhoza (Ruhengeri) HC.
- 4 cases of cholera confirmed by RDT in Iwawa HC, the investigation was ongoing and the details on the outbreak will be reported in the next bulletin.

Notes:

- For the diseases whose cases crossed the thresholds are recommended to conduct the investigation
- requiring laboratory confirmation, the samples were collected and sent to the National Reference Laboratory for testing.
- ➤ All confirmed cases and suspected cases had been managed at health facility level. (See the distribution of cases by place in the map below)

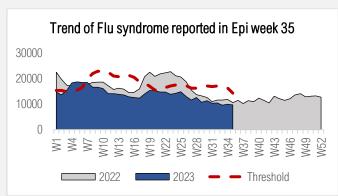


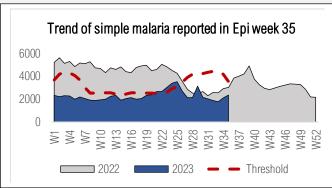
Distribution of immediate reportable diseases in Epi week 35

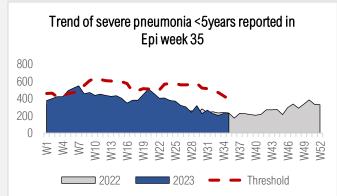
B. WEEKLY REPORTABLE DISEASES – EPI WEEK 35

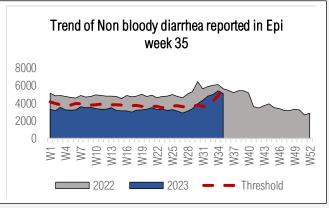
Description: In Rwanda, after the adaptation of the IDSR 3rd edition, eight diseases & events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and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

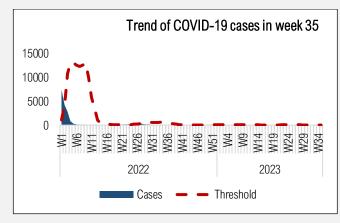
In Epi Week 35, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that no disease crossed the epidemic threshold.

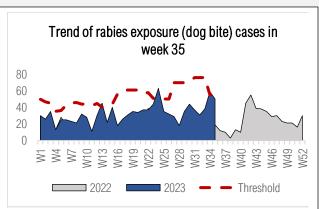






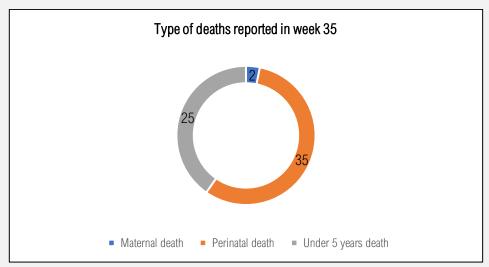






C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR - EPIDEMIOLOGICAL WEEK 35

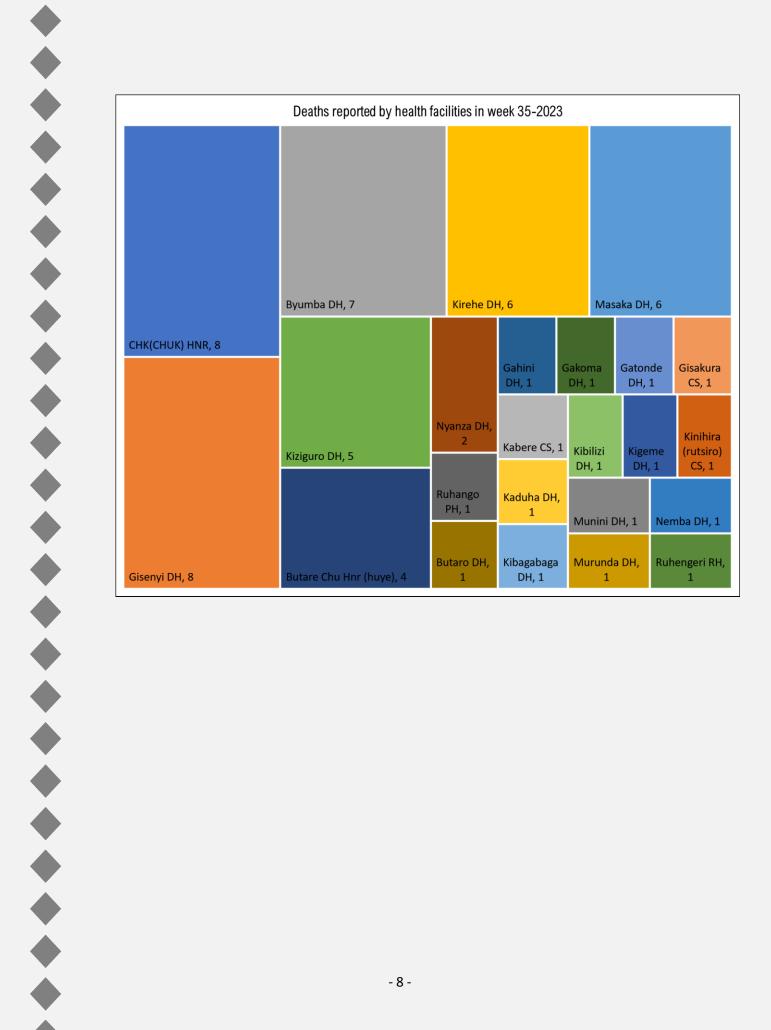
In Epi week 35, as summarized in the Pie Chart below, a total number of 62 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 35(56%) were classified as perinatal, 25 (40%) were deaths of children under 5 years old (included 1 death due to non-bloody diarrhea and 2 deaths due to severe pneumonia) and 2(3%) maternal deaths.



Cause of deaths declared in epi week 35

Deaths were reported from various catchment areas as follow:

- 8 deaths were reported respectively in CHUK and Gisenyi DH
- 7 deaths were reported in Byumba DH
- 6 deaths were reported respectively in Kirehe DH and Masaka DH
- 5 deaths were reported in Masaka DH
- 4 deaths were reported in CHUB
- 1 death was reported respectively in Butaro DH, Kaduha DH, Kigeme DH, Kibagabaga DH, Ruhango PH, Gahini DH, Gakoma DH, Gatonde DH, Kibilizi DH, Munini DH, Murunda DH, Nemba DH, Ruhengeri RF, Gisakura HC (in Bushenge DH), Kabere HC (in Ruhengeri RH) and Kinihira (Rutsiro-Murunda DH).



OUTBREAK AND EVENT UPDATES EPIDEMIOLOGICAL WEEK 35

1. FOODBORNE ILLNESS OCCURRED IN RULINDO DISTRICT, CYINZUZI SECTOR, BUDAKIRANYA CELL, KIGARAMA VILLAGE

Confirmed cases	0	Date reported:	August 28, 2023	Risk assessment	Low
Suspected cases	57	Source:	elDSR		
Death(s)	1	District/HFs:	Cyinzuzi HC,Remera-Mbogo HC/		
			Rutongo DH		
Total cases	57	Geoscope:	Low		

Outbreak description:

On 28/08/2023, 57 patients consulted in Remera-Mbogo and Cyinzuzi Health Centers with similar symptoms of abdominal pain, fever, diarrhea, and vomiting following the consumption of sorghum beer (ikigage) in a wedding ceremony on 26th and 27th August 2023. Among them 8 cases were transferred to Rutongo DH, and 1 death occurred. Currently, all patients are treated and discharged. The possible cause of the foodborne illness was the sorghum beer consumed.

Interventions conducted:

- Case management of the patients
- Stool samples were collected and sent to NRL
- Food samples were collected by and sent to forensic laboratory

2. FOODBORNE ILLNESS OCCURRED IN KAYONZA DISTRICT, GAHINI SECTOR, KAHI CELL, AKABARE VILLAGE

Confirmed cases	0	Date reported:	August 28, 2023	Risk assessment	Low
Suspected cases	17	Source:	elDSR		
Death(s)	0	District/HFs:	Nyakabugno HC/ Gahini DH		
Total cases	17	Geoscope:	Low		

Outbreak description:

On the 28/08/2023, patients consulted Nyakabungo HC with diarrhea, vomiting and abdominal pain following the consumption of sorghum beer in a family gathering. A total of 17 cases were recorded; among them 1 was referred to Gahini DH while the remaining were treated by the health center. Currently, all patients were treated and discharged. The possible cause of the food poisoning was the sorghum beer consumed.

Interventions conducted:

- Case management of the patients
- Four stool sample were collected at health center and sent to NRL.

3. UPDATE ON CHOLERA OUTBREAK IN RUBAVU DISTRICT, NYAMYUMBA SECTOR

Cholera outbrek that was occurred on 13/06/2023 in Kigufi health center had been declared ended on 07/09/2023.

4. UPDATE ON MEASLE OUTBREAK IN KIREHE DISTRICT, MAHAMA REFUGEE CAMP

The measles outbreak that was occurred in Kirehe district since 27th February 2023 was declared ended on 23/08/2023.

eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 35

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 35, the overall completeness and timeliness of disease surveillance data reporting in Rwanda was 99% and 97%, respectively. With regards to completeness of surveillance reports, almost all hospitals had the high completeness (>80%), except one that had a moderate reporting rate (Muhima DH).

For the timeliness, the overall score was 97%, almost all hospitals had the high timeliness (>80%), except Muhima DH that had a moderate timeliness rate and King Faysal hospital one hospital with low score ().

Notes: The health facilities that did not have a high score for the completeness or timeliness 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.

