



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 46 - 2023

(13-19 November 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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Event Based Surveillance (EBS) Highlights:

- During the epidemiological week 46, three deaths were notified through the electronic Community Event Based Surveillance System (eCEBS).
- o Four alerts were identified through the Epidemic Intelligence from Open Source (EIOS):
- Eastern Africa: El Niño Impact Snapshot (November 2023)
- > Humanitarians step up response to deadly cholera outbreak in Sudan
- Zimbabwe declares state of emergency in Harare over cholera
- ➤ Kenya 46 Dead and 58,000 Displaced as Floods Worsen

Indicator Based Surveillance (IBS) Highlights:

- o 325 immediate reportable diseases were notified by health facilities countrywide. These include the cases of acute flaccid paralysis (AFP), foodborne illness, mumps, severe malaria; bloody diarrhea, measles/rubella, cholera, RVF, Scabies and chicken pox.
- For 8 weekly reportable diseases and health events, a thorough analysis conducted for Epi Week 45 revealed that no disease surpassed 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 perinatal deaths and deaths of children under 5 years.

Outbreaks and events updates in week 46

One ongoing outbreak: Rubella outbreak in Karongi District, Kiziba Refugee Camp

Completeness and timeliness

In Epi Week 46, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 96% 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 BASED SURVEILLANCE

During the Epi week 46, three human deaths were notified from community

- > 1 death from Ngororero District
- 2 deaths from Rusizi District

MEDIA SCAN

Four alerts from EIOS:

1.Eastern Africa: El Niño Impact Snapshot (November 2023)

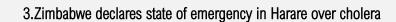
The confirmation of the presence of El Niño conditions and a positive Indian Ocean Dipole by local models have led to wetter-than-normal conditions triggering flooding (riverine and flash floods) in most parts of the region including Somalia, Kenya, Burundi, Ethiopia, Rwanda, South Sudan, Sudan, Tanzania, and Uganda leading to loss of lives and livelihoods and human displacement. By 15 November, more than 3,100,000 people were affected by the heavy rains and flooding between September and mid-November 2023, with at least 772,000 people displaced in Kenya, Somalia, Uganda, Burundi, and Ethiopia. The most affected countries include Somalia (1.7 million people), Ethiopia (760,000 people), South Sudan (450,980 people), Kenya (122,075 people), and Sudan (89,200 people).

The floods have also reduced access to and caused damage to existing water sources and sanitation infrastructures Meanwhile, the wetter-than-normal conditions will allow communities to recover from the effects of the prolonged 2020-2023 drought.

https://reliefweb.int/report/somalia/eastern-africa-el-nino-impact-snapshot-november-2023

2. Humanitarians step up response to deadly cholera outbreak in Sudan

UN agencies and partners are scaling up response to the outbreak, which was first declared in Gedaref state, located in the east, on 26 September. At least 2,525 suspected cases of acute watery diarrhea/cholera have been reported, including 78 associated deaths, in 27 localities across seven states. More than 3.1 million people are estimated to be at risk through the end of the year, according to the latest. Furthermore, the international mechanism that manages and coordinates emergency vaccine supply has approved the authorities' request for nearly three million doses of oral cholera vaccines that will be used in campaigns in nine localities in Gedaref and two other states. They are expected to arrive on 20 November and the vaccination campaigns should begin by the end of the month. https://news.un.org/en/story/2023/11/1143552



The outbreak has so far killed dozens of people with more than 7,000 suspected cases. The city authorities say the outbreak, spreading throughout the city, has invoked memories of a deadly outbreak in 2008, in which thousands died. https://www.bbc.com/news/world-africa-67447345

4.Kenya – 46 Dead and 58,000 Displaced as Floods Worsen

In a recent interview with local television, the Secretary General of the Kenya Red Cross Society, Dr Ahmed Idris, said that at least 19 of the country's 47 counties have now been affected by <u>flooding which began in late October 2023</u>. As many as 46 people have now lost their lives as a result of the heavy rains and flooding, Dr Ahmed Idris said.

Currently the worst affected areas are in the north of the country, in particular in Samburu, Wajir, Isiolo, Marsabit and Mandera counties. However, the recent overflow of the Tana River has affected areas in the east of the country including Tana River and Garissa counties. Dr Ahmed Idris said forecasts for the coming weeks show an possible increased flooding risk for western areas of the country. Some communities have been left isolated after flooding damaged or destroyed roads and bridges. Homes, schools and public buildings. Crops and large numbers of livestock have been lost, increasing worries of food insecurity. There is also a fear of rising cases of diseases, including cholera. "Crisis upon crisis. Kenya has experienced devastating flash floods causing displacement and disruption of lives and livelihoods. The Kenya Red Cross is responding to the immediate needs of those affected, providing shelter and essential relief items. Strong solidarity is needed. "https://floodlist.com/africa/kenya-floods-update-november-2023

WEEKLY UPDATES ON INDICATOR BASED SURVEILLANCE (IBS)

Description: Rwanda had implemented Indicator Based Surveillance according to the IDSR guidelines 3rd edition 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 weekly basis every Monday before midday.

A. IMMEDIATE REPORTABLE DISEASES – EPI WEEK 46

During this Epi week, 325 cases of immediate reportable diseases were notified:

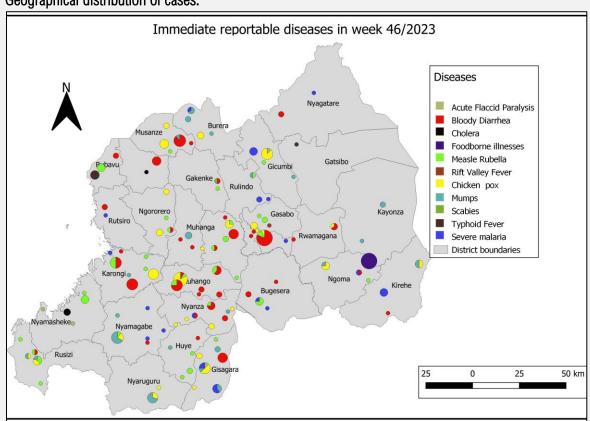
- 76 cases of chicken pox were reported by 29 HFs. Muyunzwe HC crossed the threshold.
- 39 cases of mumps were reported by 22 HCs. No HC crossed the threshold.
- 16 cases of foodborne illness were reported by Gituku HC, they were occurred in week 45.
- 98 suspected cases of bloody diarrhea (Shigellosis) were reported by 38 HCs. Results of samples sent to NRL from 15 to 19/11/2023 no sample tested positive for shigella dysenteriae.
- 52 suspected cases of Measles/Rubella were reported by 34 HCs, the samples were taken and sent to NRL, results are pending.
- 28 cases of severe malaria were reported by 18 health facilities, including Byumba DH, Kaduha DH, Kibungo RH, Kibuye RH, Kigeme DH, Kirehe DH, Masaka DH, Nyagatare DH, Nyanza DH, Rutongo DH,

- Ruhuha HC, Cyanika(Burera) HC, Cyanika (Nyamagabe) HC, Gisagara HC, Kajevuba HC, Kayove HC, Kibayi HC and Ngeruka HC.
- 4 cases of acute flaccid paralysis were reported by 4 health facilities: Gisagara HC, Gisiza HC, Muyange HC, Rangiro HC
- 1 case of suspected cholera case in Shyira HC, 3 cases of cholera were reported by Kibogora DH, among those from Kibogora DH, 2 samples were tested positive to vibrion cholerae.
- 1 suspected case of RVF was reported by Kibagabaga DH, the sample was tested negative by NRL
- 1 case of scabies
- 6 suspected cases of typhoid fever, reported by Ngarama DH and Polyclinic la Medicale de Rubavu

Notes:

For the diseases whose cases crossed the thresholds, District Hospitals are recommended to investigate. All confirmed cases and suspected cases had been managed at the health facility level.

Geographical distribution of cases:



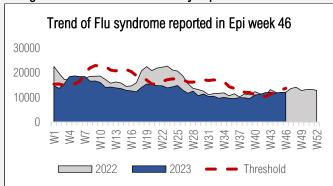
Distribution of immediate reportable diseases in Epi week 46

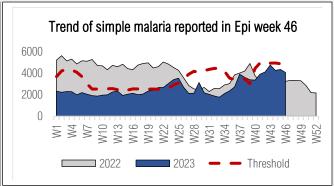
B. WEEKLY REPORTABLE DISEASES – EPI WEEK 46

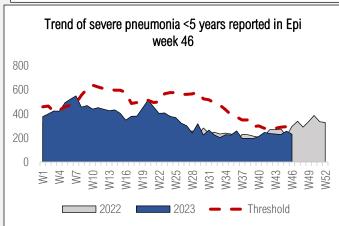
Description: In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases & events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

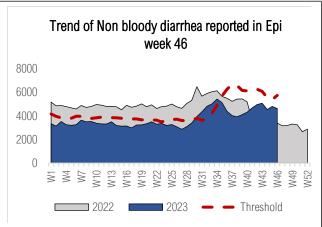
In Epi Week 46, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that no disease surpassed the epidemic threshold.

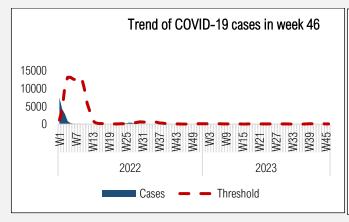
The figures below show the weekly reportable diseases trends:

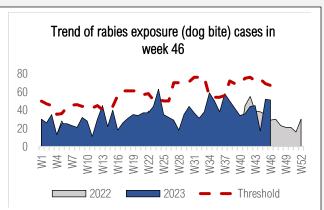






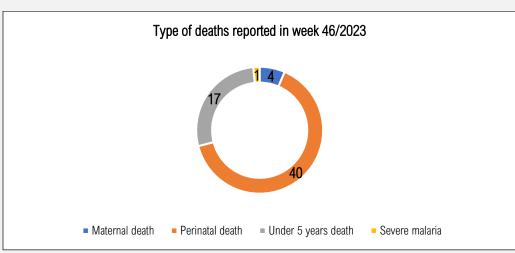






C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 46

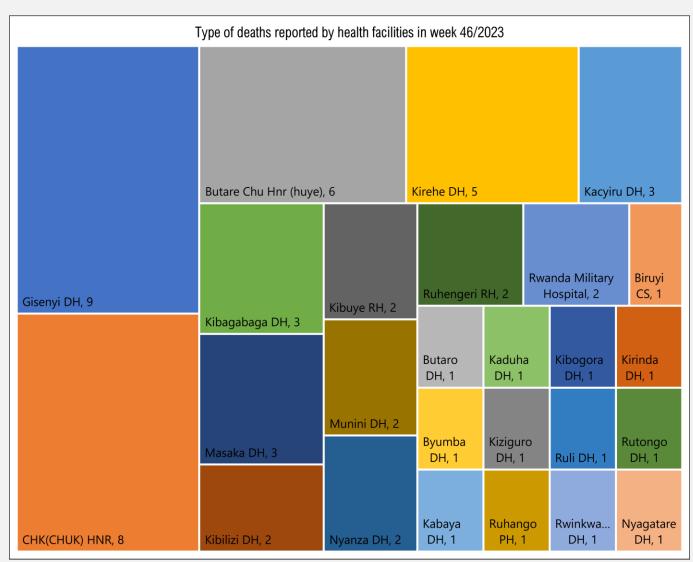
As summarized in the Pie Chart below, a total number of 62 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 42 (65%) were perinatal, 15 (27%) were deaths of children under 5 years old (including 2 deaths due to non-bloody diarrhea), 2 (6%) maternal deaths, and 1 (2%) death due to severe malaria.



Cause of deaths declared in epi week 46

Deaths were reported from various catchment areas as follow:

- 9 deaths were reported by Gisenyi DH
- 8 deaths were reported by CHUK
- 6 deaths were reported by CHUB
- 5 deaths were reported by Kirehe DH
- 3 deaths were reported respectively by Kacyiru DH, Kibagabaga DH and Masaka DH
- 2 deaths were reported respectively by Kibilizi DH, Kibuye RH, Munini DH, Nyanza DH, Ruhengeri RH, and Rwanda Military hospital
- 1 death was reported respectively by Butaro DH, Kabaya DH, Kaduha DH, Kibogora DH, Kirinda DH, Kiziguro DH, Ruhango PH, Ruli DH, Rutong DH, Rwinkwavu DH, Nyagatare DH and Biruyi HC (in Murunda DH).



Distribution of deaths by health facilities in Epi week 46

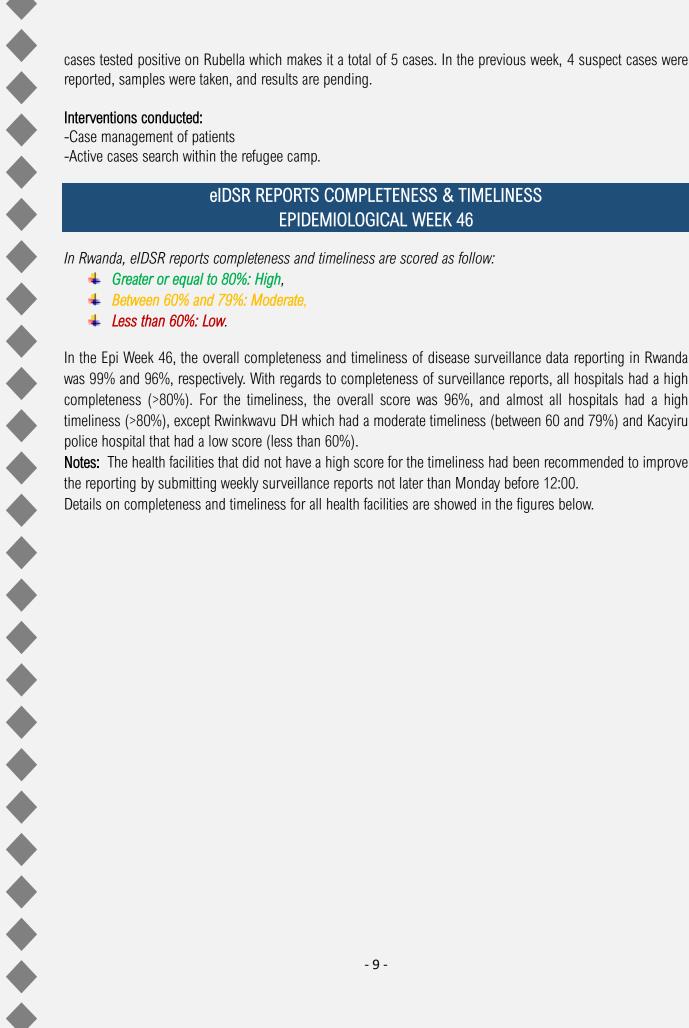
OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 46

1. RUBELLA OUTBREAK IN KIZIBA REFUGEE CAMP IN KARONGI DISTRICT

Confirmed cases	05	Date reported:	October 18, 2023	Risk assessment	Low
Suspected cases	21	Source:	elDSR		
Death(s)	0	District/HFs:	Kiziba camp/ Kibuye RH		
Total cases	26	Geoscope:	Low		

Outbreak description:

On 18/10/2023, Kiziba Camp HC collected 11 suspected samples of Measles/Rubella, among them 2 were tested positive for Rubella. Following that, an active case search was conducted; and in the previous week 3 additional



Interventions conducted:

- -Case management of patients
- -Active cases search within the refugee camp.

eIDSR REPORTS COMPLETENESS & TIMELINESS **EPIDEMIOLOGICAL WEEK 46**

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 46, the overall completeness and timeliness of disease surveillance data reporting in Rwanda was 99% and 96%, respectively. With regards to completeness of surveillance reports, all hospitals had a high completeness (>80%). For the timeliness, the overall score was 96%, and almost all hospitals had a high timeliness (>80%), except Rwinkwavu DH which had a moderate timeliness (between 60 and 79%) and Kacyiru police hospital that had a low score (less than 60%).

Notes: The health facilities that did not have a high score for the 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 figures below.



