



## WEEKLY EPIDEMIOLOGICAL BULLETIN

# WEEK 26– 2024

(24-30 June 2024)

### 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 26/2024

#### Event Based Surveillance (EBS) Highlights:

- **Alert from community:** thirty-four alerts: 25 Human Deaths, 5 Dog Bite, 4 Human Illness
- **Alert from EIOS:** three alerts
  - DRC - Cholera outbreak 2024
  - Title: Monkey pox: a new strain more dangerous occurred in DRC worries the who and researchers
  - Title: CDC warns of increase in mosquito-borne infections

#### ● Indicator Based Surveillance (IBS) Highlights:

- 136 immediate reportable diseases were notified by health facilities countrywide. These include the cases of acute flaccid paralysis (AFP), mumps, severe malaria, bloody diarrhea, measles/rubella, chicken pox, bacterial meningitis, typhoid fever, and foodborne illnesses.
- For 8 weekly reportable diseases and health events, a thorough analysis conducted for the Epi Week 26 revealed that malaria cases decreased in general, compared with the previous weeks, except some health facilities whose cases surpassed the epidemic thresholds.
- A total of 52 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Most of deaths were perinatal deaths and deaths of children under 5 years.

- **Sentinel surveillance:** Update on trend of influenza in Rwanda.

#### ● Outbreaks and events updates in week 26

- Three events of foodborne illness occurred, two in Rubavu district, Rugerero sector and one in Nyanza district, Mukingo sector
- Update on ongoing outbreaks:
  - Increase of malaria cases in some district hospitals
- Update on viral conjunctivitis disease in Rwanda

#### ● Completeness and timeliness

In Epi Week 26, the overall completeness and timeliness of surveillance data reporting in Rwanda was 97% and 91% respectively.

## WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS) EPIDEMIOLOGICAL WEEK 26

**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

- **Alert from community:** thirty-four alerts

- 25 Human Deaths
- 5 Dog Bite
- 4 Human Illness

- **Alert from EIOS:** three alerts

#### 1.DRC - Cholera outbreak 2024

19 cases including 4 deaths in the affected areas including Tshilenge, Mukumbi and Bibanga. Lack of hygiene, unsanitary conditions and the water problem are among the causes of this disease. To the population, the interim provincial governor Ananias Muzadi recommends the observance of barrier measures.

<https://flutrackers.com/forum/forum/emerging-diseases-other-health-threats-alphabetical-a-thru-h/cholera-incl-haiti-cholera-disaster/983978-drc-cholera-outbreak-2024?p=992854#post992854>

#### 2. Title: **Monkey pox: a new strain more dangerous occurred in DRC worries the who and researchers.**

A more severe strain of the virus, a mutated form of clade I, is circulating in the Democratic Republic of Congo's South Kivu province. There have been about 8,600 reported cases of mpox in the Congo and 410 deaths this year. The CDC has reported at least 32,063 mpox cases and 58 deaths in the US since 2022.

[https://www.lemonde.fr/afrique/article/2024/06/27/variole-du-singe-une-nouvelle-souche-plus-dangereuse-apparue-en-rdc-inquiete-l-oms-et-les-chercheurs\\_6244771\\_3212.html](https://www.lemonde.fr/afrique/article/2024/06/27/variole-du-singe-une-nouvelle-souche-plus-dangereuse-apparue-en-rdc-inquiete-l-oms-et-les-chercheurs_6244771_3212.html)

#### 3.Title: **CDC warns of increase in mosquito-borne infections | Fox Weather**

Nearly 10 million people have reportedly been infected with the virus. Countries in South America account for more than 98% of the infections. Puerto Rico issued a public health emergency after local officials said they saw a 350% increase in activity compared to the last five years. The World Health Organization maintains that the recent increase in mosquito-borne illnesses is likely tied to climate change.

## 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*

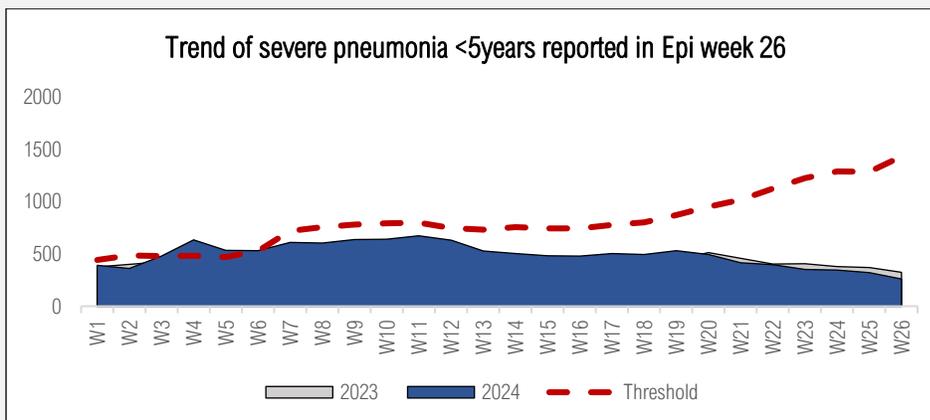
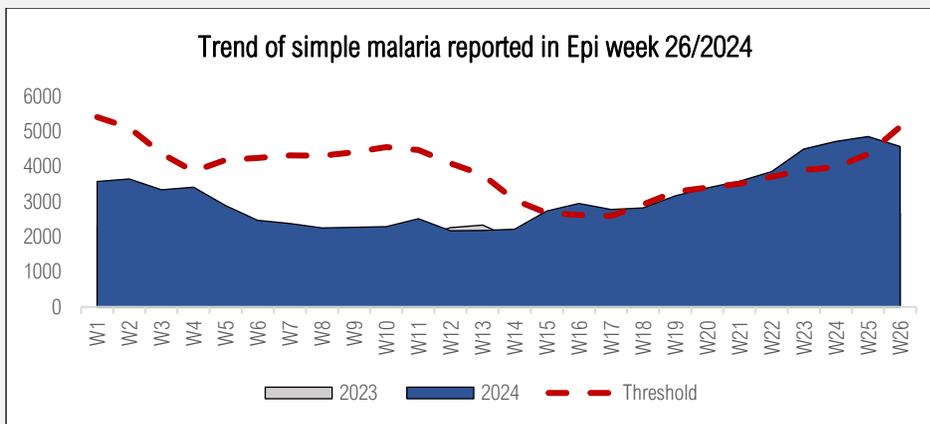
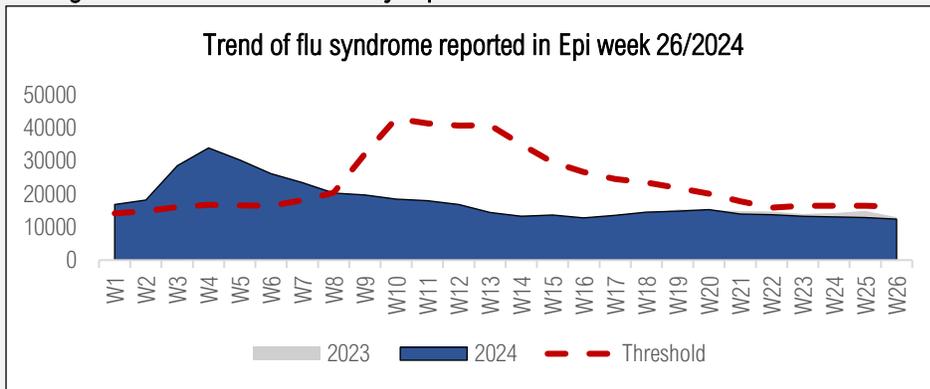


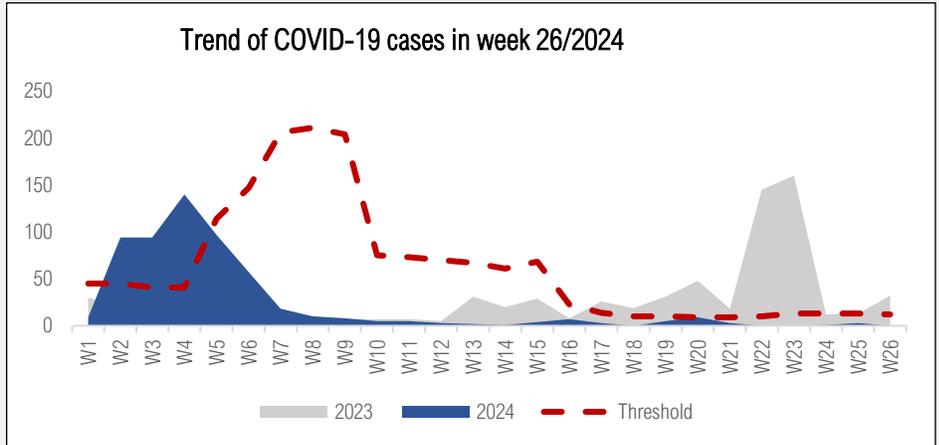
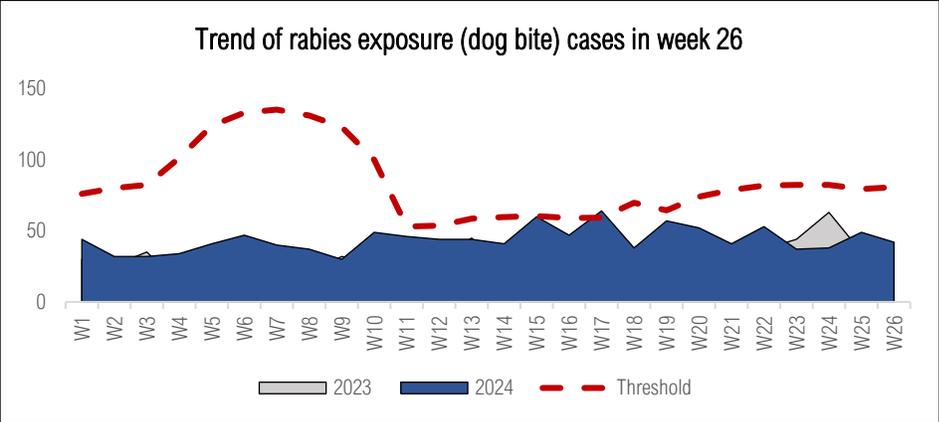
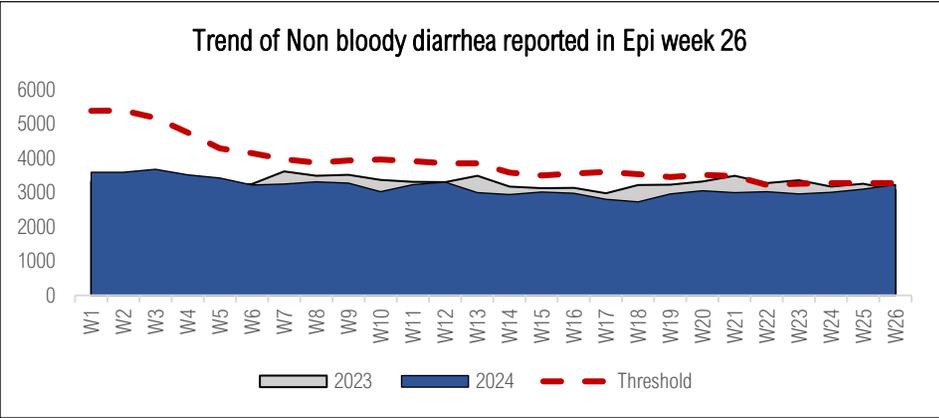
## B. WEEKLY REPORTABLE DISEASES – EPI WEEK 26

**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 26, 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 malaria cases decreased, compared with the previous weeks, the total of cases did not surpass the threshold, however, some health facilities surpassed the epidemic thresholds, they are described in outbreak section.

The figures below show the weekly reportable diseases trends:

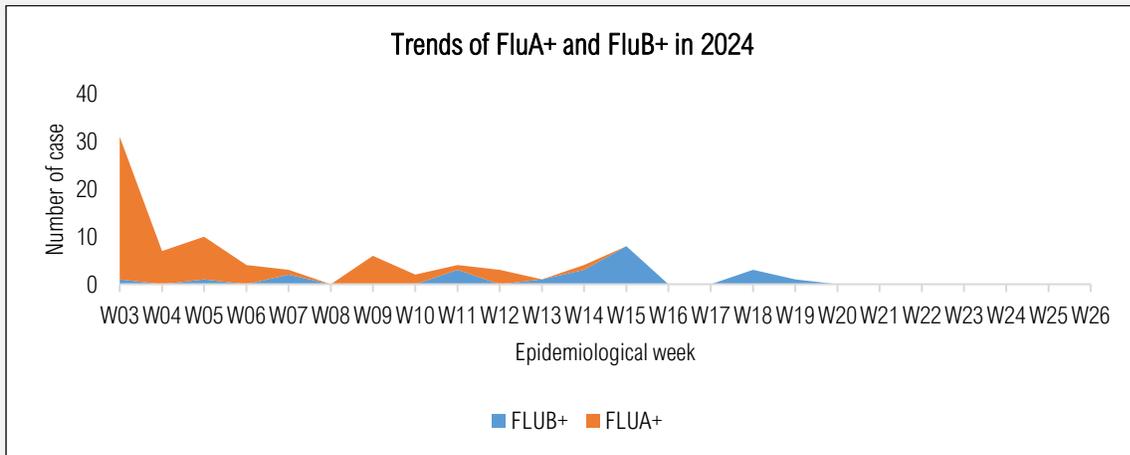




**SENTINEL SURVEILLANCE**

**Trend of influenza**

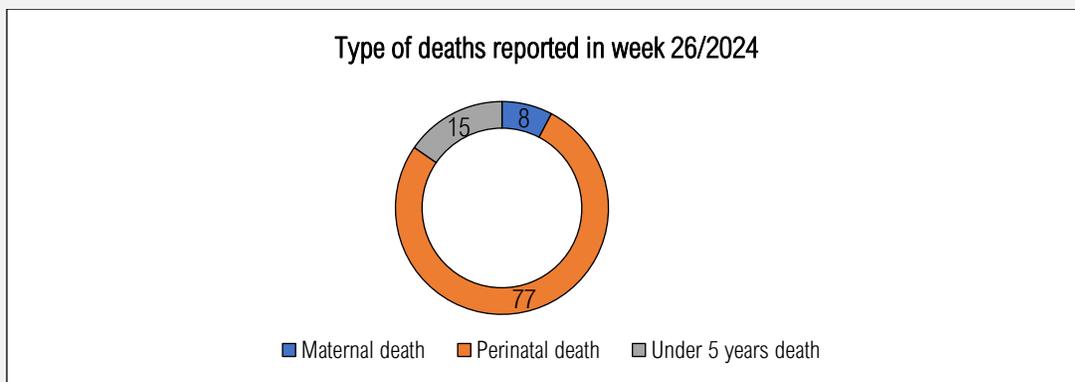
During the 26<sup>th</sup> Epidemiological week, a total of 17 samples were collected from sentinel site sites. (7) from RUHENGRI RH and (10) from KIBUNGO RH. Out of the 17 samples received and tested by the National Reference Laboratory (NRL), all tested negative for all influenza subtypes, 0 co-infection cases, and 0 positive case for COVID-19.



Trend of influenza in week 26

### C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 26

As summarized in the Pie Chart below, a total number of 52 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 40(77%) were perinatal deaths, 8 (15%) were the deaths of children under 5 years old, 4 (8%) maternal deaths.

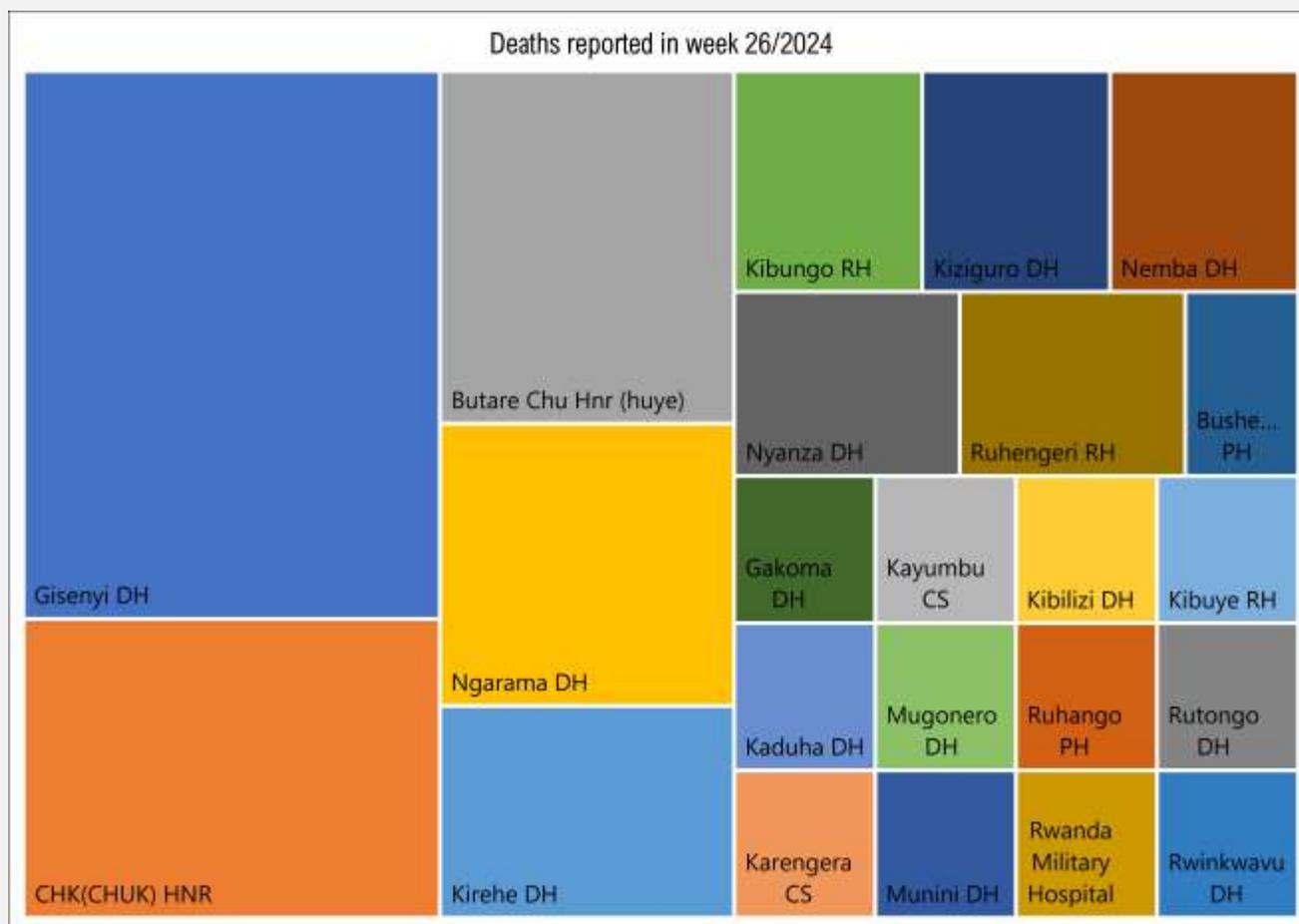


Cause of deaths declared in epi week 26

52 deaths were reported from various catchment areas as follow:

- 11 deaths were reported by Gisenyi DH (10 perinatal deaths and 1 under 5 years death),
- 6 deaths were reported by CHUK (4 perinatal death and 1 under 5 years death)
- 5 deaths were reported by CHUB (1 maternal death, 4 perinatal deaths)
- 4 deaths were reported by Ngarama DH (1maternal death,2 perinatal death and 1 under 5 years death)
- 3 deaths were reported by Kirehe DH (2 perinatal death and 1 under 5 years death)
- 2 deaths were reported respectively by Kibungo RH, Kiziguro DH, Ruhengeri RH, Nemba DH and Nyanza DH (all were perinatal deaths)
- 1death was reported respectively by Kibuye RH and Rwanda Military hospital (1each one reported 1 maternal death); Bushenge PH, Kaduha DH, Kayumbu HC in Rwamagana PH, Kibilizi DH, Mugonero DH, Ruhango PH, Rutongo DH and Rwinkwavu DH (each one reported 1 perinatal death), Gakoma DH, Karengera HC in Kibogora DH, Munini DH (each one reported 1under 5 years death).

Distribution of deaths by health facilities:



Distribution of deaths by health facilities in Epi week 26

## OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 26

1. Two events of foodborne illnesses outbreaks reported in Rubavu district, Rugerero sector

1.1 First event of foodborne illnesses outbreaks reported in Rubavu district, Rugerero sector

Confirmed cases	0	Date reported:	June 27, 2024	Risk assessment	Low
Suspected cases	2	Source:	eIDSR		
Death(s)	0	District/HFs:	Rugerero HC/ Gisenyi DH		
Total cases	2	Geoscope:	Low		

### Description

On June 27, 2024, at 8:00 AM, Rugerero HC received two cases of suspected foodborne illness from Rucyamo Village, Rwaza Cell, Rugerero Sector, Rubavu District. The patients, a 41-year-old female and a 9-year-old male,

presented with vomiting and abdominal pain that began on June 26, 2024, at 9:00 PM after consuming cassava earlier that day. The affected family consists of six members.

**Action Taken:**

The patients received fluid therapy and Buscopan.

They were transferred to the pediatric department at Gisenyi DH.

Community Health Workers (CHWs) and local authorities have been informed and requested to monitor the community for similar cases and advise affected individuals to visit the health facility.

**1.2 Second event of foodborne illnesses outbreaks reported in Rubavu district, Rugerero sector, Rusamaza school**

Confirmed cases	0	Date reported:	June 24, 2024	Risk assessment	Low
Suspected cases	21	Source:	eIDSR		
Death(s)	0	District/HFs:	Rugerero HC/ Gisenyi DH		
Total cases	21	Geoscope:	Low		

**Description**

On 24th June 2024 at 8:00 pm, Rugerero HC received 16 children from Rusamaza school presenting same symptoms (abdominal pai, vomiting), including 13 females and 3 males, they study in the same class (P6). As of 1/07/2024, 21 cases were reported, but they were received at HC until 27/06/2024. All cases were treated successfully, no similar case in community.

**Action taken:**

Case management with fluid (RL) and metoclopramide.

**2. Foodborne illnesses outbreak reported in Nyanza district, Mukingo sector**

Confirmed cases	0	Date reported:	June 24, 2024	Risk assessment	Low
Suspected cases	5	Source:	eIDSR		
Death(s)	0	District/HFs:	Gatagara HC/ Nyanza DH		
Total cases	5	Geoscope:	Low		

**Description**

on June 24, 2024, Gatagara Health Center received 5 persons (3 females, 2 males) who complained of abdominal pain, diarrhea, and vomiting after consuming non-alcoholic sorghum beer (Ubushera) at a household. The attack rate was 100% (5/5).

**Action taken**

Four cases were referred to Nyanza District Hospital, and one case was discharged into the community.

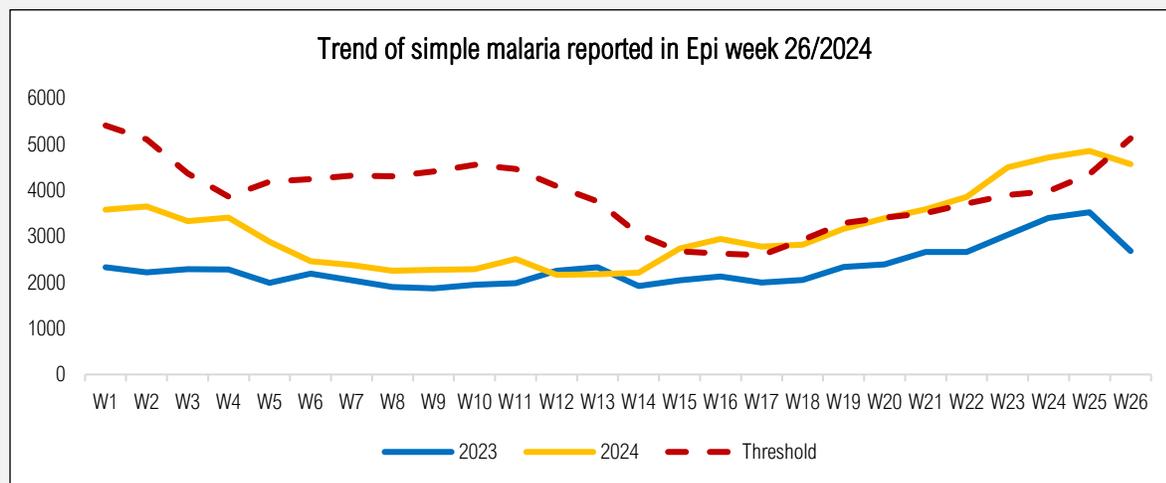
**3. Increase in cases of malaria in some district hospitals**

From the epi week 21 to 25/2024, malaria cases increased compared to the previous weeks of 2023, and the results of the analysis revealed that they surpassed the epidemic thresholds in some health facilities. As of epi

week 26/2024, the results of the analysis revealed that malaria cases decreased, compared with the previous weeks, the total of cases did not surpass the threshold, however, in 14 district hospitals the cases surpassed the epidemic thresholds, including: Bushenge PH (Gisakura HC), Gahini DH (Kageyo I HC), Butaro DH (Bungwe HC), Gakoma DH (Gishubi HC, Musha HC), Kibilizi DH (Kirarambogo HC, Kibayi HC and Gikore HC), Kibagabaga DH (Alpha&Omega dispensary, Beatrice polyclinic), Kibogora DH ( Karengera HC, Hanika HC, Nyamasheke HC, Hanika HC), Kirehe DH (Kigina HC, Kigarama HC, Mahama HC, Nasho HC), Mibilizi DH (Mibilizi HC), Mugonero DH (Gisovu HC), Murunda DH (Iwawa HC, Kibingo HC), Nyagatare DH (Karangazi HC), Nyamata DH (Kamabuye HC, Ntarama HC), Nyanza DH (Nyamure HC).

Those district hospitals are recommended to conduct the investigation and to initiate control measures.

#### Weekly malaria cases, Rwanda, from the epi week 1-26, year 2024 compared with 2023 and thresholds



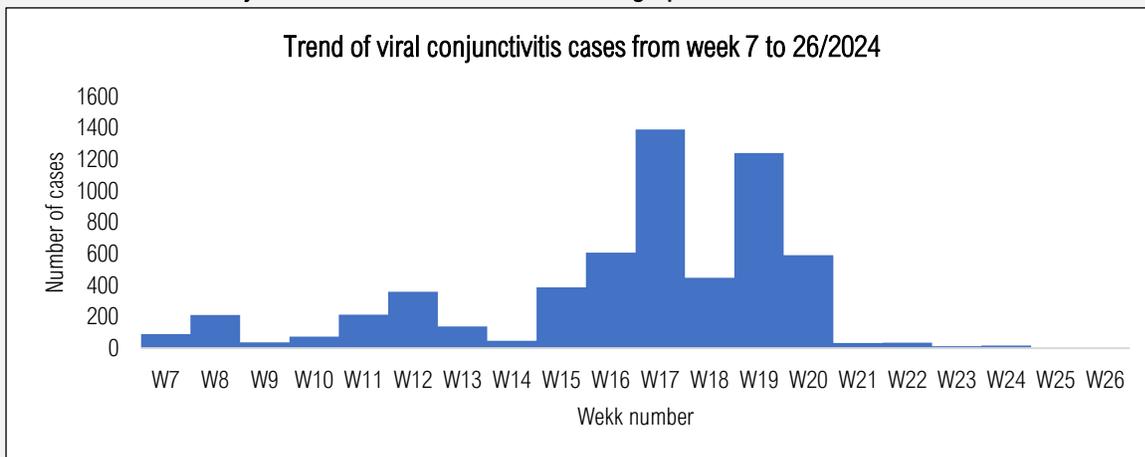
#### 4. Updates on virus conjunctivitis disease in Rwanda

Confirmed cases		Date reported:	February 15, 2024	Risk assessment	medium
Suspected cases	5927	Source:	eIDSR		
Death(s)	0	District/HFs:	Countrywide		
Total cases	5927	Geoscope:	medium		

#### Description:

The Adenovirus conjunctivitis outbreak started from February 15<sup>th</sup>, 2024; it was in Epi week 7. Since then, cases continued to occur up to week 24. The number of cases seemed decreased from week 20 up to week 25. As of 1st July 2024, the cumulative number of cases reported was 5927, no new case reported in these last 2 weeks.

The trend of viral conjunctivitis is shown on the following epi-curve.



Distribution of viral conjunctivitis until Epi week 26

## eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 26

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 26, the overall completeness and timeliness of disease surveillance data reporting in Rwanda, was scored to 97% and 91%, respectively. With regards to the completeness of surveillance reports, almost all hospitals had the high score (>80%), except Kacyiru police hospital and King Faysal Hospital which had a low completeness score. For the timeliness, it decreased compared with the previous week 25 (91% versus 97%). Two hospitals had a low score for timeliness (Kacyiru police hospital and King Faysal Hospital and Nyamata DH), while five hospitals had a moderate score (Nyagatare DH, Gahini DH, Nyamata DH, Kinihira PH and Kabutare DH).

**Notes:** The health facilities that did not have a high score for completeness and 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 shown in the figures below.

