



# WEEKLY EPIDEMIOLOGICAL BULLETIN

## WEEK 32– 2024

(05 - 11 August 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 32/2024

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

- **Alert from community:** no alert reported in this week
- **Alert from EIOS:** one alert

The World Health Organization declared mpox a global public health emergency for the second time in two years

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

- 305 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, Mpox, typhoid fever, cholera, snake bite and foodborne illness.
- For 8 weekly reportable diseases and health events, a thorough analysis conducted for the epi Week 32 revealed that non bloody diarrhea cases surpassed the epidemic thresholds.
- A total of 53 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 and VHF in Rwanda
- VHF surveillance update

#### ● Outbreaks and events updates in week 32

- Foodborne illnesses outbreaks reported in Rulindo and Huye Districts
- Ongoing Mpox outbreak in Rwanda

#### ● Completeness and timeliness

In Epi Week 32, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 94% respectively.

## WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS) EPIDEMIOLOGICAL WEEK 32

**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:** no alert notified
- **Alert from EIOS:** 1 alert

**The World Health Organization declared mpox a global public health emergency for the second time in two years**

The World Health Organization on Wednesday declared mpox a global public health emergency for the second time in two years, following an outbreak of the viral infection in Democratic Republic of Congo that has spread to neighbouring countries. An emergency committee met earlier on Wednesday to advise WHO Director-General Tedros Adhanom Ghebreyesus on whether the disease outbreak constitutes a "public health emergency of international concern," or PHEIC. <https://bit.ly/4dJiQVy>

## 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 32

During this Epi week, 305 cases of immediate reportable diseases were notified:

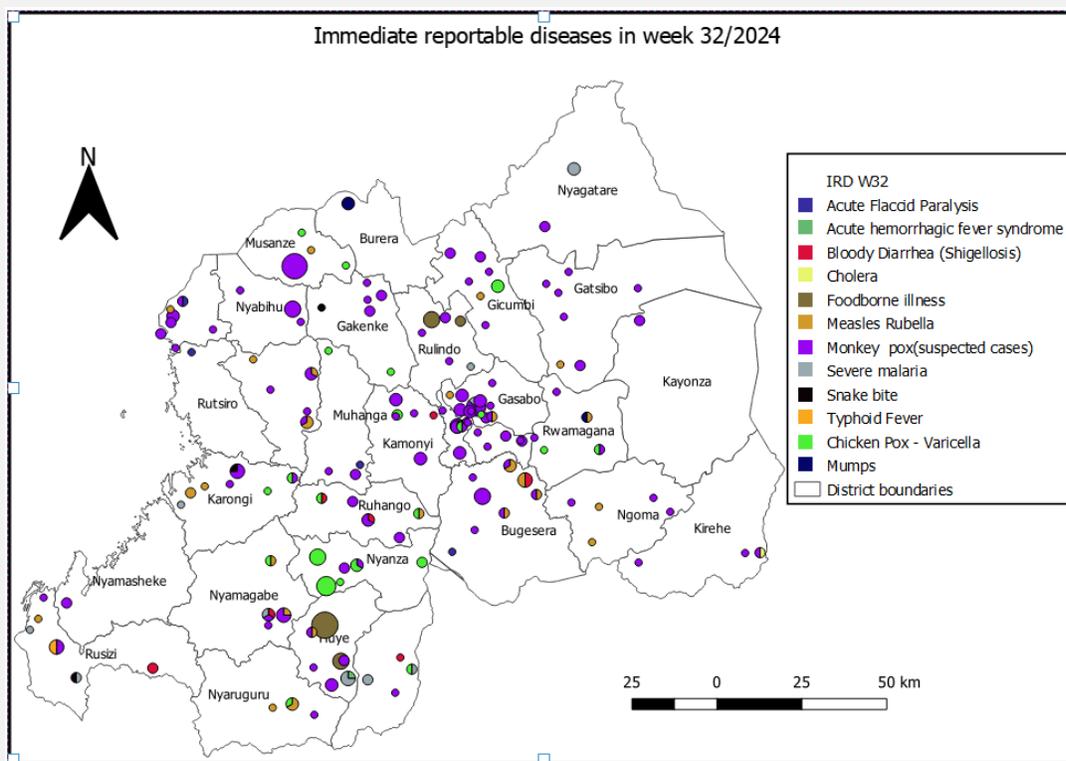
- 38 cases of chicken pox were reported by 23 HFs. No HF crossed the threshold.
- 4 cases of mumps were reported by 2 HCs. No HF crossed the threshold.
- 9 suspected cases of bloody diarrhea (Shigellosis) were reported by 7 health facilities. The samples were taken and sent to NRL.
- 30 suspected cases of Measles/Rubella were reported by 25 HCs. Samples were taken and sent to NRL.
- 18 cases of severe malaria were reported by 12 health facilities.
- 4 suspected cases of acute flaccid paralysis were reported by 4 health facilities, the samples were taken and sent to NRL for transportation to UVRI laboratory.

- 2 suspected cases of typhoid fever reported by 1 health facility. The samples were taken and sent to NRL
- 170 suspected cases of Mpox were reported by 97 health facilities they are described in outbreak section.
- 25 cases of foodborne illnesses were reported by 4 health facilities.
- 3 cases of snake bite were reported by 3 health facilities.
- 1 suspected case of cholera was reported by 1 health facility, it was tested negative.

**Notes:**

- ✓ All confirmed and suspected cases had been managed at the health facility level.
- ✓ The hospitals with surpassed thresholds are recommended to conduct the investigations.

**Geographical distribution of cases notified during the epi week 32/2024**



*Distribution of immediate reportable diseases in Epi week 32*

**B. WEEKLY REPORTABLE DISEASES – EPI WEEK 32**

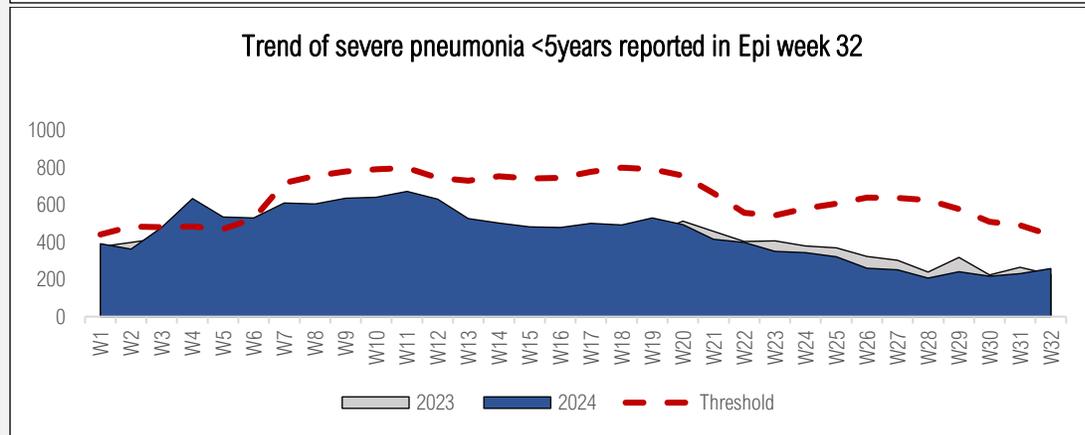
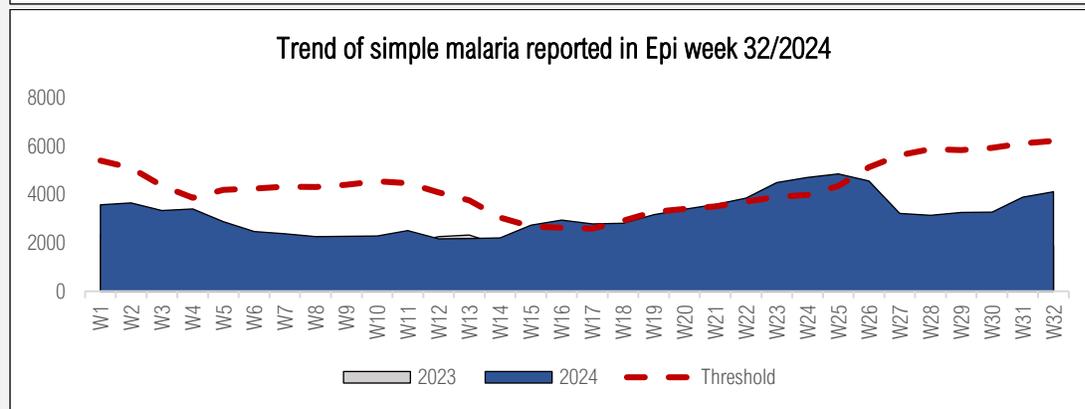
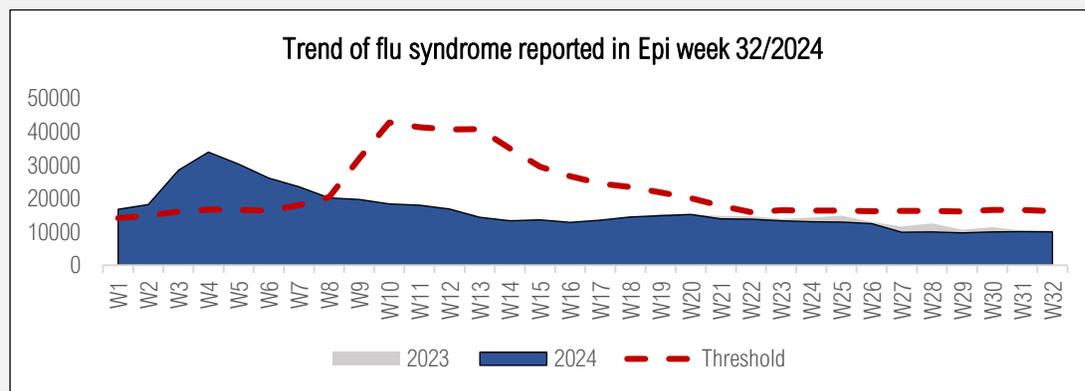
**Description:** *In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

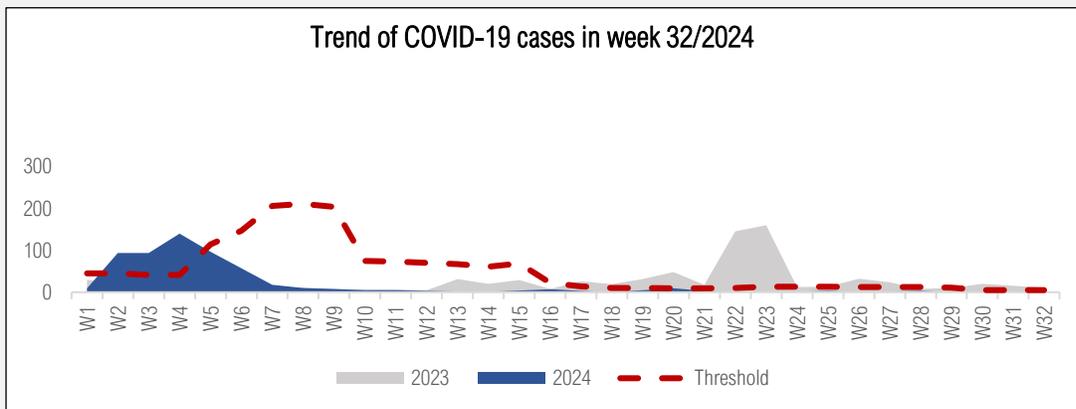
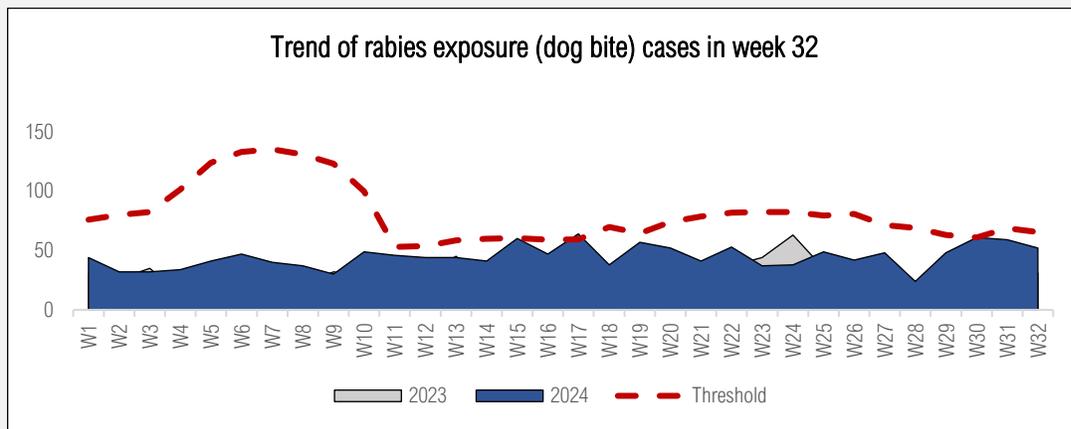
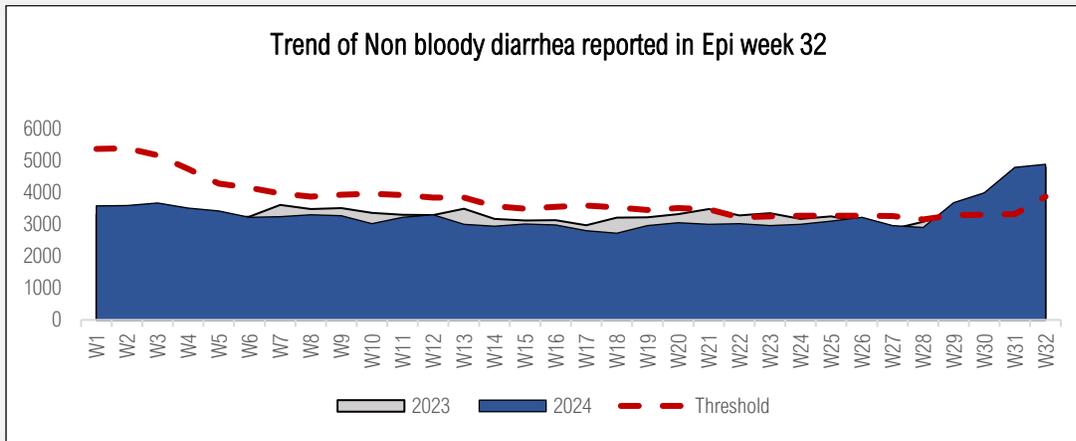
In Epi Week 32, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that non bloody diarrhea cases surpassed the thresholds in some health facilities, including Gakoma DH (Gikonko

HC, Save HC), Gahini (Mukarange HC), Gitwe (Byimana HC, Gitwe HC), Kabgayi DH (Gasovu HC, Gitarama HC), Kabaya DH (Ramaba HC), (Kabutare DH (Karama HC, Medilab clinic, Sangwa polyclinic) Kaduha DH (Kaduha DH, Kaduha HC, Buruhukiro HC, Mugano HC), Kibagabaga DH (Nyacyonga HC), Kibogora DH (Kibogora DH, Karengera HC, Yove HC), Kibungo RH (Jarama HC, Nkanga HP, Kibungo RH), Kibuye RH (Mukungu HC, Rugabano HC), Kigeme DH ( Kigeme DH, Nyamagabe HC), Kinyihira PH (Tumba HC) Kirehe DH (Kirehe HC ), Kirinda DH (Birambo HC), Kiziguro DH, Masaka (Dream Medical Center Hospital), Munini DH(Kivu HC), Murunda DH (Mukura HC), Nemba DH (Mataba HC), Ngarama DH (Gituza HC, Camp Nyabiheke HC), Nyamata DH (Nyarugenge HC), Nyanza DH (Kirambi HC, Nyamiyaga HC), Rutongo DH (Rwahi HC), Rwamagana (Nyagasambu HC), Ruli DH (Rwankuba HC), Ruhango PH (Ruhango PH), Remera Rukoma (Rapha clinic, Musambira HC).

**NB:** Those district hospitals are recommended to conduct the investigation and reinforce preventive measures.

The figures below show the weekly reportable diseases trends:

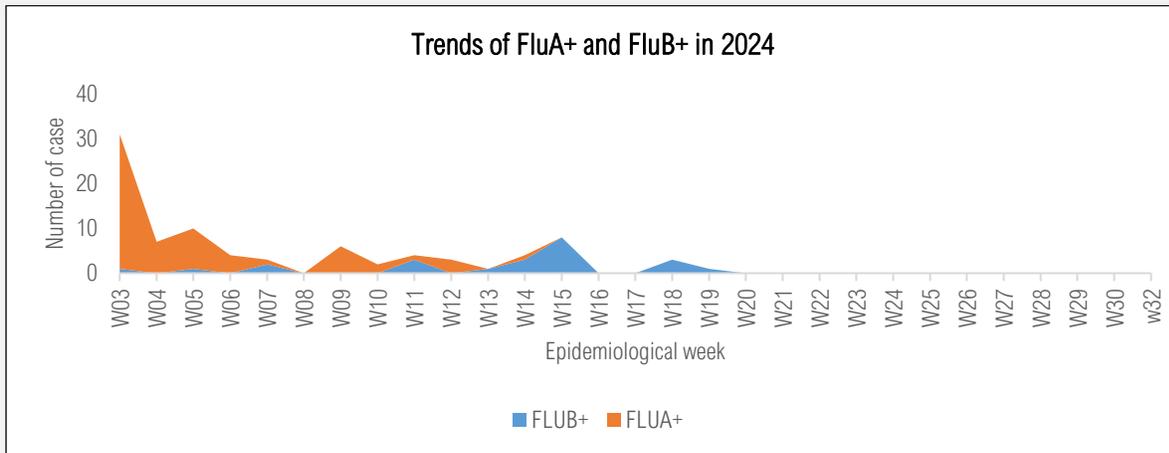




● Sentinel surveillance

1. Update on trend of influenza in Rwanda

During the 32<sup>nd</sup> Epidemiological week, 17 samples were collected from sentinel sites. (6) from GIHUNDWE RH, (6) from KIBUNGO RH and (5) from RUHENGELI RH. Out of the 17 samples received and tested by the National Reference Laboratory (NRL), all tested negative for all influenza subtypes with 0 co-infection cases, and 0 positive cases for COVID-19.

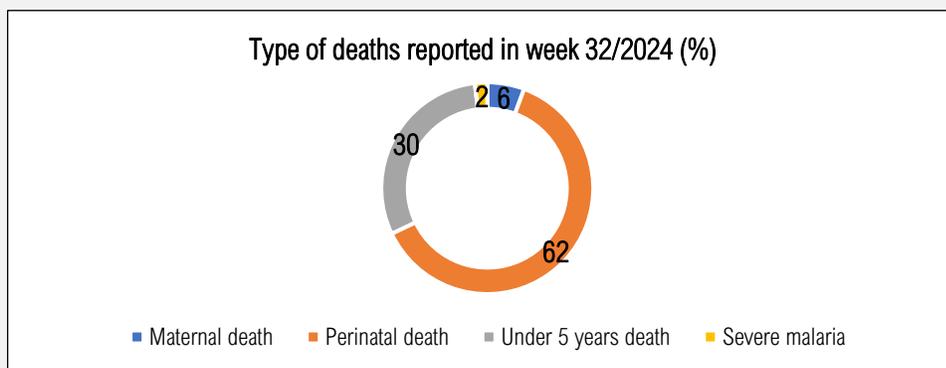


## 2. VHF surveillance update

A VHF active case search was conducted in VHF sentinel sites, 25 samples were tested, included 24 cases in Gisenyi DH and 1 case in CHUB tested, all were negative on Ebola, Dengue and Rift Valley Fever.

### C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 32

As summarized in the Pie Chart below, a total number of 53 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 33(62%) were perinatal deaths, 16 (30%) were the deaths of children under 5 years old (including 3 deaths due severe pneumonia), 3(6%) maternal death and 1 (2%) death due to severe malaria.



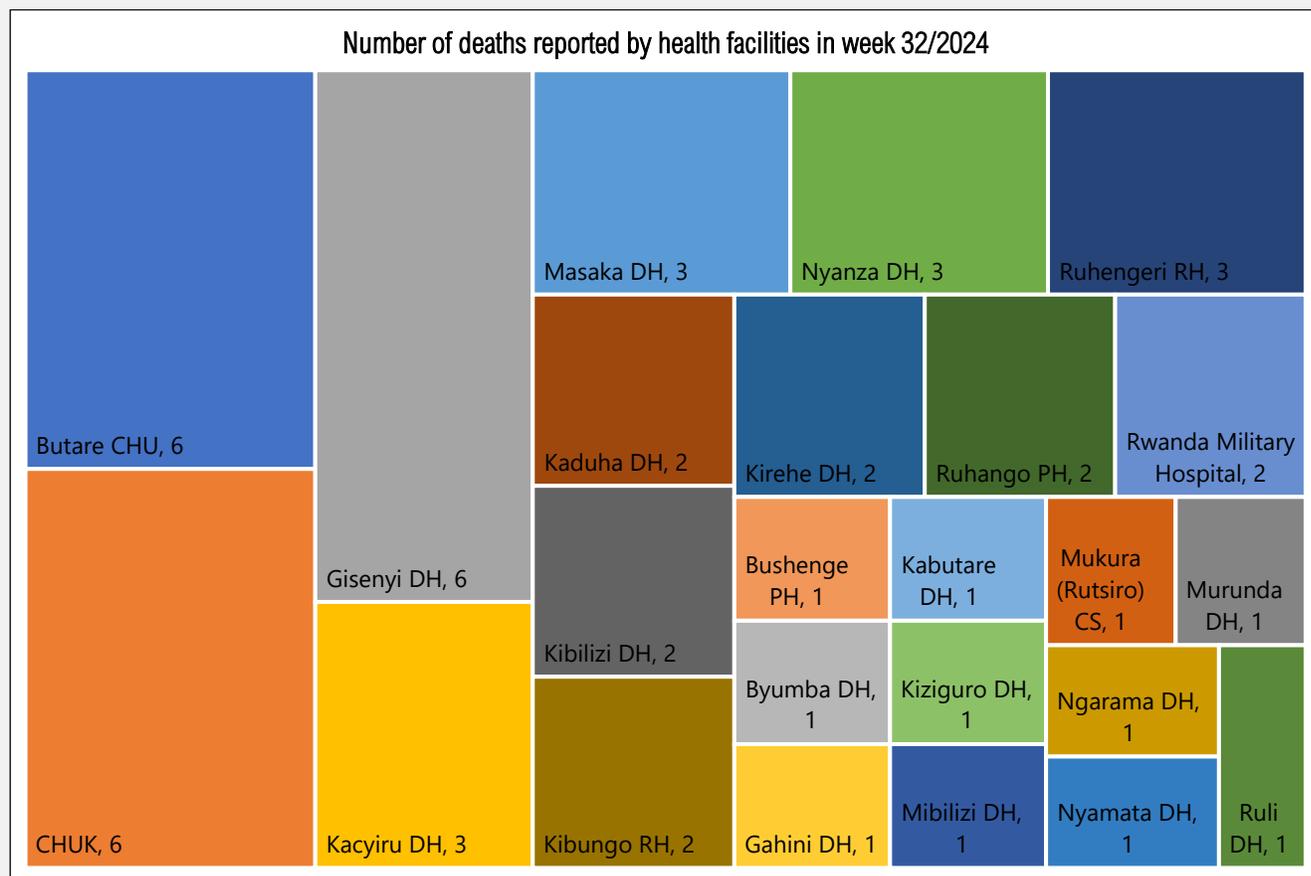
Cause of deaths declared in epi week 32

53 deaths were reported from various catchment areas as follow:

- 6 deaths were reported respectively by CHUB (2 perinatal deaths and 3 under 5 years deaths and 1 death due to severe malaria); CHUK (4 perinatal deaths, 2 under 5 years deaths); Gisenyi DH (1maternal death, 2perinatal deaths and 3 under 5 years deaths)
- 3 deaths were reported respectively by Kacyiru Police hospital and Ruhengeri RH (each one reported 2 perinatal deaths and 1 under 5 years death); Masaka DH and Nyanza DH (each one reported 3 perinatal deaths)

- 2 deaths were reported respectively by Kaduha DH and Kibungo RH (each one reported 1 perinatal death and 1 under 5 years death), Kibilizi DH (1maternal death, 1perinatal death), Kirehe DH, Ruhango PH, Rwanda Military Hospital (each one reported 2 perinatal deaths)
- 1death was reported respectively by Gahini DH (1 maternal death); Bushenge PH, Byumba DH, Kabutare DH, Kiziguro DH, Murunda DH, Ngarama DH (each one reported 1perinatal death), Mibilizi DH, Nyamata DH, Ruli DH, Mukura HC in Murunda DH (each one reported 1 under 5 years death).

**Distribution of deaths by health facilities:**



*Distribution of deaths by health facilities in Epi week 32*

**OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 32**

**1. Foodborne illnesses outbreak in in Huye District, Kigoma Sector, Gishihe Cell, Kababaji Village**

Confirmed cases	<b>0</b>	Date reported:	<b>August 9, 2024</b>	Risk assessment	<b>Low</b>
Suspected cases	<b>18</b>	Source:	<b>eIDSR</b>		
Death(s)	<b>0</b>	District/HFs:	<b>Kinyamakara HC &amp; Kabutare DH</b>		
Total cases	<b>18</b>	Geoscope:	<b>Low</b>		

## Description

On August 9, 2024, at 22:00, Kinyamakara HC received 18 patients (Attack rate :36%, 18/50) complaining of abdominal pain, diarrhea, vomiting, and nausea after consuming non-alcoholic sorghum brew (umusururu) [ No food served] at a baptism ceremony. A total of 9 patients were consulted at Kinyamakara HC as outpatients and 4 remaining under observation, 5 patients were transferred to Kabutare DH for further treatment. All patients are currently stable. The probable cause was the consumption of contaminated non-alcoholic sorghum brew (Ubushera).

## Actions Taken:

- Case management with ORS, paracetamol, ibuprofen, loperamide,
- Stool samples collected
- Active community case finding
- Reporting the cases in the eIDSR

## 2. Foodborne illnesses outbreak in Rulindo District, Tumba sector

Confirmed cases	0	Date reported:	August 12, 2024	Risk assessment	Low
Suspected cases	5	Source:	eIDSR		
Death(s)	0	District/HFs:	Tumba HC/ Kinyihira PH		
Total cases	5	Geoscope:	Low		

## Description

On 12/08/2024, Tumba HC received 5 patients (male: 3, Female: 2) complaining of abdominal pain, vomiting, abdominal pain and diarrhea after eating the meat of a cow that was slaughtered after it had died of an illness it had, the attack rate was 10% (5/50,). All cases were managed and became stable and no deaths recorded.

## Action Taken:

- Case management.

## 3. Ongoing Mpox outbreak reported in Rwanda

Confirmed cases	4	Date reported:	July 20, 2024	Risk assessment	moderate
Suspected cases	170	Source:	eIDSR		
Death(s)	0	District/HFs:	97 health facilities		
Total cases	174	Geoscope:	Moderate		

## Description

Four cases of Mpox confirmed were identified in Rwanda, they had the history of traveling out of the country, two were treated, cured and discharged, while two other cases are still on treatment. 170 suspected cases of Mpox had been reported in 97 health facilities in week 32, they were tested negative in laboratory.

## Actions taken

- Case management
- Community sensitization on Mpox prevention

## eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 32

*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 32, the overall completeness and timeliness of disease surveillance data reporting in Rwanda, was scored to 99% and 94%, respectively. Almost all hospitals had the high score (>80%) for the completeness, except CARAES Ndera hospital which had a low score. For the timeliness, many hospitals had a high score, except Muhima DH catchment area that had a moderate score; and four hospitals which had a low score: Kacyiru police hospital, King Faysal hospital, CARAES Ndera hospital and Rwanda Military Hospital that had a low score.

**Notes:** The health facility that did not have a high score for the 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.



