



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 05 – 2024

(29 January-04 February 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 05/2024

Event Based Surveillance (EBS) Highlights:

- During the Epidemiological Week 05, eighteen human deaths were notified through the electronic Community Event Based Surveillance System (eCEBS)

Alerts identified through the Epidemic Intelligence from Open Source (EIOS): Eight alerts:

- CHP closely monitors human case co-infected with avian influenza A(H10N5) and influenza A(H3N2) on Mainland.
- South Kivu/Monkeypox: The bar of 180 cases crossed in Kamituga
- Cholera in Comoros, Two deaths and seven hospitalizations
- 61 cholera cases reported in NW Tanzania
- Kenya declares polio outbreak with 14 cases reported in Garissa County, Nairobi
- Government receives confirmed reports of Rift Valley Fever outbreak / Kenya.
- South Sudan - Yellow fever outbreak 2024
- Red Eye Disease Outbreak: Tanzania's Affliction Spreads to Coastal Kenya

Indicator Based Surveillance (IBS) Highlights:

- 123 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, Bacterial meningitis, and chicken pox.
- For 8 weekly reportable diseases and health events, a thorough analysis conducted for Epi Week 05 revealed that flu syndrome and severe pneumonia surpassed the epidemic thresholds, even if the number of cases decreased.
- A total of 76 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 05

- No outbreak occurred

Completeness and timeliness

In Epi Week 05, the overall completeness and timeliness of surveillance data reporting in Rwanda was 98% and 95% respectively.

WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS) EPIDEMIOLOGICAL WEEK 05

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 05, sixteen human deaths were notified from community through eCBS:

- 18 human deaths:
- 16 deaths from Rwamagana District / Rukori Village: the notifications were received regarding the tragic incident at Mugesera Lake in Rwamagana district, Rukori village. Report was received through eCBS that a group of 16 people, including 10 females and 6 males aged between 6 months and 73 years old, drowned in the lake. The event is described below in event updates section.
- 1 death from Rulindo District / Rugaragara Village
- 1 death from Karongi District / Gisebeya Village

MEDIA SCAN

Eight alerts from EIOS were detected:

- CHP closely monitors human case co-infected with avian influenza A(H10N5) and influenza A(H3N2) on Mainland. <https://www.info.gov.hk/gia/general/202401/31/P2024013100657.htm>
- South Kivu/Monkeypox: The bar of 180 cases crossed in Kamituga
<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1015682776>
<https://flutrackers.com/forum/forum/africa-ac/monkeypox/984668-drc-mpox-monkeypox-outbreak-2024>
- Cholera in Comoros, Two deaths and seven hospitalizations
<https://lagazettedescomores.com/sant%C3%A9/chole%C3%A9ra-aux-comores-deux-d%C3%A9c%C3%A8s-et-sept-hospitalisations-.html>
- 61 cholera cases reported in NW Tanzania
http://www.china.org.cn/world/Off_the_Wire/2024-02/03/content_116983800.htm
- Kenya declares polio outbreak with 14 cases reported in Garissa County, Nairobi
<https://www.aa.com.tr/en/africa/kenya-declares-polio-outbreak-with-14-cases-reported-in-garissa-county-nairobi/3125477>
- Government receives confirmed reports of Rift Valley Fever outbreak / Kenya.
<https://www.kbc.co.ke/government-receives-confirmed-reports-of-rift-valley-fever-outbreak/>
- South Sudan - Yellow fever outbreak 2024
<https://flutrackers.com/forum/forum/emerging-diseases-other-health-threats-alphabetical-i-thru-z/yellow-fever/985088-south-sudan-yellow-fever-outbreak-2024#post985088>
- Red Eye Disease Outbreak: Tanzania's Affliction Spreads to Coastal Kenya

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 05

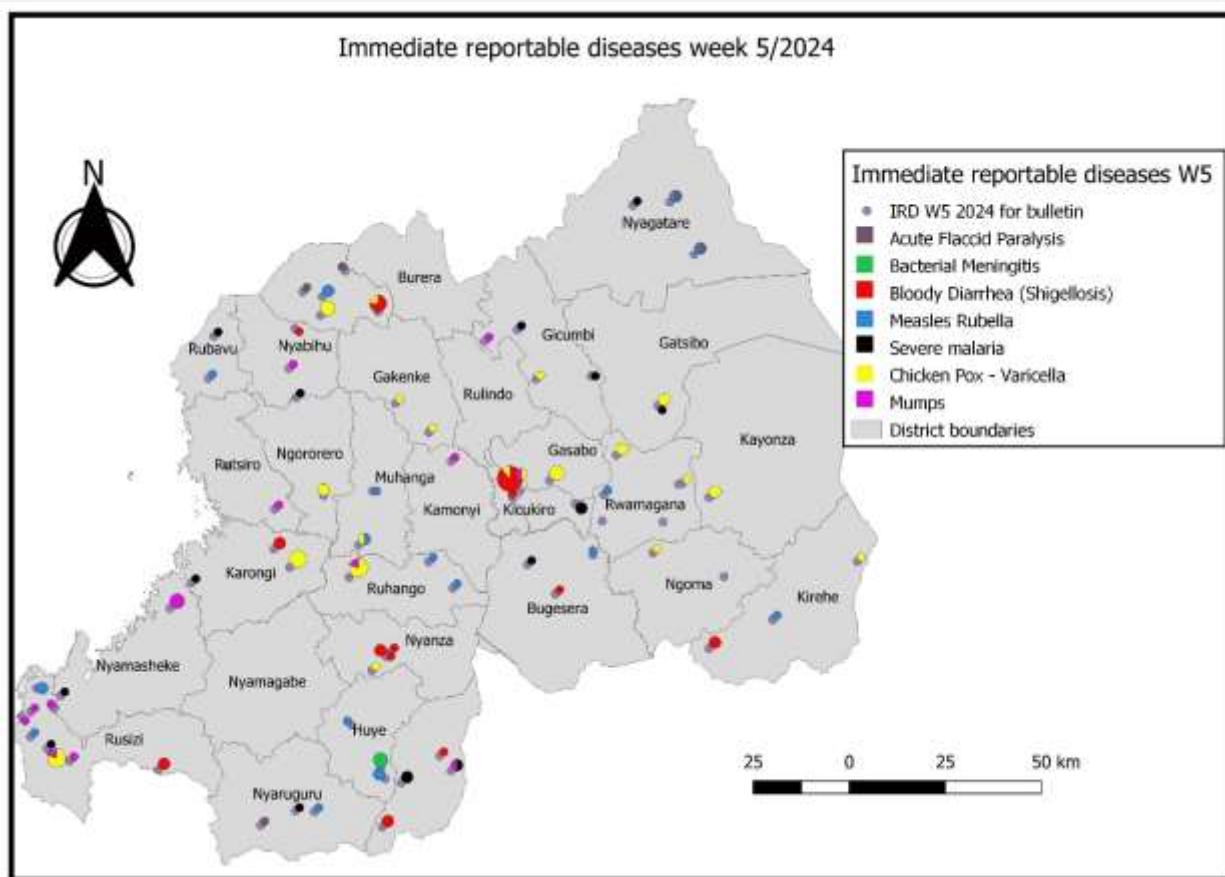
During this Epi week, 123 cases of immediate reportable diseases were notified:

- 38 cases of chicken pox were reported by 21 HFs. No HF crossed the threshold.
- 15 cases of mumps were reported by 13 HCs. No HF crossed the threshold
- 27 suspected cases of bloody diarrhea (Shigellosis) were reported by 13 health facilities. The samples were taken and sent NRL. For the results of the previous week, no shigella dysenteriae had been detected.
- 19 suspected cases of Measles/Rubella were reported by 16 HCs. The samples were taken and sent to NRL; results of week 5 are pending, while the sample of the previous week 4 were tested negative.
- 16 cases of severe malaria were reported by 14 health facilities
- 5 cases of acute flaccid paralysis were reported by 5 health facilities, the samples were taken and sent to NRL for transportation to UVRI laboratory.
- 3 cases of suspected Bacterial meningitis from CHUB

Notes:

- All confirmed and suspected cases had been managed at the health facility level.

Geographical distribution of cases:



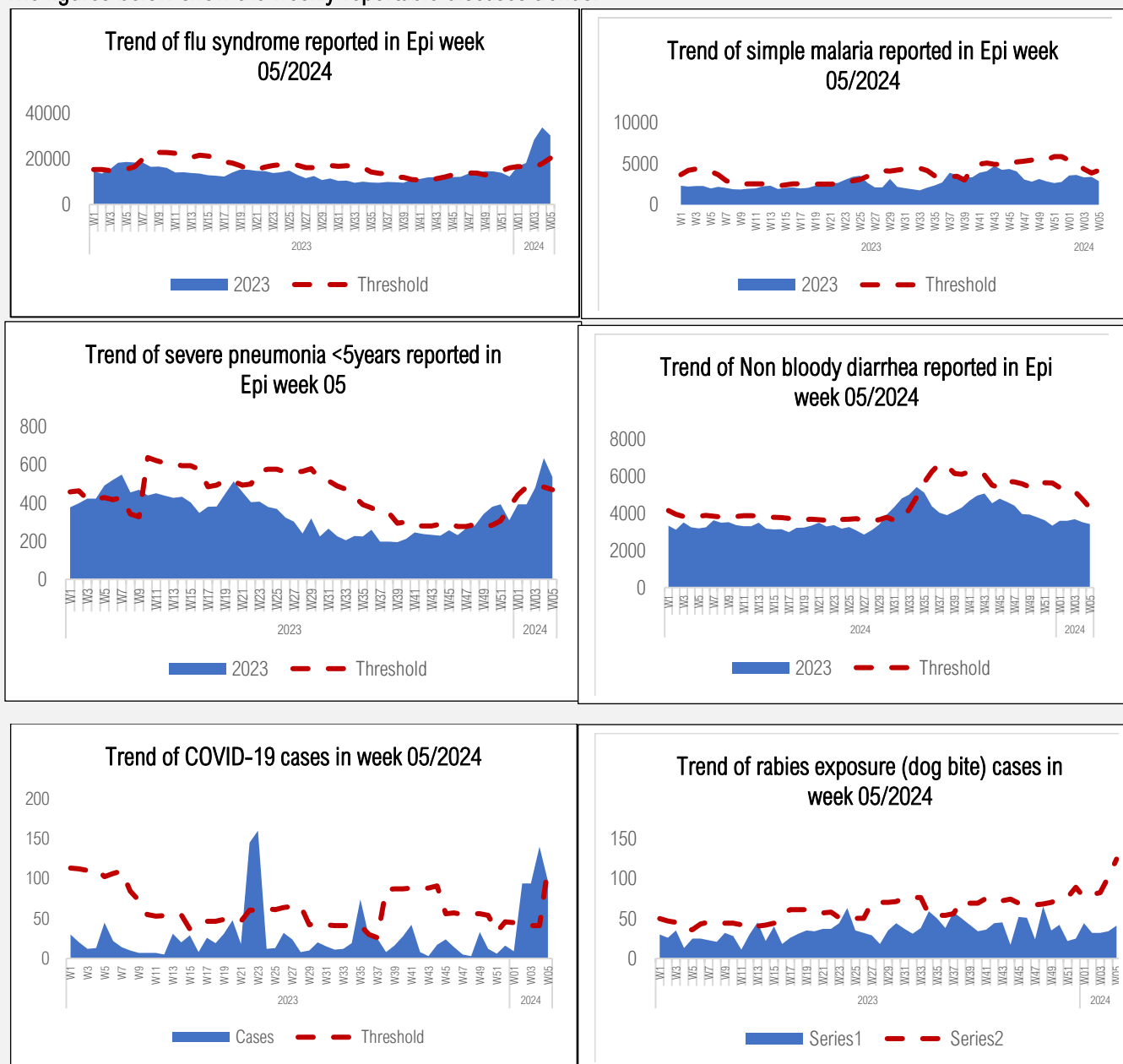
B. WEEKLY REPORTABLE DISEASES – EPI WEEK 05

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 5, 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 flu syndrome and severe pneumonia cases surpassed the epidemic thresholds, even if the number of cases decreased, respectively from 33859 to 30260 cases for flu syndrome and from 635 to 535 cases for severe pneumonia. Flu syndrome cases surpassed thresholds in one or more health facility located in one of 26/46 DHs, including Bushenge, Butaro, Byumba, Gakoma, Gisenyi, Gitwe, Kabaya, Kabgayi, Kabutare, Kibagabaga, Kibilizi, Kibogora, Kibuye, Kigeme, Kirehe, Masaka, Muhima, Muhororo, Munini, Nyamata, Nyanza, Nyarugenge, Remera Rukoma, Rutongo, Rwamagana, Shyira. For severe pneumonia cases, they surpassed thresholds in one or more health facility located in the following 27/46 DHs: Butaro, Byumba, Gatonde, Gihundwe, Gisenyi, Gitwe, Kabaya, Kabgayi, Kabutare, Kibagabaga, Kibilizi, Kibuye, Kinyihira, Kiziguro, Masaka, Mibilizi, Muhororo, Munini, Murunda, Nema, Nyagatare, Nyanza, Nyarugenge, Remera Rukoma, Ruhango, Ruhengeri, Rutongo, Shyira

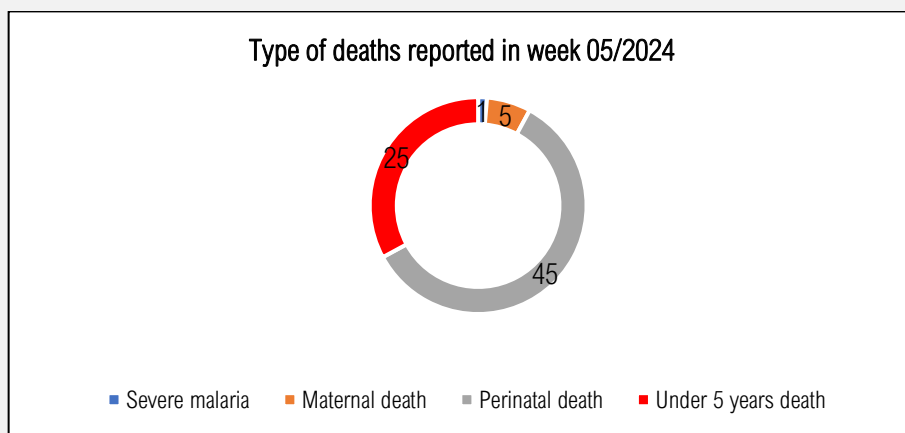
Note: The district hospitals that have the cases which surpassed the thresholds are recommended to conduct an investigation and reinforce preventive and control measures.

The figures below show the weekly reportable diseases trends:



C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 05

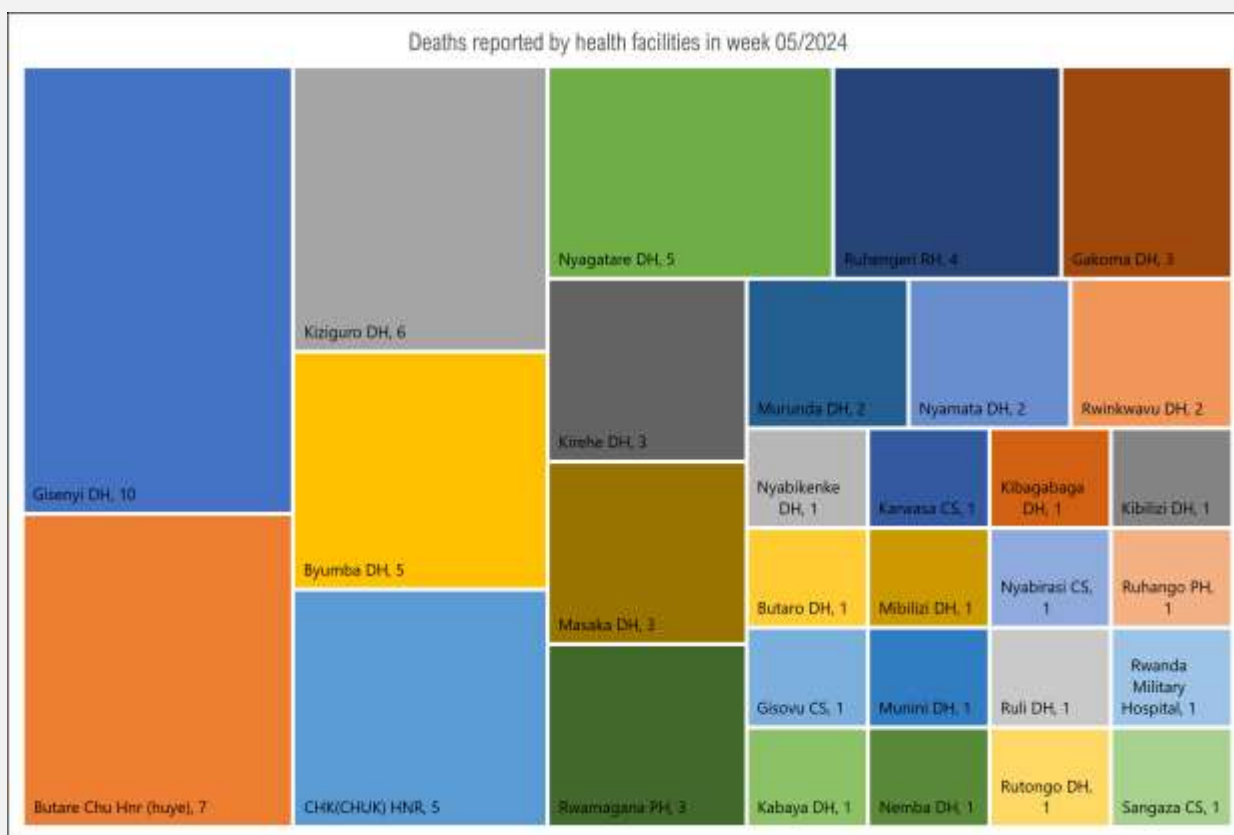
As summarized in the Pie Chart below, a total number of 76 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 45 (59%) were perinatal, 25 (33%) were deaths of children under 5 years old (including 1 death due to severe pneumonia), 1 (1%) death due to severe malaria, and 5 (7%) maternal deaths.



Cause of deaths declared in epi week 05

76 deaths were reported from various catchment areas as follow:

- 10 deaths were reported by Gisenyi DH: 8perinatal deaths; 1 under 5 years deaths and 1 maternal death
- 7 deaths were reported CHUB: 5 perinatal deaths and 2 maternal deaths
- 6 deaths reported by Kiziguro DH: perinatal and 3 under 3 deaths
- 5 deaths were reported respectively by Byumba DH (4 perinatal deaths, 1under 5 years death),CHUK (2 perinatal deaths, 2under 5 years death and 1 maternal death), Nyagatare DH (all were perinatal deaths)
- 4 deaths were reported by Ruhengeri RH (3 perinatal deaths, 1maternal death)
- 3 deaths were reported respectively by Gakoma DH (2 perinatal deaths,1under 5 years death), Kirehe DH (2 perinatal deaths, 1under 5 years death), Masaka DH (3 perinatal deaths), Rwamagana PH (1 perinatal death, 2 under 5 years deaths)
- 2 deaths were reported respectively by Nyamata DH (2 under 5 years death), Rwinkwavu DH (2 perinatal deaths), Murunda DH (2 under 5 years death including 1 death due to severe pneumonia of under 5 years)
- 1 death was reported respectively by Nyabikenke DH, Kabaya DH, Kibagabaga DH, Kibilizi DH, Munini DH, Nemba DH, Rutongo DH, Rwanda Military Hospital, Nyabirasi HC (in Murunda DH) and Sangaza HC (in Kibungo RH): every health facility reported 1under 5 years death; Butaro DH,Gisovu HC (in Mugonero DH); Mibilizi DH, Ruhango PH and Ruli DH: every HF reported 1 perinatal death, and Karwasa HC(in Ruhengeri RH) reported 1 death due to severe malaria.



Distribution of deaths by health facilities in Epi week 05

OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 05

- No outbreak identified
- **Event update:** 16 human deaths in Rwamagana district




On 26 /01/2024; there was an event of 16 human deaths from Rwamagana District / Rukori Village: the notifications were received through eCBS regarding the tragic incident at Mugesera Lake in Rwamagana district, Rukori village, where a group of 16 people, including 10 females and 6 males aged between 6 months and 73 years old, drowned in the lake, while they were traveling from Ngoma district where they worked daily agricultural activities, to their homes at Karengye sector. The probable cause of the incident should be related to the boat overloaded (The boat transported 46 passengers with their materials).

Interventions

- A team from Rwamagana district and Karengye sector went to the field for community sensitization on measures to take for preventing next incident, such as avoiding the overloading of the boat.
- A team of doctors and nurses went to the field to conduct postmortem examination

eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 05

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 05, the overall completeness and timeliness of disease surveillance data reporting in Rwanda was 98% and 95%, respectively. With regards to completeness of surveillance reports, almost all hospitals had a high completeness (>80%), except one hospital: CARAES Ndera. For the timeliness, many hospitals had a high completeness (>80%), except two hospitals with a moderate timeliness score (between 60% and 79%): Gitwe and Gihundwe DHs; and three hospitals with a low score (below 60%): Kacyiru, King Faysal hospital and CARAES Ndera.

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 showed in the figures below.

Completeness						Timeliness					
Hospital catchment	W01	W02	W03	W04	W05	Hospital catchment	W01	W02	W03	W04	W05
Nyagatare	100	100	100	100	100	Nyagatare	93	93	100	100	100
Gatunda	100	100	100	100	100	Gatunda	100	100	100	100	100
Ngarama	100	100	100	100	100	Ngarama	100	100	100	100	100
Kiziguro	100	100	100	100	100	Kiziguro	100	100	100	100	92
Gahini	100	100	100	100	100	Gahini	100	100	100	100	100
Rwinkwavu	100	100	100	100	100	Rwinkwavu	100	88	100	100	88
Kibungo	100	100	100	100	100	Kibungo	94	100	100	100	100
Kirehe	100	100	100	100	100	Kirehe	100	100	100	100	90
Rwamagana	94	94	100	100	94	Rwamagana	83	100	100	94	89
Nyamata	100	88	100	100	94	Nyamata	100	100	100	88	94
Kinihira	100	100	100	100	100	Kinihira	100	89	89	100	100
Rutongo	100	100	100	100	100	Rutongo	100	100	87	100	100
Gatonde	100	100	100	100	100	Gatonde	100	100	100	100	100
Butaro	100	100	100	100	100	Butaro	100	95	95	100	90
Ruli	100	100	100	100	100	Ruli	100	100	100	100	100
Nemba	100	100	100	100	100	Nemba	100	100	100	100	100
Ruhengeri	100	100	100	94	89	Ruhengeri	94	94	100	94	89
Byumba	100	100	100	100	100	Byumba	100	100	100	100	100
CHUB	100	100	100	100	100	CHUB	100	100	100	100	100
Kabutare	100	100	100	100	95	Kabutare	95	100	95	100	95
Kabgayi	100	100	100	100	100	Kabgayi	100	100	92	100	100
Kibilizi	100	100	100	100	100	Kibilizi	100	91	100	100	91
Gakoma	100	100	100	100	100	Gakoma	83	100	100	100	83
Gitwe	100	100	100	100	100	Gitwe	100	100	89	100	78
Ruhango	100	100	100	100	100	Ruhango	100	88	100	100	100
Remera Rukoma	100	100	100	100	100	Remera Rukoma	100	100	100	93	93
Nyanza	100	95	95	95	100	Nyanza	95	95	100	100	89
Kigeme	100	100	100	100	100	Kigeme	100	100	100	100	100
Kaduha	100	100	100	100	100	Kaduha	100	90	100	100	100
Munini	100	100	100	100	100	Munini	100	100	100	100	100
Bushenge	100	100	100	100	88	Bushenge	100	100	88	100	88
Kibogora	100	100	100	100	100	Kibogora	100	100	100	93	100
Kibuye	100	100	100	100	100	Kibuye	100	100	100	100	100
Kirinda	100	100	100	100	100	Kirinda	100	100	100	100	100
Mugonero	100	100	100	100	100	Mugonero	100	100	100	100	86
Shyira	88	100	100	100	88	Shyira	88	100	100	100	88
Muhororo	100	100	100	100	100	Muhororo	100	100	90	100	100
Kabaya	100	100	100	100	100	Kabaya	100	100	86	100	100
Gihundwe	100	100	100	100	80	Gihundwe	100	100	100	100	70
Mibilizi	100	100	100	100	100	Mibilizi	100	100	100	100	100
Gisenyi	100	100	100	100	100	Gisenyi	94	100	100	94	94
Murunda	95	100	100	100	100	Murunda	95	100	100	100	100
CHUK	100	100	100	100	100	CHUK	100	0	100	100	100
Nyarugenge	89	100	100	100	100	Nyarugenge	89	89	89	100	100
Muhima	100	100	100	100	100	Muhima	100	100	100	100	100
RMH	0	100	100	100	100	RMH	0	100	100	100	100
Masaka	92	100	100	100	100	Masaka	92	100	100	100	92
Kigababaga	95	100	100	90	95	Kigababaga	80	95	100	85	85
Kacyiru	100	100	100	0	100	Kacyiru	100	0	100	0	0
KFH	0	100	100	100	100	KFH	0	100	100	100	0
Caraes Ndera	100	100	100	0	0	Caraes Ndera	0	100	100	0	0
Nyabikenke	100	100	100	100	100	Nyabikenke	100	100	100	100	100
Rwanda	99	99	100	99	98	Rwanda	97	98	98	98	95