



# WEEKLY EPIDEMIOLOGICAL BULLETIN

## WEEK 11 – 2024

(11-17 March 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 11/2024

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

- **22 Alerts from community:** 18 Human Deaths (HD), 2 Human illness (HI), 1 Animal illness (AID) and 1 Dog Bite (DB)
- **Alert from EIOS: 2**
  - More than 600 dead in spreading DR Congo mpox outbreak since the Republic of Congo reports its first cases.
  - Ikirunga cya Nyamulagira cyagaragaje ibimenyetso byo kuruka (*The Nyamulagira volcano has shown signs of eruption*)

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

- 631 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, Typhoid fever, bacterial meningitis and viral conjunctivitis
- For 8 weekly reportable diseases and health events, a thorough analysis conducted for Epi Week 11 revealed that no disease surpassed the epidemic threshold
- A total of 84 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 11

Multiple Outbreaks of adenovirus conjunctivitis were reported in schools:

1. Outbreak of adenovirus conjunctivitis in Groupe scolaire APAGE Musha, Rwamagana district
2. Ongoing Adenovirus Conjunctivitis Outbreak at GS Saint Martin Hanika boarding school, in Nyamasheke District
3. Outbreak of Adenovirus conjunctivitis in GS. Bukora, Kirehe District.
4. Outbreak of Adenovirus Conjunctivitis at ECOSE Saint Kizito Musambira, Kamonyi District.
5. Outbreak of Adenovirus Conjunctivitis at GS Saint Pierre boarding school, in Rusizi District
6. Outbreak of Adenovirus conjunctivitis in Kizigura secondary school, Gatsibo District.
7. Outbreak of Adenovirus conjunctivitis in Kirehe DH gynecology ward

#### Completeness and timeliness

In Epi Week 11, 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 11

**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

- **22 Alerts from community:**
  - 18 Human Deaths (HD)
  - 2 Human illness (HI)
  - 1 Animal illness (AID)
  - 1 Dog Bite (DB)
- **2 Alerts from EIOS:**
  - **More than 600 dead in spreading DR Congo mpox outbreak as Republic of Congo reports its first cases.** Through November 12, 2023, the ongoing clade 1 mpox outbreak in the Democratic Republic of the Congo (DRC) sickened nearly 13,000 people the most ever recorded in a year and killed nearly 600, according to a **rapid communication** published yesterday in *Eurosurveillance*. As of 15 March 2024, the country's health ministry and the DRC office of the World Health Organization updated those numbers, **noting that**, for the full year, 14,626 suspected cases were reported, with 654 deaths, for a case-fatality rate (CFR) of 4.5%. <https://www.cidrap.umn.edu/mpox/more-600-dead-spreading-dr-congo-mpox-outbreak-republic-congo-reports-its-first-cases>
  - **Ikirunga cya Nyamulagira cyagaragaje ibimenyetso byo kuruka (*The Nyamulagira volcano has shown signs of eruption*).** The Volcanological Observatory of Goma (OVG), responsible for monitoring volcanoes in the Democratic Republic of Congo, has announced that it has observed unprecedented activity at Nyamulagira volcano, indicating a potential eruption. Among the signs observed by OVG are increased emissions of CO<sub>2</sub> in the volcano's gases, seismic activity within the Earth's crust continuing to rise, suggesting the potential for increased volcanic activity. OVG warns that this ongoing activity poses a threat to communities living near the volcano. Residents are advised to continue following safety instructions to avoid harm. The observatory reaffirms its commitment to closely monitor both Nyamulagira and Nyiragongo volcanoes, as there is no clear evidence indicating which volcano might erupt more severely, posing numerous challenges for Africa. In May 2023, OVG had previously reported signs of unrest at Nyamulagira

volcano, indicating a potential eruption on the southwestern flank of the volcano. At that time, the alert prompted evacuations in Virunga National Park, where local communities reside. Volcanoes in the DRC have the capability to cause significant eruptions in Africa. The eruption of Nyiragongo in recent decades has resulted in significant loss of life and displacement of many, devastating homes and livelihoods in the eastern part of the country.  
<https://mobile.igihe.com/amakuru/mu-mahanga/article/ikirunga-cya-nyamulagira-cyagaragaje-ibimenyetso-byo-kuruka>

## 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 11

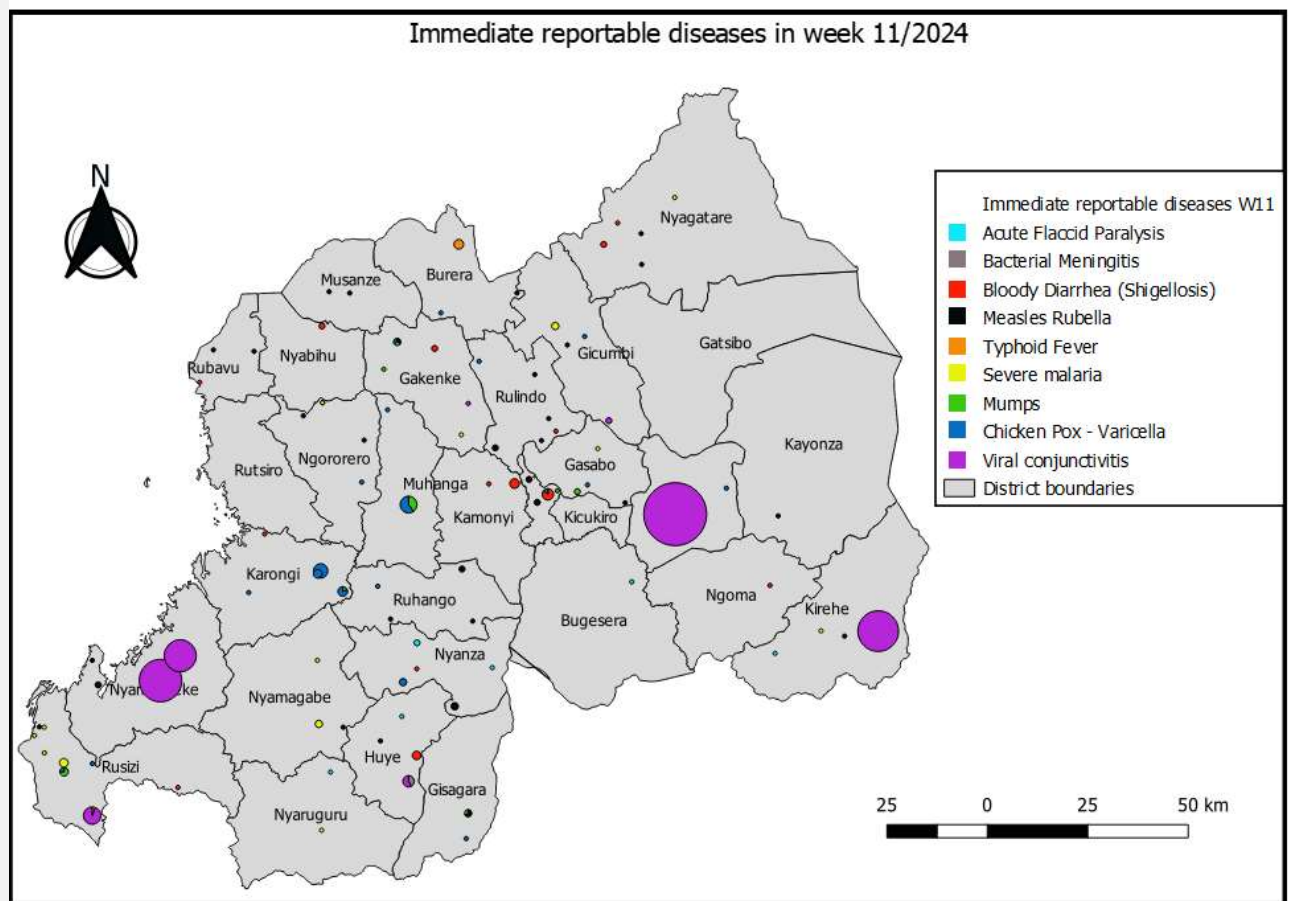
During this Epi week, 631 cases of immediate reportable diseases were notified:

- 45 cases of chicken pox were reported by 19 HFs. Birambo HC (in Kirinda DH) crossed the threshold.
- 16 cases of mumps were reported by 8 HCs. No HF crossed the threshold
- 29 suspected cases of bloody diarrhea (Shigellosis) were reported by 14 health facilities. The samples were taken and sent NRL. For the results of the samples of the previous week, two samples from Masoro and Biryogo HC isolated *Shigella flexneri*, while no pathogen was isolated in the remaining samples.
- 39 suspected cases of Measles/Rubella were reported by 31 HCs. The samples were taken and sent to NRL. The results of samples from week 11 are pending, but the results of the previous week (week 10) all tested negative.
- 21 cases of severe malaria were reported by 14 health facilities
- 7 cases of acute flaccid paralysis were reported by 6 health facilities, the samples were taken and sent to NRL for transportation to UVRI laboratory.
- 466 cases of viral conjunctivitis were unusually reported by 8 health facilities, the cases are described below in the section of outbreak and events update.
- 3 suspected cases of bacterial meningitis were reported in CHUB. The Laboratory diagnostic was performed to samples from 2 patients. One patient tested negative and the other one teste positive with cryptococcal meningitis. The patient was hospitalized since Monday 18/03/2024.
- 5 cases of suspected typhoid fever were reported by 1 health facility, the samples were 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:



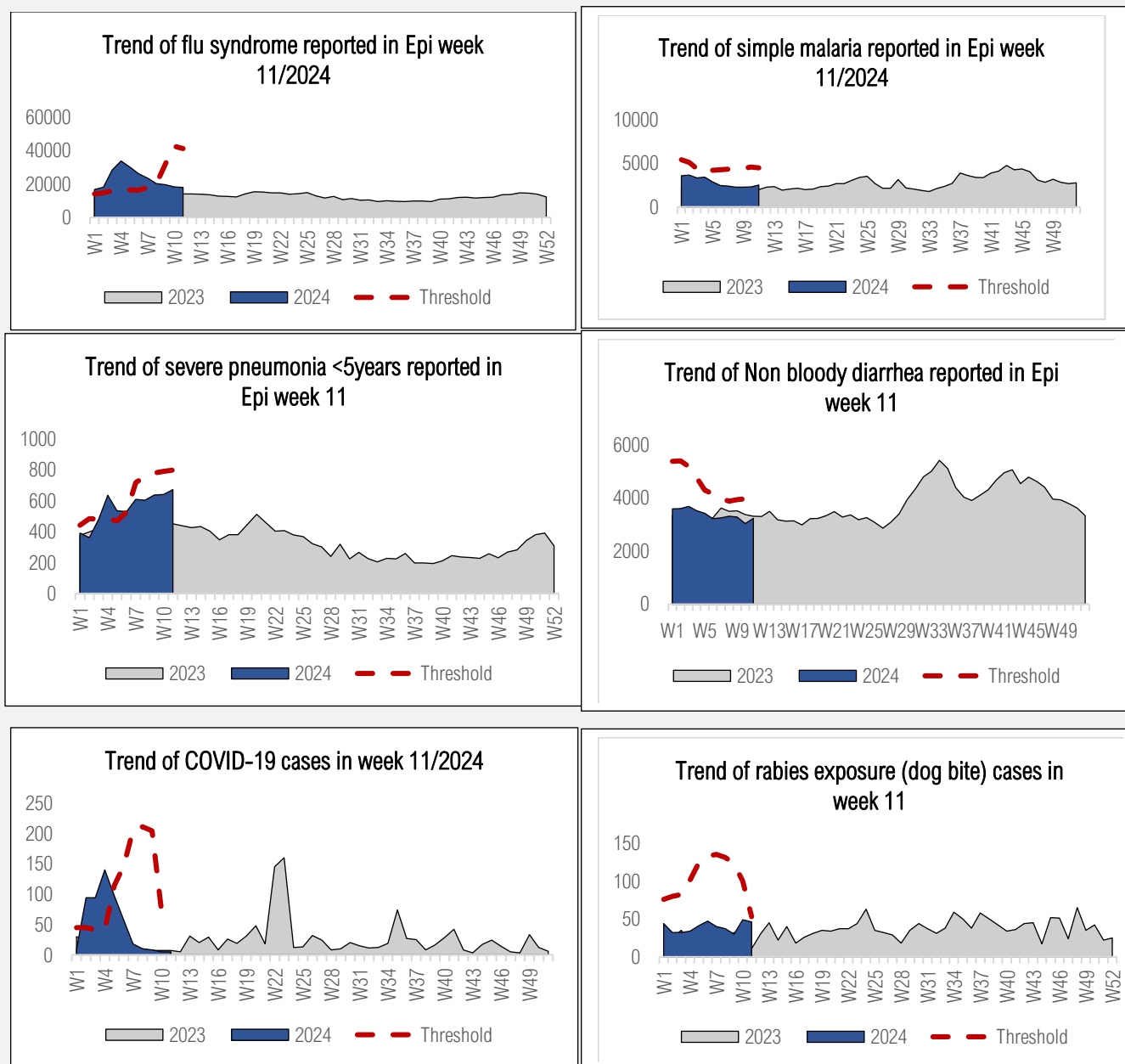
Distribution of immediate reportable diseases in Epi week 11

## B. WEEKLY REPORTABLE DISEASES – EPI WEEK 11

**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.

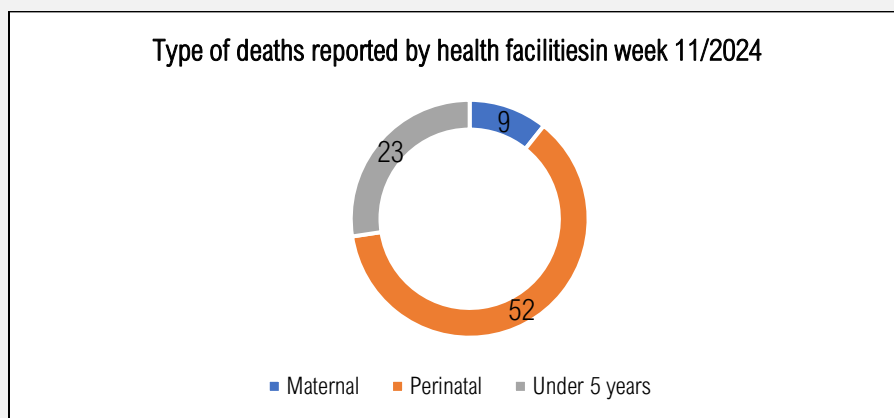
In Epi Week 11, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that no disease crossed the epidemic thresholds.

The figures below show the weekly reportable diseases trends:



## DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 11

As summarized in the Pie Chart below, a total number of 84 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 52 (62%) were perinatal, 23 (27%) were the deaths of children under 5 years old (including 3 due to severe pneumonia) and 9(11%) maternal deaths.

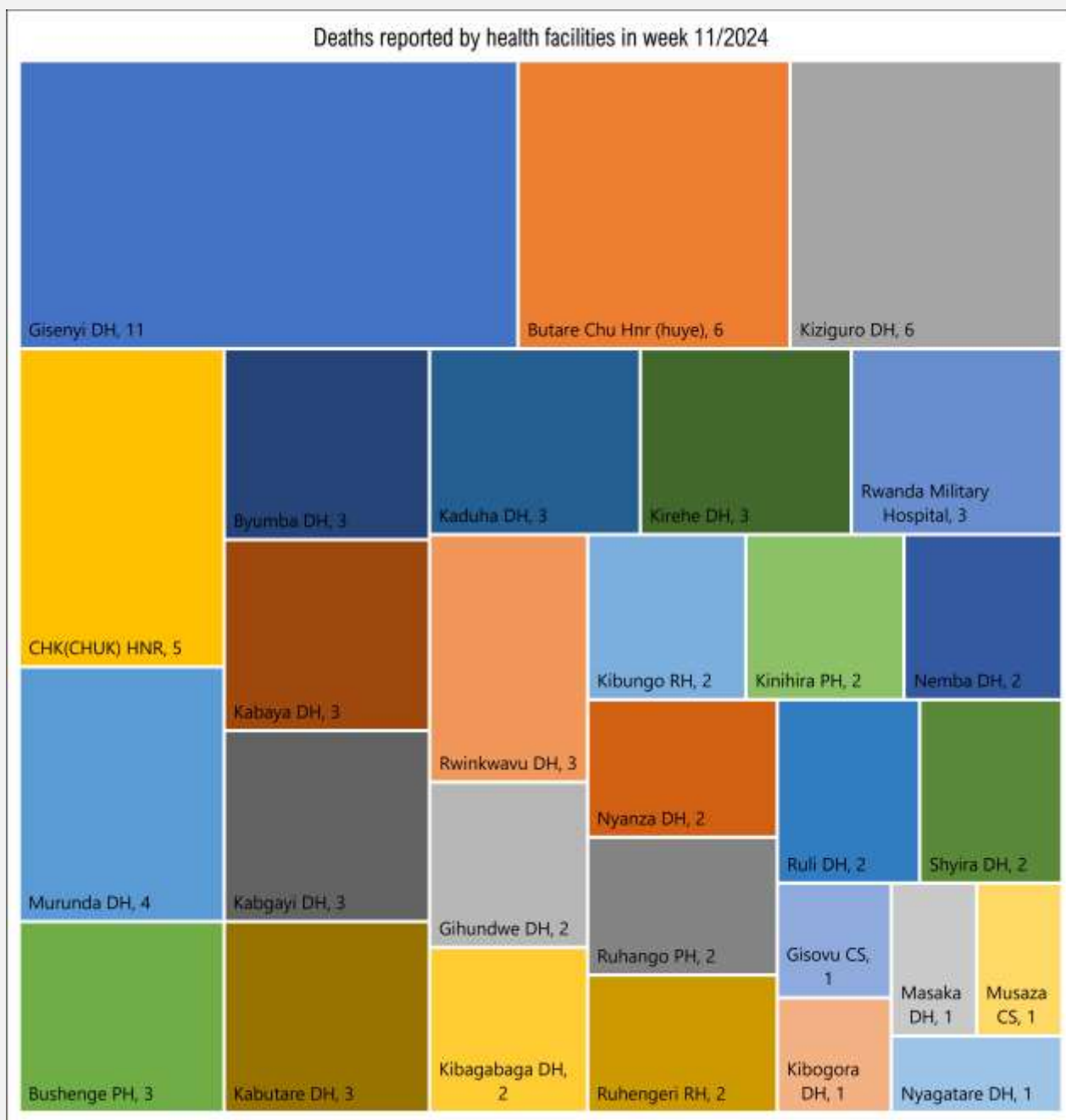


*Cause of deaths declared in epi week 11*

84 deaths were reported from various catchment areas as follow:

- 11 deaths were reported by Gisenyi DH (9 perinatal deaths, 1 under 5 years death and 1 maternal death)
- 6 deaths were reported by CHUB (all were perinatal deaths) and Kiziguro DH (4 perinatal deaths, 1 under 5 years death and 1 maternal death)
- 5 deaths were reported respectively by CHUK (3 under 5 years deaths and 2 maternal deaths)
- 4 deaths were reported by Murunda DH (2 perinatal and 2 maternal deaths)
- 3 deaths were reported respectively by Byumba DH (1 perinatal deaths, 1 under 5 years death and 1 maternal death); Kabaya DH, Kabgayi DH, Rwanda Military Hospital and Kirehe DH reported 3 perinatal deaths each one; Kabutare DH reported 3 under 5 years deaths; Kaduha DH reported 2 under 5 years deaths and 1 maternal death; Rwinkwavu DH reported (2 perinatal death, 1 under 5 years death)
- 2 deaths were reported respectively by Gihundwe DH, Kibungo RH, Nemba DH and Ruhango PH (all were under 5 years deaths); Kinihira PH, Nyanza DH, Ruli DH, Ruhengeri RH, and Shyira DH reported each one 2 perinatal deaths; Kibagabaga DH reported 1 perinatal death and 1 under 5 years death)
- 1 death was reported respectively by Kibogora DH (1 maternal death); Masaka DH, Nyagatare DH and Musaza HC in Kirehe DH (every health facility reported 1 perinatal death); Gisovu HC in Mugonero DH reported 1 under 5 years death.





Distribution of deaths by health facilities in Epi week 11

## OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 11

### 1. ADENOVIRUS CONJUNCTIVITIS IN RWAMAGANA DISTRICT, GROUPE SCOLAIRE APAGE MUSHA

Confirmed cases	0	Date reported:	March 12, 2024	Risk assessment	Low
Suspected cases	230	Source:	eIDSR		
Death(s)	0	District/HFs:	Musha HC/Rwamagana PH		
Total cases	230	Geoscope:	Low		



### Outbreak description:

On March 12, 2024, a parent of a student of GSAM boarding reported an outbreak of red eyes among many students. Subsequently, an Ophthalmic Clinical Officer (OCO) and a nurse from Musha Health Center conducted screening at the school. Out of the 692 students in the boarding school, 230 (125 boys and 85 girls ) were found to have symptoms of adenovirus conjunctivitis. The first case identified on March 5, 2024, was a student returning from leave.

### Actions taken:

- Case management
- Establishment of an isolation area for suspected cases.
- Health education and advising students to limit unnecessary movements to prevent further spread within the community
- Maintaining communication between PHEOC and the school administration for updates

## 2. OUTBREAK OF ADENOVIRUS CONJUNCTIVITIS IN KIREHE DISTRICT, GS. BUKORA

Confirmed cases	0	Date reported:	March 11, 2024	Risk assessment	Low
Suspected cases	76	Source:	eCEBS		
Death(s)	0	District/HFs:	Bukora HC/Kirehe DH		
Total cases	76	Geoscope:	Low		

### Outbreak description

On Monday, March 11th, 2024, Bukora Health Center received notifications of suspected adenovirus conjunctivitis outbreak from GS Bukora, a primary school with 1158 students. On March 13th, 2024, Kirehe District Hospital dispatched its Rapid Response Team (RRT) along with Ophthalmic Clinical Officers (OCO) for screening and active case finding at the school. A total of 75 students and 1 teacher were found presenting symptoms of eye redness, discharge, and itching. The first cases at the school presented symptoms on March 4th, 2024. Cases were not notified by Community Health Workers (CHWs) and captured in the electronic Community-Based Surveillance (eCEBS) system.

### Actions taken

- Case management
- Education on Infection Prevention and Control (IPC) provided to the students and teachers.

### 3. ONGOING ADENOVIRUS CONJUNCTIVITIS OUTBREAK IN NYAMASHEKE DISTRICT AT GS SAINT MARTIN

#### HANIKA BOARDING SCHOOL

Confirmed cases	0	Date reported:	March 7, 2024	Risk assessment	Low
Suspected cases	55	Source:	eIDSR		
Death(s)	0	District/HFs:	Hanika HC/Kibogora DH		
Total cases	55	Geoscope:	Low		

#### Outbreak description:

On March 7, 2024, suspected cases of Adenovirus Conjunctivitis emerged at GS Saint Hanika, a boarding school with 600 students and 22 staff, located in Kijima village, Vugangoma cell, Macuba sector, Nyamasheke district. Affected individuals sought consultation at Hanika Health Center and were referred to Kibogora LTTH for ophthalmology assessment. On March 11, 2024, Kibogora DH Rapid Response Team (RRT) conducted the first field investigation at GS Saint Martin Hanika. Findings from the investigation revealed that the index case was a 21-year-old female student who returned home on February 20, 2024, for medical reasons. Upon her return to school on February 25, 2024, she exhibited symptoms such as redness of the eye, discharge, and itching. Since then, a total of 55 cases with similar symptoms have been documented, resulting in an attack rate of 9%. Presently, cases are managed through the administration of Ofloxacin Eye Drops and Ketorolac Eye Drops.

#### Actions Taken:

- Investigation by the Rapid Response Team (RRT) of Kibogora DH.
- Risk assessment,
- Active case search,
- Health education on hand hygiene and avoiding handshaking
- Case management

### 4. ADENOVIRUS CONJUNCTIVITIS AT KAMONYI DISTRICT, ECOSE SAINT KIZITO MUSAMBIRA

Confirmed cases	0	Date reported:	March 15, 2024	Risk assessment	Low
Suspected cases	34	Source:	eIDSR		
Death(s)	0	District/HFs:	Remera-Rukoma DH		
Total cases	34	Geoscope:	Low		

#### Outbreak description:

As of 15/03/2024, 34 students out of 577 have been affected by adenovirus conjunctivitis. The index case is a 19-year-old female from Class S3, who exhibited symptoms on March 12, 2024. Many cases involved students sharing beds, with many having bed mates displaying symptoms. Symptoms commonly included eye redness and watery discharge, with fever and headache reported in some cases.

#### Actions taken:

- Case management
- Education on social distancing and handwashing,
- Active case search
- Community awareness

#### 5. ADENOVIRUS CONJUNCTIVITIS OUTBREAK IN RUSIZI DISTRICT AT GS SAINT PIERRE BOARDING SCHOOL

Confirmed cases	0	Date reported:	March 10, 2024	Risk assessment	Low
Suspected cases	151	Source:	eIDSR		
Death(s)	0	District/HFs:	Nkombo HC/Gihundwe DH		
Total cases	151	Geoscope:	Low		

#### Outbreak description:

On March 10th, 2024 suspected cases of Adenovirus Conjunctivitis emerged at GS Saint Pierre Nkombo, a boarding school with 656 students in Rusizi district. Affected individuals sought consultation at Nkombo Health Center and were referred to Gihundwe District Hospital (DH) for assessment. Gihundwe DH Rapid Response Team (RRT) and Nkombo HC staff conducted a field investigation on March 11th and 12th, 2024, to actively search cases, conduct risk assessment, and provide health education on hand hygiene and Infection Prevention and Control (IPC). A total of 151 cases have been registered, with an attack rate of 23%, predominantly affecting males.

#### Actions taken

- Field investigation
- Case management
- Continued community awareness on IPC measures
- Active case searching
- Enhancing community awareness through mass media was recommended

#### 6. OUTBREAK OF ADENOVIRUS CONJUNCTIVITIS IN GATSIBO DISTRICT, KIZIGURO SECONDARY SCHOOL

Confirmed cases	0	Date reported:	March 15, 2024	Risk assessment	Low
Suspected cases	142	Source:	eIDSR		
Death(s)	0	District/HFs:	Kiziguro DH		
Total cases	142	Geoscope:	Low		

**Outbreak description:** On March 15th, 2024; Kiziguro District Hospital (DH) responded the increase of Adenovirus conjunctivitis cases in a boarding Secondary Schools with over 1000 students. Investigation conducted by Kiziguro DH identified 142 students with symptoms of eye redness, tearing, and itching.

### Actions taken

- Case management
- Infection Prevention and Control (IPC) enhanced
- Education was provided to students and school staff, emphasizing handwashing, avoiding direct physical contact, and utensil exchange. The school administration was advised to promptly inform Kiziguro DH of new suspect cases for on-site care to prevent disease spread in surrounding communities.

## 7. OUTBREAK OF ADENOVIRUS CONJUNCTIVITIS IN KIREHE DH GYNECOLOGY WARD

Confirmed cases	0	Date reported:	March 15, 2024	Risk assessment	Low
Suspected cases	32	Source:	eIDSR		
Death(s)	0	District/HFs:	Kirehe DH		
Total cases	32	Geoscope:	Low		

### Outbreak description:




On March 15th, 2024, during morning rounds at Kirehe District Hospital's gynecology ward, 32 patients were identified and reported to have symptoms of eye redness, tearing, and itchiness. The hospital's ophthalmology clinical officer screened the patients and diagnosed 13 patients with adenovirus conjunctivitis.

### Actions taken

- Case management
- Infection Prevention and Control (IPC) enhanced
- Education was provided to patients
- Continued IPC education is recommended, along with heightened awareness of symptoms consistent with Adenovirus conjunctivitis.

## eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 11

*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 11, 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 a high completeness (>80%), except one hospital that had a low score: CARAES Ndera. For the timeliness, many hospitals had a high timeliness (>80%), except also one hospital that had a low score (below 60%): CARAES Ndera hospital.

**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.

Hospital catchment area	Completeness											Hospital catchment area	Timeliness										
	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11		W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11
Nyagatare	100	100	100	100	100	100	100	100	100	100	93	Nyagatare	93	93	100	100	100	93	100	93	100	100	93
Gatunda	100	100	100	100	100	100	100	100	100	100	89	Gatunda	100	100	100	100	100	100	100	100	100	89	89
Ngarama	100	100	100	100	100	100	100	100	100	100	100	Ngarama	100	100	100	100	100	100	100	100	100	100	100
Kiziguro	100	100	100	100	100	100	100	100	100	100	100	Kiziguro	100	100	100	100	92	100	100	100	100	100	100
Gahini	100	100	100	100	100	100	100	100	100	100	100	Gahini	100	100	100	100	100	100	100	89	100	100	100
Rwinkwavu	100	100	100	100	100	100	100	100	100	100	100	Rwinkwavu	100	88	100	100	88	100	100	100	100	100	100
Kibungo	100	100	100	100	100	100	100	100	100	100	94	Kibungo	94	100	100	100	100	100	100	100	100	100	94
Kirehe	100	100	100	100	100	100	100	100	100	100	100	Kirehe	100	100	100	100	90	100	100	100	100	100	100
Rwamagana	94	94	100	100	94	94	100	100	100	100	89	Rwamagana	83	100	100	94	89	83	94	100	100	94	89
Nyamata	100	88	100	100	94	94	100	100	100	100	94	Nyamata	100	100	100	88	94	94	94	94	88	94	94
Kinihira	100	100	100	100	100	100	100	100	100	100	100	Kinihira	100	89	89	100	100	100	100	100	100	100	100
Rutongo	100	100	100	100	100	100	100	100	100	100	100	Rutongo	100	100	87	100	100	100	100	100	100	100	100
Gatonde	100	100	100	100	100	100	100	100	100	100	100	Gatonde	100	100	100	100	100	100	86	100	100	100	100
Butaro	100	100	100	100	100	100	100	100	100	100	100	Butaro	100	95	95	100	90	100	100	100	100	90	100
Ruli	100	100	100	100	100	100	100	100	100	100	100	Ruli	100	100	100	100	100	100	100	100	100	100	100
Nemba	100	100	100	100	100	100	100	100	100	100	100	Nemba	100	100	100	100	100	90	100	100	100	80	100
Ruhengeri	100	100	100	94	89	89	100	100	100	100	89	Ruhengeri	94	94	100	94	89	89	100	100	100	100	89
Byumba	100	100	100	100	100	100	100	100	96	100	96	Byumba	100	100	100	100	100	100	100	100	96	100	96
CHUB	100	100	100	100	100	100	100	100	100	100	100	CHUB	100	100	100	100	100	100	100	100	100	100	100
Kabutare	100	100	100	100	95	100	89	100	95	100	95	Kabutare	95	100	95	100	95	100	89	100	95	100	95
Kabgayi	100	100	100	100	100	100	100	100	100	100	100	Kabgayi	100	100	92	100	100	100	85	92	100	92	100
Kibilizi	100	100	100	100	100	100	100	100	100	100	91	Kibilizi	100	91	100	100	91	100	100	100	100	100	91
Gakoma	100	100	100	100	100	100	100	100	100	100	100	Gakoma	83	100	100	100	83	100	100	100	100	100	100
Gitwe	100	100	100	100	100	100	100	100	100	100	100	Gitwe	100	100	89	100	78	78	100	100	78	100	100
Ruhango	100	100	100	100	100	100	100	100	100	100	100	Ruhango	100	88	100	100	100	100	100	100	100	100	100
Remera Rukoma	100	100	100	100	100	100	100	93	93	100	93	Remera Rukoma	100	100	100	93	93	93	100	93	100	100	93
Nyanza	100	95	95	95	100	100	100	100	100	100	100	Nyanza	95	95	100	100	89	95	95	95	95	89	100
Kigeme	100	100	100	100	100	100	100	100	100	92	100	Kigeme	100	100	100	100	100	100	100	100	92	100	100
Kaduha	100	100	100	100	100	100	100	100	100	100	80	Kaduha	100	90	100	100	100	100	100	90	90	100	80
Munini	100	100	100	100	100	100	100	100	100	100	100	Munini	100	100	100	100	100	88	94	100	100	100	100
Bushenge	100	100	100	100	88	100	100	88	100	100	88	Bushenge	100	100	88	100	88	100	88	88	100	100	88
Kibogora	100	100	100	100	100	100	100	100	100	100	100	Kibogora	100	100	100	93	100	100	100	100	100	100	100
Kibuye	100	100	100	100	100	100	100	100	100	100	92	Kibuye	100	100	100	100	100	92	92	100	100	100	92
Kirinda	100	100	100	100	100	100	100	100	100	100	100	Kirinda	100	100	100	100	100	83	100	100	100	100	100
Mugonero	100	100	100	100	100	100	100	100	100	100	100	Mugonero	100	100	100	100	86	100	100	100	86	100	100
Shyira	88	100	100	100	88	100	100	100	100	100	100	Shyira	88	100	100	100	88	100	100	100	100	100	100
Muhororo	100	100	100	100	100	100	100	100	100	100	100	Muhororo	100	100	90	100	100	100	100	100	100	80	100
Kabaya	100	100	100	100	100	100	100	100	100	100	100	Kabaya	100	100	86	100	100	86	100	86	100	100	100
Gihundwe	100	100	100	100	80	100	100	90	100	100	100	Gihundwe	100	100	100	100	70	100	100	90	100	100	100
Mibilizi	100	100	100	100	100	100	100	100	100	100	100	Mibilizi	100	100	100	100	100	100	100	100	100	100	100
Gisenyi	100	100	100	100	100	88	100	100	100	100	94	Gisenyi	94	100	100	94	100	88	100	100	100	100	94
Murunda	95	100	100	100	100	95	100	100	100	100	100	Murunda	95	100	100	100	100	95	100	100	95	95	100
CHUK	100	100	100	100	100	100	100	100	100	100	100	CHUK	100	0	100	100	100	100	100	100	100	100	100
Nyarugenge	89	100	100	100	100	100	100	100	100	100	100	Nyarugenge	89	89	89	100	100	100	100	100	100	100	100
Muhima	100	100	100	100	100	100	100	100	100	100	100	Muhima	100	100	100	100	100	100	100	75	100	100	100
RMH	0	100	100	100	100	100	100	100	100	100	100	RMH	0	100	100	100	0	100	100	100	100	100	100
Masaka	92	100	100	100	100	100	100	100	100	100	100	Masaka	92	100	100	100	100	100	100	100	100	100	100
Kigababaga	95	100	100	90	95	90	95	95	95	85	90	Kigababaga	80	95	100	85	100	70	90	95	80	85	90
Kacyiru	100	100	100	0	100	100	100	100	100	100	100	Kacyiru	100	0	100	0	0	0	0	100	0	100	100
KFH	0	100	100	100	100	0	100	100	100	0	100	KFH	0	100	100	100	0	0	100	100	0	0	100
Caraes Ndera	100	100	100	0	0	100	0	0	0	0	0	Caraes Ndera	0	100	100	0	0	0	0	0	0	0	0
Nyabikenke	100	100	100	100	100	100	100	100	100	100	100	Nyabikenke	100	100	100	100	100	100	100	100	100	100	100
Rwanda	99	99	100	99	98	98	99	99	99	99	99	Rwanda	97	98	98	98	95	95	98	98	97	97	97