Republic of Rwanda
Ministry of Health

Rwanda Biomedical Centre
Healthy People, Wealthy Nation

WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK 04- 2025

(20-26 January 2025)

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 04/2025

Event Based Surveillance (EBS) Highlights:

- **Alerts from community:** 9 alerts

7 human deaths,1 dog bite 1 animal illness.

- **Alerts from EIOS:** two alerts
  - Mozambique: 31 Measles Deaths in Mozambique
  - Angola: Angola Reports Over 1,000 Suspected Cases of Cholera
- **Indicator Based Surveillance (IBS) Highlights:**
  - 245 immediate reportable diseases were notified by 104 health facilities countrywide. These include cases of acute flaccid paralysis (AFP), suspected cases of chicken pox, confirmed severe malaria; suspected cases of bloody diarrhea, suspected measles/rubella, suspected human influenza due to a new subtype, suspected Mpox, mumps, suspected bacterial meningitis, suspected typhoid fever, snake bite.
  - 63 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.
- **Outbreaks and events updates in week 04**

Weekly updates on ongoing outbreaks:

- Ongoing outbreaks:
  - Mpox outbreak
  - Measles outbreak occurred in Gisagara district
- **Completeness and timeliness**

In Epi Week 04, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 96% respectively.

WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS)
EPIDEMIOLOGICAL WEEK 04

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.

- Alerts from community: 9 alerts

7 human deaths reported in 7 villages,1 dog bite reported in 1 village and 1 animal illness in 1village.

- Alerts from EIOS: two alerts

Mozambique: 31 Measles Deaths in Mozambique

31 people are known to have died of measles out of a total number of 1,191 cases diagnosed in central and northern Mozambique between 9 July and 28 January. The measles cases were reported in Cabo Delgado, Niassa and Nampula in the north, and in the central provinces of Zambezia and Sofala. Vaccination campaigns against measles were held in the northern provinces in December.

https://allafrica.com/stories/202502030059.html

Angola: Angola Reports Over 1,000 Suspected Cases of Cholera

Angola has recorded a cumulative total of 1,584 suspected cases of cholera in eight provinces since the first week of January. The disease has affected 813 males and 771 females, with the most affected age group being two to five years. The Ministry of Health is asking for everyone's cooperation in the Prevention of Cholera.

https://allafrica.com/stories/202502030058.html

WEEKLY UPDATES ON EVENT BASED SURVEILLANCE (EBS)
EPIDEMIOLOGICAL WEEK 04

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 4

During this Epi week, 275 cases of immediate reportable diseases were notified by 104 health facilities:

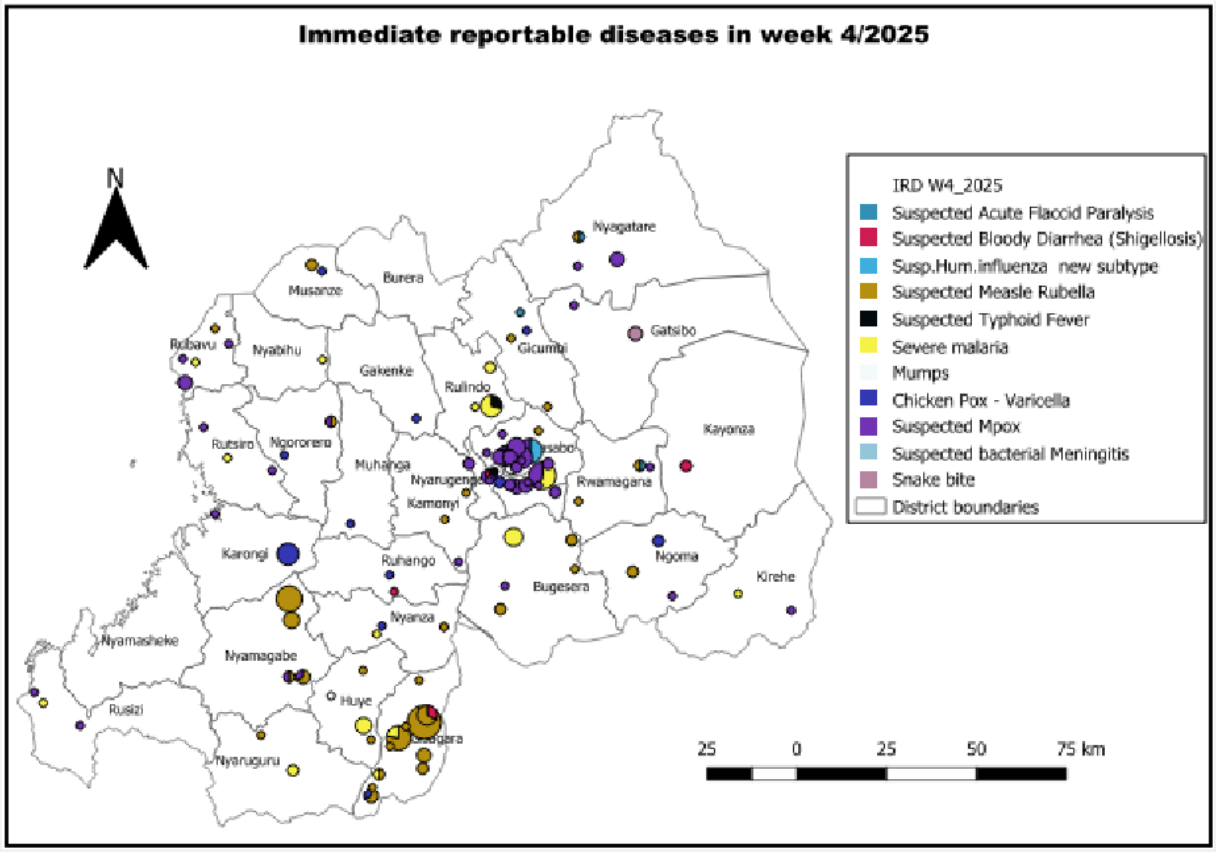
- 7 suspected cases of bloody diarrhea (Shigellosis) were reported by 4 health facilities. The samples were taken and sent to NRL.
- 19 cases of chicken pox(varicella) were reported by 11 health facilities.

- 73 suspected cases of Measles/Rubella were reported by 36 HCs across 17districts, with 34(47%) suspected reported in Gisagara district and 15 (21%) in Nyamagabe district. The samples had been taken but not yet tested by the laboratory, while there were 77 cases confirmed by epidemiological link.
- 35 cases of confirmed severe malaria were reported by 16 health facilities.
- 3 cases of acute flaccid paralysis were reported by 3 health facilities, the sample was taken and sent to NRL for transportation to UVRI laboratory.
- 122 suspected cases of Mpox were reported by 42 health facilities.
- 4 cases of mumps were reported by 2health facilities.
- 5 suspected cases of human influenza due to a new subtype were reported by 1health facility, the samples were taken and sent to NRL.
- 1 suspected bacterial meningitis reported by 1health facility
- 1 snake bite reported by 1health facility
- 1 suspected typhoid fever reported by 1health facility

Notes:

✓ The hospitals with surpassed thresholds are recommended to conduct the investigations and implement control measures accordingly

Geographical distribution of immediate reportable disease cases notified during the epi week 4/2025



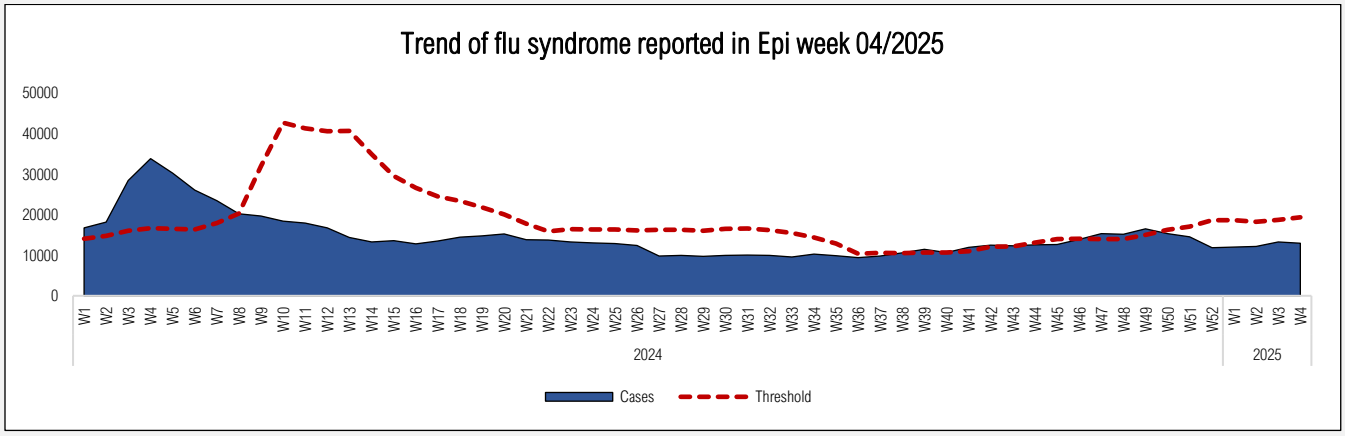
Distribution of immediate reportable diseases in Epi week4

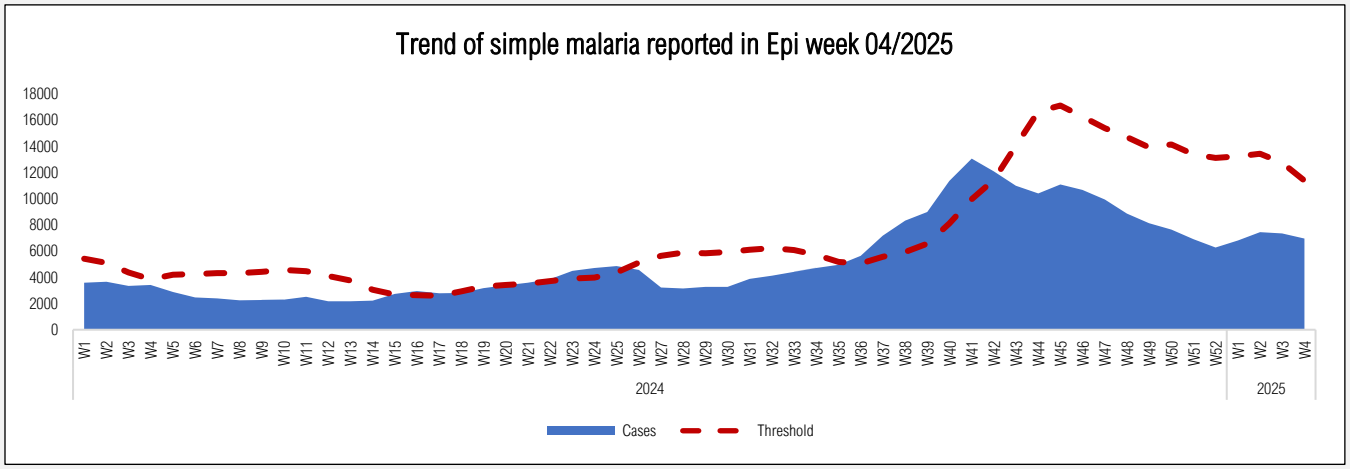
B. WEEKLY REPORTABLE DISEASES – EPI WEEK 04

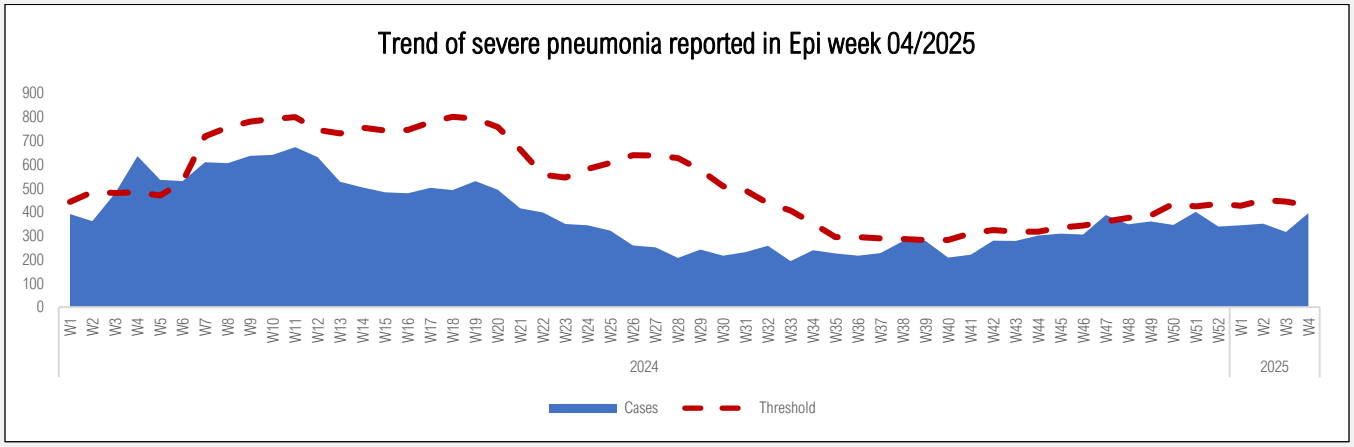
Description: *In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

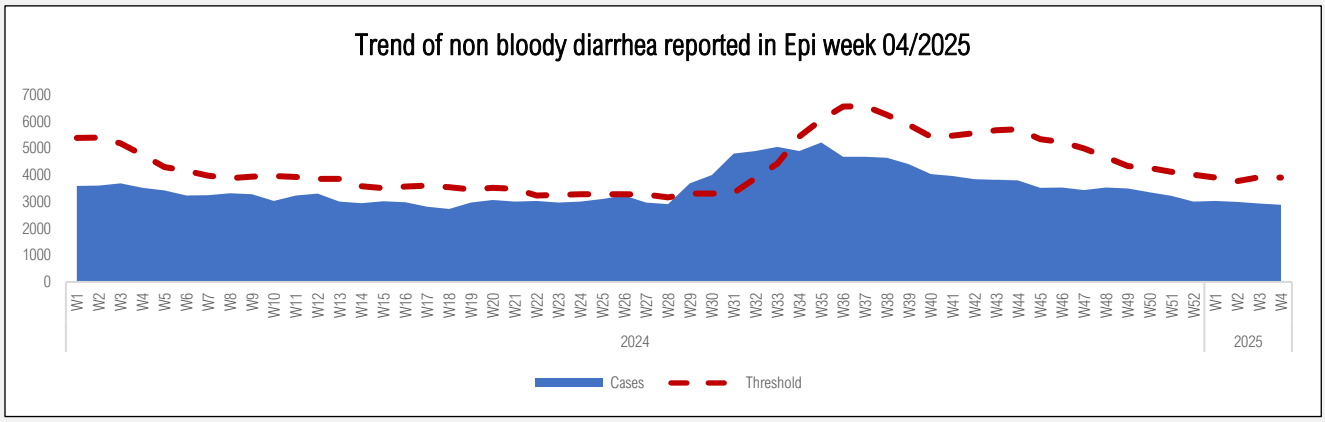
In Epi Week 4, a thorough analysis was conducted, comparing the number of reported cases of the eight diseases monitored on a weekly basis to their respective epidemic thresholds. The results of the analysis revealed that no disease surpassed the epidemic thresholds.

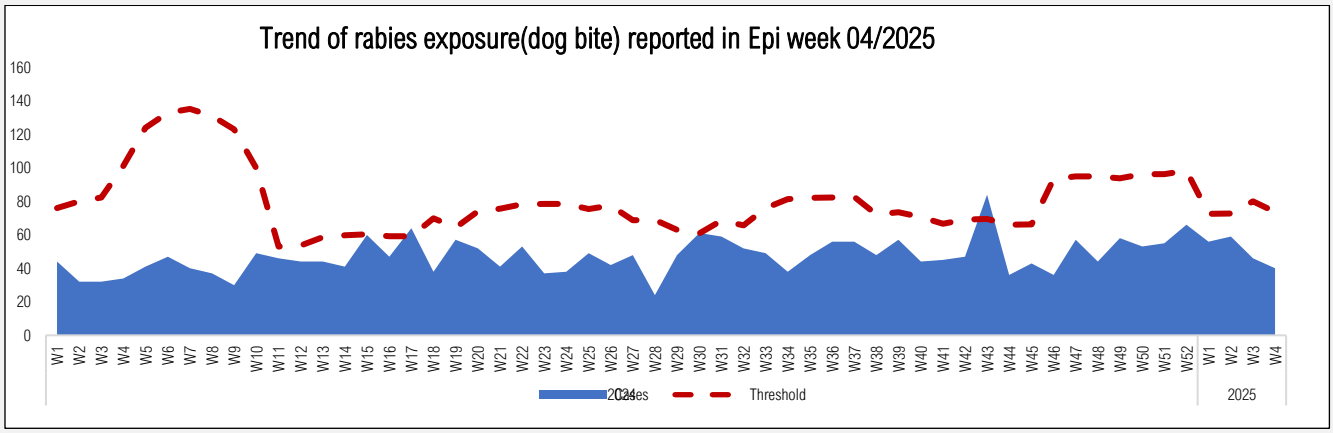
The figures below show the weekly reportable diseases trends:

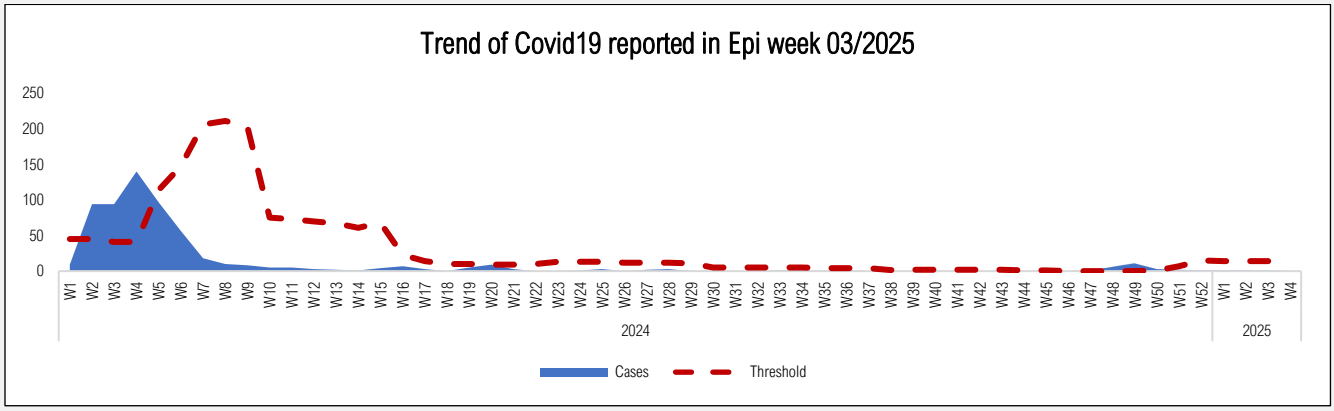





Trend of severe pneumonia reported in Epi week 04/2025
900
800
700
600
500
400
300
200
100
0
W1 W2 W3 W4 W5 W6 W7 W8 W9 W10 W11 W12 W13 W14 W15 W16 W17 W18 W19 W20 W21 W22 W23 W24 W25 W26 W27 W28 W29 W30 W31 W32 W33 W34 W35 W36 W37 W38 W39 W40 W41 W42 W43 W44 W45 W46 W47 W48 W49 W50 W51 W52 W1 W2 W3 W4
2024
2025
Cases
Threshold

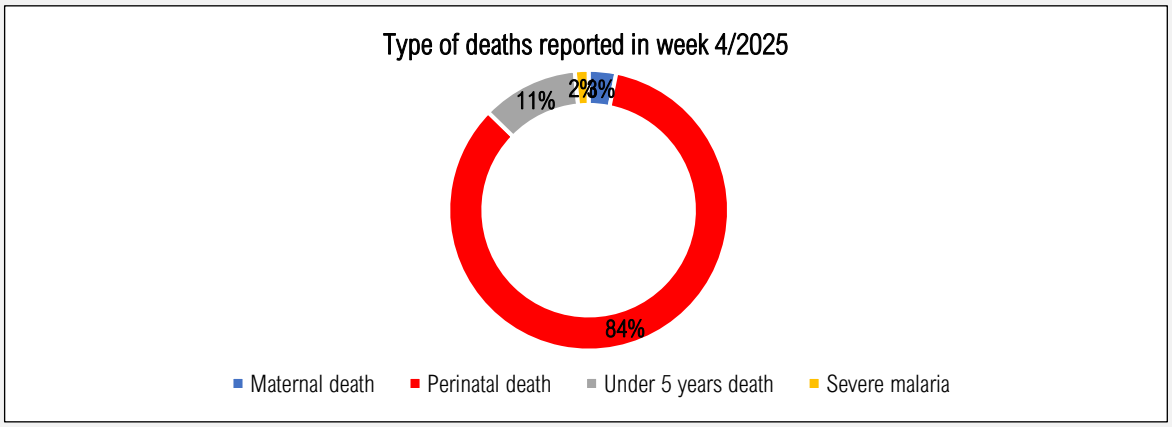

Trend of non bloody diarrhea reported in Epi week 04/2025
7000
6000
5000
4000
3000
2000
1000
0
W1 W2 W3 W4 W5 W6 W7 W8 W9 W10 W11 W12 W13 W14 W15 W16 W17 W18 W19 W20 W21 W22 W23 W24 W25 W26 W27 W28 W29 W30 W31 W32 W33 W34 W35 W36 W37 W38 W39 W40 W41 W42 W43 W44 W45 W46 W47 W48 W49 W50 W51 W52 W1 W2 W3 W4
2024
2025
Cases
Threshold


Trend of rabies exposure(dog bite) reported in Epi week 04/2025
160
140
120
100
80
60
40
20
0
W1 W2 W3 W4 W5 W6 W7 W8 W9 W10 W11 W12 W13 W14 W15 W16 W17 W18 W19 W20 W21 W22 W23 W24 W25 W26 W27 W28 W29 W30 W31 W32 W33 W34 W35 W36 W37 W38 W39 W40 W41 W42 W43 W44 W45 W46 W47 W48 W49 W50 W51 W52 W1 W2 W3 W4
2024
2025
Cases
Threshold



C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR – EPIDEMIOLOGICAL WEEK 04

As summarized in the Pie Chart below, a total number of 63 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths, 53(84%) were perinatal deaths, 7(11%) were the deaths of children under 5 years old, and 2(3%) maternal deaths, and 1(2%) death due to severe malaria.



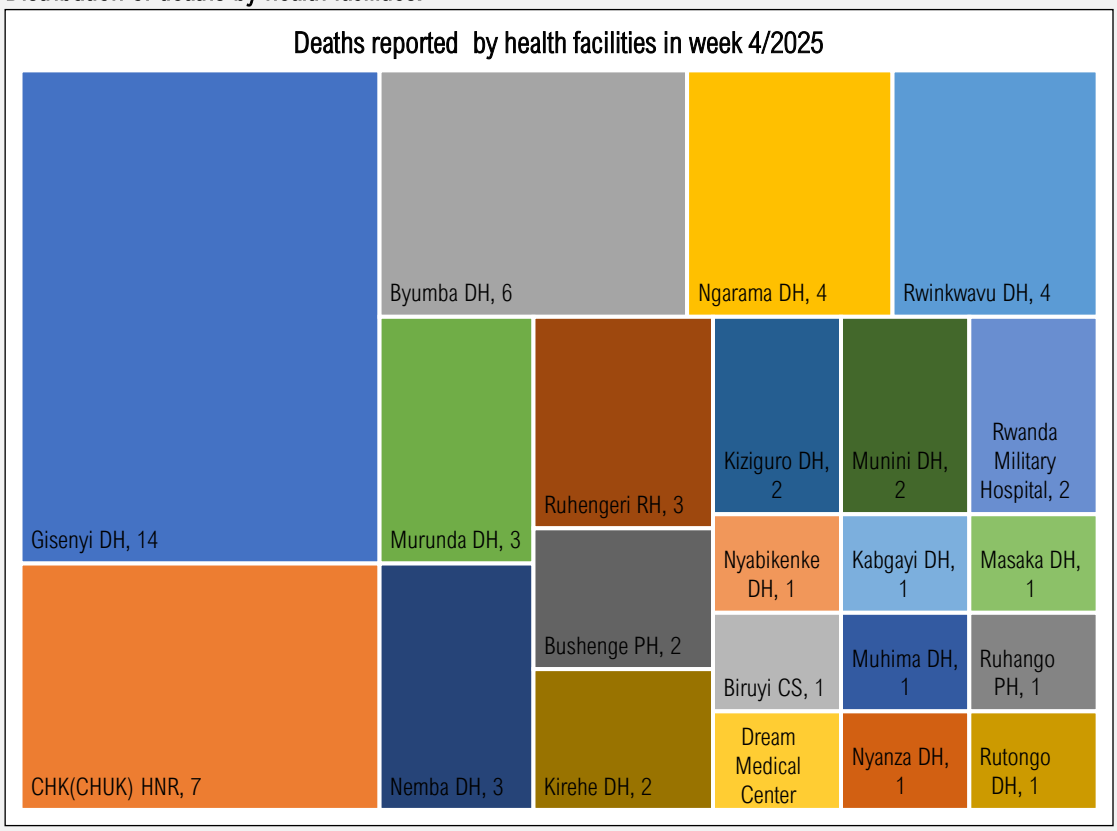
Type of deaths declared in epi week 04

63 deaths were reported from 22 health facilities as follow:

- A total of 14 deaths were reported by Gisenyi DH (13perinatal deaths and 1under 5 years death).
- A total of 7deaths were reported by CHUK (1maternal death, 5perinatal deaths and 1under 5 years death)
- A total of 6 deaths were reported by Byumba DH (6perinatal deaths)
- A total of 4 deaths were reported respectively by Ngarama DH (4perinatal deaths); Rwinkwavu DH (1maternal death and 3 perinatal deaths)
- A total of 3 deaths were reported respectively by Murunda DH (3perinatal deaths); Nemba DH and Ruhengeri RH (each one reported 2perinatal deaths and 1under 5years death).
- A total of 2 deaths were reported respectively by Kiziguro DH, Munini DH, Rwanda Military Hospital (each one reported 2 perinatal deaths), Kirehe DH (1perinatal death and 1under 5 years death), Bushenge PH (1perinatal death and 1death due to severe malaria)

- 1death was reported respectively by Nyabikenke DH, Biruyi HC in Murunda DH, Dream medical cennter,Kabgayi DH, Masaka DH, Nyanza DH, Rutongo DH (each reported one perinatal death), Muhima DH, Ruhango PH (each reported 1under 5 years death).

Distribution of deaths by health facilities:



Distribution of deaths by health facilities in Epi week 04

OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 04

1. Ongoing Mpox outbreak in Rwanda

Rwanda confirmed its first two cases of Mpox on July 24, 2024. The current situation, as of 26th January 2025 is as following:

- Cumulative suspected cases: 6154
- New suspected cases: 122
- Total confirmed cases: 99
- New confirmed cases: 5
- Total discharged cases: 77
- New discharged cases: 3

Actions taken

In response to the Mpox outbreak, significant measures are being implemented at both central and district levels. The District Command Posts have been activated to bolster preparedness and improve response efforts. Key

actions include bi-monthly door-to-door active case searches for early case detection, heightened screening and surveillance in schools and public areas, screening at points of entry (POE), ring vaccination, and public awareness campaigns.

2. Ongoing Measles outbreak occurred in Gisagara district

On January 11, Kibilizi DH declared an increase in measles rubella suspected cases, then on the same date, a team composed by PHEOC South, Kibilizi DH rapid response team (RRT) and the Head of Kirarambogo HC, in collaboration with local leaders, conducted a field active case search for measles, along with community health education on prevention measures. During that week 4/2025; a total of 73 suspected measles/rubella cases were reported by 36 health centers across 17 districts, with Gisagara and Nyamagabe recording the highest numbers, respectively 34(47%) cases and 15 (21%). None of these samples have been tested by the laboratory yet, while there were 77 cases confirmed by epidemiological link.

Actions taken

- Case management
- Active case search and community sensitization on prevention measures
- Conduct door to door screenings in collaboration with the CHWs
- Vaccination in affected sectors
- Sensitization and screening in overcrowded areas (transit centers, DPUs)

eIDSR REPORTS COMPLETENESS & TIMELINESS EPIDEMIOLOGICAL WEEK 04

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 04, the overall completeness and timeliness of disease surveillance data reporting in Rwanda, was scored to 99% and 96%, respectively. Almost all hospitals had a high completeness score above 80%, except one hospital that had a low completeness: Ruhengeri RH. For the timeliness, almost all hospitals had a high score above 80%, except three hospitals that had the moderate score: Ruhengeri RH, Gakoma DH and Muhima DH.

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.

	Completeness 2025					Timeliness 2025			
Hospital catchment area	W1	W2	W3	W4	catchment	W1	W2	W3	W4
Nyagatare	93	100	100	100	Nyagatare	93	100	100	93
Gatunda	89	100	100	100	Gatunda	89	100	100	100
Ngarama	88	88	100	100	Ngarama	88	88	100	100
Kiziguro	100	100	100	100	Kiziguro	100	92	100	100
Gahini	100	86	100	100	Gahini	100	86	100	100
Rwinkwavu	100	100	100	100	Rwinkwavu	90	100	90	100
Kibungo	100	94	94	100	Kibungo	100	94	94	100
Kirehe	93	100	90	95	Kirehe	85	95	85	85
Rwamagana	100	94	94	100	Rwamagana	100	94	89	100
Nyamata	100	100	88	100	Nyamata	100	88	76	94
Kinihira	89	100	100	100	Kinihira	89	89	100	100
Rutongo	100	93	100	100	Rutongo	100	93	100	100
Gatonde	100	100	100	100	Gatonde	100	100	100	100
Butaro	95	100	100	100	Butaro	90	100	100	90
Ruli	100	100	100	100	Ruli	100	100	100	100
Nemba	90	100	100	100	Nemba	90	80	100	100
Ruhengeri	89	89	89	72	Ruhengeri	78	83	72	72
Byumba	100	100	100	92	Byumba	100	96	100	92
CHUB	100	100	100	100	CHUB	100	100	100	100
Kabutare	100	100	100	100	Kabutare	100	100	95	100
Kabgayi	100	100	100	100	Kabgayi	100	100	100	100
Kibilizi	100	100	100	100	Kibilizi	100	100	91	100
Gakoma	100	100	100	100	Gakoma	100	83	100	67
Gitwe	100	100	100	100	Gitwe	100	100	100	100
Ruhango	100	100	100	100	Ruhango	100	88	100	100
Remera Rukoma	100	100	100	100	Remera	100	100	100	93
Nyanza	100	100	100	100	Nyanza	100	89	89	95
Kigeme	100	100	100	100	Kigeme	85	100	85	100
Kaduha	100	100	100	100	Kaduha	100	100	100	100
Munini	100	100	100	100	Munini	100	100	100	100
Bushenge	100	100	100	100	Bushenge	100	100	100	100
Kibogora	100	93	100	100	Kibogora	100	93	93	100
Kibuye	100	100	100	100	Kibuye	100	100	100	100
Kirinda	100	100	100	100	Kirinda	100	83	100	83
Mugonero	100	100	100	100	Mugonero	100	86	100	86
Shyira	100	100	94	94	Shyira	94	94	94	100
Muhororo	100	100	100	100	Muhororo	70	90	100	90
Kabaya	100	100	100	100	Kabaya	100	100	100	100
Gihundwe	100	100	100	100	Gihundwe	100	100	90	100
Mibilizi	100	100	100	100	Mibilizi	100	100	100	100
Gisenyi	100	94	94	100	Gisenyi	100	88	75	94
Murunda	100	100	100	100	Murunda	100	100	95	95
CHUK	100	100	100	100	CHUK	100	100	100	100
Nyarugenge	89	89	100	100	Nyarugenge	78	89	100	89
Muhima	100	100	100	100	Muhima	100	100	100	75
RMH	100	100	100	100	RMH	100	0	100	100
Masaka	100	100	100	100	Masaka	100	92	100	100
Kigababaga	95	100	95	100	Kigababaga	90	85	90	100
Kacyiru	100	100	100	100	Kacyiru	100	100	100	100
KFH	100	100	100	100	KFH	0	0	100	100
Caraes Ndera	0	100	100	100	Caraes	0	0	100	100
Nyabikenke	100	100	100	100	Nyabikenke	100	100	100	100
Rwanda	96	98	99	99	Rwanda	96	94	96	96