



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **48** | 24-30 November 2025





Editorial message

Effective and efficient disease surveillance systems 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 public-health events under surveillance in Rwanda. These data aim 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.

KEY EPIDEMIOLOGICAL HIGHLIGHTS



Event Based Surveillance (EBS) Highlights:



Alerts from Community **21** alerts



17 human deaths



1 of many people with diarrhea



2 of skin rash



1 of hemorrhage

Alerts from EIOS: **3** alerts

Congo Fever Death in Windhoek / Namibia

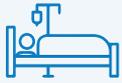
Marburg Virus Outbreak - Ethiopia

Rift Valley Fever - East and West Africa

UMUJYANAMA W'UBUZIMA
MINISITERI Y'UBUZIMA
rbc RWANDA
BIOMEDICAL
CENTER
A Healthy People. A Wealthy Nation



Indicator Based Surveillance (IBS) Highlights:



243 cases of immediate reportable diseases were notified by **104** nationwide. These include cases of chicken pox, severe malaria, suspected shigellosis, suspected measles/rubella, suspected cholera, suspected Mpox, Mumps, suspected typhoid fever, suspected foodborne illnesses, suspected acute hemorrhagic fever, suspected human influenza, suspected bacterial meningitis, suspected SARI, acute flaccid paralysis, and snake bites.



78 deaths were reported by **21** health facilities through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Most deaths were perinatal deaths and deaths of children under 5 years.



Outbreaks and events updates in week 48



Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

-  Mpox outbreak
-  Measles outbreak in Karongi district
-  Suspected skin rash outbreak in Nyagatare district, Karama sector

New outbreak:

-  Measles Situation in Gatsibo district, Kiziguro District Hospital catchment area



Completeness and timeliness



In Epi Week 48, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 97% respectively.



Weekly updates on Event Based Surveillance (EBS)

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 the PHS&EPR Division.

Currently, an electronic Community Event-Based Surveillance System (eCBS), Hotline 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 the establishment of other types of EBS is still ongoing.

Alerts from Impuruza system: 32 alerts received, 25 verified, 22 confirmed

21 alerts from community (**17 deaths**, 1 alert of many people with diarrhea, **2 alerts** of skin rash, **1** of hemorrhage without known cause) and **1** from health facility (unusual disease occurred in health facility). Among the alerts received, 5 were false alerts and 5 duplicates, they had been discarded.

Alerts from EIOS: 3 alerts

1. Congo Fever Death in Windhoek / Namibia

One fatality from Crimean-Congo Hemorrhagic Fever (Congo fever) reported in Windhoek, Namibia. Health authorities have declared an outbreak in the Khomas region. November 18, 2025: Patient admitted to Windhoek health facility; November 19, 2025: Patient died, November 24, 2025: Health Minister Dr. Esperance Luvindao confirmed laboratory-confirmed infection and declared outbreak

Disease Profile

Transmission: Primarily through infected tick bites; also via contact with infected animal blood/tissues during slaughtering or infected patients' bodily fluids. **Symptoms:** Fever, muscle pain, dizziness, headache, nausea, vomiting, severe bleeding in some cases. **Fatality Rate:** Up to 40% (WHO data). **Treatment:** No vaccine available; supportive care only. **Geographic Distribution:** Endemic in Africa, Balkans, Middle East, and parts of Asia

Response Actions

Emergency measures activated including contact tracing, surveillance, and community interventions. Public advised to wear protective clothing in grassy areas, check for ticks, practice safe livestock handling, and seek immediate medical attention if symptomatic. Source: GPHIN (Global Public Health Intelligence Network)

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020427918>

2. Marburg Virus Outbreak - Ethiopia

Current Status: Worsening situation with 6 confirmed deaths (on 23rd November 2025)

Key Details:

Outbreak declared: November 14, 2025

Total cases: 11 confirmed infections

Deaths: 6 fatalities

Active cases: 5 patients receiving medical treatment

Location: Omo region (bordering South Sudan)

Contact tracing: 349 people isolated; 119 released after surveillance completion

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020436260>

3. Rift Valley Fever - East and West Africa

Current Status: Ongoing transmission in livestock populations

Key Details

Latest outbreak: Began September 2025 in Senegal

Affected regions: East and West Africa

Primary hosts: Livestock (cattle particularly affected)

Disease Profile

Transmission: Mosquito bites to livestock; humans infected through contact with infected animal blood/organs during veterinary work, slaughtering, or butchering; also, through mosquito bites

Human symptoms: Typically, mild flu-like symptoms; small percentage develop complications or death

Animal impact: High morbidity; reduced milk production; 10-20% death rate in adult cattle; death in newborn/unborn calves. **Human-to-human transmission:** None observed

Economic Impact: Significant losses for livestock farmers

Control Measures: Focus on mosquito population control to prevent transmission

Source:

<https://www.thecooldown.com/outdoors/rift-valley-fever-virus-livestock-east-west-africa/>

WEEKLY UPDATES ON EVENT-BASED SURVEILLANCE (EBS)

Description: : Rwanda had implemented Indicator-Based Surveillance according to the IDSR guidelines 3rd edition where 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 reported immediately within 24 hours after detection, while diseases that are considered endemic are reported on a weekly basis every Monday before midday.

A. IMMEDIATE REPORTABLE DISEASES - EPI WEEK 48

During this Epi week,

243 cases of immediate reportable diseases were notified by 104 health facilities:



25 cases of chicken pox (varicella) were reported by 9 health facilities.



60 suspected cases of Measles/ Rubella were reported by 42 health facilities; the samples were taken and sent to NRL.



94 cases of severe malaria were reported by 34 health facilities.



14 suspected cases of Mpox were reported by 12 health facilities; the samples were tested, all were negative.



7 suspected cases of shigellosis were reported by 4 health facilities



17 snake bites were reported by 10 health facilities.



2 suspected cases of typhoid fever were reported by 1 health facility



1 case of Mump was reported by 1 health facility



1 case of acute flaccid paralysis was reported by 1 health facility



1 suspected case of cholera was reported by 1 health facility



5 suspected cases of foodborne illnesses were reported by 2 health facilities



7 suspected cases of acute hemorrhagic fever were reported by 4 health facilities, the samples were taken and tested, the results were negative.



1 suspected case of Rift Valley Fever was reported by 1 health facility, the sample was taken and sent to NRL for testing.



5 suspected cases of SARI were reported by 1 health facility; the samples were taken and sent to NRL for testing.

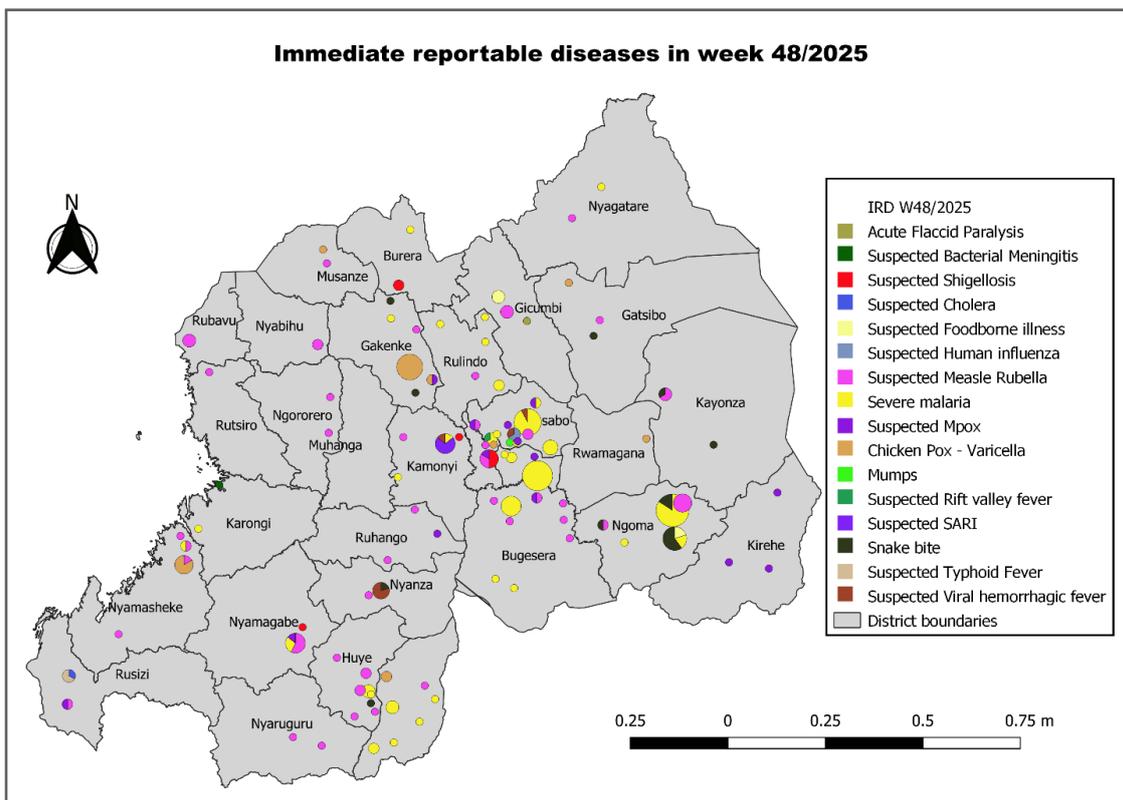


1 suspected case of bacterial meningitis was reported by 1 health facility, the sample was taken and tested, the result was positive for Neisseria meningitidis.



5 suspected cases of human influenza were reported by 2 health facilities; the samples were taken and sent to NRL for testing.

Geographical distribution of immediate reportable disease cases notified during the epi week 48/2025

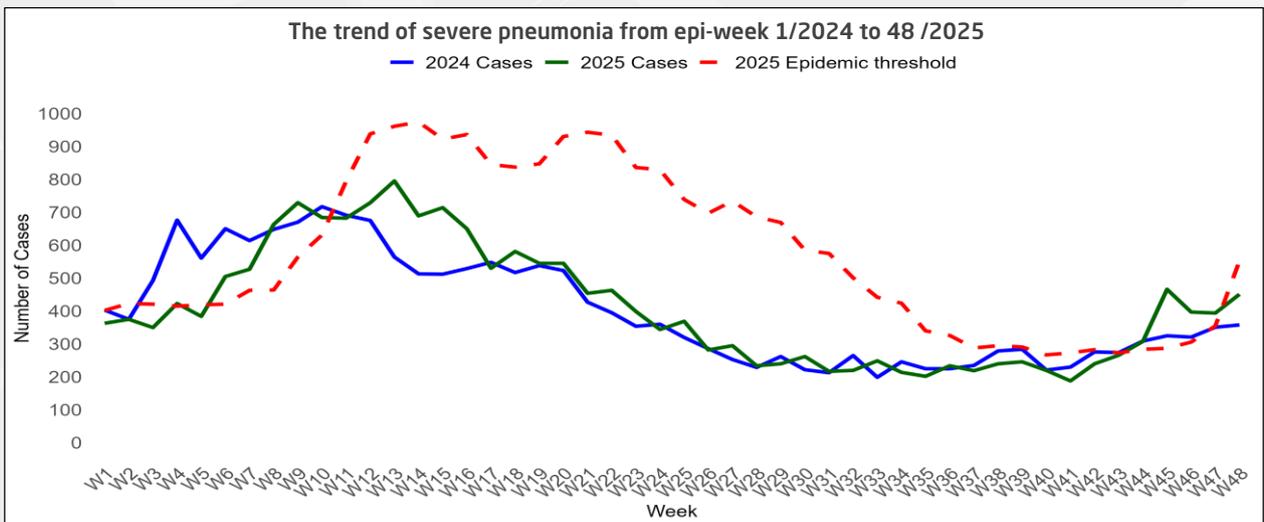
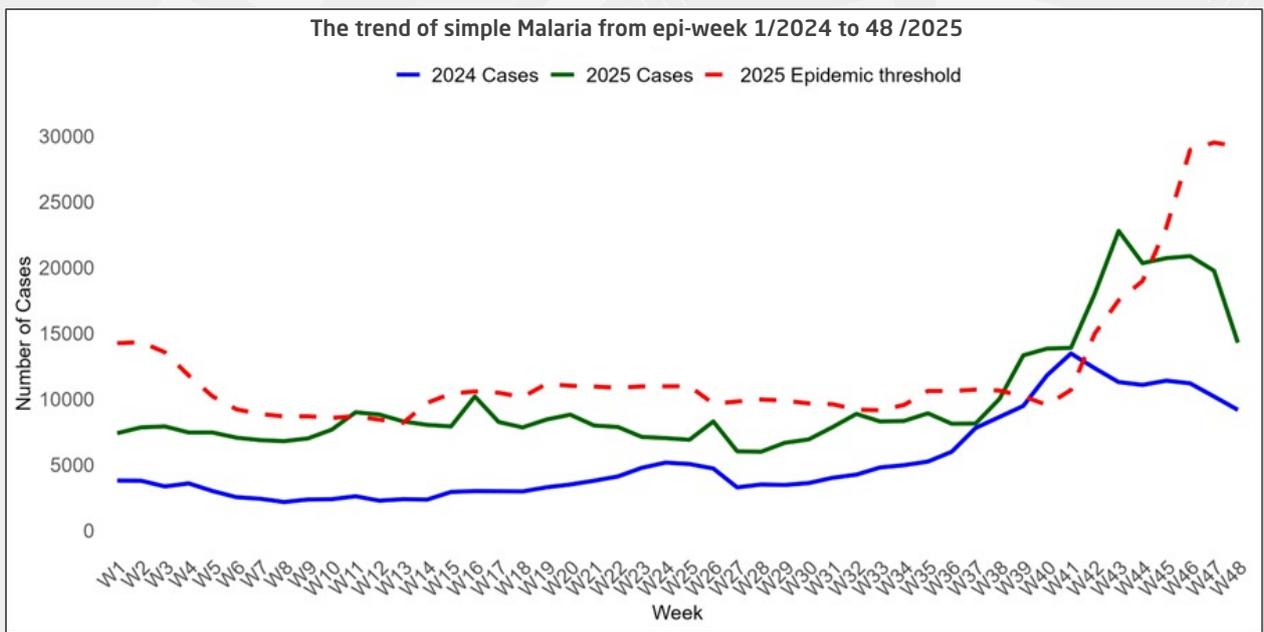
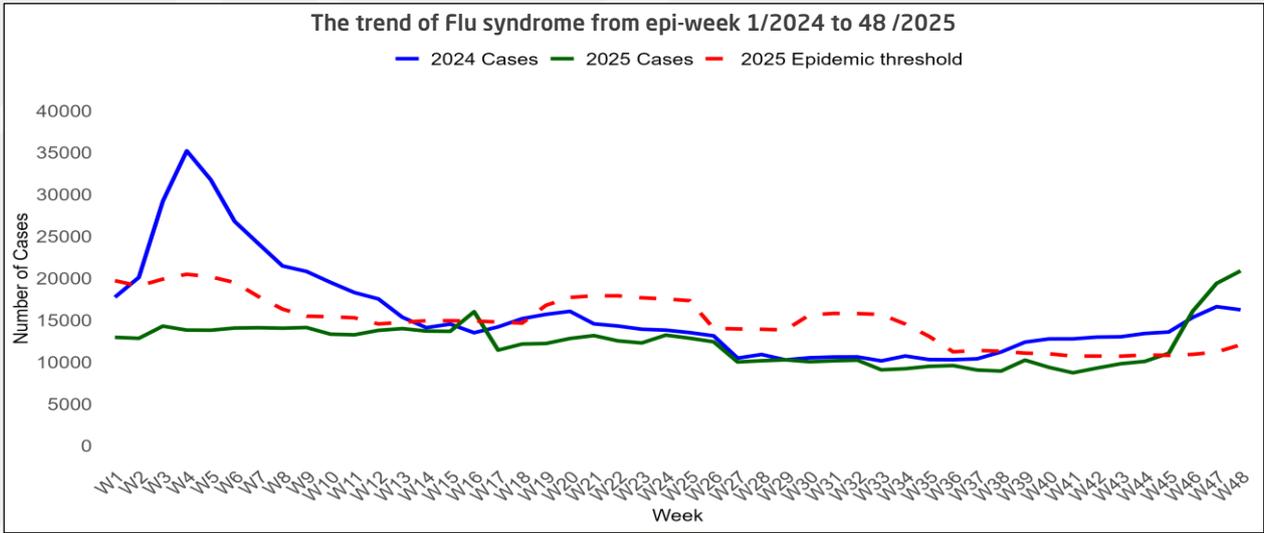


B. WEEKLY REPORTABLE DISEASES - EPI WEEK 48

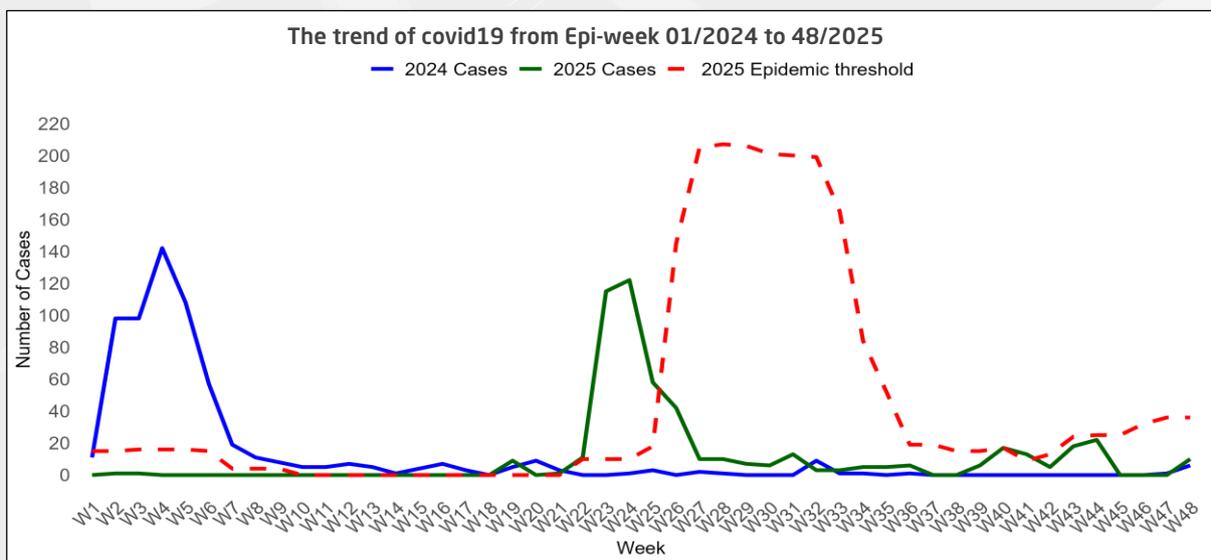
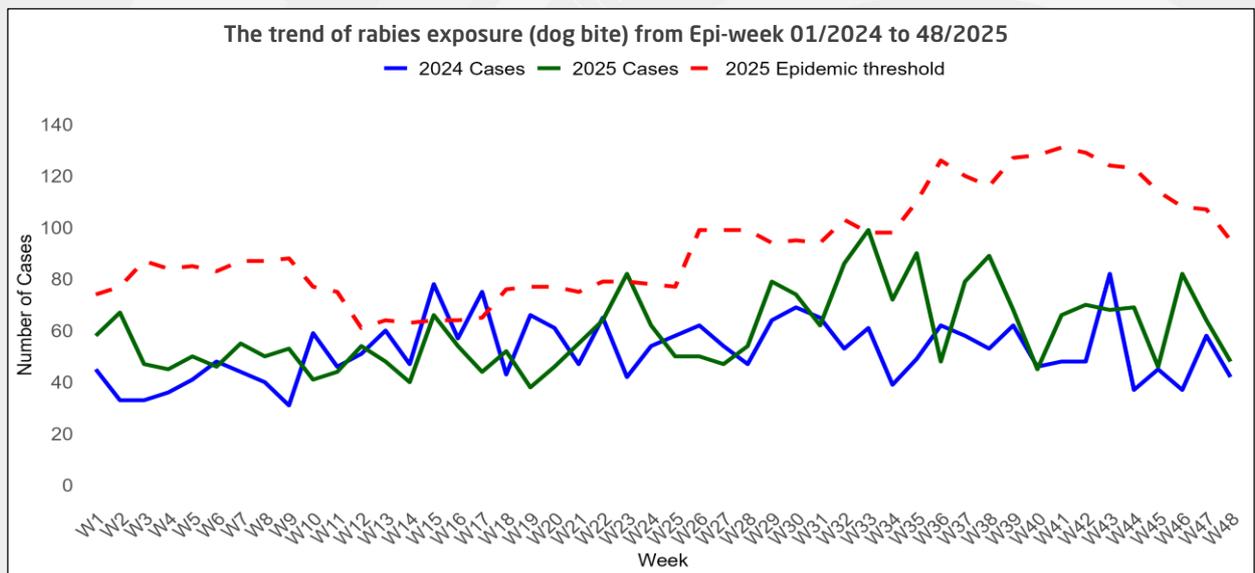
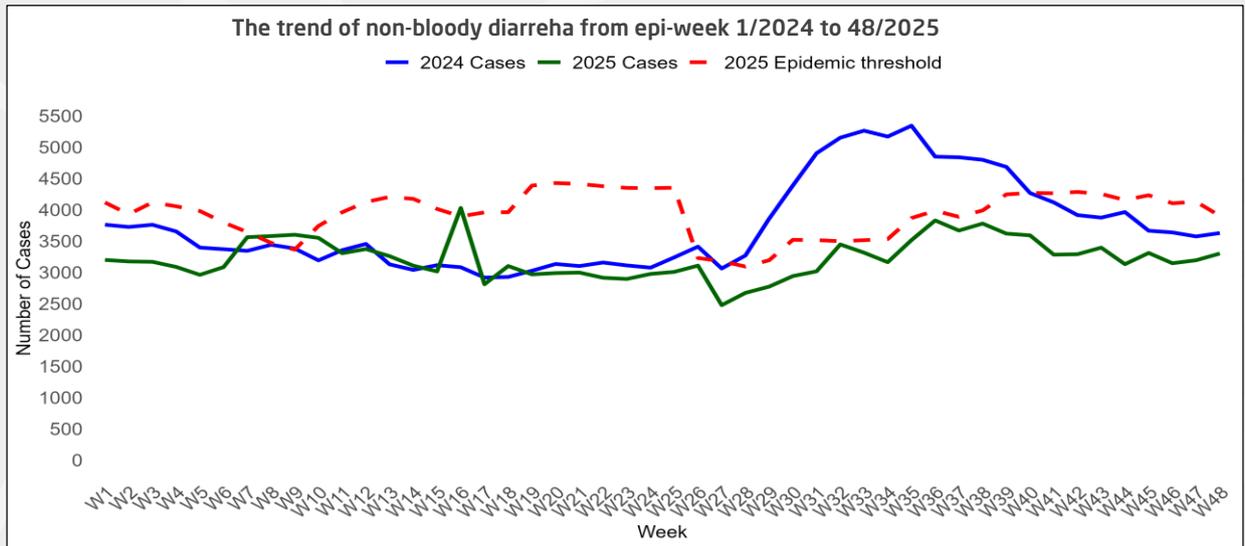
Description: In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

In Epi Week 48 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 revealed that Flu syndrome cases surpassed the epidemic thresholds since week 46 to week 48/2025, while severe pneumonia of children under 5 years cases decreased in week 48/2025 and did not surpass the threshold. A field investigation was recommended to identify underlying causes and inform targeted interventions.

The figures below show the weekly reportable diseases trends:



The figures below show the weekly reportable diseases trends:



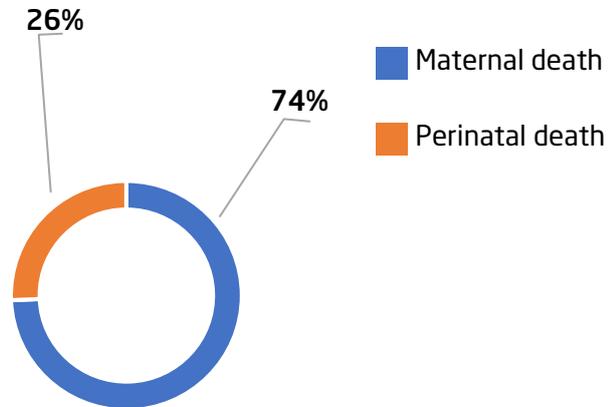


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 78 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 58 (74%) were perinatal deaths
- 20 (26%) were deaths of children under 5 years old including 1 death due to severe pneumonia

Type of deaths reported in week 48/2025



Distribution of deaths by health facilities

78 deaths were reported from 21 health facilities as follows:

12



12 deaths were reported by CHUK (6 perinatal deaths and 6 under 5 years deaths)

10



10 deaths were reported by Gisenyi DH (7 perinatal deaths and 3 under 5 years deaths)

8



8 deaths were reported by CHUB (8 perinatal deaths)

7



7 deaths were reported by Nyagatare DH (7 perinatal deaths)

6



6 deaths were reported by Bushenge PH (4 perinatal deaths and 2 under 5 years deaths)

4



4 deaths were each reported by:

- Masaka DH and Rwanda Military Hospital (each reported 3 perinatal deaths and 1 under 5 years death)
- Muhima DH (4 under 5 years deaths)

3



3 deaths were each reported by:

- Murunda DH (2 perinatal death and 1 under 5 years death)
- Byumba DH (3 perinatal deaths)

2



2 deaths were each reported by:

- Kacyiru police hospital, Kibuye RH, Nemba DH, Kirehe DH and Nyanza DH (each reported 2 perinatal deaths)
- Nyamata DH (1 perinatal death and 1 under 5 years death)

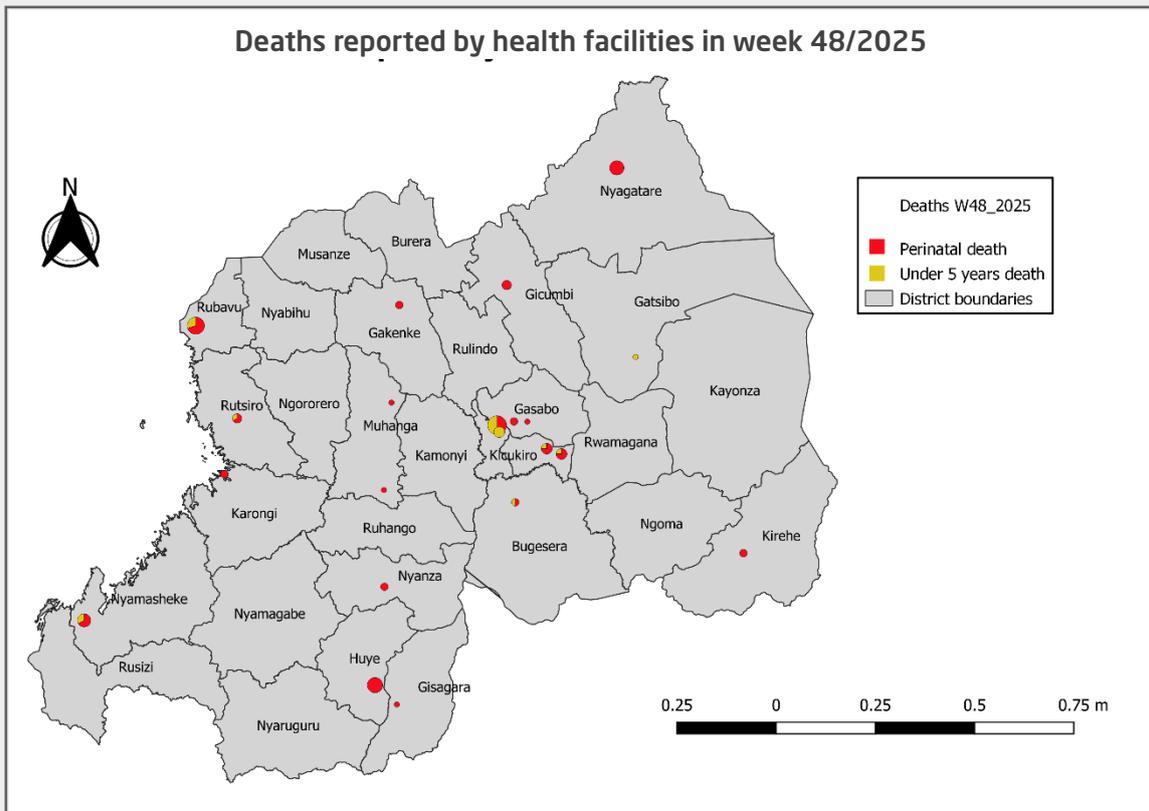
1



1 death was each reported by:

- Nyabikenke DH, Kabgayi DH, Kibagabaga DH, Kibirizi DH (each reported 1 perinatal death)
- Kiziguro DH (1 under 5 years death)

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 48

1. Ongoing outbreaks

1.1 Ongoing Mpox outbreak in Rwanda

Rwanda confirmed its first two cases of Mpox on July 24, 2024. The current situation, as of 30th November 2025 was as follows:

7727	Cumulative suspected cases
14	New suspected cases
128	Total confirmed cases
0	New confirmed cases
0	Cases under follow up
0	New discharged case

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:

- Door-to-door active case searches for early detection
- Heightened screening and surveillance in schools and public areas
- Screening at points of entry (POE)
- Ring vaccination
- Public awareness campaigns

1.2 Ongoing confirmed Measles/Rubella Outbreak in Karongi District, Western Province

During the IDSR weekly reporting of week 44 in western province, an unusual great number of Measles/Rubella cases reported by Musango HC (5suspected cases) in Karongi district, this number alerted and triggered the particular follow up. For that reason, the field investigation has been carried out by Kibuye RRT team on 05/11/2025 to confirm the outbreak and to initiate immediate control measures.

The current situation, as of 1st December 2025 was as follows:

97	Total Number of Cases(cumulative)
0	New suspected cases
8	Total Number of confirmed cases (cumulative)
0	New confirmed cases
8.2%	Positivity rate
0	Number of Death
0	CFR
8	Number of Recovered Patient



Actions taken

- Field investigation had been carried out by Kibuye RH 's RRT
- Active surveillance had been initiated in health facilities (Musango and Kirambo HCs) and schools (active screening within students of GS Burega, EP muramba and EP Rucura).
- Screening of 1,215 pupils at two schools revealed 30 suspected cases referred for further evaluation.
- Health education conducted for teachers, pupils, and community members.
- Isolation and treatment of all suspected cases.
- Samples have been collected for Laboratory confirmation (ongoing for remaining samples).
- Hygiene improvement measures implemented in schools and health facilities.
- Plan to enhance routine immunization and conduct supplemental immunization activities (SIA) targeting children aged 9 months-15 years.
- Community mobilization through different channels (like Umuganda and inteko z'abaturage; etc).
- Maintain the monitoring of the outbreak and reporting
- The meeting on the outbreak response was chaired by the Mayor of Karongi district on 07/11/2025, with Hospitals' involved staff ES of sectors; head of HCs, IDSR focal person; Head teachers (all) and Education & Health unit at the district

1.3 Ongoing suspected skin rash outbreak in Nyagatare district, Karama sector

On November 5th 2025, Gatunda DH was notified of a cluster of skin rash cases among students of Gikundamvura primary school. Preliminary reports indicated that affected students exhibited skin rash on different body parts, including the arms, trunk, and genital area. A total of 88 cases were identified among students with similar symptoms that varied in location and appearance. The surveillance team also found similar cases in 2 other schools, named Bushara GS and Cyenkwanzi PS.

The current situation, as of 4th December 2025 was as follows:

176	Total suspected cases
119	Recovered
57	Active

The samples taken and tested for Mpox were negative.



Actions taken

- Case finding
- Education was provided to the students on Hygiene and IPC, including avoiding direct contact with symptomatic students, avoiding sharing personal items
- Nyagatare District Health Unit and Education Unit were notified of the situation.
- Case management
- Community sensitization in surrounding villages and school catchment areas
- Coordinate with Nyagatare District Health and Education units to strengthen school-based surveillance
- Data verification that allowed to find some errors and correct them

For the laboratory tests conducted, a total of 19 clinical samples previously tested negative for orthopoxvirus by RealStar® Orthopoxvirus, and some Nyagatare samples also suggested possible varicella infection, though results remain inconclusive due to a high proportion of unclassified reads.

2. New outbreaks occurred

Measles Situation in Kiziguro District Hospital Catchment Area: 26/11/2025

Between 31 October and 24 November, Kiziguro District Hospital identified a total of 14 suspected measles cases within its catchment area. Laboratory results had confirmed 4 cases, while the remaining suspected cases tested negative. Of the four confirmed cases: Three were from Kiramuruzi Sector, 2 from the same household in Kibangu Village: an 18-year-old mother and her 1-month-old infant, 1 from Akamasine Village: a 1-year-old child. Kibangu and Akamasine were neighboring villages, indicating potential localized transmission.

The fourth confirmed case was from Kiziguro Sector. 3 cases were still active and hospitalized at Kiziguro DH.



Actions taken

- Case management
- Laboratory test
- Given the clustering of cases in Kiramuruzi Sector and possible epidemiological links between the affected villages, an investigation was planned for 27/11/2025 by Kiziguro hospital RRT in order to identify the sources of infection, assess transmission dynamics, and guide appropriate public health interventions, including vaccination status review and risk communication.



eIDSR REPORTS COMPLETENESS & TIMELINESS

In Rwanda, eIDSR reports completeness and timeliness are scored as follows:

Greater or equal to 80%: High,

Between 60% and 79%: Moderate,

Less than 60%: Low.

In Epi Week 48, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 99% and 97% respectively. All hospitals achieved high scores above 80%, that was to be appreciated.



Detailed completeness and timeliness performance for all health facilities is presented in the figures below.

