



Republic of Rwanda  
Ministry of Health



# WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **45** | 03-09 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 Impuruza system: **41** alerts (28 were confirmed)



23 human deaths



2 human skin rash



1 abnormal water smell/color



2 dog bites

### Alerts from EIOS: **8** alerts

Five new avian flu outbreaks confirmed in the U.S.

Uganda - Livestock diseases worsening under climate stress

Rift Valley Fever - Mauritania & Senegal

Avian Influenza (H5N1) - Ireland

Uganda - Rising Antimicrobial Resistance (AMR)

DRC - Multiple Outbreaks in South Kivu (Measles, Cholera, Mpox)

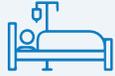
Rwanda - Wild dogs cause problem in Rutsiro District

DR Congo - Polio (Vaccine-Derived Type 2)





## Indicator Based Surveillance (IBS) Highlights:



**320** cases of immediate reportable diseases were notified by **111** 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, acute flaccid paralysis, and snake bites.



**64** deaths were reported by **24** 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 45



### Weekly updates on ongoing outbreaks:

#### Ongoing outbreaks:

-  Mpox outbreak

#### New outbreak:

-  Suspected Foodborne illnesses in Kicukiro district, Masaka sector and Gatsibo district, Kiramuruzi sector
-  Suspected skin rash outbreak in Nyagatare district, Karama sector
-  Confirmed Measles/Rubella Outbreak in Karongi District, Western Province



## Completeness and timeliness



In Epi Week 45, the overall completeness and timeliness of surveillance data reporting in Rwanda was **100%** and **99%** 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: 41 alerts

**Community alerts: 34 alerts** received, 32 were verified, 28 were confirmed (4 did not meet the signal definitions and were discarded), 2 lookouts were not accessed on phone call. **23 were human deaths, 2 alerts of human skin rash, 2 dog bites, 7 alerts of dog bites and 1 alert of abnormal water smell/color.**

**Facility alerts:** 7 were notified by the health facilities, all were verified, 4 were confirmed and 3 were false alerts. They included 2 of many persons with similar symptoms, 1 alert of patients who were well treated but not cured and 1 human death occurred before arriving to the health facility.

## Alerts from EIOS: 8 alerts

### 1. Five new avian flu outbreaks confirmed in the U.S.

The U.S. Department of Agriculture (APHIS) confirmed five new H5 avian influenza outbreaks across Indiana, Michigan, and Washington. Indiana: 3 outbreaks (including a duck farm with 21 000 birds). Michigan: 113 000 turkeys affected – third detection in less than a week. Washington: 9 birds in a backyard flock. A total of 3.72 million birds affected nationwide in the last month.

<https://www.cidrap.umn.edu/avian-influenza-bird-flu/five-new-avian-flu-outbreaks-confirmed-ducks-turkeys-3-us-states>

### 2. Uganda - Livestock diseases worsening under climate stress

Rising temperatures, erratic rains, and shifting ecosystems are fueling outbreaks such as Foot-and-Mouth Disease (FMD). Government

actions: quarantines, vaccination drives, and intensified surveillance. Experts call for stronger climate-resilient animal-health systems, better diagnostics, and community-based initiatives. Heavy rains and floods are disrupting veterinary logistics, threatening agricultural productivity that supports > 70 % of Ugandans. Nile Post News:

<https://nilepost.co.ug/agriculture/300242/uganda-struggles-with-livestock-diseases-amid-climate-driven-challenges>

### 3. Rift Valley Fever - Mauritania & Senegal

404 confirmed human cases and 42 deaths (20 Sept - 30 Oct 2025). RVF is spreading in both countries, mainly along the Senegal River border. Mauritania reported 46 human cases (14 deaths) and 62 animal outbreaks; Senegal recorded 358 human cases (28 deaths) and 160 animal cases. WHO, FAO and WOAHA rate the risk as high nationally, moderate regionally, low globally. One Health coordination is under way to scale up vector control, surveillance and RCCE activities.

<https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON584>

### 4. Avian Influenza (H5N1) - Ireland

Second outbreak confirmed in a commercial turkey flock near Kells, Co. Meath. A 3 km protection and 10 km surveillance zone were established. Mandatory housing order for all poultry starts 10 Nov to limit wild-bird contact. HSE and ECDC say public-health risk is very low, but citizens should avoid handling dead birds.

<https://www.gov.ie/en/department-of-agriculture-food-and-the-marine/press-releases/second-highly-pathogenic-avian-influenza-outbreak-confirmed-in-commercial-turkey-flock-in-co-meath>

### 5. Uganda - Rising Antimicrobial Resistance (AMR)

Experts warn of increasing drug resistance linked to poverty, self-medication and unregulated antibiotic use. IDI reports 30-50% of isolates resistant to common antibiotics across 13 referral hospitals. CDC and Africa CDC studies call for stronger laboratory systems and One Health action <https://www.independent.co.ug/ugandas-silent-epidemic-the-growing-drug-resistance>



# Weekly updates on Event Based Surveillance (EBS)

## 6. DRC - Multiple Outbreaks in South Kivu (Measles, Cholera, Mpox)

South Kivu faces a triple outbreak: Measles: 7,961 cases, 164 deaths (CFR 2.06%); Mpox: 19,011 cases, 17 deaths (CFR 0.69%); Cholera: 10,900 cases, 75 deaths (CFR 0.69%). Authorities warn of a new polio threat and call for urgent humanitarian response amid insecurity and limited health resources.

<https://www.humanitarian-issues.org/articles/974709-drc-humanitarian-crisis-world-s-most-neglected-says-un/page3#post1022512>.

## 7. Rwanda - Wild dogs cause problem in Rutsiro District

Residents in the sectors that serve Gishwati-Mukura National Park are complaining about stray dogs that are killing livestock and animals in the park. There are concerns that they may be rabid. Rutsiro authorities and security agencies have begun operations to find and capture them, and are urging residents to take care of their dogs and vaccinate them.

<https://imvahonshya.co.rw/rutsiro-barambiwe-imbwa-zagasozi-zikomeje-guteza-umeurizi-muke/>

## 8. DR Congo - Polio (Vaccine-Derived Type 2)

Two polio cases confirmed in Kabambare and Samba Health Zones (Maniema Province). Both cases in zero-dose children under 5 years. A response vaccination campaign planned from 13 - 15 Nov across seven neighboring zones.

<https://www.radiookapi.net/2025/11/01/actualite/sante/deux-cas-de-poliomyelite-confirmez-kabambare>



# 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 45

During this Epi week,

**320** cases of immediate reportable diseases were notified by 111 health facilities:



**9 cases of chicken pox (varicella)** were reported by 6 health facilities.



**103 suspected cases of Measles/Rubella** were reported by 40 health facilities; the samples were taken and sent to NRL. Among the previous samples taken, 3 were tested positive on Rubella, they were from 3 different districts and the outbreak of measles was described on the outbreak section



**110 cases of severe malaria** were reported by 44 health facilities.



**16 suspected cases of Mpox** were reported by 3 health facilities; the samples were tested, all were negative.



**9 suspected cases of bloody diarrhea (shigellosis)** were reported by 6 health facilities



**12 snake bites** were reported by 10 health facilities.



**22 suspected cases of typhoid fever** were reported by 3 health facilities, the samples were taken, 1 was tested positive, while 21 were negative.



**6 case of Mumps** were reported by 2 health facilities



**7 cases of acute flaccid paralysis** were reported by 7 health facilities



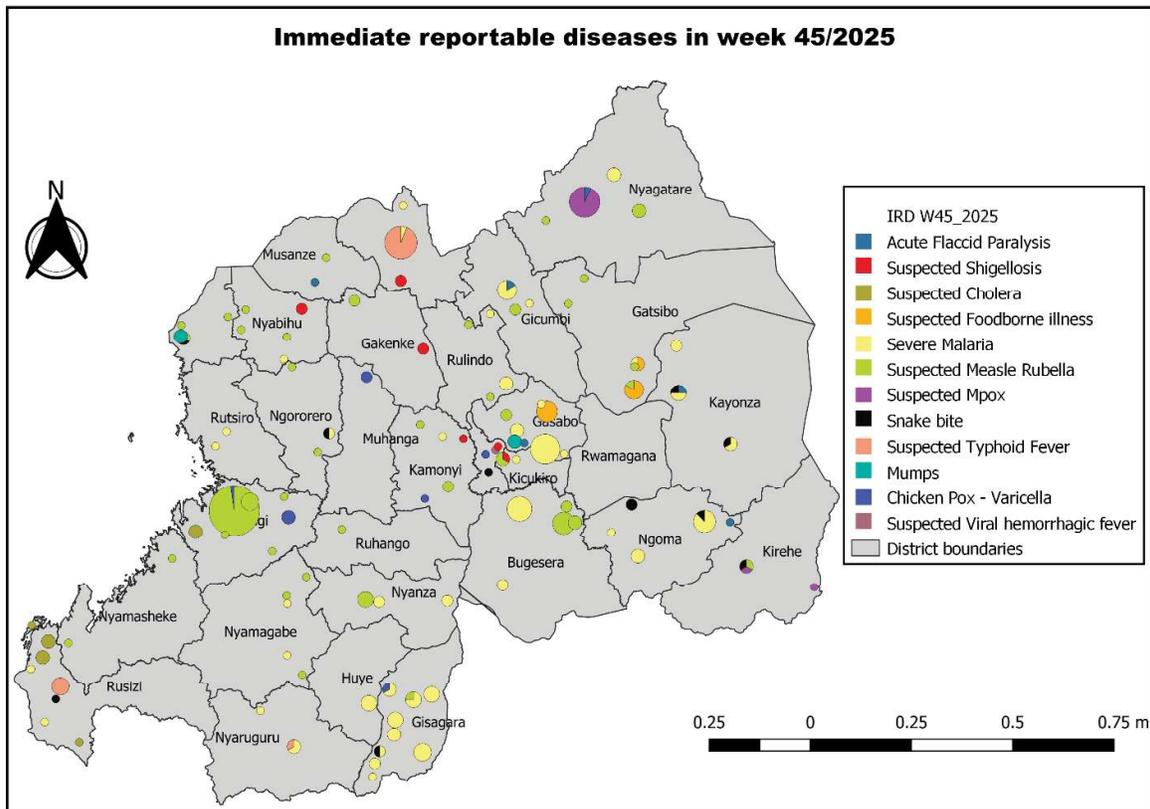
**4 suspected cases of cholera** were reported by 2 health facilities



**14 suspected cases of foodborne illnesses** were reported by 3 health facilities



**1 suspected case of Rift Valley Fever** was reported by 1 health facility the sample was taken and tested, the result was negative.

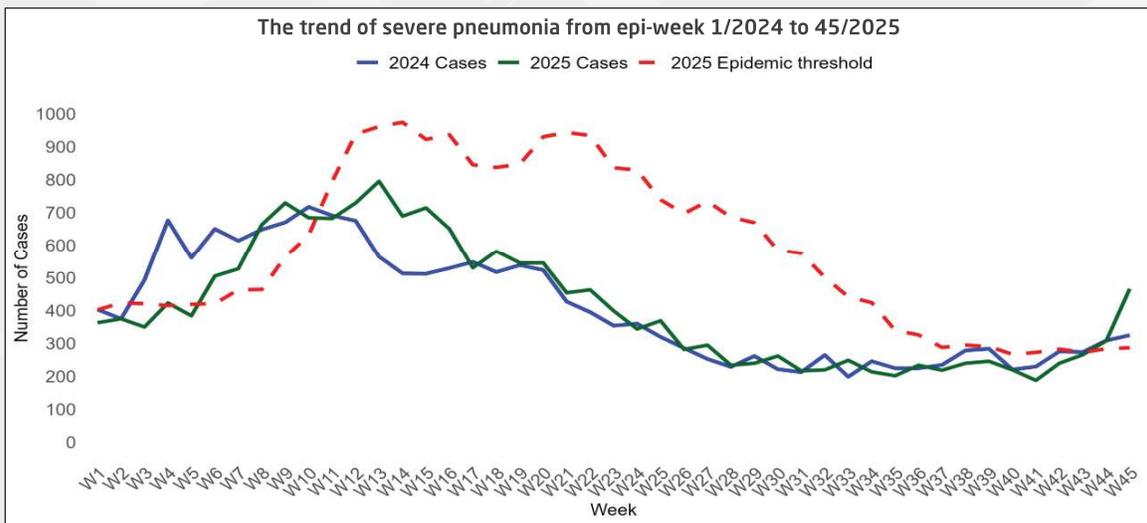
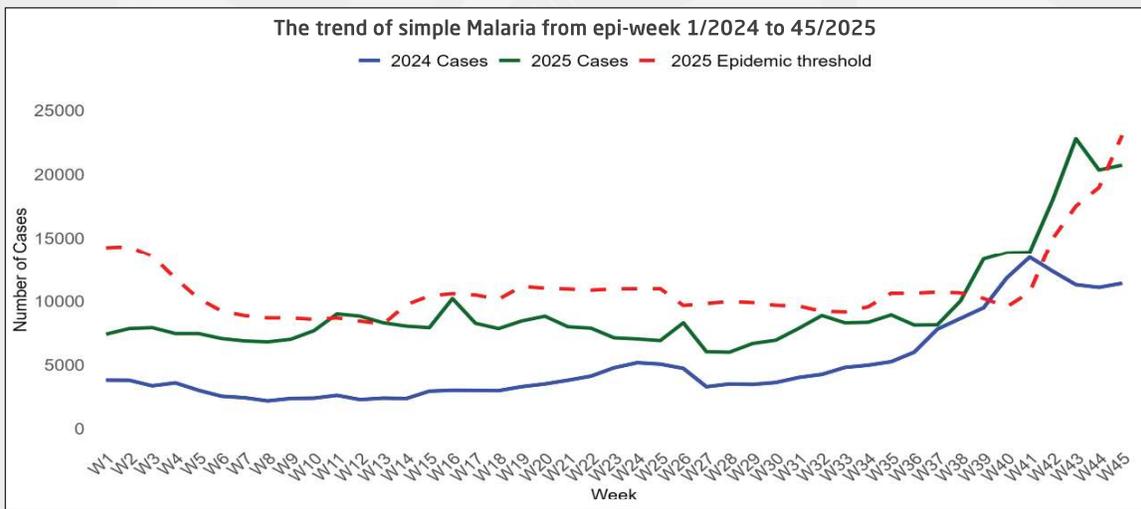
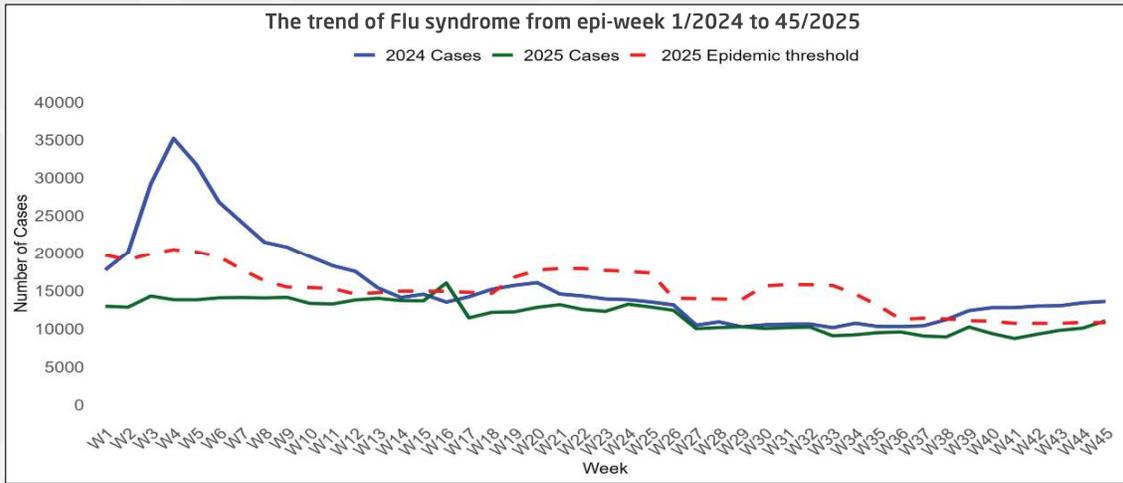


## B. WEEKLY REPORTABLE DISEASES - EPI WEEK 45

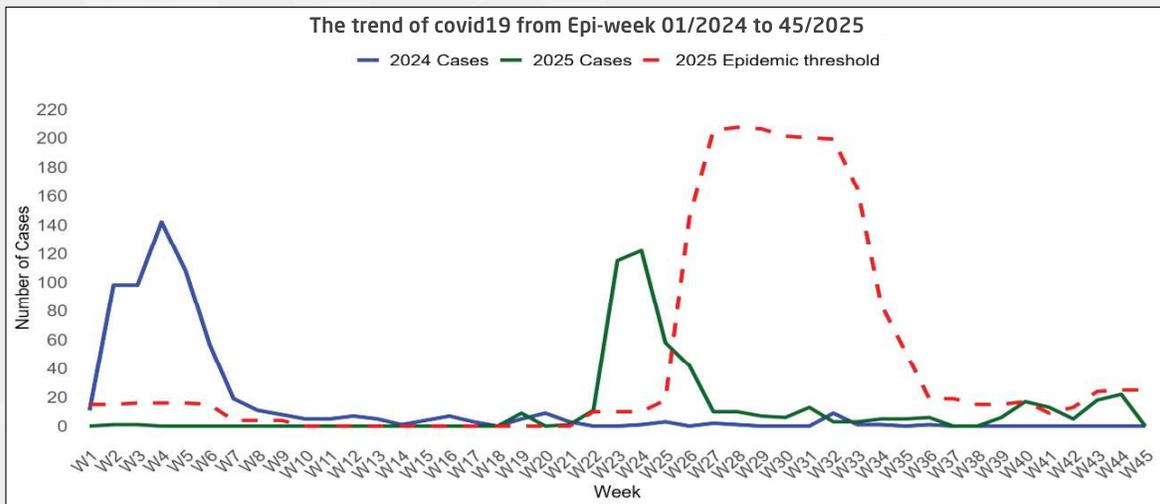
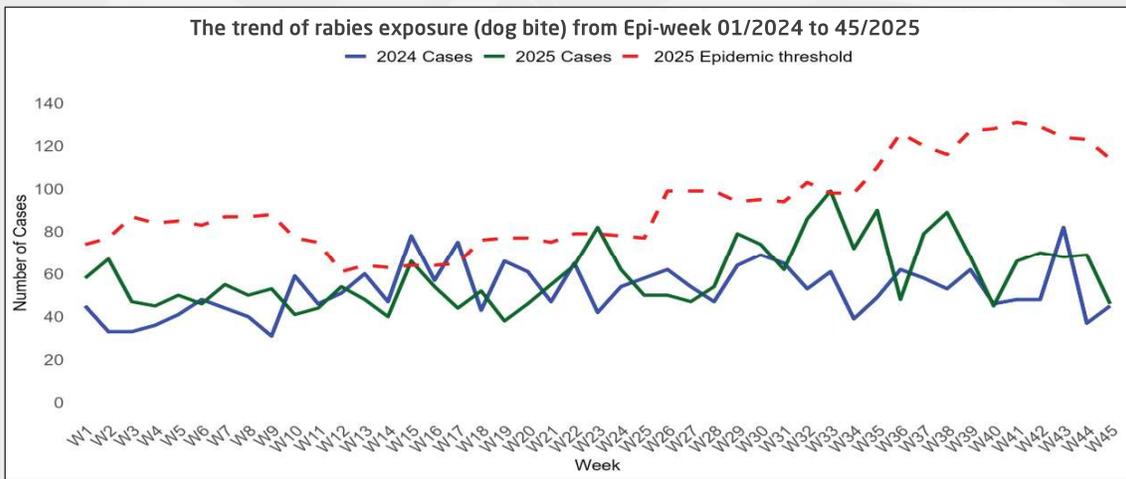
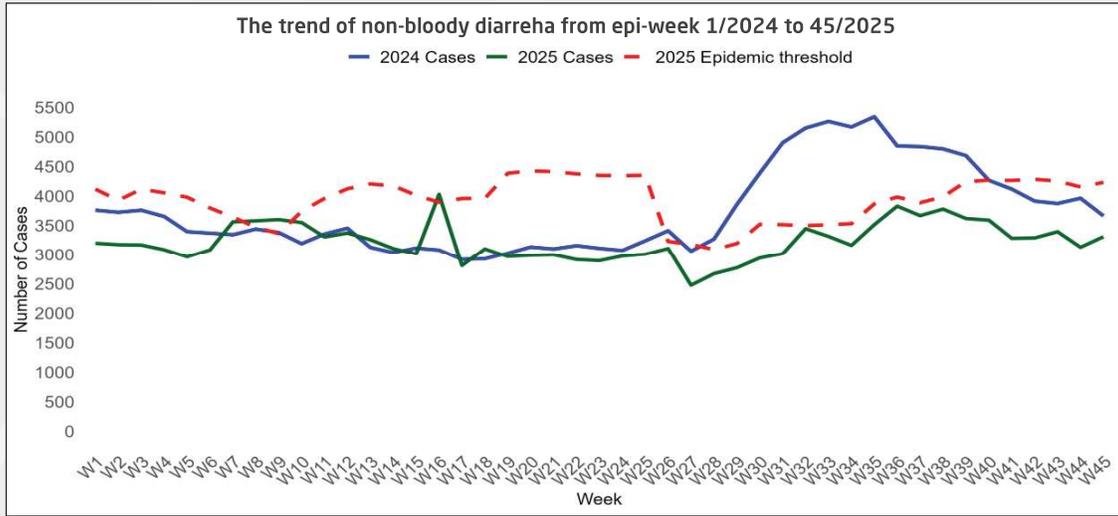
**Description:** In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

In Epi Week 45 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 simple malaria cases that surpassed the epidemic thresholds in the previous 7 weeks reduced in week 45, while severe pneumonia and flu syndrome cases increased and surpassed the epidemic thresholds in week 45. A field investigation was recommended to identify underlying causes and inform targeted interventions.

The figures below show the weekly reportable diseases trends:



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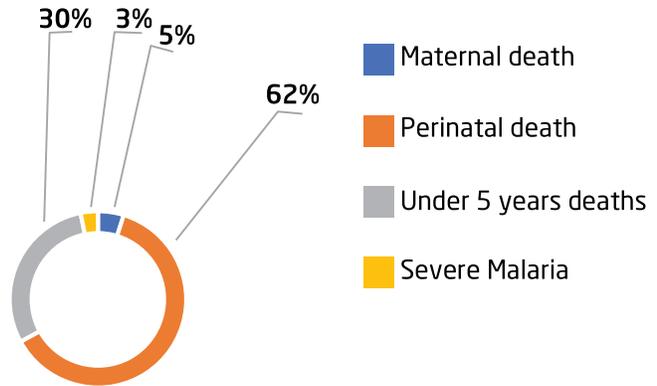


## C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 64 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 40 (62%) were perinatal deaths
- 19 (30%) were deaths of children under 5 years old
- 3 (5%) maternal deaths
- 2 (3%) death due to severe malaria

Type of deaths reported in week 45/2025



### Distribution of deaths by health facilities

**64** deaths were reported from 24 health facilities as follows:



8 deaths were each reported by CHUK (2 perinatal deaths and 6 under 5 years deaths)



5 deaths were each reported by:

- Gisenyi DH and Masaka DH (each reported 5 perinatal deaths)
- CHUB (1maternal death and 4perinatal deaths)
- Gahini DH (4perinatal deaths and 1 death due to severe malaria)



4 deaths were each reported by:

- Kabgayi DH and Kibagabaga DH (each reported 1perinatal deaths and 3 under 5 years deaths)
- Rwinkwavu DH (4perinatal deaths)



3 deaths were each reported by:

- Kabaya DH (2 perinatal deaths and 1under 5 years death)
- Nemba DH (3 perinatal deaths)
- Rwanda Military Hospital (1maternal death,1perinatal death and 1under 5 years death)



2 deaths were each reported by:

- Mahama Refugee Camp II HC in Kirehe DH (1maternal death and 1 perinatal death)
- Munini DH (1under 5 years death and 1 death due to severe malaria)

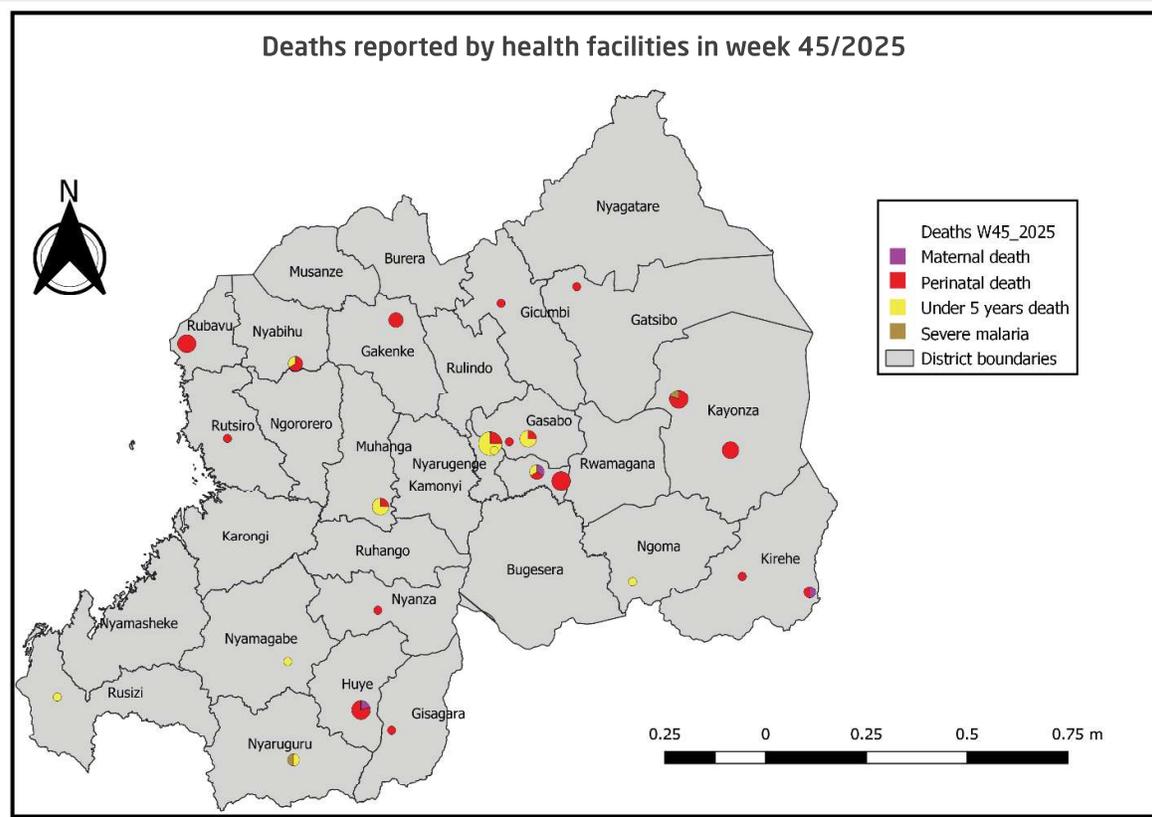


1 death was each reported by:

- Byumba DH, Kacyiru police hospital, Kibilizi DH, Kirehe DH, Murunda DH, Ngarama DH and Nyanza DH (each reported 1perinatal death)
- Jarama HC in Kibungo DH, Kigeme DH, Mibilizi DH and Muhima DH (each reported 1under 5 years death)

Mugonero DH, Munini DH, Nyabirasi HC in Murunda DH (1under 5 years death)

**Distribution of deaths by health facilities:**



**OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 45**

**1. Ongoing Mpox outbreak in Rwanda**

Rwanda confirmed its first two cases of Mpox on July 24, 2024. The current situation, as of 9th November 2025 was as follows:

<b>7679</b>	Cumulative suspected cases
<b>16</b>	New suspected cases
<b>128</b>	Total confirmed cases
<b>0</b>	New confirmed cases
<b>0</b>	Cases under follow up
<b>0</b>	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

## 2. New outbreaks occurred

### 2.1 Suspected foodborne illnesses

#### 2.1.1 Suspected foodborne illness occurred in Kicukiro district, Masaka sector

On 04 November 2025, Masaka Health Center received 12 patients (10 males and 2 females) from the Air Force Base in Kanombe, presenting with similar symptoms of fever, diarrhea, and abdominal pain following a shared meal. The number of cases was 12 (10 males, 2 females).

All affected individuals consumed a meal consisting of kawunga (maize porridge), vegetables, and ubunyobwa (groundnut sauce) prior to onset of illness.

All cases were treated and became stable.



#### Actions taken

- Case management
- Health education on food hygiene

#### 2.1.2 Suspected Foodborne Illness in Gatsibo district, Kiramuruzi sector

On 07 November 2025, Kiziguro District Hospital received an alert from Gakenke Health Center regarding the death of a 37-year-old female who developed diarrhea, vomiting, and abdominal pain after consuming a common meal consisting of banana, potatoes, and cassava.

The deceased did not seek medical care. Following her death, her five children (aged 2-14 years), who presented with similar symptoms, were taken to Gakenke Health Center and subsequently referred to Kiziguro District Hospital for further management. The suspected meal was consumed on Wednesday, 5 November 2025. A food sample has been collected for laboratory investigation to determine the cause of the illness.



#### Actions taken

- Case management
- Health education on food hygiene

### 2.2 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. The following day, Gatunda DH deployed the members of surveillance team to conduct an outbreak investigation.

A total of 88 cases were identified among students with similar symptoms that varied in location and appearance: some had a rash limited to the arms, others had a rash on the trunk, several had genital-area rash. No severe complications or hospitalizations have been reported so far and no deaths had been recorded.

The surveillance team also found similar cases in 2 other schools, named Bushara GS and Cyenkwanzi PS. A preliminary assessment conducted by the two schools' headmasters identified 11 and 20 students with similar symptoms respectively. All affected schools were day schools.

- Affected schools' description:  
Gikundamvura PS: 1444 students, 88 students affected
- Bushara GS: 1634 students, 11 students affected
- Cyenkwanzi PS: 947 students, 20 students affected



#### Actions taken

- Case finding and initial screening at Gikundamvura PS and expand active case search to the two other affected schools
- 8 samples were collected for laboratory testing and await transfer to NRL to rule out Mpox.
- Education was provided to the students of Gikundamvura 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.
- Provide case management and referral as needed
- Community sensitization in surrounding villages and school catchment areas
- Coordinate with Nyagatare District Health and Education units to strengthen school-based surveillance

### 2.3 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.

#### Key Findings from the investigation:

Since 02 October 2025, a cluster of suspected measles/rubella cases had been reported within Kibuye RH catchment area, primarily from Gitesi sector (Nyamiringa cell, Gisasa village) and Mutuntu sector (Byogo cell, Kivumu village).

A total of 44 suspected cases were identified (age range 6-18 years), with 4 confirmed positive for measles/rubella IgM by the LNR. (positivity rate: 36.3%, 4/11 tested). Most affected age group: 6-10 years.

The cases were recorded within three schools (GS burega, EP Murambi located in Gitesi sector and EP muramba located in Mutuntu sector). All confirmed cases were previously vaccinated for measles/rubella. The possible contributing factors included a low routine immunization coverage, mass school gatherings, and limited community awareness on early symptom recognition. No deaths had been reported.



#### 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



### 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 45, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were **100%** and **99%** 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.*



