



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **3** 12-18 January 2026





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: **22 alerts**



19 human deaths



2 dog bite



1 alert of unusual human disease

Alerts from EIOS: **6 alerts**

Strong outbreak of influenza in several regions of Burundi

New "super flu" targeting two groups of Americans as hospitalizations and deaths continue to rise

Uvira: nearly 240 cases of cholera recorded in Sangé, including 7 deaths in one week

Africa's hidden stillbirth crisis: New report exposes major policy, data gaps

Newcastle disease: a threat (poultry)

Cholera remains continent's deadliest epidemic

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Indicator Based Surveillance (IBS) Highlights:



155 cases of immediate reportable diseases were notified by **70** health facilities nationwide. These include cases of chicken pox, severe malaria, suspected shigellosis, suspected measles/rubella, suspected Mpox, suspected typhoid fever, suspected VHF, suspected foodborne illnesses, suspected RVF, suspected human influenza, suspected cholera, acute flaccid paralysis, mumps, and snake bites.



79 deaths were reported by **25** 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 3



Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

-  Mpox outbreak
- Measles outbreak in Rubavu district

New outbreak:

-  Cholera outbreak in Rusizi and Nyamasheke districts



Completeness and timeliness



In Epi Week 3, 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: 22 signals were notified, including 21 from the community and 1 from health facility.

They included 19 human deaths, 2 dog bites, 1 alert of unusual human disease

Alerts from EIOS: 6 alerts

1) Strong outbreak of influenza in several regions of Burundi

This report says an unusual influenza outbreak accompanied by severe cough is spreading rapidly across several provinces, and that the Ministry of Health has confirmed the outbreak and urges the public to remain vigilant. It gives an example from Kanyosha zone (Mugere commune, Bujumbura province) where residents report household-to-household spread, and it describes symptoms perceived as more severe than typical seasonal flu—high fever, severe headache, persistent cough and extreme fatigue—with some community speculation about a COVID-like illness. The ministry spokesperson is quoted in the report as acknowledging a marked rise in severe cases, encouraging people to seek care promptly if symptomatic, and reinforcing strict hygiene measures to reduce transmission.

<http://www.rpa.bi/index.php/actualites/8sante/forte-poussee-de-grippe-dans-plusieurs-regions-du-burundi>

2) New “super flu” targeting two groups of Americans... as hospitalizations and deaths continue to rise

The article reports that the latest CDC data through 3 January 2026 shows the weekly rate of flu hospitalizations rose by 53% vs the previous week, translating to nearly 40,000 admissions in one week (up from ~33,000), with the increase described as largely driven by H3N2 subclade K.

It highlights two main affected groups: people over 50 (hospitalizations up 157% since October, the start of the season) and young children, who still account for the largest share of outpatient visits (about ~20%, though trending down). The report also notes a rise in flu-related deaths (0.9% to 1.9%) and an increase in pediatric flu deaths (8 in that week; 17 total for the season in the summary).

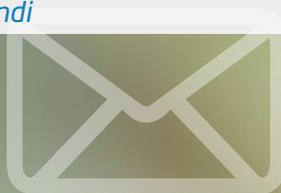
<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020750879>

3) Uvira: nearly 240 cases of cholera recorded in Sangé, including 7 deaths in one week

This item reports at least 240 cholera cases in Sangé Health Zone (Uvira territory, South Kivu) during the first week of January 2026, including 7 deaths, with Ndunda identified as the epicenter and progressive spread toward Nazareno, Sangé-État and CEPAC. The report gives a breakdown by area (e.g., Ndunda 188 cases/1 death; Kigurwe 30 cases/2 deaths; Rusabagi 12 cases/3 deaths; Kimuka 10 cases/1 death) and flags a high risk of continued spread due to population movement, late reporting of community deaths, crowding, and limited access to safe water and sanitation, including reliance on the Shange river described as unsafe.

It also calls for strengthened surveillance/alerts, improved case management and rapid referral with logistics support (motos/ambulances), and intensified community hygiene sensitization.

<https://actualite.cd/2026/01/12/uvira-pres-de-240-cas-de-cholera-enregistres-sange-dont-7-deces-en-une-semaine>



Weekly updates on Event Based Surveillance (EBS)

4) Africa's hidden stillbirth crisis: New report exposes major policy, data gaps

This article frames stillbirths as a major but often invisible burden, noting nearly one million stillbirths per year in Africa and emphasizing that many are preventable yet under-recorded. It references a new report titled "Improving Stillbirth Data Recording, Collection and Reporting in Africa," described as the first continent-wide assessment of how African countries record and use stillbirth data; it says the work was conducted jointly by Africa CDC, University of Cape Town, LSHTM, and UNICEF, surveying 55 AU member states (2022-2024) with 33 responses. A key issue highlighted is fragmented systems—facility registers, routine health information systems, civil registration and other systems that often don't integrate, causing losses to never enter national statistics and limiting accountability and action.

<https://dailynews.co.tz/africas-hidden-stillbirth-crisis-new-report-exposes-major-policy-data-gaps/>

5) Newcastle disease: a threat (poultry)

This item describes Newcastle disease (pseudopeste aviaire) as a highly damaging viral disease of poultry that can cause mortality up to 100% in affected farms, and it cites the World Organisation for Animal Health (OMSA/WOAH) in recommending vaccination as the main control measure. It explains transmission can occur through respiratory/digestive routes and via contact with infected birds, droppings, or contaminated equipment, and notes clinical presentations can include severe respiratory signs, neurological signs, and diarrhea, with major economic consequences especially for smallholders where poultry is important for food security and livelihoods. It also states vaccination can use live or inactivated vaccines delivered by ocular/nasal routes or via drinking water.

<https://echosante.info/maladie-de-newcastle-une-mence-silencieuse-pour-laviculture/>

6) Cholera remains continent's deadliest epidemic

Nigeria, Congo, Angola account for 90% of cases: Africa CDC, this item reports Africa CDC's position that cholera is still Africa's most pressing epidemic challenge, citing 323,307 cases and 7,352 deaths across 24 countries in 2025. It says Nigeria, DRC, Angola and South Sudan together accounted for nearly 90% of reported cases, driven by unsafe water, weak sanitation, and cross-border movement, and stresses that cholera control needs long-term political commitment and investment in WASH plus preventive vaccination in hotspot districts, not only emergency medical response. The same briefing also mentions other epidemic updates: Nigeria accounting for ~97% of Lassa fever cases in West Africa, a steep decline in Ebola cases toward the end of 2025, progress toward ending Ethiopia's Marburg outbreak, and ongoing mpox vaccination rollout.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020770181>



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 3

During this Epi week,

155 cases of immediate reportable diseases were notified by 70 health facilities:



9 cases of chicken pox (varicella) were reported by 5 health facilities.



30 suspected cases of Measles/ Rubella were reported by 23 health facilities; the samples were taken and sent to NRL.



48 cases of severe malaria were reported by 24 health facilities.



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



6 suspected cases of RVF were reported by 2 health facilities; the samples were tested in NRL, the results were negative.



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



5 suspected cholera cases were reported by 2 health facilities.



1 suspected case of shigellosis (bloody diarrhea) were reported by 1 health facility



5 snake bites cases were reported by 4 health facilities.



6 suspected cases of typhoid fever were reported by 2 health facilities; the samples were taken and tested in laboratory, 3 from 1 health facility were tested positive



2 cases of acute flaccid paralysis were reported by 2 health facilities



2 cases of mumps were reported by 1 health facility



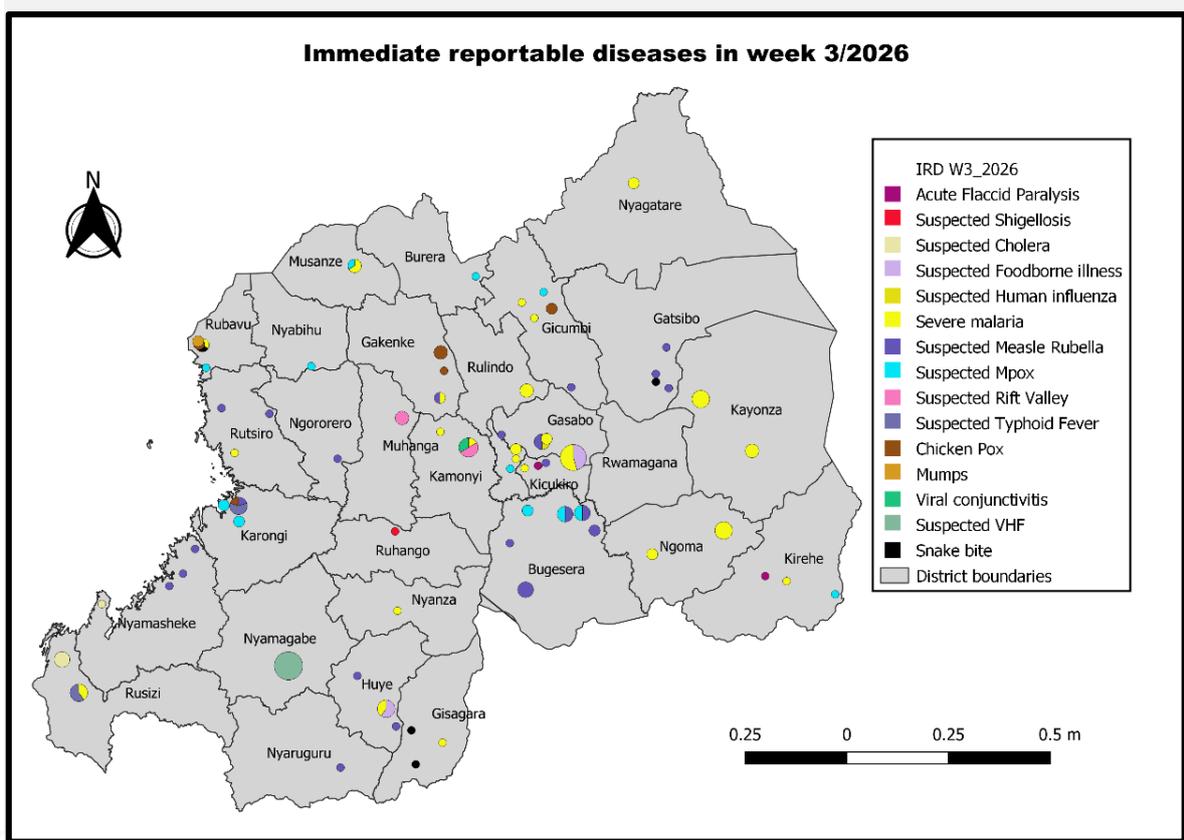
13 suspected cases of VHF were reported by 1 health facility; the sample were taken and tested negative.



2 cases of viral conjunctivitis were reported by 1 health facility



2 suspected cases of human influenza were reported by 1 health facility; the samples were taken and tested negative.

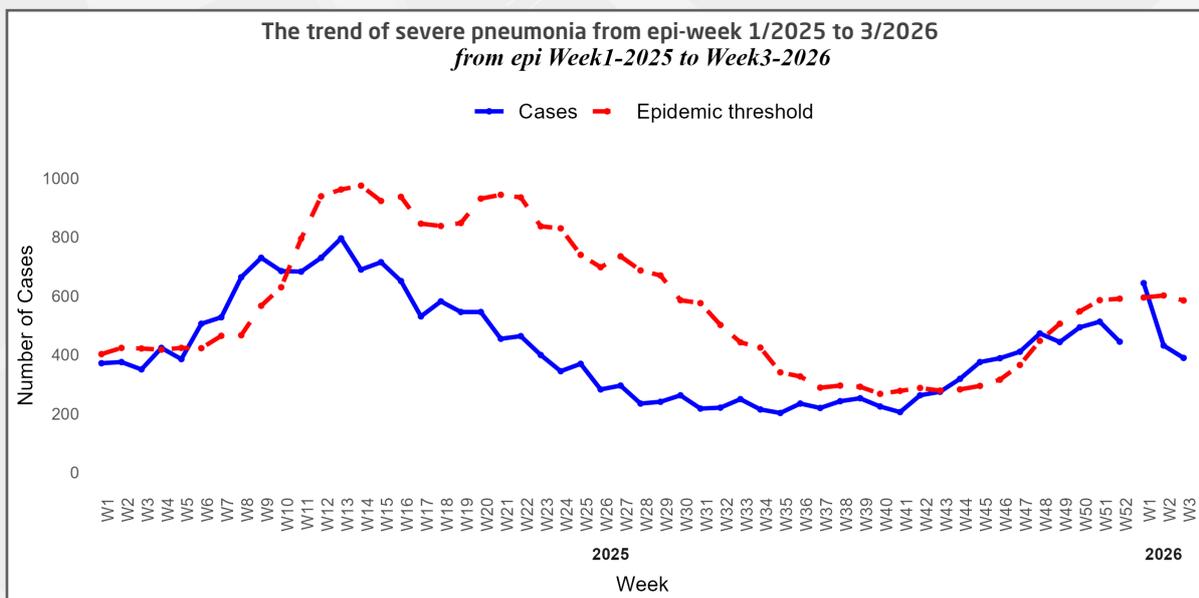
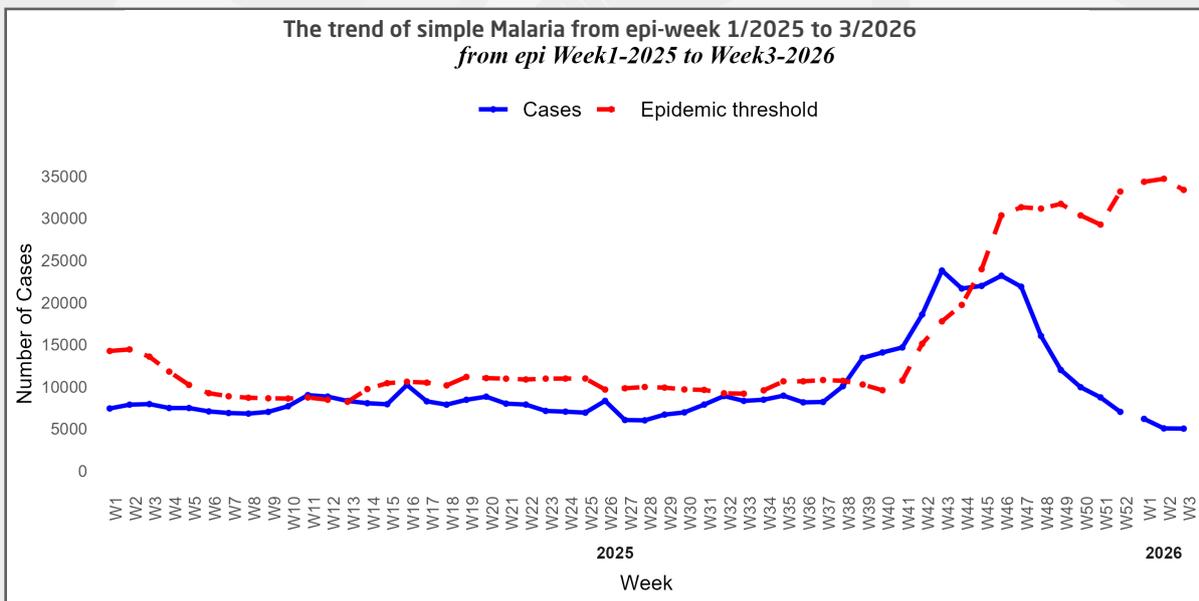
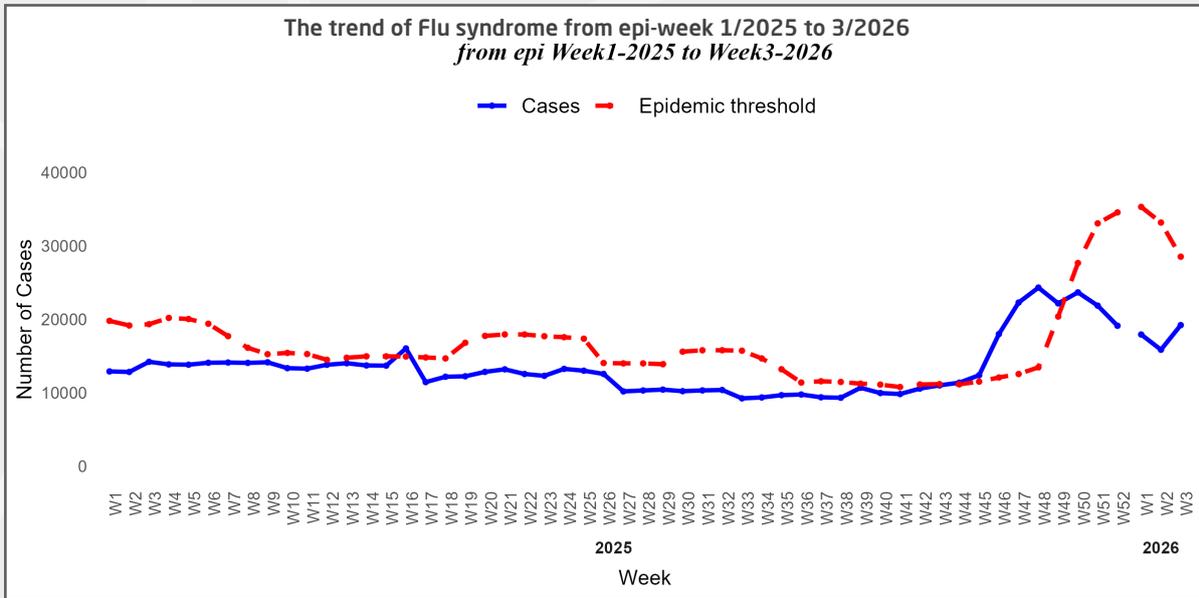


B. WEEKLY REPORTABLE DISEASES - EPI WEEK 3

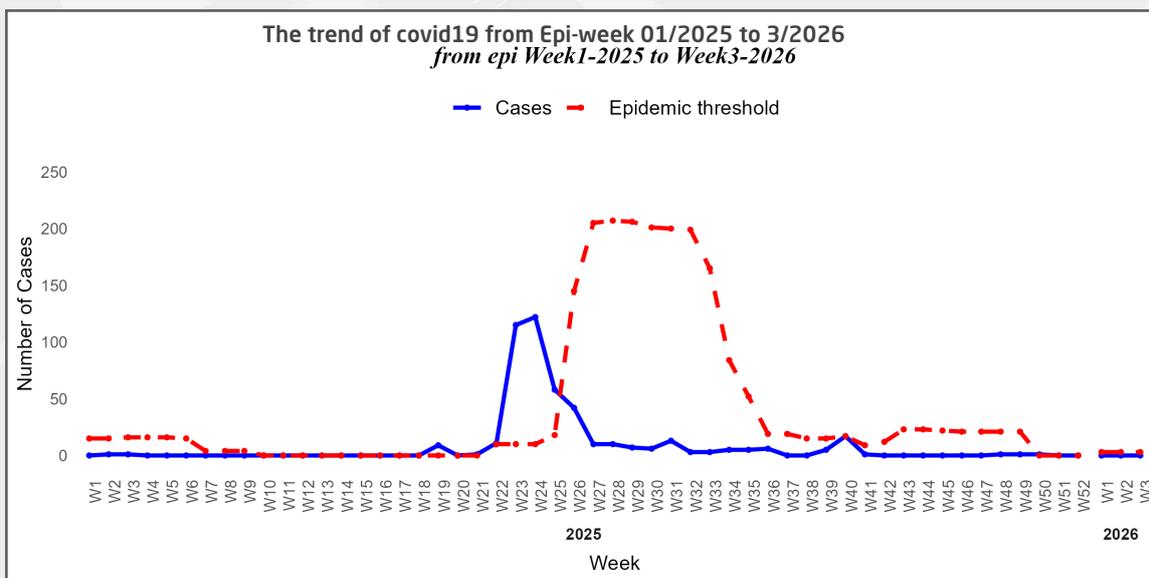
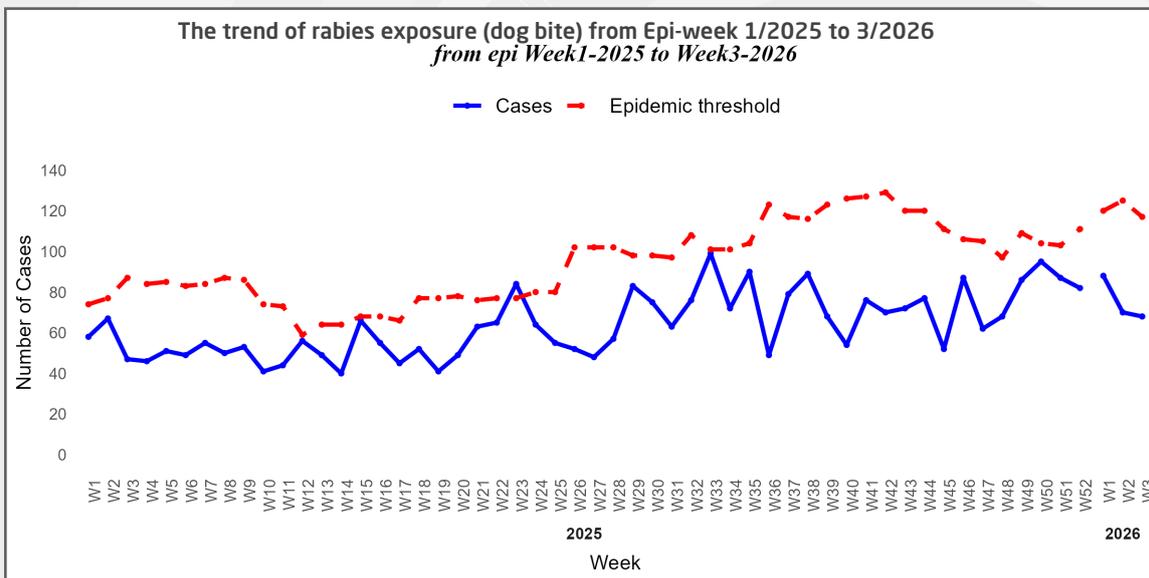
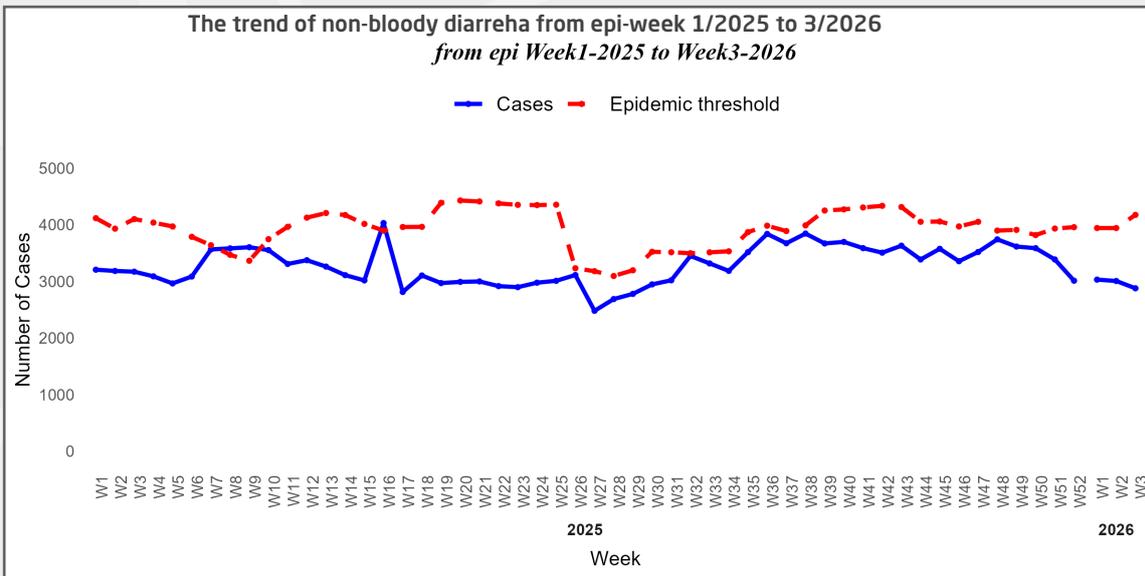
Description: In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

In Epi Week 03 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 no cases surpassed the epidemic thresholds.

The figures below show the weekly reportable diseases trends:



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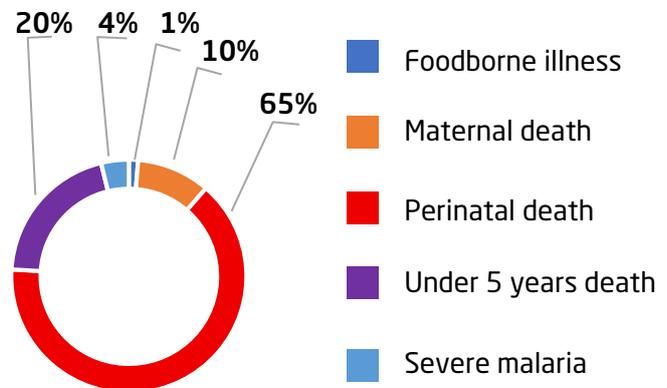


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 79 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 51 (65%) were perinatal deaths
- 16 (20%) were deaths of children under 5 years old included 1 death due to severe pneumonia
- 8 (10%) maternal deaths
- 3 (4%) deaths due to severe malaria
- (1%) death due to foodborne illness

Type of deaths reported in week 3/2026



Distribution of deaths by health facilities

60 deaths were reported from 25 health facilities as follows:



11 deaths were reported by CHUK (4 maternal deaths, 3 perinatal deaths and 4 under 5 years deaths)



9 deaths were reported by Gisenyi DH (7 perinatal deaths and 2 under 5 years deaths)



6 deaths were each reported by:
Nyagatare DH (5 perinatal deaths and 1 under 5 years death)

Rwinkwavu DH (2 perinatal death and 3 under 5 years deaths and 1 death due to severe malaria)



5 deaths were reported by Masaka DH (1 death due to foodborne illness and 4 perinatal deaths)



4 deaths were each reported by:
Kibuye RH (3 perinatal deaths and 1 under 5 years death)

Nyanza DH and Nemba DH (4 perinatal deaths)



3 deaths were each reported by:

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



2 deaths were each reported by:

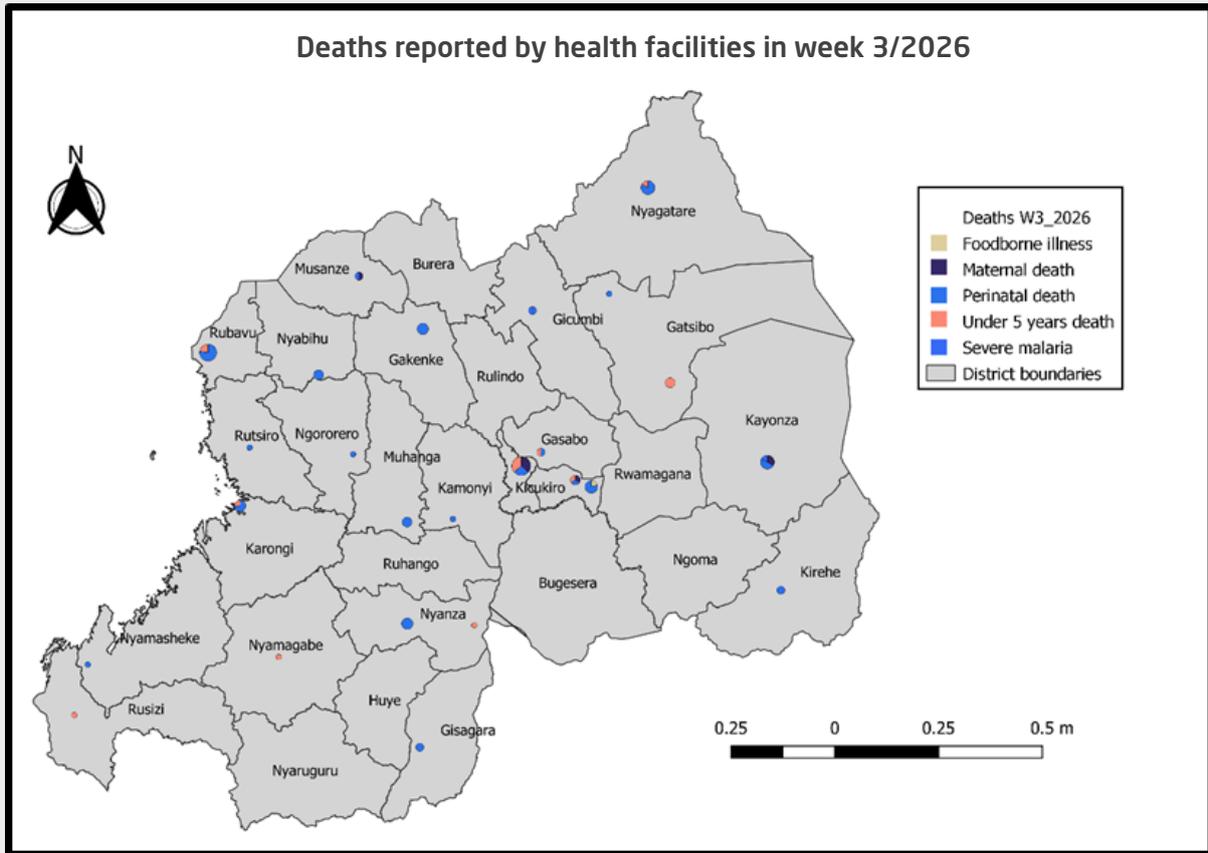
- Byumba DH (1 perinatal death and 1 death due to severe malaria)
- Kibilizi DH and Kirehe DH (each reported 2 perinatal deaths)
- Kacyiru PH (1 perinatal death and 1 under 5 years death)
- Ruhengeri RH (1 maternal death and 1 due to severe malaria)



1 death was each reported by:

Bushenge, PH, Kirinda DH, Murunda DH, Ngarama DH and Nyagihamba HC (each reported 1 perinatal death)
Gakoma DH, Mibirizi DH and Musebeye (each reported 1 under 5 years death),

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 3

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 18th January 2026 was as follows:

7834	Cumulative suspected cases
16	New suspected cases
131	Total confirmed cases
0	New confirmed cases
3	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 Measles outbreak in Rubavu district

From 1-31 December 2025 there were a total of 24 suspect cases, the samples were taken to NRL and 19 cases came out positive. All patients were treated and discharged from the hospital.

The current situation, as of 18th January 2026 was as follows

34	Cumulative suspected cases
0	New suspected cases
19	Total confirmed cases (positivity rate:63.4%)
0	New confirmed cases
0	Cases under follow up
4	New discharged cases
4	Pending results



Actions taken

- The hospital activated its RRT for investigation
- Reinforced IPC measures in pediatrics department.
- Awareness on measles surveillance in community through CHWs for all suspect cases presenting fever and generalized maculopapular skin rash.
- Identified all children who missed any of MR1 or MR2 vaccine, listed them according to their villages and shared lists to HCs and planned vaccination sessions.

2. New outbreaks occurred

Cholera outbreak in Rusizi and Nyamasheke districts

Since January ,13th ,2026, a total of 10 suspected cases of cholera have been reported in the Western Province (9 at Gihundwe DH and 1 at Muyange HC/ Nyamasheke). Samples from all the suspected cases were collected and analyzed (culture). Among the 10 suspected cases, 6 (5 from Gihundwe DH and 1 from Muyange HC/ Nyamasheke) were confirmed to have cholera, with Vibrio Cholera Ogawa.



Actions taken

- Filed investigation had been conducted
- Isolation and clinical management of cases
- Strengthened surveillance
- Community sensitization on Water, Sanitation, and Hygiene (WASH) measures
- Distribution of Cholera Rapid Diagnostic Tests for early detection



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 3, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 99% and 97% respectively. Almost all hospitals achieved high scores above 80% for completeness and timeliness, except one hospital that had a moderate score: Muhima DH (75%). The hospital that had a moderate score had been recommended to submit all required reports by Monday at 12:00.



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

Details on completeness and timeliness for all health facilities are shown in the figures below.

Hospital catchment area	Completeness 2026			Timeliness 2026		
	W01	W02	W03	W01	W02	W03
Nyagatare	100	93	100	93	86	100
Gatunda	100	100	100	100	100	89
Ngarara	100	100	100	100	88	100
Kiziguro	100	100	100	100	100	100
Gahini	75	88	100	75	88	100
Rwinkwavu	100	89	89	89	89	89
Kibungo	100	94	94	100	94	94
Kirehe	100	95	100	100	95	100
Rwamagana	100	100	100	100	100	100
Nyamata	100	100	100	100	100	100
Kinshira	100	100	100	100	100	100
Rutongu	100	100	100	100	100	100
Gatonde	100	100	100	100	100	100
Butaro	100	95	100	95	90	100
Ruli	100	100	100	100	100	100
Namba	100	100	100	100	90	100
Ruhengeri	94	94	100	94	94	100
Byumba	100	92	100	100	88	100
CHUB	100	100	100	100	100	100
Kabutara	100	100	100	100	100	100
Kabagyi	100	100	100	100	100	100
Kibilizi	100	100	91	100	100	91
Gakoma	100	100	100	100	100	100
Gtwe	100	100	100	100	100	100
Ruhango	100	100	100	100	100	100
Remera Rukoma	100	100	100	93	100	93
Nyanza	100	100	100	100	100	100
Kigeme	100	100	100	100	100	100
Kaduha	100	100	100	100	90	100
Munini	100	100	100	100	100	88
Bushenge	100	100	100	100	88	100
Kibogora	100	100	100	100	100	93
Kibuye	100	100	100	100	100	100
Kirinda	100	100	100	100	100	83
Mugonero	100	100	100	100	100	86
Shyira	100	94	100	100	94	100
Muhororo	100	100	100	100	100	100
Kabaya	100	100	100	100	100	100
Ghundwe	90	100	100	90	90	100
Mibilizi	100	100	100	100	100	92
Gsenyi	100	94	100	100	94	100
Murunda	100	100	100	100	100	84
CHUK	100	100	100	100	100	100
Nyarugenge	89	100	100	89	100	100
Muhima	100	100	75	100	100	75
RMH	100	100	100	0	100	100
Masaka	100	100	100	92	100	100
Kigababaga	100	100	100	100	100	95
Kacyiru	100	100	100	100	100	100
KFH	100	100	100	100	100	100
Caraes Ndera	100	100	100	100	100	100
Nyabikenke	100	100	100	100	100	100
Rwanda(Average)	99	99	99	98	97	97