



Republic of Rwanda  
Ministry of Health

**rbc** Rwanda  
Biomedical  
Centre  
Healthy People, Wealthy Nation

# WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **4** 19-25 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: 32 alerts



25 human deaths



3 dog bites



1 alert of many persons with similar signs and symptoms notified from community



2 alerts of increase in cases with similar symptoms from the same location; notified from health facility



1 death at arrival on health facility.

### Alerts from EIOS: 6 alerts

Malawi – Cholera increasing (suspected cases rising fast)

Brucellosis – risk from raw milk and undercooked red meat (One Health signal)

Africa health update – WHO urges higher taxes on sugary drinks & alcohol (policy + health burden)

Pakistan – why polio persists

Viruses to worry about in 2026” – influenza/H5N1, mpox, Oropouche (general media risk commentary)

Butanyerera (Burundi): “mysterious” illness affecting 500+ students

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## Indicator Based Surveillance (IBS) Highlights:



**172 cases of immediate reportable diseases were notified by 88 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, suspected bacterial meningitis, acute flaccid paralysis, mumps, and snake bites.



**74 deaths were reported by 29 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 4



### Weekly updates on ongoing outbreaks:

#### Ongoing outbreaks:

- ⚠️ Mpox outbreak
- ⚠️ Measles outbreak in Rubavu district
- ⚠️ Cholera outbreak in Rusizi and Nyamasheke districts

#### New outbreak:

- ⚠️ Foodborne illness in Nyanza district



## Completeness and timeliness



In Epi Week 4, the overall completeness and timeliness of surveillance data reporting in Rwanda was 98% 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 signals were notified, including 29 from the community and 2 from health facilities.

In community, they included 25 human deaths, 3 dog bites, 1 alert of many persons with similar signs and symptoms in the same location, while in health facilities they included 2 alerts of increase in cases with similar symptoms from the same location at health facility and 1 death at arrival on health facility.

## Alerts from EIOS: 6 alerts

### 1. Malawi – Cholera increasing (suspected cases rising fast)

Malawi is reporting a rapid week-to-week increase in suspected cholera cases (211 – 280), raising concern about wider community transmission across multiple districts and possible contamination of water sources. The report highlights a confirmation gap (only 31/280 lab-confirmed) and a case fatality rate (CFR) of 3.23%, warning that treatment units could be overwhelmed if the curve does not stabilize soon; response measures are said to be activated but with a major funding shortfall.

<https://allafrica.com/stories/202601190082.html>

### 2) Brucellosis – risk from raw milk and undercooked red meat (One Health signal)

This article explains how human brucellosis is driven by exposure to infected animals and animal products—especially unpasteurized milk/dairy and raw/undercooked meat—and why it is often missed because it can look like other febrile illnesses. It notes brucellosis can be prolonged/chronic, requiring long antibiotic treatment, and stresses prevention through food safety (boiling milk, cooking meat), PPE for animal handlers, and controlling infection in livestock (including vaccination).

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020784515>

### 3) Africa health update – WHO urges higher taxes on sugary drinks & alcohol (policy + health burden)

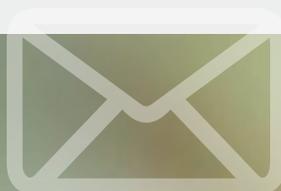
A regional health update reports WHO concerns that low taxes keep sugary drinks and alcohol too affordable, contributing to NCDs (obesity, diabetes, cardiovascular disease, cancers) and violence/trauma. It cites that 116 countries tax sugary drinks, but gaps remain, and that global median excise taxes are around 14% for beer and 22.5% for spirits, with a push toward stronger fiscal policies to reduce harm and help finance health systems.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020779723>

### 4) Pakistan – why polio persists

This Springer article summarizes why polio eradication remains difficult in Pakistan, pointing to cross-border transmission with Afghanistan, insecurity and attacks on health workers, mistrust and misinformation driving refusals, and operational barriers (hard-to-reach areas, weak health systems, disasters). It emphasizes the need for high-coverage vaccination, strong surveillance, community engagement with local/religious leaders, and better protection for workers.

<https://link.springer.com/article/10.1186/s12982-026-01361-y>





# Weekly updates on Event Based Surveillance (EBS)

## 5) “Viruses to worry about in 2026” – influenza/H5N1, mpox, Oropouche (general media risk commentary)

A general-media piece discusses viruses to watch in 2026, focusing on influenza A risks (including attention to H5N1 changes that could increase human-to-human spread), alongside mpox and Oropouche virus as emerging or expanding threats in some regions. It frames this as pandemic preparedness/risk monitoring rather than a confirmed new outbreak report.

<https://www.dailymail.co.uk/health/article-15446085/infectious-disease-expert-viruses-pandemic-warning.html>

## 6) Butanyerera (Burundi): “mysterious” illness affecting 500+ students

What’s happening: An unknown flu-like illness has affected 500+ secondary school students in Gataru and Kayanza communes (Butanyerera, north Burundi) over about a week. Symptoms: Severe headache, high fever, body aches, persistent cough. Concern/response: Spread is fast (especially in boarding schools). Schools are urging urgent public health investigation to identify the cause and implement control measures beyond basic hygiene advice. Source

<https://www.sosmediasburundi.org/2026/01/25/butanyerera-une-mysterieuse-maladie-touche-plus-de-500-eleves/UPDATES>



# 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 4

During this Epi week,

**172** cases of immediate reportable diseases were notified by 88 health facilities:



**4 cases of chicken pox (varicella)** were reported by 4 health facilities.



**44 suspected cases of Measles/ Rubella** were reported by 35 health facilities; the samples were taken and sent to NRL.



**35 cases of severe malaria** were reported by 20 health facilities.



**14 suspected cases of Mpox** were reported by 13 health facilities; the samples were tested, they were negative.



**3 suspected cases of RVF** were reported by 3 health facilities; the samples were tested in NRL, the results were negative.



**30 cases of suspected foodborne illnesses** were reported by 2 health facilities



**4 suspected cholera cases** were reported by 3 health facilities.



**5 suspected cases of shigellosis (bloody diarrhea)** were reported by 3 health facilities



**17 snake bites cases** were reported by 11 health facilities.



**2 suspected cases of typhoid fever** were reported by 1 health facility; were taken and sent to laboratory.



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



**2 cases of bacterial meningitis** were reported by 1 health facility, the samples were tested and the results were negative



**1 case of mumps** was reported by 1 health facility

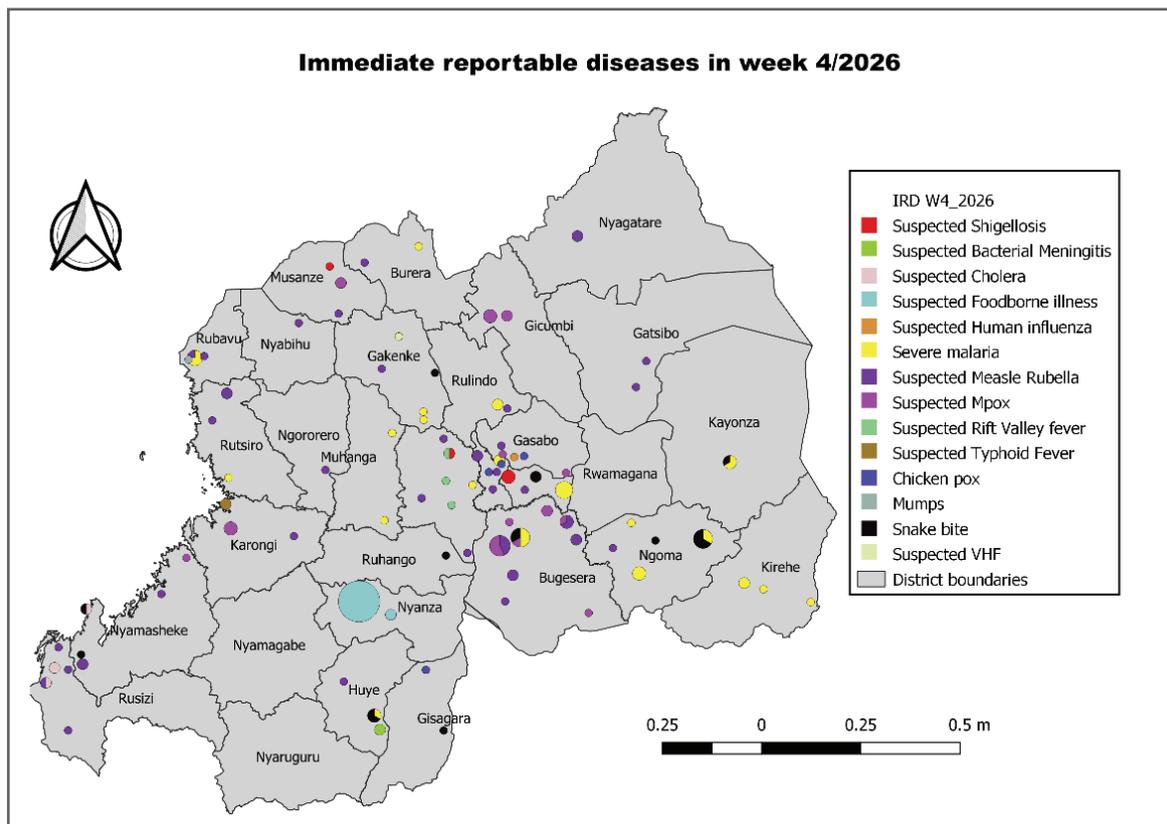


**1 suspected case of VHF** was reported by 1 health facility; the sample was taken and tested negative.



**1 suspected case of human influenza** was reported by 1 health facility; the sample was taken and tested negative.

## Geographical distribution of immediate reportable disease cases notified during the epi week 4/2026

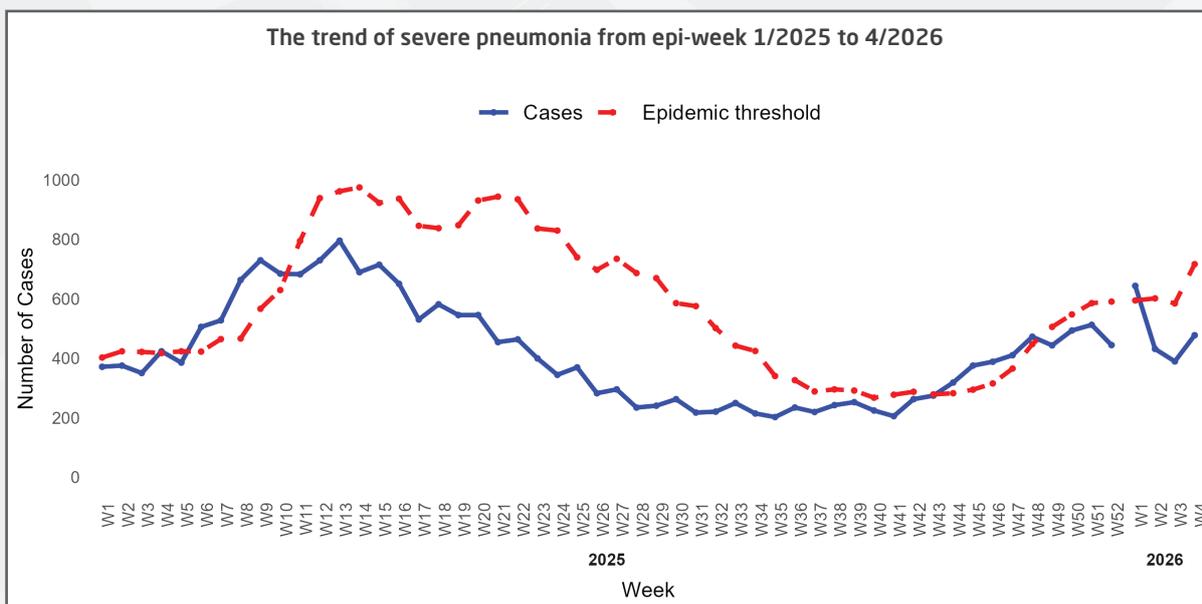
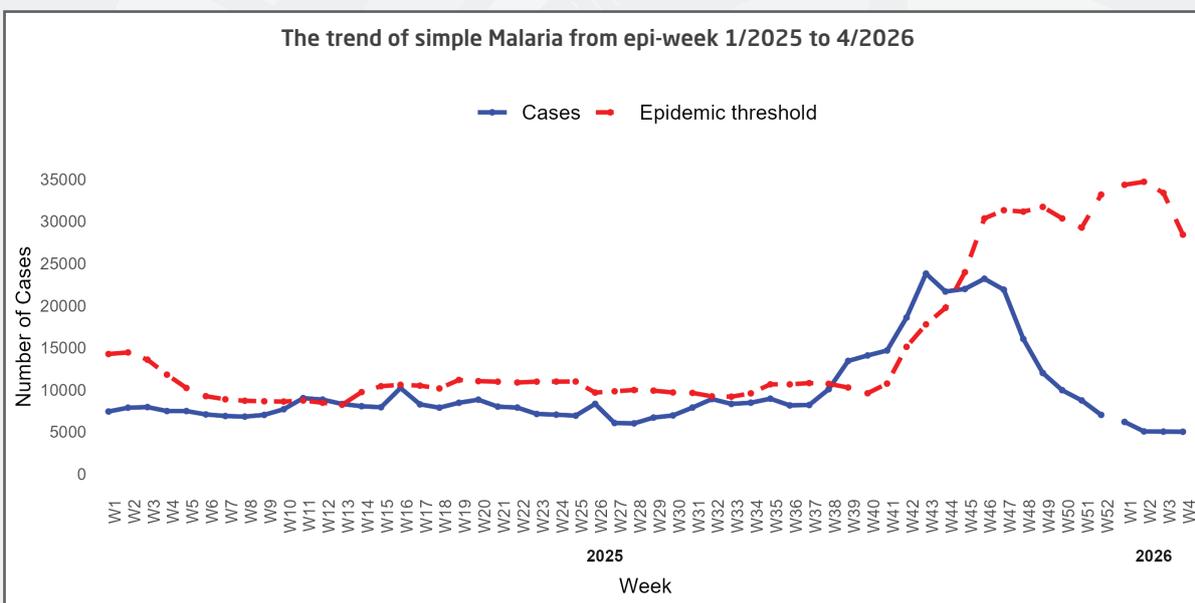
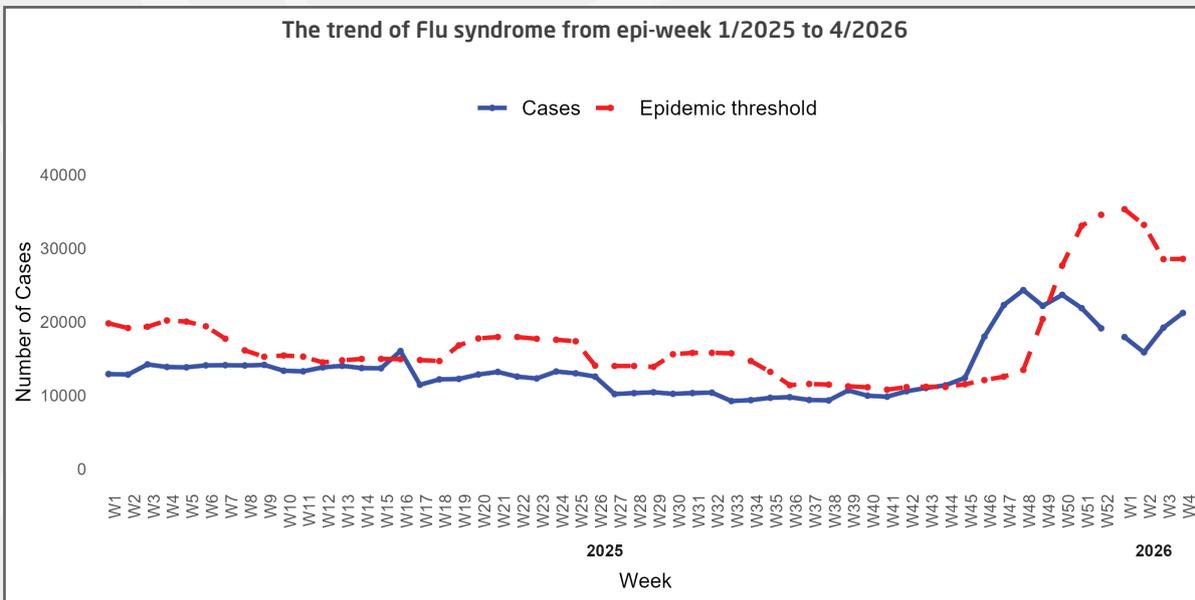


## B. WEEKLY REPORTABLE DISEASES - EPI WEEK 4

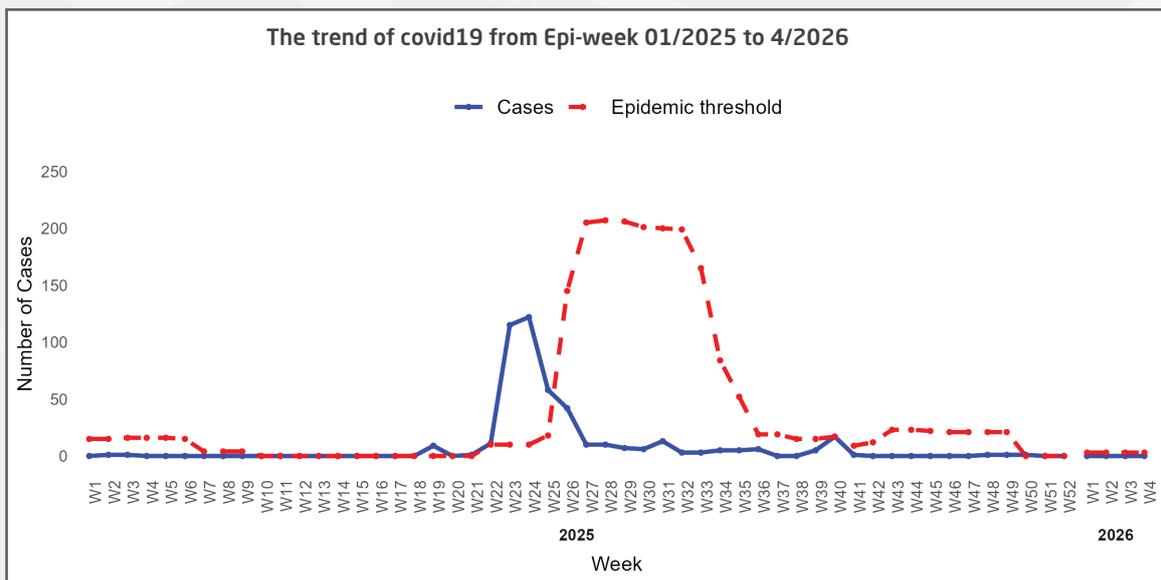
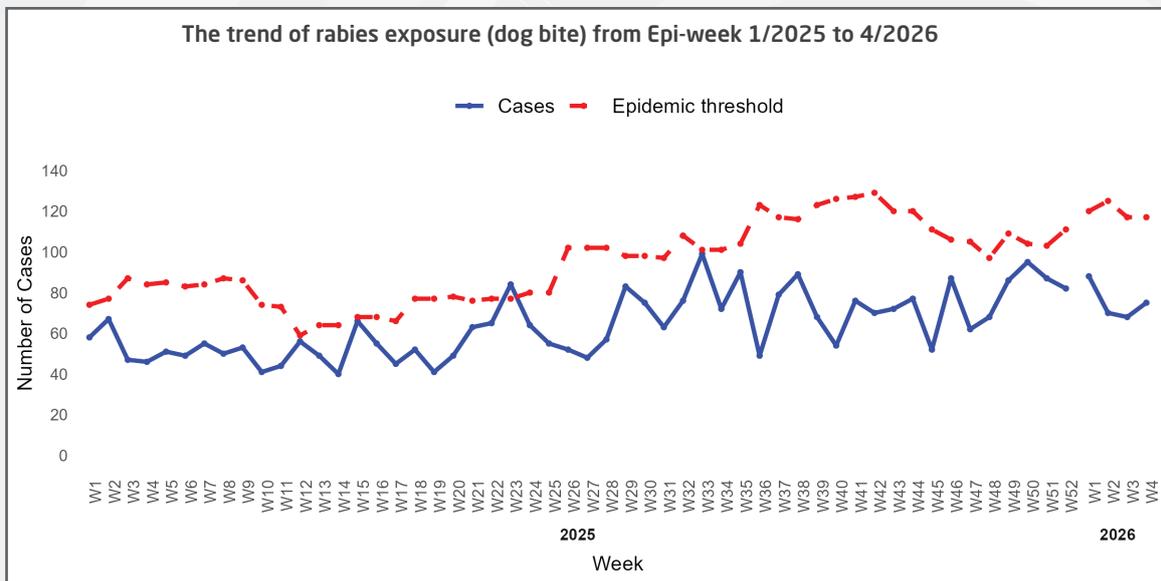
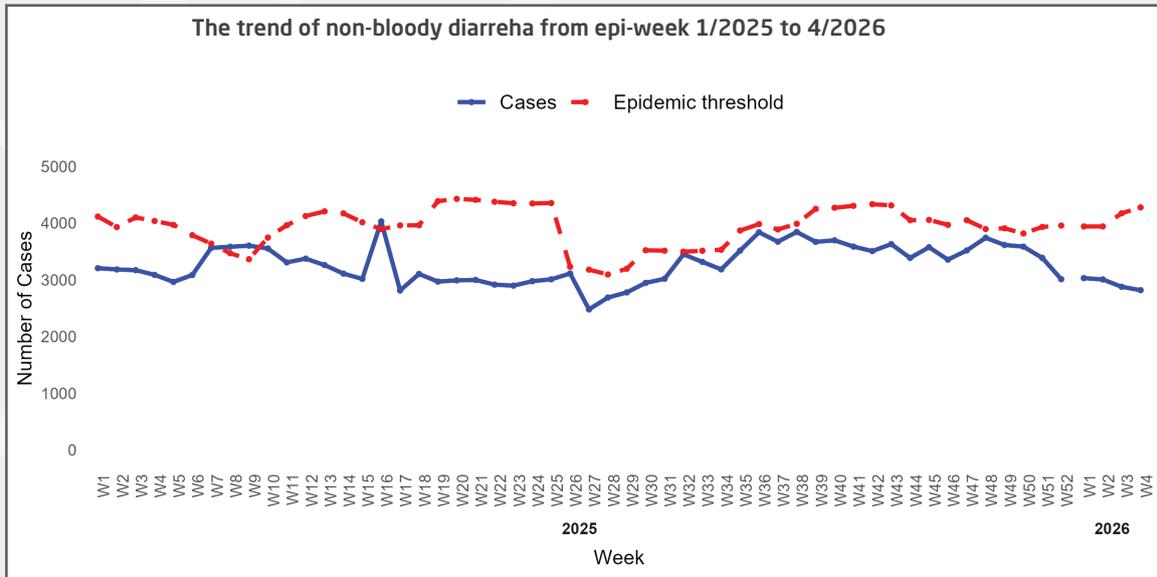
**Description:** In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

In Epi Week 04, 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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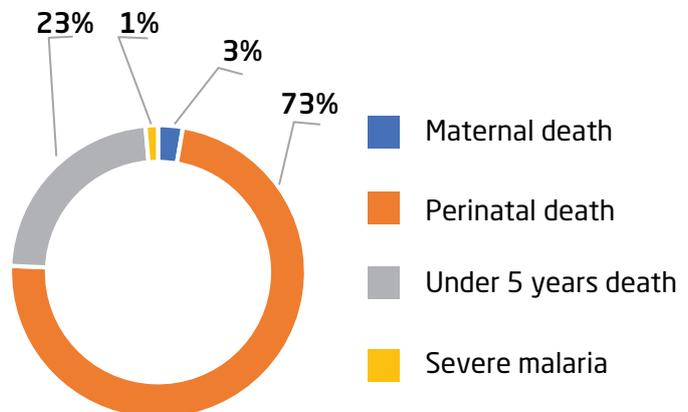


## C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 74 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 54 (73%) were perinatal deaths
- 17 (23%) were deaths of children under 5 years old
- 2 (3%) maternal deaths
- 1 (1%) death due to severe malaria

Type of deaths reported in week 4/2026



### Distribution of deaths by health facilities

**60** deaths were reported from 27 health facilities as follows:



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



6 deaths were each reported by CHUB and Nyagatare DH (6 perinatal deaths)



5 deaths were reported by CHUK (3 perinatal deaths and 2 under 5 years deaths)



4 deaths were each reported by:

- Muhororo DH and Murunda DH (each reported 4 perinatal deaths)
- Kibilizi DH (3 perinatal deaths and 1 under 5 years death)
- Rwanda Military Hospital (1 maternal death and 3 under 5 years deaths)



3 deaths were each reported by:

- Gakoma DH and Kibuye PH (3 perinatal deaths)
- Kabaya DH (1 perinatal death and 2 under 5 years deaths)



2 deaths were each reported by:

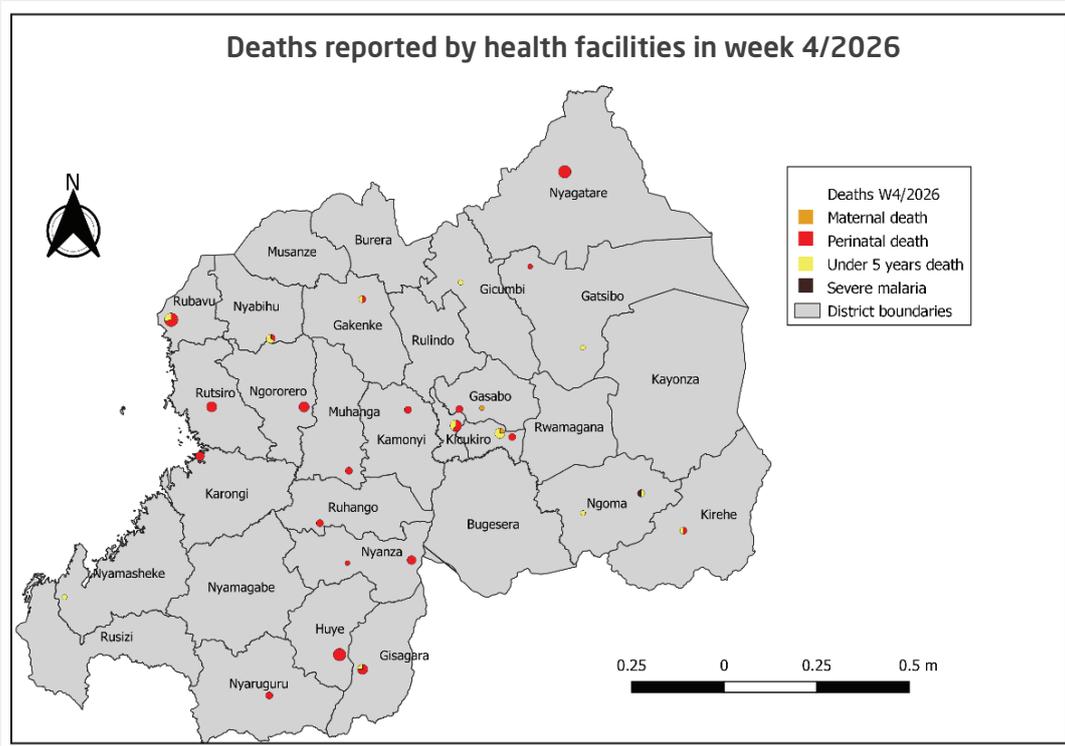
- Gitwe DH, Kabgayi DH, Masaka DH, Muhima DH, Munini DH and Remera Rukoma DH (2 perinatal deaths)
- Nemba DH and Kirehe DH (each reported 1 perinatal death and 1 under 5 years death)
- Kibungo RH (1 perinatal death and 1 death due to severe malaria)



1 death was each reported by:

- Kibagabaga DH (1 maternal death)
- Ngarama DH and Nyanza DH (each reported 1 perinatal death)
- Bushenge PH, Byumba DH, Kiziguro DH and Rukoma Sake HC in Kibungo RH (each reported 1 under 5 years death)

**Distribution of deaths by health facilities:**



**OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 4**

**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 25th January 2026 was as follows:

<b>7848</b>	Cumulative suspected cases
<b>14</b>	New suspected cases
<b>131</b>	Total confirmed cases
<b>0</b>	New confirmed cases
<b>2</b>	Cases under follow up
<b>1</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

## 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 25th January 2026 was as follows:

<b>39</b>	Cumulative suspected cases
<b>5</b>	New suspected cases
<b>23</b>	Total confirmed cases (positivity rate:: 59.1%)
<b>5</b>	New confirmed cases (by epi link)
<b>1</b>	Cases under follow up
<b>4</b>	New discharged cases
<b>0</b>	Pending results

## 1.3 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 were confirmed to have cholera, with Vibrio Cholera Ogawa.

### The current situation, as of 25th January 2026 was as follows:

<b>16</b>	Cumulative suspected cases
<b>5</b>	New suspected cases
<b>7</b>	Total confirmed cases
<b>1</b>	Cases under follow up
<b>4</b>	New discharged cases
<b>1</b>	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.



### 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

## 2. New outbreak occurred

### Suspected foodborne illness outbreak occurred in Nyanza District

On 26 Jan 2026, several patients presented to health facilities with similar symptoms, including abdominal pain, diarrhea, and vomiting, after consuming non-alcoholic sorghum beer (Ubushera) during a post-wedding ceremony held in a family located in Nyagatovu Village, Gahondo Cell, Busasamana Sector, Nyanza District on 25 Jan 2026.

- A total of 32 active cases out of approximately 100 attendees developed symptoms (Attack Rate: 32%).
- 28 cases consulted Nyanza HC (16 of them were referred to Nyanza DH)
- 4 cases consulted Igihozo Medical Clinic
- All patients became clinically stable



### Actions taken

- Field investigation by Nyanza DH rapid response team
- Conduct community active case search in collaboration with CHWs and family members
- Case follow-up and treatment
- Notification of the cases



## 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 4, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 98% and 97% respectively. Almost all hospitals achieved high scores above 80% for completeness and timeliness, except one hospital that had low scores: King Faisal Hospital. The hospital that had low scores 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	W04	W01	W02	W03	W04
Nyagatare	100	93	100	100	93	86	100	93
Gatunda	100	100	100	100	100	100	89	100
Ngarara	100	100	100	100	100	88	100	100
Kiziguro	100	100	100	100	100	100	100	100
Gahini	75	88	100	88	75	88	100	88
Rwinkwavu	100	89	89	100	89	89	89	100
Kibungo	100	94	94	100	100	94	94	100
Kirehe	100	95	100	100	100	95	100	100
Rwamagana	100	100	100	89	100	100	100	83
Nyamata	100	100	100	100	100	100	100	94
Kinshira	100	100	100	100	100	100	100	100
Rutongu	100	100	100	100	100	100	100	100
Gatonde	100	100	100	100	100	100	100	100
Butaro	100	95	100	100	95	90	100	100
Ruli	100	100	100	100	100	100	100	100
Nemba	100	100	100	100	100	90	100	100
Ruhengeri	94	94	100	100	94	94	100	100
Byumba	100	92	100	96	100	88	100	96
CHUB	100	100	100	100	100	100	100	100
Kabutare	100	100	100	100	100	100	100	100
Kabgayi	100	100	100	100	100	100	100	100
Kibilizi	100	100	91	100	100	100	91	100
Gakoma	100	100	100	100	100	100	100	100
Gtwe	100	100	100	100	100	100	100	100
Ruhango	100	100	100	100	100	100	100	100
Remera Rukoma	100	100	100	100	93	100	93	93
Nyanza	100	100	100	100	100	100	100	95
Kigeme	100	100	100	100	100	100	100	100
Kaheha	100	100	100	100	100	90	100	100
Munini	100	100	100	100	100	100	88	100
Bushenge	100	100	100	100	100	88	100	100
Kibogora	100	100	100	100	100	100	93	100
Kibuye	100	100	100	100	100	100	100	100
Kirinda	100	100	100	100	100	100	83	100
Mugonero	100	100	100	100	100	100	86	100
Shyira	100	94	100	100	100	94	100	100
Muhororo	100	100	100	100	100	100	100	100
Kabaya	100	100	100	100	100	100	100	100
Ghundwe	90	100	100	100	90	90	100	90
Mibilizi	100	100	100	100	100	100	92	100
Gsenyi	100	94	100	100	100	94	100	100
Murunda	100	100	100	100	100	100	84	100
CHUK	100	100	100	100	100	100	100	100
Nyarugenge	89	100	100	100	89	100	100	100
Muhima	100	100	75	100	100	100	75	100
RMH	100	100	100	100	0	100	100	100
Masaka	100	100	100	100	92	100	100	100
Kigababaga	100	100	100	95	100	100	95	95
Kacyiru	100	100	100	100	100	100	100	100
KFH	100	100	100	0	100	100	100	0
Caraas Ndera	100	100	100	100	100	100	100	100
Nyabikenke	100	100	100	100	100	100	100	100
Rwanda(Average)	99	99	99	98	98	97	97	97