



Republic of Rwanda  
Ministry of Health



# WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **1** 29 December 2025-04 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: 39 alerts

	27 human deaths
	4 dog bites
	2 domestic animal deaths
	2 persons with non-bloody diarrhea
	1 alert of many persons with similar symptoms
	1 alert of many persons with fever
	1 human deaths in a short period
	1 unexplained bleeding of a person

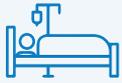
### Alerts from EIOS: 4 alerts

Russia - Bird flu affecting egg supply
South Korea - 2025/2026 season HPAI update
USA (Massachusetts) - Seasonal flu surge, child deaths
Africa - Malaria burden + child mortality warning





## Indicator Based Surveillance (IBS) Highlights:



**166** cases of immediate reportable diseases were notified by **68** 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, acute flaccid paralysis, and snake bites.



**60** deaths were reported by **31** 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 1



### Weekly updates on ongoing outbreaks:

#### Ongoing outbreaks:

 Mpox outbreak

#### New outbreak:

 Suspected foodborne illness occurred in Gicumbi District, Rukomo sector



## Completeness and timeliness



In Epi Week 1, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 98% 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: 39 alerts were notified from the community, no alert from health facility.

They included 27 human deaths, 4 dog bites, 2 domestic animal deaths, 2 alerts of persons with non-bloody diarrhea, 1 alert of many persons with similar symptoms, 1 alert of many persons with fever, 1 alert of human deaths in a short period, 1 alert on unexplained bleeding of a person

## Alerts from EIOS: 4 alerts

### 1. Russia - Bird flu affecting egg supply

A bird flu outbreak at Volzhanin (major egg producer) led to suspended shipments; analysts note possible localized price increases, with quarantine potentially lasting up to ~6 months, though national oversupply may limit broader turbulence. Poultry World <https://www.poultryworld.net/health-nutrition/health/major-bird-flu-outbreak-puts-russian-egg-market-in-peril/>

### 2. South Korea - 2025/2026 season HPAI update

As of early Jan 2026: 30 HPAI outbreaks in commercial farms this winter season, with three subtypes detected (H5N1, H5N6, H5N9); authorities report the circulating H5N1 as markedly more infectious than prior seasons.

poultrymed.com

<https://www.poultrymed.com/poultry/templates/showpage.asp?DBID=1&LNGID=1&TMID=178&FID=12100&IID=95830>

### 3. USA (Massachusetts) - Seasonal flu surge, child deaths

Massachusetts reports very high and rising flu activity with at least 30 deaths, including children; Boston reported 4 child deaths this season (two in Boston, under age 2). Hospitalizations have risen earlier than last year; flu vaccine coverage reported around 34% so far, and some health systems reinstated masking for providers.

<https://www.wbur.org/news/2026/01/05/massachusetts-flu-spike-child-death>

### 4. Africa - Malaria burden + child mortality warning

Article highlights malaria's ongoing impact and notes concerns about antimalarial drug resistance, emphasizing scale-up of proven tools (vaccines, nets, RDTs, treatment) and stronger systems. It also cites projections that under-5 deaths may rise in 2025 and warns that reduced health funding could have major long-term mortality impacts.

<https://healthtimes.co.zw/malaria-and-rising-child-mortality-put-african-health-at-a-crossroads/>



# 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 1

During this Epi week,

**166** cases of immediate reportable diseases were notified by 68 health facilities:



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



**25 suspected cases of Measles/ Rubella** were reported by 16 health facilities; the samples were taken and sent to NRL. The samples sent previously for testing were tested negative for measles and/or rubella



**56 cases of severe malaria** were reported by 28 health facilities.



**7 suspected cases of Mpox** were reported by 7 health facilities; the samples were tested, all were negative.



**5 suspected cases of RVF** were reported by 4 health facilities; the samples were tested in NRL, the results were negative.



**41 cases of suspected foodborne illnesses** were reported by 4 health facilities



**4 suspected cases of shigellosis (bloody diarrhea)** were reported by 2 health facilities



**9 snake bites cases** were reported by 7 health facilities.



**7 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

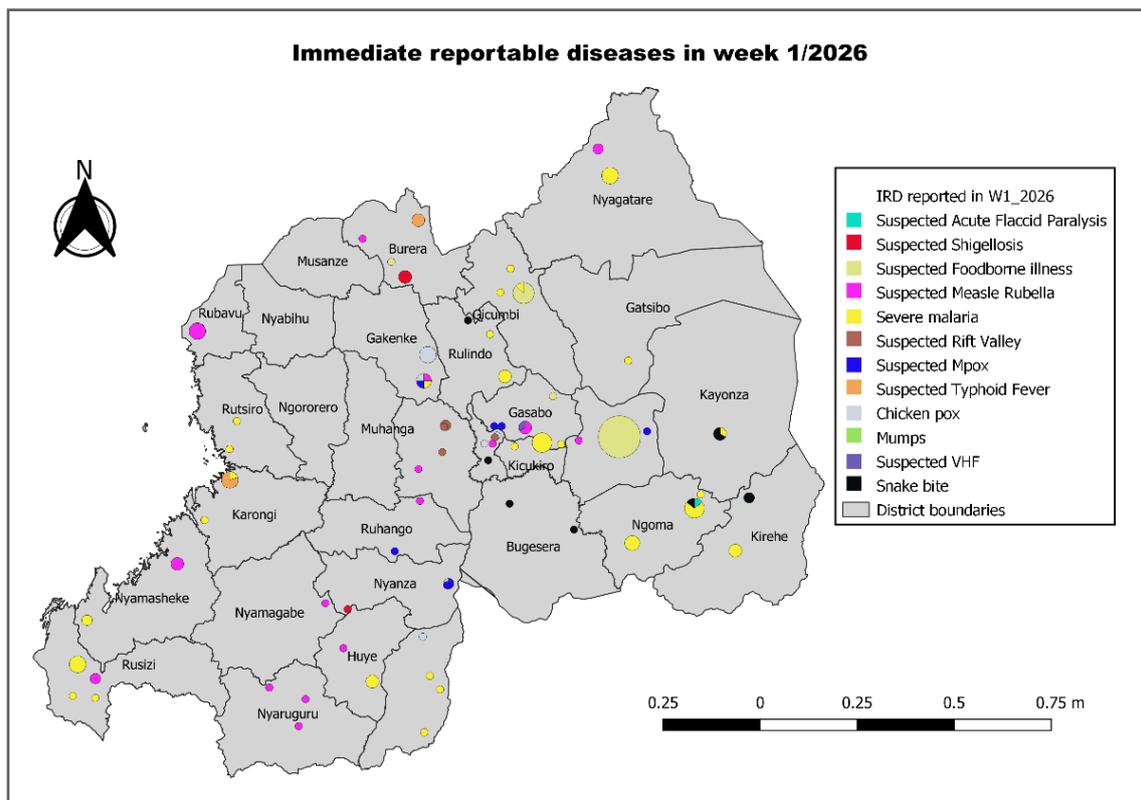


**1 suspected case of VHF** was reported by 1 health facility; the sample was taken and was tested negative.



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

## Geographical distribution of immediate reportable disease cases notified during the epi week 1/2026

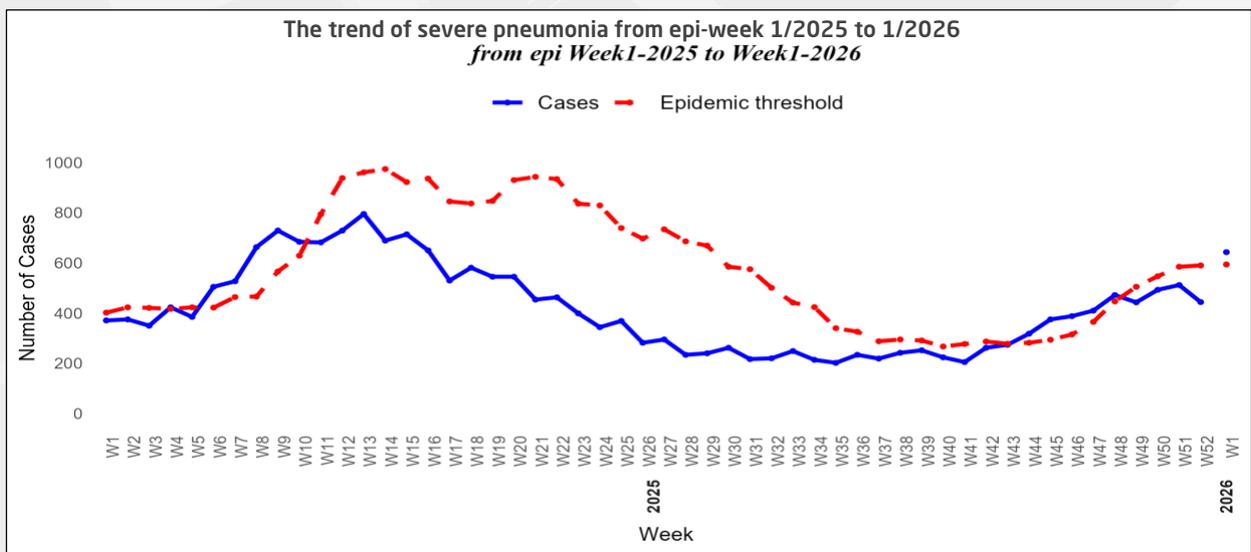
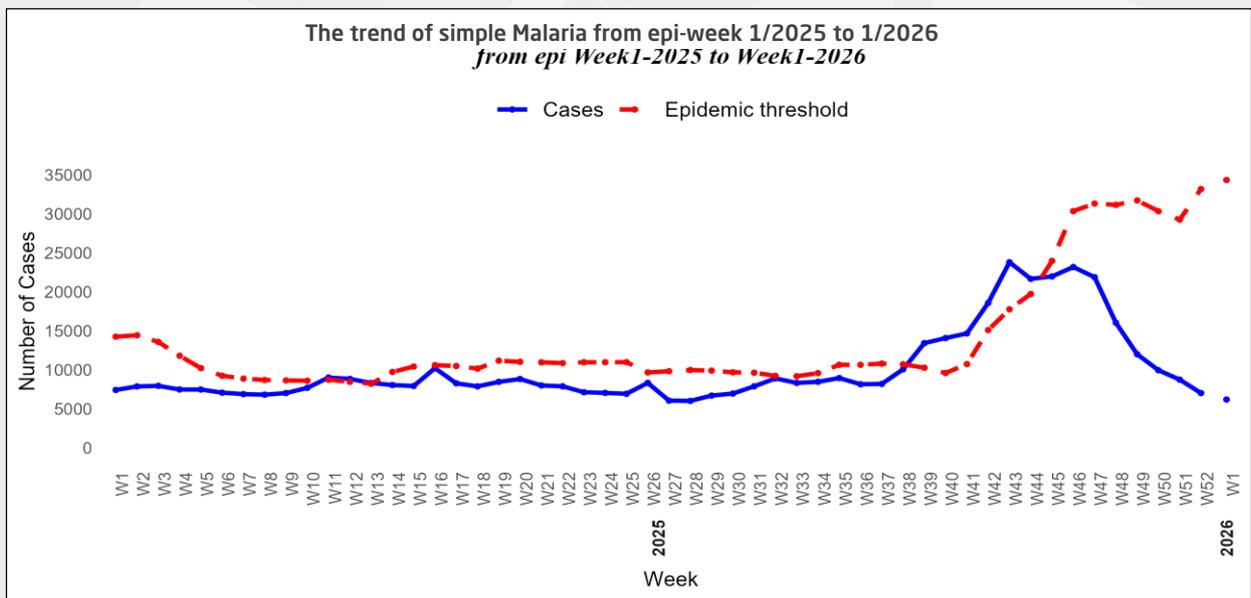
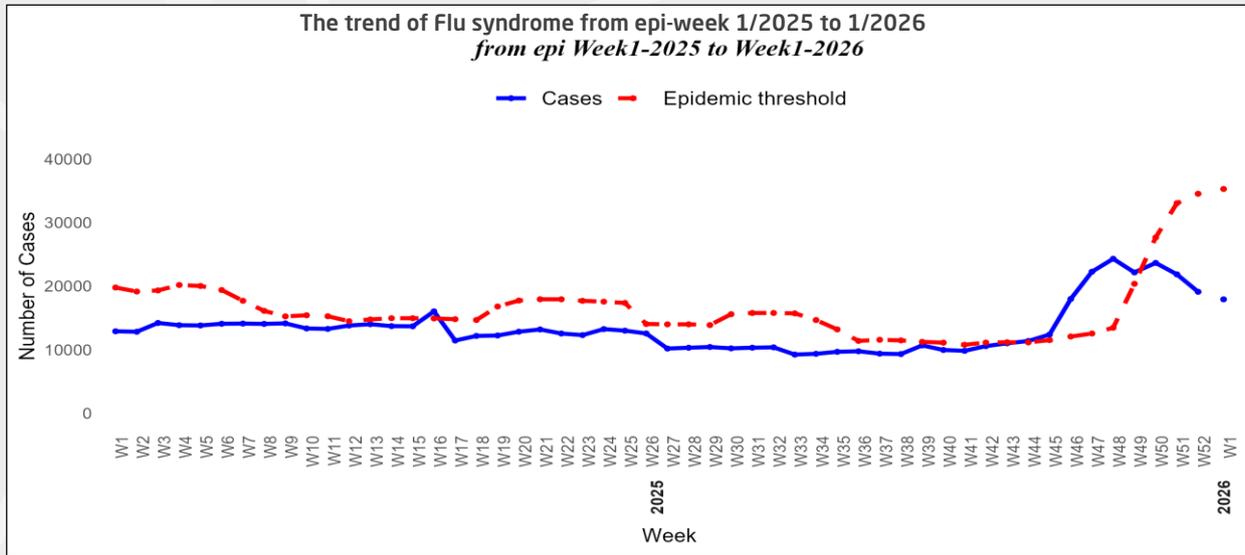


## B. WEEKLY REPORTABLE DISEASES - EPI WEEK 1

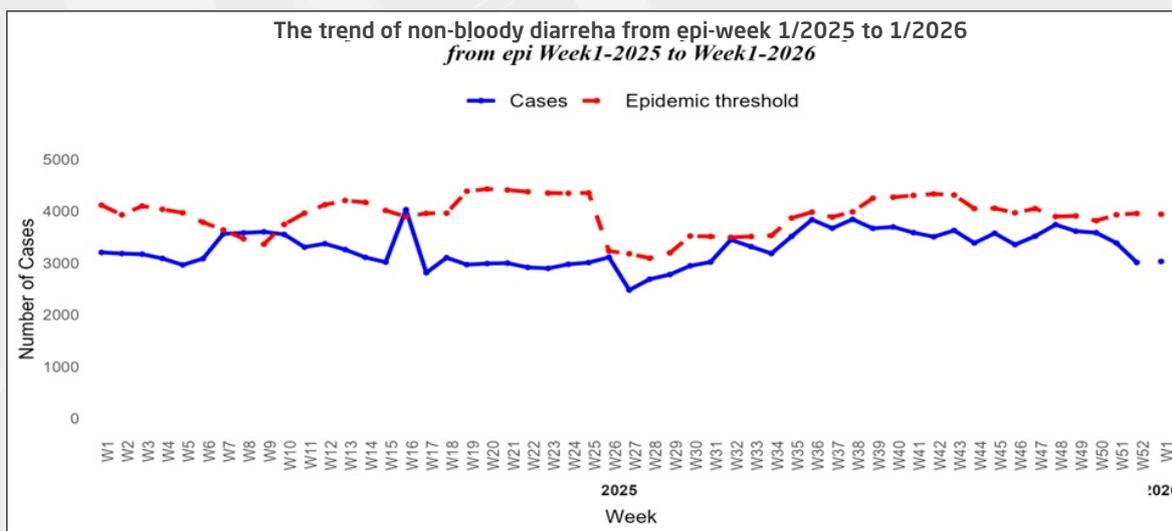
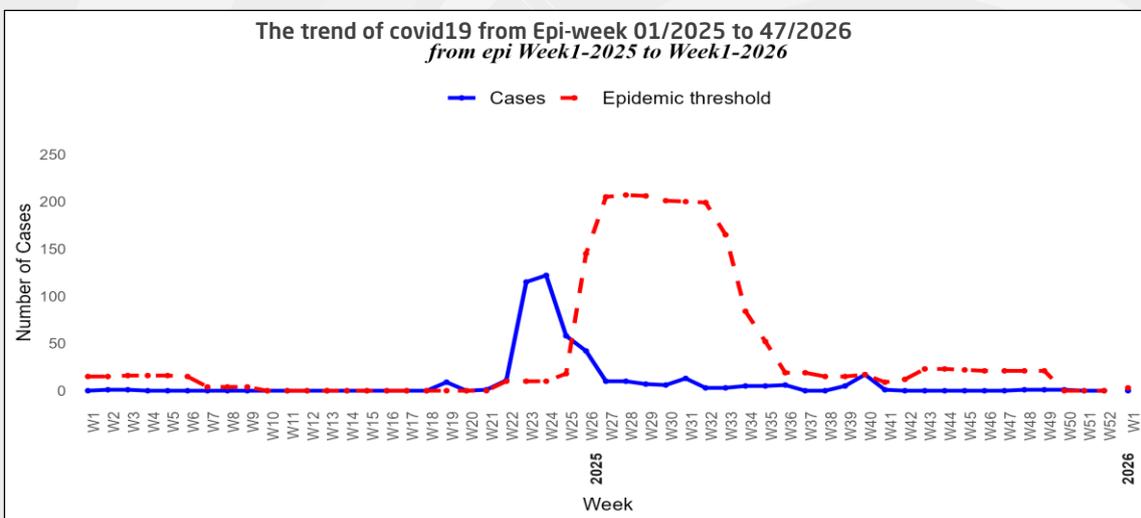
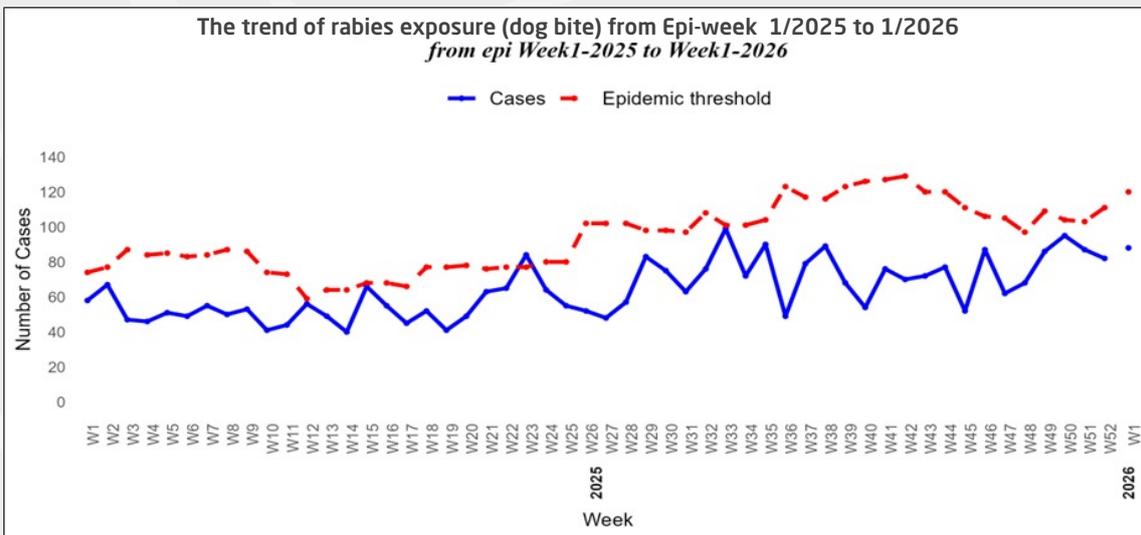
**Description:** In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis,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

In Epi Week 01 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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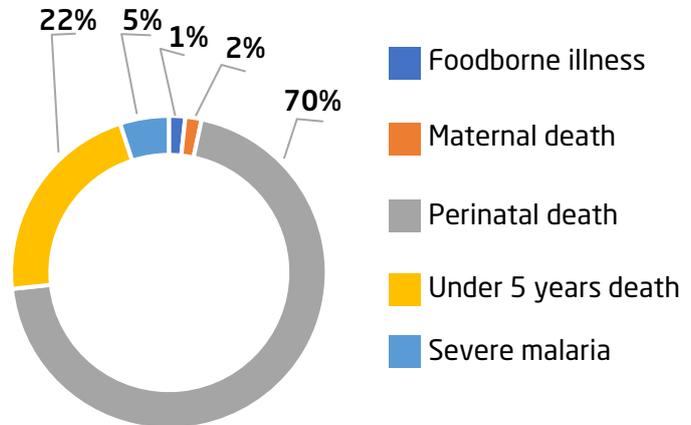


## C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 60 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 42 (70%) were perinatal deaths
- 13 (22%) were deaths of children under 5 years old included 2 deaths due to severe pneumonia
- 1 (2%) maternal death
- 3 (5%) deaths due to severe malaria
- 1 (2%) death due to foodborne illness

Type of deaths reported in week 1/2026



### Distribution of deaths by health facilities

**60** deaths were reported from 31 health facilities as follows:

6



6 deaths were each reported by:

- CHUB (5 perinatal deaths and 1 under 5 years death)
- Gisenyi DH (4 perinatal deaths and 2 under 5 years deaths)

4



4 deaths were each reported by:

- Kabgayi DH (4 perinatal deaths)
- Kirehe DH (1 perinatal death and 3 under 5 years deaths)

3



3 deaths were each reported by:

- Kibuye RH (2 perinatal deaths and 1 under 5 years death)
- Muhima DH (3 under 5 years deaths)
- Nyagatare DH (3 perinatal deaths)

2



2 deaths were each reported by:

- Bushenge PH and Rwanda Military Hospital (each reported 2 perinatal deaths)
- Kacyiru police hospital (1 perinatal death and 1 under 5 years death)

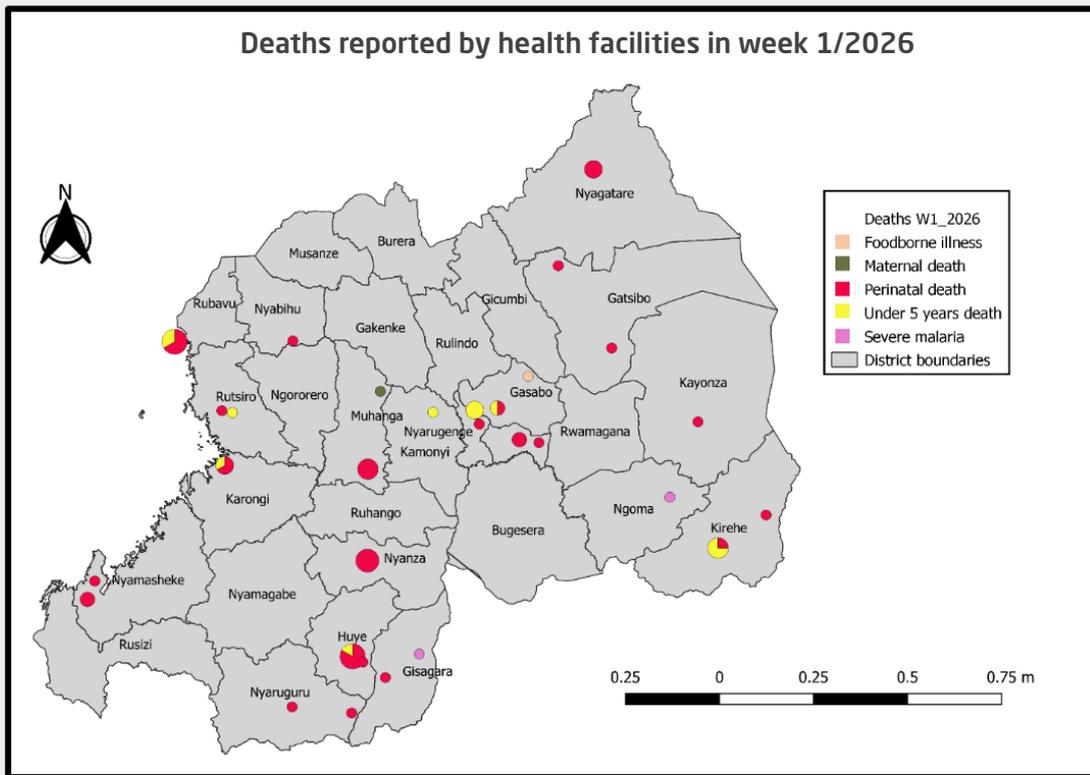
1



1 death was each reported by:

- Kayanga HC in Kibagabaga DH (1 death due to foodborne illness)
- Nyabikenke DH (1 maternal death)
- CHUK, Kabaya DH, Kabutare DH, Kibirizi DH, Kiziguro DH, Masaka DH, Mugeru HC in Bushenge DH, Munini DH, Murunda DH, Ngarama DH, Ngoma HC in Munini DH, Nyabitare HC in Kirehe DH and Rwinkwavu DH (1 perinatal death)
- Murunda HC in Murunda DH and Remera-Rukoma DH (each reported 1 under 5 years death)
- Buvungira HP in Bushenge PH, Gishubi HC in Gakoma DH and Kibungo RH (1 death due to severe malaria)

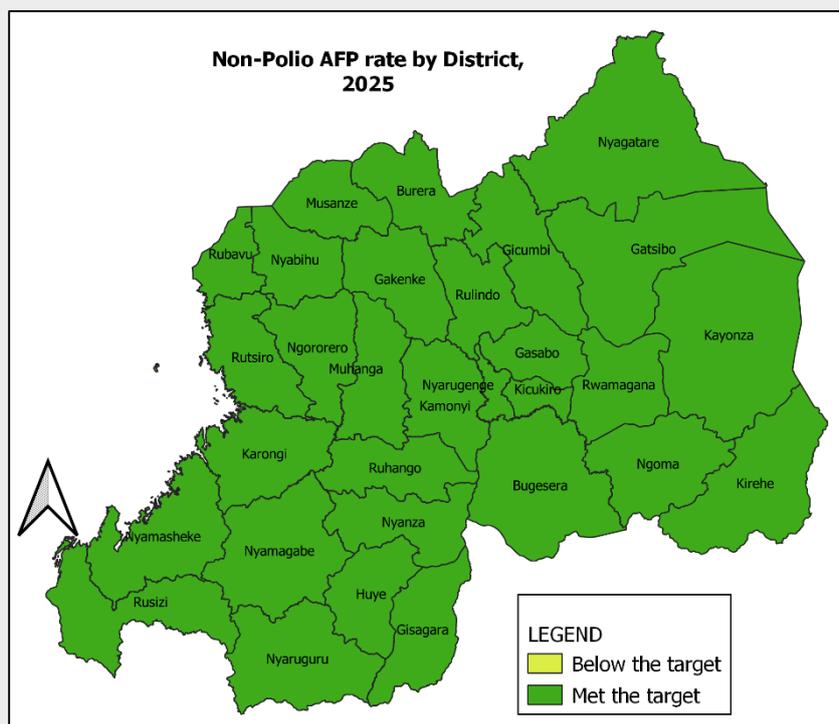
**Distribution of deaths by health facilities:**



**D. VACCINE PREVENTABLE DISEASES SURVEILLANCE**

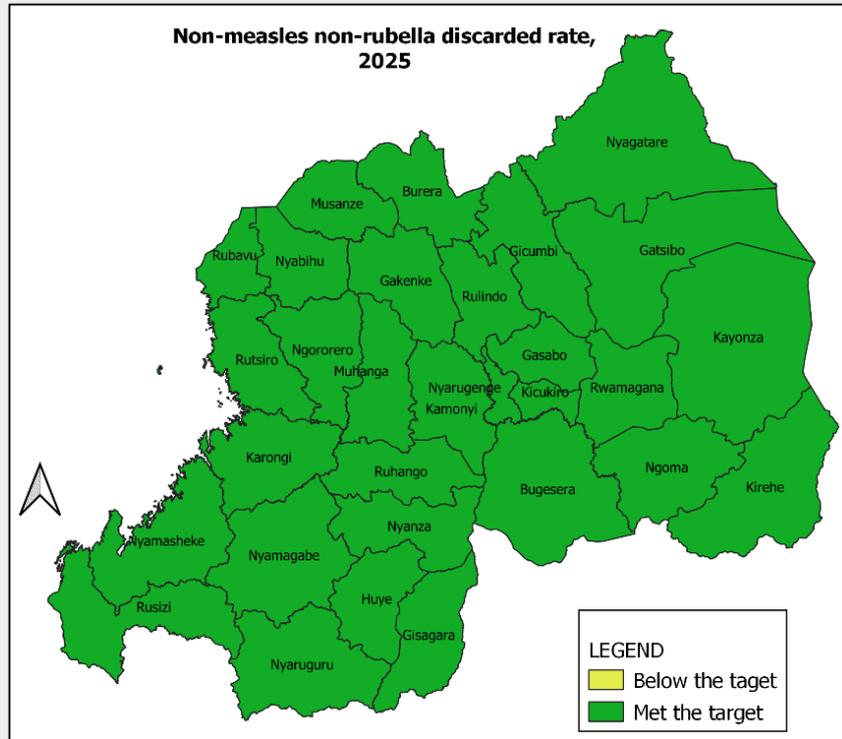
**1. Polio surveillance**

The map below illustrates the AFP detection rate by district from January to December 2025. The annual target for AFP detection is a minimum of 2 cases per 100,000 children under 15 years of age. All 30 districts met the annual target.



## 2. Measles surveillance

The map presented below shows the measles suspect detection rate by district from January to December 2025. The annual target for measles surveillance is at least 2 suspected cases per 100,000 population. All the 30 districts met the annual target.



# OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 1

## 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 04th January 2026 was as follows:

<b>7801</b>	Cumulative suspected cases
<b>14</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

### Suspected foodborne illness occurred in Gicumbi District, Rukomo sector

In the night of 1st to 2nd January 2026, Muhondo HC received 16 cases of people with symptoms of vomiting and diarrhea. They fell sick after drinking a sorghum drink (Ubushera) in a social gathering (Umwana wasuye ababyeyi) that took place yesterday on 1st January, 2026 in Kayungwe village, Mabare cell, Rukomo sector in Gicumbi District. As of 2nd January 2026, the total number of cases was 21 and the number of those who attended the social gathering was estimated at 65 (Attack rate: 32 %). 7 cases were treated at Muhondo HC and were all discharged, 7 cases treated as OPD at Gisiza HC, while 11 cases were referred to Byumba L2TH, they were treated and became clinically stable.



### Actions taken

- Case management with IV fluids, ORS and Buscopam.
- Education on hygiene and food handling practices in the community.
- Active case search in the community.



## 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 1, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 99% and 98% respectively.

For the completeness, almost all hospitals achieved high scores above 80%, except one that had a moderate score (Gahini DH) while for the timeliness, almost all hospitals achieved high scores above 80%, except two hospitals, including one that had a moderate score: 75% (Gahini DH) and another that had a low timeliness score (Rwanda Military Hospital).

The hospital that did not have the high scores for the completeness and timeliness had been recommended to submit the required reports on time and enhance the follow up of the reporting for the health facilities located in the catchment area.



*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.

	Completeness 2026	Timeliness 2026
Hospital catchment area	W01	W01
Nyagatare	100	93
Gatunda	100	100
Ngarara	100	100
Kiziguro	100	100
Gahini	75	75
Rwinkwavu	100	89
Kibungo	100	100
Kirehe	100	100
Rwamagana	100	100
Nyamata	100	100
Kinshira	100	100
Rutongo	100	100
Gatonde	100	100
Butaro	100	95
Ruli	100	100
Nemba	100	100
Ruhengeri	94	94
Byumba	100	100
CHUB	100	100
Kabutare	100	100
Kabgayi	100	100
Kibilizi	100	100
Gakoma	100	100
Gitwe	100	100
Ruhango	100	100
Ramara Rukoma	100	93
Nyanza	100	100
Kigeme	100	100
Kaduha	100	100
Munini	100	100
Bushenge	100	100
Kibogora	100	100
Kibuye	100	100
Kirinda	100	100
Mugonero	100	100
Shyira	100	100
Muhororo	100	100
Kabaya	100	100
Ghundwe	90	90
Mibilizi	100	100
Gsenyi	100	100
Murunda	100	100
CHUK	100	100
Nyarugenge	89	89
Muhima	100	100
RMH	100	0
Masaka	100	92
Kigababaga	100	100
Kacyiru	100	100
KFH	100	100
Caraes Ndera	100	100
Nyabikenke	100	100
Rwanda(Average)	99	98