



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **11** 09-15 March 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: **26** alerts



22 human deaths



2 dog bites



1 of Persons from the same village with the same symptoms



1 of Unexplained deaths happened from the same village.

Alerts from EIOS: **5** alerts

Global - Mpox concern

Democratic Republic of Congo: Cholera outbreak

Democratic Republic of Congo: Suspected Ebola event

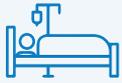
Nigeria - Lassa fever outbreak

Kenya - Flood emergency

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Indicator Based Surveillance (IBS) Highlights:



180 cases of immediate reportable diseases were notified by **91** health facilities nationwide. These included cases of chicken pox, severe malaria, suspected shigellosis, suspected measles/rubella, suspected Mpox, suspected typhoid fever, suspected foodborne illnesses, acute flaccid paralysis, mumps, suspected cholera, suspected bacterial meningitis, and snake bites.



81 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 11



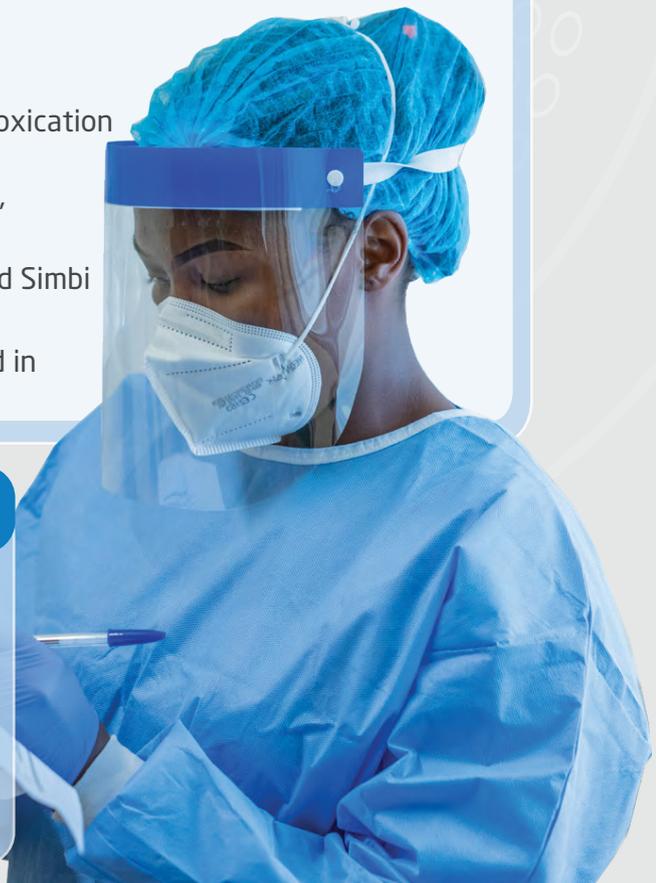
Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

- ⚠️ Mpox outbreak
- ⚠️ Measles outbreak in Rubavu district

New outbreak:

- ⚠️ Three events of suspected Methanol Intoxication and foodborne illness in Huye District
 - ⦿ First event occurred in Maraba Sector, Kanyinya Cell, Kayeye Village.
 - ⦿ Second events occurred in Maraba and Simbi sectors
 - ⦿ Suspected Foodborne Illness occurred in Huye District



Completeness and timeliness



In Epi Week 11, the overall completeness and timeliness of surveillance data reporting in Rwanda was 97% and 96% 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: 26 signals were notified, 24 were from the community, 2 from health facilities. They included 22 human deaths in community, 2 dog bites, while alerts from health facilities included 1 of Persons from the same village with the same symptoms and 1 of Unexplained deaths happened from the same village.

Alerts from EIOS: 5 alerts

1. Global - Mpox concern

A new strain of the Mpox virus has raised concerns among health experts. Recent studies indicate that Tecovirimat, an antiviral used for Orthopoxvirus infections, did not show significant clinical benefit compared to placebo. This highlights the need for strengthened surveillance, genomic sequencing, and updated clinical management strategies.

<https://noticias.r7.com/jr-24h/the-conversation/na-va-cepa-do-virus-da-mpox-preocupa-oms-e-testes-mostram-que-antiviral-usado-nao-e-eficaz-16032026/>

2. Democratic Republic of Congo

2.1 Cholera outbreak

A cholera outbreak in Luozi has reported around 26-30 severe cases. Provincial and national response teams, along with Médecins Sans Frontières (MSF), have been mobilized to support the response and identify the source of the outbreak.

<https://flutrackers.com/forum/forum/emerging-diseases-other-health-threats-alphabetical-a-thru-h/cholera-incl-haiti-cholera-disaster/1026920-drc-cholera-outbreak-2026?p=1031585#post1031585>

2.2 Suspected Ebola event

A suspected Ebola-related death in Kasai Province was investigated, and laboratory results confirmed the case was negative for Ebola. Surveillance and community awareness activities continue in the area.

https://epicore.org/#/events_public/articles/1815

3. Nigeria - Lassa fever outbreak

Since January 2026, 2,446 suspected Lassa fever cases have been reported, including 469 confirmed cases and 109 deaths (CFR 23.2%) across 18 states. Most cases are concentrated in Bauchi, Ondo, Taraba, Benue, and Edo states, and response efforts have been intensified.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1021164169>

4. Kenya - Flood emergency

Heavy rains and flooding have resulted in 66 deaths and displacement of more than 2,000 families, particularly in Nairobi and surrounding areas. Authorities have activated a multi-agency emergency response, while health officials warn of potential waterborne disease risks following the floods.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1021159656>

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 11

During this Epi week,

180 cases of immediate reportable diseases were notified by 91 health facilities:



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



77 suspected cases of Measles/Rubella were reported by 47 health facilities; the samples were taken and sent to NRL. For the previously samples tested, 20 were tested positive on measles, including 11 from Nyanza district (they are described in the section on update on outbreak and events), 3 from Rusizi district, 1 from Rubavu district, and 5 remained from other different districts.



36 cases of severe malaria were reported by 23 health facilities.



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



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



14 snake bites cases were reported by 12 health facilities.



1 suspected case of typhoid fever was reported by 1 health facility; the sample was taken and sent in laboratory.



4 cases of acute flaccid paralysis were reported by 4 health facilities



1 case of mumps was reported by 1 health facility



1 suspected case of bacterial meningitis was reported by 1 health facility; the sample was taken and tested negative

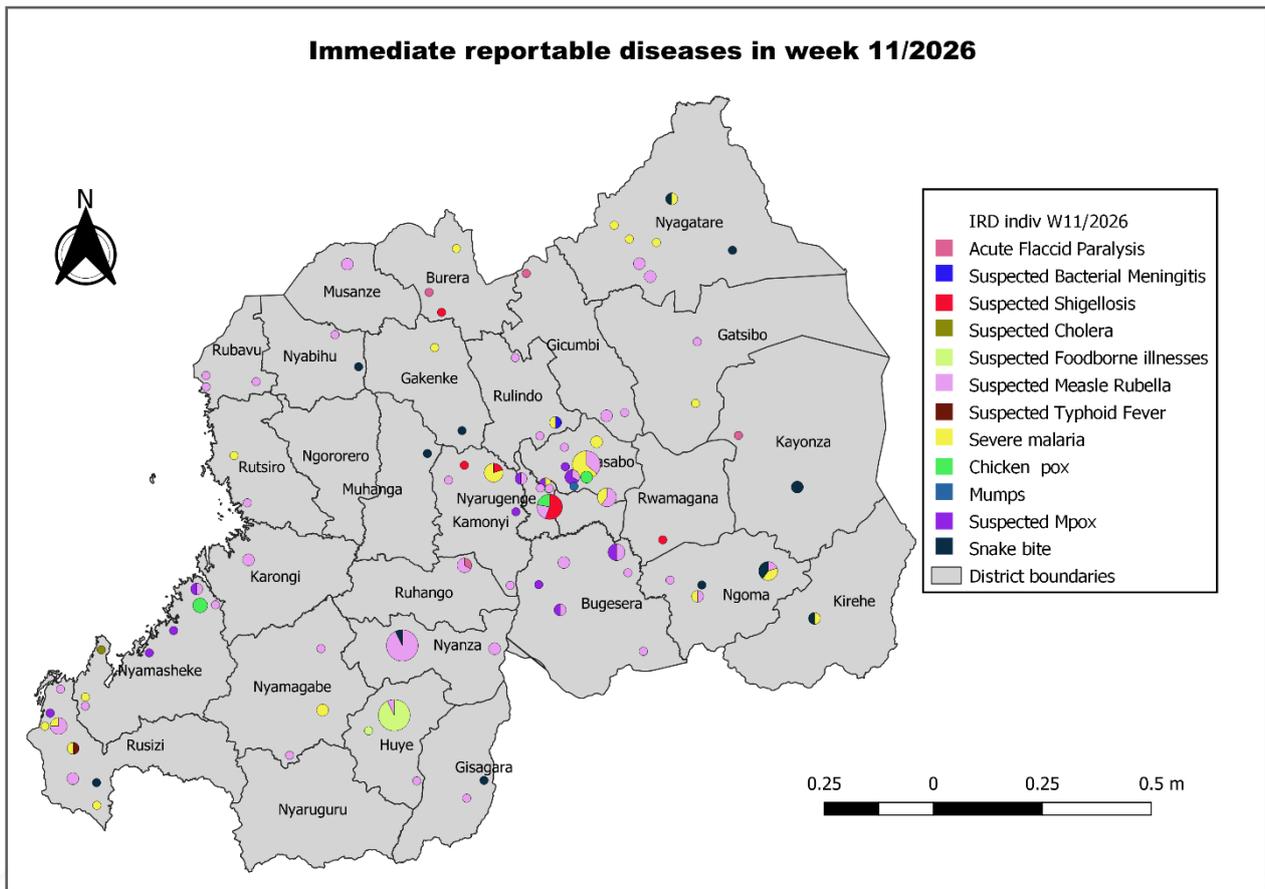


9 suspected cases of shigellosis were reported by 5 health facilities; the samples were taken and tested negative



1 suspected case of cholera 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 11/2026



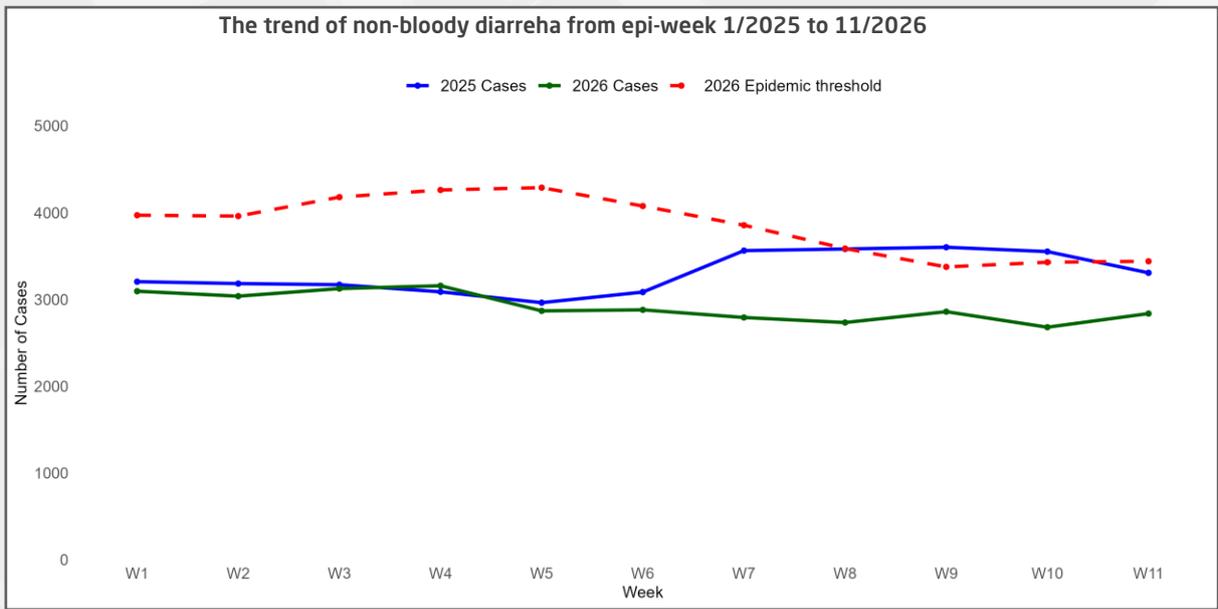
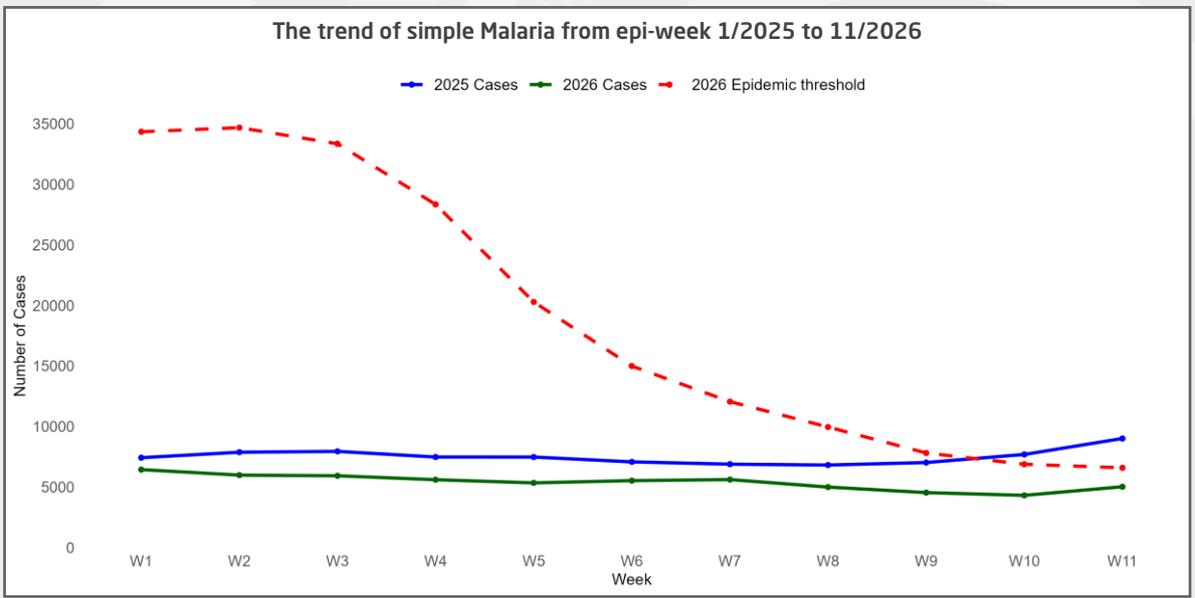
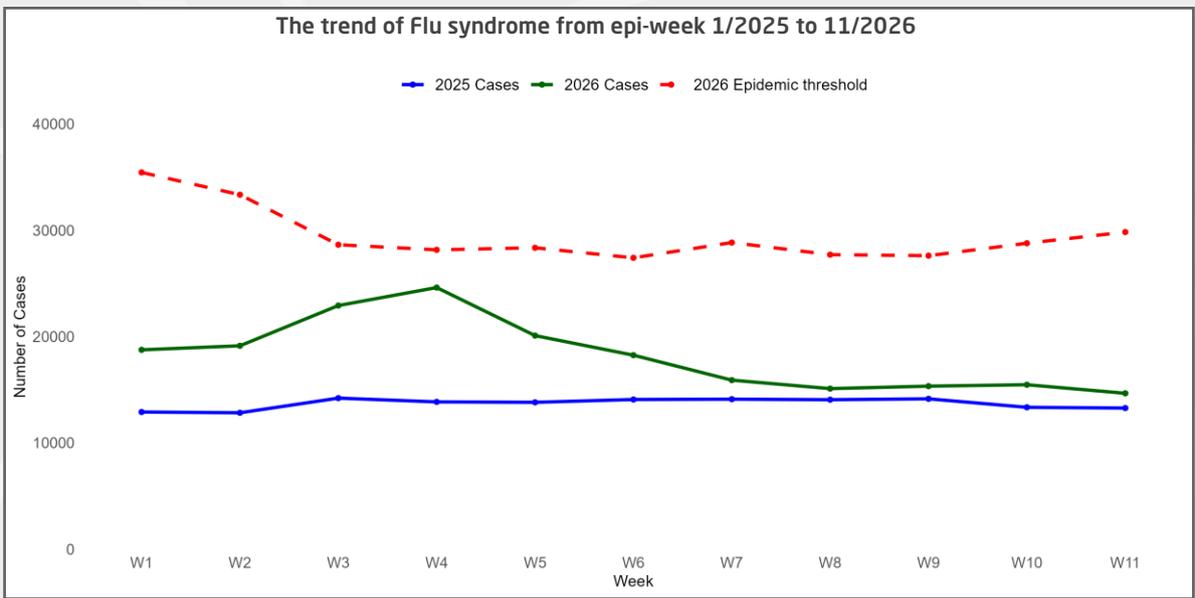
B. WEEKLY REPORTABLE DISEASES - EPI WEEK 11

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.

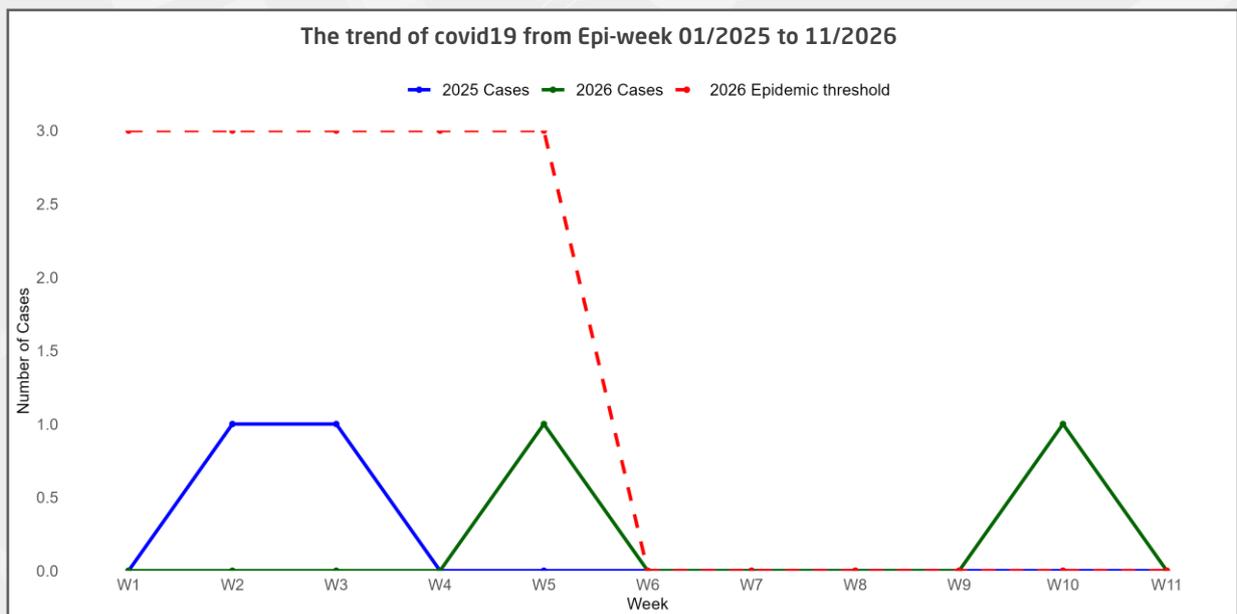
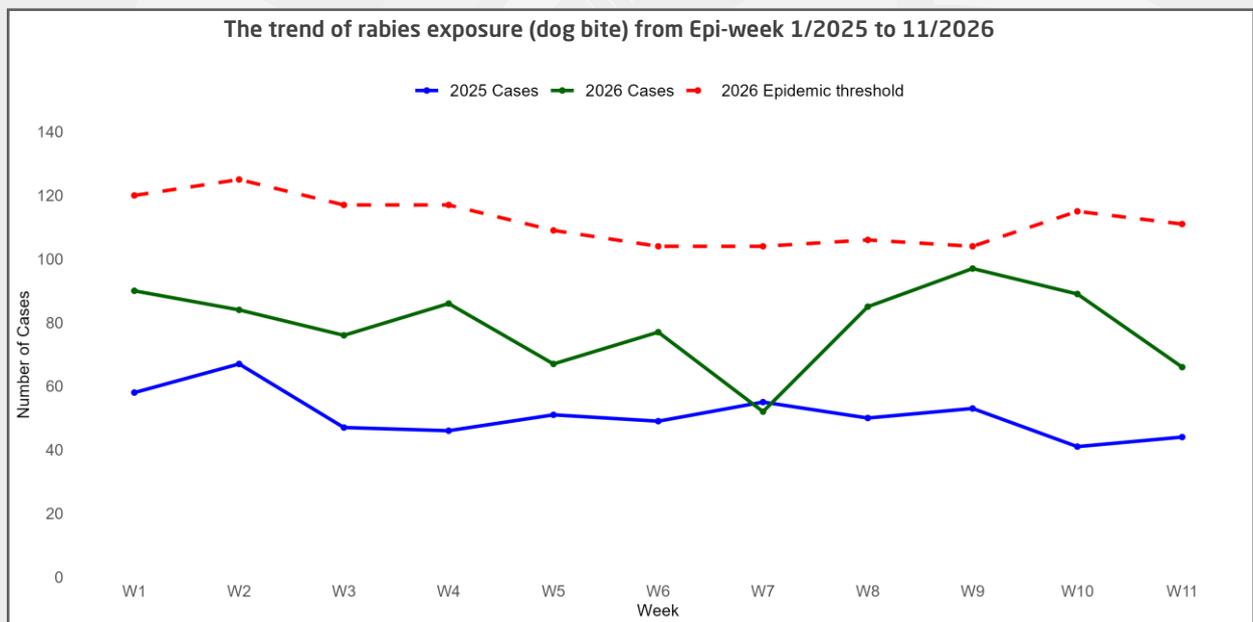
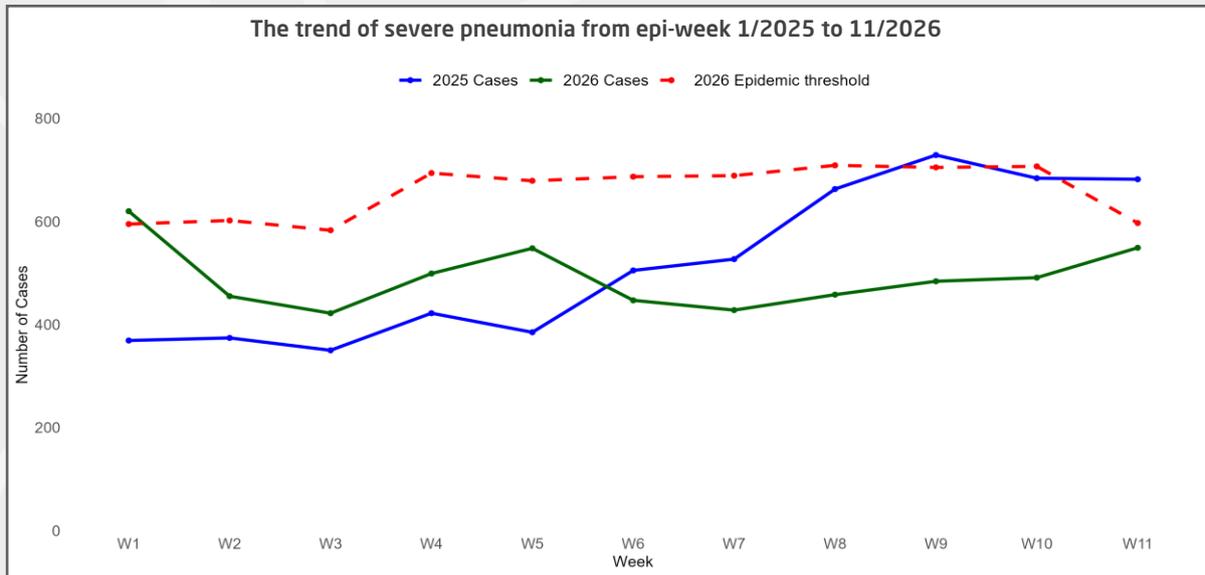
In Epi Week 11, a thorough analysis was conducted, comparing the number of reported cases of the diseases monitored on a weekly basis to their respective epidemic thresholds. The results revealed that severe pneumonia under 5 cases surpassed the epidemic thresholds.

An investigation had been recommended for severe pneumonia disease whose cases surpassed the epidemic thresholds.

The figures below show the weekly reportable diseases trends:



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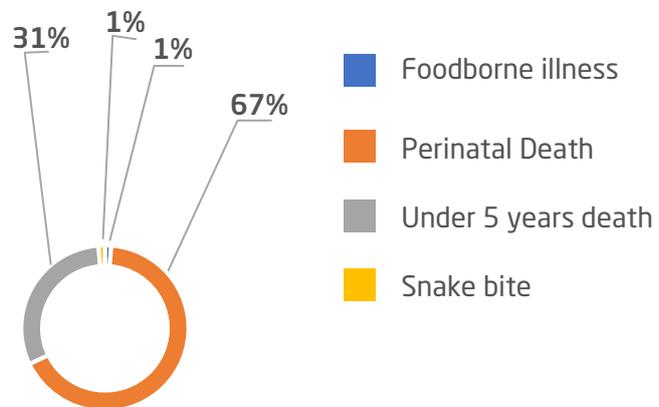


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 81 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 54 (67%) were perinatal deaths
- 25 (31%) were deaths of children under 5 years old
- 1 (1%) was a death due to suspected foodborne illness
- 1 (1%) was a death due to a snake bite

Type of deaths reported in week 11/2026



Distribution of deaths by health facilities

81 deaths were reported from 29 health facilities as follows:

12

12 deaths were reported by Nyagatare DH (11 perinatal deaths and 1 death of under 5 years due to snake bite)

7

7 deaths were each reported by:

- Gisenyi DH (6 perinatal deaths and 1 death under 5 years)
- Kibuye RH (5 perinatal deaths, 2 deaths under 5 years)

6

6 deaths were each reported by:

- Byumba DH (4 perinatal deaths and 2 under 5 years deaths)
- CHUK (1 perinatal death and 5 deaths under 5 years)

4

4 deaths were reported by Kabgayi DH (4 perinatal deaths)

3

3 deaths were each reported by:

- Bushenge PH and Masaka DH DH (each reported 3 perinatal deaths)
- Muhima DH and Ruhengeri RH (each reported 3 under 5 years deaths)
- Munini DH (1 perinatal death and 2 deaths under 5 years)

2

2 deaths were each reported by:

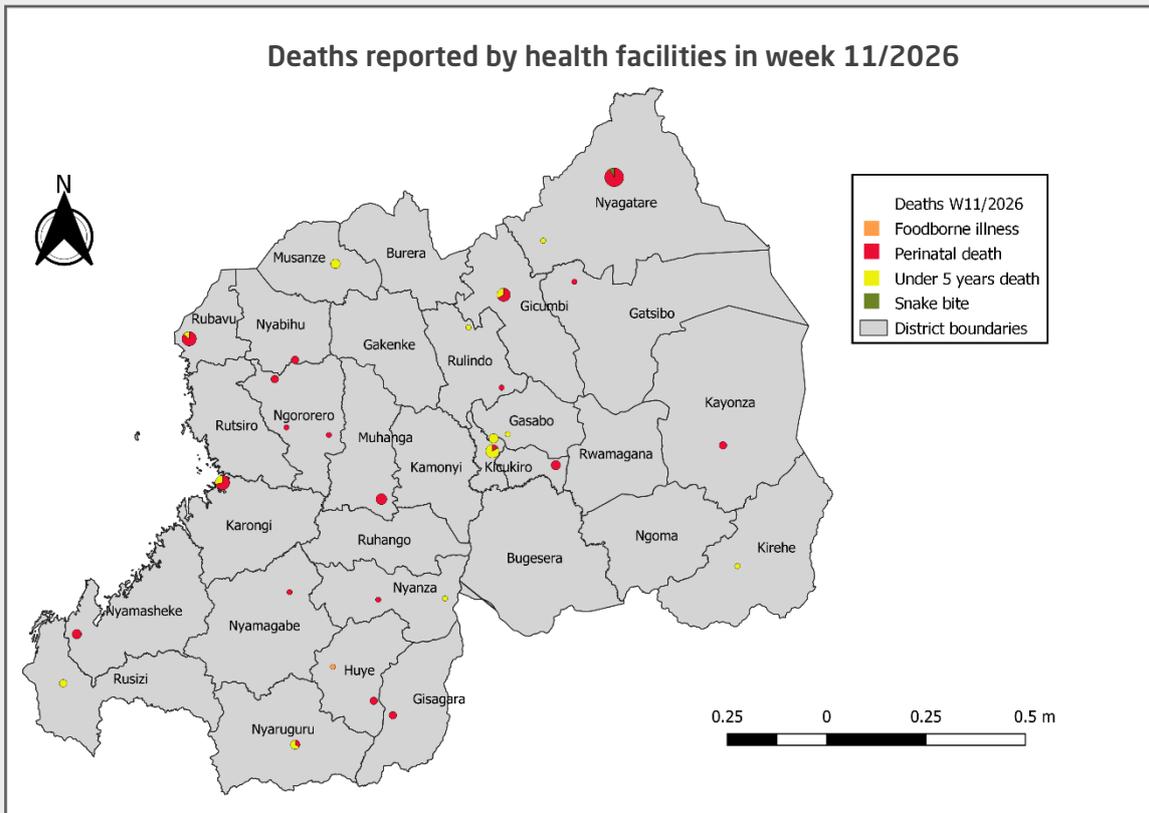
- CHUB, Kabaya DH, Kibilizi DH, Rwinkwavu DH, Rubaya HC in Kabaya DH (each reported 2 perinatal deaths)
- Mibilizi DH (2 under 5 years deaths)

1

1 death was each reported by:

- Maraba HC in Kabutare DH (1 death due to foodborne illness)
- Kaduha DH, Muhororo DH, Nagarama DH, Nyanza DH, Rutongo DH, and Sovu HC in Kabaya DH (each reported 1 perinatal death)
- Gakoma DH, Kacyiru police hospital, Kinihira PH, Kirehe DH, and Muhambo HC in Gatunda DH (each reported 1 under 5 years death)

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 11

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 15th March 2026 was as follows:

7963	Cumulative suspected cases
14	New suspected cases
131	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 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 15th March 2026, was as follows:

54	Cumulative suspected cases
3	New suspected cases
26	Total confirmed cases
1	New confirmed case
4	Cases under follow up
0	New discharged cases

2 . New outbreaks and events occurred

2.1 Three events of suspected Methanol Intoxication and foodborne illness in Huye District

2.1.1 First event occurred in Maraba Sector, Kanyinya Cell, Kayeye Village.

On 11 March 2026, Maraba Health Center in Huye District reported two deaths on arrival. The patients presented with abdominal pain, headache, dizziness, blurred vision, seizures, confusion, and generalized weakness after consuming locally brewed alcohol (Kanyanga) on 9 March 2026 at the home of the index case. The index case, 35 years old, man who served the Kanyanga, developed similar symptoms and died in Kigali on 10 March 2026. The exposure occurred in Huye District, Maraba Sector, Kanyinya Cell, Kayeye Village.

A total of three (3) deaths have been identified: a 35-year-old man who served the Kanyanga died on 10 March 2026, two individuals who shared the Kanyanga at the index case's home: the mother of the index case (69 years) and a friend/neighbour (63 years), both died on 11 March 2026).



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.

- Total exposed: 5 cases; included 3 deaths (1 female, 2 males).
- Clinical Profile: Rapid onset of severe illness; 60% case fatality rate in this cluster.
- Status: One survivor was currently undergoing intensive management at Kabutare District Hospital.

Containment: Local authorities halted the sale of the suspected batches. Community members had been warned against consumption.

2.1.2 Second event occurred in Maraba and Simbi sectors

On March 11, 2026, two distinct clusters of suspected acute alcohol poisoning were reported in Huye District, specifically in Simbi and Maraba Sectors. A total of 18 cases had been identified, resulting in 4 fatalities (including one 2-years-old child). Preliminary evidence suggested the consumption of contaminated traditional brew (Ikigage/Ubushera) in Maraba sector, one instance and illicitly adulterated alcohol (Kanyanga) in the other in Simbi Sector.

- Agent: Traditional fermented beverage (Ikigage), locally referred to as Ubushera.
- Magnitude: 13 cases; 1 death (2-year-old child).
- Clinical Profile: Vomiting, dizziness, abdominal pain, and generalized weakness.
- Status: 7 patients at Kabutare District Hospital; 6 at the Health Center. All were managed and became stable.
- Concern: The death of the child should be a consequence of a high toxicity level in the beverage.

2.1.3 Suspected Foodborne Illness occurred in Huye District

On 11 March 2026, Simbi Health Centre received a total of 13 patients (6 males and 7 females) presenting with abdominal pain, diarrhoea, and vomiting. All patients reported a history of consuming non-alcoholic traditional beer (ubushera) at a selling point located in Huye District, Simbi Sector, Nyagazi Cell, Shanga Village, on 10 March 2026. Out of the 13 patients, one patient (a 6-year-old male child) died on arrival at the health facility, while 12 patients were under follow-up. The total estimated number of exposed individuals was 50, with an AR of 26%.



Actions taken

- Investigation by the Rapid Response Team (RRT) from Kabutare DH
- Coordinating with the Rwanda Forensic Laboratory (RFL) for toxicology on the beverage samples.
- Active case searching was ongoing, in collaboration with the Kabutare RRT and local leaders.
- Case Management: All symptomatic patients had been triaged; the survivors were receiving supportive care and monitoring for signs of metabolic acidosis or visual impairment were conducted



Actions taken

- Investigation
- Case management
- Active case search

2.2 Confirmed Measles outbreak in Nyanza District

On 14 March 2026, the NRL confirmed 4 measles cases from Nyanza District: (two twins from Rwabicuma Sector, one case from Kibirizi Sector, and one from Busasamana Sector). All confirmed cases (3 F, 1 M) were the children under 9 months of age, not eligible on measles/Rubella vaccination. The children were admitted to the pediatric ward at Nyanza DH on 10 March 2026 with similar symptoms, including fever, skin rash, headache, cough, red eyes, and weakness. Samples were collected on 11 March 2026.

As of 18 /03/2026, a total of 12 confirmed cases (8F, 4M) had been identified, all linked to the same pediatric ward. Nine (9) cases were under 9 months (not eligible for vaccination), and three (3) cases were aged 9-24 months (one received MR1, the other one received MR2, and the third one not Vaccinated. Cases are distributed in the following 4 sectors: Busasamana (5), Rwabicuma (3), Kibilizi (2), Kinazi/Huye (2). The probable index case was a 3-month-old infant from Kinazi-Huye District with symptom onset on 17/2/2026, initially managed as severe pneumonia later tested positive on 27.2.2026, on 10/3/2026, additional (4) children in the same ward developed symptoms. Samples collected on 11 March tested positive on 14/03/2026, while 7 additional samples tested positive on 18 March 2026.



Actions taken

- Isolation and follow-up of all confirmed cases
- IPC measures had been strengthened within the hospital to limit further spread of measles
- 7 samples from suspected cases were collected and sent to the NRL on 14 March 2026
- All health centers had been informed to strengthen surveillance and conduct active case search in the community in collaboration with CHWs.
- The situation had been closely monitored in collaboration with Nyanza DH.



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 11, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 97% and 96%, respectively. Almost all hospitals achieved high scores above 80% for completeness and timeliness, except one hospital that had a low completeness and timeliness score (King Faisal Hospital) and one hospital with a moderate timeliness score (Rwinkwavu DH).

The hospitals that had a low completeness and timeliness 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	W05	W06	W07	W08	W09	W10	W11	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11
Nyagatare	100	93	100	100	100	100	100	93	100	100	100	93	86	100	93	86	100	100	93	100	100	100
Gatunda	100	100	100	100	100	100	100	100	100	100	100	100	100	89	100	100	100	89	100	100	100	100
Ngarara	100	100	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100	100	100	100
Kiziguro	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Gahini	75	88	100	88	100	100	100	100	88	100	100	75	88	100	88	88	75	88	100	75	100	100
Rwinkwavu	100	89	89	100	100	100	89	100	100	100	100	89	89	89	100	78	100	89	78	100	100	78
Kibungo	100	94	94	100	100	100	100	100	100	100	100	100	94	94	100	100	100	100	100	100	100	100
Kirehe	100	95	100	100	100	100	100	100	100	100	100	100	95	100	100	100	90	100	100	100	100	100
Rwamagana	100	100	100	89	89	94	94	100	94	94	89	100	100	100	83	83	89	94	100	89	94	100
Nyamata	100	100	100	100	100	100	100	100	100	100	100	100	100	100	94	100	100	100	100	100	100	100
Kirihira	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Rutongo	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	93	100	100	100	100	100	93
Gatonde	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Butaro	100	95	100	100	100	100	100	100	100	100	100	95	90	100	100	90	100	85	100	95	100	90
Ruli	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Namba	100	100	100	100	90	100	100	100	100	100	100	100	90	100	100	80	100	100	100	100	100	100
Ruhengeri	94	94	100	100	94	83	100	100	100	94	100	94	94	100	100	94	83	100	94	83	94	100
Byumba	100	92	100	96	100	100	100	96	100	100	96	100	88	100	96	96	96	100	96	100	100	96
CHUB	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Kabutare	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	95	100	100
Kabagayi	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Kibilizi	100	100	91	100	100	91	100	100	100	100	100	100	100	91	100	100	91	100	100	100	100	91
Gakoma	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	83	100	100	100	100	100
Gtwe	100	100	100	100	89	100	100	89	100	89	100	100	100	100	100	78	89	100	89	100	89	100
Ruhango	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Femera Rukoma	100	100	100	100	100	100	100	100	93	100	100	93	100	93	100	100	100	100	93	100	93	100
Nyanza	100	100	100	100	100	95	95	100	100	100	100	100	100	100	95	89	95	95	100	100	100	95
Kigeru	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	92	100	100	92	100	100	85
Kaduha	100	100	100	100	100	100	100	100	90	100	100	100	90	100	100	100	100	100	90	90	100	100
Munini	100	100	100	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100	100	94
Bushenge	100	100	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100	100	100	100
Kibogora	100	100	100	100	100	100	100	100	100	100	100	100	100	100	93	100	100	100	100	100	100	100
Kibuye	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	92	100	92	100	92
Kirinda	100	100	100	100	100	100	100	100	100	100	100	100	100	83	100	100	100	100	100	100	100	100
Mugonero	100	100	100	100	100	100	100	100	100	100	100	100	100	86	100	100	100	100	100	100	100	100
Shyira	100	94	100	100	100	100	100	100	100	100	100	100	94	100	100	100	94	100	100	94	100	100
Muhororo	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Kabaya	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Ghundwe	90	100	100	100	100	100	100	100	100	100	100	90	90	100	90	70	100	100	100	100	100	100
Mibilizi	100	100	100	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100
Gsenyi	100	94	100	100	100	100	100	100	100	100	100	100	94	100	100	100	100	100	100	100	100	100
Murunda	100	100	100	100	100	100	100	100	95	100	100	100	100	84	100	100	95	100	100	95	100	95
CHUK	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Nyarugenge	89	100	100	100	100	100	100	100	100	100	100	89	100	100	100	100	100	100	100	89	100	100
Muhima	100	100	75	100	100	100	100	100	100	100	100	100	75	100	100	100	100	100	100	100	100	100
RMIH	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100	100
Masaka	100	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100	100	100
Kigababaga	100	100	100	95	100	100	100	100	100	95	95	100	100	95	80	100	95	100	95	100	95	95
Kacyiru	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100
KFH	100	100	100	0	100	100	100	100	100	0	0	100	100	100	0	0	100	0	100	100	0	0
Caras Ndera	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100
Nyabikenke	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Rwanda(Average)	99	99	99	98	99	99	99	100	99	98	97	98	97	97	97	95	98	98	99	98	98	96