



Republic of Rwanda  
Ministry of Health



# WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **5** 26 January-01 February 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: **16** alerts



**13** human deaths



**1** dog bite



**1** alert of many persons with similar signs and symptoms



**1** alert of many persons who have diarrhea in the same location

### Alerts from EIOS: **7** alerts

Kenya: Economic burden of measles in hospitalized children (medRxiv preprint)

Bluetongue virus - ireland (controlled situation)

Foot-and-mouth disease - namibia (economic threat)

Nipah virus outbreak - india (highest concern)

South Carolina Measles Outbreak Hits 789 Cases - The Worst In Over 25 Years, Beating Last Year's Record

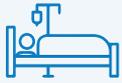
Mexico: Chihuahua reports first case of rickettsiosis in 2026

Nyanza in Rwanda, the sorghum brew (ubushera) they drank at the party caused them to become sick.

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MINISITERI Y'UBUZIMA  
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## Indicator Based Surveillance (IBS) Highlights:



**167** cases of immediate reportable diseases were notified by **76** health facilities nationwide. These included 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 SARI, suspected SARS, acute flaccid paralysis, mumps, and snake bites.



**67** 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 5



### Weekly updates on ongoing outbreaks:

#### Ongoing outbreaks:

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

#### New outbreak:

-  Suspected Foodborne Illnesses in Ruhango and Huye Districts



## Completeness and timeliness



In Epi Week 5, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 95% 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: 16 signals were notified, all were from the community, none from health facilities.**

**They included 13 human deaths, 1 dog bite, 1 alert of many persons with similar signs and symptoms in the same location, 1 alert of many persons who have diarrhea in the same location.**

## **Alerts from EIOS: 7 alerts**

### **1) Kenya: Economic burden of measles in hospitalized children (medRxiv preprint)**

What the study did: A retrospective cost-of-illness study using CIN data for 214 children admitted with measles in 16 Kenyan public hospitals (2013-2024); costs standardized to 2025 KES/USD, plus catastrophic health expenditure simulation. Drivers & impact: Staff costs are the biggest driver (67% provider; 53% societal), followed by bed-days; >50% of households could face catastrophic costs if paying full treatment out-of-pocket.

<https://www.medrxiv.org/content/10.64898/2026.01.23.26344606v1?rss=1>

### **2) Bluetongue virus - ireland (controlled situation)**

Ireland has confirmed its first outbreak of bluetongue virus in a bovine in County Wexford. The disease affects livestock including cattle, sheep, goats, deer, and llamas but poses minimal risk to humans.

Symptoms include swollen blue tongue, fever, declining milk production, and in severe cases, death of animals. The virus spreads through midges and cannot replicate when temperatures fall below 12°C, meaning current winter conditions limit transmission. The Minister for Agriculture emphasized this is unwelcome but not surprising given the virus spread across Europe, Great Britain, and Northern Ireland. The outbreak will impact exports of live cattle and sheep but will not affect meat and dairy product exports to EU, UK, and most international markets. Farmers are urged to discuss vaccination options with veterinary practitioners and remain vigilant for disease signs. Investigations are ongoing with additional sampling to understand the epidemiological situation.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020838072>

### **3) Foot-and-mouth disease - namibia (economic threat)**

Namibia's agriculture sector is on high alert as foot-and-mouth disease threatens the country's N\$8 billion annual meat industry. The outbreak, which has already caused livestock deaths across South Africa affecting over 207 sites in KwaZulu-Natal alone, has not yet reached Namibia but poses serious economic consequences. The disease does not affect humans but devastates cattle, sheep, goats, and pigs. If it enters Namibia, all red meat exports to key markets including the European Union, China, and the United States would stop immediately. This would result in income loss for farmers, bankruptcies, job losses, and sharp drops in cattle and sheep prices. Namibia has implemented preventive measures including a ban on meat and dairy products from South Africa, vehicle disinfection at borders, and restrictions on importing live animals. The government is constructing disinfection drive-through wash bays at major border crossings and offering a 15% subsidy on vaccines. Residents returning from South Africa are advised to avoid contact with Namibian livestock for at least seven days.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020838366>



# Weekly updates on Event Based Surveillance (EBS)

## 4) Nipah virus outbreak - india (highest concern)

India is on high alert after confirming 5 cases of the deadly Nipah virus in West Bengal. Health authorities have placed 190 contacts under surveillance and quarantine. This virus has a mortality rate of 40-75% and currently has no vaccine or treatment available. The incubation period ranges from 4 to 45 days, making long-term monitoring essential. The virus is transmitted through fruit bats, pigs, contaminated food, and directly between humans. Symptoms include respiratory distress and fatal encephalitis. Previous outbreaks in 2001 and 2007 resulted in over 50 deaths, and the most recent outbreak in July 2025 killed 2 people. Experts warn more cases may appear and the outbreak cannot be declared over until three months pass without new infections.

Regional impact is significant as Thailand, Nepal, and Hong Kong have activated screening points at airports with temperature checks and health declarations. This situation mirrors COVID-19 protocols with officials reinstating monitoring and quarantine measures due to the virus's deadly nature and lack of cure.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020838374>

## 5)South Carolina Measles Outbreak Hits 789 Cases - The Worst In Over 25 Years, Beating Last Year's Record

Reported measles outbreak reached 789 cases, described as the largest US outbreak since measles elimination, exceeding a previous peak of 762. Multiple public exposure sites suggest ongoing community transmission, increasing risk among non-immune people.

[https://article.wn.com/view/2026/01/28/South\\_Carolina\\_Measles\\_Outbreak\\_Hits\\_789\\_Cases\\_The\\_Worst\\_In/](https://article.wn.com/view/2026/01/28/South_Carolina_Measles_Outbreak_Hits_789_Cases_The_Worst_In/)

## 6) Mexico: Chihuahua reports first case of rickettsiosis in 2026

Chihuahua confirmed the first rickettsiosis case in 2026 (Jan 1-19): a child aged 5-14 in Aquiles Serdán. 2025 context: 108 confirmed cases and 54 deaths, with highest burden in Chihuahua and Ciudad Juárez. Transmission is via tick bites (not person-to-person), and late diagnosis increases severity.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020852779>

## 7)Nyanza in Rwanda, the sorghum brew (ubushera) they drank at the party caused them to become sick.

In Nyanza district (Nyarutovu), 14 people were hospitalized after drinking ubushera at a celebration and developing vomiting, diarrhea, and abdominal pain. Patients were managed and reported improving; police investigation ongoing and hygiene/food safety messages were issued.

<http://www.imirasire.com/amakuru-yose/amakuru-mashya/mu-rwanda/article/nyanza-ubushera-banyoye-mu-birori-bwavuyemo-uburwayi-bugeza-14-bose-mu-bitaro>



# 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 5

During this Epi week,

**167** cases of immediate reportable diseases were notified by 76 health facilities:



**3 cases of chicken pox (varicella)** were reported by 3 health facilities.



**39 suspected cases of Measles /Rubella** were reported by 29 health facilities; the samples were taken and sent to NRL.



**36 cases of severe malaria** were reported by 21 health facilities.



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



**1 suspected case of RVF** was reported by 1 health facility; the sample was tested in NRL, the result was negative.



**19 cases of suspected foodborne illnesses** were reported by 3 health facilities (they were the cases of a foodborne outbreak declared in previous week 4/2026)



**3 suspected cholera cases** were reported by 1 health facility.



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



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



**3 suspected cases of typhoid fever** were reported by 3 health facilities; the samples were taken and sent in laboratory.



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



**3 cases of mumps** were reported by 2 health facilities



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



**5 suspected cases of human influenza** were reported by 1 health facility; the samples were taken and sent to Laboratory.

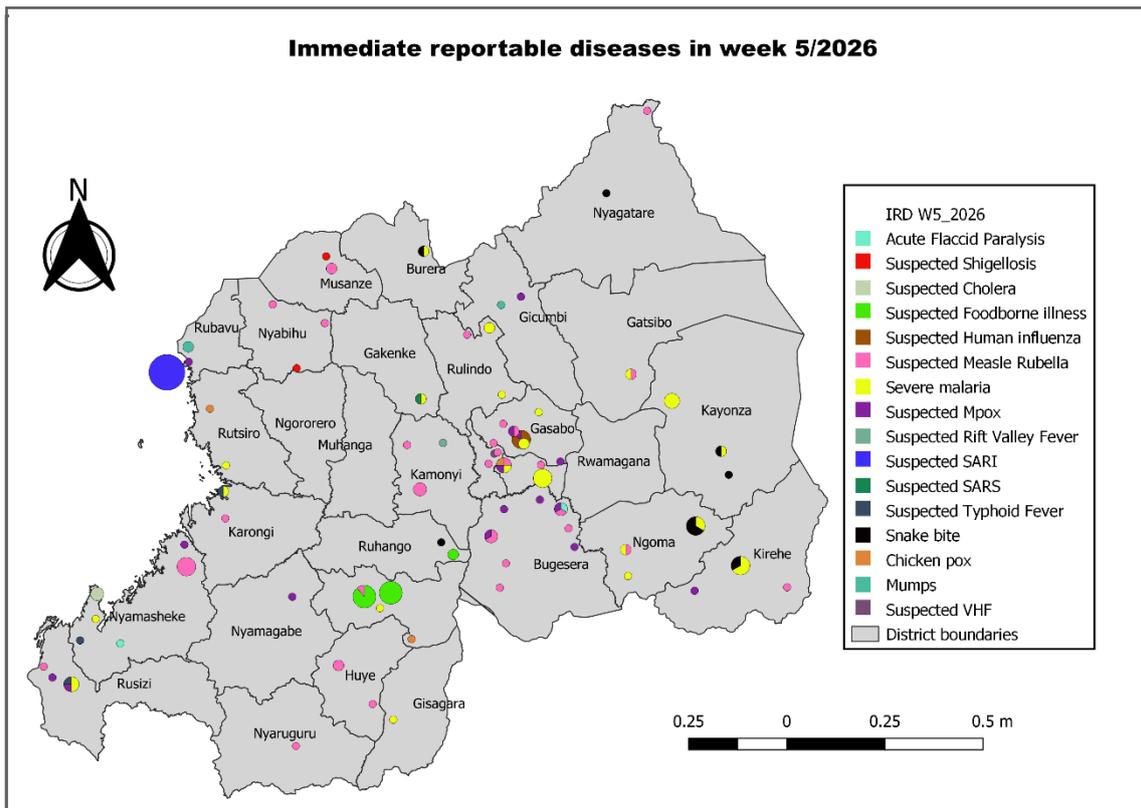


**22 suspected cases of SARI** were reported by 1 health facility; the samples were taken and sent to Laboratory.



**1 suspected case of SARS** was reported by 1 health facility; the sample was taken and sent to Laboratory.

**Geographical distribution of immediate reportable disease cases notified during the epi week 5/2026**

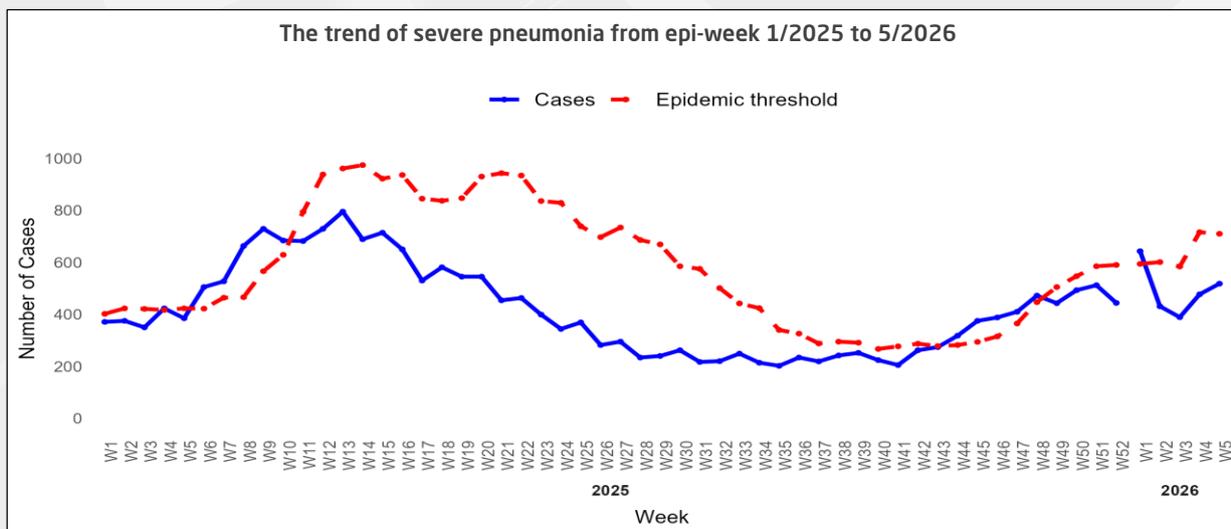
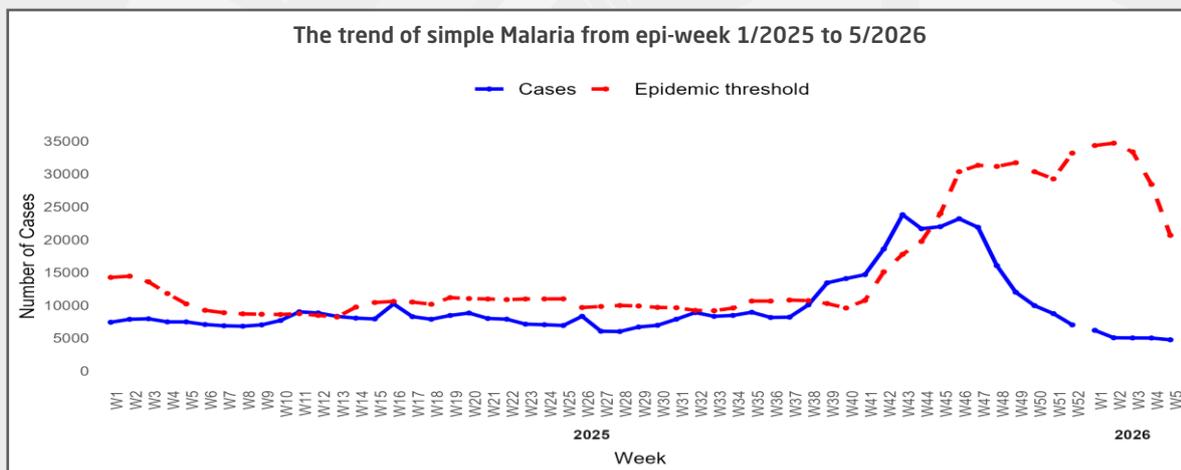
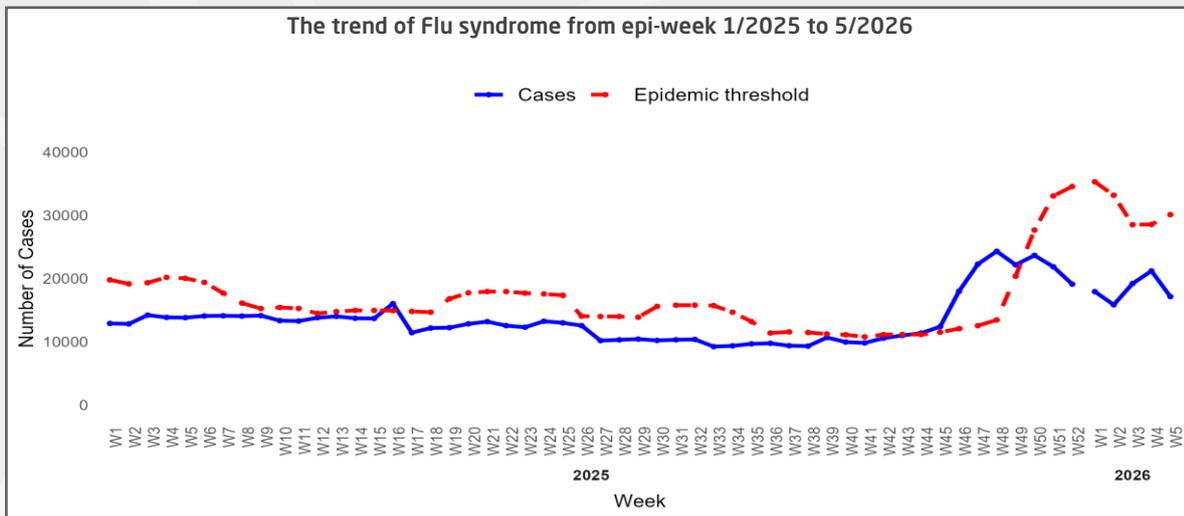


**B. WEEKLY REPORTABLE DISEASES - EPI WEEK 5**

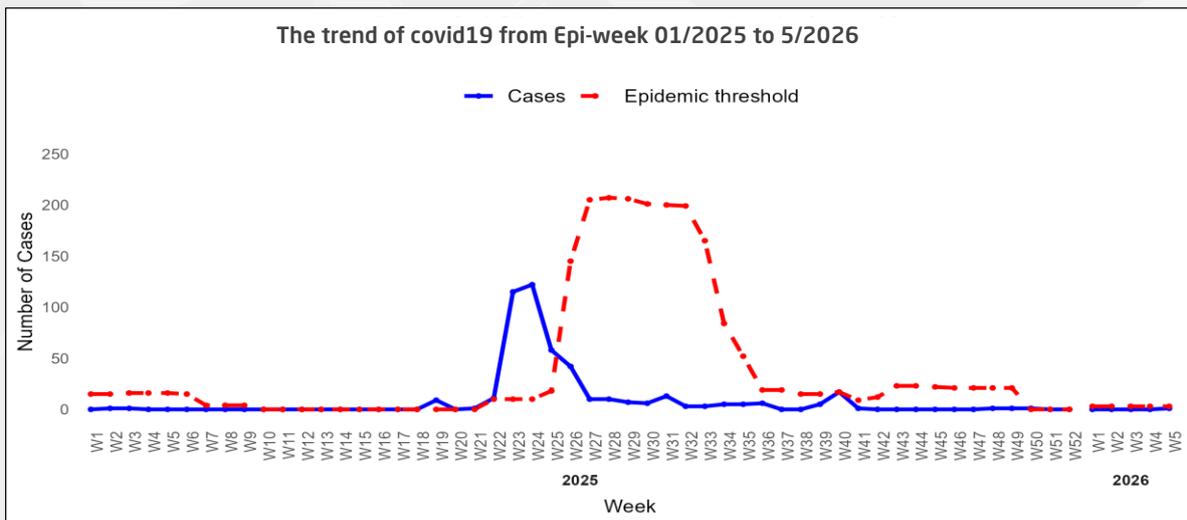
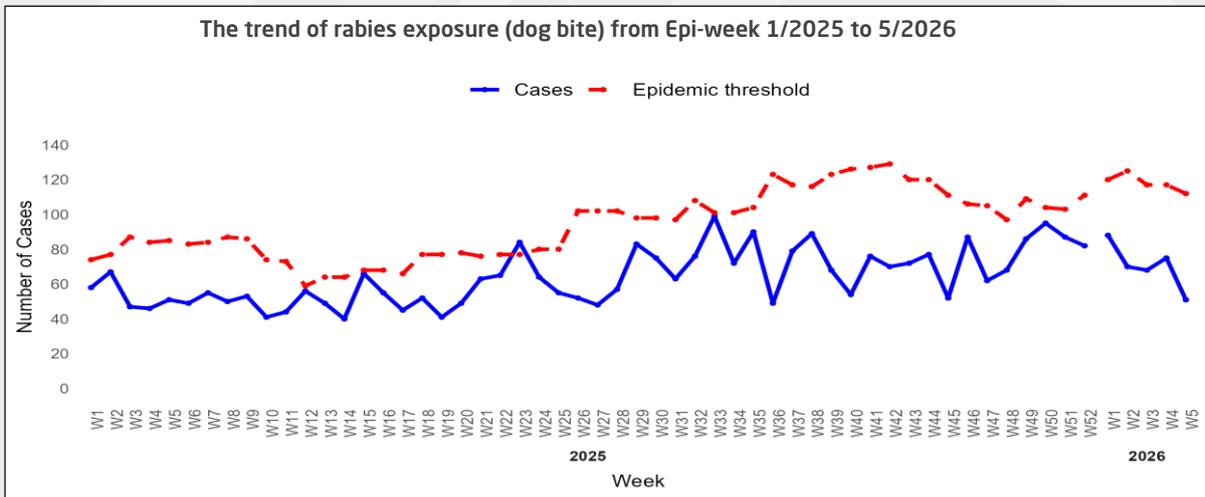
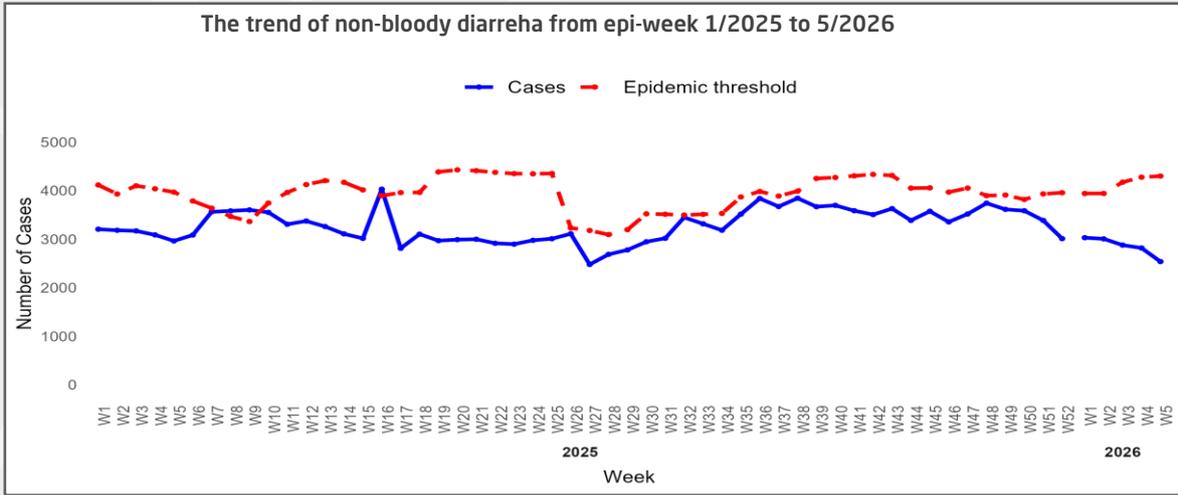
In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.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

In Epi Week 05, 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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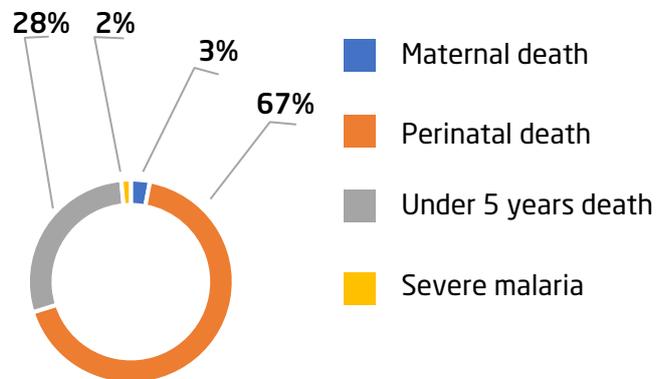


## C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 67 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 45 (67%) were perinatal deaths
- 19 (28%) were deaths of children under 5 years old including 1 death due to severe pneumonia
- 2 (3%) maternal deaths
- 1 (1%) death due to severe malaria

Type of deaths reported in week 5/2026



### Distribution of deaths by health facilities

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



9 deaths were reported by Nyanza DH (8 perinatal deaths and 1 under 5 years death)



8 deaths were each reported by Gisenyi DH (5 perinatal deaths and 3 under 5 years deaths)



7 deaths were each reported by:

- Kirehe DH (5 perinatal deaths, 1 under 5 years death and 1 death due to severe malaria)
- Kiziguro DH (5 perinatal deaths and 2 under 5 years deaths)



6 deaths were each reported by CHUK (2 perinatal deaths and 4 under 5 years deaths)



4 deaths were each reported by CHUB (1 maternal death, 1 perinatal death and 2 under 5 years deaths)



3 deaths were each reported by:

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



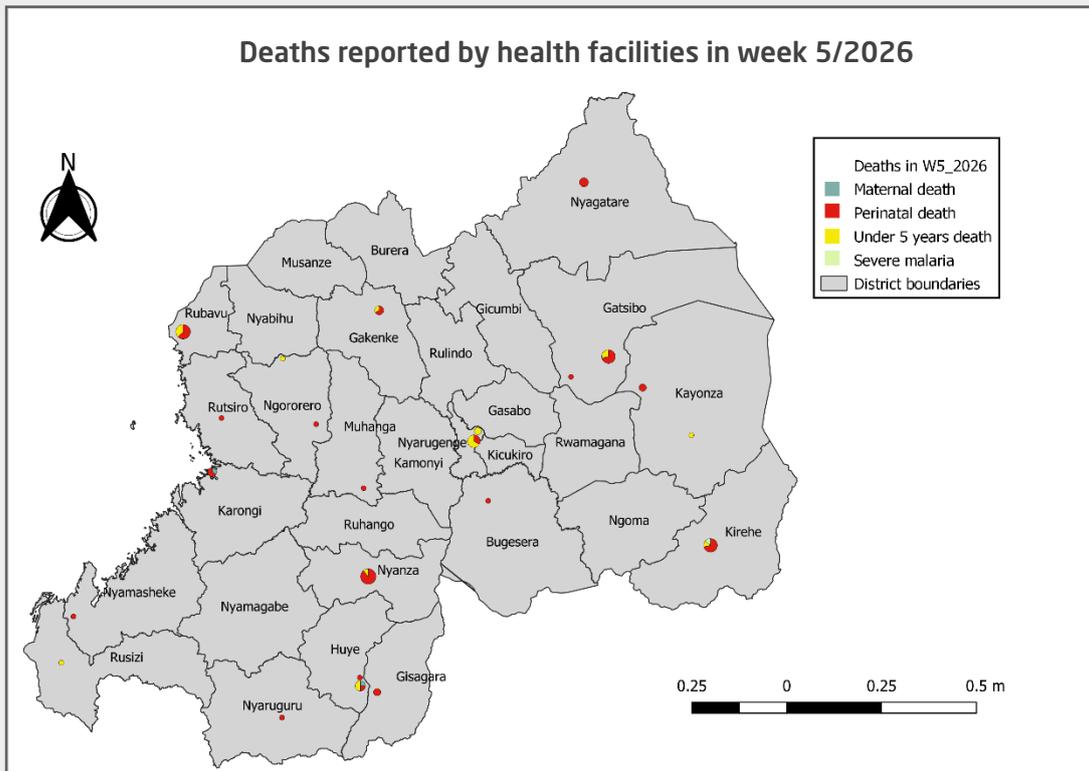
2 deaths were each reported by:

- Gahini DH and Kibirizi DH (each reported 2 perinatal deaths)
- Muhima DH (1 under 5 years death)

1 death was each reported by:

- Bushenge PH, Gasange HC in Kiziguro DH, Kabgayi DH, Kirinda DH, Munini DH, Murunda DH, Murunda DH, Nyamata DH (each reported 1 perinatal death)
- Kabaya DH, Mibilizi DH, Rwinkwavu DH (each reported 1 under 5 years death)

**Distribution of deaths by health facilities:**



**OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 5**

**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 1st February 2026 was as follows:

<b>7864</b>	Cumulative suspected cases
<b>16</b>	New suspected cases
<b>131</b>	Total confirmed cases
<b>0</b>	New confirmed cases
<b>2</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

## 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 1st February 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 1st February 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

### 2.1 Suspected Foodborne Illness outbreak in Ruhango District

On 2 Feb 2026, several patients presented to Mukoma HC with similar symptoms, including abdominal pain, diarrhea, nausea, and vomiting, after consuming non-alcoholic sorghum beer (Ubushera) during a post-wedding ceremony held in a family located in Nyarunazi Village, Rutabo Cell, Kinazi Sector, Ruhango District on 1 Feb 2026. A total of 8 active cases out of approximately 30 attendees developed symptoms (Attack Rate: 27%); 8 cases consulted Mukoma HC (4 of them were referred to Ruhango PH). The patients had been treated and became clinically stable.

### 2.2 Suspected Foodborne Illness in Huye District

On 01 Feb 2026, Rubona Health Center received a total of 20 patients (7M, 13F), aged 20-55 years, presenting with abdominal pain, diarrhea, and vomiting.

All patients reported a history of consuming milk on 29 Jan 2026 at a canteen located in Huye District, Rusatira Sector, Mucingwe Cell, Kabeza Village. Out of the 20 patients, 4 were referred to Kabutare DH for further management. No critically ill patients have been reported.



#### Actions taken

- Case follow-up and treatment
- Conduct community active case search in collaboration with CHWs and family members
- Notification of cases



#### Actions taken

- Case management
- Conduct an active case search.
- The RRT was deployed to support case management and conduct further investigation and one of the key findings was poor hygiene at the canteen, and measures had been taken in collaboration with the local government.



## 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 5, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 99% and 95% respectively. All hospitals achieved high scores above 80% for completeness, while for timeliness, 3 hospitals had low scores (King Faisal Hospital, CARAES Ndera and Kacyiru police hospital) and 3 had moderate score (Rwinkwavu DH, Gitwe DH and Gihundwe DH)

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	W05	W01	W02	W03	W04	W05
Nyagatare	100	93	100	100	100	93	86	100	93	86
Gatunda	100	100	100	100	100	100	100	89	100	100
Ngarara	100	100	100	100	100	100	88	100	100	100
Kiziguro	100	100	100	100	100	100	100	100	100	100
Gahini	75	88	100	88	100	75	88	100	88	88
Rwinkwavu	100	89	89	100	100	89	89	89	100	78
Kibungo	100	94	94	100	100	100	94	94	100	100
Kirehe	100	95	100	100	100	100	95	100	100	100
Rwanagana	100	100	100	89	89	100	100	100	83	83
Nyamata	100	100	100	100	100	100	100	100	94	100
Kinshira	100	100	100	100	100	100	100	100	100	100
Rutongo	100	100	100	100	100	100	100	100	100	93
Gatonde	100	100	100	100	100	100	100	100	100	100
Butaro	100	95	100	100	100	95	90	100	100	90
Ruli	100	100	100	100	100	100	100	100	100	100
Nemba	100	100	100	100	90	100	90	100	100	80
Ruhengeri	94	94	100	100	94	94	94	100	100	94
Byumba	100	92	100	96	100	100	88	100	96	96
CHUB	100	100	100	100	100	100	100	100	100	100
Kabutare	100	100	100	100	100	100	100	100	100	100
Kabgayi	100	100	100	100	100	100	100	100	100	100
Kibilizi	100	100	91	100	100	100	100	91	100	100
Gakoma	100	100	100	100	100	100	100	100	100	100
Gitwe	100	100	100	100	89	100	100	100	100	78
Ruhango	100	100	100	100	100	100	100	100	100	100
Remera Rukoma	100	100	100	100	100	93	100	93	93	100
Nyanza	100	100	100	100	100	100	100	100	95	89
Kigeme	100	100	100	100	100	100	100	100	100	92
Kaduha	100	100	100	100	100	100	90	100	100	100
Munini	100	100	100	100	100	100	100	88	100	100
Bushenge	100	100	100	100	100	100	88	100	100	100
Kibogora	100	100	100	100	100	100	100	93	100	100
Kibuye	100	100	100	100	100	100	100	100	100	100
Kirinda	100	100	100	100	100	100	100	83	100	100
Mugonero	100	100	100	100	100	100	100	86	100	100
Shyira	100	94	100	100	100	100	94	100	100	100
Muhororo	100	100	100	100	100	100	100	100	100	100
Kabaya	100	100	100	100	100	100	100	100	100	100
Ghundwe	90	100	100	100	100	90	90	100	90	70
Mibilizi	100	100	100	100	100	100	100	92	100	100
Gisenyi	100	94	100	100	100	100	94	100	100	100
Murunda	100	100	100	100	100	100	100	84	100	100
CHUK	100	100	100	100	100	100	100	100	100	100
Nyarugenge	89	100	100	100	100	89	100	100	100	100
Muhima	100	100	75	100	100	100	100	75	100	100
RMH	100	100	100	100	100	0	100	100	100	100
Masaka	100	100	100	100	100	92	100	100	100	100
Kigababaga	100	100	100	95	100	100	100	95	95	80
Kacyiru	100	100	100	100	100	100	100	100	100	0
KFH	100	100	100	0	100	100	100	100	0	0
Caras Ndera	100	100	100	100	100	100	100	100	100	0
Nyabikenke	100	100	100	100	100	100	100	100	100	100
Rwanda(Average)	99	99	99	98	99	98	97	97	97	95