



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **6** 02-08 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: 20 alerts



17 human deaths



2 dog bites



1 alert of unexplained bleeding in a person

Alerts from EIOS: 7 alerts

Emerging flu-like illnesses and "Disease X" in Africa

First detection of H4N6 avian influenza in Iran

African swine fever spreading nationwide

Newcastle disease outbreak in poultry

Viruses expected to pose global risk in 2026

Measles Outbreak – South Carolina, United States

Lassa Fever – Nigeria

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Indicator Based Surveillance (IBS) Highlights:



272 cases of immediate reportable diseases were notified by 81 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.



84 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 6



Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

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

New outbreak:

- ⚠️ Suspected Methanol intoxications in Bugesera, Ruhango, Nyamagabe and Rwamagana Districts



Completeness and timeliness



In Epi Week 6, 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: 20 signals were notified, all were from the community, none from health facilities.

They included 17 human deaths, 2 dog bites, 1 alert of unexplained bleeding in a person

Alerts from EIOS: 7 alerts

1) Emerging flu-like illnesses and “Disease X” in Africa (with a strong focus on CD Democratic Republic of Congo)

This scientific review explains the growing threat of flu-like illnesses in Africa, including the recently reported “Disease X” in the Democratic Republic of Congo. The article shows that Africa is especially vulnerable due to limited surveillance systems, weak laboratory capacity, and delayed access to treatment. Many flu-like diseases (influenza, RSV, COVID-19, malaria, dengue, Ebola) share similar symptoms, which leads to misdiagnosis and under-reporting. The review emphasizes that zoonotic spillover, climate change, and poor healthcare infrastructure increase outbreak risks. It recommends strengthening integrated disease surveillance (IDSR), expanding rapid molecular diagnostics, improving pandemic preparedness, and exploring complementary treatments, including plant-based therapies, as supportive options.

<https://gphin.canada.ca/cepr/showarticle.jsp?doclid=1020887798>

2) First detection of H4N6 avian influenza in Iran

Researchers in Iran reported the first isolation of the H4N6 avian influenza virus from a commercial duck farm. Genetic analysis showed that the virus contains reassorted gene segments, meaning it likely evolved through mixing with other influenza subtypes. Although no human infections are reported, this finding raises concerns for both animal health and potential zoonotic risk. The study strongly highlights the need for continuous influenza surveillance in wild and domestic birds to detect emerging strains early and prevent wider spread.

<https://link.springer.com/article/10.1007/s11262-026-02215-0>

3) African swine fever spreading nationwide

South Korea confirmed its sixth African swine fever (ASF) case of the year, detected at a pig farm in Boryeong. Authorities implemented emergency containment measures, including pig culling and a temporary nationwide standstill for pig farms and related facilities. ASF is deadly for pigs but harmless to humans, and there is currently no vaccine or treatment. The outbreak highlights the ongoing challenge of controlling animal diseases that can severely impact food security and the livestock economy.

<https://www.thestar.com.my/aseanplus/aseanplus-news/2026/02/03/south-korea-confirms-sixth-africa-n-swine-fever-case-as-virus-spreads-nationwide>

4) Newcastle disease outbreak in poultry

Malaysia has reported a recurrence of Newcastle disease, a highly contagious viral disease affecting domestic poultry. The outbreak, caused by Paramyxovirus type 1, resulted in 100% mortality (135 out of 135 birds) in the affected flock. The disease does not infect humans, but it poses a serious threat to food security and the poultry industry. Authorities have implemented quarantine, movement restrictions, disinfection, zoning, and traceability measures. The event remains ongoing and under official control.

<https://wahis.wuah.org/#/in-review/7242>



Weekly updates on Event Based Surveillance (EBS)

5) Viruses expected to pose global risk in 2026

Infectious-disease experts warn that several viruses may spread widely in 2026, even outside traditional outbreak regions. Key drivers include climate change, population growth, and increased global travel, which bring humans into closer contact with new pathogens and allow viruses to spread rapidly across borders. The article emphasizes that the pandemic era is not over and calls for strong surveillance, preparedness, and early warning systems worldwide.

https://article.wn.com/view/2026/02/04/These_Are_The_3_Viruses_To_Watch_In_2026_Disease_Expert_Says/

6) Measles Outbreak – South Carolina, United States

United States □ (South Carolina) – A major measles outbreak in South Carolina has led to rising case counts, primarily among unvaccinated children. Severe complications including encephalitis (brain swelling) have been reported. Health officials emphasize the importance of the MMR vaccine to prevent transmission and serious illness.

<https://www.reuters.com/business/healthcare-pharmaceuticals/south-carolina-measles-vaccinations-jump-january-after-major-outbreak-2026-02-05/>

7) Lassa Fever – Nigeria

Nigeria NG – Lassa fever, a rodent-borne viral hemorrhagic disease endemic to parts of West Africa, continues to pose a health risk. Nigeria has reported ongoing cases with human-to-human transmission potential, especially when infection control is inadequate. Health workers remain at higher risk during outbreaks without proper protective measures.

<https://www.who.int/news-room/fact-sheets/detail/assa-fever>



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 6

During this Epi week,

272 cases of immediate reportable diseases were notified by 81 health facilities:



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



35 suspected cases of Measles /Rubella were reported by 26 health facilities; the samples were taken and sent to NRL.



28 cases of severe malaria were reported by 19 health facilities.



18 suspected cases of Mpox were reported by 10 health facilities; the samples were tested, they were negative.



109 cases of suspected foodborne illnesses were reported by 9 health facilities



12 snake bites cases were reported by 7 health facilities.



4 suspected cases of typhoid fever were reported by 2 health facilities; the samples were taken and sent in laboratory.



6 cases of acute flaccid paralysis were reported by 6 health facilities



11 cases of mumps were reported by 5 health facilities



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



13 suspected cases of SARI were reported by 2 health facilities; the samples were taken and sent to Laboratory.

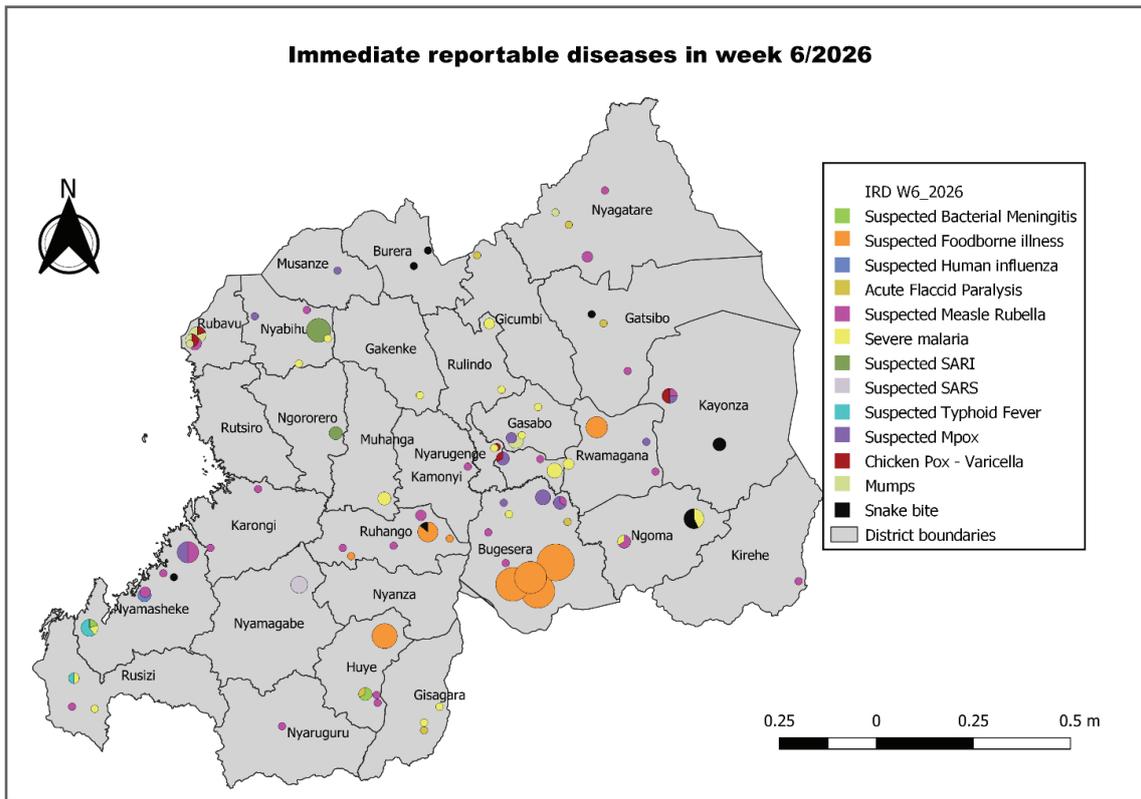


5 suspected cases of SARS were reported by 1 health facility; the sample was taken and sent to Laboratory.



3 suspected cases of bacterial meningitis were reported by 2 health facilities; the samples were taken and tested negative.

Geographical distribution of immediate reportable disease cases notified during the epi week 6/2026

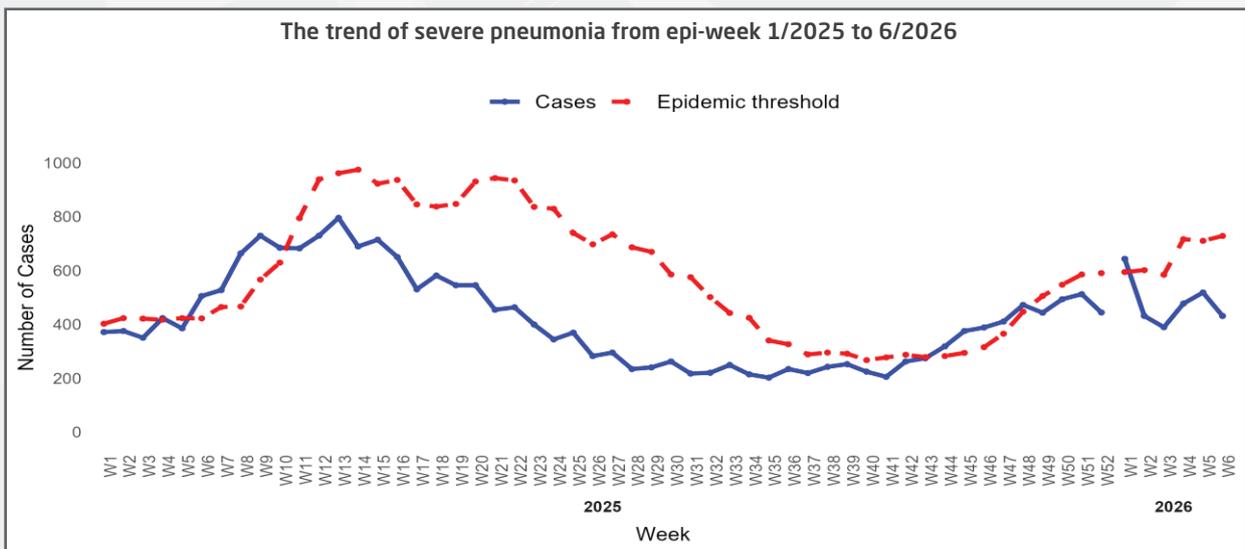
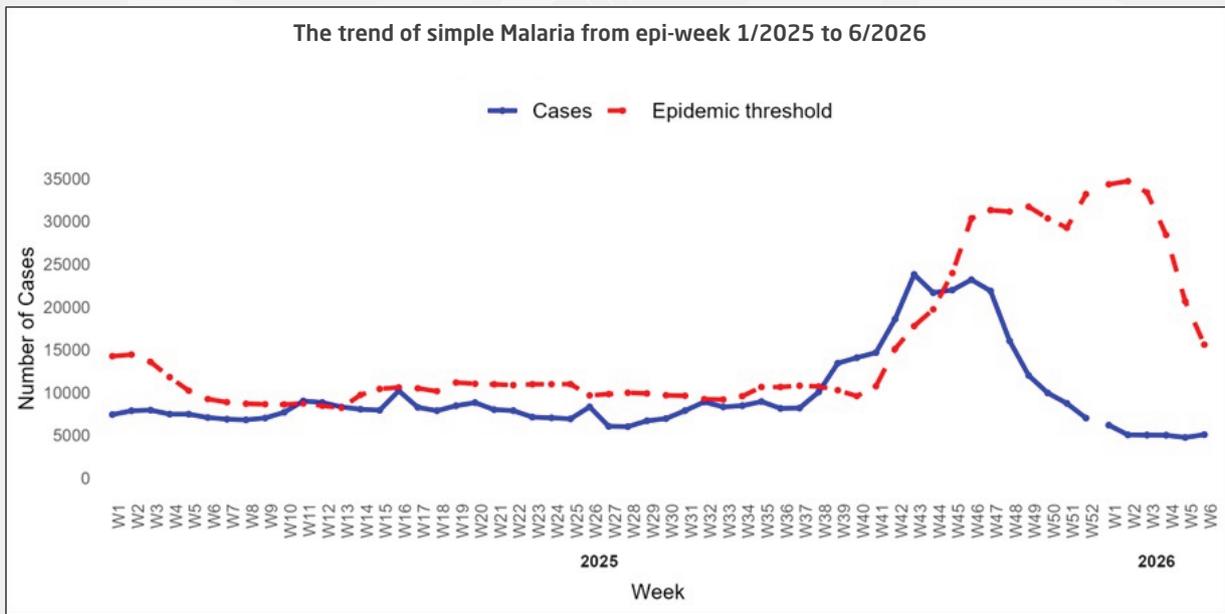
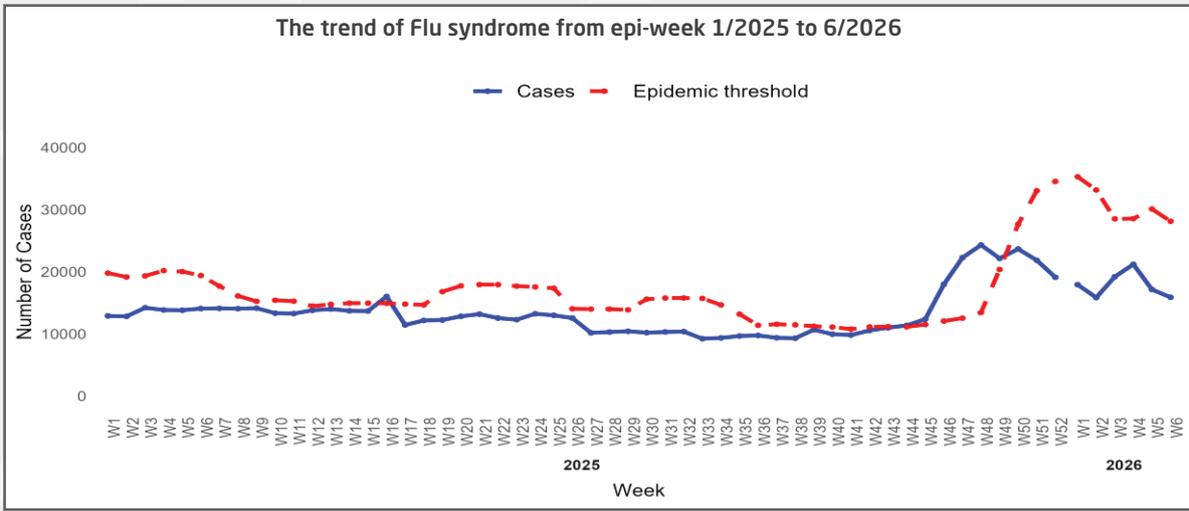


B. WEEKLY REPORTABLE DISEASES - EPI WEEK 6

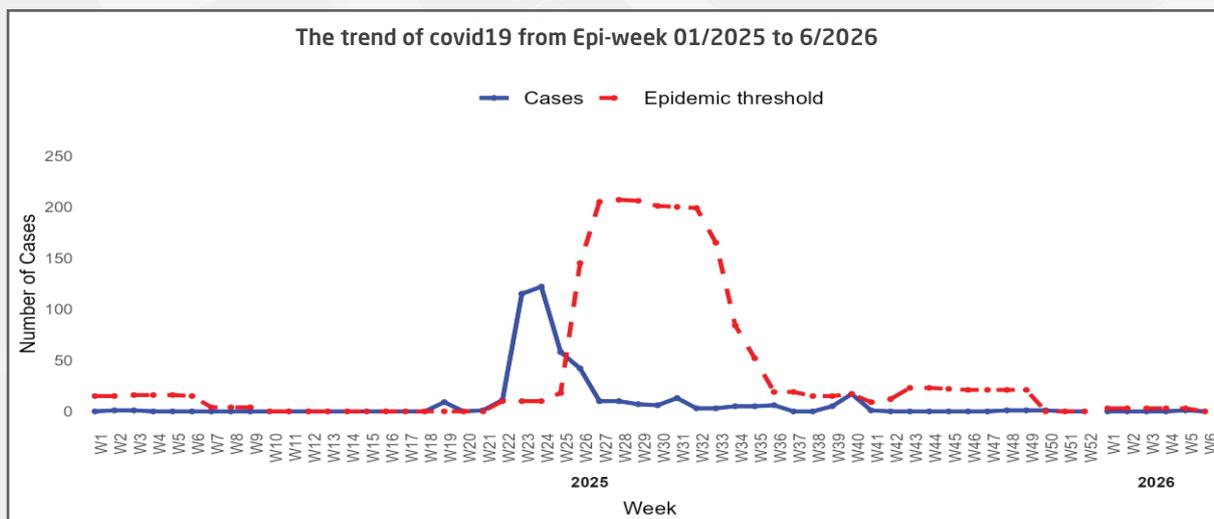
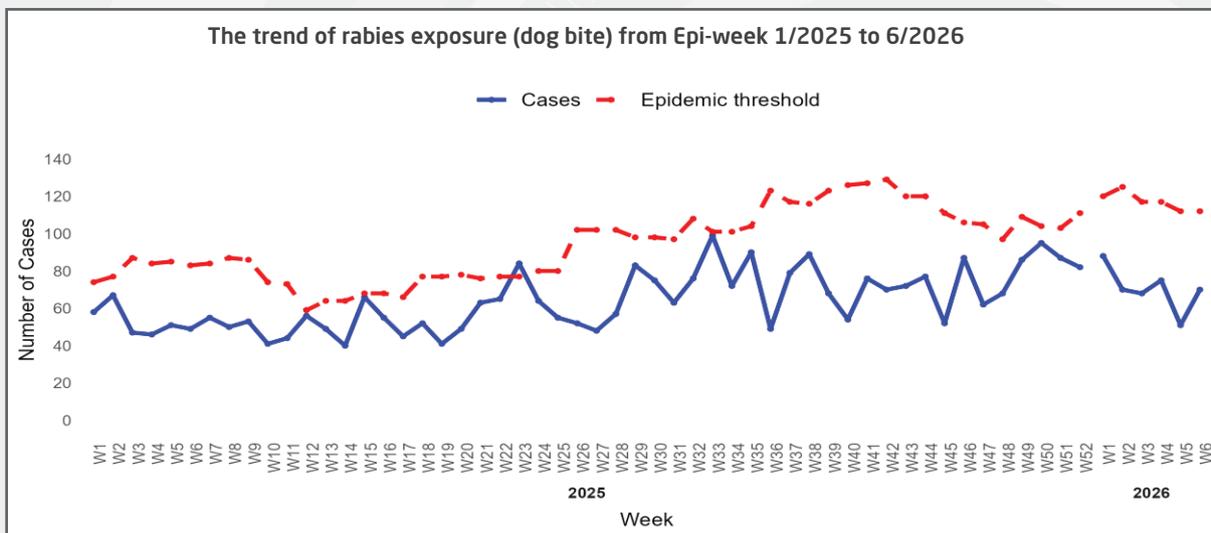
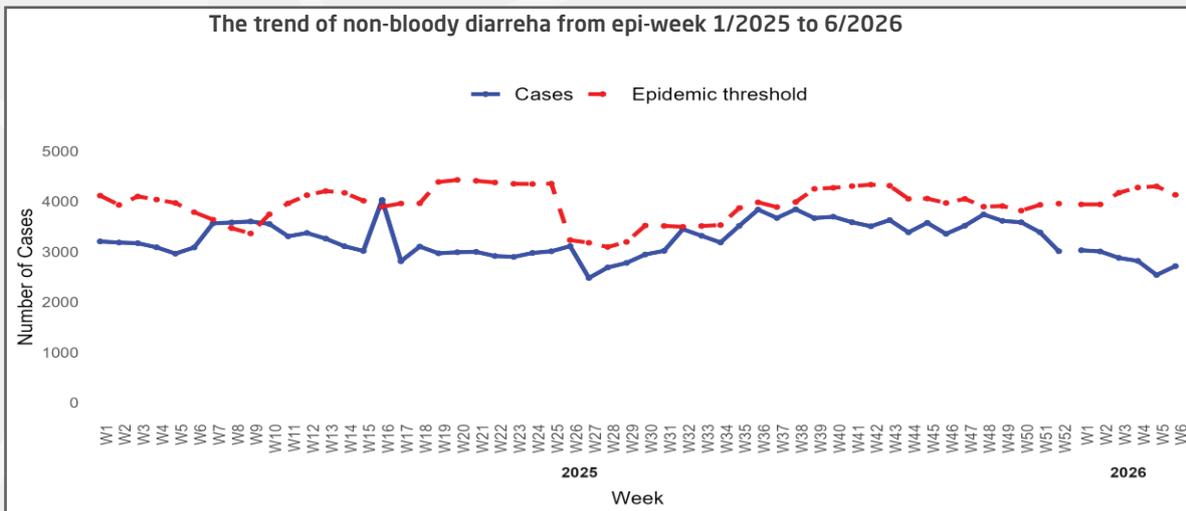
In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.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

In Epi Week 06, 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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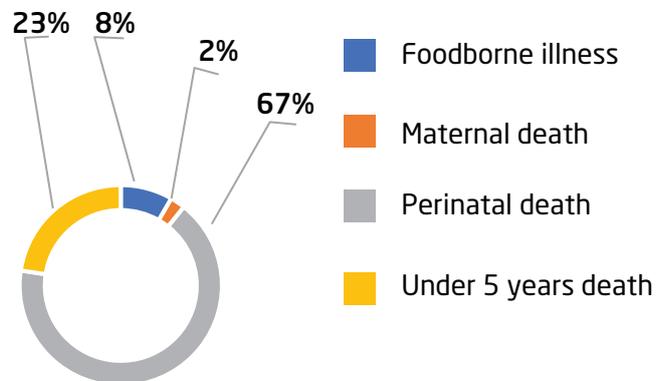


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 84 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 56 (67%) were perinatal deaths
- 19 (23%) were deaths of children under 5 years old including 2 deaths due to severe pneumonia
- 2 (2%) maternal deaths
- 7 (8%) deaths due to foodborne illnesses

Type of deaths reported in week 6/2026



Distribution of deaths by health facilities

84 deaths were reported from 24 health facilities as follows:

13



13 deaths were reported by Gisenyi DH (9 perinatal deaths and 4 under 5 years deaths)

8



8 deaths were each reported by:

- CHUB (7 perinatal deaths, 1 under 5 years death)
- Nyagatare DH (3 perinatal deaths and 5 under 5 years deaths)

6



6 deaths were each reported by Kabgayi DH (6 perinatal deaths)

5



5 deaths were each reported by:

- Kiziguro DH (1 maternal death, 4 perinatal deaths)
- CHUK, Masaka DH and Kibirizi DH (each reported 4 perinatal deaths and 1 under 5 years death)

4



4 deaths were by Kirehe DH (4 perinatal deaths)

3



3 deaths were each reported by:

- Kabaya DH (2 perinatal deaths and 1 under 5 years death)
- Nemba DH (3 perinatal deaths)
- Ruhuha HC in Nyamata DH (3 deaths due to suspected foodborne illnesses)

2



2 deaths were each reported by:

- Gitwe DH (2 deaths due to suspected foodborne illness)
- Muhima DH (2 under 5 years deaths)
- Nyanza DH (2 perinatal deaths)
- Rwinkwavu DH (1 perinatal death and 1 under 5 years death)

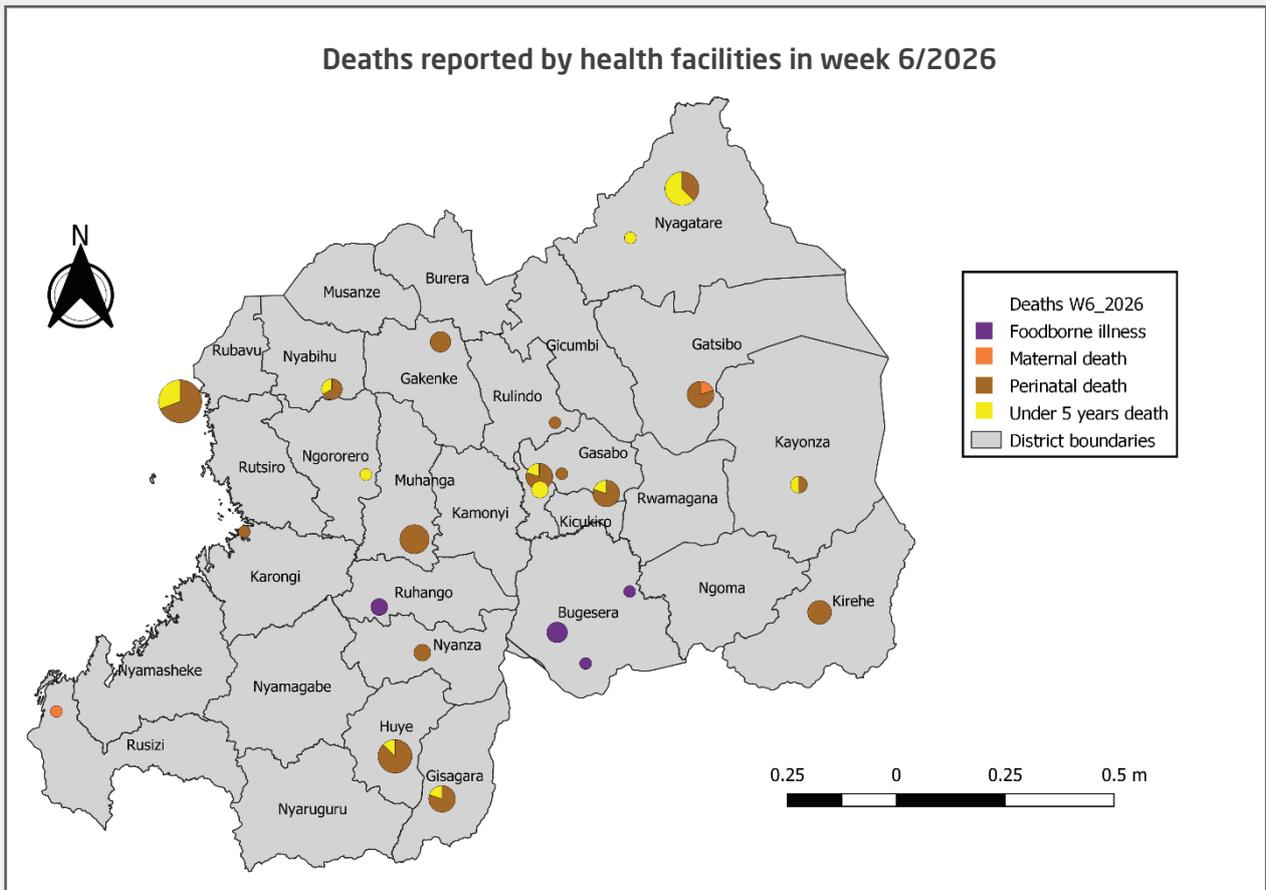
1



1 death was each reported by:

- Gashora HC and Kamabuye HC in Nyamata DH (each reported 1 death due to suspected foodborne illness)
- Kacyiru police hospital, Kibuye RH and Rutongo DH (each reported 1 perinatal death)
- Gatunda DH and Muhororo DH (each reported 1 under 5 years death)

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 6

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 8th February 2026 was as follows:

7882	Cumulative suspected cases
18	New suspected cases
131	Total confirmed cases
0	New confirmed cases
2	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 8th February 2026 was as follows:

39	Cumulative suspected cases
0	New suspected cases
23	Total confirmed cases (positivity rate:: 59.1%)
0	New confirmed cases (by epi link)
1	Cases under follow up
4	New discharged cases
0	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 8th February 2026 was as follows:

16	Cumulative suspected cases
5	New suspected cases
7	Total confirmed cases
1	Cases under follow up
4	New discharged cases
1	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 Methanol intoxication in Bugesera District, Ruhuha Sector

On the night of 02 February 2026, the Emergency Department of Nyamata District Hospital (NDH) received a 34-year-old female who was pronounced dead on arrival. She was referred from Ruhuha Sector, Kindama Cell, Rebero Village. At approximately 21:00, in the same night, a 34-year-old male from Ruhuha Sector, Kindama Cell, Ruramba Village was received at NDH and died shortly after arrival. On the morning of 03 February 2026, a 66-year-old male from Ruhuha Sector, Kindama Cell was transported by ambulance to Nyamata DH but died in road. All three deceased individuals were reported to have consumed alcohol together in Ruramba Village, Kindama Cell, Ruhuha Sector, raising strong suspicion of illicit alcohol (suspected methanol) poisoning. Prior to death, all three reportedly experienced severe headache and visual impairment (sight loss).

On 3rd February 2026

- 26 individuals who consumed alcohol from the same suspected batch had been identified
- 6 individuals developed symptoms (severe headache and blurred vision) and had been admitted at Nyamata DH for further management
- Deaths had been reported to date

The current situation as of 8th February 2026, was as follows:

207	Total exposed individuals
75	Total affected cases
35(+6)	Admitted cases in Nyamata DH
6	Admitted cases in Ruhuha HC
1	Admitted cases in Ngeruka HC
23	Discharged
34	Stable cases
1	Critical case
17	Cumulative deaths (9 at hospital, 8 in community)



Actions taken

- Case management: Admission, clinical management of the symptomatic cases at Nyamata DH and initiate hemodialysis for eligible patients
 - A Rapid Response Team (RRT) was deployed by Nyamata District Hospital to conduct field investigations, identify the source of the suspected alcohol, and implement immediate control measures.
 - RBC's PHS&EPR Division deployed a team of 3 staff to support the investigation and response activities
 - Intensify active case searching and community surveillance to promptly detect and refer any additional suspected poisoning cases
 - Home follow-up of asymptomatic individuals; Community Health Workers (CHWs) alerted and actively monitoring for additional cases
 - Strengthen community engagement and risk communication on the dangers of consuming unregulated / illicit alcohol
 - Maintain enhanced community surveillance to promptly detect and refer any additional suspected poisoning cases
- Expedite forensic confirmation of methanol exposure
- Strengthen risk communication to prevent further alcohol consumption
 - Coordinate with regulatory and security authorities to remove suspected contaminated alcohol from circulation

2.2 Suspected Methanol Intoxication in Nyamagabe District

On 05 Feb 2026, Shaba Health Center reported a death on arrival presenting with abdominal pain, headache, dizziness, loss of vision, seizures, confusion, and generalized weakness following consumption of locally brewed alcohol (Kanyanga) on 01 Feb 2026 at the home of the index case (wife) who died with similar symptoms. The exposure occurred in Nyamagabe District, Kitabi Sector, Mujuga Cell, and Muguja Village.

Four (4) deaths have been identified:

- One individual who prepared the Kanyanga (died on 01/02/2026)
- Three individuals who consumed Kanyanga at the index case's home (two died in the community on 03/02/2026 and one died at a health center on 05/02/2026).
- The total number of exposed individuals was not yet known.

The husband of one deceased case developed blurred vision, dizziness, and abdominal pain. He was under the care of traditional healers and is now being evacuated to the hospital

Ten (10) other individuals who consumed alcoholic beverages at the home have been identified; they were under observation and remain asymptomatic.

2.3 Suspected Methanol intoxication Ruhango District

On 3 Feb 2026, Gitwe DH notified cases presenting with abdominal pain, headache, dizziness, loss of vision, and generalized weakness following consumption of local beer on 31 Jan 2026. The exposure occurred within a family located in Ruhango District, Bweramana Sector, Murama Cell, Rusororo Village.

Out of the six (6) exposed individuals identified, 3 died on 2nd February 2026, 1 was referred to CHUB and 2 were hospitalized in Gitwe DH.

The current situation as of 5th February 2026, was as follows:

7 Total exposed individuals

3 Admitted cases in Gitwe DH

3 Deceased



Actions taken

- Investigation
- Case management
- Active case search was ongoing



Actions taken

- Investigation
- Investigation was ongoing in collaboration with Rwanda Investigation Bureau (RIB).
- Active case search in the community, with no additional cases identified so far.

2.4 Suspected Methanol intoxication in Rwamagana Distric

On 7th.02.2026, Nyagasambu Health Center received 18 individuals presenting with abdominal pain, headache, vomiting, and diarrhea following the consumption of illicit alcohol (kanyanga) in Fumbwe Sector, Nyarubuye Cell, Gitwe Village. Around 1:00 a.m, other 4 patients from Nyagasambu Health Center with minor symptoms (Headache and abdominal pains) were received by at Rwamagana Hospital emergency, received medical care and treatment and then they were well improving.

The current Situation as of 8th February 2026 was as follows:

20	Total exposed
6	Total symptomatic cases
1	Transferred and admitted in Rwanda Military Hospital
3	Cumulative deaths



Actions taken

- Investigation
- Investigation was ongoing
- 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 6, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 99% and 98% respectively. All hospitals achieved high scores above 80% for completeness, while for timeliness, 1 hospital had a moderate score (Gahini DH)

The hospital that had low 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	W04	W05	W06	W01	W02	W03	W04	W05	W06
Nyagatare	100	93	100	100	100	100	93	86	100	93	86	100
Gatunda	100	100	100	100	100	100	100	100	89	100	100	100
Ngarara	100	100	100	100	100	100	100	88	100	100	100	100
Kiziguro	100	100	100	100	100	100	100	100	100	100	100	100
Gahini	75	88	100	88	100	100	75	88	100	88	88	75
Rwinkwavu	100	89	89	100	100	100	89	89	89	100	78	100
Kibungo	100	94	94	100	100	100	100	94	94	100	100	100
Kirehe	100	95	100	100	100	100	100	95	100	100	100	90
Rwamagana	100	100	100	89	89	94	100	100	100	83	83	89
Nyamata	100	100	100	100	100	100	100	100	100	94	100	100
Kinshira	100	100	100	100	100	100	100	100	100	100	100	100
Rutongu	100	100	100	100	100	100	100	100	100	100	93	100
Gatonde	100	100	100	100	100	100	100	100	100	100	100	100
Butaro	100	95	100	100	100	100	95	90	100	100	90	100
Ruli	100	100	100	100	100	100	100	100	100	100	100	100
Nemba	100	100	100	100	90	100	100	90	100	100	80	100
Ruhengeri	94	94	100	100	94	83	94	94	100	100	94	83
Byumba	100	92	100	96	100	100	100	88	100	96	96	96
CHUB	100	100	100	100	100	100	100	100	100	100	100	100
Kabutara	100	100	100	100	100	100	100	100	100	100	100	100
Kabagayi	100	100	100	100	100	100	100	100	100	100	100	100
Kibilizi	100	100	91	100	100	91	100	100	91	100	100	91
Gakoma	100	100	100	100	100	100	100	100	100	100	100	83
Gtwe	100	100	100	100	89	100	100	100	100	100	78	89
Ruhango	100	100	100	100	100	100	100	100	100	100	100	100
Remera Rukoma	100	100	100	100	100	100	93	100	93	93	100	100
Nyanza	100	100	100	100	100	95	100	100	100	95	89	95
Kigeme	100	100	100	100	100	100	100	100	100	100	92	100
Kaduha	100	100	100	100	100	100	100	90	100	100	100	100
Munini	100	100	100	100	100	100	100	100	88	100	100	100
Bushenge	100	100	100	100	100	100	100	88	100	100	100	100
Kibogora	100	100	100	100	100	100	100	100	93	100	100	100
Kibuye	100	100	100	100	100	100	100	100	100	100	100	100
Kirinda	100	100	100	100	100	100	100	100	83	100	100	100
Mugonero	100	100	100	100	100	100	100	100	86	100	100	100
Shyira	100	94	100	100	100	100	100	94	100	100	100	94
Muhororo	100	100	100	100	100	100	100	100	100	100	100	90
Kabaya	100	100	100	100	100	100	100	100	100	100	100	100
Ghundwe	90	100	100	100	100	100	90	90	100	90	70	100
Mibilizi	100	100	100	100	100	100	100	100	92	100	100	100
Gsenyi	100	94	100	100	100	100	100	94	100	100	100	100
Murunda	100	100	100	100	100	100	100	100	84	100	100	95
CHUK	100	100	100	100	100	100	100	100	100	100	100	100
Nyarugenge	89	100	100	100	100	100	89	100	100	100	100	100
Muhima	100	100	75	100	100	100	100	100	75	100	100	100
RMH	100	100	100	100	100	100	0	100	100	100	100	100
Masaka	100	100	100	100	100	100	92	100	100	100	100	100
Kigababaga	100	100	100	95	100	100	100	100	95	95	80	100
Kacyiru	100	100	100	100	100	100	100	100	100	100	0	100
KFH	100	100	100	0	100	100	100	100	100	0	0	100
Caraes Ndera	100	100	100	100	100	100	100	100	100	100	0	100
Nyabikenke	100	100	100	100	100	100	100	100	100	100	100	100
Rwanda(Average)	99	99	99	98	99	99	98	97	97	97	95	98