



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **8** 16-22 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



18 human deaths



2 dog bites

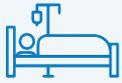
Alerts from EIOS: 7 alerts

- Anthrax outbreak in Uganda - Summary
- Cambodia - Human H5N1 (Avian Influenza) case
- United States (Maryland) - Increase in mumps cases
- Peru - Newcastle disease outbreak (poultry)
- Mozambique - Cholera outbreak
- Africa - Rising measles and rubella cases
- Democratic Republic of Congo - Suspected meningitis outbreak

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Indicator Based Surveillance (IBS) Highlights:



138 cases of immediate reportable diseases were notified by **74** health facilities nationwide. These included cases of chicken pox, severe malaria, suspected shigellosis, suspected measles/rubella, suspected Mpox, suspected typhoid fever, suspected human rabies, suspected foodborne illnesses, suspected human influenza, suspected SARI, acute flaccid paralysis, mumps, and snake bites.



89 deaths were reported by **30** 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 8



Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

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

New outbreak:

- ⚠️ None



Completeness and timeliness



In Epi Week 8, the overall completeness and timeliness of surveillance data reporting in Rwanda was 99% and 99% 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 **18 human deaths** and **2 dog bites**.

Alerts from EIOS: 7 alerts

1. Anthrax outbreak in Uganda - Summary

An anthrax outbreak has been confirmed in Lyantonde District, Uganda, causing 4 deaths and 2 confirmed cases under treatment. Health authorities collected 10 samples from Kaliiro, Kasagama, and Lyantonde sub-counties, with 3 samples testing positive for *Bacillus anthracis*. Investigations show that most affected people had contact with livestock that died suddenly, indicating zoonotic transmission. Residents have been advised to avoid slaughtering or consuming animals that die unexpectedly and to only buy meat inspected by veterinary officers. Farmers are also calling for mass livestock vaccination to contain the outbreak.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020977109>

2. Cambodia - Human H5N1 (Avian Influenza) case

Cambodia reported its first human H5N1 avian influenza case of 2026 in a 30-year-old man from Kampot province. He developed fever, cough, and abdominal pain but recovered after treatment. Investigation found exposure to dead chickens that were cooked at home, suggesting poultry-to-human transmission. Authorities are tracing contacts and testing exposed persons to prevent further spread.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020987447>

3. United States (Maryland) - Increase in mumps cases

Maryland health officials reported 14 mumps cases in 2026, mainly among adults in the Baltimore area, a significant increase compared to 4 cases in 2025. Mumps causes fever and swelling of salivary glands and spreads through respiratory droplets. Health authorities urge early detection, reporting, and MMR vaccination, which remains the key preventive measure.

<https://gphin.canada.ca/cepr/showarticle.jsp?docId=1020987125>

4. Peru - Newcastle disease outbreak (poultry)

Peru confirmed an outbreak of Newcastle disease on a poultry farm in Chinchá, Ica region. About 50 birds were infected among more than 254,000 susceptible birds. Infected birds were culled, and authorities implemented quarantine, disinfection, movement restrictions, surveillance, and vaccination. The infection source remains unknown and investigations continue.

<https://wahis.woah.org/#/in-review/7238>

5. Mozambique - Cholera outbreak

Mozambique is experiencing a major cholera outbreak with over 5,200 cases and 70 deaths reported since October. The most affected provinces include Zambezia, Manica, Tete, Nampula, and Cabo Delgado. Authorities are strengthening access to safe water, sanitation, treatment, and vaccination campaigns targeting high-risk populations.

<https://www.archyde.com/mozambique-cholera-outbreak-70-deaths-5242-cases-reported/>

6. Africa - Rising measles and rubella cases

Across Africa, 81,315 suspected measles cases were reported between January-September 2025, with over 34,000 confirmed. Children under five represent the majority of cases. Eight countries account for most infections, and gaps in routine immunisation and surveillance are key drivers. Countries are scaling up vaccination and strengthening laboratory surveillance to control outbreaks.

<https://www.myjoyonline.com/measles-and-rubella-cases-rise-across-africa-as-children-bear-the-heavy-st-burden/>

Weekly updates on Event Based Surveillance (EBS)

7. Democratic Republic of Congo - Suspected meningitis outbreak

An unknown disease has caused five deaths, including four schoolchildren aged 12-18, in Luozi territory, Kongo-Central province. Reported symptoms include severe headache followed by loss of consciousness and rapid death. Six cases have been identified since January 31. Health authorities suspect bacterial meningitis, but laboratory confirmation is pending. Response efforts face logistical challenges, including limited medical supplies and transport constraints.

<https://flutrackers.com/forum/forum/africa/emerging-diseases-other-health-threats-ah/1029930-drc-an-unknown-disease-kills-five-people-in-luozi-kongo-central-province-suspected-meningitis#post1029930>



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 7

During this Epi week,

138 cases of immediate reportable diseases were notified by 74 health facilities:



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



37 suspected cases of Measles /Rubella were reported by 30 health facilities; the samples were taken and sent to NRL.



31 cases of severe malaria were reported by 17 health facilities.



19 suspected cases of Mpox were reported by 8 health facilities; the samples were tested, they were negative.



2 cases of suspected foodborne illnesses were reported by 1 health facility



5 snake bites cases were reported by 2 health facilities.



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



7 cases of acute flaccid paralysis were reported by 7 health facilities



10 cases of mumps were reported by 4 health facilities



7 suspected cases of human influenza were reported by 2 health facilities; the samples were taken and tested negative



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



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

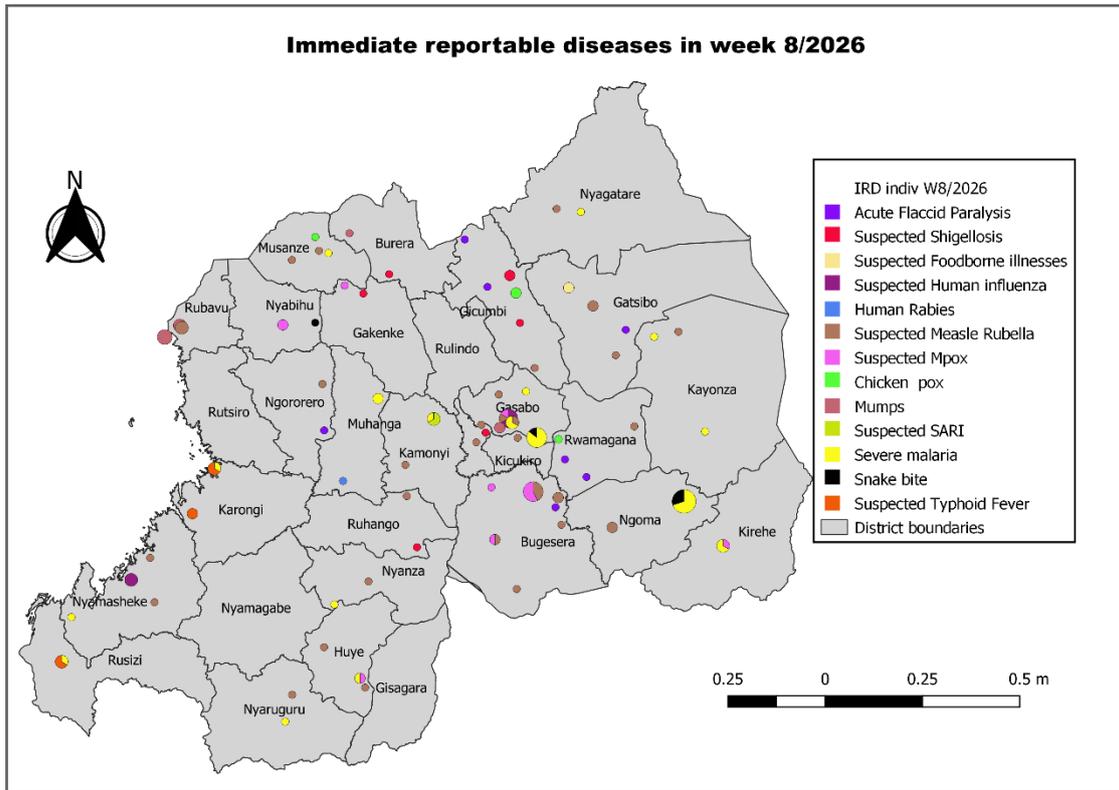


7 suspected cases of Shigellosis were reported by 6 health facilities; the samples were taken and sent to Laboratory.



1 suspected case of human rabies was reported by 1 health facility

Geographical distribution of immediate reportable disease cases notified during the epi week 8/2026

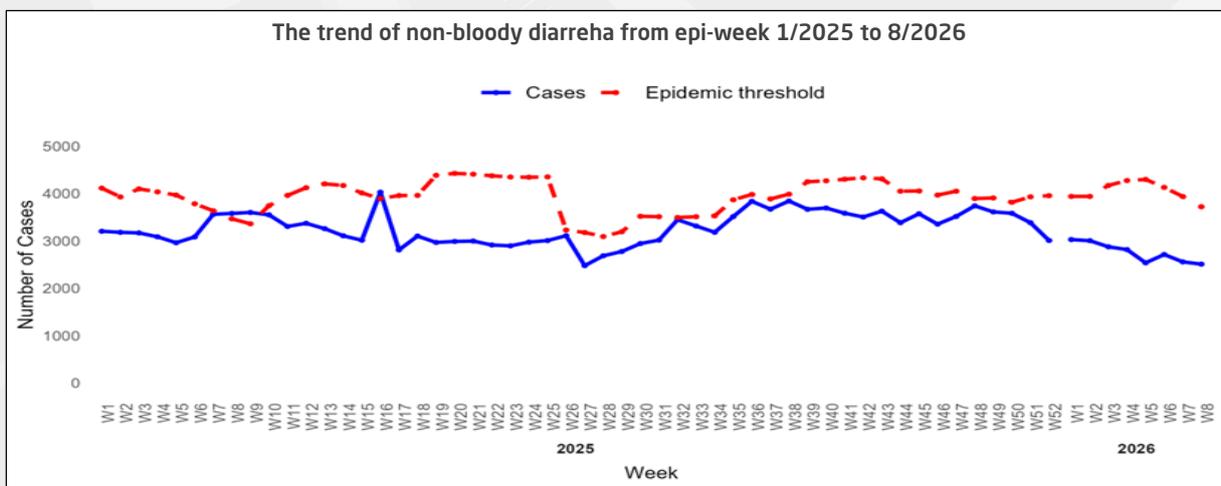
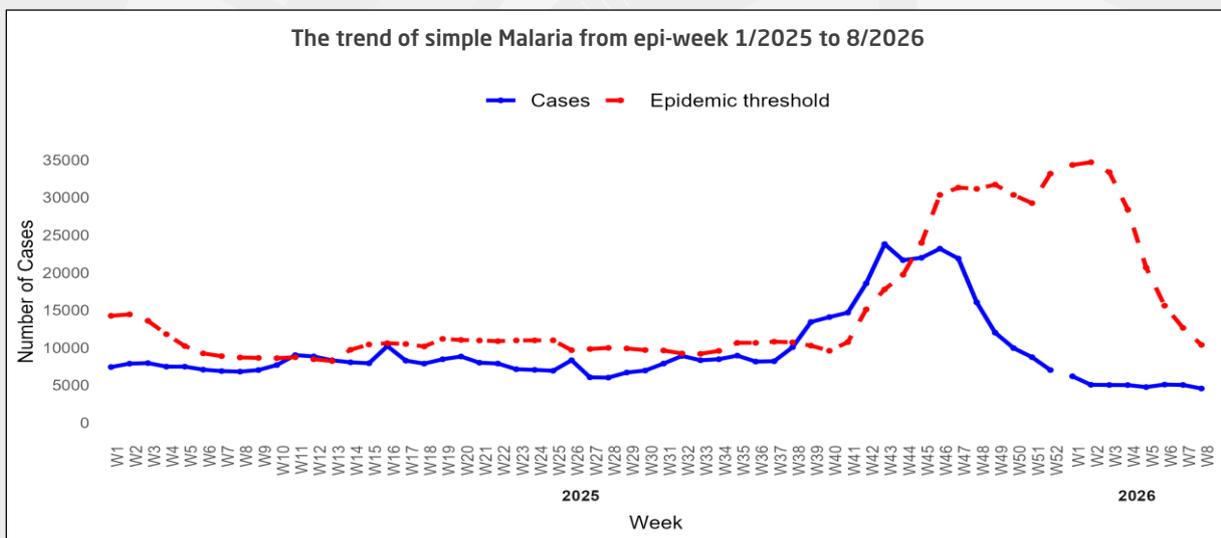
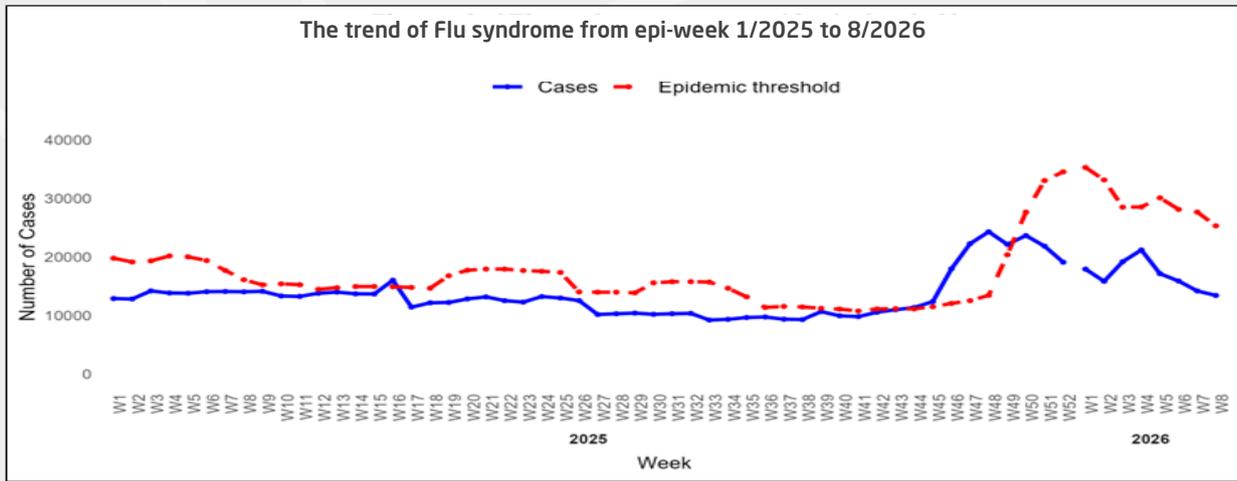


B. WEEKLY REPORTABLE DISEASES - EPI WEEK 8

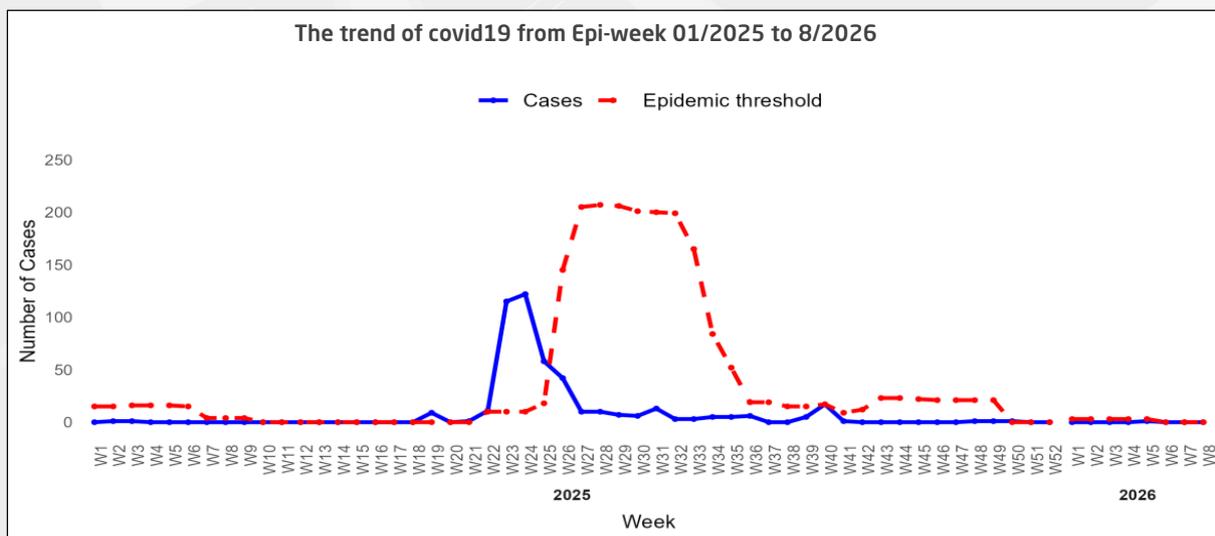
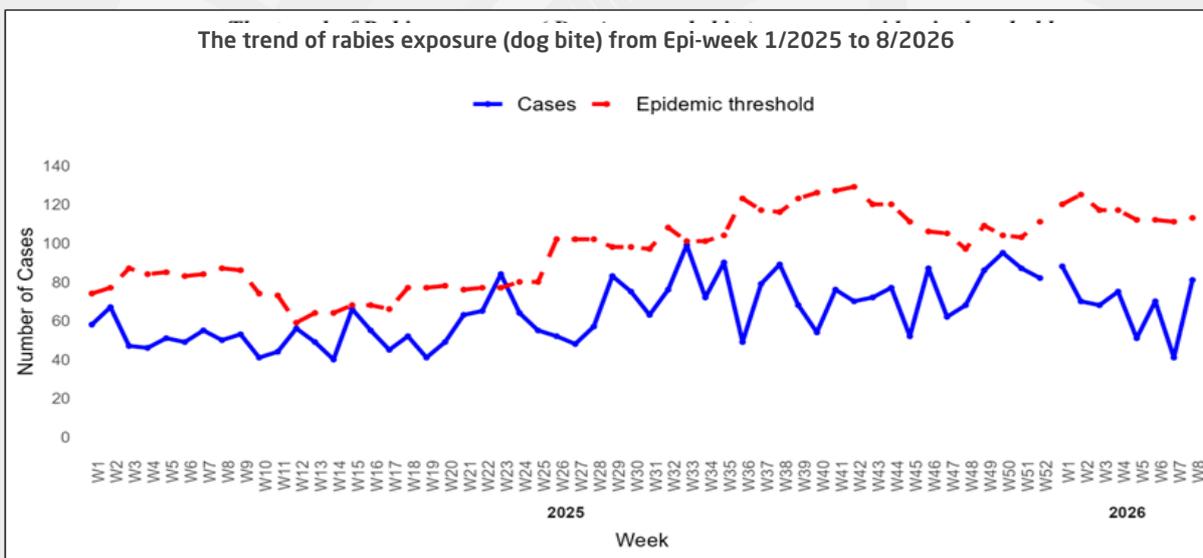
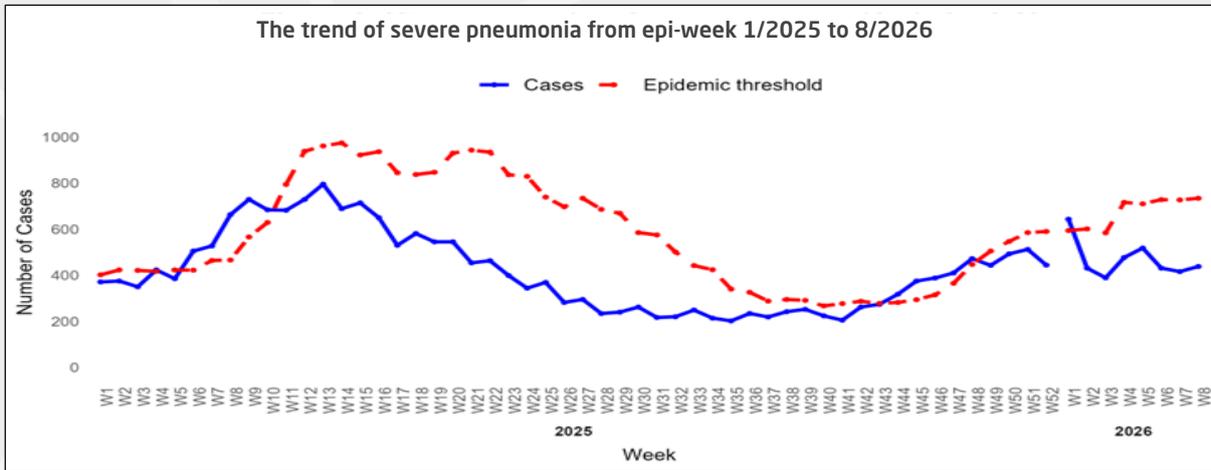
In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.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

In Epi Week 8, 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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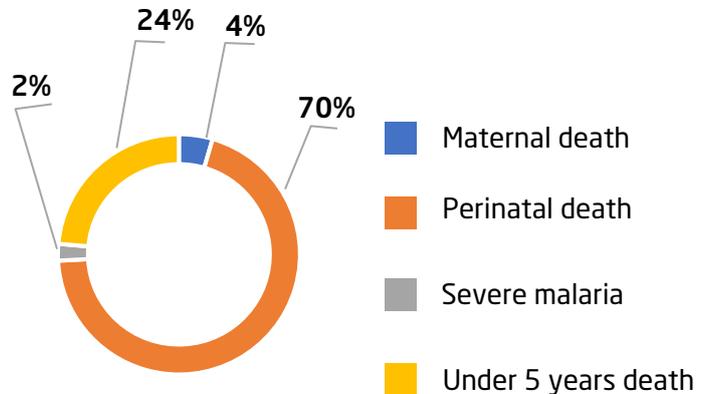


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 89 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 62 (70%) were perinatal deaths
- 21 (24%) were deaths of children under 5 years old including 2 deaths due to severe pneumonia
- 4 (4%) were maternal deaths
- 2(2%) were due to severe malaria

Type of deaths reported in week 8/2026



Distribution of deaths by health facilities

89 deaths were reported from 30 health facilities as follows:



9 deaths were reported by Gisenyi DH (6 perinatal deaths and 3 under 5 years deaths)



8 deaths were reported by CHUK (2 maternal deaths, 2 perinatal deaths and 4 under 5 years deaths)



7 deaths were each reported by:

- Nyagatare DH (6 perinatal deaths and 1 under 5 years death)
- Munini DH (5 perinatal deaths and 2 under 5 years deaths)



6 deaths were each reported by:

- CHUB and Kirehe DH (each reported 5 perinatal deaths and 1 under 5 years death)



5 deaths were reported by Bushenge PH (4 perinatal deaths and 1 death due to severe malaria)



4 deaths were each reported by:

- Byumba DH (4 perinatal deaths)
- Nyamata DH (2 perinatal deaths and 2 under 5 years deaths)



3 deaths were each reported by:

- Nyabikenke DH (2 perinatal deaths and 1 under 5 years death)
- Ngarama DH (1 maternal death, 1 perinatal death and 1 under 5 years death)
- Nyanza DH (1 perinatal death and 2 under 5 years deaths)
- Ruhengeri RH (2 perinatal deaths and 1 under 5 years death)



2 deaths were each reported by:

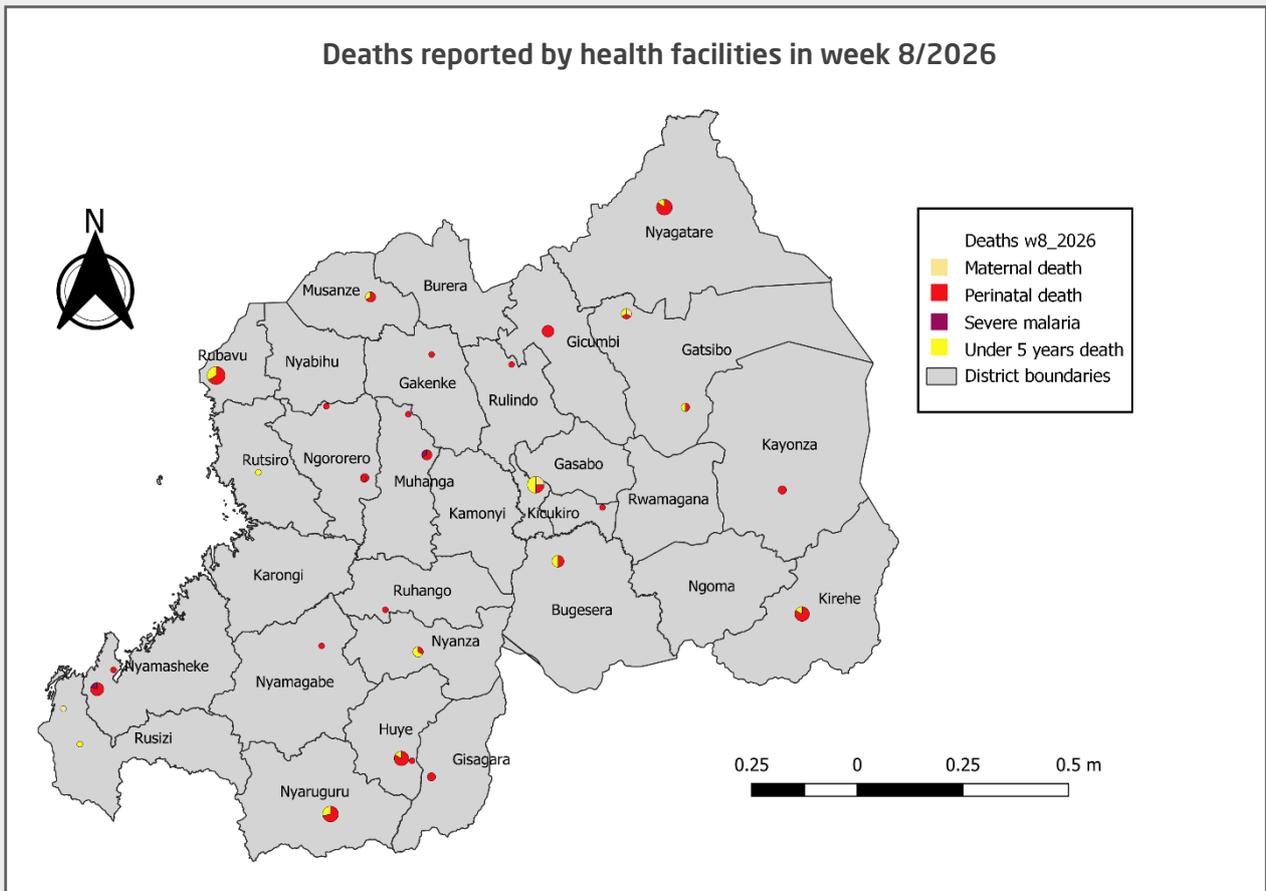
- Kibirizi DH, Muhororo DH and Rwinkwavu DH (each reported 2 perinatal deaths)
- Kiziguro DH (1 perinatal death and 1 under 5 years death)



1 death was each reported by:

- Gihundwe DH (1 maternal death)
- Gasagara HC in Nyabikenke DH, Gitwe DH, Kabaya DH, Kabutare DH, Kaduha DH, Kinyihira PH, Kirinda DH, Masaka DH, Mugera HC in Bushenge PH, Nemba DH (each reported 1 perinatal death)
- Mibirizi DH and Muruda DH (each reported 1 under 5 years death)

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 8

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 22nd February 2026 was as follows:

7922	Cumulative suspected cases
19	New suspected cases
131	Total confirmed cases
0	New confirmed cases
0	Cases under follow up
1	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 22nd February 2026 was as follows:

48	Cumulative suspected cases
3	New suspected cases
24	Total confirmed cases
0	New confirmed cases
0	Cases under follow up
3	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 22nd February 2026 was as follows:

18	Cumulative suspected cases
0	New suspected cases
8	Total confirmed cases
0	New confirmed cases
0	Cases under follow up
0	New discharged case



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



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 8, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 100% and 99% respectively. All hospitals achieved high scores above 80% for completeness, while for timeliness, 1 hospital had a moderate score (Rwinkwavu 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	W07	W08	W01	W02	W03	W04	W05	W06	W07	W08
Nyagatare	100	93	100	100	100	100	100	93	93	86	100	93	86	100	100	93
Gatunda	100	100	100	100	100	100	100	100	100	100	89	100	100	100	89	100
Ngarara	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100
Kiziguro	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	75	88	100	88	88	75	88	100
Rwinkwavu	100	89	89	100	100	100	89	100	89	89	89	100	78	100	89	78
Kibungo	100	94	94	100	100	100	100	100	100	94	94	100	100	100	100	100
Kirehe	100	95	100	100	100	100	100	100	100	95	100	100	100	90	100	100
Rwanagana	100	100	100	89	89	94	94	100	100	100	100	83	83	89	94	100
Nyamata	100	100	100	100	100	100	100	100	100	100	100	94	100	100	100	100
Kinihira	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	93	100	100	100
Gatonde	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	95	90	100	100	90	100	85	100
Ruli	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	90	100	100	80	100	100	100
Ruhengeri	94	94	100	100	94	83	100	100	94	94	100	100	94	83	100	94
Byumba	100	92	100	96	100	100	100	96	100	88	100	96	96	96	100	96
CHUB	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
Kabagayi	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	91	100	100	91	100	100
Gakoma	100	100	100	100	100	100	100	100	100	100	100	100	100	83	100	100
Gtwe	100	100	100	100	89	100	100	89	100	100	100	100	78	89	100	89
Ruhango	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Pemera Rukoma	100	100	100	100	100	100	100	100	93	100	93	93	100	100	100	100
Nyanza	100	100	100	100	100	95	95	100	100	100	100	95	89	95	95	100
Kigeme	100	100	100	100	100	100	100	100	100	100	100	100	92	100	100	92
Kaduha	100	100	100	100	100	100	100	100	100	90	100	100	100	100	100	90
Murini	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100
Bushenge	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100
Kibogora	100	100	100	100	100	100	100	100	100	100	93	100	100	100	100	100
Kibuye	100	100	100	100	100	100	100	100	100	100	100	100	100	100	92	100
Kirinda	100	100	100	100	100	100	100	100	100	100	83	100	100	100	100	100
Mugonero	100	100	100	100	100	100	100	100	100	100	86	100	100	100	100	100
Shyira	100	94	100	100	100	100	100	100	100	94	100	100	100	94	100	100
Muhororo	100	100	100	100	100	100	100	100	100	100	100	100	100	90	100	100
Kabaya	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	90	90	100	90	70	100	100	100
Mibilizi	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100
Gsenyi	100	94	100	100	100	100	100	100	100	94	100	100	100	100	100	100
Murunda	100	100	100	100	100	100	100	100	100	100	84	100	100	95	100	100
CHUK	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	89	100	100	100	100	100	100	100
Muhima	100	100	75	100	100	100	100	100	100	100	75	100	100	100	100	100
RMH	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100
Masaka	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100
Kigababaga	100	100	100	95	100	100	100	100	100	100	95	95	80	100	95	100
Kacyiru	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100
KFH	100	100	100	0	100	100	100	100	100	100	100	0	0	100	0	100
Caraas Ndera	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100
Nyabikenke	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	98	97	97	97	95	98	98	99