



## Summary

### I. COMPLETENESS AND TIMELINESS

- For Public Health Facilities  
Completeness: 92.7 % Timeliness: 72.2 %
- For Private Health Facilities  
Completeness: 34.2% Timeliness: 27.3 %
- Overall Completeness: 79.5 %  
Timeliness: 62.1 %

**The low timeliness is observed in catchment area of Namba, Nyanza and Kabutare hospitals with less than 50% while in Rutongo, Mugonero and Muhororo Hospitals timeliness is 100%.**

### II. Cases reported by Public and Private HFs:

- **Malaria:** 26,849 cases
- **Flu syndrome:** 12,476 cases
- **Non-bloody Diarrhoea:** 4,414 cases
- **Severe Pneumonia in children under five years:** 131 cases
- **Bloody diarrhoea:** 65 cases
- **Chicken pox:** 55 cases
- **Mumps:** 9 cases
- **AFP:** One case of Acute Flaccid Paralysis was notified from Kivu HC of Munini hospital.
- **Cholera:** 25 cases of Cholera were notified including 15 cases from

# EPIDEMIC SURVEILLANCE AND RESPONSE WEEKLY REPORT

Week 38 from 18<sup>th</sup> to 24<sup>th</sup> September, 2017



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## HIGHLIGHT OF THE WEEK

**1. Trend of four priority diseases with highest morbidity in 2017:** The figure 2 shows the trend of cases of the highest morbidity through e-IDSR notified during the last 38 weeks, those include Malaria, Influenza like illness, Non blood diarrhea and severe pneumonia under five years. **Continue on P.2**

**2. Update on Bloody diarrhea cases in Kiziba camp:** Since week 31, Kiziba camp is notifying the high number of bloody diarrhea cases (11 cases in average per week) compared with alert the threshold 3 cases per week. Fig.1 show the trend of cases since week 27 to week 38 in Kiziba camp health facility. **Continue on P.2**

### III. Deaths reported nationally: 10 deaths notified countrywide

- One death due to **Non Bloody Diarrhea** was notified from Rubengera HC of Kibuye hospital
- Eight deaths due to **Malaria** were notified including two death each from Nyamata and Kibungo hospitals, one death each from Muhima, Mibilizi, Remera Rukoma and Kibogora hospitals
- One death due to **severe pneumonia under five years old** was notified from Byumba hospital

Nkombo HC, three cases from Nkanka HC and three cases of Rusizi HC in Rusizi district and 4 cases from Gisenyi HC in Rubavu district

• **Measles:** 11 suspected cases of measles were notified including two cases from Sangaza HC of Kibungo hospital, Kizibere HC of Ruhango hospital, Rubona HC of Rwamagana hospital, one case each from Kibilizi HC of Nyanza hospital, Rukozo HC of Kinihira hospital, Mushaka HC of Mibilizi hospital, Muyunzwe HC of Gitwe hospital and Gituku HC of Kibungo hospital

• **Dog bites (rabies exposure):** 12 cases of dog bites (rabies exposure) were notified including five cases from Kirehe HC, two cases from Byumba hospital and one case each from Mibilizi, Masaka, Ruhango, Shyira and Kibungo hospitals.

• **Rubella:** One suspected case of Rubella was notified from Kagitumba HC of Nyagatare hospital

• **Typhoid fever:** 43 suspected cases of Typhoid fever were notified including 10 cases from Mahama Refugee Camp II HC and 33 cases from Gicumbi district including 21 cases from Byumba hospital, six cases from Kigogo HC, three cases from Ruhenda HC, two cases from Manyagiro HC and one case from Byumba HC.

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## 1. High Morbidity diseases for the last 38 weeks, 2017

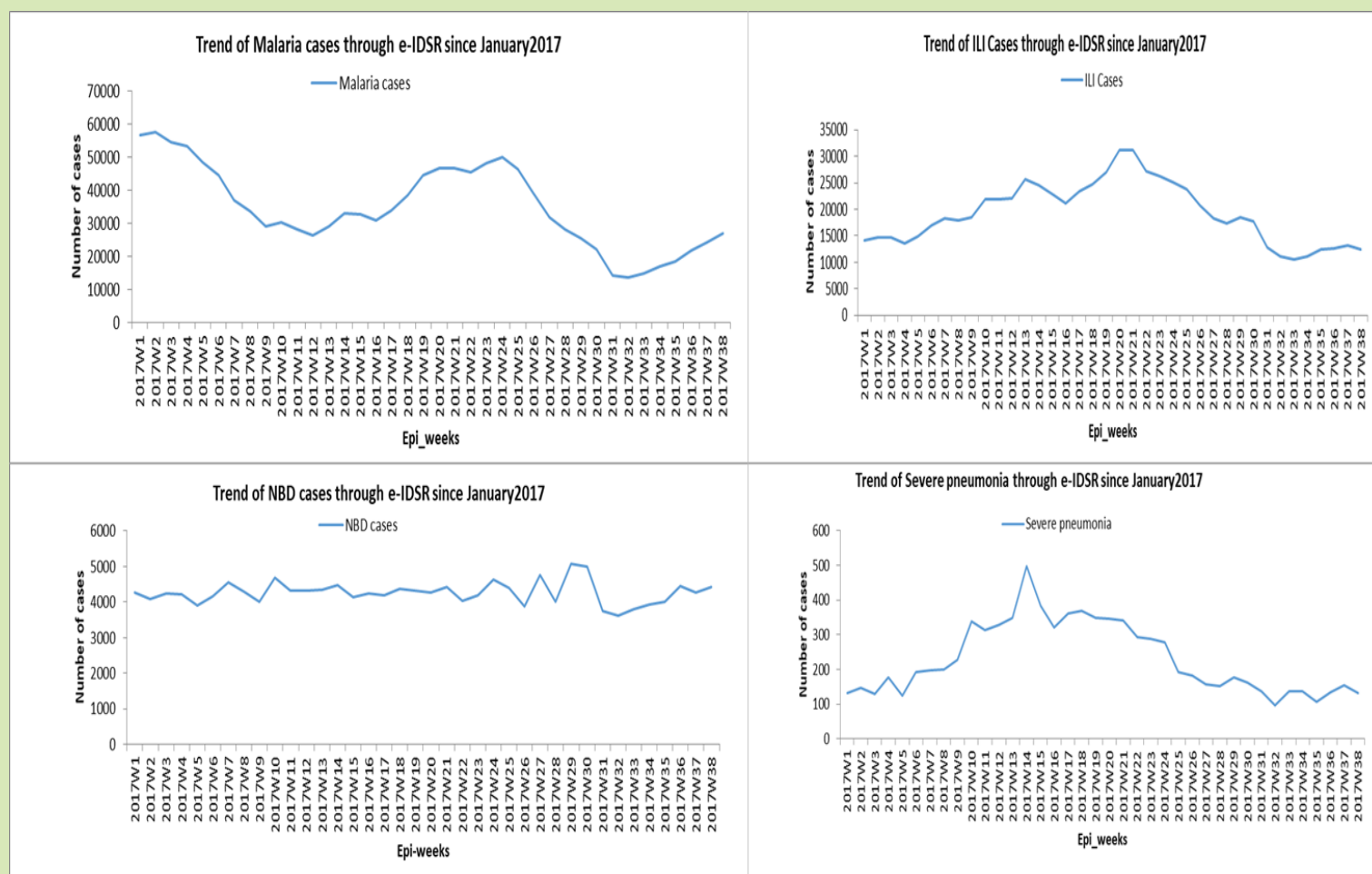


Figure 1.1. High morbidity diseases through e-IDSR in Rwanda

Source: Rwanda e-IDSR

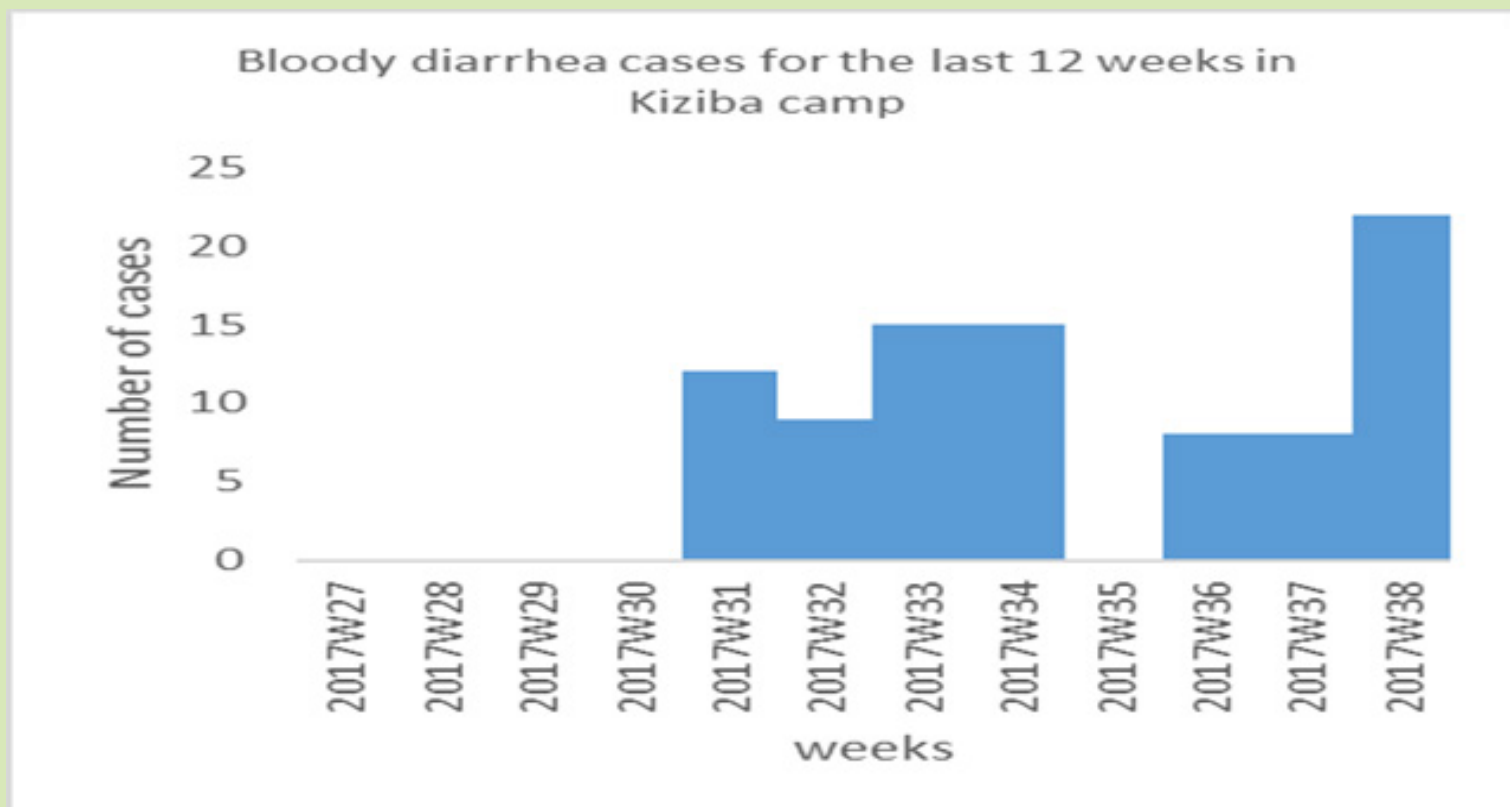


Figure 2. 1 Bloody diarrhea cases from w27 to week 38 in Kiziba camp through e-IDSR

### 3. Cholera:

**3.1 Rusizi District:** Following the ongoing outbreak of cholera in Nkombo sector, neighbouring health facilities notified also cholera cases since last two week, those include 7 cases from Rusizi HC, four cases from Nkanka HC and 2 cases from Gihundwe HC. Table 1 shows the number of cases notified from Rusizi district on weekly basis.

#### 3.1. 1 Notified cases of Cholera from Rusizi district since August 2017

Epi_weeks	Number of Cases
2017W30	0
2017W31	0
2017W32	1
2017W33	4
2017W34	16
2017W35	22
2017W36	15
2017W37	14
2017W38	21
Total	93

**3.2 Rubavu district:** the week of 18th to 24th September Rubavu district notified four cases of Cholera from Gisenyi HC. Those 4 patients from Nyamyumba sector including three females of 20, 24 and 45 years old and a 4 years old boy presented on the health facility on the 24th September with symptoms like diarrhea and vomiting.

#### 3.2.1 Report of Investigation of cholera cases in Rubavu District, September-October 2017

##### 3.2.1.1 Backgrounds

Since end of June 2017, Rubavu District has been at risk of cholera outbreak due to the ongoing outbreak of cholera in most of provinces of Democratic Republic of Congo including North Kivu Province/Goma bordering Rubavu District in the north-western region of Rwanda. Despite the effort made to prevent importation of cholera cases from Goma to Rubavu district as well as the occurrence of cholera cases and the local transmission in the community, Gisenyi DH has been notifying some isolated cases of cholera from the community.

Following those notifications, an investigation was conducted from 2nd to 6th October 2017 to assess the magnitude and the potential risk factors in order to guide in implementation of preventive measures.

##### 3.2.1.2 Findings

##### 3.2.1. 2.1 Review of medical records

From 3rd September 2nd October 2017, ten (10) suspected cases of cholera were notified in Rubavu district including 5 from Gisenyi DH, 4 from Gisenyi HC and 1 from Gacuba II HC. However, 24 samples were sent as suspected cases for laboratory confirmation. More cases were resident of Gisenyi (Gisenyi and Rugerero Sectors) and Kigufi (Nyamyumba Sector) HCs' catchment areas with respectively 11 cases and 9 cases. Almost of all cases of Gisenyi HC were treated in Gisenyi DH isolation facility.

**Table 1. Characteristics of suspected cases of cholera received by Gisenyi DH from 3rd to 2nd October 2017.**

<b>Mean age</b>	21.58 [2-92]	
<b>Sex (n=24)</b>	Frequency	Percent
Female	13	54.17
Male	11	45.83
<b>Sector/Cells (n=24)</b>		
<b>Boneza (Rutsiro)</b>	<b>1</b>	4.16
Remera (Iwawa)	1	4.16
<b>Gisenyi</b>	<b>3</b>	12.5
Mbugangari	2	8.33
Nengo	1	4.16
<b>Nyakiriba</b>	<b>2</b>	8.33
Gikombe	2	8.33
<b>Nyamyumba</b>	<b>9</b>	37.5
Kinigi	1	4.16
Kiraga	1	4.16
Munanira	2	8.33
Rubona	4	16.66
Rushubi	1	4.16
<b>Rubavu</b>	<b>1</b>	4.16
Gihobe	1	4.16
<b>Rugerero</b>	<b>8</b>	33.33
Rwaza	8	33.33
<b>Lab results (n=23)</b>		
No pathogen	15	65.22
Vibrio cholerae	8	34.78

In addition to these 24 cases found in laboratory register, there are other 5 cases that were treated in isolation room at Gisenyi DH from 6th to 15th September 2017 but no sample was taken to confirm the diagnosis. (2 from Rugerero Sector, 1 from Gisenyi sector, 1 from Boneza Sector/Iwawa, and 1 from Nyamyumba)

The review of medical registers of Kigufi HC showed that there are 23 suspected cases which were registered as non-bloody diarrhea, however considering their symptoms including acute watery diarrhea and dehydration, those case meet the standard case definition of suspected cholera. They were all treated in isolation facility (duration of hospitalization was in average of 3 days) and none of them was reported.

## 3.2.1. 2.2. Findings from households ‘visit in the most affected Sectors’

### 3.2.1.2.2.1 Nyamyumba Sector

A cluster of three children from one family resident of Shusho village, Munanira cell in Nyamyumba sector were affected by watery diarrhea with vomiting. The first case (a 5 years’ boy) occurred on 15th September 2017. He consulted and was admitted the same day at Kigufi HC. He was discharged on 18th September 2017.

On 20th September 2017 at 11:00 AM, his twin (5 years old boy) got also sick with the same symptoms and consulted the same day at 3:00 PM. He died at his arrival at the health facility.

On 23rd September 2017 at 10:00 AM, his sister of 9 years got the same illness and consulted at 2:00 PM. She was admitted at Kigufi HC and got recovered after 3 days. Her sample was sent to Gisenyi DH and was negative to vibrio cholerae.

In the neighborhood, one child got sick also and was treated also at Kigufi HC. All those cases were not reported.

The parents are used to go to Goma/ DRC for their daily activities but they don’t know the real risk factor that contributed to the illness in their family. The family has inadequate latrine and fetch water at a water spring located in the neighboring village.

Shusho village has 187 households with a total of 851 populations. There is one improved public source of water with 2 water taps used by a part of the population of Shusho village. The cost of water is 20 RwF/ jerycan. Some families make more than one hour of walk to fetch that water. Another part of the population of Shusho village use a spring source of water (free of charge) located in a neighboring village of Kabakora.

According to community health workers, Shusho village has 20 households without latrines and the majority of other families have inadequate latrines.

Another cluster of suspected cholera cases was observed in Bugasha village, Rubona cell in Nyamyumba Sector where three watery diarrhea cases occurred in one family. The first case, a 6 years old boy got sick on 7th September 2017 at 10:00 PM and consulted on 8th September morning at Gisenyi DH and died at 2:00 in Gisenyi DH. The father and the mother presented the same symptoms on 15th September and consulted the same day Gisenyi DH and were treated in OPD. The 4th case, a 4 years old boy from a neighboring household sharing the same latrine (this latrine is shared by 3 households) consulted on 17th September 2017 at Gisenyi DH. All those families use a protected water spring (free of charge).

Bugasha village has 165 households with a population of 665. There are 2 sources of water. One is a Ubudehe water source (Mbone Project) selling one jerycan at 10 RwF and another is a protected spring. Some families are using more than one hour to get water from those sources.

Considering the mountainous aspect of Shusho and Bugasha villages and the time spent by the population for fetching water, the available sources of water are not sufficient. There are 30 households without latrines and most of latrines in the village are inadequate and shared by more than one family.

The increase in cases of diarrhea in Nyamyumba sector started at the beginning of the rainy season. This probably contributed to the contamination of the environment due to inadequate latrines.

Public health interventions were initiated to prevent and control the increase in cases of suspected cholera including treatment of cases in isolation facility, educate the population on preventive measures and hygiene in general, ban the street markets. However, there is still a big challenge of inadequate latrines and insufficiency of sources of safe water in the affected villages.



## 3.2.1.2.2.2 Rugerero Sector

Rwaza cell of Rugerero sector was the most affected cell with 8 out of 24 cases who consulted Gisenyi DH and Gisenyi HC. Cases came from 4 different villages namely Cyanika (3 cases), Rebero (2 cases), Gashovu (2 cases) and Rucyamo (1 case).

The field visit was done in the affected households to assess if there is no epidemiological link between those cases and if there are no other similar cases in the community.

In Gashovu village, no epidemiological link was found between the two reported cases, however the third case was linked to other 3 children of the same family who presented the same symptoms and consulted Gisenyi HC but were not notified.

The mother of those children goes frequently to Goma for her daily activities. The condition of hygiene in the affected families of Gashovu village were found poor with inadequate latrine.

In Rebero village, one case was not meeting the standard case definition according to the history, he was exposed to the sorghum local beer mixed with primus before getting acute gastroenteritis. It is probably a case of food intoxication.

In Cyanika village, there was no epidemiological link between reported cases.

In general, it was observed that in all affected families, the condition of hygiene was poor with inadequate latrines. People use WASAC water sold at 20 RWF per jerycan.

## 3. Weaknesses during the management of cholera outbreak in Rubavu

- Discordance of data and poor reporting: only 10 cases were reported in the electronic system while there were 24 samples received by Gisenyi DH as suspected cases of cholera and 23 suspected cases treated at Kigufi HC.
- Two deaths occurred at the health facilities and were not reported (1 at Gisenyi DH and another one at Kigufi HC)
- Most of the cases from Gisenyi HC were transferred to Gisenyi district hospital.
- No investigation report was submitted to the central level
- All cases admitted in isolation rooms don't meet the standard case definition of cholera
- No action was taken by Rubavu district with regards to the construction of latrines and provision of safe water in the affected community.

## 4. Latrines issue is one of the biggest challenges

Rubavu district data of households without latrines and with adequate latrines does not correspond to the reality. For example, in Nyamyumba and Rugerero sectors, according to administrative data more than 90% of households have adequate latrines whereas in our field visit to the affected villages most of affected households don't have adequate latrines and there are families which are sharing latrines with their neighbors.

In addition to that, data received from the Community Health Workers in visited villages shows a great proportion of people without latrine (e.g. Shusho village has a total of 187 households and 20 of them don't have latrines and more than 35 households have inadequate latrines. In Bugasha village more than 30 out of a total of 165 households don't have latrines and the majority of the population have inadequate latrines.

The sustainable solution to the water& food borne diseases including cholera is to have adequate latrines and sufficient sources of safe water in the community. Inadequate latrines will continuously contribute to the contamination of the environments especially during the rainy season and finally to the endemicity of cholera or cyclic cholera outbreaks in the community which are exacerbated by the limited sources of safe water.

## Health education to the community

In order to increase awareness on cholera preventive measures, posters were distributed in Rubavu District. In total 56 posters were provided including 8 at HFs, 6 at sectors offices and 42 at cells offices.

## 5. Conclusion

An outbreak of cholera occurred in Rubavu District and affected mainly Nyamyumba and Rugerero sectors. Few cases were reported compared to the real number of suspected cases that consulted the health facilities.

This outbreak occurred at the beginning of the rainy season and was most probably linked to the contamination of the environment caused by inadequate latrines and not enough sources of safe water in the community which may contribute to limited practice of hygiene by the local population.

Having adequate latrine by each household and provision of sufficient sources of safe water in the community are sustainable solutions to eliminate cholera in the most at risk districts.

## Recommendations

To health facilities of Rubavu District

- Intensify surveillance of acute watery diarrhea including cholera
- Early reporting through e-IDSR of all suspected cases of cholera
- Avail an isolation facility to all health facilities and have a stock of essential medicines and other consumables for better management of suspected cases of cholera

## To Gisenyi District Hospital

- Intensify formative supervisions and mentorship to the health centers
- Support health centers in setting up isolation facility and Infection Prevention and Control (IPC) standards and guide them on management of suspected cases of cholera
- Reactivate the District Rapid response team (DRRT) and organize regular meetings of DRRT to discuss on daily situation reports and follow up of implementation of recommendations.
- Close follow up of health center on early detection and reporting of all cases
- Use systematically standard case definition and admit in isolation room cases meeting the case definition of cholera.
- Always conduct field investigation in collaboration with Rubavu District health team and local authorities and share the investigation report as early as possible.

## Rubavu District

- Work closely with health facilities in mass mobilization and health education of the community of preventive and control measures of food and water borne diseases including cholera.
- Review of data of households having adequate latrines and supervise the construction of latrines in the community
- Work closely with other institutions (MININFRA and WASAC) to advocate for sufficient sources of water in the community.

THE FOLLOWING 36 PUBLIC HEALTH FACILITIES DIDN'T SUBMIT THEIR REPORTS IN WEEK 38/2017

Province	Hospital	Facility Name		Province	Hospital	Facility Name
East	Ngarama	Gituza CS		South	Gitwe	Muremure CS
East	Nyagatare	Nyagatare Prison		South	Kabgayi	Nyabinoni CS
East	Nyagatare	Nyakigando (Nyagatare) CS		South	Kabutare	Huye Police CS
East	Nyagatare	Rwempasha CS		South	Kabutare	Karama (huye) CS
East	Rwamagana	Nyagasambu CS		South	Kabutare	Ruhashya CS
East	Rwamagana	Prison Nsinda Pris		South	Kaduha	Kibumbwe CS
East	Rwinkwavu	Cyarubare CS		South	Kigeme	Shaba (nyamagabe) CS
East	Rwinkwavu	Nyamirama CS		South	Munini	Nyantanga CS
Kigali City	Kibagabaga	Prison Kimironko(Remera Pris)		South	Nyanza	Gahombo CS
Kigali City	Kibagabaga	Rubungo CS		South	Nyanza	Mweya CS
Kigali City	Muhima	Butamwa CS		South	Nyanza	Prison Mpanga Pris (nyanza)
Kigali City	Muhima	Gitega (Nyarugenge) CS		West	Bushenge	Mugera CS
Kigali City	Muhima	PCK(Gitega Pris)		West	Bushenge	Mukoma (nyamasheke) CS
North	Butaro	Ntaruka (kinoni Burera) CS		West	Gisenyi	Nyundo (rubavu) CS
North	Byumba	Bwisige CS		West	Kibogora	Ngange CS
North	Nemba	Cyabingo CS		West	Shyira	Arusha CS
North	Ruhengeri	Kimonyi CS				
North	Ruhengeri	Murandi CS				
North	Ruhengeri	Nyakinama CS				
North	Ruhengeri	Shingiro CS				



## CASES NOTIFIED DURING WEEK 38, 2017

Public Health Facilities																										
Province	Hospital	Completeness (%)	Timeliness (%)	Non bloody Diarrhoea	Flu syndrome	Malaria	Severe Pneumonia for under five years	Acute Flaccid Paralysis	Bloody Diarrhea	Chicken Pox	Cholera	Diphtheria	Epidemic Typhus	Food poisoning	Hemorrhagic fever	Measles	Meningitis	Mumps	Neonatal tetanus	Plague	dog bites (Rabies exposure)	Rubella	Typhoid fever	Viral Conjunctionitis	Whooping Cough	Yellow fever
East	Gahini	88.9	88.9	63	217	726	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Kibungo	100.0	92.9	95	47	2035	0	0	0	0	0	0	0	0	0	3	0	0	0	0	1	0	0	0	0	0
East	Kirhe	100.0	77.8	478	1369	503	13	0	1	6	0	0	0	0	0	0	0	2	0	0	5	0	10	0	0	0
East	Kiziguro	100.0	69.2	69	293	250	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Ngarama	87.5	87.5	74	346	151	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Nyagatare	86.4	63.6	219	175	105	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
East	Nyamata	100.0	82.4	116	600	3539	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Rwamagana	87.5	62.5	147	823	1029	4	0	0	5	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
East	Rwinkwavu	75.0	50.0	35	39	455	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kigali City	Kibagabaga	89.5	63.2	137	602	492	7	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kigali City	Masaka	100.0	81.8	51	213	563	4	0	0	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Kigali City	Muhima	75.0	50.0	89	261	412	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Butaro	95.0	90.0	203	160	71	5	0	7	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
North	Byumba	96.2	76.9	153	523	111	3	0	1	5	0	0	0	0	0	0	0	3	0	0	2	0	33	0	0	0
North	Kinshira	100.0	90.0	90	18	37	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
North	Nemba	93.8	43.8	102	44	75	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
North	Ruhengeri	76.5	58.8	113	352	59	5	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Ruli	100.0	88.9	59	129	154	5	0	6	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Rutongo	100.0	100.0	93	305	234	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Gakoma	100.0	66.7	68	149	1556	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Gitwe	88.9	88.9	17	97	814	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
South	Kabgayi	88.9	50.0	119	510	678	7	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kabutare	83.3	27.8	97	224	306	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kaduha	90.0	50.0	49	184	248	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kibilizi	100.0	80.0	94	201	1446	5	0	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kigeme	91.7	58.3	72	306	352	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Muniri	94.1	94.1	103	403	338	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Nyanza	83.3	38.9	121	275	637	6	0	6	7	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
South	Remera Rukoma	100.0	76.9	44	773	1302	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Ruhango	100.0	75.0	51	245	1213	4	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0
West	Bushenge	62.5	75.0	66	80	430	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Gihundwe	100.0	88.9	88	247	592	5	0	1	0	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Gisenyi	92.3	69.2	149	369	93	13	0	0	5	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Kabaya	100.0	85.7	40	93	60	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Kibogora	92.9	92.9	103	233	1270	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Kibuye	100.0	83.3	102	172	488	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Kirinda	100.0	66.7	18	77	232	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Mibilizi	100.0	72.7	83	57	1639	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
West	Mugonero	100.0	100.0	39	127	377	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Muhororo	90.0	100.0	31	53	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Murunda	100.0	66.7	195	232	626	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Shyira	93.8	81.3	111	406	30	2	0	5	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Referral Hospital	CHUB	100.0	100.0	6	3	6	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Referral Hospital	CHUK	100.0	100.0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Referral Hospital	Rwanda Military H	100.0	0.0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total		92.7	72.2	4252	12032	25827	128	1	65	50	25	0	0	0	0	11	0	9	0	0	12	1	43	0	0	0

# EPIDEMIC SURVEILLANCE AND RESPONSE WEEKLY REPORT

P. 10

Private Health Facilities: Completeness 34.2% Timeliness 27.3%

Province	Hospital	Non bloody Diarhoea	Flu syndrom e	Malaria	Severe Pneumo nia for under five years	Acute Flaccid Paralysis	Bloody Diarrhea	Chicken Pox	Cholera	Diphtheri a	Epidemic Typhus	Food poisonin g	Hemorra gic fever	Measles	Meningiti s	Mumps	Neonatal tetanus	Plague	dog bites (Rabies exposure )	Rubella	Typhoid fever	Viral Conjunct ivitis	Whoopin g Cough	Yellow fever
East	Gahini	10	8	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Kibungo	15	24	797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Kirehe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Kiziguro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Ngarama	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Nyagatare	5	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Nyamata	6	3	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Rwamagana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Rwinkwavu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kigali City	Kibagabaga	53	150	40	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kigali City	Masaka	5	18	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kigali City	Muhima	21	94	37	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Butaro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Byumba	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Kinshira	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Nemba	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Ruhengeri	15	33	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Rutongo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Gakoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Gitwe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kabgayi	12	72	67	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kabutare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kaduha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Kigeme	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Munini	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Nyanza	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Remera Rukoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South	Ruhango	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Bushenge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Gihundwe	3	12	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Gisenyi	14	18	21	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Kabaya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Kibuye	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Mibilizi	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Muhororo	2	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West	Shyira	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub Total</b>		<b>162</b>	<b>444</b>	<b>1022</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>