



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **37** 07-13 September 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:
No signal was notified.

Alerts from EIOS:
2 alerts

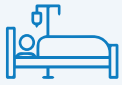
India - H1N1 (Swine Flu) Cases and Deaths in Moga

China - Severe Fever with Thrombocytopenia Syndrome Virus (SFTSV) Detected in Beijing

UMUJYANAMA W'UBUZIMA
MINISITERI Y'UBUZIMA
rbc RWANDA
BIOMEDICAL
CENTER
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Indicator Based Surveillance (IBS) Highlights:



234 cases of immediately reportable diseases were notified by **74** health facilities nationwide. These included cases of chickenpox, severe malaria, suspected shigellosis, suspected measles/rubella, acute flaccid paralysis, suspected cholera, suspected VHF, suspected RVF, mumps, suspected foodborne illness, suspected bacterial meningitis, and snake bites



70 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 37



Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

- ⚠️ Mpox outbreak
- ⚠️ Measles outbreaks in different districts of Rwanda
- ⚠️ Cholera outbreak in Rusizi, Rutsiro, and Rubavu districts

New outbreak:

- ⚠️ Suspected Foodborne Illness in Gatsibo District
- ⚠️ Suspected Foodborne Illness in Rwamagana District
- ⚠️ Updates on Ebola Virus Disease outbreak preparedness in Rwanda



Completeness and timeliness



In Epi Week 37, the overall completeness and timeliness of surveillance data reporting in Rwanda were 97% and 96%, respectively.





Weekly updates on Event Based Surveillance (EBS)

Description: Event-Based Surveillance (EBS) is a type of public health surveillance system that detects and reports unusual health events or disease outbreaks in a timely manner. The system is designed to detect signals of potential public health threats and allow a rapid response to prevent or control the spread of diseases. RBC is implementing EBS through the PHS&EPR Division.

Currently, an electronic Community Event-Based Surveillance System (eCBS), Hotline and Epidemic Intelligence from Open Source (EIOS) are being used to detect and report events of public health importance from the community and media. The process for the establishment of other types of EBS is still ongoing.

Alerts from Impuruza system: No signal was notified

Alerts from EIOS: 2 alerts

1. India - H1N1 (Swine Flu) Cases and Death in Moga

One death and five active H1N1 cases were reported in Moga District, Punjab. The deceased was a 60-year-old woman, while the five active cases, including a four-year-old child, were mild and managed in home isolation. Health authorities initiated contact tracing and door-to-door surveillance, and an isolation ward was prepared for severe cases.

<https://timesofindia.indiatimes.com/city/chandigarh/swine-flu-death-in-moga-5-test-positive/articleshow/133893246.cms>

2. China - Severe Fever with Thrombocytopenia Syndrome Virus (SFTSV) Detected in Beijing

A scientific dataset reported the detection and characterization of SFTSV associated with *Haemaphysalis longicornis* ticks collected in Beijing in 2023. Molecular methods, including RT-PCR, nested PCR and sequencing, were used to investigate the samples. This is a research/laboratory finding rather than a newly reported human outbreak.

<https://doi.org/10.57760/sciencedb.16362>

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 37

During this Epi week,

234 cases of immediately reportable diseases were notified by 74 health facilities:



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



120 suspected cases of Measles/Rubella were reported by 41 health facilities



8 cases of severe malaria were reported by 8 health facilities.



9 snake bites cases were reported by 6 health facilities.



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



24 suspected cases of cholera were reported by 12 health facilities



19 suspected cases of foodborne illness were reported by 4 health facilities



11 suspected cases of RVF were reported by 5 health facilities; the samples were taken and sent to the laboratory



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



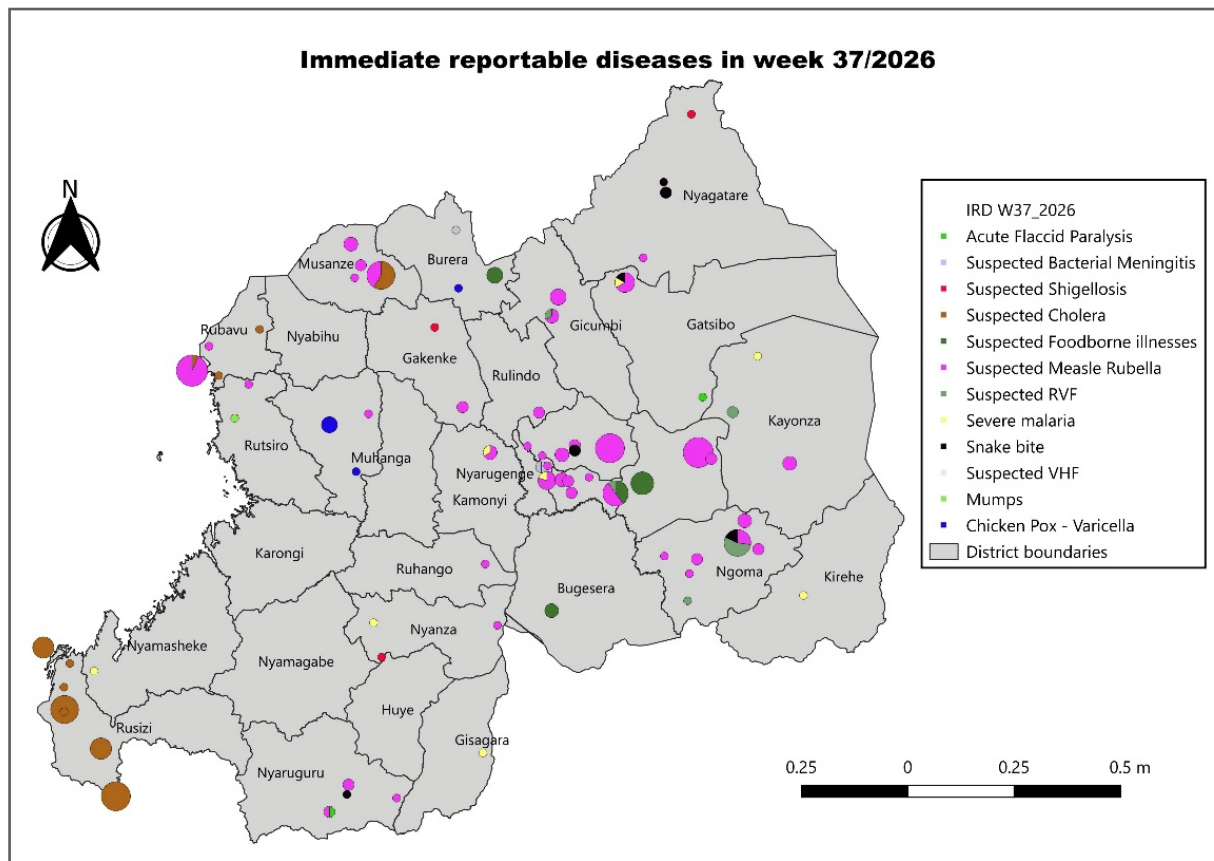
1 case of mumps was reported by 1 health facility



3 suspected cases of shigellosis were reported by 3 health facilities; the samples were taken and sent to the laboratory



1 suspected case of bacterial meningitis was reported by 1 health facility; the sample was taken and sent to the laboratory

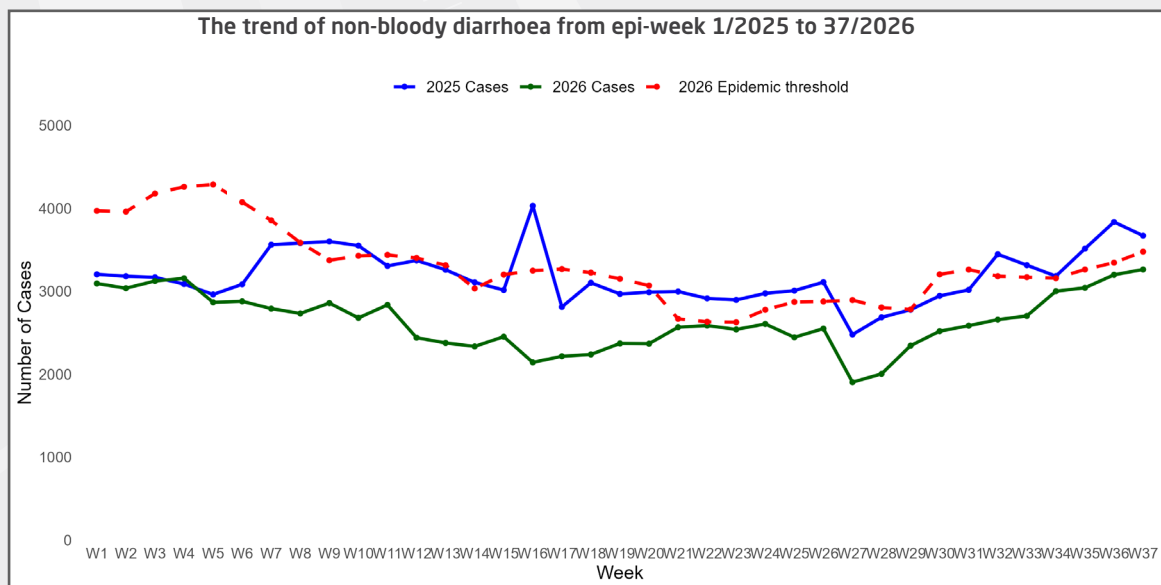
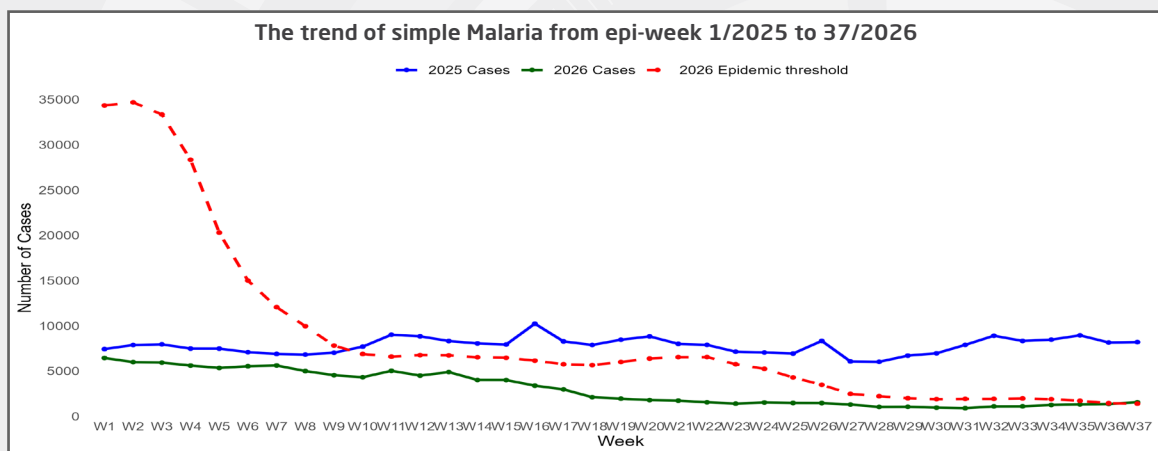
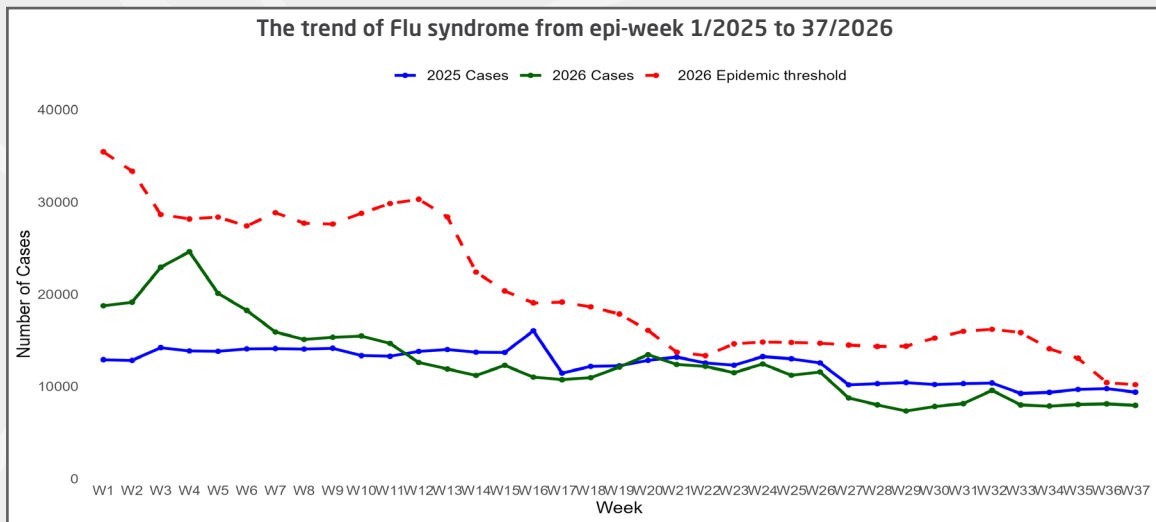


B. WEEKLY REPORTABLE DISEASES - EPI WEEK 37

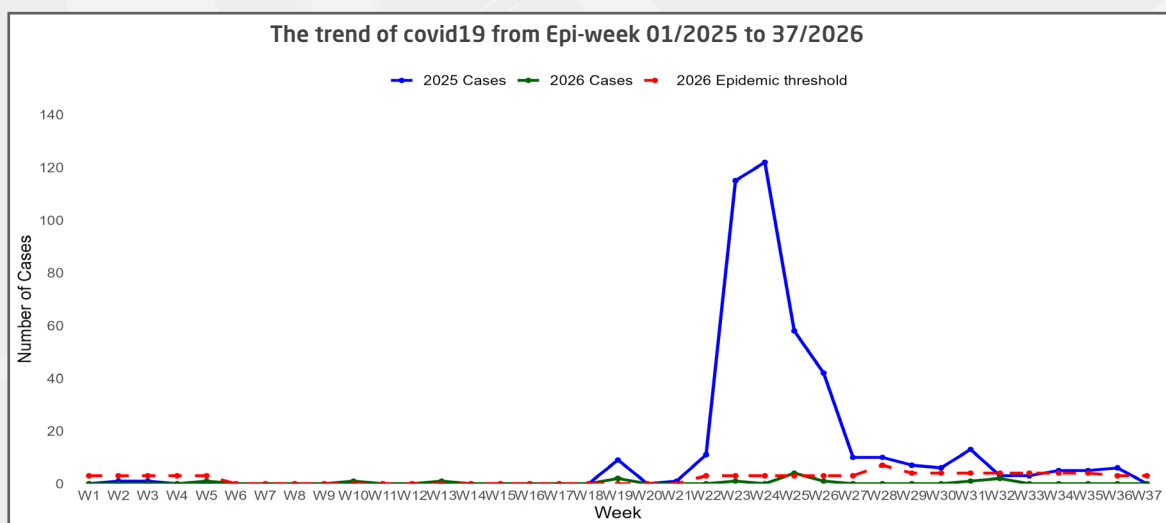
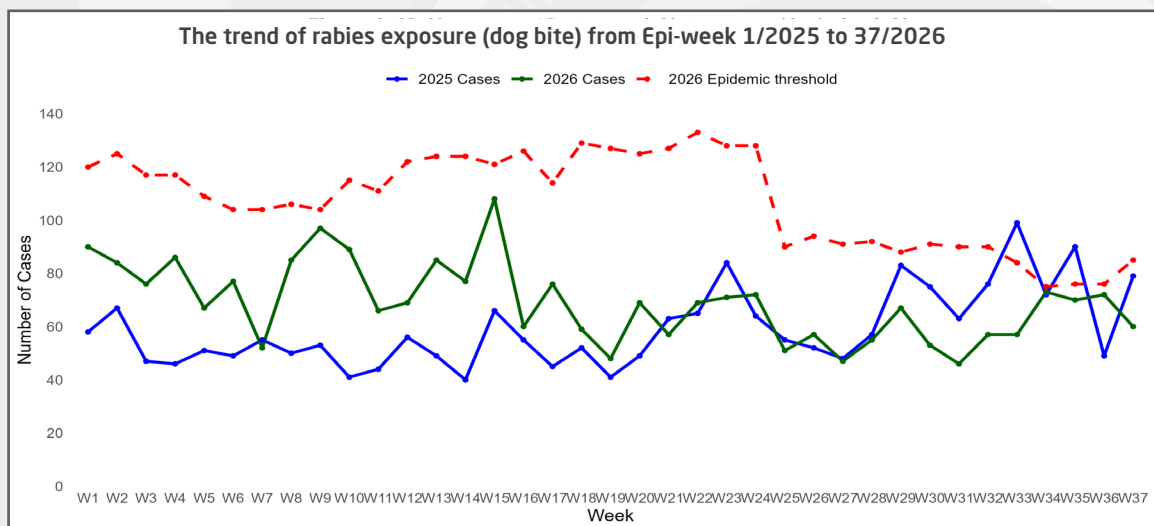
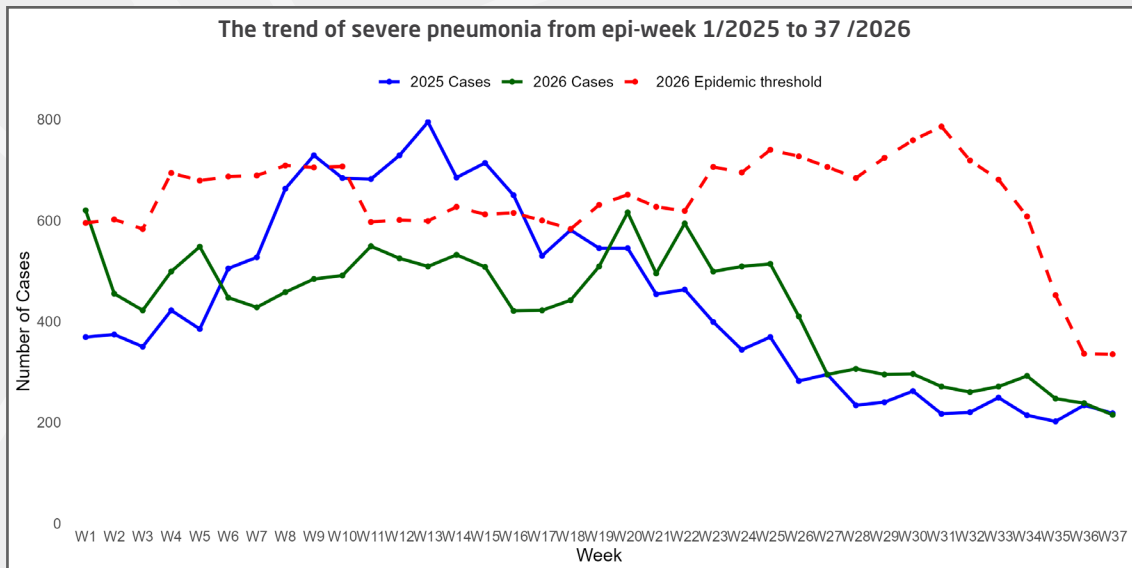
In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.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

In Epi Week 37, a thorough analysis was conducted, comparing the number of reported cases of the diseases monitored on a weekly basis to their respective epidemic thresholds. The results revealed that no disease cases surpassed the epidemic thresholds.

The figures below show the weekly reportable diseases trends:



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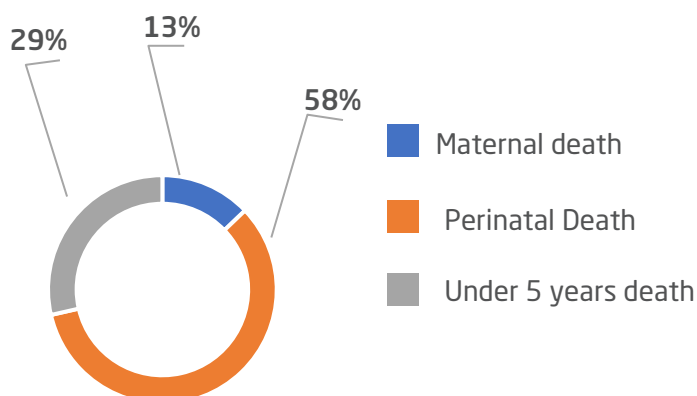


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 70 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 41 (58%) were perinatal deaths
- 20 (29%) were deaths of children under 5 years old, including 1 death due to severe pneumonia and 2 deaths due to non-bloody diarrhea
- 9(13%) were maternal deaths

Type of deaths reported in week 37 /2026



Distribution of deaths by health facilities

70 deaths were reported from 24 health facilities as follows:



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



8 deaths were reported by Gisenyi DH (6 perinatal deaths and 2 deaths under 5 years)



7 deaths were reported by Rwanda Military Hospital (3 maternal deaths, 2perinatal deaths and 2 deaths under 5 years)



4 deaths were reported by each of the following health facilities:

- CHUB (4 perinatal deaths)
- CHUK and Kirehe DH (3 perinatal deaths and 1 death under 5 years)
- Kiziguro DH (4 perinatal deaths)
- Ruhengeri RH (1maternal death and 3 perinatal deaths)



3 deaths were reported by Rutongo DH (3 perinatal deaths)



2 deaths were reported by each of the following health facilities:

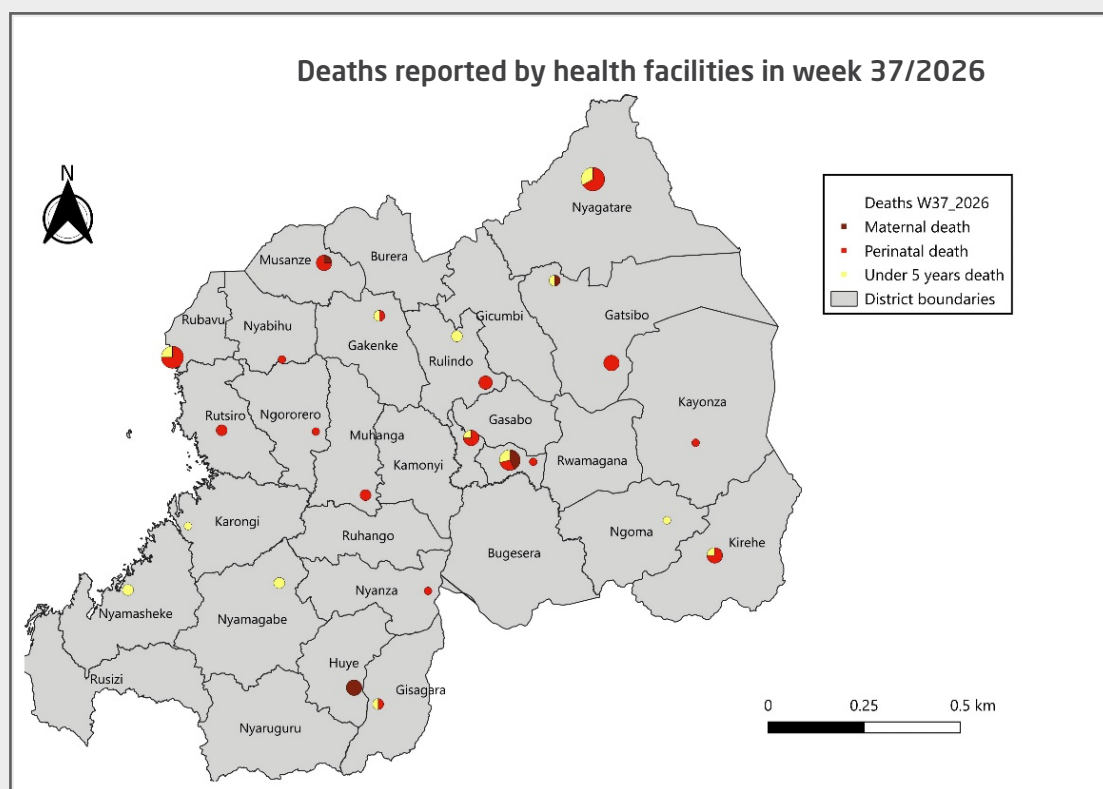
- Kabgayi DH and Murunda DH (2perinatal deaths)
- Kaduha DH, Kibogora DH, Kinihira PH (2 deaths under 5 years)
- Kibirizi DH and Nemba DH (1perinatal death and 1death under 5 years)
- Ngarama DH (1maternal death and 1death under 5 years)



1 death was reported by each of the following health facilities:

- Gakoma DH, Kabaya DH, Masaka DH, Muhororo D and Rwinkwavu DH (1 perinatal death)
- Kibungo RH and Mugonero DH (1death under 5 years)

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 37

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 13th September 2026, was as follows:

8106	Cumulative suspected cases
0	New suspected cases
131	Total confirmed cases
0	New confirmed cases
0	Cases under follow up
0	New discharged case



Actions taken

In response to the Mpox outbreak, significant measures are being implemented at both the 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 outbreaks in different provinces

For the current situation, as of 13th September 2026, it was as follows:

120 suspected cases were reported in 41 health facilities and distributed across 4 provinces and the City of Kigali

1.3 Cholera outbreak in Western Province

1.3.1 Cholera outbreak in Rusizi districts

The current situation of the ongoing Cholera outbreak in Rusizi district, as of 13th September 2026, was as follows:

292	Cumulative suspected cases
43	New suspected this week
8	Confirmed cases
284	Confirmed cases Epilink
18	Cases under follow up

1.3.2 Cholera outbreak in Rutsiro District

214	Cumulative suspected cases
4	New suspected cases this week
4	Confirmed cases
0	Cases under follow-up

1.3.3 Cholera outbreak in Rubavu district

39	Cumulative suspected cases
7	New suspected cases today
20	Total Lab confirmed cases
10	Pending results
2	Cases under follow-up



Actions taken

- Isolation and clinical management of identified cases
- Outbreak investigations had been carried out in these different areas affected
- Risk communication and community awareness
- Active case searching
- Vaccination



Actions taken

- Distributed ORS and Zinc supplies in Bugarama
- Carried out door-to-door outreach in Gihundwe and Bugarama
- Distributed 13,800 Aquatabs in Bugarura
- Added 8 extra beds at Bugarura health post
- Deployed 2 additional staff (a Nurse and an IPC officer) to Bugarura health post
- Held a community meeting on prevention measures at Bugarura island



Recommendations:

- Continue door to door activities
- Enhance Community sensitization
- Track progress on installing the 3 available water tanks at Bugarura island

2. New outbreak occurred in week 37

2.1 Suspected Foodborne Illness in Gatsibo District

On 9 September 2026 at around 12:00 AM, four individuals from Rwabihumbi Village, Gituza Cell, Kageyo Sector, Gatsibo District consulted Kageyo Health Center with diarrhea, vomiting, and abdominal pain following consumption of sorghum brew "ubushera" purchased from a local seller in their neighborhood.

Subsequently, 10 additional individuals with similar symptoms sought care, bringing the total number of symptomatic cases to 14. A total of 15 people were exposed; the calculated attack rate is 93.3%, with affected individuals ranging in age from 3 to 52 years.

2.2 Suspected Foodborne Illness in Rwamagana District

On 10 September 2026 at approximately 6:40 PM, eight individuals from Kampigika Village, Akinyambo Cell, Muyumbu Sector, Rwamagana District, belonging to two neighboring households, presented to Muyumbu Health Center with abdominal pain, diarrhea, and vomiting after consuming ubushera.

The suspected cause was the sorghum brew "ubushera" that was prepared and consumed at the home of one person, who was also among the affected individuals. A total of 8 symptomatic individuals were identified (6F,2M) ranging in age from 7 to 64 years. As of 11 September 2026, the total affected cases was 8, Discharged: 7

And 1 currently admitted case in Masaka DH, he was Stable and no death recorded.

3. Updates on Ebola Virus Disease outbreak preparedness in Rwanda

The activities related to preparedness to respond to a possible Ebola outbreak in Western Province remained ongoing, as the Ebola Virus Disease (EVD) outbreak is currently ongoing in the neighboring country of DRC. In Western Province, the Alert mode is ongoing, EVD preparedness activities were intensified, with RBC staff who were deployed to support two functioning provincial command posts currently activated, sitting in Rubavu and Rusizi districts since week 21 (from 17/05/2026) as of this week.



Actions taken

- Case management
- A team had been deployed to identify the source of contamination and actively search for other cases



Actions taken

- Case management
- The Rwamagana Referral Hospital Rapid Response Team (RRT), together with the Muyumbu Sector Executive and RIB, was deployed to the affected households to conduct an epidemiological and environmental investigation.
- Stool examinations were conducted among affected individuals, with findings showing red blood cells and amoebae.



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 37, the overall completeness and timeliness of disease surveillance data reporting in Rwanda were 98% and 97%, respectively. Almost all hospitals achieved high scores above 80% for the completeness, except one hospital that had a low score (King Faisal Hospital). For the timeliness one hospital had a moderate score (Muhima DH) and one hospital had a low score (King Faisal Hospital).

The hospitals that had low or moderate scores for completeness and timeliness were recommended to submit the weekly reports on time, every Monday before 12:00.



Detailed completeness and timeliness performance for all health facilities are presented in the figures below.

Details on completeness and timeliness for all health facilities are shown in the figures below.

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Timeliness 2026																																					
Hospital catchment area	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26	W27	W28	W29	W30	W31	W32	W33	W34	W35	W37	
Nyagatare	93	86	100	93	86	100	100	93	100	100	100	100	100	100	100	86	93	100	100	86	93	100	93	100	100	100	100	100	93	93	100	86	100	100	100	93	
Gatunda	100	100	89	100	100	100	89	100	100	100	100	100	100	89	100	100	100	100	100	100	100	100	100	100	100	100	89	100	100	100	100	78	100	89	100		
Ngarama	100	88	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	88	100	100	100	88	75	88	88	100	100		
Kiziguro	100	100	100	100	100	100	100	100	100	100	100	100	92	100	92	92	100	92	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
Gahini	75	88	100	88	88	75	88	100	75	100	100	100	88	63	88	88	100	100	88	100	100	100	100	75	100	88	100	100	100	100	100	88	100	88	100	100	
Rwinkwavu	89	89	89	100	78	100	89	78	100	100	78	89	100	78	78	100	100	100	89	78	100	78	89	100	89	100	100	100	100	100	100	100	89	89	100	89	
Kibungo	100	94	94	100	100	100	100	100	100	100	100	94	94	88	88	94	94	82	88	88	94	100	94	88	88	82	100	94	88	100	100	100	94	82	88	88	
Kirehe	100	95	100	100	100	90	100	100	100	100	100	100	100	95	95	100	100	100	100	100	100	100	95	90	95	100	100	100	100	100	100	100	100	100	100	100	
Rwamagana	100	100	100	83	83	89	94	100	89	94	100	94	72	89	89	94	94	83	89	94	78	89	83	94	72	83	83	89	94	94	100	100	100	100	94	89	
Nyamata	100	100	100	94	100	100	100	100	100	100	100	100	82	71	76	94	100	76	94	88	100	88	88	94	100	100	94	100	94	100	94	88	82	100	100	89	
Kinihira	100	100	100	100	100	100	100	100	100	100	100	100	89	89	100	89	100	89	100	89	100	89	100	89	100	89	100	89	100	89	100	89	100	89	100	89	
Rutongo	100	100	100	100	93	100	100	100	100	100	100	93	100	100	89	100	93	100	87	93	100	93	93	93	93	100	93	100	100	100	100	100	100	100	100	100	
Gatonde	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	86	86	100	100	100	100	100	100	100	100	100	100	100
Butaro	95	90	100	100	90																																