



Republic of Rwanda
Ministry of Health



WEEKLY EPIDEMIOLOGICAL BULLETIN

WEEK **9** 23 February-01 March 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: **18 alerts**



15 human deaths



2 dog bites



1 alert of human skin rash

Alerts from EIOS: **2 alerts**

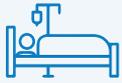
Marburg virus spillover risk in Uganda

Suspected PPR outbreak in goats in DRC (Rutshuru)

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Indicator Based Surveillance (IBS) Highlights:



139 cases of immediate reportable diseases were notified by **71** health facilities nationwide. These included cases of chicken pox, severe malaria, suspected shigellosis, suspected measles/rubella, suspected Mpox, suspected typhoid fever, suspected foodborne illnesses, suspected human influenza, acute flaccid paralysis, mumps, and snake bites.



81 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 9



Weekly updates on ongoing outbreaks:

Ongoing outbreaks:

- ⚠️ Mpox outbreak
- ⚠️ Measles outbreak in Rubavu district

New outbreak:

- ⚠️ Suspected foodborne illness and suspected foreign body ingestion event occurred in Gicumbi district



Completeness and timeliness



In Epi Week 9, 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: 18 signals were notified, all were from the community, none from health facilities. They included 15 human deaths, 2 dog bites 1 alert of human skin rash

Alerts from EIOS: 2 alerts

1. Marburg virus spillover risk – Uganda

New wildlife monitoring footage from a cave in Uganda shows multiple animal species interacting with Egyptian fruit bats carrying Marburg virus, raising concerns about possible animal-to-human spillover. At least 14 animal species were recorded hunting or contacting infected bats, highlighting a potential pathway for virus mutation and transmission. Marburg is a severe hemorrhagic disease with high mortality (up to 88%) and spreads through contact with infected body fluids or contaminated surfaces. The cave is being considered a possible hotspot for future outbreaks.

<https://www.dailymail.co.uk/sciencetech/article-15596769/marburg-virus-bats-uganda-cave.html>

2. Suspected PPR outbreak in goats – DRC (Rutshuru)

Veterinary authorities in Nyamilima, Rutshuru (eastern DRC) are investigating a suspected outbreak of peste des petits ruminants (PPR) after about 20 goats died with symptoms consistent with the disease. PPR is a highly contagious viral disease affecting goats and sheep, causing fever, oral lesions, diarrhea and pneumonia. Lack of vaccination campaigns may have contributed to the resurgence. Veterinarians are urging farmers to report cases early, seek veterinary care and avoid consuming uninspected meat, as the outbreak could severely affect livestock and local livelihoods.

<https://lesvolcansnews.net/rutshuru-la-peste-des-petits-ruminants-frappe-des-caprins-a-nyamilima/>



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 9

During this Epi week,

138 cases of immediate reportable diseases were notified by 71 health facilities:



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



43 suspected cases of Measles/Rubella were reported by 34 health facilities; the samples were taken and sent to NRL.



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



11 suspected cases of Mpox were reported by 11 health facilities; the samples were tested, they were negative.



14 cases of suspected foodborne illnesses were reported by 2 health facilities



11 snake bites cases were reported by 8 health facilities.



6 suspected cases of typhoid fever were reported by 5 health facilities; the samples were taken and sent in laboratory.



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



8 cases of mumps were reported by 3 health facilities

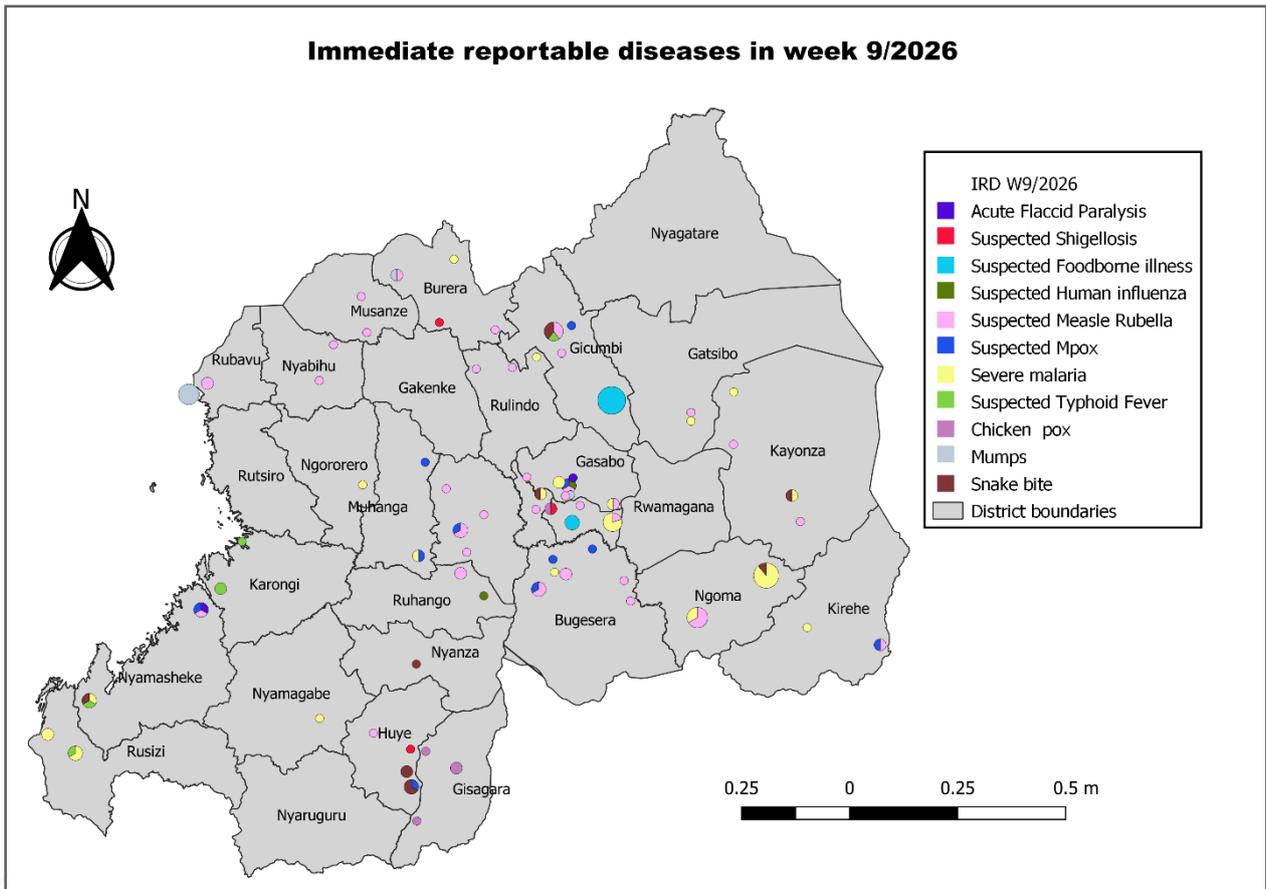


2 suspected cases of human influenza were reported by 2 health facilities; the samples were taken and tested negative



3 suspected cases of shigellosis were reported by 3 health facilities; the samples were taken and tested negative

Geographical distribution of immediate reportable disease cases notified during the epi week 9/2026

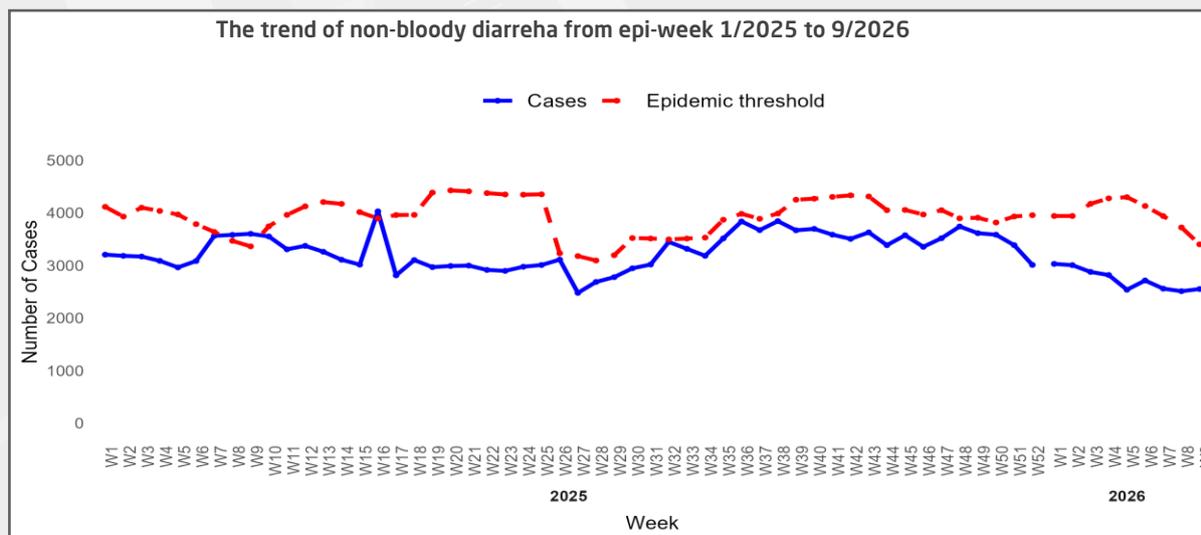
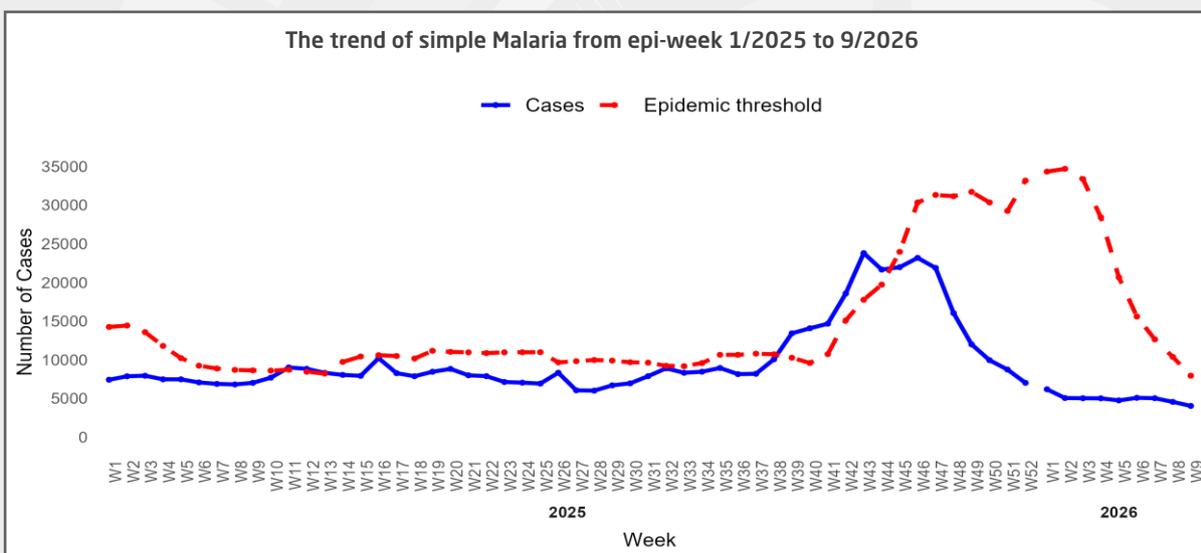
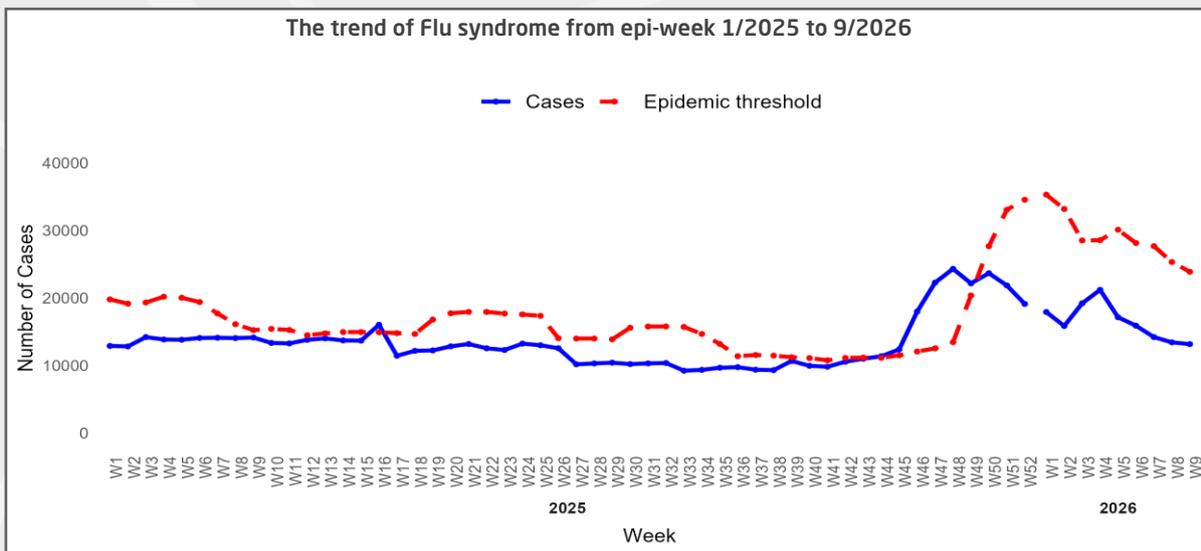


B. WEEKLY REPORTABLE DISEASES - EPI WEEK 9

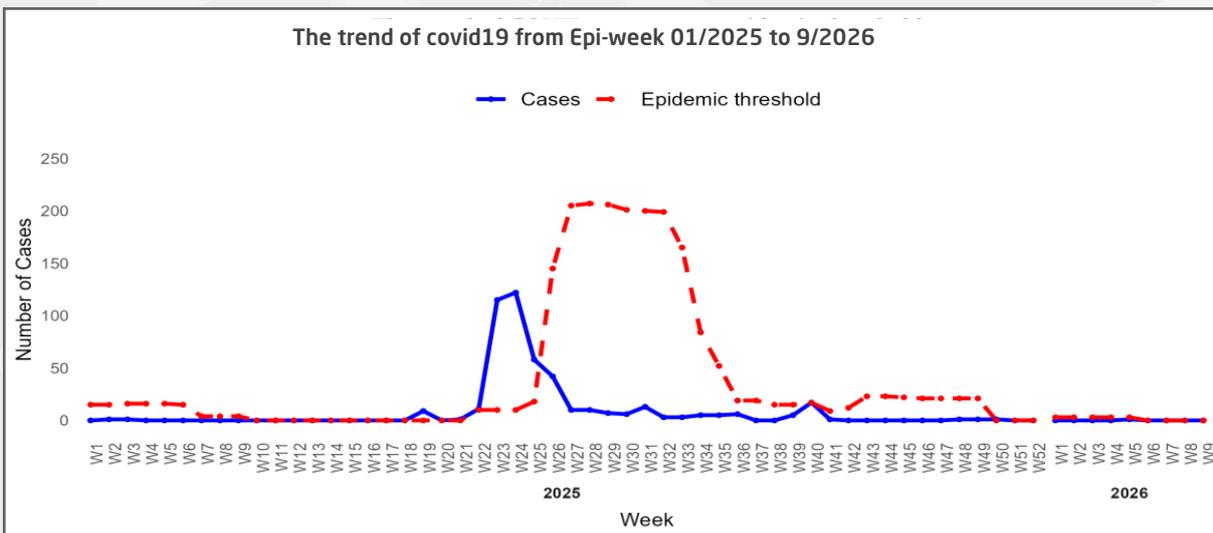
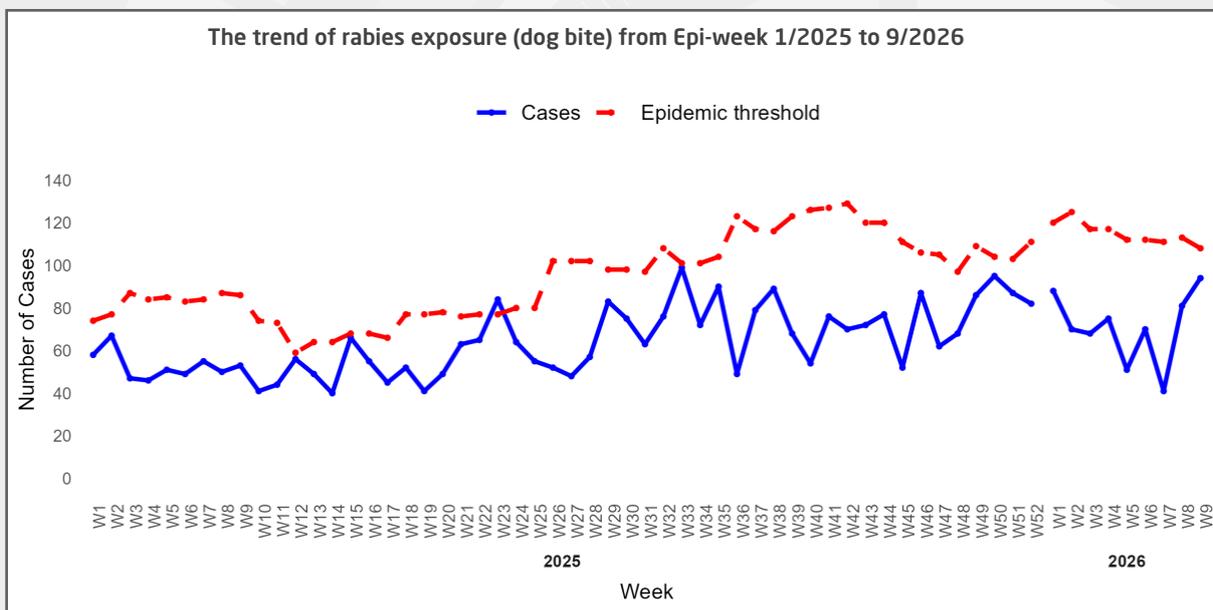
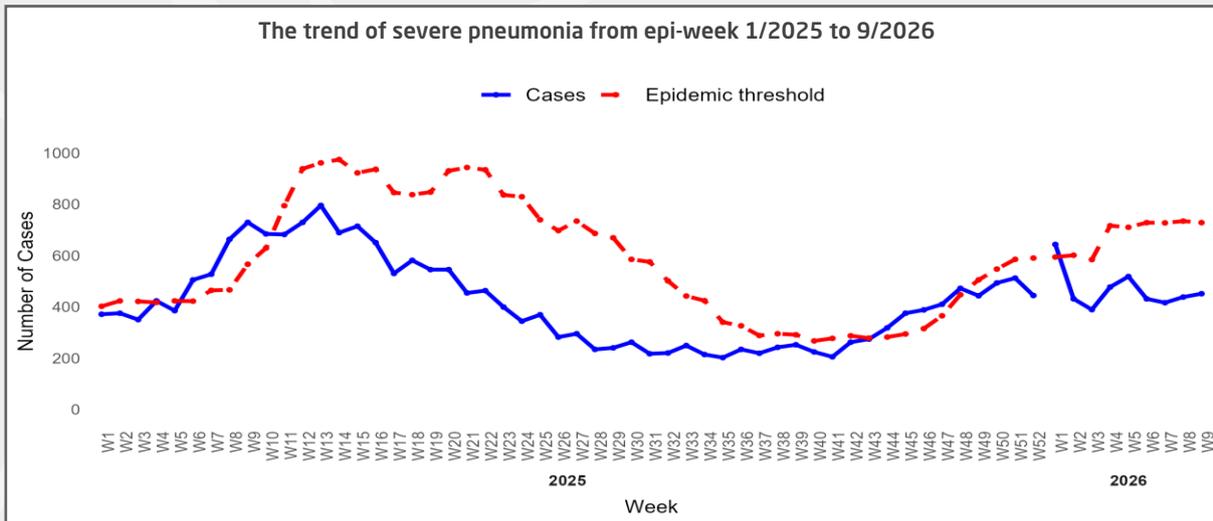
In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.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

In Epi Week 09, 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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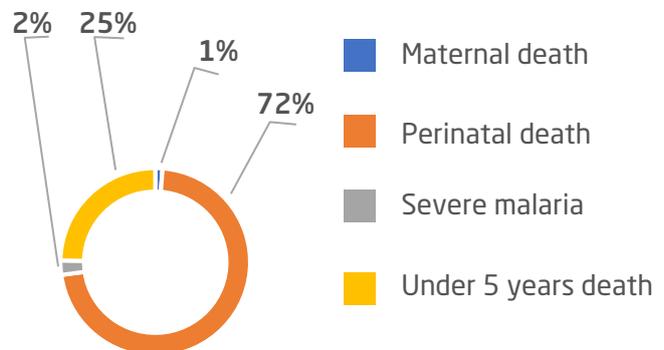


C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 81 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 58 (72%) were perinatal deaths
- 20 (25%) were deaths of children under 5 years old including 1 death due to non-bloody diarrhea
- 1 (1%) were maternal deaths
- 2(2%) were due to severe malaria

Type of deaths reported in week 9/2026



Distribution of deaths by health facilities

81 deaths were reported from 30 health facilities as follows:

10



10 deaths were reported by Gisenyi DH (4 perinatal deaths and 6 under 5 years deaths)

8



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

6



6 deaths were each reported by Kibuye RH and Nyanza DH (6 perinatal deaths)

5



5 deaths were each reported by CHUB and Nyagatare DH (each reported 4 perinatal deaths and 1 under 5 years death)

4



4 deaths were reported by Byumba DH (3 perinatal deaths and 1 under 5 years death)

3



3 deaths were each reported by:

- Kirehe DH and Nemba DH (each reported 2 perinatal deaths and 1 under 5 years death)
- Muhima DH and Mudunda DH (each reported 3 perinatal deaths)
- Masaka DH (1 maternal death and 2 perinatal deaths)

2



2 deaths were each reported by:

- Kabgayi DH and Munini DH (each reported 2 perinatal deaths)
- Muhororo DH (1 perinatal death and 1 death to severe malaria)
- Ruhengeri RH (1 perinatal deaths and 1 under 5 years death)

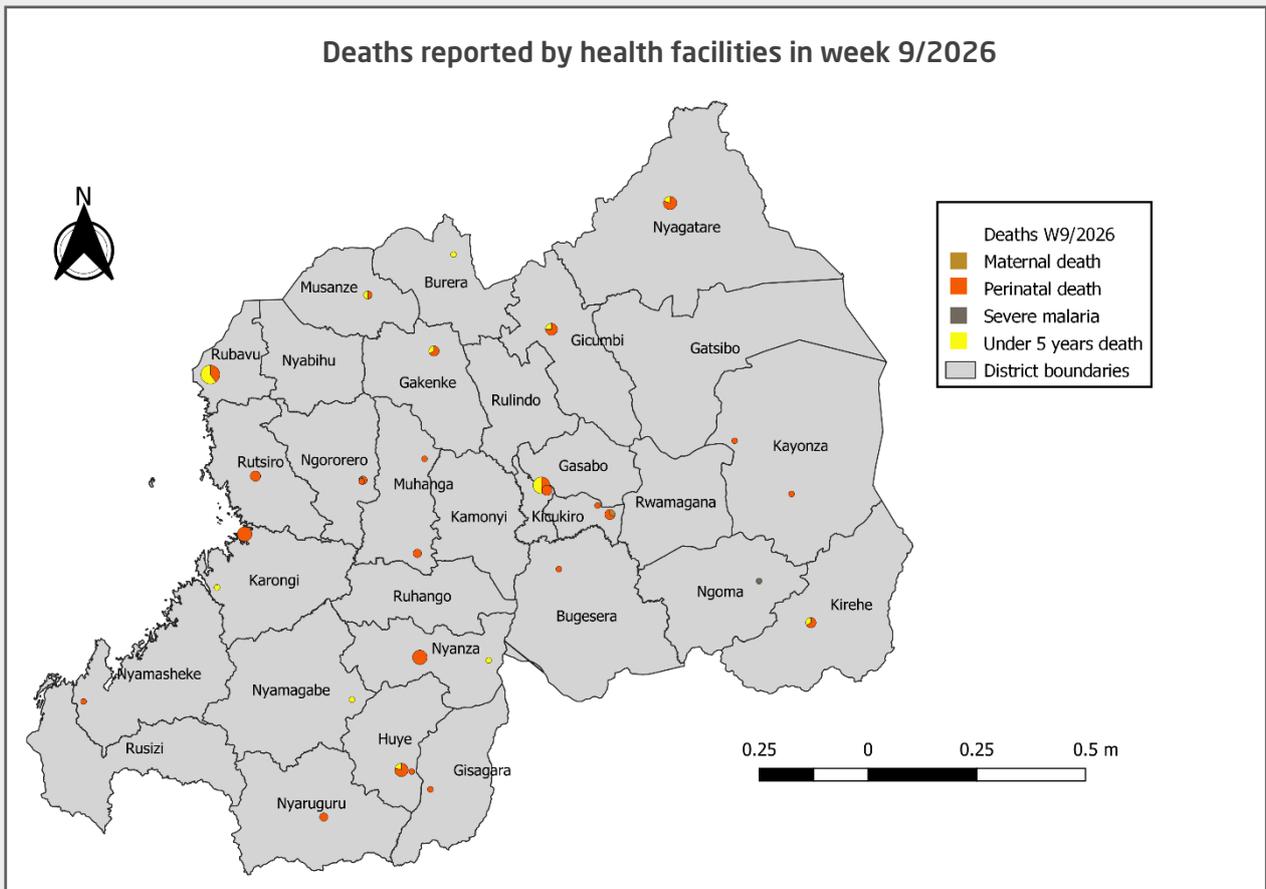
1



1 death was each reported by:

- Nyabikenke DH, Bushenge PH, Gahini DH, Kabutare DH, Kibirizi DH, Kirinda DH, Nyamata DH, Rwanda Military hospital and Rwinkwavu DH (each reported 1 perinatal death)
- Butaro DH, Cyanika HC in Kigeme DH, Gakoma DH, Mugonero DH, Gakoma DH and Mugonero DH (each reported 1 under 5 years death)
- Kibungo RH (1 death due to severe malaria)

Distribution of deaths by health facilities:



OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 9

1. Ongoing outbreaks

1.1 Ongoing Mpox outbreak in Rwanda

Rwanda confirmed its first two cases of Mpox on July 24, 2024. The current situation, as of 1st March 2026 was as follows:

7933	Cumulative suspected cases
11	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 1st March 2026 was as follows:

50	Cumulative suspected cases
2	New suspected cases
24	Total confirmed cases
0	New confirmed cases
0	Cases under follow up
0	New discharged cases
0	Pending results

2. New outbreaks occurred

2.1 Suspected foodborne illness in Gicumbi district

On 01 March 2026, Ruvune Health Center (HC) received eleven (11) patients from Rwinyana and Nyagakizi villages, Ruhondo Cell, Ruvune Sector, Gicumbi District, presenting with acute onset of severe abdominal pain, vomiting, and diarrhea. Preliminary investigations indicate that all affected individuals attended a social gathering (kwerekana umugeni) in Nyagakizi Village, where they consumed a locally prepared sorghum-based beverage (ubushera).

Symptom onset occurred shortly after consumption of the drink, suggesting a suspected foodborne illness. The total number of event attendees is estimated at approximately 70 individuals, yielding an attack rate (AR) of 15.71%. Seven (7) patients were managed and hospitalized at Ruvune Health Center and were discharged this morning in stable condition. Four (4) patients were referred to Byumba Level II Teaching Hospital (L2TH) for further management and were also discharged in stable condition.



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

- Case Management
- Health education
- Case searching

2.1 Suspected foreign body ingestion in Gicumbi district

On 25th February 2026, at 1:00 p.m, Muhondo Health Center received 13 children from GS Muhondo, a school located in Kageyo Sector, Gicumbi District, after reportedly ingesting unknown substances resembling salt. All affected were nursery school children aged between 3 and 7 years. Symptoms reported included throat irritation and burning sensation, which was the only presenting complaint.

A total of 13 children were exposed (AR: 100%), 5 children (3 girls and 2 boys) were initially sent to Byumba L2TH, while 8 remained at Muhondo Health Center for observation.

Observation was the only clinical management provided, then all children were discharged in stable condition and the remaining 8 cases who were admitted in Muhondo Health center for observation were also discharged in stable conditions. No severe cases nor death had been reported.



Actions taken

- Case management
- Education and sensitization were planned to be conducted in schools to discourage children from eating unknown or unsafe substances and to strengthen supervision in order to prevent similar incidents in the future.



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 9, 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 a moderate timeliness 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	W09	W01	W02	W03	W04	W05	W06	W07	W08	W09
Nyagatare	100	93	100	100	100	100	100	93	100	93	86	100	93	86	100	100	93	100
Gatunda	100	100	100	100	100	100	100	100	100	100	100	89	100	100	100	89	100	100
Ngarara	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100	100
Kiziguro	100	100	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	88	75	88	100	88	88	75	88	100	75
Rwinkwavu	100	89	89	100	100	100	89	100	100	89	89	89	100	78	100	89	78	100
Kibungo	100	94	94	100	100	100	100	100	100	100	94	94	100	100	100	100	100	100
Kiraha	100	95	100	100	100	100	100	100	100	100	95	100	100	100	90	100	100	100
Rwanagana	100	100	100	89	89	94	94	100	94	100	100	100	83	83	89	94	100	89
Nyanata	100	100	100	100	100	100	100	100	100	100	100	100	94	100	100	100	100	100
Kirihira	100	100	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	100	93	100	100	100	100
Gatonde	100	100	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	100	95	90	100	100	90	100	85	100	95
Ruli	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Nemba	100	100	100	100	90	100	100	100	100	100	90	100	100	80	100	100	100	100
Ruhengeri	94	94	100	100	94	83	100	100	100	94	94	100	100	94	83	100	94	83
Byumba	100	92	100	96	100	100	100	96	100	100	88	100	96	96	96	100	96	100
CHUB	100	100	100	100	100	100	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	100	100	100	100	100	95
Kabagayi	100	100	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	100	91	100	100	91	100	100	100
Gakoma	100	100	100	100	100	100	100	100	100	100	100	100	100	100	83	100	100	100
Gtwe	100	100	100	100	89	100	100	89	100	100	100	100	100	78	89	100	89	100
Ruhango	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Ramara Rukoma	100	100	100	100	100	100	100	100	93	93	100	93	100	100	100	100	100	93
Nyanza	100	100	100	100	100	95	95	100	100	100	100	100	95	89	95	95	100	100
Kigeme	100	100	100	100	100	100	100	100	100	100	100	100	100	92	100	100	92	100
Kaduha	100	100	100	100	100	100	100	90	100	90	100	100	100	100	100	100	90	90
Munini	100	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100
Bushenge	100	100	100	100	100	100	100	100	100	100	88	100	100	100	100	100	100	100
Kibogora	100	100	100	100	100	100	100	100	100	100	100	93	100	100	100	100	100	100
Kibuye	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	92	100	92
Kirinda	100	100	100	100	100	100	100	100	100	100	100	83	100	100	100	100	100	100
Mugonero	100	100	100	100	100	100	100	100	100	100	100	86	100	100	100	100	100	100
Shyira	100	94	100	100	100	100	100	100	100	100	94	100	100	100	94	100	100	94
Muhororo	100	100	100	100	100	100	100	100	100	100	100	100	100	100	90	100	100	100
Kabaya	100	100	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	100	90	90	100	90	70	100	100	100	100
Mibilizi	100	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100
Gsenyi	100	94	100	100	100	100	100	100	100	100	94	100	100	100	100	100	100	100
Murunda	100	100	100	100	100	100	100	100	95	100	100	84	100	100	95	100	100	95
CHUK	100	100	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	100	89	100	100	100	100	100	100	100	89
Muhima	100	100	75	100	100	100	100	100	100	100	100	75	100	100	100	100	100	100
RMH	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100
Masaka	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100
Kigababaga	100	100	100	95	100	100	100	100	100	100	100	95	95	80	100	95	100	100
Kacyiru	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100
KFH	100	100	100	0	100	100	100	100	100	100	100	100	0	0	100	0	100	100
Carass Ndera	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100
Nyabikenke	100	100	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	99	98	97	97	97	95	98	98	99	98