Republic of Rwanda
Ministry of Health

Rwanda Biomedical Centre
Healthy People, Wealthy Nation

# WEEKLY EPIDEMIOLOGICAL BULLETIN

## WEEK 42 12-18 October 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:

**6 alerts**

- Afghanistan reports six additional wild poliovirus cases, bringing its 2026 total to 42
- Polio Alert in Kenya: Case of Vaccine-Derived Poliovirus Type 2
- Dengue fever in Chad: 8 dead and more than 3,000 suspected cases
- Associations with SARS-CoV-2 Positivity Among People in Refugee Settlements
- California is seeing a rise in West Nile virus cases, and mosquitoes are still active across the region
- Senegal: Diphtheria outbreak death toll rises to 14

## Indicator Based Surveillance (IBS) Highlights:

**216 cases of immediately reportable diseases were notified by 93 health facilities nationwide.** These included cases of severe malaria, suspected shigellosis, suspected measles/rubella, chickenpox, suspected cholera, suspected VHF, suspected RVF, suspected foodborne illness, suspected Mpox, and snake bites.

**88 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 42

**Weekly updates on ongoing outbreaks:**

**Ongoing outbreaks:**

- Measles outbreaks in different districts of Rwanda
- Cholera outbreak in Western Province

**New outbreak:**

- Suspected Foodborne Illness occurred in Nyagatare District
- Updates on Ebola Virus Disease outbreak preparedness in Rwanda

## Completeness and timeliness

In Epi Week 42, the overall completeness and timeliness of surveillance data reporting in Rwanda were 98% and 97%, 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:** 6 alerts

### 1. Afghanistan reports six additional wild poliovirus cases, bringing its 2026 total to 42

Afghanistan reported six additional wild poliovirus type 1 (WPV1) cases, bringing the total to 42 cases in 2026, double the number reported in 2025. The newly reported cases occurred in Kandahar (3), Nangarhar (2) and Kabul (1). An additional positive environmental sample increased the cumulative number to 93. Persistent challenges in reaching children through vaccination campaigns continue to hinder eradication efforts. The situation highlights the importance of strengthening acute flaccid paralysis surveillance, environmental monitoring, and vaccination coverage.

*https://beaconbio.org/en/report/?reportid=ace6cec-d60b-4a91-82f5-55d472c7aeef*

### 2. Polio Alert in Kenya: Case of Vaccine-Derived Poliovirus Type 2

An EIOS alert reported a case of vaccine-derived poliovirus type 2 (VDPV2) in Kenya. The report did not provide detailed epidemiological information, including the location of the case, patient's age, date of onset or laboratory confirmation. Further verification through official surveillance sources is required to establish the event's status and determine appropriate public health measures.

*https://globalriskatlas.com/en/polio-alert-in-kenya-case-of-vaccine-derived-poliovirus-type-2/*

### 3. Dengue fever in Chad: 8 dead and more than 3,000 suspected cases

Chad reported an ongoing dengue outbreak with more than 3,000 suspected cases, 252 confirmed cases and eight deaths as of October 2026. The outbreak is placing pressure on the healthcare system, particularly due to shortages of intensive care beds and limited availability of diagnostic tests. Strengthening surveillance, early case detection, clinical management and mosquito vector control remains essential to reduce transmission and prevent additional deaths.

*https://gphin.canada.ca/cepr/showarticle.jsp?docId=1022597198*

### 4. Associations with SARS-CoV-2 Positivity Among People in Refugee Settlements

A study conducted in refugee settlements in Uganda between February 2021 and March 2022 assessed factors associated with SARS-CoV-2 positivity using a multilingual interactive voice response platform. Among 741 individuals with available test results, 48 (6.5%) tested positive. Unusual fatigue was independently associated with SARS-CoV-2 positivity (adjusted RR 2.10; 95% CI: 1.20–3.67). The findings highlight the limitations of symptom-based screening and the potential role of digital platforms in strengthening disease surveillance and access to testing in humanitarian settings.

*https://www.medrxiv.org/content/10.64898/2026.10.20.26365986v1?rss=1*

### 5. California is seeing a rise in West Nile virus cases, and mosquitoes are still active across the region

California reported 378 West Nile virus cases as of October 2026, with Los Angeles County recording 100 cases and five deaths by 18 September, compared with 22 cases and two deaths during 2025. Continued mosquito activity, favorable temperatures and environmental conditions have contributed to ongoing transmission. Health authorities emphasized mosquito bite prevention, elimination of standing water and early medical attention for severe neurological symptoms, including encephalitis and meningitis.

*Link:*
*https://gphin.canada.ca/cepr/showarticle.jsp?docId=1022599591*

# Weekly updates on Event Based Surveillance (EBS)

### 6. Senegal: Diphtheria outbreak death toll rises to 14

Senegal reported 368 confirmed diphtheria cases and 14 deaths across 60 health districts in 13 regions as of 18 October 2026. Dakar recorded the highest number of cases (53), followed by Kaolack (48), Diourbel (44) and Louga (42). Health authorities urged parents to verify children's vaccination status, complete missed doses and seek prompt medical attention for suspected cases. The outbreak highlights the importance of strengthening routine immunization, early case detection and timely treatment.

*https://apanews.net/senegal-diphtheria-outbreak-death-toll-rises-to-14/*

# 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.

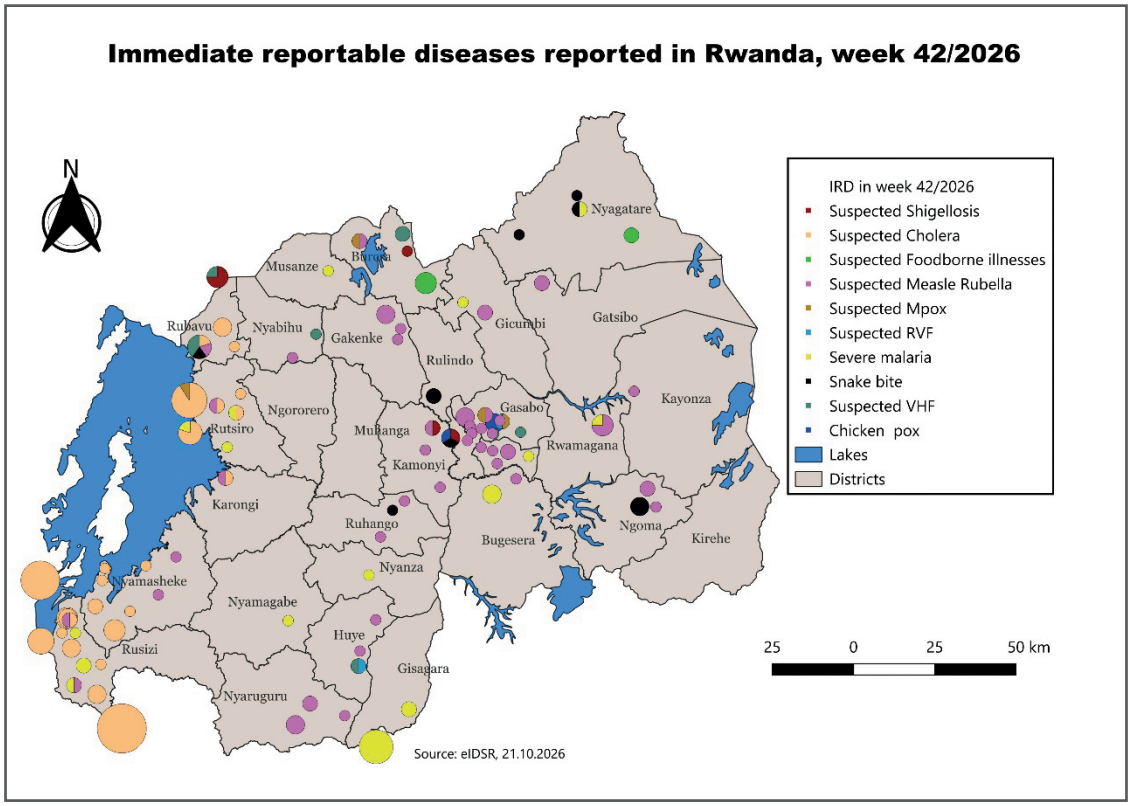
Diseases that are prone to outbreaks are reported immediately within 24 hours after detection, while diseases that are considered endemic are reported on a weekly basis every Monday before midday.

## A. IMMEDIATE REPORTABLE DISEASES - EPI WEEK 42

**During this Epi week,**

**216 cases of immediately reportable diseases were notified by 93 health facilities:**

- **56 suspected cases of Measles/Rubella** were reported by 43 health facilities
- **29 cases of severe malaria** were reported by 16 health facilities.
- **11 snake bites cases** were reported by 8 health facilities.
- **89 suspected cases of cholera** were reported by 25 health facilities
- **6 suspected cases of foodborne illness** were reported by 5 health facilities
- **2 suspected cases of RVF** were reported by 2 health facilities; the samples were taken and sent to the laboratory
- **9 suspected cases of VHF** were reported by 7 health facilities; the samples were taken and sent to the laboratory
- **6 suspected cases of shigellosis** were reported by 4 health facilities; the samples were taken and sent to the laboratory
- **4 suspected cases of Mpox** were reported by 4 health facilities; the samples were taken and tested negative
- **4 cases of chicken pox** were reported by 2 health facilities

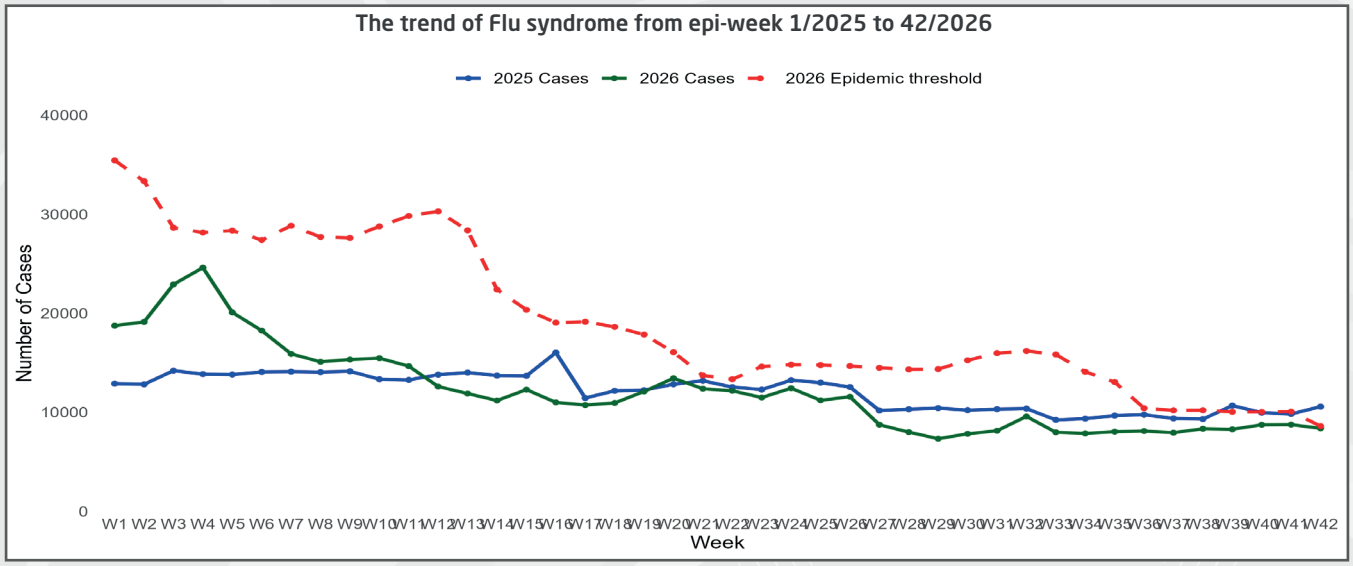


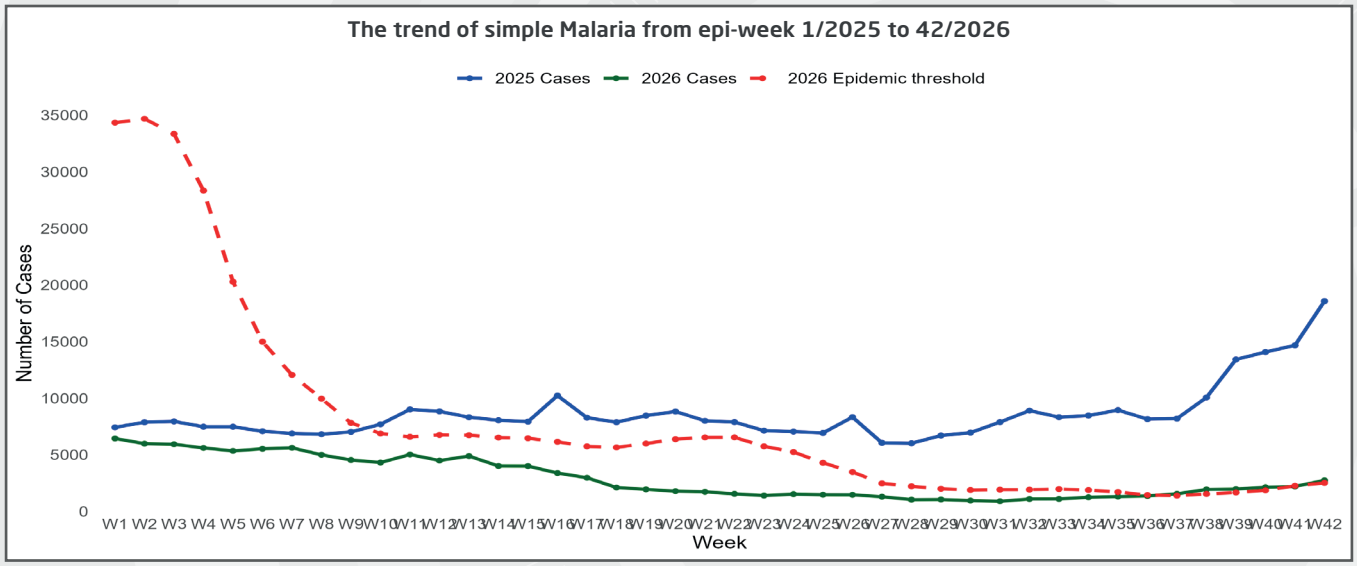

## B. WEEKLY REPORTABLE DISEASES - EPI WEEK 42

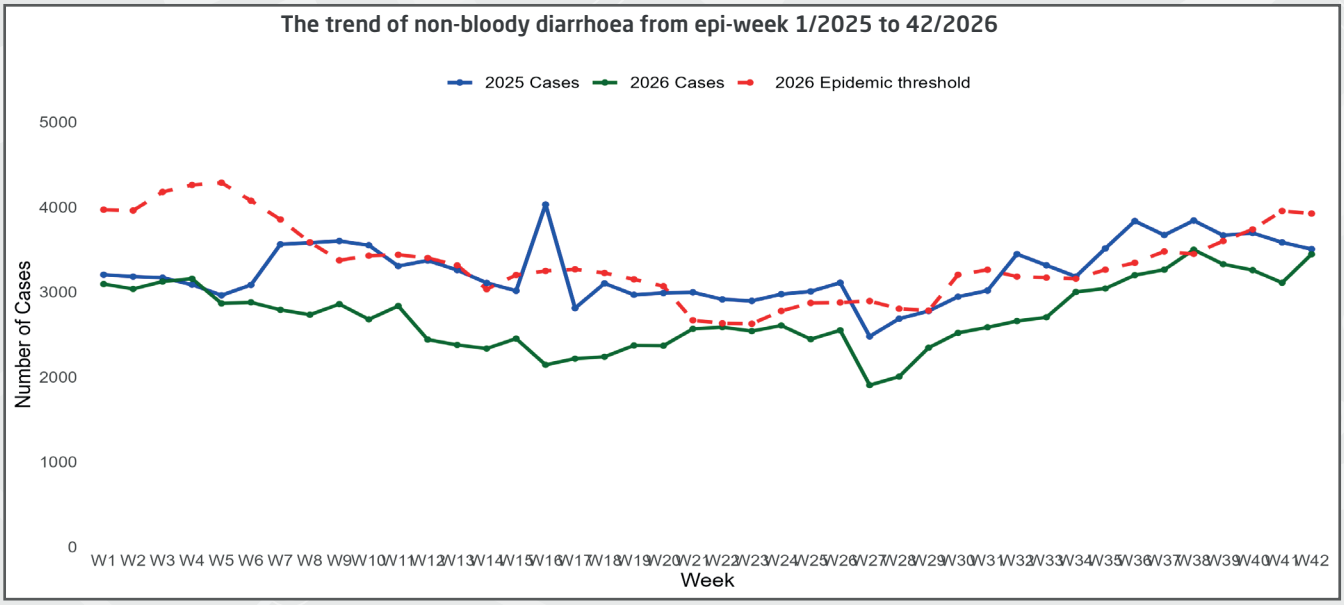
In Rwanda, after the adaptation of the IDSR guidelines 3rd edition, eight diseases events are being reported and analyzed on a weekly basis. These include flu syndrome, simple malaria, severe pneumonia for under 5 years, non-bloody diarrhea for under 5 years, COVID-19, dog bites, brucellosis, and trypanosomiasis.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

In Epi Week 42, 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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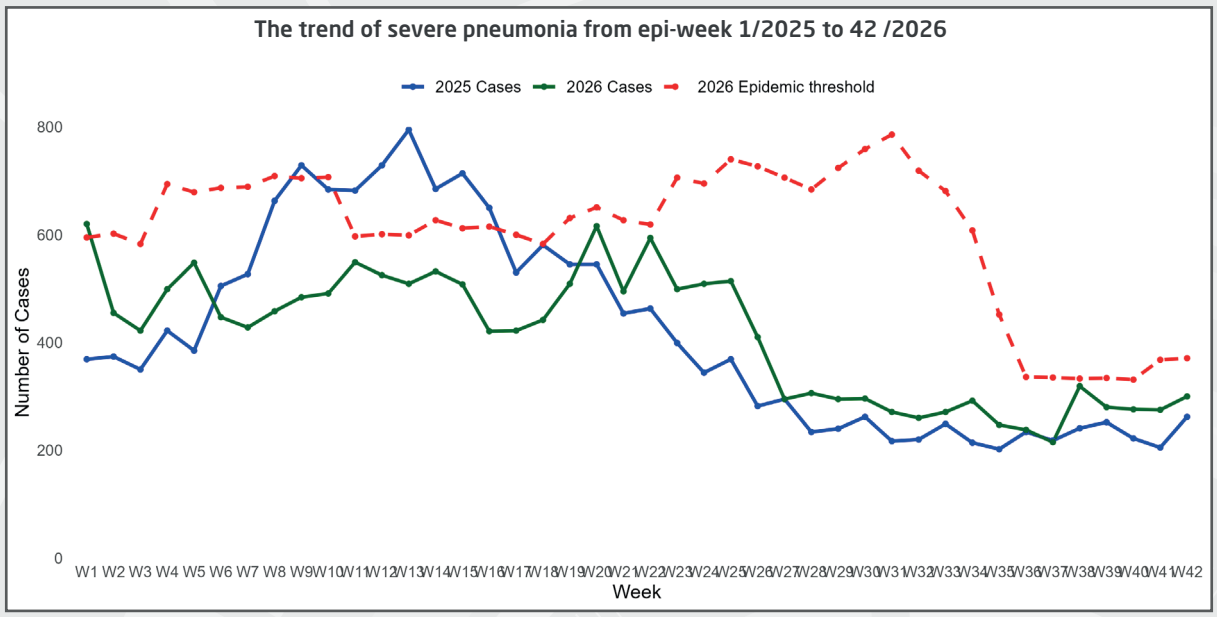
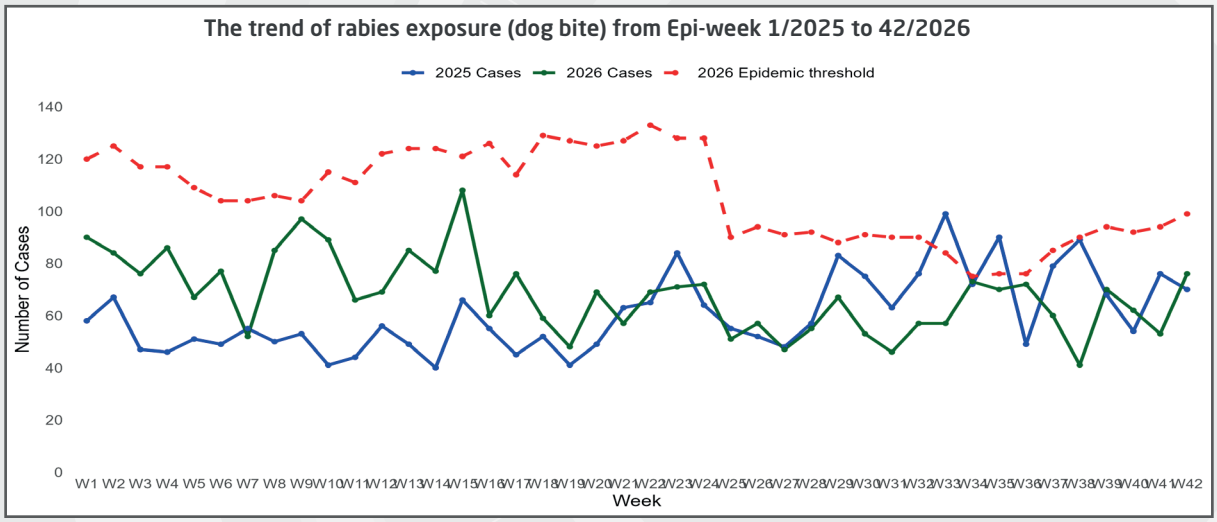
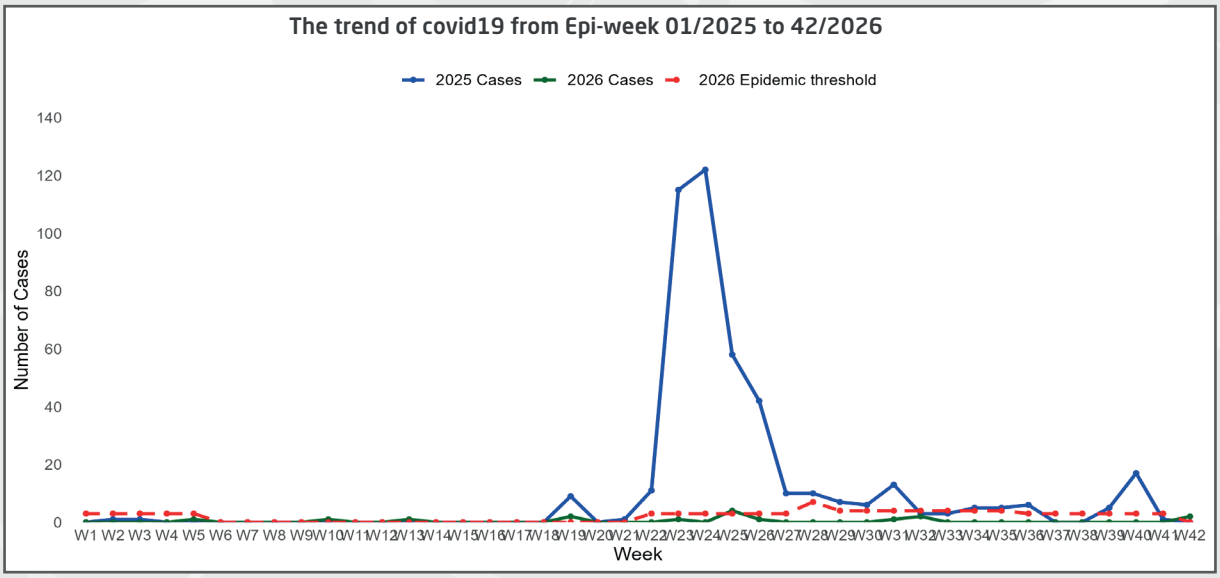


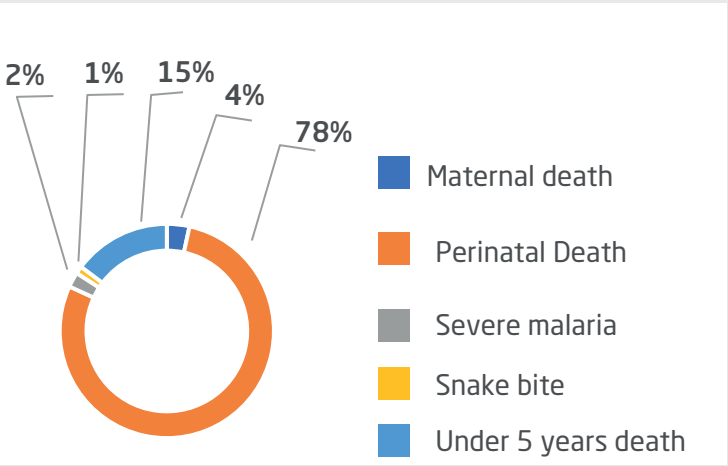



# C. DISTRIBUTION OF REPORTED DEATHS IN eIDSR

As summarized in the Pie Chart below, a total of 88 deaths were reported through the electronic Integrated Disease Surveillance and Response (eIDSR) system. Among these deaths:

- 69 (78%) were perinatal deaths
- 13 (15%) were deaths of children under 5 years old, including 2 deaths due to severe pneumonia
- 3 (3%) were maternal deaths
- 2(2%) were deaths due to severe malaria
- 1(1%) was a death due to snake bite

Type of deaths reported in week **42 /2026**




## Distribution of deaths by health facilities

**88 deaths were reported from 30 health facilities as follows:**

**12** 12 deaths were reported by CHUB (12 perinatal deaths)

**8** 8 deaths were reported by each of the following health facilities:
- CHUK and Gisenyi DH (7perinatal deaths and 1death under 5 years)

**7** 7 deaths were reported by Nyagatare DH (7 perinatal deaths)

**6** 6 deaths were reported by Murunda DH (6perinatal deaths)

**5** 5 deaths were reported by Ruhengeri RH (1maternal death, 2perinatal deaths,1death under 5 years and 1 death due to severe malaria)

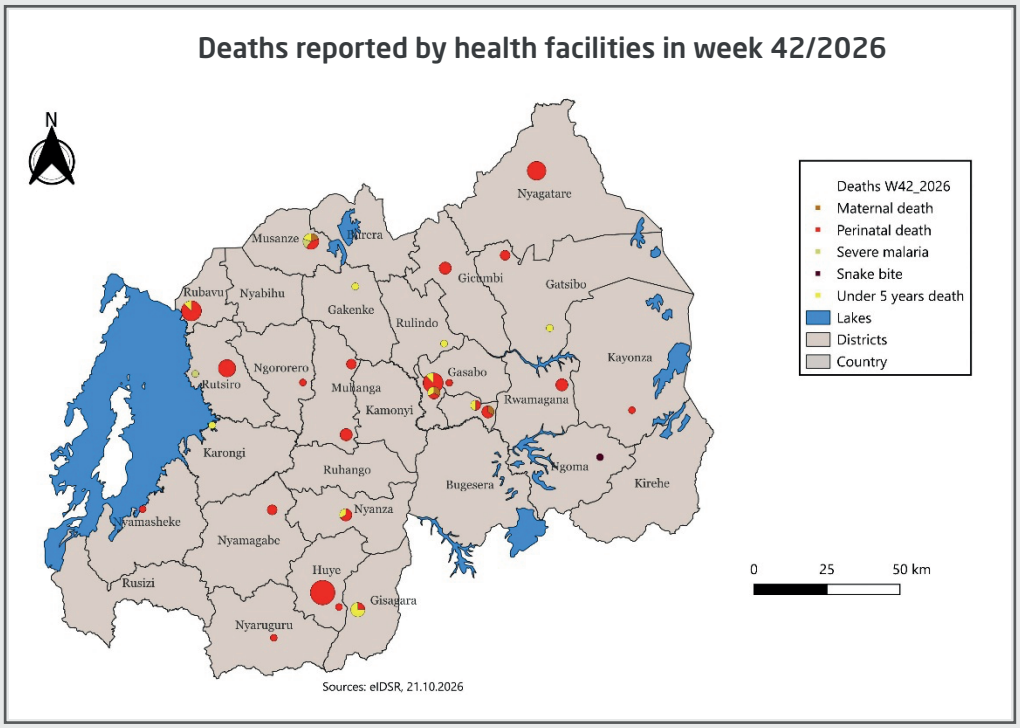
**4** 4 deaths were reported by Kibilizi DH (1perinatal death, and 3deaths under 5 years)

**3** 3 deaths were reported by each of the following health facilities:
- Byumba DH, Kabgayi DH, and Rwamagana PH (3 perinatal deaths)
- Masaka DH (1maternal death, 2perinatal deaths)
- Muhima DH (1maternal death, 1perinatal death, and 1death under 5 years)
- Nyanza DH (2perinatal deaths and 1death under 5 years)

**2** 2 deaths were reported by each of the following health facilities:
- Nyabikenke DH, Kaduha DH, and Ngarama DH (2perinatal deaths)
- Rwanda Military Hospital (1perinatal death, and 1death under 5 years)

**1** 1 death was reported by each of the following health facilities:
- Kabutare DH, Kacyiru Police Hospital, Kibogora DH, Muhororo DH, Cyarubare HC in Rwinkwavu DH, Munini DH (1perinatal death)
- Kibuye RH, Kiziguro DH, Nemba DH and Rutongo DH (1perinatal death)
- Kinunu HC in Murunda DH (1death due to severe malaria)
- Kibungo RH (1death due to snake bite)

**Distribution of deaths by health facilities:**




# OUTBREAK AND EVENT UPDATES IN EPIDEMIOLOGICAL WEEK 42

## 1.Ongoing outbreaks

### 1.1 Measles outbreaks in different provinces

**For the current situation, as of 18th October 2026, it was as follows:**

56 suspected cases were reported in 43 health facilities and distributed across 4 provinces and the City of Kigali

**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

### 1.2 Cholera outbreak in Western Province

**The current situation of the ongoing Cholera outbreak as of 20th October 2026 was as follows**

| | |
|---|---|
| **480** | Cumulative suspected cases |
| **34** | Confirmed cases (lab culture) |
| **446** | Confirmed cases Epilink |
| **29** | Cases under follow-up active cases |

**Actions taken**

- Distributed ORS and Zinc supplies
- Carried out door-to-door outreach
- Enhanced IPC by healthcare providers
- Enhance Community sensitization

### 2.New outbreak occurred in week 42

### Suspected Foodborne Illness in Nyagatare District

On 11 October 2026, a suspected foodborne illness incident was reported by Bugaragara HC in Rwimiyaga Sector, Bugaragara Cell, Amahoro Village, Nyagatare District, following a social gathering involving two families.
One family hosted relative visiting from Karangazi Sector, who brought banana juice that was shared among the attendees. Later in evening, several individuals developed symptoms, including diarrhea, vomiting, and abdominal pain. A total of 20 individuals aged 2-50 years were affected. Of these, 14 initially sought care at Bugaragara Health Centre, while six consulted Ndama Health Centre in Karangazi.
All 20 cases were subsequently accounted for, with 14 referred to Nyagatare District Hospital for further management.

As of the evening of 12 October 2026, six patients remained hospitalized at Nyagatare District Hospital. The remaining 14 patients had been successfully discharged. No deaths had been reported.

*Possible source of exposure: Banana Juice consumed.*

**Actions taken**

- Case management and active case search
- Health education on food hygiene

### 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.

# 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 42, 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 completeness and timeliness, except one hospital with a low score (CARAES Ndera).

The hospitals that did not have a high score for completeness and timeliness were recommended to submit all 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.

| Completeness 2026 | | |

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

| Timeliness 2026 | | |