



Weekly epidemiological bulletin Year 2009, week 2

A. Introduction

During the second epidemiological week, 65.8% (27/41) of district hospitals submitted their weekly epidemiological reports. The following district hospitals failed to submit weekly reports: Butaro, Byumba, Kabaya, Kibogora, Bushenge, Nyanza, Kibirizi, Gakoma, Kigeme, Kanombe, Kaduha, Gahini, Kiziguro and Nyamata.

B. Summary

1. Cholera

- Cholera outbreak is ongoing in Musanze District in the Northern Province. For the week under review, a total of 7 cases were reported by Ruhengeri Hospital. The reported case fatality rate was zero.

2. Meningitis

- Two meningitis cases were reported by Kilinda and Gihundwe Hospitals. There were no reported deaths.

3. Diarrheal diseases

- During this week, 319 of bloody diarrhea cases and 1,664 non-bloody diarrhea were reported ; no death was reported.

4. Malaria

- A total 11,716 of malaria cases were reported. The confirmed and unconfirmed cases were 6,818 and 4,898 respectively. Four deaths were reported by Gisenyi hospital and one case by Mibilizi hospital. The case fatality rate is 0.04%

5. Lower Respiratory Tract Infection

- A total of 1,519 cases were registered. No deaths were reported.

6. Others

- For the 27 hospitals, there was zero reporting for the other reportable diseases.

Topic of the week: How Do We Detect Outbreaks?

Detecting outbreaks is an important part of our work as public health practitioners. It is only when we detect outbreaks that we can then implement the necessary measures to mitigate the health and the economic impact of these events. It is important to state that early detection of outbreaks, that is detecting outbreaks as soon as they occur, gives us the opportunity to respond early to reduce the number of cases and deaths. One of the characteristics of a good surveillance system is its ability to detect outbreaks early. It is important therefore for us to understand how outbreaks are detected. Possible outbreaks of disease come to the attention of public health officials in various ways including the following:

- ***Analysis of Routine Surveillance Data:*** Outbreaks can be detected through analysis of routine surveillance data. If we have quality surveillance data and do analysis regularly, we would be able to tell when the cases of a particular disease are above the range. This is why it is important not only to collect data but also to regularly analyze it.
- ***Clinician, laboratory staff or nurse:*** Often an astute clinician, laboratory staff or a nurse may be the first to notice the occurrence of an unusual disease or an increase in the number of people

reporting to the health facility with a particular disease and may report this to public health officials.

- **Media:** The media (newspapers, radio or television) may be the source of outbreak related information
- **Individuals:** An individual patient or someone close to the patients may be the first to suspect a problem and may report this to the health authorities. This is usually the case with food- borne outbreaks. The responsibility of the public health practitioner is to investigate all such reports to ascertain the veracity or otherwise of them.

(In the next issue, we shall discuss *Why we Investigate Outbreaks*).

**For comments, suggestions and observations
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Table 2: Epidemic Infectious Diseases Reported by District Hospitals in Rwanda, 2nd Epidemiological Week, 2009

