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RWANDA

Marburg Flash
Update

1 October 2024

Highlights

- Marburg Virus Disease (MVD) outbreak was declared on 27 September 2024.
- UNICEF sourced from UNICEF Tanzania 19,200 pieces of personal protective equipment (PPE), including boots, coveralls, face shields and gloves have arrived in-country.
- Additional procurement is being made including additional PPE as well as Water, Sanitation, and Hygiene (WASH) supplies to help the Ministry of Health/Rwanda Biomedical Center (RBC) scale increased measures of infection prevention control (IPC) in health facilities.
- In addition to co-leading with the government on the development and implementation of an MVD Risk Communication and Community Engagement (RCCE) strategy, UNICEF is adapting existing materials to suit the current context for immediate dissemination.
- UNICEF activated a Level 3 Corporate Emergency Activation Procedure for three months to scale up mpox preparedness and response in Rwanda and some response activities can be integrated.

Epidemiological Situation

(as of 1 October 2024)

7 out of 30 districts
affected

(MOH presentation 28 September)

27 cumulative confirmed
cases

0 children under 16 affected

9 deaths among cases

300+ contacts being
actively traced

Situation Overview and Humanitarian Needs

On 27 September, the Ministry of Health (MOH) of Rwanda declared an outbreak of Marburg Virus Disease (MVD) in the country, the first such outbreak Rwanda has faced. This occurs on top of an mpox outbreak that started on 24 July and has six confirmed cases reported. On 28 September, 26 MVD cases were announced publicly by the MOH, of whom 20 are hospital workers in Kigali, with an additional case announced 30 September, for a total of 27 cases. Cases are in seven out of 30 districts. The initial announcement came with six deaths, with two additional deaths reported on 29 September and on 30 September, one more death was reported, for a total of nine deaths (case fatality rate 33%). At least five deaths are among hospital workers in Kigali. No younger children are directly affected, but data are not clear on whether children and adolescents 16 years and older have been affected.

Affected districts include: the three Kigali districts (Nyarugenge, Kicukiro, and Gasabo), Kamonyi (just west of Kigali) Nyagatare, and Rubavu districts. Nyagatare borders Tanzania and Uganda, while Gatsibo borders Tanzania and Rubavu borders DRC. Given the high population movement across borders, there is a heightened risk for cross-border spread.

Children in Rwanda face heightened risks due to escalating malnutrition levels. Between January and August 2024 alone, 20,166 children were admitted with Severe Acute Malnutrition (SAM)—nearly double the cases from the same period last year.

On 28 September, the MOH presented to development partners the situation and priority response measures, including (1) collaborative surveillance (contact tracing on health systems and training, active case search at all levels, and point of entry screening in Kigali and land borders); (2) emergency coordination (activation of the operations center and cells at decentralized level); and (3) community awareness (implementing effective risk communication and RCCE measures, safe and scalable care (designated treatment centers), and countermeasures and research, including medications such as Favipiravi, Ribavirin, and MBP091.

The coordination mechanisms put in place include a National Epidemic Preparedness and Response Coordination Committee (NEPRCC), linked to an expert advisory team and partners; a national command post, district command posts, and four sections: operations (including epidemiology and surveillance, case management and IPC, and laboratory), planning, administration, and logistics, and RCCE.

UNICEF is scaling up response including procurement of IPC, PPE, and nutritional supplies, particularly for health facilities, WASH improvements such as handwashing stations at schools and points of entry, and risk communication and community engagement to reinforce early reporting and treatment-seeking as well as adherence to case management, infection prevention, and isolation protocols. Further focus on mental health and psychosocial support is critical for preventing and addressing stigma against families affected by MVD, and for the reintegration of survivors within the communities. Children of patients being admitted and dying must be accounted for and maintained in safe, nutritious environments away from the risk of disease. Services must be continued even as public concern is growing.

Although the response is just gearing up, the country faces multiple challenges including a shortage of diagnostic test kits and medicines, low community awareness, high operational costs, and risks of disruption to the continuity of essential healthcare services. Rwanda also presents an opportunity for experimental vaccination research, given the number of cases and contacts.

MARBURG VIRUS UPDATE

30 | 09 | 2024

CONFIRMED CASES	27
In isolation & treatment	18 (+1)
Deaths	9 (+1)

CONTACT TRACING AND TESTING IS ONGOING

SYMPTOMS

- High fever
- Severe headaches
- Muscle ache
- Vomiting and diarrhoea

PREVENTION

- Avoid close contact with symptomatic people
- Enhance hygiene

IF YOU NOTICE ANY SYMPTOMS, QUICKLY GO TO YOUR NEAREST HEALTH FACILITY OR CALL  114

 www.rbc.gov.rw

 @RwandaHealth



UNICEF's Response

Humanitarian Leadership, Coordination and Strategy

On 21 August 2024, UNICEF activated a Level 3 Corporate Emergency Activation Procedure for three months to scale up mpox preparedness and response in Burundi, Kenya, Rwanda, Uganda, and South Africa in East and Southern Africa Region (ESAR) – countries where there is active transmission of mpox variants Clade 1b and/or Clade 1.

UNICEF continues to play a pivotal role in the humanitarian efforts in Rwanda, actively engaging in the UN Coordination Team, which WHO convenes, as well as the national coordinating forums. UNICEF suggested that the Scientific Advisory Group, which was activated under COVID-19 and meets weekly, should be reactivated under MVD under the leadership of RBC. UNICEF also co-leads the RCCE technical working group, a coordination mechanism led by RBC's Rwanda Health Communications Center. The first national coordination meeting to activate the pillars has not yet been called by MOH, though 11 pillars have been activated within the mpox response (UNICEF supports seven) and can be used for the MVD response.

Infection Prevention and Control (IPC)/Water, Hygiene and Sanitation (WASH)

- UNICEF and partners have conducted rapid assessments on the functioning of the hygiene facilities across the country in health facilities and ECD centers before mpox and MVD outbreaks, and in all schools in the mpox high-risk districts, which can be expanded to the MVD high-risk districts. Based on the assessment, the rehabilitation and improvement of select hygiene facilities will be planned, prioritizing health facilities.
- As part of the mpox response, the rehabilitation of hand washing facilities at Grande Barriere Port of Entry (POE) is in the final phase, and construction materials have been delivered to Petite Barriere and Kabuhanga POEs and rehabilitation works are estimated to be completed by next week. This can be expanded to other POEs of the MVD high-risk areas.
- UNICEF pre-positioned PPEs will be delivered to MOH together with the PPEs shipped from Tanzania.

Risk Communication and Community Engagement (RCCE)

- UNICEF with government is developing a National RCCE strategy for mpox.
- UNICEF is reviewing the existing RCCE material, including the previously developed material for Ebola and MVD from Rwanda and elsewhere to adapt for dissemination and community engagement.
- UNICEF supports the newly established Command Post in charge of dealing with the MVD outbreak with a Technical Assistant (TA) who supports daily RCCE pillar interventions.
- A brief session with journalists from the major media houses and social media influencers is planned to brief them on the MVD and their role in promoting the right messages.
- Organized by the RCCE chair, a video on MVD from the MOH Minister was released and aired on national TV and social media platforms on Saturday.
- UNICEF Rwanda is utilizing its social media platforms to amplify messaging from the MOH regarding MVD, helping to raise awareness about the virus and allaying/curbing fears associated with the outbreak, and conducting, with support of regional office social listening to better understand and address rumours.

Health and Nutrition

- UNICEF remains a key member of the RBC case management, surveillance, and mental health and psycho-social support (MHPSS) pillars at the national level.
- UNICEF Rwanda borrowed 19,200 pieces of PPE generously and promptly provided by the Tanzania Country Office, including coveralls, gloves, boots, face shields, hoods, trousers, and tunics and is currently procuring additional PPE and IPC materials (local and offshore).
- 2,000 flash thermometers have been delivered to RBC for effective screening at schools and health facilities.
- Technical support is being provided to the RBC/Command Center by a UNICEF expert who is helping with contact tracing, coordination, and overall planning.
- UNICEF ordered 15,000 Ready to Use Infant Formula (RUIF) packets that can support 3,000 infants under the age of six months for a month and a technical meeting is planned to review infant and young child feeding (IYCF) in the context of MVD. This is to ensure uninterrupted nutritional support for children of mothers affected by MVD.

- Moreover, UNICEF is working with MOH/RBC teams to ensure continuity of life-saving health and nutrition services within the context of MVD.

Child Protection and Psychosocial Support

- UNICEF has prepositioned recreational material for children in treatment and isolation centers.
- An agreement with a child protection partner has been revised to include the mpox and MVD responses focusing on alternative care for children (interim and foster care and support to children requiring temporary alternative care), community and facility based MHPSS including training of child protection, health, and education workforce on MHPSS and psychological first aid.
- UNICEF is initiating a review of the guidance and training material developed as part of Ebola Virus Disease (EVD) preparedness for child protection and health frontline workers to be relevant to mpox and EVD.

Gender-Based Violence (GBV) and Prevention of Sexual Exploitation and Abuse (PSEA)

- Material targeted at frontline workers has been developed to increase knowledge and awareness of PSEA, including reporting channels and response services to promote referrals.
- Key messages for training have been developed targeted at journalists and training of journalists on PSEA is planned.
- Tools for PSEA assessment and GBV risk mitigation have been customized to include mpox and will be expanded to include MVD.
- UNICEF, IOM and WHO have drafted a training package on PSEA and GBV risk mitigation for GBV and protection service providers, including the *Isange* One Stop Centers and managers of GBV and protection helplines and hotlines.
- UNICEF has onboarded a consultant to support PSEA and GBV actions as part of the mpox response. This will also extend to MVD.

Supply and Logistics

- PPE supplies worth US\$60,000 are in Kigali through a loan arrangement from the Tanzania Office. Additional PPE supplies worth US\$30,000 are being ordered through the Supply Division. Pre-clearance formalities that will fast-track in-country logistics are in place, along with long-term agreements with vendors to fast-track RCCE and WASH response.

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