EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 08

World Health Organization
REGIONAL OFFICE FOR Africa

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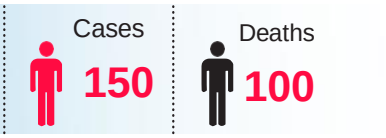
1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces of the Democratic Republic of the Congo continues to be closely monitored, with the Ministry of Health (MoH), WHO and partners making progress in response to the outbreak. Recent trends (Figure 1) suggest that control measures are working, although these trends must be interpreted with caution. The outbreak remains ongoing in Beni, Mabalako and Butembo health zones in North Kivu. Tchomia Health Zone in Ituri Province was newly affected in the past week. Additional risks remain high following the movement of several cases in recent weeks across health zones, including Kalunguta.

Since our last situation report on 18 September 2018 *(External Situation Report 7)*, an additional eight (8) new confirmed EVD cases and three (3) deaths (1 each in Beni, Butembo and Tchomia) have been reported. The new confirmed cases were reported from four health zones: Beni (4), Mabalako (1), Tchomia (2) and Butembo (1). This is the first time confirmed cases have been reported from Tchomia Health Zone in Ituri which borders Uganda. Both confirmed cases reported from Tchomia were linked to the ongoing Beni transmission chain.

As of 23 September 2018, 9 suspected cases have been identified following the investigation of 17 alerts. Table 1 summarizes the geographical distribution of these suspected cases. No additional cases were reported among health workers in the last week. Cumulatively, 19 health workers have been affected (18 confirmed and one probable), three of whom have died. All health workers' exposures occurred in health facilities outside dedicated Ebola treatment centres (ETCs).

As of 23 September 2018, a total of 150 confirmed and probable EVD cases, including 100 deaths, have been reported resulting in a case fatality ratio (CFR) of 67%. Of the 150 cases, 119 are confirmed and 31 are probable. Among confirmed cases only, the CFR was 58% (69/119). Of the 140 cases with known age and sex, 56% (n=78) are female. Among females, the most affected age group is 25-34 years, while among men, the most affected age group is 35-44 years (Figure 2).

As of 23 September 2018, 41 confirmed cases have recovered and been discharged from ETCs; eight (8) confirmed cases remain hospitalized in ETCs.

The epicentres of the outbreak remain in Mabalako and Beni health zones in North Kivu Province, reporting 60% (n=90) and 22% (n=33) of all confirmed and probable cases, respectively. However, since late August 2018, most new cases have occurred in Beni or are related to the ongoing Beni transmission chain. Of the total deaths reported to date, 65% (n=65) were from Mabalako, while 24% (n=24) were from Beni (Table 1 and Figure 3). Additionally, five other health zones in North Kivu Province and three in Ituri Province have reported confirmed and probable cases (Table 1 and Figure 3).

The MoH, WHO and partners are monitoring and investigating all alerts in affected areas, in other provinces in the Democratic Republic of the Congo (including Kisangani and Tshopo provinces) and in neighbouring countries. As of 23 September 2018, nine (9) suspected cases are awaiting laboratory testing within outbreak

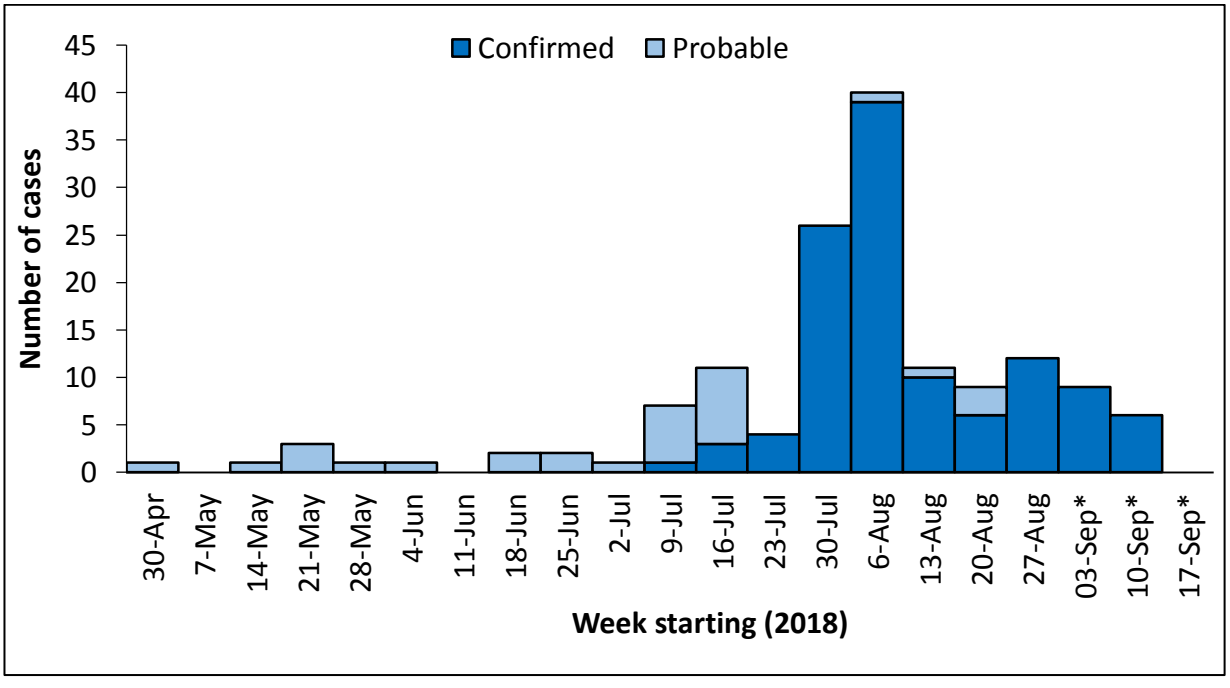
affected areas (Table 1). Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in Uganda and South Sudan; and to date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 23 September 2018

Case classification/ status	North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia	
Probable*	4	2	1	21	1	0	0	0	2	0	**31**
Confirmed	29	6	2	69	0	1	1	0	9	2	**119**
Total confirmed and probable	**33**	**8**	**3**	**90**	**1**	**1**	**1**	**0**	**11**	**2**	**150**
Suspected cases currently under investigation	**3**	**1**	**1**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**9**
Deaths											
Total deaths	**24**	**4**	**1**	**65**	**1**	**1**	**0**	**0**	**3**	**1**	**100**
Deaths in confirmed cases	20	2	0	44	0	1	0	0	1	1	**69**

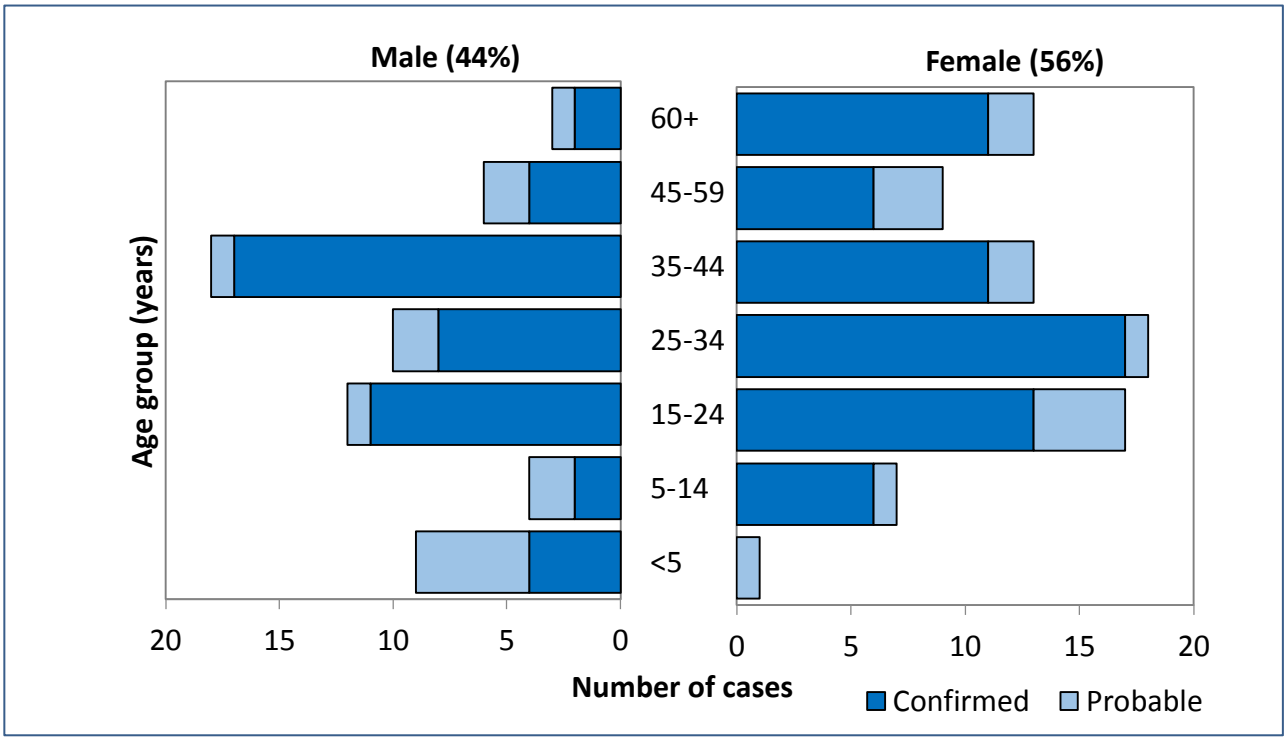
**Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.*

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 23 September 2018 (*n*=150)*



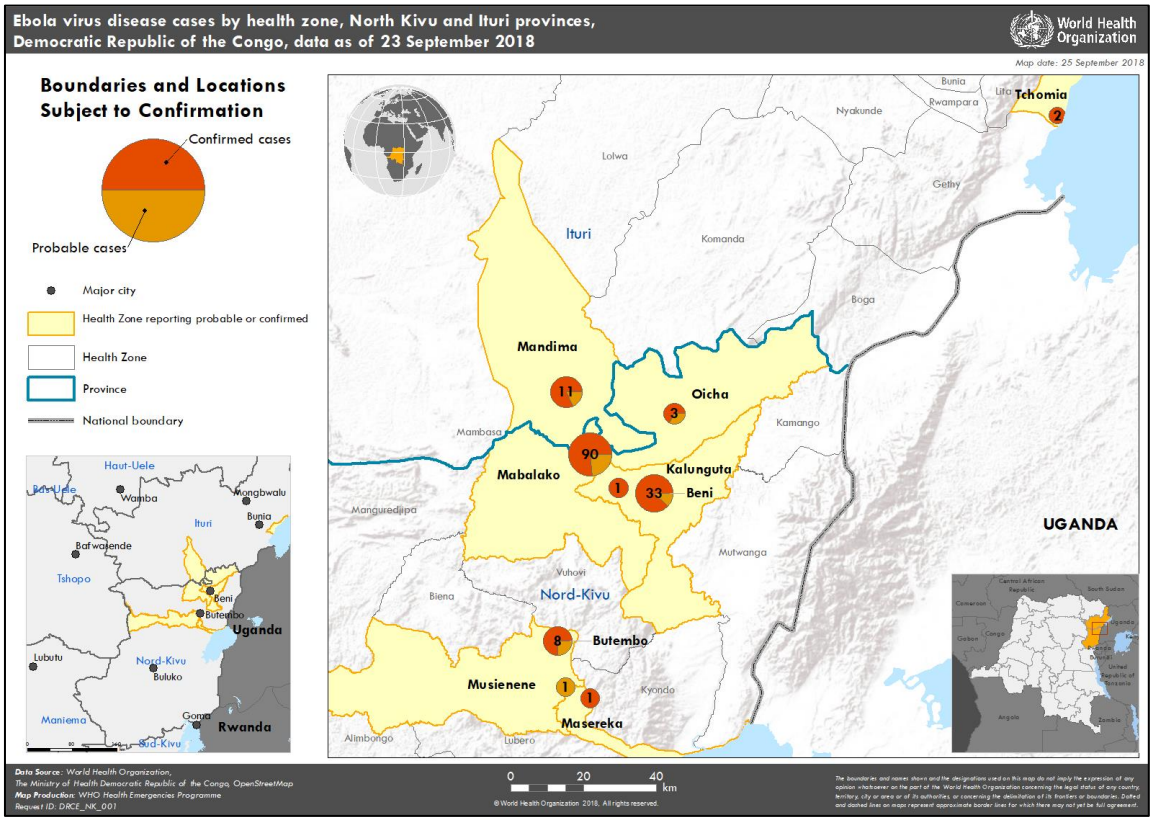
**Case counts in recent weeks may be incomplete due to reporting details. All trends should be interpreted with caution.*

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 23 September 2018 (*n*=140)



*Age/sex is currently unknown for n=10 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 23 September 2018 (*n*=150)



Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. North Kivu shares borders with Uganda and Rwanda. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, with over one million internally displaced people and a continuous movement of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. The Democratic Republic of the Congo is also experiencing multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongola, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox spread across the country.

Current risk assessment

This outbreak of EVD is affecting north-eastern provinces of the Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis), and a long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri may hinder the implementation of response activities. Based on this context, the public health risk was assessed to be high at the national and regional levels, and low globally.

As the risk of national and regional spread remains high, it is important for neighbouring provinces and countries to continue to enhance surveillance and preparedness activities. WHO will continue to work with neighbouring countries and partners to ensure health authorities are alerted and are operationally ready to respond

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control EVD outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhanced surveillance, including active case finding, case investigation, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) risk communication, social mobilization and community engagement, (vii) psychosocial care (viii) vaccination of risk groups (ix) research and (x) operational support and logistics.

2. Actions to date

Coordination of the response

- Field activities were suspended in Beni this Sunday 23 September 2018 following clashes between rebels and the Congolese armed forces which took place on 22 September 2018. Response activities will resume as soon as the calm has returned to the city.
- This attack underscores the challenges faced by the government and health organisations when responding to an Ebola outbreak in a conflict zone.

Surveillance

- As of 23 September 2018, a total of 1836 contacts remain under surveillance. Overall, there was an improvement in the proportion of contacts followed up daily, with 93-98% seen and monitored over the past week compared to 85-94% during the preceding week. This improvement should be interpreted carefully considering that 5 of the confirmed cases reported over the past week were not registered as contacts. However, as field activities were suspended in Beni on 23 September, the proportion of contacts followed up in Beni fell to 35% on that day. This highlights a need to reinforce contact listing and tracing of missing contacts who could eventually generate new transmission chains.

- As of 22 September, more than 5 million travellers have been screened at PoEs, and over 17,000 means of travel have been decontaminated.

Laboratory

- MSF will provide a Piccolo blood chemistry analyser in Butembo to support biochemistry analyses.

- Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma, Mangina and Butembo to facilitate rapid diagnosis of suspected cases.

Case management

- There are currently four ETCs in the country. The ETC supported by International Medical Corps (IMC) is in Makeke Health Area (Ituri Province), two additional ETCs are operational in Beni and Mangina with support from The Alliance for International Medical Action (ALIMA) and Médecins Sans Frontières (MSF), respectively and MSF Switzerland is collaborating with the MoH to support the ETC in Butembo. Assessments for potential additional locations for ETCs are ongoing.

- Development of a proposal for a 1-year Ebola survivor programme is underway, including clinical management of complications associated with Ebola illness, screening and prevention of sexual secondary transmission, and psycho-social support.

- ETCs continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (MEURI) protocol in collaboration with the MoH and the Institut National de Recherche Biomédicale (INRB). WHO is providing technical clinical expertise onsite and is assisting with the creation of a data safety management board.

- As of 23 September 2018, 38 patients have received investigational Ebola therapeutics in addition to optimized standard of care, following informed consent within the context of compassionate use protocols. Of these patients, 19 have been discharged, 7 are still under treatment and 12 have died. The median delay between onset of symptoms and beginning treatment is 5 days.

Infection prevention and control and water, sanitation and hygiene (IPC and WASH)

- Trainings of health workers in infection prevention and control (IPC) practices including both standard precautions as well as recognition of signs and symptoms of Ebola with immediate triage are ongoing in affected areas including Beni, Butembo, Kisangani, Komanda, Butsili, Mabolio, Mangina and Tchomia.
- Routine water, sanitation and hygiene (WASH) activities are ongoing.
- In addition to many other structures that have been previously decontaminated, additional health structures that previously admitted confirmed EVD cases were decontaminated in Tchomia, Mangina and Mandradelé.
- Following the confirmed EVD positive case in Tchomia, an evaluation of WASH and IPC needs has been conducted at the General Reference Hospital of Tchomia. IPC activities are continuing in this area.
- Safe and dignified burials (SDBs) continue to be conducted by Red Cross SDB teams in Mabalako, Beni and Butembo. Due to the confirmed EVD case in Ituri, the Red Cross is strengthening the SDB team in Bunia. In addition, SDB team training is being conducted in Goma to increase preparedness.
- As part of the Red Zone Strategy, the Red Cross together, with MoH and WHO, has trained Government Civil protection teams from Beni, Butembo and Oicha to be able to respond in Red Zone areas.

Implementation of ring vaccination protocol

- As of 22 September, 11,417 people consented and were vaccinated against Ebola: 4,056 in Mabalako, 3,652 in Beni, 1,632 in Mandima, 834 in Butembo, 613 in Katwa, 270 in Masereka, 164 in Komanda, 121 in Oicha, 65 in Kinshasa (health workers to be deployed) and 10 in Tchomia.
- As of 22 September, 8 vaccination rings were active: 3 in Beni (including two new rings), 2 in Butembo (including 1 new ring), 1 in Katwa, 1 in Tchomia (new ring) and 1 in Mabalako (new ring).
- As of 25 September, 63 vaccination rings have been defined, including 26 rings of health and other frontline workers. These rings notably include the contacts (and their contacts) of the confirmed cases from the last four weeks.

Psychosocial care

- Routine psychosocial activities are provided in ETCs, to affected people and families, to contacts and to orphans. Coverage for each targeted population is 100%, except for among contacts (57%).

Risk communication, social mobilization and community engagement

- The MoH, WHO, UNICEF, the Red Cross and partners are intensifying activities to engage with local community leaders and community networks in the affected areas. While public awareness activities are ongoing through community radio and social mobilization in public places, such as markets, the priority is to engage community groups in the Ebola response.

- In Beni and Butembo, teams are working to address community incidents caused as a result of reluctance or refusal to comply with Ebola response teams. In Butembo, community engagement was strengthened through collaboration with a popular singer, Mayaya Santa, to produce a song with key messages.

Logistics

- An operations hub has been established in Butembo with dedicated coordination support from WHO, partners, and the MoH.

Resource mobilization

- Implementation of and resource mobilization for the joint strategic response plan, approved by the Minister of Health of the Democratic Republic of the Congo, is progressing well, in collaboration with the national authorities and all partners.

Preparedness

- The WHO Regional Office for Africa has updated the regional preparedness plan and reprioritized neighbouring countries based on proximity to North Kivu, the current EVD epicentre. The new prioritizations are as follows: Priority 1: Rwanda, Uganda, South Sudan and Burundi; Priority 2: Angola, Congo, Central African Republic, Tanzania, Zambia. These countries were prioritised based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their connections and proximity to the areas currently reporting EVD cases.

- For the non-affected provinces in Democratic Republic of the Congo, WHO has developed a 30-day plan to scale up operational capacities to quickly prevent, detect and manage the EVD cases in 6 high risk neighbouring provinces around North Kivu: Ituri, Tanganika, Haut-Uélé, Bas-Uele, Sud Kivu and Maniema. Six joints teams from the MoH and partners are in the field since 7 September, supporting local teams in the implementation of minimum capacities for early detection, investigation and rapid control of a possible outbreak in the six targeted provinces.

- WHO and MoH developed a one-year plan to support the EVD and other epidemics preparedness activities in all 26 of the country's provinces based on the lessons learned from the 2018 outbreaks in Equateur and North Kivu.

- WHO is supporting the MoH to develop an implementation strategy for the one-year national preparedness plan for EVD and other epidemics in all provinces of DRC. This implementation strategy highlights the priority actions in each provinces based on specific disease risks and capacities.

- Of the nine countries with national coordination mechanisms in place, seven (Angola, Congo, Rwanda, South Sudan, Tanzania, Uganda, Zambia) have an established subnational multisectoral coordination mechanisms with clear terms of reference.

- WHO and partners have supported the strengthening of Public Health Emergency Operations Centres (PHEOC) in five countries (Rwanda, South Sudan, Tanzania, Uganda and Zambia). Although PHEOCs are not fully established in the remaining countries, the MoH has a national taskforce that meets regularly to discuss EVD preparedness measures.

- WHO, in collaboration with the MoH and other partners on the ground in the nine countries, has developed and updated their national contingency plan and shared this with all key stakeholders

Operation partnerships

- Under the overall leadership of the MoH, WHO is supporting all major pillars of the EVD response and preparedness. WHO is working closely with wide-ranging, multisectoral, and multidisciplinary regional and global partners and stakeholders for EVD response, research and preparedness.

- WHO is engaging Global Outbreak Alert and Response Network (GOARN), Emerging and Dangerous Pathogens Laboratory Network (EDPLN), Emerging Disease Clinical Assessment and Response Network (EDCARN), and Emergency Medical Team (EMT) initiative as well as regional operational partners and collaboration centres.

- Several international organizations and UN agencies are involved in the response activities:
    - European Civil Protection and Humanitarian Aid Operation (ECHO): MEDEVAC, logistics and operational support.
    - International Organization for Migration (IOM): cross-border preparedness.
    - UK Public Health Rapid Support Team: supporting deployments through GOARN.
    - United Nations Children's Fund (UNICEF): community engagement and social mobilization; vaccination. This week's situation report from UNICEF can be found here.
    - World Bank and other reginal development banks: medical support.
    - World Food Programme (WFP)/UN Humanitarian Air Service (UNHAS): nutrition assistance, logistics and operational support.
    - UN mission: logistical assistance and together with United Nations Department of Safety and Security (UNDSS), ensuring the safety of staff on the ground.
    - Further agencies include Inter-Agency Standing Commission, United Nations Office for the Coordination of Human Affairs (OCHA), and United Nations Population Fund (UNFPA).

- Specialized agencies contributing to the response include:
    - Africa Centres for Disease Control and Prevention (Africa CDC):
        - Deploying 35 total health professionals to Beni and Butembo to support surveillance, contact tracing, and training of local health workers in IPC and social, community mobilization activities and laboratory services. In addition, a head of mission and two senior epidemiologists have been deployed to Kinshasa.

        - Providing laboratory diagnostic equipment: six GeneXpert machines and 2000 cartridges.
    - US Centers for Disease Control and Prevention CDC (US CDC):
        - Supporting deployments through the GOARN, and supporting incident management operations through staff deployments.

- Nongovernmental organizations involved in response include:
    - Adeco Federación (ADECO): IPC, risk communication and community engagement.
    - Association des femmes pour la nutrition à assisse communautaire (AFNAC): IPC, risk communication and community engagement.
    - Alliance for International Medical Action (ALIMA): patient care and vaccination.
    - CARITAS: vaccination, risk communitaion and community engagement.
    - Centre de promotion socio-sanitaire (CEPROSSAN): surveillance, IPC, risk communication and community engagement.
    - CARE International: surveillnace, IPC, risk communication, community engagement, and Ebola preparedness in Uganda.
    - Cooperazione Internationale (COOPI): IPC, risk communication and community engagement.
    - Catholic Organization for Relief and Development Aid (CORDAID/PAP-DRC): IPC, risk communication and community engagement.
    - International Rescue Committee (IRC): IPC, risk communication and community engagement.
    - INTERSOS: patient care, risk communication and community engagement.
    - MEDAIR: surveillance and IPC.
    - OXFAM: vaccination, community engagement, social mobilization, IPC and patient care.
    - Le Programme national de l'hygiène aux frontières (PNHF): PoE support.

Below are detailed activity reports from the partners exclusively for this situation report:

- The Red Cross of the Democratic Republic of Congo, with the support from International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC):
    - IFRC has deployed liaisons to WHO headquarters to ensure optimal coordination of activities.
    - Support of SDB teams and community engagement/risk communication activities. IPC interventions to support non-ETC health facilities has also started in Beni.
    - SDBs:
        - As of September 23, teams are fully operational in Mangina (4 teams), Beni (3 teams), and Butembo (3 teams); 1 team has been trained in both Bunia and Mambasa.
        - 21 unsuccessful SDBs have occurred due to either incidents of community refusals or because the burial was conducted by the community before the team arrived.
    - IPC:
        - In Beni, the Tamende Hospital and clinic have been completed with the donation of IPC materials and the training of more than 70 staff completed. IPC support to three other health facilities was completed as of 22 September. All IPC facilities will be provided with thermo-flash to ensure pre-triage in conducted at facilities.

        - In Butembo, initial assessments have been carried out and IPC interventions are planned for two major health facilities. Additional detailed assessments will be done and resource planning is ongoing.
    - Risk communication and community engagement:
        - Door-to-door education/mass sensitisation activities in Mangina, Beni, Oicha and Butembo have reached 117,780 people as of 20 September.
        - In Mangina, a radio show on Ebola is playing which includes a testimony of survival as well as Q&A with the community.
        - A Community feedback system has been activated in Beni and Mangina through regular reporting of volunteers regarding questions, concerns, beliefs and rumours from the community.
    - Psychosocial support (PSS):
        - PSS needs assessments were conducted in Beni and Butembo. SDB volunteers have an extremely demanding job and need more support, both psychologically and logistical adjustments to their working environment.
        - Meetings were held with the Bethesda Counselling Centre in Beni with regards to temporary follow up of the SDB volunteers and encouraging peer support groups.

- Save the Children International (SCI):
    - Trained 80 MoH staff on Ebola, briefed 310 health workers on house-to-house sensitization, contact tracing, references, and surveillance.
    - Trained and briefed 46 community religious, traditional and political administrative leaders; More than 254,000 people and nearly 38,000 households have been sensitized on Ebola; 111,785 children have been reached by Ebola messages.
    - 10 triage facilities have already been constructed out of the 15 planned. Five of them will be finished by next week.
    - 5 child protection focus groups were done in Mabalako.

IHR travel measures and cross border health

- WHO advises against any restriction of travel and trade to the Democratic Republic of the Congo based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.

- As investigations continue to establish the full extent of this outbreak, it is important for neighbouring provinces and countries to enhance surveillance and preparedness activities[1].

[1] http://origin.who.int/ith/en/

3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo has been ongoing for over six weeks since its declaration and a lot of progress has been made to limit the spread of the disease to new areas. The situation in Mangina (Mabalako health zone) is stabilising, while Beni has become the new hotspot, and teams must continue to enhance response activities to mitigate potential clusters in the city of Butembo and Masereka Health Zone.

There are still significant threats for further spread of the disease. Continued challenges include contacts lost to follow up, delayed recognition of EVD in health centres, poor infection control in health centres, and cases leaving health centres and refusing transfer to Ebola treatment centres. While the majority of communities have welcomed response measures, in some, risks of transmission and poor disease outcomes have been amplified by unfavourable behaviours, with reluctance to adopt prevention and risk mitigation strategies. The priority remains strengthening all components of the response in all affected areas, as well as continuing to enhance operational readiness and preparedness in the non-affected provinces of the Democratic Republic of the Congo and neighbouring countries.