EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 09

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 162 Deaths 106

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored, with the Ministry of Health, WHO and partners making progress in response to the outbreak. Recent trends (Figure 1) suggest that control measures are largely working, although these trends must be interpreted with caution. The outbreak remains active in Beni Health Zone, and additional risks remain following the confirmation of two EVD cases in Tchomia and one case in Komanda, both health zones in Ituri province. This is the first time that confirmed cases have been reported in Tchomia Health Zone, which borders Uganda, and in Komanda Health Zone. All of these cases have been linked to the ongoing transmission chain in Ndindi health area, Beni Health Zone.

Since WHO's last situation report on 25 September 2018 *(External Situation Report 8)*, an additional 12 new confirmed EVD cases and six new deaths have been reported. A total of 17 new suspected cases are under investigation in Mabalako (8), Beni (7), Mandima (1) and Tchomia (1).

As of 2 October 2018, a total of 162 confirmed and probable EVD cases, including 106 deaths, have been reported - resulting in a global case fatality ratio (CFR) of 65.4%. Among the 162 cases, 130 are confirmed and 32 are probable. The CFR among confirmed cases only was 56.9% (74/130). The confirmed cases were reported from nine health zones: Mabalako (69), Beni (38), Oicha (2), Masereka (1), Butembo (7), Kalunguta (1), Mandima (9) Tchomia (2) and Komanda (1). Cumulatively, 19 health workers have been affected, of whom 18 are confirmed cases; three health workers have died. All health workers' exposures occurred in health facilities outside the dedicated Ebola treatment centres (ETCs).

Among the 155 cases with known age and sex, 55% (n=86) are female. Among females, the most affected age group is 15-24 years, while among men the most affected age group is 35-44 years (Figure 2).

As of 2 October 2018, 46 cases have recovered, been discharged from ETCs, and re-integrated into their communities. A total of 27 cases (10 confirmed and 17 suspected) remain hospitalized in the ETCs.

The epicentres of the outbreak remain Mabalako and Beni Health Zones in North Kivu Province, reporting 56% (n=90) and 27% (n=43) of all confirmed and probable cases respectively. Beni is reporting an increasing number of all new cases, indicating the persistence of Ebola virus transmission in this area. The Beni Health Zone has reported 60% of all cases reported since early September 2018. Of the total deaths reported to date, 61.3% (n=65) were from Mabalako, while 27.4% (n=29) were from Beni. 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 Ministry of Health (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. 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.

On 25 September 2018, three refugees from the Democratic Republic of the Congo reported to be contacts of an EVD-confirmed case that died on 20 September 2018 in Tchomia Health Zone, Ituri Province arrived at the Sebagoro point of entry in Hoima District in Uganda, and are currently being monitored.

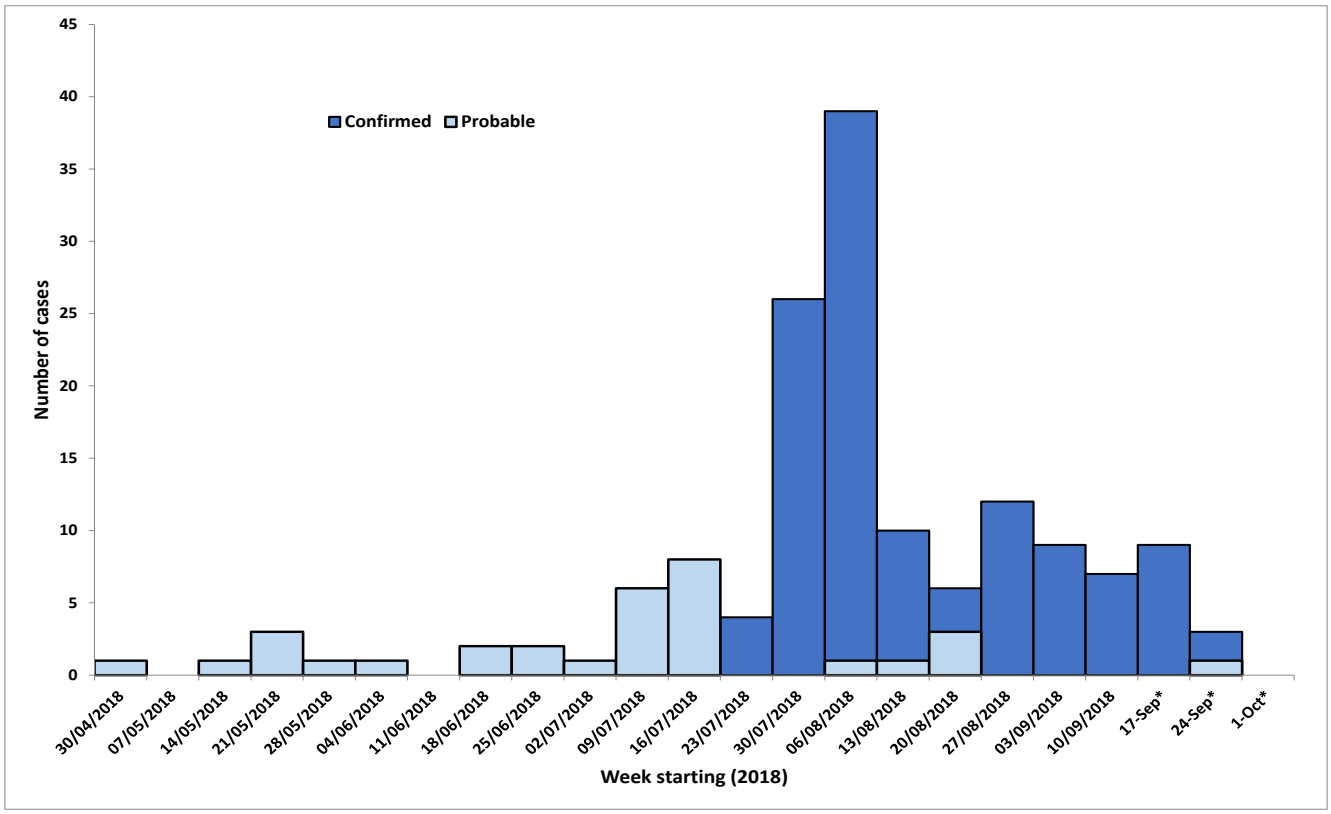
Field activities were severely limited in Beni during the week of 24 September 2018 following a community-led declaration of "*ville morte",* a community-enforced general strike on all local activity. The declaration followed clashes between rebels and the Congolese armed forces, which took place on 22 September 2018. In solidarity with Beni, community leaders in Butembo and Mabalako Health Zones also declared a *ville morte* that severely limited Ebola response activities in those health zones. Consequently, the proportion of contacts followed-up in Beni fell to a low of 20% on the 23 September 2018. Activities resumed on 26 September 2018, but movement remained restricted in the city. As of 30 September 2018, a total of 1463 contacts remain under surveillance and 1355 (93%) have been followed.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 2 October 2018

Case classification/ status	North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia	
Probable*	5	2	1	21	1	0	0	0	2	0	**32**
Confirmed	38	7	2	69	0	1	1	1	9	2	**130**
Total confirmed and probable	**43**	**9**	**3**	**90**	**1**	**1**	**1**	**1**	**11**	**2**	**162**
Suspected cases currently under investigation	**7**	**0**	**0**	**8**	**0**	**0**	**0**	**0**	**1**	**1**	**17**
Deaths											
Total deaths	**29**	**5**	**1**	**65**	**1**	**1**	**0**	**0**	**3**	**1**	**106**
Deaths in confirmed cases	24	3	0	44	0	1	0	0	1	1	**74**

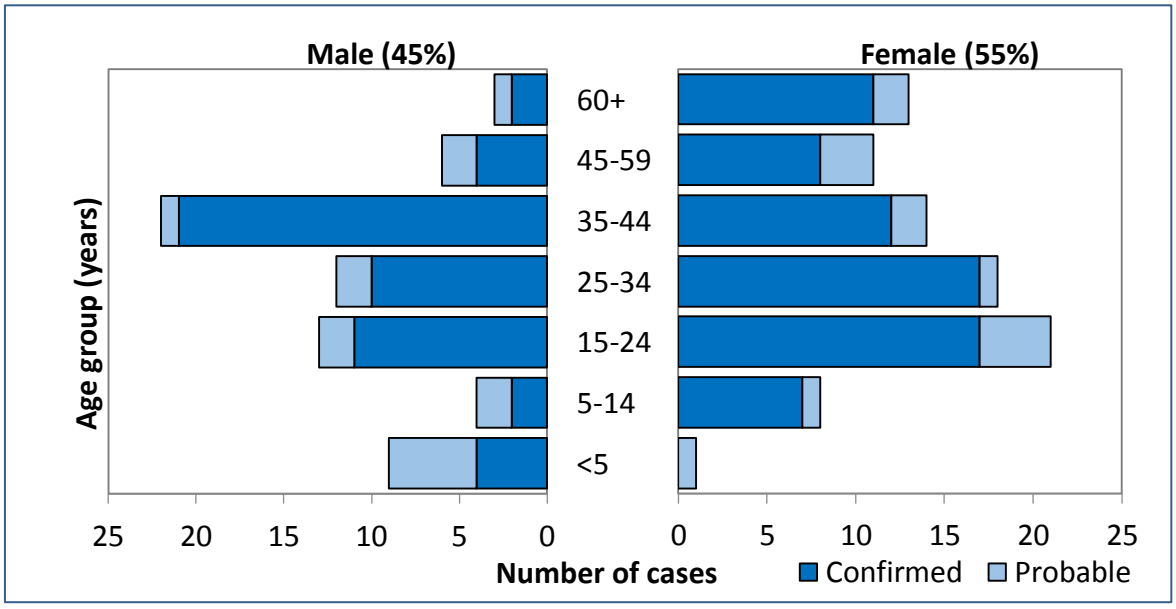
**Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.*

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 30 September 2018 (*n*=161)*



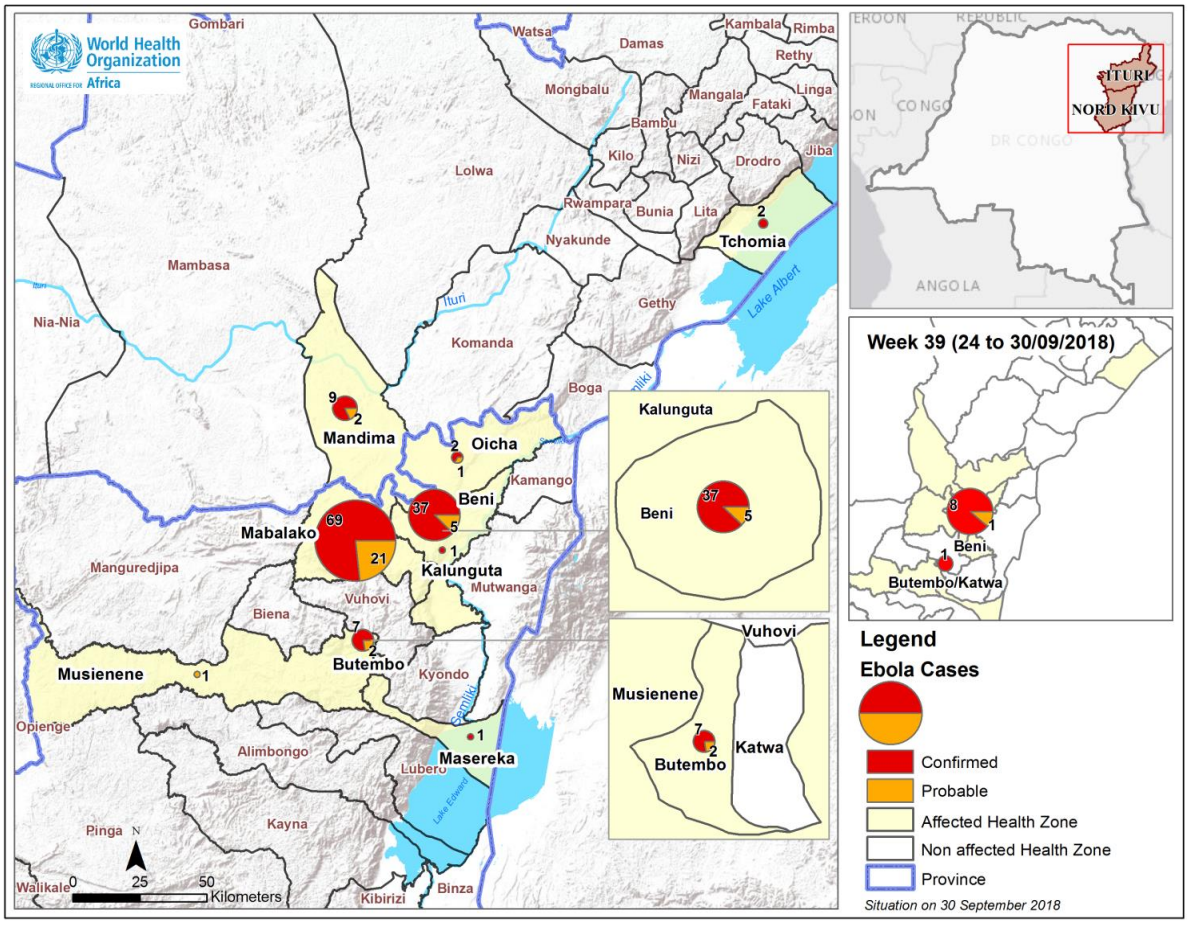
**Case counts in recent weeks may be incomplete due to reporting delays.*

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 30 September 2018 (*n*=155)



*Age/sex is currently unknown for n=5 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 30 September 2018 (*n*=161)



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 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 borders 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. On 28 September 2018, based on the worsening security situation, WHO revised its risk assessment for the outbreak, elevating the risk at national and regional levels from high to very high. The risk remains low globally. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

As the risk of national and regional spread remains very high, it is important for neighbouring provinces and countries to continue to enhance surveillance and preparedness activities. WHO continues to work with neighbouring countries and partners to ensure that health authorities are alerted and operationally prepared 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 ix) operational support and logistics.

2. Actions to date

Coordination of the response

- An advocacy mission was conducted to local authorities to secure the village of Tagba in Tchomia Health Zone, which was attacked by FRPI militia last weekend to allow resumption of response activities.

Surveillance

- As of 30 September 2018, a total of 1463 contacts remain under surveillance. Following the end of *ville morte*, there has been a significant improvement in the proportion of follow-up contacts, with the proportion rising to 93% (1354/1463) from 77% (1422/1851) seven days previously. A total of 183 new contacts have been identified, all from Beni. Most contacts are currently within Beni and Mabalako health zones, with 50% (732/1463) and 20% (298/1463) respectively. Beni Health Zone has the largest number of unseen contacts (n=647) as a result of the deteriorating security situation.
- There are continued investigations around the last five confirmed cases (4 in Beni and 1 in Mabalako) to determine the source of infection.
- Joint actions of the Commissions Surveillance, Communication and Psychosocial care, with the support of Civil Protection continue to search for the confirmed case who left the Beni treatment centre.
- Close to 6.5 million travellers have been screened at 53 Points of Entry since the beginning of the outbreak.

Laboratory

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

Case management

- An isolation unit is being developed from existing facilities in Tchomia.

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

- Ebola Treatment Centres (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 1 October 2018, 47 patients have received investigational Ebola therapeutics, 26 treated with mAb 114, 10 with Remdesivir and 8 with Zmapp. A new molecule, Regeneron, has been used for the first time in three patients in Beni.

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

- Training of health workers in infection, prevention and control (IPC) and triage is ongoing in affected areas including Beni, Butembo, Kisangani, Komanda, Butsili, Mabolio and Mangina.

- Routine water, sanitation and hygiene (WASH) activities are ongoing; three health structures that had previously admitted confirmed cases were decontaminated in Tchomia, Mangina and Mandradelé.

- A total of 85 care providers have been trained in IPC protocols (45 in Beni and 40 in Goma); hygiene kits have been distributed to five schools in Goma, and two households have been decontaminated in Kanzulizuli, the Ngongolio sorting area and the centre of Kalinda, Tchomia Health Zone.

- A comprehensive plan to strengthen IPC in 200 health facilities, with WHO's support, aims to: train medical staff; provide IPC kits; and replace incinerated materials in health facilities and households.

- Current Safe and Dignified Burial (SDB) capacity, through Red Cross and Civil Protection units, is operational in Mangina, Beni, Butembo, Oicha and Tchomia. Further operational capacity is being built in Bunia. Trained SDB teams also in Mambasa and Goma are without full operational capacity at this point.

- As of 1 October 2018, a total of 194 SDB alerts were received; of these, 162 were responded to successfully, 25 unsuccessfully, six had not been responded to due to security concerns, and one alert response was pending.

Implementation of ring vaccination protocol

- As of 1 October, 13 550 people at risk, including 5678 health care or frontline workers and 2894 children have been vaccinated.

- As 1 October, 67 rings have been defined, plus 26 rings of healthcare workers and frontline workers.

- Ring vaccination teams are active in health areas in North Kivu (Beni, Mabalako, Butembo) and Ituri (Mandima). Vaccination of health workers continues in Lukaya, Ituri by MSF.

- The proportion of people vaccinated remains low in Tchomia and active search for those eligible for vaccination is planned.

- The current stock of vaccines stands at 3660 doses.

Psychosocial care

- Routine psychosocial activities are conducted in ETCs, with affected persons and families, with contacts, and with orphans. Coverage for each targeted population is 100%, excepted for the contacts (57%).

- Community reintegration of two cured and 11 discharged patients in Beni is ongoing, with psychosocial support and material assistance to 25 people affected by EVD.

Risk communication, social mobilization and community engagement

- Due to the conditions imposed by *ville morte* from 24-28 September 2018, social mobilization teams were in lockdown for five days in Beni and unable to engage with communities until the *ville morte* was lifted; the situation in Beni has since improved. Engagement with local leaders in Ndindi in the past weeks has helped increase community ownership, with positive signs that leaders are actively reporting suspected cases through a telephone hotline. More collaboration has also been observed between local authorities and community focal points.

- Several activities have been conducted in Beni and Butembo to address the incidents related to community acceptance of the Ebola response. In Butembo, community engagement was strengthened through collaboration with a popular singer, Mayaya Santa, producing a song with key messages about Ebola response.

- The activation of Tchomia's communication commission has been a priority. A meeting was organised with two religious networks, reaching 233 religious leaders from 141 churches in Tchomia Health Zone; the meeting also engaged youth leaders and motor taxi associations. Activities involving two community radio stations and residents in the 11 fishing ports were carried out. Door-to-door outreach was conducted with 225 households, and 45 community relays and core leaders were trained and briefed on EVD prevention.

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.

- Given the current context around the outbreak, including the volatile security situation, mistrust/community resistance and the continued reporting of confirmed cases and the risk of spread of the outbreak to neigbouring countries, the initial response planning will be adjusted and likely to be extended to next year. This will require additional funding, which will also cover preparedness related activities in neigbouring countries to ensure appropriate preparedness and readiness measures are implemented by the at-risk countries.

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 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 both a 30-day and a one-year plan to support EVD preparedness activities in these provinces.

- WHO in collaboration with partners (CDC, UNICEF, OCHA, IOM, GOARN, UK-Med, etc.) are supporting the deployment of experts to provide technical support to the MoH on the implementation of EVD preparedness activities.

- All nine targeted countries (Angola, Burundi, Central Africa Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda, Zambia) have a functional national coordination mechanism in place, with eight of the nine countries having clear terms of reference

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

- WHO and partners have supported the strengthening of Public Health Emergency Operations Centre (PHEOC) in five countries (Rwanda, South Sudan, Tanzania, Uganda, and Zambia). Although PHEOC 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.

Operational partnerships

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

- Several international organizations and UN agencies are involved in the response activities; the organizations and specific contributions are noted below.

- **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 (see below)
- **United Nations Children's Fund (UNICEF)**: community engagement and social mobilization; vaccination
- **World Bank** and regional development banks: medical support
- **World Food Programme (WFP)** and **UN Humanitarian Air Service (UNHAS)**: nutrition assistance; logistical and operational support
- **UN mission**: logistical assistance and, together with **UN Department of Safety and Security (UNDSS)**, ensuring the safety of staff on the ground
- Additional UN agencies include the **Inter-Agency Standing Commission**, the **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)**, and the **United Nations Population Fund (UNFPA)**

- 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 the **Emergency Medical Team (EMT)** initiative – as well as regional operational partners and collaboration centres in Africa – to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries.

- Specialized agencies participating in Ebola response include:
  - Africa Centres for Disease Control (Africa CDC): Deployment of health professionals (of various professional categories and seniority levels) to support surveillance and contact tracing, training of local health workers in Infection Protection and Control (IPC) and social mobilization activities; laboratory services; Central Coordination in Kinshasa; and support with laboratory diagnostic equipment.
  - US Centers for Disease Control (US CDC): Supporting deployments via GOARN; supporting incident management operations through staff deployments.
  - UK Department for International Development (DFID): Supporting surveillance, infection control and prevention (IPC), risk communication, and community engagement.

- Nongovernmental organizations involved in Ebola response are:
  - **Adeco Federación (ADECO)**: Supporting infection prevention and control (IPC), risk communication, and community engagement.
  - **Association des femmes pour la nutrition à assisse communautaire (AFNAC)**: Supporting infection prevention and control (IPC), risk communication, and community engagement.
  - **Alliance for International Medical Action (ALIMA)**: Supporting patient care and vaccination.
  - **CARITAS DRC**: Supporting vaccination, risk communication, and community engagement.
  - **CARE International**: Supporting surveillance, infection prevention and control (IPC), risk communication, and community engagement in DRC; CARE International is also supporting Ebola preparedness in Uganda.
  - **Centre de promotion socio-sanitaire (CEPROSSAN)**: Supporting surveillance, infection prevention and control, risk communication, and community engagement.
  - **Cooperazione Internationale (COOPE)**: Supporting infection prevention and control, risk communication, and community engagement.
  - **Catholic Organization for Relief and Development Aid (CORDAID/PAP-DRC)**: Supporting infection prevention and control, risk communication, and community engagement.
  - **International Rescue Committee (IRC)**: Supporting infection prevention and control, risk communication, and community engagement.
  - **INTERSOS**: Supporting surveillance, and infection prevention and control.

- **Le Programme national de l'hygiène aux frontiers (PNHF)**: Supporting points of entry (PoE).
- **MEDAIR**: Supporting surveillance, and infection prevention and control.
- **Médecins Sans Frontières (MSF)**: Supporting infection prevention and control, and patient care.
- **Oxfam International**: Supporting vaccination, community engagement and social mobilization, infection prevention and control, and patient care.
- **Red Cross of the Democratic Republic of Congo**, with the support of the **International Federation of Red Cross and Red Crescent Societies (IFRC)** and **International Committee of the Red Cross (ICRC)**: Supporting infection prevention and control, safe and dignified burials, risk communication, and community engagement.
- **Save the Children International (SCI)**: Supporting surveillance, infection prevention and control, risk communication, and community engagement.

- The **IOM** is leading the response pillar Cross-border Preparedness/PoE support with the following activities in the past week:
  - In corroboration with WHO AFRO, supporting facilitation of Cross-border coordination meeting in Entebbe Uganda (2-4 October 2018) and has supported a delegation of ten MoH high level officials including Director National Laboratory, National IHR focal point, and Cabinet to attend this meeting.
  - To respond to new confirmed cases in Ituri, IOM and PNHF has a revised POE strategy for Ituri with more focus on on-site supervision of local surveillance staffs at POEs by IOM epidemiologists.
  - By following recommendations of the PMM in Mambasa, one POC has been set up and operational at the entrance in Komanda (Beni Axis). To respond to another new case in Komanda Ituri, IOM will support setting up additional two POCs at exit of Komanda entry (to Bunia) and exit towards Mambassa.
  - To capture more insights of cross border mobility flow between DRC/Ituri-Uganda and DRC/Ituri-South Sudan IOM will organize Participatory Population Mobility Mapping this Saturday in Tchomia. In addition to FMP (Flow monitoring) followed up by IOM Uganda and IOM South Sudan at the DR border, IOM DRC is setting up additional Flow monitoring surveillance sites in Kaseyni, Tchomia, Mahagi and Aru at the border.

- The **Red Cross of the Democratic Republic of Congo**, with the support of **IFRC** and **ICRC**, is leading the response pillar **Safe and Dignified Burials (SDB)**:
  - As of 30 September, teams have received 189 SDB alerts and completed 153 SDB.
  - 24 unsuccessful SDBs due to community refusals/ burial done by the community before arrival of the team.
  - In Beni/Butembo, the security situation (*ville morte*) last week limited SDB activities and organization of the SDB Sub-Committee meetings.
  - Red Cross is increasing its HR capacity in Bunia- Tchomia. Two SDB teams set up to cover Tchomia and Kasenyi areas and plans are in place for reinforcing the SDB capacity in Bunia.
  - In Goma, SDB training of 40 RC volunteers was completed on 30 September 2018.
  - Summary of the current Red Cross SDB capacity: Operational teams in Mangina, Beni, Butembo and Tchomia/Kasenyi. In addition, trained teams in Bunia, Mambasa and Goma.

Activities in other response areas in the past week included:

- **Infection Prevention and Control (IPC)**
  - In Beni – work/ training of healthcare workers completed in Tamende Health Area.
  - In Butembo – Red Cross is covering for two hospitals Matanda Hospital and Sainte Famille Hospital.
    - IPC infrastructure work completed in Matanda hospital; training of staff has started.

- IPC infrastructure work started in Sainte Famille Hospital; trainings are being planned.

RCCE

- As of 30 September 2018, door-to-door education/mass sensitization in Mangina, Beni, Oicha, and Butembo reached over 140 000 people.
- RC CEA activities continue as per plan in Beni, Mangina, Butembo and Oicha. Activities include house-to-house visits; focus group discussions, sensitization on SDB for community/neighbourhood groups in resistant areas and sensitization of religious leaders.

Psychosocial support

- Current key focus of PSS is on organizing support to SDB volunteers and training all volunteers on psychological first aid.

UNICEF is leading the response pillar Risk Communication and Community Engagement (RCCE) and Psychosocial support:

RCCE

- Continues to organize public welcomes for survivors in their communities to decrease stigmatization of EVD and strengthen the profile of early detection and Ebola Treatment Units (ETUs).
- While schools were closed from the 24 to 30 September, as of 1 October, 60 785 school children (20% coverage) were reached with Ebola prevention messages, of whom 12 660 were reached during the reporting period.
- 403 teachers were briefed on Ebola prevention, reaching a total of 3566 teachers (50% coverage) since the beginning of the response. Of those teachers reached during the reporting period, 355 were from Tchomia and Kasenyi Health Zones.
- 30 authority members from EPSP Ituri were briefed on Ebola prevention messages, provision of psychosocial support in schools, and the importance of handwashing as a prevention mechanism. The role of authority members, media, and the provision of free treatment for suspect cases in school settings was highlighted.

Psychosocial support

- In Tchomia and Bunia (Ituri province), the Psychosocial Commissions are currently being established. In Tchomia Health Zone, four psychosocial assistants (APS) have been deployed to rapidly respond to the first needs of children and families affected by Ebola Virus Disease (EVD).
- During the reporting period, nine families affected by EVD received psychosocial support and material assistance in nine health zones; reaching a total of 159 (100% coverage) out of the targeted 159 affected families. Support includes food and material assistance.
- Food assistance is systematically distributed to affected families, and hygiene and dignity kits are distributed to all cured or discharged patients.

UNICEF activities in other response areas during this reported period included:

WASH

- In the General Hospital of Tchomia, UNICEF completed the disinfection of a 20 m^3 water tank, construction of a protection structure and installation of six handwashing facilities.
- WASH partners in Butembo Health Zone received training on communication and ensuring dialogue with community during the implementation of WASH activities. These teams will be providing training in health centres, for teachers and community leaders, in addition to provision of water and handwashing stations. The same training is ongoing for UNICEF WASH partners in Bunia and Tchomia Health Zones.

WHO encourages wider coverage of partner operations via this report in response to demand from our planning teams. If you would like to see the activities of your agency or organization appears in the report, please send an email to goarn@who.int.

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.

3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo is at a critical juncture due to the prevailing security threats, community reluctance/mistrust and increased geographical spread. The period of mourning ("*ville morte*") in Beni and other towns has officially ended and response operations have fully resumed, with the teams on the ground working fast to make up for the halt in operations last week. However, the response teams remain vigilant given the security constraints.