

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 38



World Health
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1. Situation update



The tragic death of the WHO epidemiologist following an attack by armed militia at Butembo University Hospital has saddened colleagues and increased security concerns. Many Ebola response activities were suspended in the wake of his death as teams mourned his passing and as further security measures were being reviewed. Two other healthcare workers were injured in the attack but are currently recovering from their injuries.

This past week saw a slight decline in the number of new Ebola virus disease (EVD) cases reported in the North Kivu and Ituri provinces of the Democratic Republic of the Congo, with a total of 80 new confirmed cases reported. However, this reduction should be interpreted with caution following the disruption of surveillance and case investigation activities. Documented transmission, however, remains geographically confined, with the majority of recent cases being reported from hotspot areas within Katwa, Vuhovi, Butembo, Mandima, and Beni health zones. During the last 21 days (2 - 22 April 2019), a total of 253 confirmed and no probable cases were reported: Katwa (130), Vuhovi (31), Butembo (29), Mandima (21), Beni (17), Mabalako (8), Kalunguta (6), Masereka (5), Musienene (3), Oicha (2), and Kyondo (1). During this period, 59 health areas in 11 health zones reported new cases; 41% of the 145 health areas affected to date (Table 1 and Figure 2).

As of 22 April 2019, a total of 1353 EVD cases, including 1287 confirmed and 66 probable cases, were reported. A total of 880 deaths were reported (overall case fatality ratio 65%), including 814 deaths among confirmed cases. Of the 1353 confirmed and probable cases with known age and sex, 56% (758) were female, and 28% (381) were children aged less than 18 years. The number of healthcare workers affected remains 90, including 33 deaths.

As the security and safety of response personnel remain a top priority, efforts are being made across all major stakeholders, including WHO, the UN, and the government of the Democratic Republic of the Congo to strengthen both strategic and operational security measures, and identify any potential security gaps in the field. Additional security measures such as revising movement protocols, improving physical security at all fixed locations, and revamping contingency measures are being reviewed and further intensified. Analyses resultant from these reviews will be used to update the security risk management process. Engagement with communities through direct dialogue is ongoing to gain greater community acceptance, as this is key to an effective response, as well as to ensuring the security and safety of both the outbreak response workers and the patients they are serving. Nevertheless, the overall security situation at this time remains volatile and challenging.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 22 April 2019

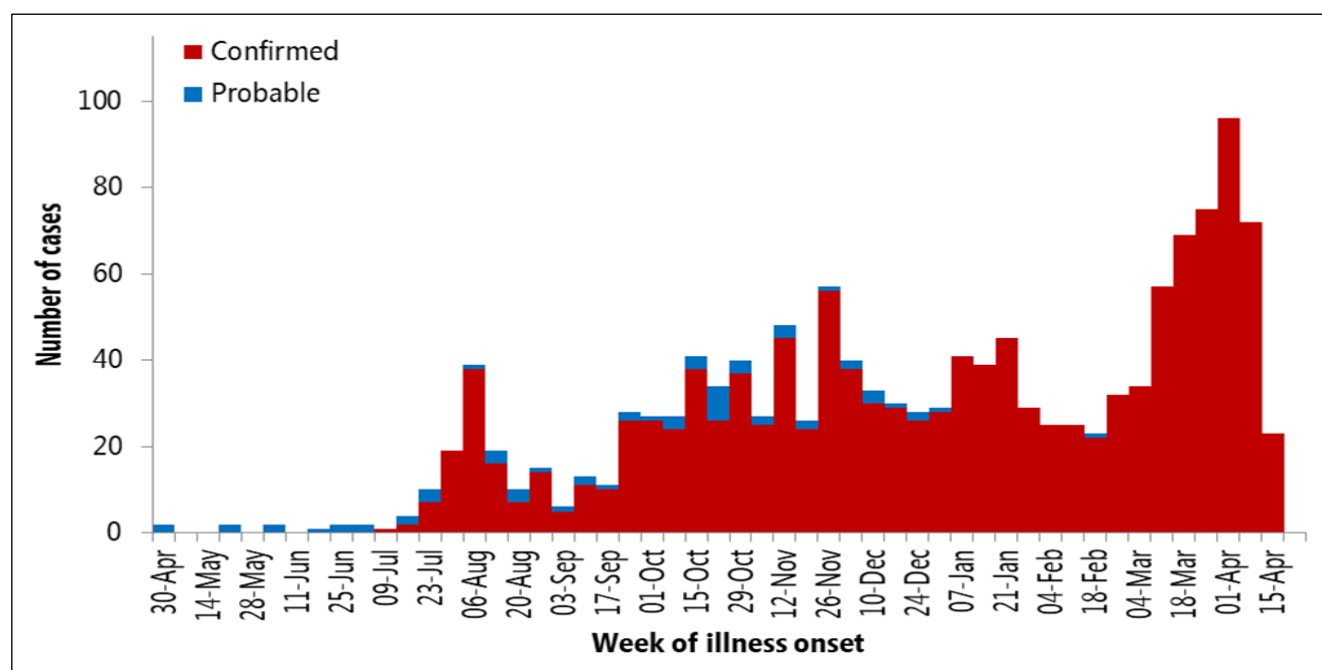
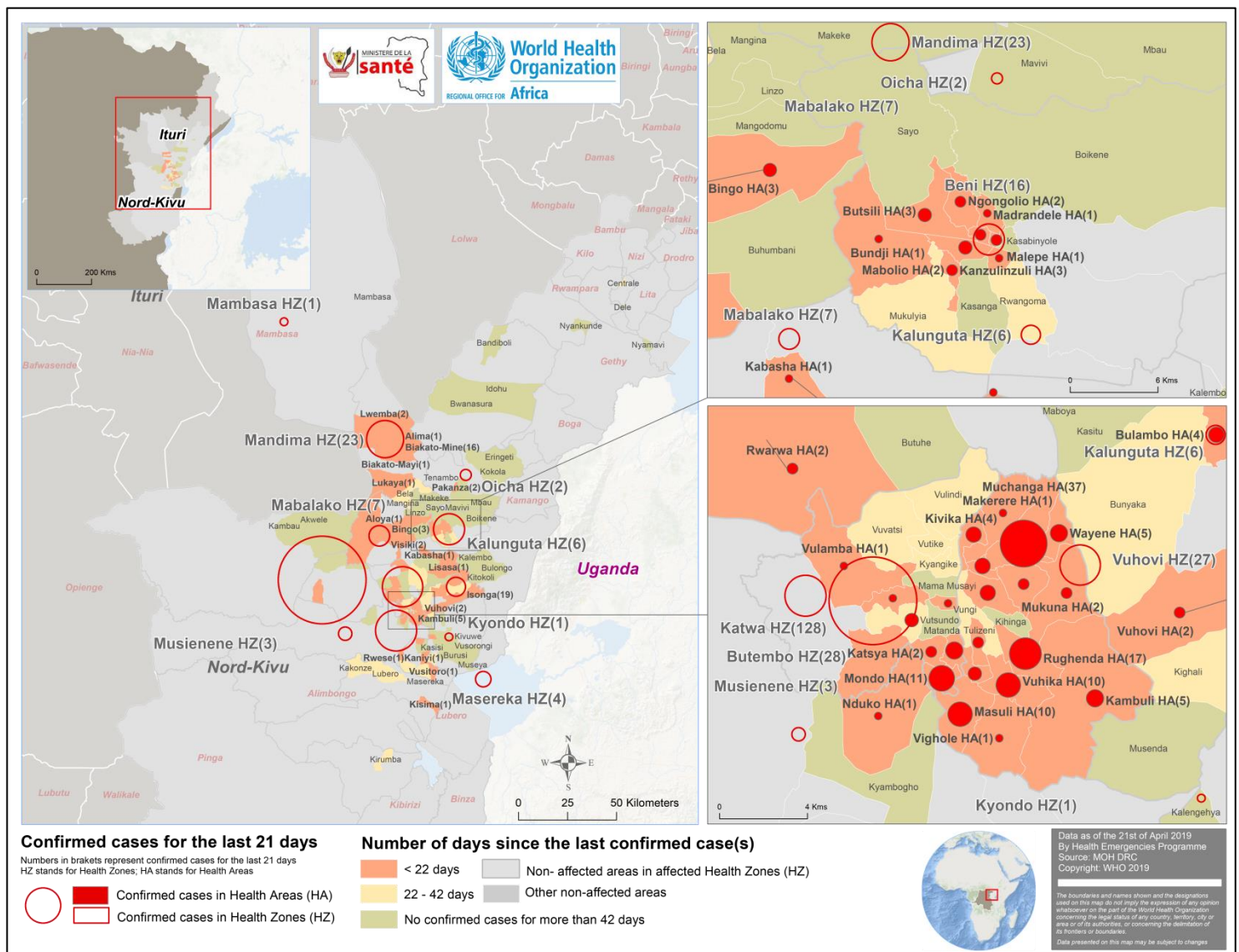


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 22 April 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Cumulative cases by classification			Cumulative deaths		Confirmed cases in the last 21 days
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
North Kivu	Beni	11/18	255	9	264	137	146	17
	Biena	0/14	6	0	6	6	6	0
	Butembo	9/15	128	0	128	137	137	29
	Kalunguta	4/18	54	13	67	24	37	6
	Katwa	15/18	444	11	455	296	307	130
	Kayna	0/18	7	0	7	3	3	0
	Kyondo	1/22	17	2	19	12	14	1
	Lubero	0/18	4	0	4	1	1	0
	Mabalako	4/12	98	16	114	61	77	8
	Manguredjipa	0/9	5	0	5	4	4	0
	Masereka	4/16	33	1	34	12	13	5
	Musienene	1/20	9	1	10	5	6	3
	Mutwanga	0/19	4	0	4	3	3	0
	Oicha	1/25	40	0	40	20	20	2
	Vuhovi	4/12	77	0	77	28	28	31
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	0/15	27	9	36	10	19	0
	Mandima	5/15	74	4	78	50	54	21
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	1	0	1	1	1	0
	Tchomia	0/12	2	0	2	2	2	0
Total		59/339 (17.4%)	1287	66	1353	814	880	253

Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 21 April 2019



**Data are subject to delays in case confirmation and reporting, as well as ongoing data cleaning and reclassification – trends during recent weeks should be interpreted cautiously.*

2. Actions to date

The Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing several outbreak control interventions, together with teams in the surrounding provinces who are taking measures to ensure that they are response ready.

An overview of key activities is summarized below:

Surveillance and Laboratory

- ➔ Over 77 800 contacts have been registered to date and 12 425 are currently under surveillance as of 22 April 2019. Follow-up rates remained very high (>90%) in health zones with continued operations. However, reduced surveillance activities in 11 health zones in the wake of security incidents resulted in no reporting from these areas, thus overall follow-up rates dropped to 38% in the past three days.
- ➔ Similarly, alert reporting and investigation activities were affected. An average of 963 alerts were received per day over the past seven days, of which an average of 857 (89%) were investigated within 24 hours of reporting.
- ➔ There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo (located in Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia and Kinshasa). All the laboratories are using GeneXpert as the primary diagnostic tool.
- ➔ A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

Case management

- ➔ There are currently 12 operational treatment and transit centres.
- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT is now enrolling and treating patients at ETC sites in Katwa, Beni and Butembo. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- ➔ The Katwa ETC is operating at more than 80% of capacity.
- ➔ Minimum ETC services are being provided in Butembo and Katwa following security incidents.

Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- ➔ Healthcare worker infections and nosocomial transmission continue to drive transmission in health facilities. IPC teams are following up at health facilities associated with these infections to investigate potential causes of transmission and provide supportive supervision to health facility staff.

- ➔ IPC teams performed a rapid assessment of 42 health facilities in Katwa in late March 2019. The assessment looked at compliance with 12 IPC standards in health facilities to prevent nosocomial transmission of EVD. The results showed that a majority of those assessed (67%) did not meet minimum IPC standards to prevent nosocomial transmission. Across the 12 IPC standards, triage, isolation, and environmental decontamination were poorly performed at most facilities. To address these gaps, IPC teams are providing supportive supervision to health facilities.

Points of Entry (PoE)

- ➔ From 15 to 21 April 2019, 1 923 682 screenings were performed, giving a total 52 046 916 cumulative screenings. A cumulative total of 770 alerts were notified, of which 320 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, 76 alerts were notified, of which nine were validated as suspect cases following investigation. One was positive for EVD. The positive case was a 60-year-old female who first developed symptoms at her home in Kabasha, in the Kalunguta Health Zone. Following four days of hospitalization in a local facility with no improvement, her family decided to transfer her to a higher facility in Nyankunde. She was intercepted at Mukulya PoC, south of Beni, and referred to the ETC.
- ➔ This week, WHO supported the training of personnel based at the Petite Barrière PoE in Goma on the proper usage of the thermographic camera and its maintenance. Monitoring of the usage of the thermographic cameras was also carried out at the Goma International Airport.
- ➔ A formative supervision at OPRP (Nyiragongo HZ) and Mubambiro (Kirotshe HZ) PoCs was carried out and recommendations provided for improvement of the traveller screening pathway with the installation of the corridor, and the use of hand washing spray to increase the adherence of travellers to hand washing.
- ➔ The relocation of Lengabo PoC to Chayi in Bunia was completed on 20 April 2019, and the PoC is fully functional in the new site. As reported in previous weeks, the decision to relocate this PoC was recommended by Bunia sub-coordination after the establishment of a new road at Chayi. Furthermore, two new mobile PoCs in Kolikoko (Oicha HZ) and Biakato (Mandima) were established.
- ➔ IOM staff received death threats as a result of delayed payment of police personnel. IOM is coordinating with MOH and other stakeholders to resolve this issue.

Burundi

- ➔ IOM conducted three population mobility mapping (PMM) exercises in Cibitoke, Bubanza and Bujumbura Rural – provinces bordering DRC – to enhance identification and prioritization of areas where public health measures need strengthening. Knowledge on population mobility dynamics in Burundi, especially in EVD high-risk, cross-border districts, is important to informing epidemiological and public health decisions aimed at preventing, detecting and responding to the public health threat of EVD.

South Sudan

- ➔ IOM PoE EVD screening sites recorded 19 927 inbound travellers to South Sudan who were screened for EVD exposure and symptoms, with no alert cases. The 13 IOM PoE screening sites are as follows: Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along the Busia Uganda border) in Morobo County, and Pure, Kerwa, Khorijo in Kajo keji and Birigo in Lainya County.

Uganda

- ➔ From 15-18 April 2019, IOM and MOH (with the participation of UNICEF) organized a training of trainers in Rukungiri and Rubirizi districts on EVD surveillance and reporting procedures at PoEs. The training is based on the harmonized national EVD PoE toolkit and is expected to be cascaded in each PoE from mid-April 2019. A total of 45 trainers were trained in the districts (22 from Rukungiri and 23 from Rubirizi), and included members of the PoE communities, District Health Teams (DHT) and Red Cross volunteers.
- ➔ March 2019 flow monitoring reports for the DRC and South Sudan borders, with data on over 139 060 movements measured at 14 flow monitoring points (FMPs), are attached. For Uganda-DRC, the majority of 97 600 movements were reported between districts close to the border (less than 4% to Kampala); flows were mostly bidirectional, made by foot or motorcycle and taking less than a day. Forced movements represented 1% of the total, and conflict was the main driver with 489 observations. For Uganda-SSD, the majority (70%) of 41 460 movements were reported within a day to a week, frequently (50%) by foot, and mostly spatialized in districts surrounding the border area; 28% of the incoming population reported PoC/camps as the intended destination. Forced movements represented 14% of the total, with natural disaster the main driver with 4417 observations.

Safe and Dignified Burials (SDB)

- ➔ Safe and dignified burials (SDB) are ongoing, being carried out by the Red Cross and Civil Protection SDB teams, as well as the community emergency harm reduction burial (CEHRBU) teams in inaccessible areas of Kalunguta, Katwa, and Komanda.

Implementation of ring vaccination protocol

- ➔ As of 20 April 2019, 104 342 contacts and contacts of contacts have been vaccinated. Of those 26 613 were contacts and 74 367 contacts of contacts. The vaccinated people at risk included 29 688 HCWs/FLWs, and 26 361 children 1-6 years old. Detailed micro-plans are also in use to monitor the progress and number of cases with and without rings.
- ➔ Between 2-4 April 2019, Strategic Advisory Group of Experts (SAGE) convened a meeting to review epidemiological data from North Kivu for children below 1 year of age and for lactating women. Although clinical data on the safety and efficacy of the rVSV-ZEBOV-GP Ebola vaccine for these two specific groups are absent, SAGE considers that the high attack rates and high case fatality ratios for these groups, together with the accumulating data on vaccine safety and efficacy for other groups, justify inclusion of children who are above the age of 6 months and of lactating women in the ongoing ring vaccination efforts in North Kivu. SAGE strongly urged the implementation of studies to evaluate additional Ebola candidate vaccines, including where possible in pregnant and lactating women and in infants. (Please see [here](#) for a summary of the SAGE meeting highlights)
- ➔ On 12 April 2019, INRB and WHO published a preliminary analysis of the efficacy of RVSZ-ZEBOV-GP emerging from the DRC outbreak data (Please see [here](#) for preliminary analysis). The data suggest high efficacy of this candidate vaccine and of the ring vaccination in this outbreak.
- ➔ There are currently 23 vaccination teams comprised of 276 Congolese vaccinators with basic GCP training, 50 Congolese with formal GCP training, and 43 experienced Guinean/African GCP researchers.
- ➔ There is continuation of ring vaccination in Beni, Katwa, Butembo, Mandima, Bunia, Vuhovi, and Lubero health zones around confirmed cases, as well as front-line providers in Goma.

- Current vaccination strategies being employed on the ground include site by site vaccination, simultaneous vaccination of contacts and their contacts in the community, healthcare worker vaccination, and targeted geographic vaccination of areas where contacts of contacts cannot be clearly identified due to insecurity.

Risk communication, social mobilization and community engagement

- Community engagement activities such as support in contact tracing, transfers to ETCs, vaccination, sensitization and community dialogues continue despite the security challenges. The team continues to follow up with concerns raised by community members during these exchanges to address these as quickly as possible.
- Exchange and dialogue is being promoted with local leaders and influential groups in the aftermath of the recent armed attacks in Katwa, in order to find ways to prevent such attacks in the future and to strengthen the security of response teams.
- Local groups such as the Lubero Territorial Youth Council are launching engagement plans to end the Ebola outbreak at home. The Youth Council members have put in place measures to support the efforts of the response teams, particularly community-based surveillance and hygiene compliance in their communities
- Local healers have been trained in EVD, to improve perception of response and encourage community healers to refer possible cases to CTE.
- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response; 69 psychosocial assistants in Lubero completed their training.
- Psychological debriefing was provided to 32 members of response teams who were involved in the attacks in Katwa.
- Community awareness and mobilization sessions continue, with an exchange session on the situation around resistance in the Muchanga health area, aimed at involving community leaders; members of a local EVD control committee were trained in the Wanamahika health area and there was a popular expression forum with the community of Wayene health area, following a community incident.

Preparedness and Operations Readiness

Operational readiness intensifies in North Kivu and Ituri provinces in the Democratic Republic of the Congo:

- The coordination centre has moved from Kinshasa to Goma to be closer to the outbreak affected areas and for direct reporting of preparedness to response teams. Goma will provide a base for staff training, and eventually develop into a centre of excellence on EVD outbreak management.
- Eight teams consisting of one WHO consultant and four MoH EVD experts each, were deployed to North Kivu and Ituri (four teams in each province). The eight readiness teams will roll out a minimum standard package of readiness activities in all 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces over the next six months, alongside local counterparts to transfer capacity and harness the investment into long term development.
- Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.

Operational readiness activities continue in countries neighbouring the Democratic Republic of the Congo:

- ➔ Vaccination of frontline health workers is ongoing in high risk districts/states in three priority 1 countries (Uganda, South Sudan and Rwanda) neighbouring the Democratic Republic of the Congo.
- ➔ The WHO African Regional Office will be conducting a stakeholders' meeting in Kampala from 29 – 30 April 2019, with over 30 partners and 10 ministries of health, including Democratic Republic of the Congo. The objective of the meeting is to further engage partners for a better coordinated and comprehensive effort aiming to accelerate and achieve sustained EVD readiness.

Operational partnerships

- ➔ Under the overall leadership of the MoH, WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral and multidisciplinary national, regional and global partners and stakeholders for EVD response, research and preparedness.
- ➔ Various international organizations and UN agencies, specialized agencies and non-governmental organizations are involved in response and preparedness activities; the organizations and their specific contributions have been previously reported. See this [link](#).
- ➔ WHO continues to engage the 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.
- ➔ 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.

SONAR-global conducted an exercise “Mapping social sciences research for the Ebola response in Democratic Republic of the Congo and neighbouring countries”. See link - <http://sonar-global.eu/mapping-social-sciences-research-for-the-ebola-response-in-drc-and-neighboring-countries/>

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 continuing reporting of high number of new EVD cases and major security incidents in the past week are of deep concern. However, geographic spread is still limited to the two provinces initially affected and there is no spread to neighbouring countries. There are no travel or trade restrictions to the Democratic Republic of the Congo or neighbouring areas. Continued community engagement, particularly around preventing further attacks on response teams and health workers, is critical for the implementation of public health measures. All national and local authorities and partners are committed to this response, which will ultimately bring this outbreak to an end. However, the ongoing gap in funding needs urgently to be filled to allow all involved to maintain successful response measures.