

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 28



REGIONAL OFFICE FOR

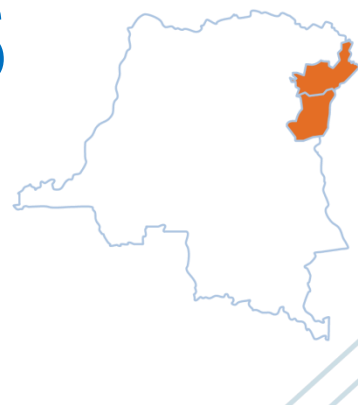
World Health
Organization

Africa

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 28



Date of issue: 12 February 2019

Data as reported by: 10 February 2019

1. Situation update

Cases	Deaths
 816	 513

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to prove challenging to contain as ongoing security incidents and pockets of community mistrust hamper response efforts. Following our last report on 5 February 2019, 31 additional cases have been reported, including 24 confirmed and seven probable EVD cases. The 7 additional probable cases include cases dying in November and December 2018 in Katwa Health Zone with a history consistent with EVD but without the opportunity to be tested, and reported following a retrospective re-classification of cases. Three healthcare workers were among the newly confirmed cases, bringing the cumulative number of confirmed and probable cases among healthcare workers to 68 (8% of the total number of cases), with 21 deaths.

From the beginning of the outbreak to 10 February 2019, a total of 816 EVD cases, including 755 confirmed and 61 probable cases (Table 1), were reported from 18 Health zones in the North Kivu and Ituri provinces (Figure 1). A total of 513 deaths were reported (overall case fatality ratio 63%), including 452 deaths among confirmed cases. Of confirmed and probable cases with reported gender, 58% (465/815) were female.

Thirteen of the 18 affected health zones have ongoing active transmission (Figure 1), reporting at least one confirmed case in the last 21 days (21 January to 10 February 2019). Over this period, a total of 104 confirmed cases were reported from Katwa (65), Butembo (10), Beni (7), Kyondo (4), Manguredjipa (4), Oicha (3), Vuhovi (3), Biena (2), Kalunguta (2), Mabalako (1), Kayna (1), Masereka (1), and Mutwanga (1)¹. The major urban centres of Katwa and Butembo remain notable areas where most cases were reported, with 75/104 (72%) of cases reported in the last three weeks. Trends in case incidence reflect an increase in the number of cases since the start of this year and continuation of the outbreak across a geographically widely dispersed area (Figure 1, Figure 2 and Figure 3).

The Ministry of Health (MoH), WHO and partners continue to monitor and investigate all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. To date, all reported alerts outside the outbreak affected areas have been investigated or laboratory tested to rule out EVD.

¹ Excludes probable cases from Katwa (7), who died in November and December 2018 and were reported during the period of 21 January to 10 February following a retrospective re-classification of cases.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 10 February 2019

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	225	9	234	138	147
	Biena	5	0	5	2	2
	Butembo	61	0	61	60	60
	Kalunguta	42	13	55	21	34
	Katwa	201	11	212	113	124
	Kayna	5	0	5	2	2
	Kyondo	14	2	16	8	10
	Mabalako	90	16	106	55	71
	Manguredjipa	5	0	5	4	4
	Masereka	8	1	9	3	4
	Musienene	6	1	7	2	3
	Mutwanga	4	0	4	3	3
	Oicha	30	0	30	7	7
	Vuhovi	12	0	12	5	5
Ituri	Komanda	27	5	32	16	21
	Mandima	17	3	20	10	13
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
Total		755	61	816	452	513

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

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 10 February 2019 (n=816)

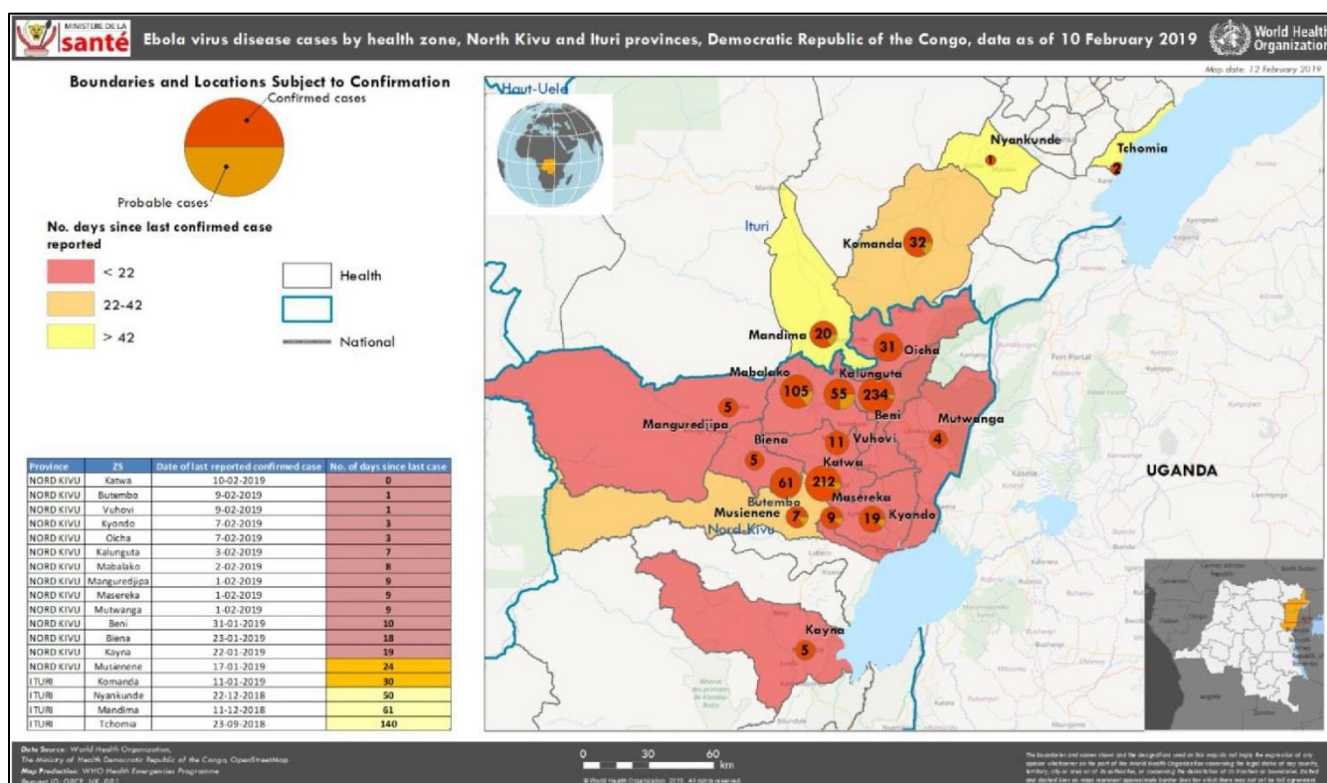


Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases in Katwa by health area, Democratic Republic of the Congo, reported from 21 January to 10 February 2019 (n=65)

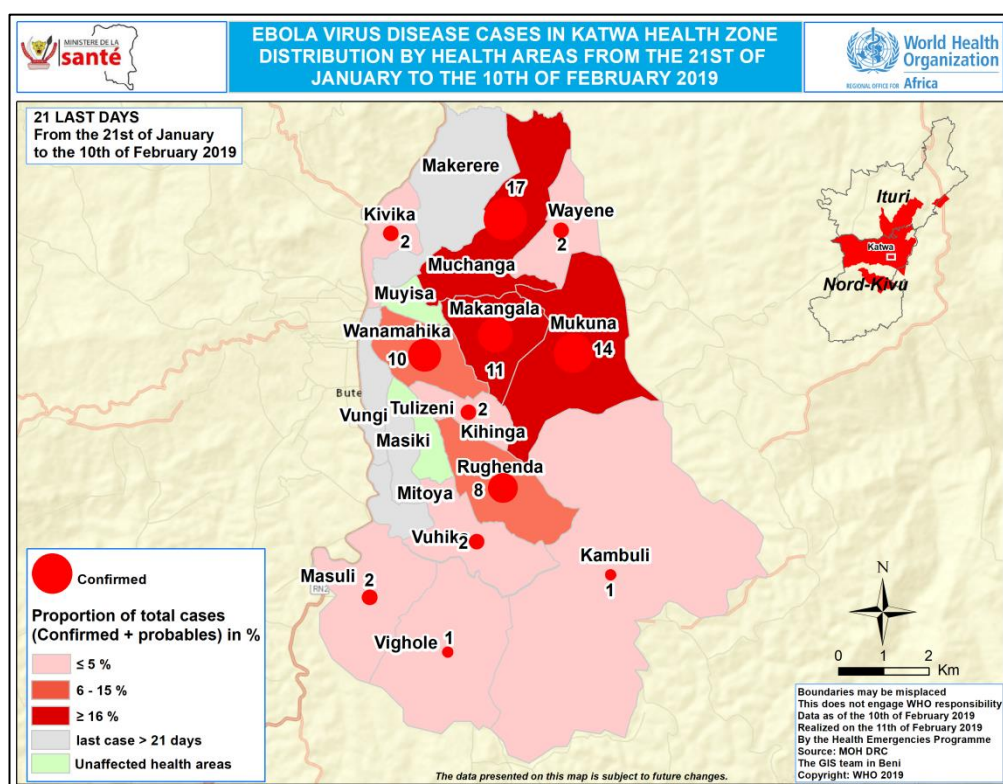
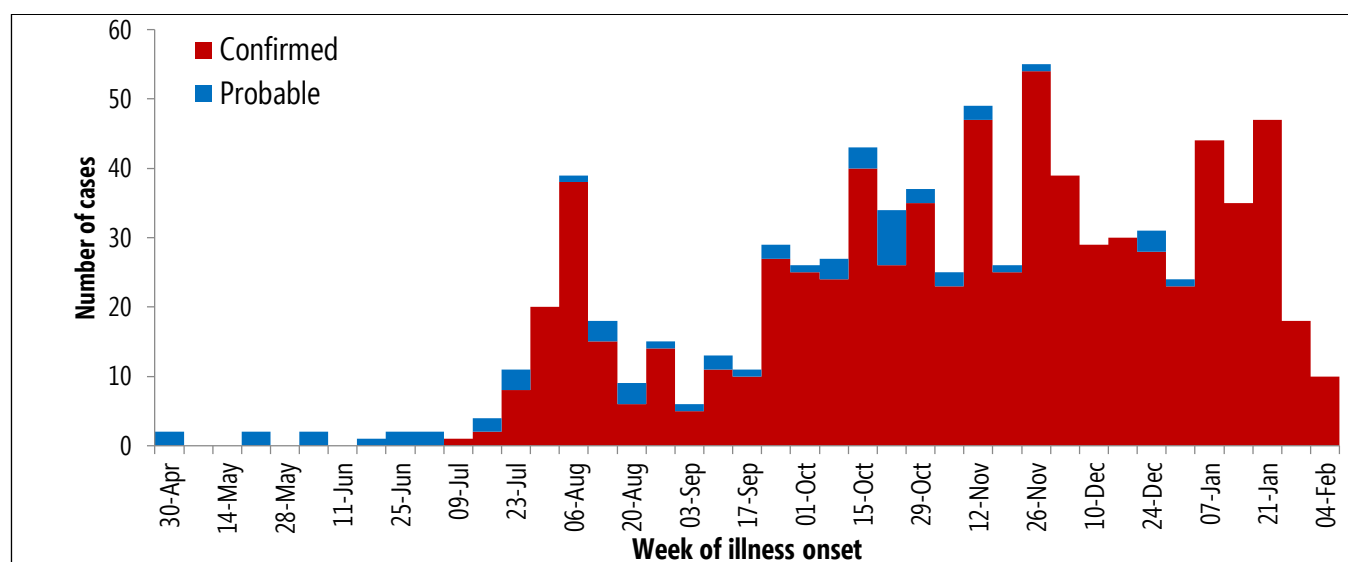


Figure 3: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 10 February 2019 (n=816)*



**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 MoH and other national authorities in the Democratic Republic of the Congo, WHO and partners are implementing several outbreak control interventions. Teams in the surrounding north-eastern provinces are taking measures to being response ready. Some of the latest activities are summarized below:

Surveillance and Laboratory

- ➔ There is intensified active case finding in health facilities and communities, as well as line listing and follow-up of contacts in health zones with recently reported confirmed cases and continued investigation into contacts lost to follow-up.
- ➔ Contact tracing continues to be strengthened with 50 000 contacts registered to date and 8 057 currently under surveillance, of whom between 83-87% have been followed in the past seven days. More resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring despite the challenging security situation and community non-engagement.
- ➔ WHO continues to monitor alerts from outbreak-affected areas. In the last week, an average of 587 alerts were received per day over the past seven days, of which an average of 552 (94%) were investigated. Field teams are reviewing and reinforcing active case finding across all areas to ensure new cases are detected as quickly as possible.

Case management

- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial for Ebola therapeutics. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- ➔ As of 10 February 2018, 168 patients were admitted to Ebola transit (TC) and treatment centres (ETC). Out of nine TC and ETCs, bed occupancy is highest in Komanda ETC (81%).

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

- ➔ A National IPC Task Force was formed to provide strategic technical guidance, coordinate, and oversee the various partners and health zone IPC commissions. The IPC Task Force is led by the MoH and co-chaired by WHO.
- ➔ A revised IPC strategy with an operational work plan is being developed for the February to May 2019 period. The strategy and work plan are intended to guide the national coordination activities of the IPC Task Force, and the implementation of activities by the IPC commissions and partners at the subnational level.
- ➔ Extensive IPC activities are ongoing throughout the Democratic Republic of the Congo, which include but are not limited to: decontamination of households and health facilities with confirmed cases; briefings and training of healthcare providers, including those working in private healthcare facilities and tradi-modern facilities. The distribution of IPC kits, which include consumable items such as personal protective equipment, is ongoing in healthcare facilities.

- ➔ The Mabuku health centre's triage area in the Kalunguta Health Zone has been vandalized and a decontamination team was assaulted in Muchanga (Katwa Health Zone).
- ➔ Awareness sessions on handwashing were carried out in Nziapanda (75 km West of Butembo).

Points of Entry (PoE)

- ➔ As of 10 February 2019, 34 294 608 traveller screenings were carried out at 72 out of 80 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and their surroundings. Of these screenings, 281 alerts were notified, of which 150 were validated as suspect cases and five tested positive for Ebola virus following laboratory confirmation.
- ➔ During this reporting period, 34 alerts were notified, of which 20 were validated as suspect cases and none were confirmed as Ebola case. On 10 February, 204 612 screenings were carried out, resulting in 2 alerts: one was invalidated at Goma airport and the other one escaped from the Mukulya PoC.
- ➔ With regards to contact tracing at the PoEs, the list of the contacts of the Ebola virus positive community death in Bulongo (35 Km of the Kasindi PoE border with Uganda) was shared with the Kasindi PoE to facilitate the monitoring of their movement across the border and better organize their follow up at their destination points.
- ➔ Supervision missions were carried out at the PoEs/PoCs in Beni, Butembo, Goma, Bunia and Tshopo in the last week to monitor whether PoE services are provided according to the SOPs, and ensure the quality of service.
- ➔ IOM sensitized representatives of the drivers' association (Association des Conducteurs du Congo, ACCO) in Beni and Butembo about EVD and explored strategies to support and improve traveller screening. It was agreed that handwashing facilities will be placed in key parking areas and travellers will be screened prior to departure and provided with a "travellers card" to reduce waiting times at PoCs.
- ➔ Availability of clean water continues to disrupt handwashing activities in Bunia and Komanda. The Makeke PoC structure was affected by heavy rains, and needs to be repaired. Two subsequent attacks at Mutsanga PoC in Butembo involving looting and injury to military personnel in the vicinity of the PoC were reported.
- ➔ The capacity of surveillance teams to investigate alerts during the night is limited and this is a major challenge, as travellers must wait until the morning at PoEs/PoCs before the team arrives. IOM continue to advocate with the surveillance commission and the strategic coordination committee to improve investigation capacity at night.

Safe and Dignified Burials (SDB)

- ➔ As of 11 February 2019, a total of 2 239 SDB alerts have been received, of which 1 827 (82%) were executed successfully by Red Cross and Civil Protection SDB and Community Emergency Harm Reduction Burial (CEHRBU) teams.
- ➔ During epi week 6 (ending on 10 February 2019), 202 SDB alerts were received, 9% more than during week 4. 12% of burials are for alerts originating from Ebola treatment centres or transit centres (ETC), with the remaining originating from the community (including non-ETC healthcare facilities).

- ➔ There is continuation of standardisation, support, and training of CEHRBU teams in inaccessible areas (Komanda, Kirumba, Bwatsinge, Kayanbayoga).
- ➔ The main challenges for the SDB teams continue to be community resistance, reliable reporting of community deaths, and access challenges.

Implementation of ring vaccination protocol

- ➔ As of 10 February 2019, a cumulative total of 77 680 people have been vaccinated since the start of the outbreak.
- ➔ 84 229 contacts and contacts of contacts have been listed (including HCWs and FLWs); 79 176 contacts and contacts of contacts eligible were identified, and 77 189 contacts and contacts of contacts consented and were vaccinated (97% of those eligible).
- ➔ Vaccination of HCWs and FLWs are underway in bordering areas of Uganda and South Sudan. Advanced preparations are ongoing in Rwanda.

Risk communication, social mobilization and community engagement

- ➔ Risk communication, social mobilization and community engagement field activities are enhanced, with community dialogue with the community groups in Butembo, Katwa, Mangina, Beni, Oicha and other health zones affected by the outbreak. The activities are led by the local health actors with support from WHO, UNICEF, the Red Cross and other partners.
- ➔ Members of the steering committee for communication activities were briefed in Pakanza (Oicha Health Zone) to strengthen response activities.
- ➔ A technical meeting was held in Katwa Health Zone to evaluate and strengthen strategic community engagement.
- ➔ Music groups were engaged to support the dissemination of information on EVD prevention and control.
- ➔ Guided visits were provided in the Ebola Treatment Centre (ETC) of Butembo.
- ➔ Village leaders from Okalubu (Komanda Health Zone) committed to supporting community-based monitoring, alerts, and resistance management.

Preparedness and Operations Readiness

Operational readiness continues in 10 high-risk provinces in the Democratic Republic of the Congo:

- ➔ 42/200 (21%) of unaffected health zones in ten provinces have been covered by a minimum standard package of EVD operational readiness activities.
- ➔ Readiness teams have finalized tailored plans for the high-risk provinces for the period from February to July 2019 and are pending MoH review.

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

- ➔ The Updated Regional Strategic Plan for Ebola Operational Readiness and Preparedness in Countries Neighbouring the Democratic Republic of the Congo for the period from January to June 2019 was launched on 25 January 2019.

- ➔ Ongoing vaccination of frontline workers in Uganda continues, where over 2 600 workers have been vaccinated. Vaccination commenced in South Sudan on 28 January 2019. Pending an import license, vaccination is imminent in Rwanda where a total 1 415 frontline workers are targeted for EVD vaccination.
- ➔ Joint Monitoring Missions have been conducted to date in South Sudan, Burundi, Uganda, Congo, Rwanda, Central African Republic and Tanzania. There are ongoing discussions with the MoHs of Angola and Zambia to schedule Joint Monitoring Missions.
- ➔ OCHA announced an early action CERF award of US\$ 10 million which will be allocated to Priority 1 countries including Burundi Rwanda, South Sudan and Uganda for priority preparedness activities.

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.

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.
- ➔ Cross-border coordination meeting was held on 3 February 2019 between the PoE Commission represented by the PNHF, DGM Kasindi from the Democratic Republic of the Congo and Border Health Control and the Immigration Service from Uganda to consolidate collaboration with regards to strengthening PoE surveillance measures, and active search and follow-up of lost contacts between the two countries.

3. Conclusion

The Ebola outbreak in Democratic Republic of the Congo continues to evolve in a highly complex and challenging environment. WHO and partners actively respond to the outbreak and continually monitor for signs of shifting epidemiology or wider spread, particularly across borders. Katwa and Butembo remain the centre of the outbreak with most cases reported from these areas in the last three weeks. In addition, relatively smaller clusters are occurring in a wide geographical area and this requires simultaneous response in multiple areas in collaboration with partners. The past six months have, however, demonstrated successful control of the outbreak in many areas. Continued implementation of both proven and innovative public health measures will bring the outbreak to an end.