

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 03



REGIONAL OFFICE FOR

World Health
Organization

Africa

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1. Situation update



The Ministry of Health in the Democratic Republic of the Congo, WHO and partners are responding to an Ebola virus disease (EVD) outbreak since 1 August 2018, with the epicentre being Mangina town in Mabalako Health Zone, North Kivu Province, in the east of the country. Confirmed cases have also been reported from Beni Health Zone (North Kivu Province) and Mandima Health Zone (Ituri Province).

Since our last situation report on 14 August 2018 ([External situation report 2](#)), an additional 45 new confirmed EVD cases and 18 new deaths have been reported. Nine other suspected cases are under investigation to confirm or exclude EVD. By 20 August 2018, 39 case-patients were admitted in Ebola treatment centres (ETCs) in Mabalako (36) and Beni (3).

As of 20 August 2018, a total of 102 confirmed and probable EVD cases, including 59 deaths, have been reported. Of the 102 cases, 75 are confirmed and 27 are probable. Of the 59 deaths, 32 occurred in confirmed cases and 27 remain probable. A total of 13 cases have been reported among health workers, of which, 12 are confirmed and one has died. Since the onset of the outbreak, a total of 10 case-patients have recovered from the disease and were discharged and re-integrated into their communities. Among the 88 cases out of the 102 confirmed and probable cases for which age and sex are known, the median age was 32 years (age range: 0-74), with the age group 30-39 being most affected, accounting for 28% (25/88) cases. Women accounted for 58% (51/88) of all cases.

The epicentre of the outbreak remains Mabalako Health Zone in North Kivu Province, reporting 80% (82) of all cases, including 61 confirmed and 21 probable cases. Additionally, four other health zones in North Kivu Province and one in Ituri Province have reported confirmed and probable cases (Table 1).

As of 20 August 2018, a total of 2 408 contacts were listed, of these, 637 completed their 21-day mandatory follow up period. A total of 1 782 are currently under surveillance, of which 1 686 (95%) were seen on the reporting day.

The Ministry of Health, WHO and partners are monitoring and investigating alerts in other provinces in the Democratic Republic of the Congo 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, Rwanda and the Central African Republic, and, to date, EVD has been ruled out in all these alerts.

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 efflux 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 Mongola, Maniema and Haut Lomami/Tanganyika/Haut Katanga/Ituri, cholera in 12 provinces, measles spread across the country, and monkeypox.

Table 1: Confirmed, probable and suspected Ebola virus disease cases by health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 20 August 2018

Description	North Kivu					Ituri	Total
Cumulative cases	Beni	Butembo	Oicha	Mabalako	Musienene	Mandima	
Probable*	0	2	1	21	1	2	27
Confirmed	6	0	1	61	0	7	75
Total	6	2	2	82	1	9	102
Cases under investigation							
New suspected cases (20 Aug 2018)	0	0	2	7	0	0	9
Previous suspected cases	0	0	0	0	0	0	0
Total suspected cases under investigation	0	0	2	7	0	0	9
Deaths							
New deaths (20 Aug 2018)	1	0	0	3	0	0	4
Total deaths	4	2	1	48	1	3	59
Deaths in confirmed cases	4	0	0	27	0	1	32

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

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 20 August 2018

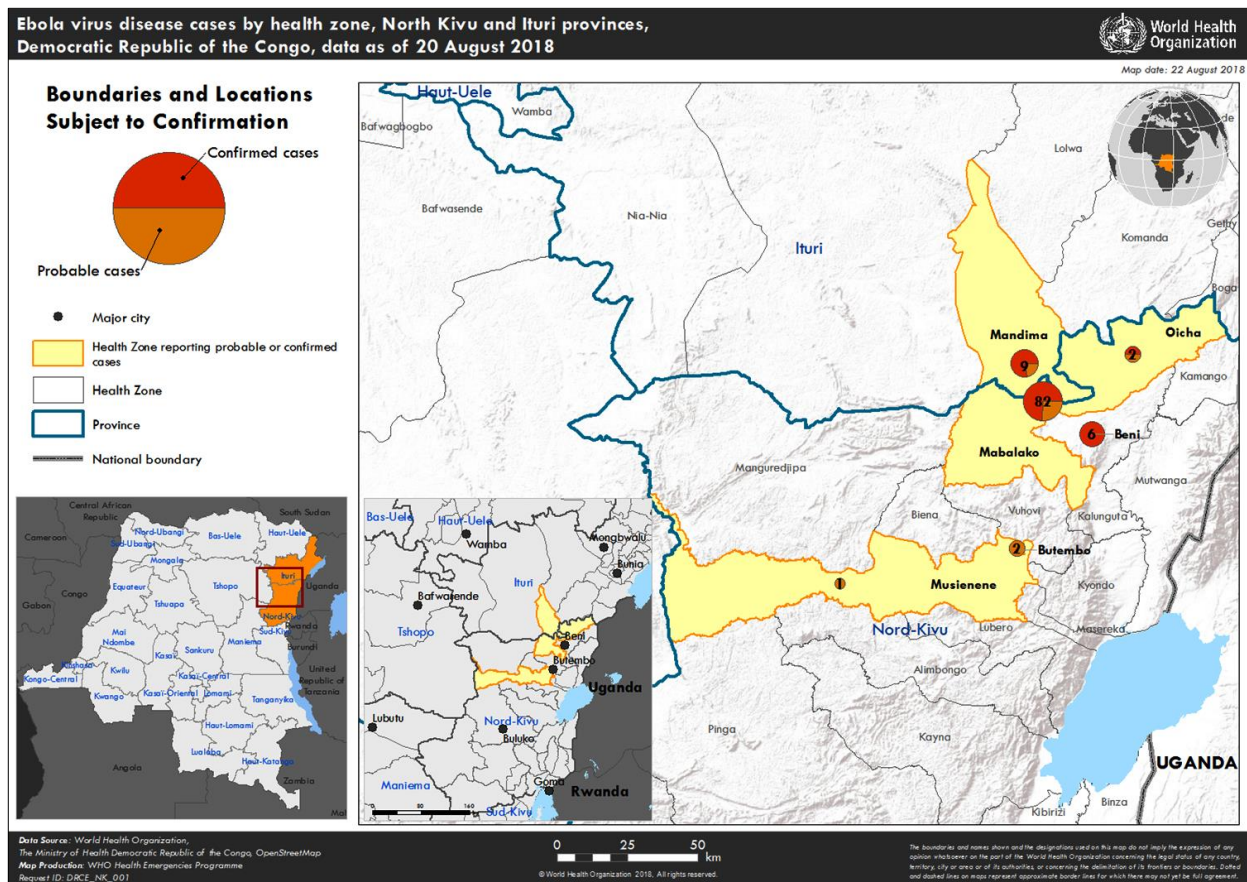


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, North Kivu and Ituri provinces, Democratic Republic of the Congo, 20 August 2018 (n=102)

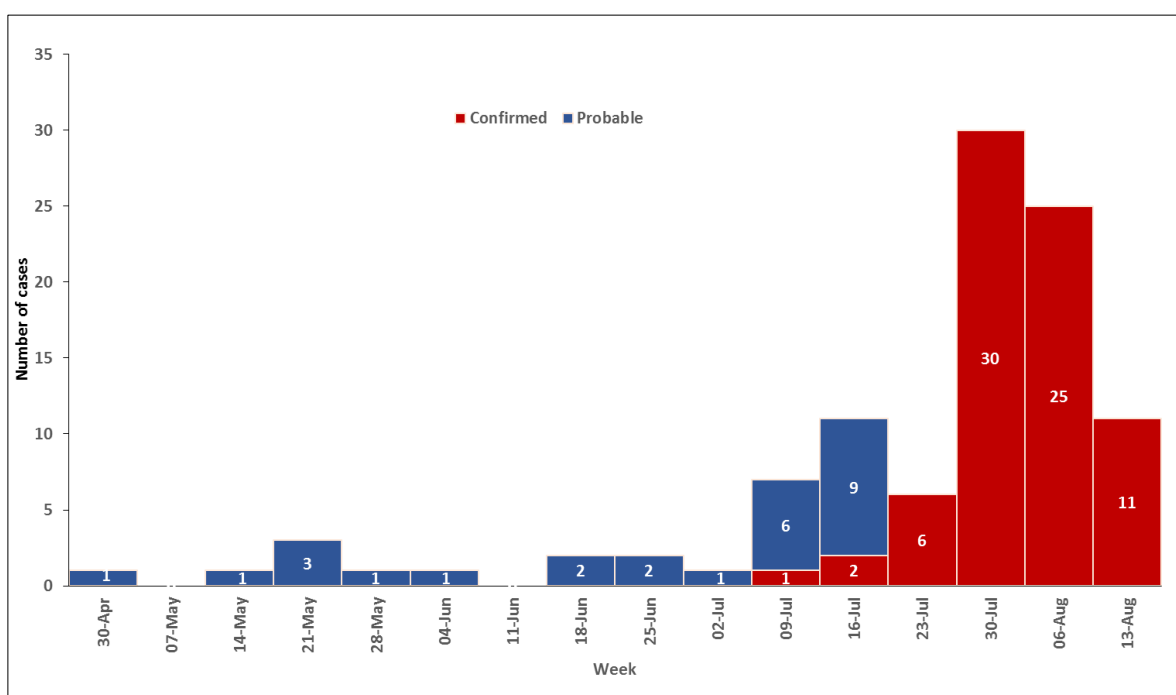
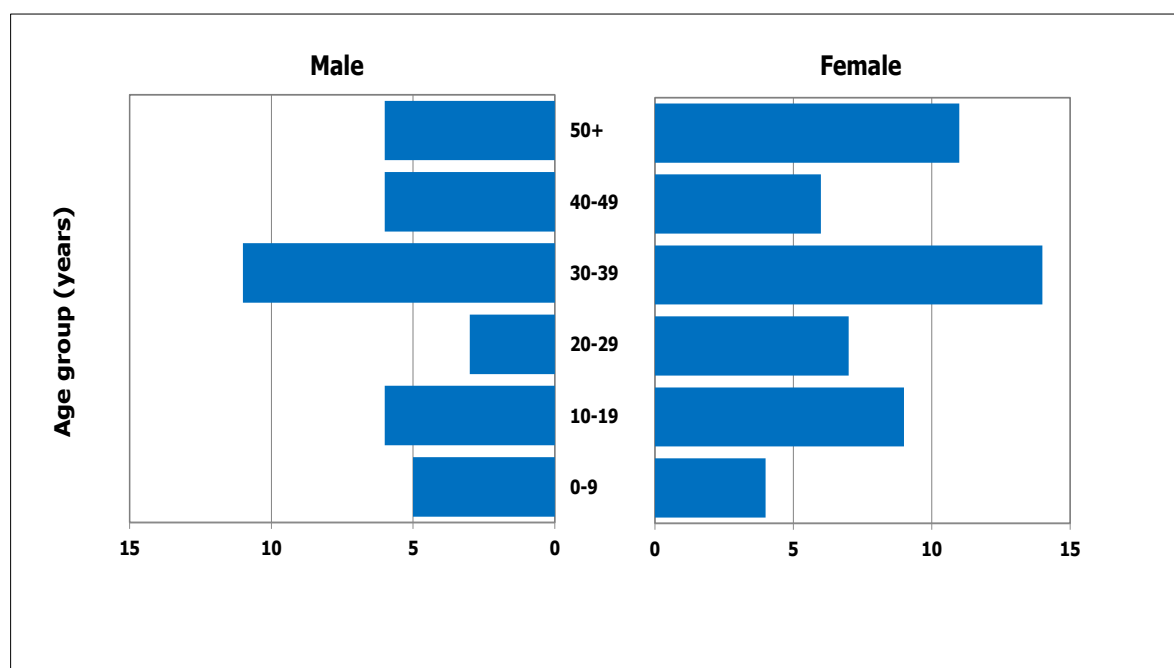


Figure 3: Confirmed and probable Ebola virus disease cases by week of illness onset, North Kivu and Ituri provinces, Democratic Republic of the Congo, 20 August 2018 (n=88)



Current risk assessment

This new outbreak of Ebola virus disease is affecting north eastern provinces of the Democratic Republic of the Congo, which border Uganda. Potential risk factors for transmission of EVD at national and regional levels include the transport links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and displacement of Congolese refugees to neighbouring countries and a long-term humanitarian crisis. Additionally, the security situation in North Kivu may hinder the implementation of response activities. Based on this context, the public health risk is considered high at the national and regional levels and low globally. WHO recommends against the application of any travel or trade restrictions in relation to this outbreak.

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 and research, and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- ➔ The Prime Minister and the Minister of Health of the Democratic Republic of the Congo visited various points of entry (PoEs) in Goma where health measures to screen travellers are being implemented.
- ➔ On 17 August 2018, the National Minister of Public Health visited patients admitted to treatment centres in Beni and Mangina, accompanied by a delegation from US Government agencies (CDC Atlanta, USAID, US Embassy in the Democratic Republic of the Congo).
- ➔ The Provincial Coordination authorities in Mangina have been deployed to Makeke in Mandima Health Zone to resolve the community resistance to contact follow up.
- ➔ The Ministry of Health, with technical and operations support of WHO and partners, has activated a multi-partner, multi-agency Incident Management System and Emergency Operations Centre to coordinate the response. The main coordination centre is based in Beni while field technical coordination is at Mangina.
- ➔ The Ministry of Health, WHO and partners have deployed Rapid Response Teams to the affected health zones to implement response activities. As of 19 August 2018, WHO has deployed a total of 119 experts in the various response pillars, 113 of them are based in Beni and Mangina. WHO has activated country, regional and global coordination mechanisms to assess risk and respond to the outbreak accordingly.
- ➔ Global Outbreak Alert and Response Network (GOARN) partner institutions continue to support the response, as well as urgent readiness and preparedness activities in non-affected provinces of the Democratic Republic of the Congo, and in bordering countries, particularly Rwanda and Uganda.
- ➔ An incident management team has been established in the Democratic Republic of the Congo and support teams have been reactivated at the WHO Regional Office for Africa and at Headquarters.
- ➔ The Sub-National Health Cluster Coordinator deployed through the Standby Partner (SBP), NORCAP, in Kananga, has been re-assigned to North Kivu to support EVD response. Efforts are on to backfill all non-Ebola positions through Standby Partner (SBP) deployments. Meanwhile, all SBPs are also keen to support and deploy health professionals for EVD preparedness and response, as may be required.

Surveillance

- ➔ On 20 August 2018, contact tracing activities have resumed in Mandima Health Zone following engagement of communities by the national and local authorities.
- ➔ On 17 August 2018, 18 providers (8 from the National Border Hygiene Program and 10 nurses from Mangina health area) were trained on PoE surveillance, including screening of travellers.

- ➔ The Ministry of Health Border Health Programme, with support from WHO, IOM and US CDC, have mapped 28 key PoEs and established measures to enable rapid detection and response to potential new EVD cases. Community engagement is also taking place along the border areas to improve knowledge of EVD and its prevention. The CDC and other partners are working with the Ministry of Health in neighbouring countries on border screening.
- ➔ A network of partners has been set up to develop geographic information and interactive visualization tools to allow real-time monitoring of the evolution of the situation and the response.
- ➔ Neighbouring countries Rwanda and Uganda are implementing heightened surveillance and are readily detecting and investigating alert and suspected VHF cases.

Laboratory

- ➔ Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma and Mangina to facilitate rapid diagnosis of suspected cases.
- ➔ From the start of the outbreak to 18 August 2018, a total of 322 samples were tested at the various sites, which led to the confirmation of 75 EVD cases.
- ➔ The CDC and other partners are providing technical assistance and training for laboratory testing for Ebola in neighbouring countries.

Case management

- ➔ The Ethics Committee in the Democratic Republic of the Congo has approved the use of four additional experimental therapeutics, namely: ZMapp, Remdesivir, Favipiravir, and Regn3450 - 3471 – 3479, to be used by the ETC medical and research teams. This is in addition to the mAb114, approved earlier.
- ➔ A new Ebola treatment centre is being constructed in the Makeke health area, Mandima Health Zone in Ituri Province.
- ➔ A medical evacuation (Medevac) support team from Norway arrived in Goma to provide specialized training on Medevac procedures and handling of equipment using the already existing facilities (EpiShuttles and isolation bubbles) donated by Norway.

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

- ➔ Health workers throughout the health areas of Mununze and Mangina are being trained on standard precautions, including hand hygiene, preparation of chlorine solutions and use the thermoflash for taking temperatures, with the support of WHO.
- ➔ The International Red Cross has distributed IPC supplies to four health centres in Beni.

- ➔ Water storage devices have been installed and are being monitored in Beni and Mangina, with the support of PPSSP, CBCA, and SOS Waters and Forests, along with installation and monitoring of chlorination points and hand washing facilities in Beni, Mabalako, Mandima and Mutwanga, with the support of Oxfam, UNICEF, Care International and PPSSP. PPSSP have provided 7 425 litres and 4 343 litres of water for handwashing in Beni and Goma, respectively.
- ➔ The Red Cross has supported three safe and dignified burials in Mabalako.
- ➔ WHO, CDC, and other partners are working with the Ministry of Health staff to conduct healthcare facility assessments and training in infection prevention and control in neighbouring countries.

Implementation of ring vaccination protocol

- ➔ As of 19 August 2018, 10 vaccination rings have been defined and immunization has been implemented around 28 recently confirmed cases.
- ➔ An additional 7 160 doses of vaccine have arrived in Kinshasa on 20 August 2018 and will be promptly dispatched to Beni. An additional 2 160 will be shipped before the end of week.

Psychosocial care

- ➔ A total of 90 Psychosocial Agents are being trained by the MSP team, with the support of UNICEF.
- ➔ Psychosocial support was provided to 15 patients, 22 relatives of the deceased and 19 nurses in Beni and Mangina. Two cured patients from Makeke have been re-integrated in their community and 600 community members were provided with psychoeducation.

Risk communication, social mobilization and risk communication

- ➔ The US State Department, through its embassy, has provided support for the five corresponding Voice of America radios in North and South Kivu to broadcast Ebola virus disease prevention messages.
- ➔ Community leaders of 39 RECOS and 50 Red Cross volunteers in Beni, Goma and Mangina have been trained on EVD prevention and control measures.
- ➔ Mass awareness campaigns are taking place in public places in Mangina and door-to-door outreach in Beni (11 702 people) and Goma.
- ➔ Knowledge, Attitude and Practice (KAP) surveys were conducted in Beni and Mabalako health zones to assess the levels of EVD awareness in the communities. Findings from the survey will be used to improve the risk communication, social mobilization and community engagement strategy.

- ➔ Caritas and Oxfam are strategically intervening in two key programme axes: UNICEF is working with Oxfam and Caritas as main implementing partners in the four high-risk zones where there are confirmed cases (Beni, Mabalako, Mangina and Kalunguta), and scaling up prevention with key transportation and main roads to Goma, Bunia and Kisangani, the three major urban cities around the epicentre, covering 12 health zones in three provinces.
- ➔ During the past week, in support of the Communication Commission, UNICEF, WHO and partners focused on:
 - Integration of communication in all 10 vaccination teams, and UNICEF and WHO are presently conducting training related to implementing the ring vaccination protocol.
 - Integration of communication staff in the other commissions, mostly: prevention, WASH, SDB, psycho-social care and support.
 - Participation of youth, and engagement of all motorcycle transporters, who represent 98% of transporters in the affected areas.
 - Procuring an additional 100 000 flyers and 30 000 posters in Swahili, and 20 large banners to be erected in urban streets, with telephone hotline numbers to call.
 - Training of FLW to reach 80% of households in at-risk zones (50% completed).
 - Continuing engagement with opinion leaders, including Muslim and traditional leaders.
 - Ongoing work on conducting and analysing rapid qualitative data to address rumours and addressing community concerns and broader resistance.
- ➔ In addition, since the beginning of the response, UNICEF and partners have reached, 1 932 (55% coverage) out of the targeted 3 500 members of influential leaders and groups (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, and adolescents) and 1.62 million (45% coverage) at-risk populations were reached with Ebola prevention and control messages through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces etc. In addition, 216 people eligible (23% coverage) for Ebola vaccination were informed about the benefits of the vaccine and convinced to accept receiving the vaccine within required protocols.

Logistics

- ➔ A total of five ambulances and the first batch of 34 motorcycles reached Beni city on 17 August 2018.

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, done in collaboration with the national authorities and all partners.

Preparedness

- ➔ The WHO Regional Office for Africa has prioritized Burundi, Rwanda, South Sudan and Uganda to enhance operational readiness and preparedness. 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. Extensive preparedness efforts are underway by the respective Ministries of Health, national partners and stakeholders, and global partners.
- ➔ WHO and partners are deploying Preparedness Support Teams to these countries and other neighbouring countries, as was done during the previous EVD outbreak in Équateur Province.
- ➔ GOARN partners have provided 56 offers of technical support for preparedness and readiness activities in non-affected provinces of Democratic Republic of the Congo and in neighbouring countries.
- ➔ The regional office 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, and Zambia.
- ➔ The WHO preparedness team in Democratic Republic of the Congo, in collaboration with the MoH and partners have identified 14 provinces (Priority 1: Sud Kivu, Ituri, Maniema, Tshopo; Priority 2: Haut-Uele, Mongala, Nord-Ubangi, Sud-Ubangi; Priority 3: Sankuru, Kasai, Kasai Central, Kasai Oriental, Bandundu, Lomani) to enhance their preparedness and readiness capacities.)
- ➔ The regional office has facilitated the deployment of nine experts and is in the process of deploying an additional 15 experts to 10 countries including the Democratic Republic of the Congo for EVD preparedness activities.

Operations partnership

- ➔ GOARN Operational Support Team issued an alert to its network partners, providing an overview of the current situation and ongoing response activities.
- ➔ The GOARN preliminary call for support was sent to all GOARN partners on 3 August 2018. As of 21 August 2018, 41 offers of support have been received for the EVD response in the Democratic Republic of the Congo.
- ➔ GOARN bilateral and multi-lateral coordination calls are ongoing with key operational partners.
- ➔ WHO is engaging GOARN and AFRO regional partners in deploying multidisciplinary teams for supporting the preparedness and readiness actions in the neighbouring and at-risk countries of Democratic Republic of the Congo. The teams composed of WHO staff and other operational partners have been deployed in Rwanda and Burundi.

- ➔ A joint AFRO/HQ and GOARN partner's conference call is organized twice a week for international coordination at the regional and global level, and to ensure support for the current EVD preparedness and response actions in DRC. Updates shared by operational partners during the call are as follows:
 - GOARN and other partners continue to contribute to response activities, both in the affected and neighbouring countries and in Geneva.
 - WHO is hosting liaisons from IFRC, UNICEF and CDC to ensure optimal coordination of activities, as these organizations have extensive presence on the ground, working closely with Ministries of Health.
- ➔ IFRC
 - Supporting safe and dignified burial (SDB). As of 20 August 2018, six Red Cross local SDB teams have been trained and are operational in Beni (2), Mangina (2) and Butembo (2). Further training of teams is ongoing in Mangina and Bunia.
 - As of the 21 August 2018, 39 SDB have been conducted. There is an increased level of community resistance related to SDB in Mangina area.
 - Red Cross has trained a total of 84 volunteers to carry out risk communication activities in Beni and Mangina. The first rumour tracking system was set up on 18 August 2018.
- ➔ IOM
 - A population Mobility Mapping exercise in Beni was completed on 14 August 2018 and the final map will be shared with WHO and partners.
 - Flow monitoring has been set up at five PoEs in Goma and five PoEs in Beni.
 - IOM, working with partners, conducted training and supervision of PoE surveillance activities, including health screening, risk communication, prevention methods such as hand washing and health seeking behaviour as well as setting up screening points at key POEs. So far, 59 supervisors have been trained. IOM has identified 20 key PoEs.

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 activities¹.

¹ <http://origin.who.int/ith/en/>

3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo has evolved rapidly in the last week, with several new cases and deaths being reported. It is likely that more new cases and deaths will occur in the coming days and weeks as people who were earlier exposed to infections will develop illness. This stage in the evolution of the outbreak is also the defining moment in the efforts to contain the outbreak, in terms of averting further exposures to infections. The topmost priority remains strengthening and improving effectiveness and efficiency of all aspects of the response, especially identifying all potential contacts, closely following them up and immediately isolating those who develop symptoms, scaling up vaccination activities, as well as strengthening other response pillars. These efforts need to be sustained and further enhanced to help interrupt transmission and contain the outbreak.

There is observed improvement in preparedness and readiness activities in other provinces of the Democratic Republic of the Congo and in the neighbouring countries, evidenced by the increased number of alerts being detected and investigated.