

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 15



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Date of issue: 12 July 2018

Data as reported by: 9 July 2018

1. Situation update

Grade

3

Cases

53

Deaths

29

CFR

54.7%

The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in Équateur Province, the Democratic Republic of the Congo. Until the outbreak is declared over, intensive surveillance, survivor monitoring and other response activities are ongoing to prevent, promptly detect and respond to potential resurgences of the virus.

No new laboratory-confirmed EVD cases have been detected since the last case developed symptoms on 2 June 2018 (Figure 1). Since the beginning of the outbreak (on 4 April 2018), a total of 38 laboratory confirmed and 15 probable cases (deaths for which it was not possible to collect laboratory specimens for testing) have been reported. Of these 53 cases, 29 died, giving a case fatality ratio of 54.7%. Twenty-eight (53%) cases were from Iboko, 21 (40%) from Bikoro and four (8%) from Wangata health zones (Table 1 and Figure 2). Five healthcare workers were affected, of which two died.

An additional eleven suspected EVD cases have been reported since our last report on 3 July 2018 ([External Situation report 14](#)). As of 9 July, five suspected cases are currently awaiting laboratory results. All other previously reported suspected cases have tested negative.

The last surviving confirmed EVD case was discharged from an Ebola treatment centre (ETC), following two negative tests on serial laboratory specimens, on 12 June 2018. Before the outbreak can be declared over, a period of 42 days (two incubation periods) following the last possible exposure to a confirmed case must elapse without any new confirmed cases being detected.

Context

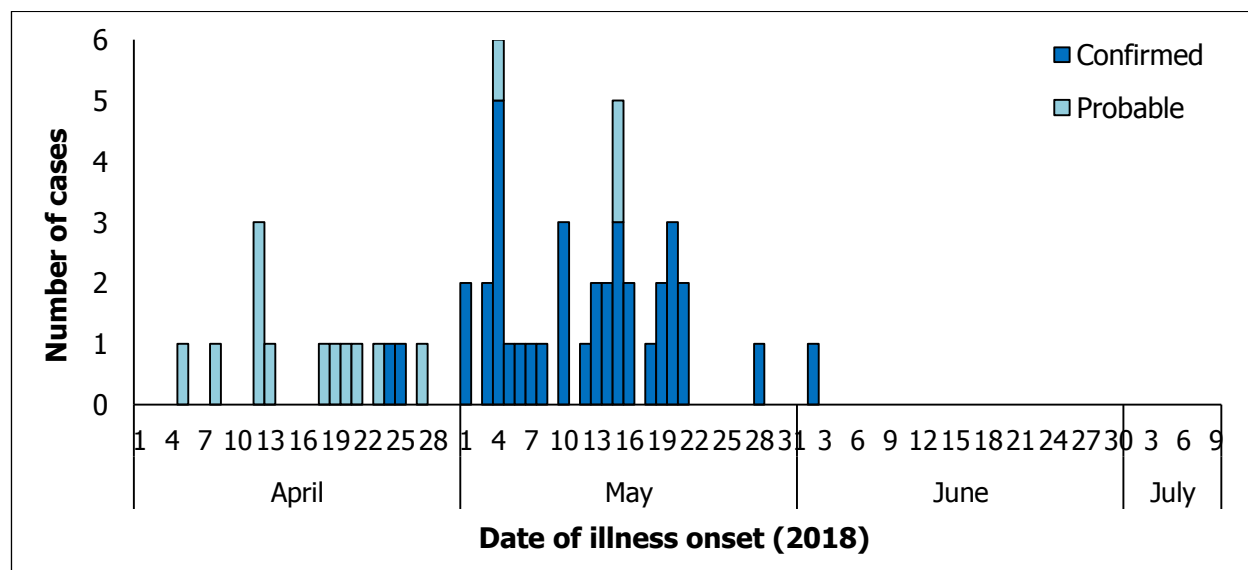
On 8 May 2018, the Ministry of Health of the Democratic Republic of the Congo notified WHO of an EVD outbreak in Bikoro Health Zone, Equateur Province. The event was initially reported on 3 May 2018 by the Provincial Health Division of Equateur when a cluster of 21 cases of an undiagnosed illness, involving 17 community deaths, occurred in Ikoko-Impenge health area. A team from the Ministry of Health, supported by WHO and Médecins Sans Frontières (MSF), visited Ikoko-Impenge health area on 5 May 2018 and found five case-patients, two of whom were admitted in Bikoro General Hospital and three were in the health centre in Ikoko-Impenge. Samples were taken from each of the five cases and sent for analysis at the Institute National de Recherche Biomédicale (INRB), Kinshasa on 6 May 2018. Of these, two tested positive for Ebola virus, *Zaire ebolavirus* species, by reverse transcription polymerase chain reaction (RT-PCR) on 7 May 2018, and the outbreak was officially declared on 8 May 2018. This is the ninth EVD outbreak in the Democratic Republic of the Congo over the last four decades, with the most recent one occurring in May 2017. Further information on past outbreaks is available at: <http://www.who.int/ebola/historical-outbreaks-drc/en/>.

Table 1: Distribution of Ebola virus disease cases by health zone in Équateur Province, Democratic Republic of the Congo, 1 April – 9 July 2018

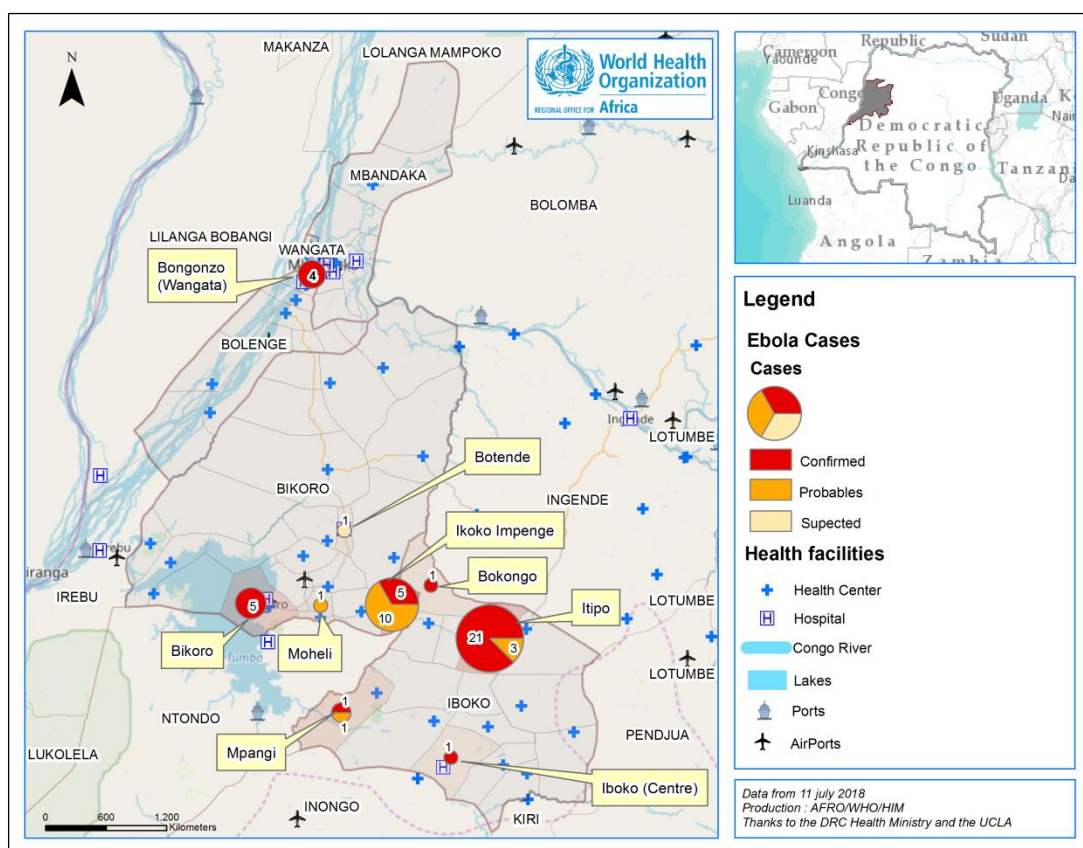
Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	3	2	0	5
New probable	0	0	0	0
New confirmed	0	0	0	0
Total new cases	3	2	0	5
Cumulative cases				
Total suspected	3	2	0	5
Total probable	11	4	0	15
Total confirmed	10	24	4	38
Total number of cases	24	30	4	58
Deaths				
New deaths	0	0	0	0
Deaths in probable cases	11	4	0	15
Deaths in confirmed cases	7	4	3	14
Total deaths	18	8	3	29

The reported number of cases and deaths and the laboratory results are subject to change due to ongoing surveillance, laboratory investigations, reclassification, and data consolidation activities.

Figure 1: Confirmed and probable EVD cases by date of illness onset, Democratic Republic of the Congo, 1 April – 9 July 2018 (n=53)



Geographical distribution of confirmed and probable Ebola virus disease cases, Democratic Republic of the Congo, 1 April – 9 July 2018 (n=53).



Équateur Province covers an area of 130 442 km² and has an estimated population of 2 543 936 people, with 16 health zones and 284 health centres.

Current risk assessment

On 3 July 2018, WHO reviewed the level of public health risk associated with the current outbreak. The latest assessment concluded that the current Ebola virus disease outbreak has largely been contained, considering that over 21 days (one maximum incubation period) have elapsed since the last laboratory-confirmed case was discharged and that contact tracing activities ended on 27 June 2018. However, there remains a risk of resurgence from potentially undetected transmission chains and possible sexual transmission of the virus by male survivors. It is therefore, critical to maintain all key response pillars until the end of the outbreak is declared. Strengthened surveillance mechanisms and a survivor monitoring program are in place to mitigate, rapidly detect and respond to such events. Based on these factors, WHO considers the public health risk to be moderate at the national level.

In the absence of ongoing transmission, the probability of exported cases is low and diminishing, and has been further mitigated by the undertaking of preparedness activities and establishment of contingency plans in neighbouring countries. WHO has assessed the public health risk to be low at the regional and global levels.

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) immunization of risk groups and research response, and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- ➔ On 3-5 July 2018, the Ministry of Health, with support from WHO and partners, conducted a strategic operations review to assess the current epidemiological situation, evaluate progress against the EVD Strategic Response Plan, engage in lesson learning, and prioritize key activities and resources for continued vigilance in affected areas through to the end of the outbreak. The review also facilitated the development of a 90-day enhanced surveillance/response plan for the continuation of core activities following the end of the outbreak, and planning for the transition of resources mobilized for the current EVD outbreak to build and sustain local and national capacities to respond to ongoing health emergencies across the Democratic Republic of the Congo.
- ➔ A feedback meeting was held between 6-7 July 2018 to discuss the different strategies for surveillance and response to the EVD outbreak, which were adopted at the operational bases of Bikoro, Itipo, Iboko and Mbandaka.
- ➔ Daily coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.

Surveillance

- Active surveillance activities are ongoing, including active case search at community and health facility levels, real-time investigation of alerts and collection of specimens from all suspected cases for laboratory confirmation and/or exclusion. From 13 May 2018 through 3 July 2018, 728 alerts were investigated and 387 individuals meeting the suspected case definition were tested.
- The Ministry of Health, with the support of WHO and partners, continue to maintain an up-to-date EVD outbreak databases.

Laboratory

- A national laboratory strategy has been developed, focusing on GeneXpert for confirmatory testing. Suspect deaths are tested with Oraquick (rapid diagnostic test).
- A preparatory meeting has been held to evaluate the laboratory's contribution to the EVD response and there is continued planning around activities that will be carried out from July to December 2018.
- As of 9 July 2018, 401 samples have been tested at the different sites.

Case management

- The ETCs in Bikoro, Itipo, Iboko and Mbandaka are operational and continue to provide clinical care to suspected EVD cases.
- MSF has transitioned the management of the ETCs in Mbandaka and Bikoro to the Ministry of Health.

Psychosocial care

- There is ongoing distribution of psychosocial support kits to Bikoro Treatment Centre contacts by Les Aiglons.
- A clinic for EVD survivors has been established in Bikoro, operated by the Ministry of Health, INRB and MSF.
- WHO is supporting the Ministry of Health to establish a one year programme for care to survivors. The programme will be focused on three axes: clinical follow-up, counselling and semen testing, and psychosocial support. A workshop to launch the project was held in Mbandaka from 6 to 7 July.
- A final report on the various activities of the psychosocial commission is being prepared.

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

- ➔ A working session has been held to identify 40 primary schools that will benefit from the construction of latrines by Oxfam.
- ➔ An infection prevention and control workshop to train caregivers in Bikoro Health Zone is planned, with the support of WHO.
- ➔ Manual water supply drilling activities were monitored in Mama Balako and Bakanza and Mbandaka, with the participation of UNICEF and implementing NGOs and borehole drilling is ongoing in Itipo and Bikoro.

Implementation of ring vaccination protocol

- ➔ The vaccination teams remain on standby to rapidly respond to any new confirmed case. Since the launch of the vaccination exercise on 21 May 2018, a total of 3 330 people have been vaccinated in Iboko (1 530) Wangata (893), Bikoro (779), Ingende (107), and Kinshasa (21), as of 9 July 2018. Those identified for vaccination were front-line health professionals, people who were potentially exposed to confirmed EVD cases (contacts), and contacts of these contacts.
- ➔ A total of 2 020 vaccine doses are available in the central vaccine stores and 870 doses are in Mbandaka.

Risk communication, social mobilization and risk communication

- ➔ Risk communication, social mobilization and community engagement activities continue in Mbandaka, Itipo and Iboko, with the focus on identifying community-based alerts for epidemic prone diseases, addressing rumours and misinformation, and reducing stigma against EVD survivors.

Logistics

- ➔ WHO provided four ambulances to facilitate referral of patients, which were deployed in Mbandaka (3) and Kinshasa (1). Three additional utility vehicles have been provided to support activities in Kinshasa.
- ➔ Mobile laboratory equipment is being redeployed in the affected areas and there is ongoing logistical support to the activities of the different pillars of the EVD response.

Resource mobilization

- ➔ WHO's rapid response and initial scale up of operations in the Democratic Republic of the Congo has been funded by a US\$ 4 million disbursement from the WHO Contingency Fund for Emergencies (CFE).
- ➔ WHO and partners appealed for rapid funding of US\$ 57 million for the response to speedily stop the spread of EVD.
- ➔ Funding towards the Strategic Response has been provided to WHO from Italy (€ 300 000), CERF (US\$ 800 000), GAVI (US\$ 1 million), USAID (US\$ 5.3 million), Wellcome Trust and UK DFID (US\$ 4.1 million), UK-DFID (£5 million), Germany (€5 million), Norway (NOK 8 million), Canada (CAD\$ 1 million), World Bank PEF (US\$ 6.8 million) and Japan (US\$ 1.3 million) bringing the total to around US\$ 33.9 million. The WHO Strategic Response plan has been fully funded.
- ➔ Germany's contribution is in recognition of the critical role the WHO CFE has played in responding to the EVD outbreak in the Democratic Republic of the Congo and will go to replenish the CFE, which has so far provided US\$ 4 million to Ebola response efforts.
- ➔ In-kind contributions for medevac have been received from Norway and EU ECHO for flights between Kinshasa and Mbandaka. Technical expertise has been provided by Guinea, the UK and Germany through the GOARN network.
- ➔ Firm pledges to the overall Ebola response have been received from ECHO, Ebola MPTF and the African Development Bank.

Preparedness

- ➔ WHO continues to support neighbouring countries to systematically assess and take action on Ebola preparedness, and to develop national contingency response plans. A regional readiness and preparedness plan has been developed and published, outlining activities to ensure that the nine neighbouring countries can detect and contain Ebola should it be introduced. The regional readiness and preparedness plan requires US\$ 15.5 million. This amount is being revised to take into account the national contingency plans under finalization by the countries.
- ➔ Rwanda has received US\$ 635 501 from the Resolve Initiative, while Burundi received US\$ 1.4 million from the World Bank for EVD preparedness and readiness activities.
- ➔ The Republic of Congo and the Central African Republic have completed training of multi-disciplinary and multi sectoral national rapid response teams as part of EVD preparedness.

Operations partnership

- ➔ GOARN Operational Support Team and the AFRO operational partnerships team continue to engage partners in the preparation and response to the EVD outbreak.
- ➔ A joint partnership project was initiated by WHO, IOM, IFRC, UNHCR, and other partners to reinforce cross border coordination activities between the Democratic Republic of the Congo, Congo and the Central African Republic.

- As per the advice of the International Health Regulations (IHR) Emergency Committee (EC), which was convened by the WHO Director-General on 18 May 2018, WHO currently advises against the application of any travel or trade restrictions to Democratic Republic of the Congo. In addition, the EC advised that exit screening at airports and ports on the Congo River is considered to be of great importance to detect probable cases and to prevent the international spread of Ebola; however, entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value. The IHR EC advised that currently the outbreak does not meet the criteria for a Public Health Emergency of International Concern, but the vigorous response of the Government should continue to be supported by the international community.
- WHO recommendations for international travellers related to EVD outbreak in DRC were published on 29 May 2018¹. In general the risk of a traveller becoming infected with Ebola virus during a visit to the affected areas and developing disease after returning is extremely low, even if the visit included travel to areas where primary cases have been reported.
- As of 12 July 2018 and on the basis of informal sources, 25 countries have implemented entry screening for international travellers coming from the Democratic Republic of the Congo. So far there are no restrictions of international traffic in place. WHO continues to monitor travel and trade measures in relation to this event.
- In collaboration with WHO, IOM, Africa CDC and other partners, the Government of the Democratic Republic of the Congo has developed a comprehensive strategic response plan for points of entry, with the goal of avoiding the spread of the disease to other provinces or at the international level. Each day, thousands of travellers are screened by PNHF personnel. However this only represents a small proportion of the populations of travellers. As an example, on 13 June 2018, 3 722 travellers were screened in Bikoro and Mbandaka and their surroundings, as well as in major ports in Kinshasa. Out of a total number of 53 258 travellers counted, around 7% were screened. All alerts detected were discarded after investigation by a rapid response team. As of 12 July 2018, no exported case had been reported.
- As of 12 July 2018, the risk of missed cases able to travel during the incubation period (2 to 21 days) was considered very low (outside of Equateur Province and even lower internationally). However it was decided to maintain exit screening at 57 points of entry and congregation sites as a precautionary measure and to prepare a deactivation plan for after the end of the outbreak.
- This is the first time that such a comprehensive approach has been implemented by WHO and partners during an outbreak, including exit screening at international and domestic ports and airports, as well as locations beyond the border where travellers congregate. It is important to review the effectiveness of such measures in detecting suspect cases and the cost-benefit of such investments. In addition WHO has initiated a systematic review of literature to determine which circumstances or criteria need to exist for POE screening to be most effective as an outbreak response measure.

¹ WHO recommendations for international travellers related to EVD outbreak in DRC, <http://www.who.int/ith/evd-travel-advice-final-29-05-2018-final.pdf?ua=1>

3. Conclusion

The Ministry of Health and other national authorities, WHO and partners have made significant progress in containing the EVD outbreak in Democratic Republic of the Congo. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak, which requires 42 days (two maximum incubation periods) without notifying new confirmed EVD cases. Until this milestone is reached, it is critical to maintain all key response pillars, including intensive surveillance to rapidly detect and respond to any resurgence.

The Ministry of Health, with support from WHO, conducted a strategic operations review from 3-5 July 2018 in order to guide prioritization of key activities through to the end of the outbreak, facilitate the development of a post-outbreak 90-day enhanced surveillance/response plan, and plan for the transition of EVD resources to enhance local and national response capacities to ongoing health emergencies across the Democratic Republic of the Congo. Similarly, preparation to conduct an after-action review has been initiated, aimed to document lessons learnt in order to inform preparedness and readiness for future outbreaks. Planning to improve the institutional capacity and resilience of the national health system is critical.