

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 9



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Date of issue: 8 June 2018

Data as reported by: 6 June 2018

1. Situation update

Grade

3

Cases

62

Deaths

27

CFR

43.6%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo remains active. On 6 June 2018, one new confirmed EVD case was reported in Iboko Health Zone. The case-patient, a known contact of a probable case who died on 20 May 2018, developed illness on 2 June 2018. Additionally, five new suspected EVD cases have been reported in Wangata (3) and Bikoro (2) health zones. Four laboratory specimens (from suspected cases reported previously) tested negative. No new deaths have occurred on the reporting date.

Since the beginning of the outbreak (on 4 April 2018), a total of 62 EVD cases and 27 deaths (case fatality rate 43.6%) have been reported, as of 6 June 2018. Of the 62 cases, 38 have been laboratory confirmed, 14 are probable (deaths for which it was not possible to collect laboratory specimens for testing) and 10 are suspected. Of the confirmed and probable cases, 27 (52%) are from Iboko, followed by 21 (40%) from Bikoro and four (8%) from Wangata health zones. A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

The outbreak has remained localised to the three health zones initially affected: Iboko (24 confirmed cases, 3 probable, 5 suspected, 6 deaths), Bikoro (10 confirmed cases, 11 probable, 2 suspected, 18 deaths) and Wangata (4 confirmed cases, 3 suspected, 3 deaths).

The number of contacts requiring follow-up is progressively decreasing with many completing the required follow-up period. As of 6 June 2018, a total of 619 contacts were under follow up, of which 91% were reached on the reporting date.

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. The index case in this outbreak has not yet been identified and epidemiologic investigations are ongoing, including laboratory testing.

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.

Figure 1: Epidemic curve for Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, 6 June 2018 (n=52)

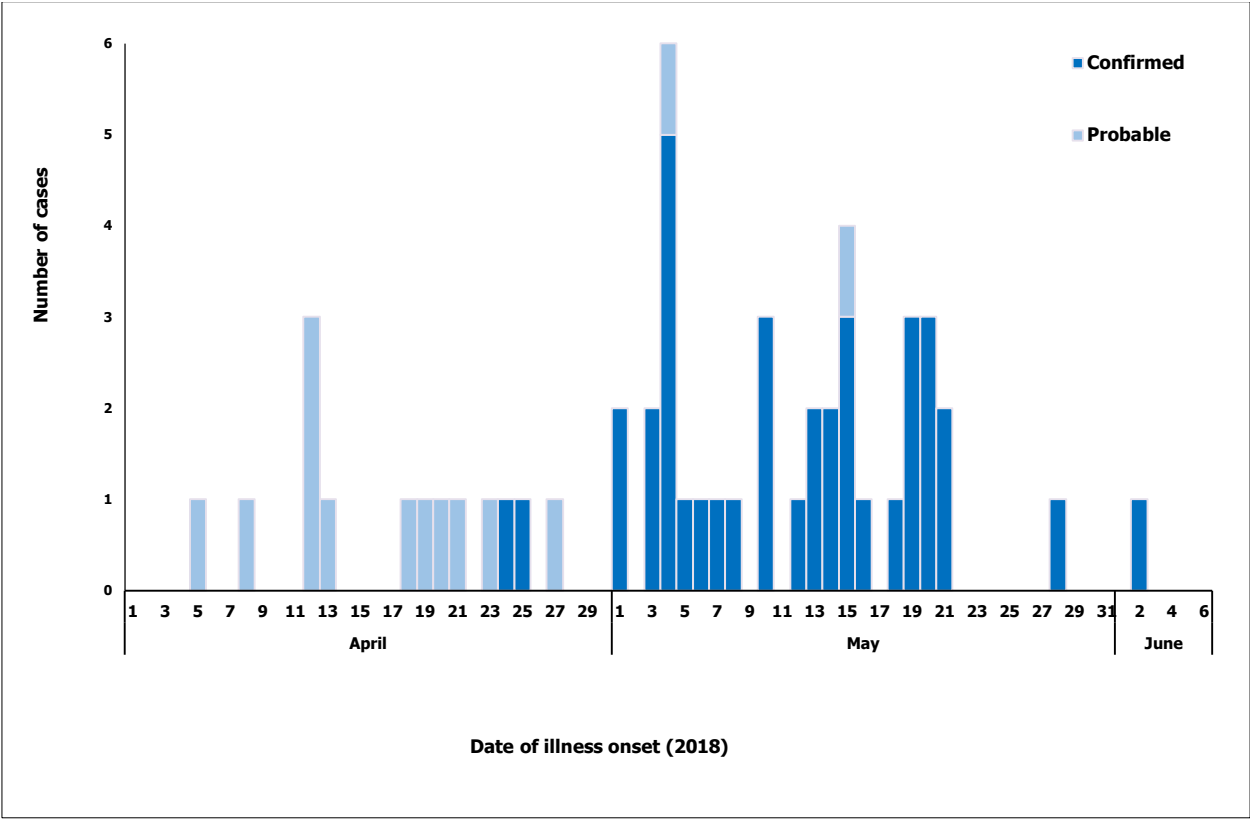


Figure 2 Confirmed and probable Ebola virus disease cases by age and sex, Democratic Republic of the Congo, as at 6 June 2018 (n=51)

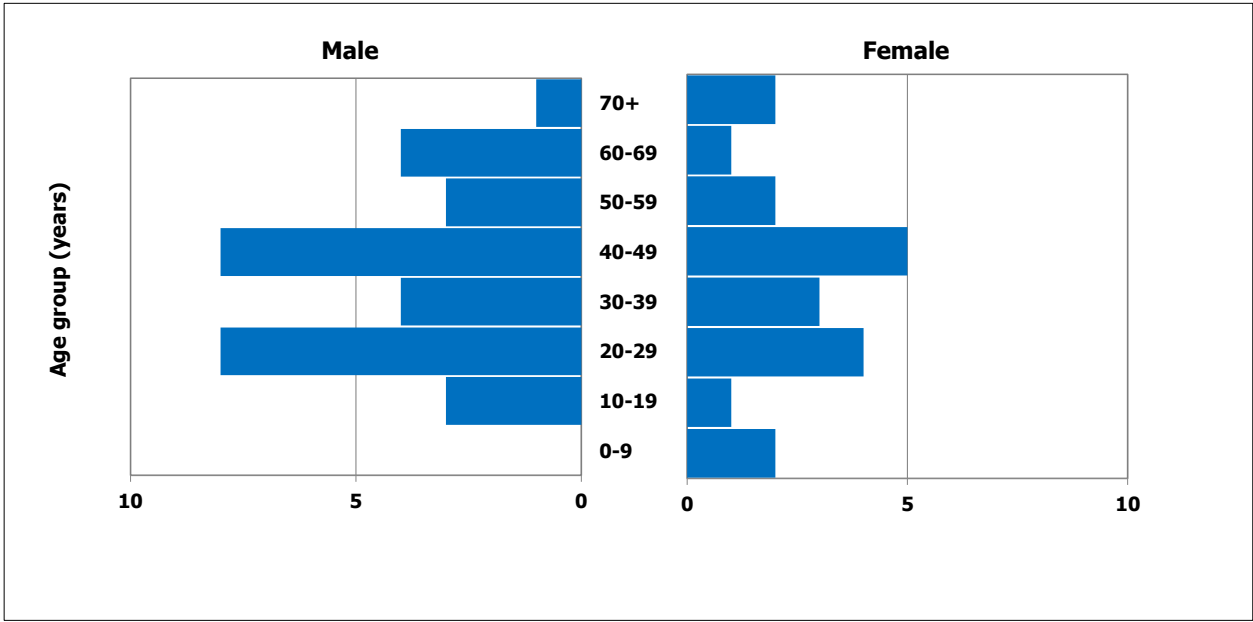
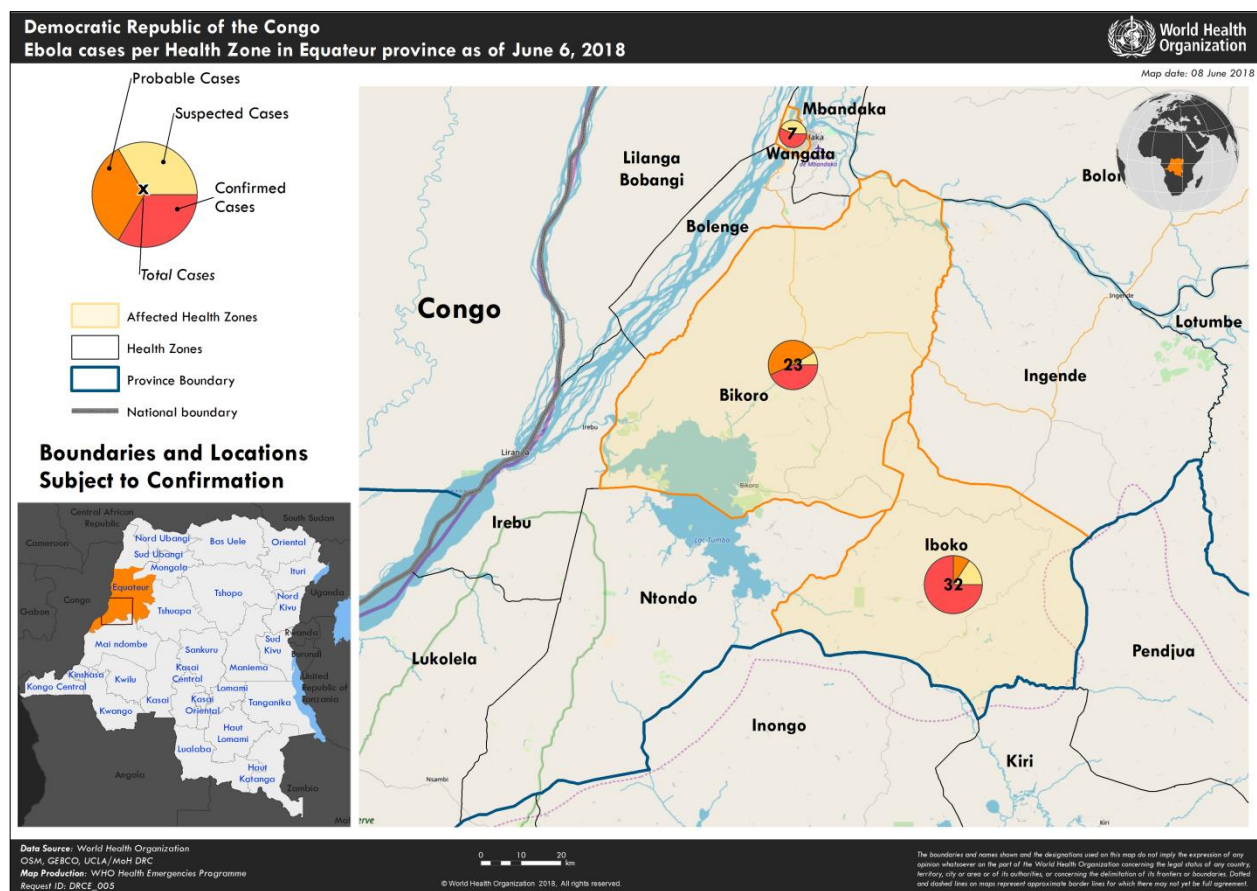


Table 1: Distribution of Ebola virus disease cases by health zone in *Equateur Province, Democratic Republic of the Congo*, 6 June 2018

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	2	0	3	5
New probable	0	0	0	0
New confirmed	0	1	0	1
Total new cases	2	1	3	6
Cumulative cases				
Total suspected	2	5	3	10
Total probable	11	3	0	14
Total confirmed	10	24	4	38
Total number of cases	23	32	7	62
Deaths				
New deaths	0	0	0	0
Total deaths	18	6	3	27
Deaths in confirmed cases	7	3	3	13

As this is a rapidly changing situation, the reported number of cases and deaths, contacts being monitored and the laboratory results are subject to change due to enhanced surveillance, contact tracing activities, ongoing laboratory investigations, reclassification, and case, contact and laboratory data consolidation.

Figure 3: Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 6 June 2018



The province of Equateur 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. The affected health area of Bikoro covers 1 075 km² and has a population of 163 065 inhabitants. It has 3 hospitals and 19 health centres, most of which have limited functionality. Medical supplies are provided by international agencies, but stockouts of medical supplies are common. The village of Ikoko-Impenge is located 45 km from the central office of the Bikoro area and is not accessible by road, and falls outside the telephone network. However, there is an airstrip 8 km from Bikoro.

Current risk assessment

There have been no updates to the risk assessment since the last report. WHO considers the public health risk to be very high at the national level due to the serious nature of the disease, insufficient epidemiological information and the delay in the detection of initial cases, which makes it difficult to assess the magnitude and geographical extent of the outbreak. The confirmed case in Mbandaka, a large urban centre located on a major national and international river, with road and air transport axes, increases the risk both of local propagation and further spread within Democratic Republic of the Congo and to neighbouring countries. The risk at the regional level is therefore considered high. At global level, the risk is currently considered low.

The IHR Emergency Committee met on Friday 18 May 2018 and concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met.¹ However, if the outbreak expands significantly, or if there is international spread, the Emergency Committee will be reconvened to re-evaluate the situation.

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information.

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control of Ebola 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

- ➔ The WHO Deputy Director-General (DDG) and the WHO AFRO Regional Emergency Director (RED) carried out a field mission to the Democratic Republic of the Congo from 5-9 June 2018 to conduct on-the-spot assessment and support the response operations. The DDG and RED held meetings with the Minister of Health, partners and the Incident Management team. The DDG and RED, accompanied by the Minister of Health, also visited the affected health zones, including Mbandaka, Iboko and the hot-spot Itipo.

¹ Statement of the Emergency Committee is available at <http://www.who.int/news-room/detail/18-05-2018-statement-on-the-1st-meeting-of-the-ihc-emergency-committee-regarding-the-ebola-outbreak-in-2018>

- ➔ 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.
- ➔ As of 7 June 2018, WHO has deployed a total of 200 technical experts in various critical functions of the Incident Management System (IMS) to support response efforts in the three hotspots of Bikoro, Iboko and Wangata (Mbandaka city).
- ➔ WHO continues to conduct daily IMS team meetings and hold three-level conference calls to review response operations and support field teams.

Surveillance

- ➔ The Ministry of Health (MoH), with the support of CDC, WHO, Epicentre and other partners, continue to maintain an up-to-date EVD outbreak database, including line lists, contact lists, etc.
- ➔ Active surveillance and contact tracing activities continue in all areas. A total of 619 contacts from Iboko (411), Bikoro (117) and Mbandaka (91) are being followed up, 91% (564) of these were visited on 6 June 2018.

Laboratory

- ➔ A full mobile laboratory deployed in Bikoro Reference Hospital on 12 May 2018 has been fully operational since 16 May 2018. A second mobile laboratory is active in Mbandaka.
- ➔ A National Laboratory Strategy has been developed, focusing on GeneXpert for confirmatory testing in key sites such as Ebola Treatment Centres (ETC). GeneXpert is now fully functional in Bikoro Health Zone and Mbandaka. Additional GeneXpert machines are being sent to the affected areas.

Case management

- ➔ MSF has set up isolation facilities in Mbandaka's main hospital (20 beds) and Bikoro hospital (15 beds). Two Ebola treatment centres (ETC) are being set up in Iboko and Itipo.
- ➔ WHO is providing technical advice on the use of investigational therapeutics and provision of essential medical supplies and is currently supporting MoH and INRB in the importation of investigational therapeutics and submission of Monitored Emergency Use of Unregistered Interventions (MEURI) protocols for Ethics Review Board (ERB), as well as supporting MSF in implementation of therapeutics protocols.
- ➔ On 4 June 2018, an ethics committee in the Democratic Republic of the Congo approved the use of five investigational therapeutics to treat Ebola, under the framework of compassionate use/expanded access. This is the first time such treatments have been available during an Ebola outbreak. Clinicians working in the treatment centres will make decisions on which drug will be most helpful to their

patients, and appropriate for the setting. The treatments can be used as long as informed consent is obtained from patients and protocols are followed, with close monitoring and reporting of any adverse events. Four of the five approved drugs are currently in the country. They are Zmapp, GS-5734, REGN monoclonal antibody combination, and mAb114.

- ➔ On 6 June 2018, WHO convened a Research and Development (R&D) Blueprint meeting with global partners to present the National Ebola Research Plan of the Democratic Republic of the Congo, and to discuss ongoing research activities and additional priorities.

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

- ➔ The Ministry of Health, in collaboration with ACF, International Solidarity and IMC conducted an IPC assessment in 16 health facilities in the city of Kinshasa.
- ➔ Disinfection and hand washing points have been established at all hospital exit and entry points. Schools that will benefit from installation of 400 washbasins have been identified in the Bikoro and Iboko health zones.
- ➔ There is continued support from MSF and the Congolese Red Cross in the organization of safe and dignified burials.

Vaccination

- ➔ Since the launch of the vaccination exercise on 21 May 2018, a total of 1 826 people have been vaccinated in Wangata, Iboko and Bikoro. The targets for vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases and contacts of these contacts.
- ➔ On 4-5 June 2018, the Strategic Advisory Group of Experts (SAGE) on Immunization held a meeting to discuss early findings from the use of rVSV-ZEBOV vaccine in the current outbreak.

Risk communication, social mobilization and risk communication

- ➔ Anthropological assessments are ongoing in Itipo to better understand the communities' perception of diseases, treatments, EVD, funeral practices and gender dynamics.
- ➔ A total of 60 volunteers in Itipo have been trained on community engagement while community groups in Mbandaka are continuing with community engagement and raising awareness.
- ➔ A meeting was organised between local authorities, WHO and the chief of the indigenous populations in Itipo and surrounding villages to discuss ways to address risks of EVD transmission related to local customs.
- ➔ A total of 33 traditional healers in Mbandaka, seven of whom were women, have been briefed on EVD preventive measures.

- ➔ The Ministry of Health, UNICEF and WHO have trained more than 60 Congolese army personnel on EVD prevention. The trained personnel are responsible for conducting awareness activities among family members of army personnel.

Logistics

- ➔ There is continued logistical support with the deployment of logisticians in the field. About 19 tons of materials have been received in Kinshasa, of which 16 tons have been sent to Mbandaka. About 3 000 sets of personal protective equipment, tents and sanitation materials have been dispatched.
- ➔ MONUSCO has set up tents to accommodate responders in Iboko to address the acute shortage of accommodation in the area.

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 are appealing for rapid funding of US\$ 57 million for the current response to rapidly stop the spread of EVD. The amount of funding needed for the overall Ebola Strategic Response Plan has increased from US\$ 26 million to US\$ 57 million, based on the new planning assumption and requirements following the spread of the disease to Mbandaka (an urban area on a major transport route), the increased needs for community engagement, expanded number of contacts to be traced and followed up, and increased number of points of entry (PoE) (airports and water/land points) to be monitored.
- ➔ 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 & UK DFID (US\$ 4.1 million), UK-DFID (£5 million), Germany (€5 million), Norway (US\$ 8 million nok), Canada (\$ 1 million CAD), World Bank PEF (US\$ 6.8 million) bringing the total to around US\$ 32.6 million.
- ➔ 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.
- ➔ There is a growing need to support operational readiness for PoEs in surrounding countries to prevent further spread and WHO has launched a Regional Strategic Plan for EVD Operational Readiness and Preparedness.

Preparedness

- ➔ The WHO Regional Strategic Plan for EVD Operational Readiness and Preparedness in countries neighbouring the Democratic Republic of the Congo has been developed and discussed with donors on 8 June 2018. The plan, focusing on eight strategic areas of interventions, has been aligned to the national contingency plans.
- ➔ From 4 - 8 June 2018, over 50 multisectoral, multidisciplinary national rapid response teams in the Republic of Congo have been trained on EVD prevention and control.
- ➔ A total of US\$ 1.55 million has been mobilized through Contingency Funds for Emergency (CFE) to support contingency plans on preparedness and readiness of the nine countries.

Operations partnership

- ➔ Three GOARN experts and the AFRO operational partners team are supporting the national preparedness training for national authorities on EVD preparedness.
- ➔ Clinical Emergency Medical Teams (EMTs) from IMC, IFRC IRC have been deployed in Mbandaka to support IPC and maintenance of safe access to essential health services. Activities will start on confirmation from the MoH.
- ➔ GOARN Operational Support Team and the AFRO operational partnerships team are conducting twice weekly conference calls to share information and coordinate response actions of partners involved in the response. The updates that follow were received from partners through the forum.

UNICEF

- On 6 June 2018, a high-level visit including the Minister of Health, WHO Deputy Director-General, WHO Representative and UNICEF Representative took place to assess the response in the affected health zones.
- A guideline on food support linked to psychosocial care to households affected by EVD was finalized jointly with partners.

UNHCR

- UNHCR partner, ADES is working locally with MOH and MSF in response to reported probable case of Ebola in Bas-Uele which also hosts about 37 000 refugees from CAR living among the local communities. ADES is already conducting social mobilization on EVD prevention and handwashing points have been installed in the health facilities and public places
- In relation to the preparedness activities in South Sudan, intense Ebola awareness sessions are ongoing in Makpandu refugee camp (Western Equatoria) and in Lasu area (Central Equatoria) by UNHCR partners- World Vision international (WVI) and United Methodist Committee On Relief (UMCOR) respectively in collaboration with Health authorities; community sensitization and disease surveillance are actively ongoing in all refugee camps.

WFP

- On 5 June 2018, WFP, UNICEF and the Ministry of Health, started a joint distribution of food and NFI to people discharged from Ebola treatment units in Mbandaka.
- Discharged patients have received 250 g of super cereals and 25 g of oil over 15 days and have also received a three month family ration
- WHO has confirmed its request for various types of logistical support from WFP and UNHRD,

including IT services (establishment of VHF radio communication network in one location), deployment of staff with various profiles (logistics/camp support, fleet manager, workshop manager, warehouse manager, dispatch officer, admin/HR associate), and MOSS compliance equipment. WFP and UNHRD are acting immediately to respond to the needs.

IRC (International Rescue Committee)

- Using a standardized approach, the IRC is working jointly with MOH, WHO, UNICEF, IFRC, IMC and Oxfam to support to 41 priority health facilities in five key health zones of Mbandaka, Wangata, Bolenge, Itipo/Iboko and Bikoro.
- The IRC has been requested to support 15 health facilities – seven in Bolenge (on critical river routes to Kinshasa) and eight in Itipo/Iboko. The IRC will commence in Bolenge immediately, and will scale-up in Itipo/Iboko once the UN has created the access and logistics needed. IRC's emergency response team of medical/IPC/WASH/ logistics personnel are assessing precise needs in all seven Bolenge health facilities over 7-8 June 2018.

IHR travel measures and cross border health

- According to 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 2018². 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. Transmission requires direct contact with blood or fluids of infected persons or animals (alive or dead), all unlikely exposures for the average traveller. If symptoms consistent with Ebola disease develop, travellers should seek immediate medical attention (through specific hotline numbers). Travellers should be informed about where to obtain appropriate medical assistance at their destination and whom to inform should they become ill.

There is a possibility that a person who has been exposed to Ebola virus and developed symptoms may board a commercial flight or other mode of transport, without informing the transport company of his/her status. Such travellers should seek immediate medical attention upon arrival, mention their recent travel history, and then be isolated to prevent further transmission. Information of close contacts of this person on board aircraft should be obtained through collaboration with various stakeholders at points of entry (e.g. airline reservation system) in order to undergo contact tracing.

- As the incubation period for Ebola is between 2 to 21 days, travellers involved in caring for EVD patients or who suspect possible exposure to Ebola virus in the affected areas, should take the following precautions for 21 days after returning: 1) Stay within reach of a good quality health care

² 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>

facility; 2) Seek immediate medical attention (e.g. through hotline telephone numbers) and mention their recent travel history if they develop EVD like symptoms. As of 8 June 2018, 23 countries have implemented entry screening for international travellers coming from Democratic Republic of the Congo, but there are currently 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. The plan includes mapping strategic points of entry and the locations of areas where travellers congregate and interact with the local population, and therefore are at risk of Ebola virus disease transmission based on population movement. The plan also includes implementing health measures at the points of entry/traveller congregation points, including risk communication and community engagement, temperature checks, provision of hand hygiene and sanitation materials, and the development of alert, investigation and referral procedures.

By 18 May 2018, a total of 115 points of entry/traveller congregation points had been listed and mapped along three *cordon sanitaires* in Mbandaka, Bikoro, Iboko, larger Equateur Province, and Kinshasa. It is unrealistic and impractical to assume that proper screening can be conducted at all these points, and the efforts currently focus on the 30 prioritized points of entry/traveller congregation points. and Further detail on this plan and implementation to date are available via the Disease Outbreak News webpage: <http://www.who.int/csr/don/en/>

- Entry and exit screening measures have been implemented at the Mbandaka airport, as well as in some terminals of the Kinshasa international airport. These include travel health declaration, visual observation for symptoms, temperature check and travel health promotion measures, as well as procedures for referral of suspect cases. During this screening at international airports and points of entry, travellers are assessed for signs and symptoms of an illness consistent with EVD, or identified as contacts potentially exposed to EVD. Any person with an illness consistent with EVD is not allowed to travel unless the travel is part of an appropriate medical evacuation. Boarding may be denied based on public health criteria.
- As of 1 June 2018, no cases were detected at ports on the River Congo closed to Kinshasa (Muluku, Kinkole, Ngobila). As of 5 June 2018, 2 303 persons were screened and sensitized to EVD disease in the *cordon sanitaire* including sites at Mbandaka, Bikoro, Ndonle, Ingende and Irebu.
- All 30 points of entry and areas for congregation are now assessed and gaps identified. On 6 June 2018, the sub-commission of surveillance at POEs was established and will meet daily. The focus of the group this week is to:
 - Establish and disseminate procedures for surveillance (visual observation, screening of travellers, hand hygiene, risk communication)
 - Develop a training module for surveillance at POEs for PNHF agents deployed and to be deployed
- Quantify gaps in terms of equipment and materials at each POE.

3. Summary of public health risks, needs and gaps

The Ministry of Health and other national authorities, WHO and partners continue with an intense response to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. All pillars of the response are being consolidated as well as preparedness and readiness measures in neighbouring countries. The global community and donors are also continuing to provide support. The evolution of the outbreak is being closely monitored and the disease is still localised to the three initial affected health zones. It is critical to sustain the ongoing interventions as well as efforts to improve coverage and effectiveness until the outbreak is contained.