

EBOLA VIRUS DISEASE

External Situation Report 45



World Health
Organization

REGIONAL OFFICE FOR
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Ebola in Uganda

Date of issue: 12 June 2019

Data as reported by: 12 June 2019

1. Situation update



On 11 June 2019, the Ugandan Ministry of Health confirmed an outbreak of Ebola virus disease (EVD) in Kasese District, at the border with the Democratic Republic of the Congo. The index case in this outbreak is a 5-year-old boy who fell ill after a visit to Mabalako Health Zone in Democratic Republic of the Congo to attend the burial of his grand-father, a confirmed EVD case, who died in the community on 1 June 2019. The boy and his mother re-entered Uganda (where they reside) through the Bwera Border on 10 June 2019 and presented to Kagando hospital (the same day) with a bleeding diathesis (nose bleeding, vomiting blood, blood in stool and urine) in addition to other symptoms, which included muscle pain, headache, fatigue and abdominal pain. Because of a high index of suspicion of a viral haemorrhagic disease, the case-patient was immediately referred to Bwera Hospital, where a designated Ebola treatment centre (ETC) has been established as part of EVD preparedness. Blood specimens were obtained and transported to the Uganda Virus Research Institute (UVRI) on 10 June 2019. Test results released by UVRI on 11 June 2019 showed that the sample was positive for Ebola Zaire on the first polymerase chain reaction (PCR) run. Additionally, the sample was positive on Ebola rapid diagnostic testing. A third confirmatory test (using EboZai NP primers and probe) was also positive for Ebola Zaire. The Uganda Minister of Health and the WHO Representative in Uganda, in a joint press conference held at 9:00 pm on 11 June 2019, formally declared the EVD outbreak. The child died in the early hours of 12 June 2019.

Two family relations to the index case (the mother and a sibling) developed symptoms and were isolated in Bwera ETC on 11 June 2019. Blood specimens collected and shipped to the UVRI on 11 June 2019 tested positive for EVD on 12 June 2019. Another suspected case has been admitted to the ETC and the test result is pending. A total of eight contacts have been identified and are being closely monitored.

The Ugandan Ministry of Health, WHO and partners have deployed a multisectoral rapid response team to the affected district. Further update on this event will be provided as information comes in.

Ebola in Democratic Republic of the Congo

Date of issue: 12 June 2019

Data as reported by: 10 June 2019

2. Situation update

Cases **2071** Deaths **1396**

In the Democratic Republic of the Congo the EVD outbreak continues to show a decrease in the number of new cases, with 54 new confirmed cases reported in the past week, compared to 88 cases reported per week during the last two weeks. While a relatively lower incidence of new cases continues to be seen some hotspots such as Katwa, Beni and Kalunguta health zones, elsewhere the situation appears more tenuous. Active transmission is ongoing in communities within 11 health zones in North Kivu and Ituri provinces.

In the 21 days between 20 May to 10 June 2019, 68 health areas within 11 health zones reported new cases, representing 10% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 218 confirmed cases were reported, the majority of which were from the health zones of Mabalako (29%, $n=64$), Butembo (22%, $n=47$), Katwa (16%, $n=35$), Mandima (11%, $n=24$) and Beni (8.2%, $n=18$). One new confirmed case was reported from Rwampara Health Zone following a prolonged period since the last reported case. This latest case was linked to a confirmed case within Beni Health Zone.

As of 10 June 2019, a total of 2071 EVD cases, including 1977 confirmed and 94 probable cases, were reported. A total of 1396 deaths were reported (overall case fatality ratio 67%), including 1302 deaths among confirmed cases. Of the 2062 confirmed and probable cases with known age and sex, 58% (1187) were female, and 29% (598) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected rising to 115 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 09 June 2019

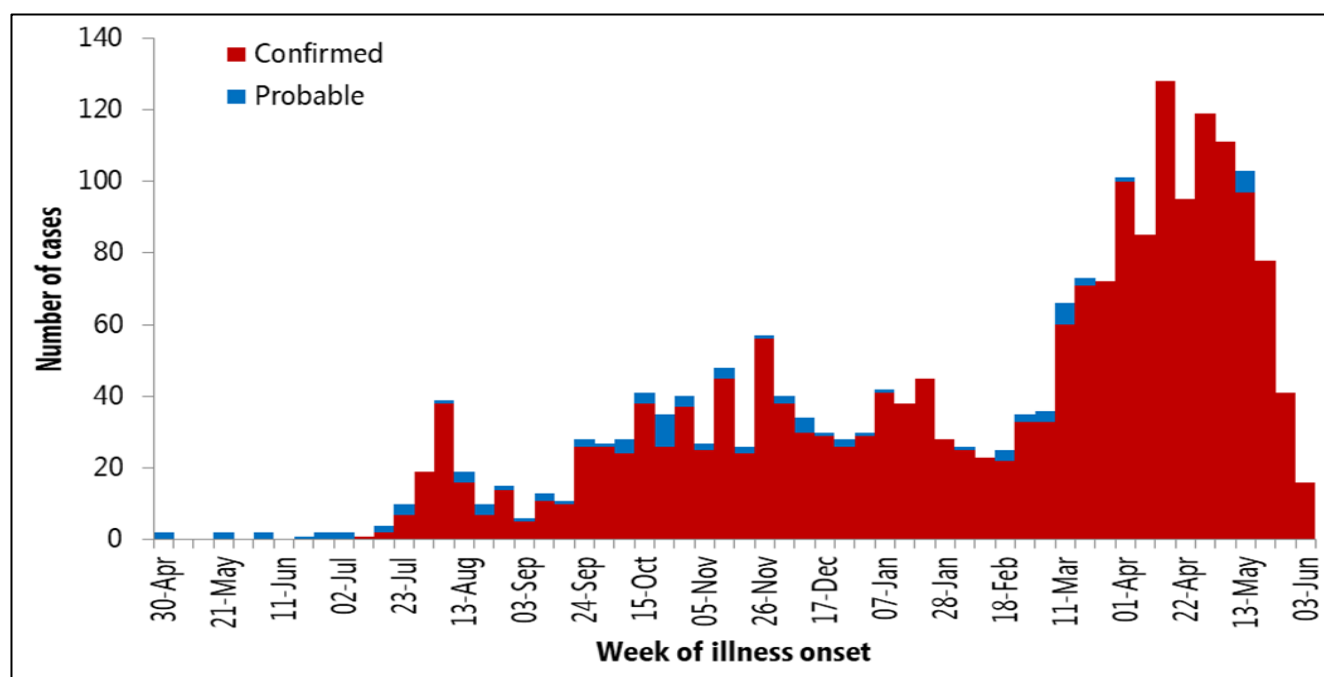
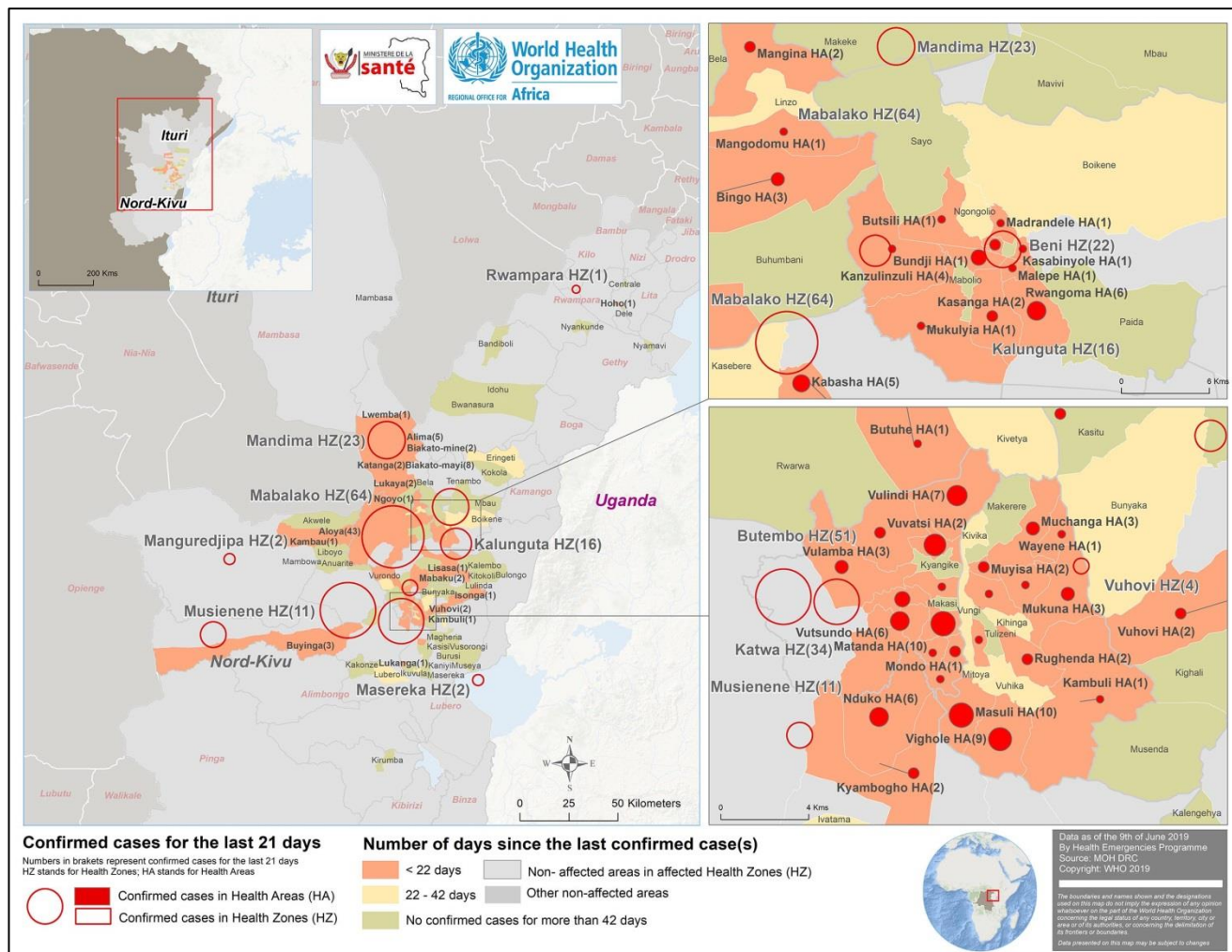


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 10 June 2019

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	Alimbongo	0/20	1	0	1	0	0	0
	Beni	7/18	319	9	328	185	194	18
	Biena	0/14	8	1	9	8	9	0
	Butembo	14/15	238	0	238	258	258	47
	Kalunguta	5/18	108	15	123	49	64	11
	Katwa	12/18	595	16	611	400	416	35
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	0/22	19	2	21	13	15	0
	Lubero	0/18	11	2	13	2	4	0
	Mabalako	9/12	238	16	254	175	191	64
	Manguredjipa	1/9	14	0	14	6	6	3
	Masereka	1/16	38	6	44	15	21	1
	Musienene	4/20	65	1	66	27	28	10
	Mutwanga	0/19	5	0	5	3	3	0
	Oicha	0/25	41	0	41	20	20	0
	Vuhovi	2/12	85	13	98	31	44	4
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	0/15	28	9	37	10	19	0
	Mandima	6/15	150	4	154	88	92	24
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	2	0	2	2	2	1
	Tchomia	0/12	2	0	2	2	2	0
Total		62/359 (17.3%)	1977	94	2071	1302	1396	218

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, 09 June 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.*

3. 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

- ➔ Approximately 120 800 contacts have been registered to date and 14 697 are currently under surveillance as of 9 June 2019. Follow-up rates remained very high (81% overall) in health zones with continued operations.
- ➔ An average of 1205 alerts were received per day over the past seven days, of which 1122 (93%) 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 14 operational treatment and transit centres (TC).
- ➔ 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 Ebola treatment centre (ETC) sites in Beni and Butembo. The ETCs in Mangina, Komanda and Katwa continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in CTEs are also receive optimized supportive care.
- ➔ The Mangina ETC/TC has expanded its bed capacity to 65 in order to manage the increased number of suspect and confirmed cases.

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

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed and provision of supplies.

Points of Entry (PoE)

- ➔ From 3 to 9 June, 1 873 230 screenings were performed, giving a total over 65 million cumulative screenings. This week, a total of 62 alerts were notified, of which 19 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 214, with 467 validated as suspect cases, and 11 subsequently confirmed with EVD following laboratory testing. An average of 92% PoEs and PoCs reported screenings daily this week.
- ➔ On 5 June 2019, four vaccinated contacts lost to follow-up were intercepted at PoC OPRP, travelling from Butembo to Goma on their 13th day of follow-up. All four have agreed to return to Butembo until the end of their follow-up period.
- ➔ The African Nations Cup will be held in Egypt from 22 to 30 June 2019. For this purpose, the Surveillance Commission is working closely with the Congolese National Football Federation to identify contacts among supporters of the Congolese team intending to travel to Egypt.
- ➔ With regards to the Hajj pilgrimage, discussions thus far suggest that pilgrims from North Kivu will be allowed to attend the pilgrimage. One travel agency has been identified to organize the pilgrims' travel, which to date has not received any sign of potential denial of entry by the Saudi government.
- ➔ This week, IOM trained 50 frontline workers (male 33; female 17) drawn from various PoC/PoEs in Bunia; the focus of the training was on EVD surveillance and PoE Standard Operating Procedures (SOPs) using the newly developed training modules for frontline workers. IOM also organized training of 25 communicators/peer educators together with the Communication Commission and PNHF to strengthen risk communication and community engagement activities at PoE/PoCs. After the training, the communicators organized an awareness raising event jointly with IOM during which a total of 100 persons including travel agency managers, bus drivers' associations and motorcyclists were reached/sensitized about the risks associated with EVD and mobility.
- ➔ A total of 139 frontline workers (male 88; female 51) from Bunia were paid. Payments for the frontline workers in other areas are planned to take place in the following weeks. Furthermore, IOM continued to equip the PoE/PoCs with essential equipment and materials to strengthen surveillance capacity. The focus for the week was the Kasindi area, near the border of DRC and Uganda, as well as Rutshuru, which is an insecurity-prone territory.

Burundi

- ➔ On 28-31 May 2019, IOM conducted a joint assessment with the Ministry of Health and the Fight Against AIDs and the Department of Immigration, covering nine PoEs in four border provinces where Burundi shares a border with the Democratic Republic of Congo. The aim of the assessment was to evaluate the capacity needs (basic equipment and material as well as training needs) at the PoEs with the aim of supporting EVD preparedness efforts in the country.

South Sudan

- ➔ IOM screened 21 367 inbound travellers from Democratic Republic of the Congo to South Sudan, of whom 69 presented with fever and went through secondary screening; zero alerts were raised at 14 PoE sites, namely: Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia Uganda Border) in Morobo County, Pure, Kerwa, Khorijo, Birigo in Lainya County and Bori.
- ➔ Access to Lujulu remains a challenge due to insecurity, while remote monitoring was conducted for Lasu and Tokori due to access issues (reports for the week have not yet been received from Tokori).

Uganda

- ➔ IOM held stakeholders' meetings in the Districts of Kisoro and Kanungu to review progress in preparedness, identify gaps and areas of synergy as well as areas requiring strategizing. Participants (37 in Kisoro and 36 in Kanungu) included the District Health Team, district leadership, implementing partners including Save the Children, Uganda Red Cross Society, WHO, UNICEF, MTI, health workers, village health teams, security personnel, local leaders from POE communities and screeners.
- ➔ IOM has continued to conduct flow monitoring at six flow monitoring points at the border between Uganda and South Sudan and eight flow monitoring points at the border between Uganda and DRC.

Safe and Dignified Burials (SDB)

- ➔ As of 10 June 2019, there have been a total of 6 780 SDB alerts, of which 5450 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During week 23, there were 332 SDB alerts received. Of these, 230 (69%) were responded to successfully. During this period, Beni Health Zone accounted for 25% of alerts (of which 45% were successful), Komanda 15% (72% success), Mabalako 10% (85% success), and 8% each Katwa, Oicha and Butembo (96%, 75% and 100% success, respectively).

Implementation of ring vaccination protocol

- ➔ As of 8 June 2019, 131 471 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 33 046 are contacts and 87 886 contacts-of-contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ➔ Four new rings (2 in Katwa, 1 in Mandima and 1 in Mabalako) have opened around six confirmed cases from 5 June 2019 and three new rings (2 in Katwa and 1 in Butembo) were opened around eight confirmed cases on 7 June 2019.
- ➔ Despite the challenges in the field and considering the cases reported between 30 April 2019 and 20 May 2019, only 31/337 (9.2%) of the cases do not have a ring defined and their contacts and contacts-of-contacts vaccinated. For 113/337 (33.5%) of the cases the ring vaccination was completed and for 193/337 (57.2%) ring vaccination was ongoing at the time of writing this report. This important progress is the result of the use of innovative delivery strategies (i.e. pop-up vaccination and targeted geographic vaccination) and strong community negotiations and engagement.

Risk communication, social mobilization and community engagement

- ➔ Efforts are ongoing to facilitate the transition of the Ebola response to communities through dialogue and engagement in key hotspots. Community Ebola Committees have been set up by community members in 21 areas of Butembo, Katwa and Vuhovi, to lead decision-making on Ebola response-related activities in their localities.
- ➔ Coordination of risk communication and community engagement activities has been enhanced in Goma where UNICEF is leading the support to strengthen the Communications Commission, with support from NGOs and other agencies including CDC, IFRC, and WHO.

- ➔ Community awareness and mobilization sessions are being strengthened, with a popular expression platforms held in the Masuli health area to address community concerns through a demonstration of the safe and dignified burial process, along with forums held in Kihwede market, Vutsundo Health Area to address the concerns that drive communities to resist response; a visit by the First Lady to Goma to spread awareness among the welcoming crowd at Goma Airport; briefing of managers of road transport agencies in Goma on PoE at entry points and how to observe EVD prevention measures; and the Minister of Health visited the Aloya health area, Mabalako, sending a strong message around EVD prevention and collaboration with response teams, as well as exchanges with community leaders in Lumumba village on the importance of safe and dignified burials (SDB), to motivate resolution of the refusal of SDB in Komanda Health Zone.

Preparedness and Operations Readiness

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

- ➔ The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a center of excellence on EVD outbreak management.
- ➔ Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams are rolling out a minimum standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC
- ➔ Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- ➔ 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 priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

- ➔ Minimum readiness package of activities achieved in the 9 neighbouring countries. Guidelines, tools and SOPs have been made available in all 9 countries and adapted to country context. Almost 1000 alerts have been investigated in the 9 countries, all negative for EVD. Drills or simulation exercises to test functionality of systems have been conducted in 5 countries. Due to funding gaps only 34/270 deployments remain in the field for technical support to preparedness pending resource mobilization.
- ➔ To date 4915 health workers in 150 health facilities have been vaccinated in Uganda, 2200 workers in 29 health facilities in South Sudan, 1392 frontline workers in high risk districts in Rwanda. Burundi is currently processing approvals to import and vaccinate frontline health workers.
- ➔ WHO AFRO Regional Office held a two-day technical meeting on cross-border health security issues for Operational Readiness Surveillance and Response in Kigali, Rwanda from 22 - 23 May 2019. This meeting brought together senior staff from the Ministries of Health and WHO Country Offices in Burundi, the Democratic Republic of the Congo, Rwanda, South Sudan and Uganda. The objective of the meeting was to review their current status and agree on strategies for strengthening Operational Readiness. A cross border MoU model was shared between partners during the meeting (<https://afro.who.int/news/cross-border-health-security-issues-operational-readiness-surveillance-and-response>).

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.
- ➔ 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 currently 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 continued decline in new EVD cases in North Kivu and Ituri provinces is encouraging, highlighting the commitment of local and national authorities and partners to an effective response to this serious outbreak. However, the appearance of EVD in neighbouring Uganda is of grave concern, highlighting the continuing vulnerability of the region to the spread of this disease, necessitating effective border screening and strengthening of preparedness activities in all countries bordering Democratic Republic of the Congo. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as proven public health measures, particularly in the face of this instance of cross-border spread, and the donor community must re-commit to providing the funding needed to bring this outbreak to a swift close.