

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



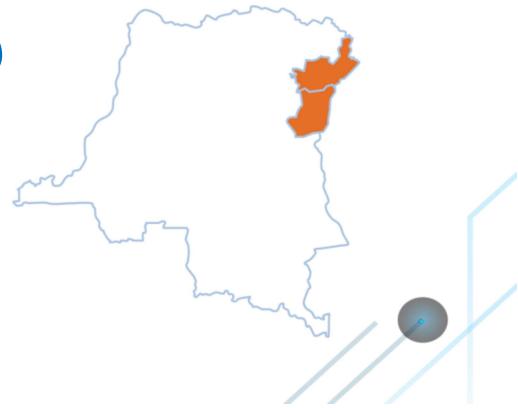
External Situation Report 33



# EBOLA VIRUS DISEASE

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## External Situation Report 33



Date of issue: 19 March 2019

Data as reported by: 17 March 2019

### 1. Situation update

Cases	Deaths
960	603

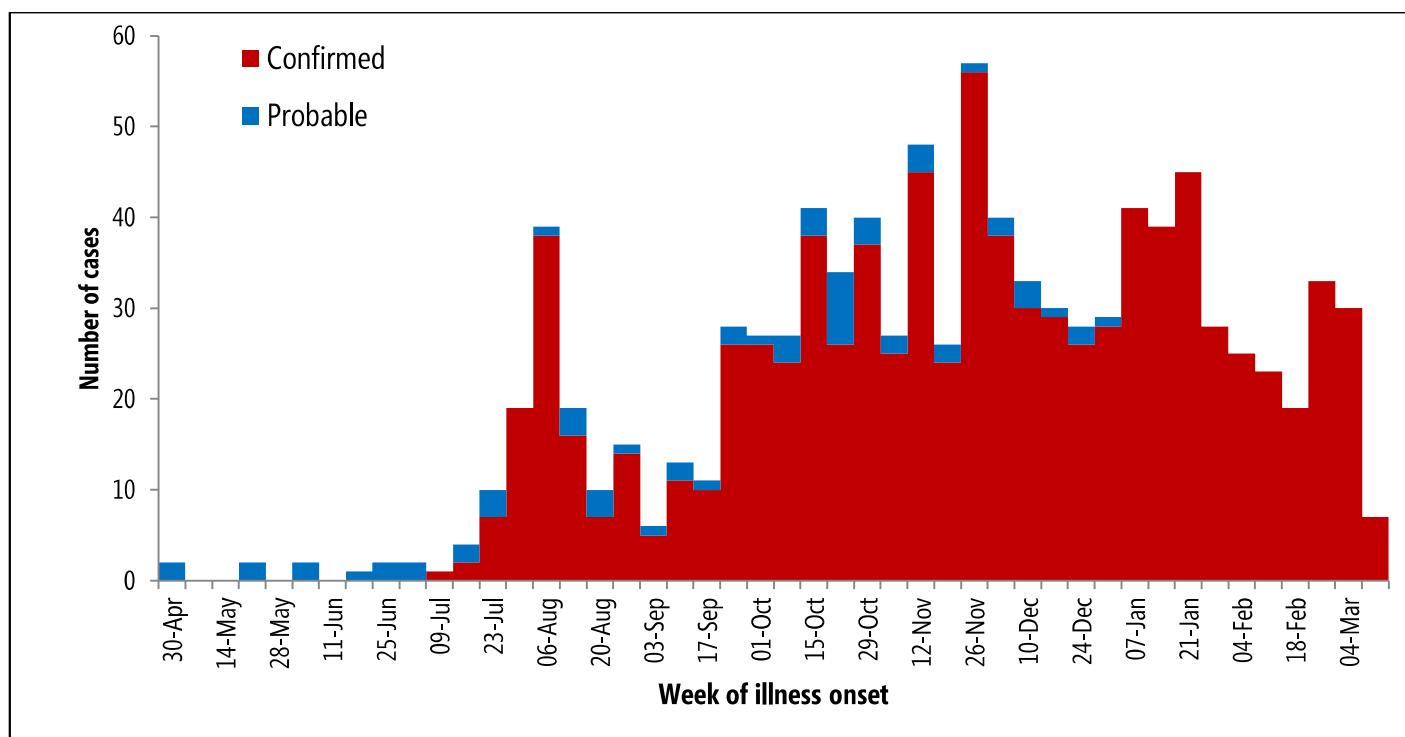
The Ebola virus disease (EVD) outbreak in the North Kivu and Ituri provinces has recently shown an increase in the number of cases reported by week, after many weeks of overall decline (Figure 1). This rise is not unexpected and likely due, in part, to the recently increased security challenges, including direct attacks on treatment centres, and pockets of community mistrust, which slowed some response activities in affected areas for a few days. While Katwa and Butembo remain major hotspots, clusters of cases with onward transmission have been reported in other health zones such as Mandima, Masereka and Vuhovi, which is concerning. Response teams are working actively in these areas to limit local transmission.

During the last 21 days (25 February – 17 March 2019), no new cases have been detected in nine of the 20 health zones that have been affected during the outbreak. Moreover, the outbreak is currently limited to 34 health areas within 11 health zones; 19% of the 128 health areas affected to date (Table 1 and Figure 2). During this period, a total of 86 confirmed cases were reported from Katwa (35), Butembo (13), Mandima (12), Masereka (8), Vuhovi (6), Kalunguta (5), Kyondo (2), Lubero (2), Kyaina (1), Mabalako (1) and Biena (1).

As of 17 March 2019, a total of 960 EVD cases, including 895 confirmed and 65 probable cases, were reported. A total of 603 deaths were reported (overall case fatality ratio 63%), including 538 deaths among confirmed cases. Of confirmed and probable cases with reported age and sex, 57% (542/959) were female, and 30% (287/960) were children aged less than 18 years. Three additional healthcare worker infections were confirmed this week; cumulatively 77 healthcare worker infections have been reported, including 26 deaths.

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.

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 17 March 2019 (n=954)\***

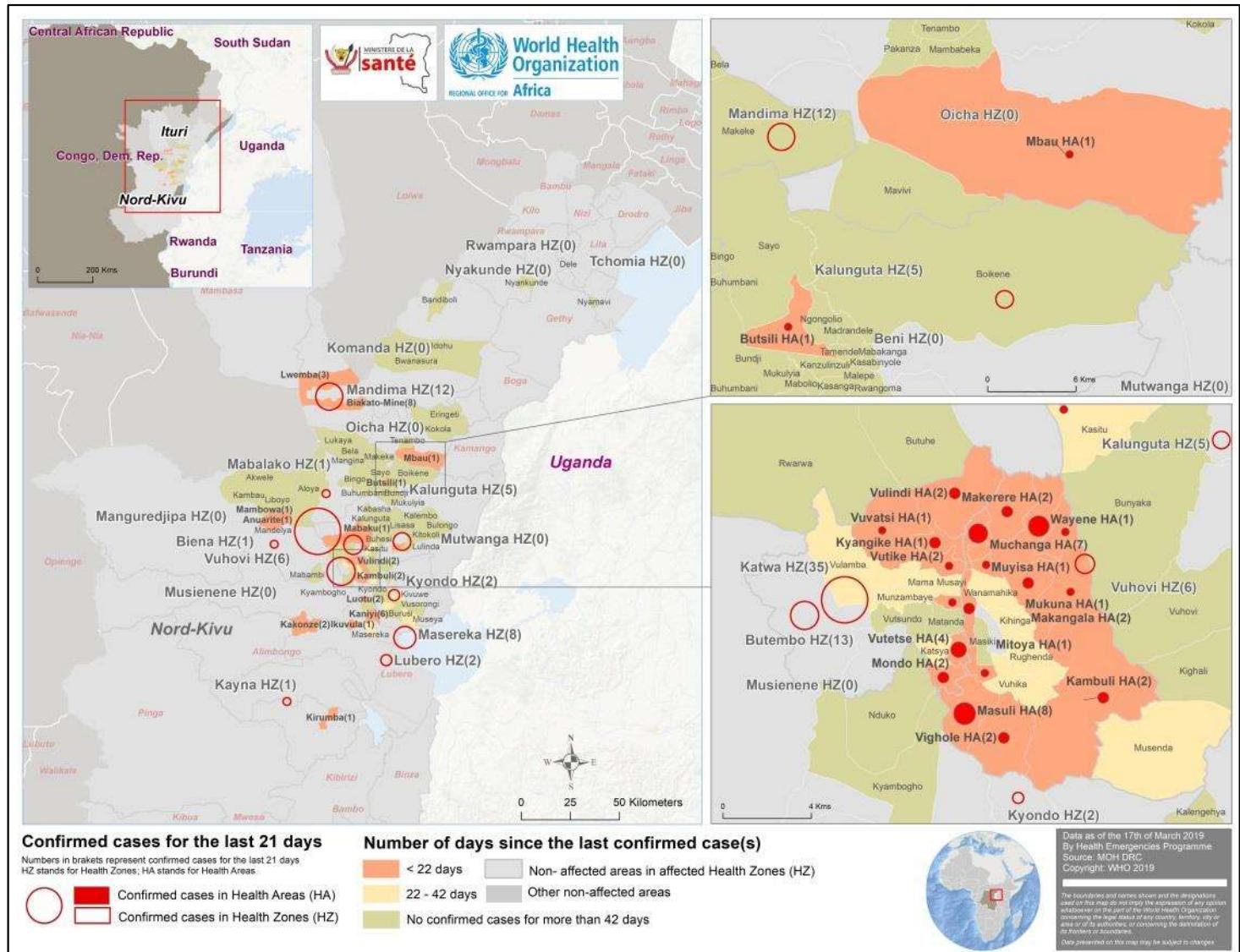


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 17 March 2019**

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Case classification			Deaths	
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	0/18	226	9	235	119	128
	Biena	1/14	6	0	6	5	5
	Butembo	7/15	91	0	91	58	58
	Kalunguta	4/18	48	13	61	22	35
	Katwa	11/18	267	11	278	187	198
	Kayna	1/18	6	0	6	3	3
	Kyondo	1/22	17	2	19	12	14
	Lubero	1/18	2	0	2	1	1
	Mabalako	0/12	91	16	107	54	70
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	4/16	16	1	17	7	8
	Musienene	0/20	6	1	7	2	3
	Mutwanga	0/19	4	0	4	3	3
	Oicha	0/25	31	0	31	19	19
	Vuhovi	1/12	19	0	19	11	11
Ituri	Komanda	0/15	27	9	36	9	18
	Mandima	3/15	29	3	32	18	21
	Nyakunde	0/12	1	0	1	1	1
	Tchomia	0/12	2	0	2	2	2
	Rwampara	0/11	1	0	1	1	1
<b>Total</b>		<b>34/319 (10.7%)</b>	<b>895</b>	<b>65</b>	<b>960</b>	<b>538</b>	<b>603</b>

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, 15 March 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.

## 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 ensure that they are response ready.

On 9 March 2019, WHO Director-General, Dr Tedros Adhanom Ghebreyesus visited the Ebola treatment centre in Butembo that was attacked by armed groups in the previous week. The visit came as he concluded a three-day mission to the country, along with senior US officials and other members of the WHO leadership. They met with the President, government officials, partner organizations and local responders involved in the outbreak response.

An overview of key activities is summarized below:

### Surveillance and Laboratory

- ⇒ An average of 756 alerts were received per day over the past seven days, of which an average of 731 (97%) were investigated within 24 hours of reporting.
- ⇒ 59 900 contacts have been registered to date and 4615 are currently under surveillance as of 17 March 2019. Of those between 81-85% have been followed in the past seven days.
- ⇒ Additional resources are being put in place to improve the coverage of daily contact monitoring, including mobilizing local leaders and conducting community dialogues.
- ⇒ There are eight laboratories with Ebola virus diagnostic capacity operational in Democratic Republic of the Congo (Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia and Kinshasa). All the laboratories are using automated polymerase chain reaction (Cepheid Xpert Ebola) as the primary diagnostic tool.
- ⇒ The number of tests performed per week reached 1500 during the past week. Additional GeneXpert instruments have been shipped to Democratic Republic of the Congo to augment the number of tests that can be performed. A stock supply of Xpert Ebola cartridges has been established. In total more than 23 000 samples have been tested.
- ⇒ 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

- ⇒ Extension work on the Katwa TC is underway, with the number of beds increased from 10 to 22.
- ⇒ 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 ETC sites in Katwa, Beni and Butembo. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care. To date, 80 patients have been enrolled in the RCT and 335 patients have received therapy under the compassion use protocol.

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

- ⇒ A revised IPC strategy with an operational work plan for the February to May 2019 period has been endorsed by MoH. The strategy and work plan are intended to guide the national coordination activities of the Ebola response's IPC Task Force, and the implementation of activities by the IPC commissions and partners at the subnational level.
- ⇒ Extensive IPC activities are ongoing in affected areas, 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, and distribution of IPC kits, which include consumable items such as personal protective equipment.
- ⇒ A National IPC Workshop to review and align IPC implementation is convening in Goma from March 21-23. The workshop will bring together Ministry of Health, OMS, UNICEF, and implementing partners to discuss implementation of the revised IPC strategy.

## Points of Entry (PoE)

- ⇒ Point of Entry/Point of Control (PoE/PoC) screening continues, with 210 178 travellers screened on 17 March 2019, bringing the cumulative number of screenings to 44 million. A cumulative total of 488 alerts were notified, with 216 validated. Of these, seven cases were subsequently confirmed with Ebola following laboratory test.
- ⇒ This week, a total of 35 alerts were raised, of which 16 were validated and one confirmed with Ebola. On 13 March 2019, a 28-year-old woman was intercepted at PoC Pasisi, at the entrance of Beni, on the Mandima-Beni route axis. She was on her way from Mandima to Beni to seek healthcare. She did not have fever, or the characteristic haemorrhagic signs and symptoms of EVD, but presented with other signs and symptoms related to EVD. She was subsequently referred to HGR Beni where her laboratory test came back positive for Ebola.
- ⇒ Delays in payment of incentives for January and February 2019 continued to affect the commitment and motivation of frontline screeners at the PoE/PoCs, evident from reduced reporting and full striking in PoE/PoCs in Butembo. Duties have since recommenced with payment of frontline screeners in Butembo (January – PDSS, February – IOM). Payment in other health zones is underway for January by PDSS.
- ⇒ Routine supervision is ongoing, despite security challenges. This week, IOM, PNHF and the Security Commission visited Port Kituku and Port Goma to ensure that travellers adhered to health screening protocols.
- ⇒ Vulindi and Mutsanga PoE/PoCs in Butembo were not operational due to persistent threats of attacks towards frontline screeners and PNHF staff. Insecurity also persist in Kyondo, affecting the work at PoE/PoCs.
- ⇒ Strong winds and rains have damaged a number of PoE/PoCs including Pasisi and Mavivi (Beni), and Madge (Bunia). A rehabilitation plan is underway by IOM and PNHF.

## **South Sudan**

- ➔ IOM continues to support active screening at nine PoEs: Yei airport, Yei SSRRCC, Tokori, Kaya, Okaba, Khorijo, Pure, Salia Musala and Bazi. Week 11 recorded 12 735 travelers screened for EVD exposure and symptoms from all nine IOM PoE EVD screening sites making the cumulative total screened to 177 827 inbound travellers to South Sudan. There were no alert cases reported during the week. Construction of Kerwa and Busia PoE facilities in Kajo keji and Morobo County has been completed.
- ➔ Okaba, Bazi, Kaya and Salia Musala frontline teams were vaccinated against EVD this reporting week. The vaccination team from WHO visited Okaba, Kaya and Salia Musala to conduct follow-up monitoring of AEFV (adverse effects following vaccination).
- ➔ See latest sitrep from IOM South Sudan for 4-10March 2019: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-10-4---10-march-2019>

## **Uganda**

- ➔ IOM participated in a joint assessment in Busia last week for the purpose of evaluating designation of POEs.

## **Safe and Dignified Burials (SDB)**

- ➔ As of 16 March 2019, a total of 3 355 SDB alerts have been received, of which 2 655 were responded to successfully (79%) by Red Cross and Civil Protection SDB teams, including 35 alerts and 31 successful burials by community emergency harm reduction burial (CEHRBU) teams in inaccessible areas.
- ➔ Between 10-16 March 2019, 233 SDB alerts were received – 8% fewer than the previous week and 7% below the average for the previous three weeks. Of these 181 (78%) were responded to successfully, 4% higher than the previous week. 37% of these alerts were for community deaths, 56% for non-ETC health facilities, and 7% for ETCs.

## **Implementation of ring vaccination protocol**

- ➔ There are 19 vaccination teams made up of **226** Congolese vaccinators with basic GCP training, **50** Congolese formally trained in GCP and **43** GCP trained and experienced Guinean/African researchers.
- ➔ In the last 21 days it has been possible to define and vaccinate rings around nearly 90% of confirmed cases.
- ➔ A total of 599 community rings have been defined and vaccinated (as of 11 March 2019), including two targeted geographic zones. In total, 86 917 contacts and contacts of contacts have been vaccinated. Those include 21 802 contacts and 64 900 contacts of contacts.
- ➔ We have documented impressive levels of community trust despite the challenges. More than **90%** of those eligible for vaccination have consented to be vaccinated and nearly **90%** of those vaccinated have allowed the follow visits post-vaccination on days 3 and 21. These high rates of compliance with follow-up visits have also been observed among high risk contacts listed by the vaccination teams.
- ➔ The **2016** SAGE guidelines recommend that all HCWS and FLWS at risk of Ebola in the affected areas and in the areas where the outbreak is likely to spread are offered rVSV ZEBOV GP vaccine (see link to most recent statement).

- ➔ Since the start of the outbreak, healthcare workers and front-line workers at risk of Ebola are also being offered preventive vaccination. Almost 27 000 have been vaccinated in the health areas affected by the outbreak. In addition, over 15 000 HCWs and FLWs have been vaccinated in neighbouring areas where the risk of spread is significant (i.e Goma, South Sudan, Uganda, and soon Rwanda and Burundi).
- ➔ During the reporting week the vaccination team in Kalunguta was temporarily held up by an armed group and vaccination teams in the Kivika area, Katwa were at the centre of some attacks to the community, with destruction of some materials. Some vaccination sites in Butembo were also inaccessible due to security concerns. However, thanks to the resilience of the teams, vaccination activities have promptly resumed after each of these incidents.

### Risk communication, social mobilization and community engagement

- ➔ In Komanda, community discussion took place in the village of Ofey, with support of grassroots leaders and the village chief, to strengthen community engagement and improve the perception of safe and dignified burial, decontamination and vaccination, along with sensitization through a video forum on EVD, presented to a church congregation in Katabey, as well as involvement of the pastor in charge of the NDIMO Adventist Church in raising awareness and the importance of IPC.
- ➔ In other health zones, school children and orphans were presented with awareness raising material on EVD prevention and risks for transmission.

### Preparedness and Operations Readiness

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

- ➔ The coordination centre has moved from Kinshasa to Goma to be closer to the outbreak affected areas. Operations in Beni will continue at full scale. Goma will provide a base for staff training, and eventually develop into a centre of excellence on Ebola.
- ➔ Eight teams consisting of one WHO consultant and four MoH EVD experts each, were deployed this week to North Kivu and Ituri (four teams in each province). The eight readiness teams will roll out a minimum standard package of readiness activities in all 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces over the next six months, alongside local counterparts to transfer capacity and harness the investment into long term development.
- ➔ The one-year preparedness plan was updated with tailored plans for the high-risk non-affected provinces for the period from February to July 2019 and is 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. Approximately US\$ 32 million has been mobilized for Ebola preparedness since May 2018 and a budget gap of US\$ 27 million remains for the next six months.
- ➔ OCHA announced an early action CERF award of US\$ 10 million, which was allocated to Priority 1 countries for priority preparedness activities. Funding for Burundi (US\$ 2.4 million), Rwanda (US\$ 1.8 million), South Sudan (US\$ 2 million) and Uganda (US\$ 3.8 million) have all been approved.

- ⇒ A follow up Joint Monitoring Mission took place to assess progress in implementation of priority preparedness activities completed in South Sudan; the mission was conducted from 4-8 March 2019. Assessments are yet to be conducted in Angola and Zambia where there are ongoing discussions with the MoHs to schedule the missions.

## 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](mailto: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 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.
- ⇒ A cross-border meeting was convened by the Ministry of Health of Uganda in Kasese from 11 to 13 February 2019 to discuss the PoE Toolkit and coordination among partners on both sides of the border. The report will be released shortly.

### **3. Conclusion**

The Ebola outbreak in Democratic Republic of the Congo has seen an increase in the number of cases in the past weeks. This is not unexpected considering the challenges that response teams have faced in recent weeks, which have impacted on the timeliness and effectiveness of activities in several areas. Despite these challenges, teams are fully operational in all outbreak affected areas and there are encouraging improvements in community acceptance of the response demonstrated by the high level of engagement in most response pillars. WHO is calling for international support to fill funding gaps and ensure response teams remain at optimum capacity to bring this outbreak to an end.