

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 51



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Date of issue: 23 July 2019

Data as reported by: 21 July 2019



1. Situation update

Cases	Deaths
2592	1743

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues. Since our last external situation report (data reported by 14 July 2019), 91 new confirmed EVD cases with an additional 75 deaths have been reported across the two affected provinces. We continue to observe sustained local transmission with a large number of cases in Beni Health Zone. In addition, cases continue to be exported from Beni to other health zones via the movement of cases and their contacts.

Intensive follow-up of contacts of the [confirmed case](#) who arrived in Goma on 14 July continues. Nineteen health workers were deployed from other posts to Goma to provide support in the response to this case. Rumours of contacts travelling to Bukavu and South Kivu have been investigated and ruled out by response teams. No new cases have been reported in Goma to date. There are currently no confirmed cases of EVD outside of the Democratic Republic of the Congo.

On 17 July 2019, the Director-General convened the Emergency Committee under the International Health Regulations (IHR) to review the situation on the Ebola outbreak in the Democratic Republic of the Congo (DRC). It was the fourth time the Director-General convened the Committee for this event since the declaration of the outbreak in August 2018 (previous meetings were held in October 2018, April 2019, and June 2019). The Director-General accepted the Emergency Committee's recommendation that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC). The decision was based on the recent developments in the outbreak, including the geographical expansion of the virus. The declaration of the PHEIC is not a reflection on the performance of the response team but rather a measure that recognizes the possible increased national and regional risks and the need for intensified and coordinated action to manage them. The Committee and WHO do not recommend any restrictions on travel or trade, which can hamper the fight against Ebola by affecting the movement of people and supplies. Further information is available in the [Statement on the Emergency Committee meeting](#), and [WHO recommendations for international traffic related to the EVD outbreak](#).

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In last 21 days, 65 health areas within 18 health zones reported new cases, representing 16% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 254 confirmed cases were reported, the majority of which were from the health zones of Beni (52%, n=133), Mabalako (11%, n=28), Mandima (9%, n=22) and Katwa (7%, n=18) which are the main active areas in the outbreak.

As of 21 July 2019, a total of 2592 EVD cases, including 2498 confirmed and 94 probable cases, were reported. A total of 1743 death were reported (overall case fatality ratio 67%), including 1649 deaths among confirmed cases. Of the 2501 confirmed and probable cases with known age and sex, 56% (1458) were female, and 28% (737) were children aged less than 18 years. The cumulative number of health workers affected is 140 (5% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 21 July 2019

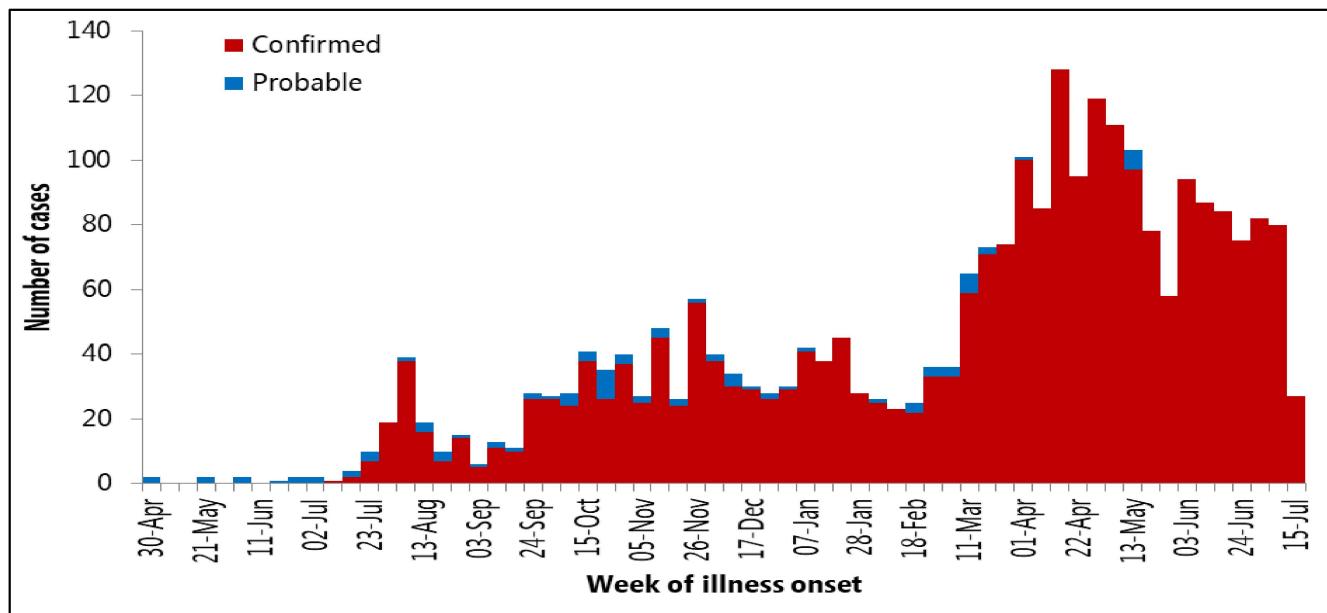
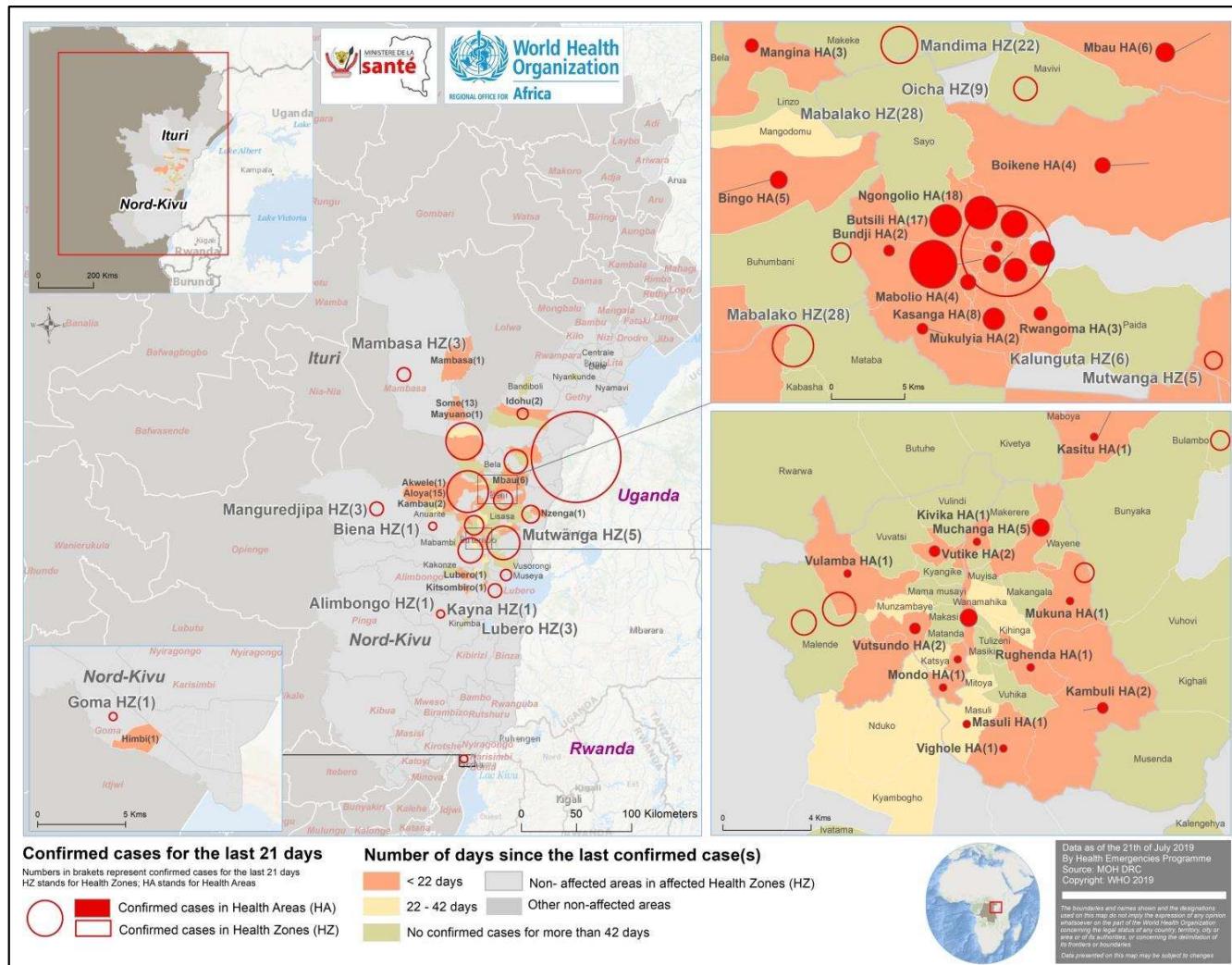


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 21 July 2019

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	1/20	4	0	4	2	2	1
	Beni	16/18	517	9	526	328	337	133
	Biena	1/14	15	1	16	12	13	1
	Butembo	6/15	258	0	258	295	295	10
	Goma	1/10	1	0	1	1	1	1
	Kalunguta	3/18	128	15	143	54	69	6
	Katwa	8/18	622	16	638	431	447	18
	Kayna	1/18	9	0	9	5	5	1
	Kyondo	0/22	22	2	24	13	15	0
	Lubero	2/18	29	2	31	4	6	3
	Mabalako	6/12	353	16	369	250	266	28
	Manguredjipa	2/9	20	0	20	12	12	3
	Masereka	1/16	48	6	54	16	22	2
	Musienene	0/20	71	1	72	29	30	0
	Mutwanga	4/19	13	0	13	7	7	5
	Oicha	4/25	51	0	51	24	24	9
	Vuhovi	2/12	93	13	106	34	47	6
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	1/15	32	9	41	13	22	2
	Mambasa	1/16	3	0	3	2	2	3
	Mandima	5/15	193	4	197	106	110	22
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
Total		65/406 (16%)	2498	94	2592	1649	1743	254

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, 21 July 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 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

- Over 140 000 contacts have been registered to date and 20 669 are currently under surveillance as of 21 July 2019. Follow-up rates remained very high (85-88% overall) in health zones with continued operations.
- An average of 1972 alerts were received per day over the past seven days, of which 1818 (92%) 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, Butembo, Katwa, and Mangina.
- The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs also receive optimized supportive care.
- The Mangina ETC/TC has expanded its bed capacity to 90, in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA.
- The ETC in Goma has been fully operational since February 2019.

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

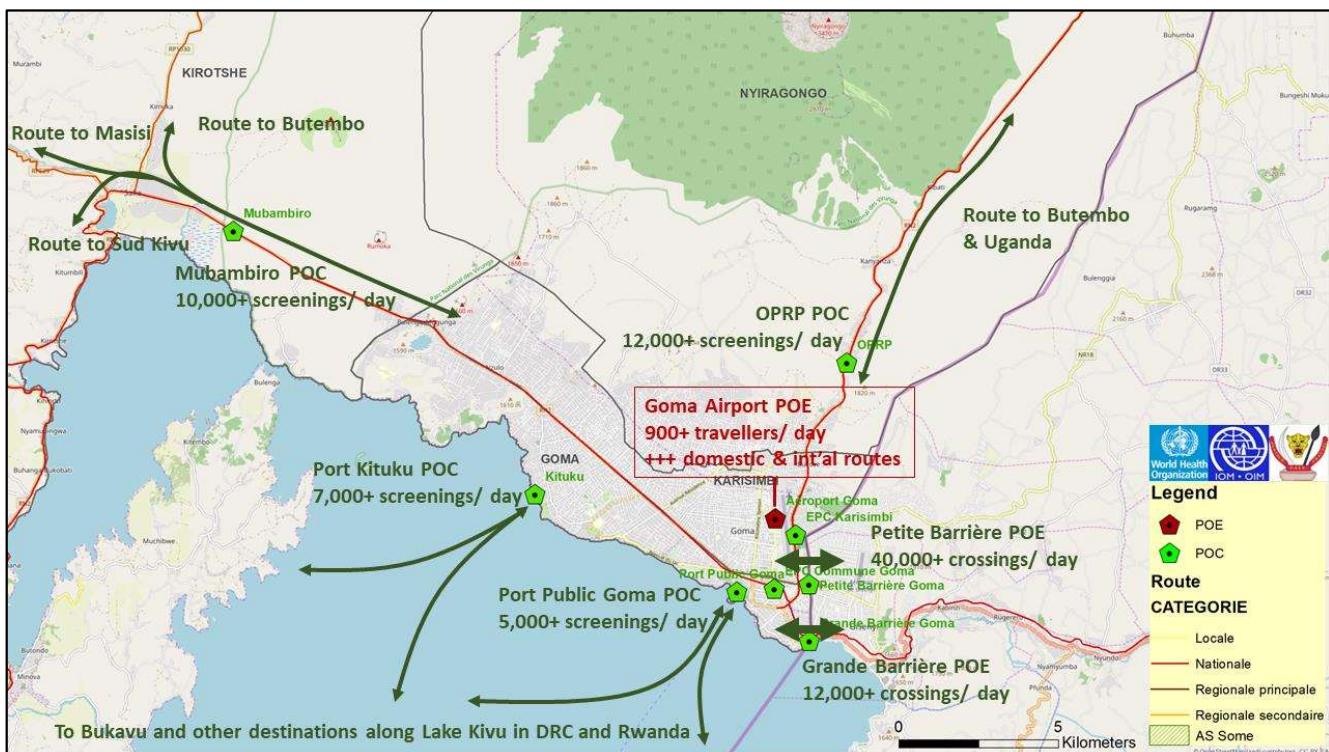
- IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers (HCW) on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination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

- ➔ Since August 2018, 10% (28/273) of nosocomial infections have occurred in Mabalako and 12% (33/273) in Beni. Of the 28 nosocomial infections in Mabalako, 93% have occurred since 1 April 2019. Of the 33 nosocomial infections in Beni, 70% have occurred since 1 April 2019. Additionally, 20% (27/134) of healthcare worker cases occurred in Mabalako and 16% (21/134) in Beni. Of the 27 HCW cases in Mabalako, 48% have been reported since 1 April 2019. Of the 21 HCW cases in Beni, 33% have been reported since 1 April 2019.

Points of Entry (PoE)

- ➔ By the end of week 29 (week ending 21 July 2019), over 77 million screenings were performed, including 2 224 828 screenings during this last week. This week, a total of 117 alerts were notified, of which 48 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 720, with 786 validated as suspect cases, and 22 subsequently confirmed with EVD following laboratory testing. An average of 79 of the 85 functional PoEs and PoCs reported screenings daily this week (93%).
- ➔ Following the recent reporting of EVD cases in Ariwara, Mambasa and Goma, the PoE sub-commission is evaluating and tightening the quality of screening at PoEs and PoCs along the major transportation axes. Joint supervision missions were organized, and staff were re-trained on how to conduct health screening, manage alerts, provide risk communication, implement basic IPC, as well as manage the POE/POC environment.
- ➔ A delegation for the overall coordination of the response (MSP, WHO and IOM) visited the PoEs of the Goma Small Port and Large Barriers in order to monitor the screening process as part of monitoring with the PoE in Rwanda.
- ➔ On 15 July 2019, a 24-year-old man presenting with fever was screened at POC Mavivi, in the northern perimeter of Beni. He came from Idohu, in the Komanda Health Zone of Ituri, and was on his way to Butembo. He was subsequently referred to the ETC and tested for Ebola, and the result came back positive. Investigations revealed that he had a history of exposure to the body of a confirmed EVD case but was not listed as a contact. All people who travelled with him were identified and listed as contacts for monitoring.
- ➔ This week, the National Programme for Border Health (PNHF) and partners continue to strengthen the quality of screening at all PoEs and PoCs around Goma. Sixteen high-risk contacts of the confirmed case in Goma were identified this week at various PoCs, including 13 individuals at PoC OPRP in the northern perimeter of Goma. Among them was the moto taxi driver who transported the case from Kibumba to Goma. Two co-travellers were identified at PoC Kanyabanyonga and one contact who had been lost for 19 days was identified at PoC Kiwandja.

Figure 3: POEs and POCs in the perimeter of Goma and the number of travellers screened per day



- ⇒ Twenty medical personnel (10 nurses and 10 doctors) who will be integrated to various PoE/PoCs in Goma were trained on health screening. An evaluation was carried out at the PoEs of Grande Barrière, Petite Barrière and Goma Airport, and immediate remedial actions were taken to improve the quality of health screening, including through the redeployment of experienced clinicians as health screeners.
- ⇒ A consultative meeting with all government agencies and service providers working at Goma international airport including immigration department (DGM), Provincial Health Inspectorate, civil aviation, Police and MONUSCO was also organized to strengthen traveller screening at the airport. Locations were identified and secured for the performance of secondary screening and temporary isolation.
- ⇒ WHO deployed four teams to the Public Port of Goma to screen travellers traveling to and coming from Bukavu.
- ⇒ PNHF and IOM conducted a micro level Participatory Population Mapping Exercise (PME) at Ariwara on 18 July 2019 with the technical support of WHO, to assess the movement patterns, volumes and characteristics of mobility in this area where a confirmed case was detected a couple of weeks ago. The exercise, which was attended by 25 community members with good knowledge of the area, identified various points of high vulnerabilities and recommended the activation of four health screening points which included three new (Nyori, Kamaka, Barrière DGRPI AJUANI) and one existing (Sans Plainte) PoEs at the border with Uganda, where health screening was not taking place. In addition, 44 frontline workers were identified by the Health area management (BCZ) and trained to reinforce surveillance at three other existing three PoE/PoCs (Pabiri, Rogale and Ombayi).

South Sudan

- ⇒ IOM screened 27 005 inbound travellers to South Sudan for EVD exposure, signs and symptoms with no alert cases at 15 POE sites in Yei River State; 56 travellers with fever underwent secondary screening and were subsequently referred to nearby health facilities and treated. Since week 26, there has been a steady increase in the number of inbound travellers to South Sudan screened and this is mainly from influx of travellers in Kaya and Salia Musala PoEs, which are the busiest PoEs. As observed in Salia Musala, the seasonal tobacco business is a possible reason for the increase; other pull factors include lower fuel prices and functionality of the Kaya health facility.

- A high-level delegation, which included officials from the national Ministry of Health, United Nations agencies, Ambassadors from donor countries and representatives of international NGOs, visited the Yei Airstrip PoE screening site on 15 July 2019. The team went through screening in the Yei airstrip PoE and visited the Yei health facility and isolation site to assess the preparedness and response actions on the ground following reported cases in neighbouring Uganda and DRC.

The latest sitrep for IOM South Sudan (8-15 July) can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-28-08-%E2%80%93-14-july-2019>.

Uganda

- IOM conducted a cascade training on Health, Border and Mobility Management for 20 persons for the three districts of Hoima , Ntoroko and Kikube districts located in the South West region of Uganda. The objective of the integrated training was to strengthen the Government of Uganda's (GoU) capacities, especially the border management agencies' capacity to address border management challenges in the onset of humanitarian and health crises. The training focused on bridging public health, mobility and border management information and activities to enhance the prevention, detection, and response to the spread of disease along the mobility continuum. Participants were selected from the Immigration Department, Office of the Prime Minister, Ministry of Health, Customs, Agriculture, and Police department.

Safe and Dignified Burials (SDB)

- As of 15 July 2019, there have been a total of 8566 SDB alerts notified through the Red Cross SDB database, of which 6875 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During epi week 28, there were 468 SDB alerts recorded in 22 health zones. Of these, 378 (81%) were responded to successfully. During this period, Beni Health Zone accounted for 13% of alerts (of which 87% were successful), followed by 12% in Bunia (67% success) 11% in Katwa (94% success), and 7% in Butembo (94% success).
- Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Beni, Bienta, Butembo, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lubero, Mabalako, Mandima, Masereka, Oicha, Vuhovi	Bunia, Goma, Kirotshe, Manguredjipa, Musinene, Mutwanga, Nyiragongo, Rwanpara

Implementation of ring vaccination protocol

- As of 21 July 2019, 171 052 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- 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

- Due to the disproportionately high number of children affected by EVD, more efforts are being made to engage students and teachers through awareness raising about the signs and symptoms of Ebola and the importance of triggering alerts on a suspect case so that early care can be provided in dedicated health facilities.

- ➔ Engagement with moto-taxi drivers is being increased, with the recognition of the importance of their role in community surveillance activities.
- ➔ Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- ➔ In Beni, a dialogue session was organized with the pressure groups in the city to strengthen their commitment in the management of community incidents; community-based surveillance has been officially launched by the Mayor of Beni; in Lubero a popular forum was held in the Kipese Health Area to improve collaboration with response team and to engage in the resolution of community incidents; in Musienene registered nurses and deputies of 20 FOSA were briefed on communication with patients and their commitment to the rapid transfer of suspected cases to treatment and transit centres; in Katwa a high-risk contact sought vaccination and offered to bring other contacts.

Preparedness and Operations Readiness

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

- ➔ Currently a risk analysis of the non-affected provinces bordering north Kivu is being undertaken and resources will be assigned according to those risks.
- ➔ 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 centre 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 have rolled out a 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:

Priority 1 countries

- ➔ **Burundi**
Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population. There have been no confirmed cases of EVD reported from Burundi to date.

↗ **Rwanda**

Rwanda shares its full western border with the Democratic Republic of the Congo, and it has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the Democratic Republic of the Congo. Since April 2019, almost 600 frontline workers have been vaccinated in 8/15 high risk districts and vaccination is continuing. A second National EVD Preparedness Plan is being finalized and currently awaiting approval from the MoH. Isolation units at all main health facilities in high risk districts have been identified as a need. A high-level co-ordination advisory committee is being established to accelerate preparedness activities, however current funding to sustain EVD preparedness activities ended in June. There have been no confirmed cases of EVD reported from Rwanda to date.

↗ **The Republic of South Sudan**

To date 2554 frontline workers have been vaccinated and no serious adverse effects have been reported. NTF published a second National EVD Preparedness Plan, April-September 2019 aimed at optimizing EVD preparedness and response by identifying prioritized activities.

Since August 2018, 25 screening sites at border entry points have been established; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points. In response to the EVD outbreak declared by the MoH in Uganda on 11 June 2019 Uganda, WHO South Sudan supported the Ministry of Health and partners to review the situation, re-assess the country risk, brainstorm on how to accelerate ongoing preparedness efforts and ensure full readiness for any potential outbreak in South Sudan. There have been no confirmed cases of EVD reported from South Sudan to date.

↗ **Uganda**

Uganda continues focusing on preparedness activities in all districts, including the 30 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing by the Uganda Virus Research Institute (UVRI). Since August 2018, Uganda has reported and investigated over 6000 alerts. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda, followed by a second round of vaccination that commenced on Saturday 15 June 2019 for contacts of the two confirmed cases in Kasese district. There are currently no confirmed cases of EVD in Uganda. Challenges in funding continue.

Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the Democratic Republic of the Congo outbreak to date. However, financial support for implementing emergency preparedness activities in these countries remains insufficient to allow them to reach optimal IHR core compliance. WHO is currently providing technical support for preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

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

New EVD cases continue to occur in North Kivu and Ituri provinces, with fluctuating epidemiological intensity. Hotspots and associated risks continue to shift, with continued seeding to new or previously cleared areas. Nonetheless, the persistent seeding of cases into new/Previously cleared health zones from areas with sustained local transmission is a great hindrance to the control of the outbreak, and demonstrates that the risk remains high in the region. While the level of preparedness in Goma and bordering Rwanda has greatly improved over the last 6 months, and the risk of spread in Uganda remains contained, the Emergency Committee re-emphasized the need for at-risk countries to work urgently with partners to improve their preparedness for detecting and managing imported cases. With the declaration of the outbreak as a PHEIC it is anticipated that response activities will be further strengthened. There remains an urgent need for resources, including funding, to sustain and enhance the ongoing response and readiness operations across outbreak affected and at-risk areas.