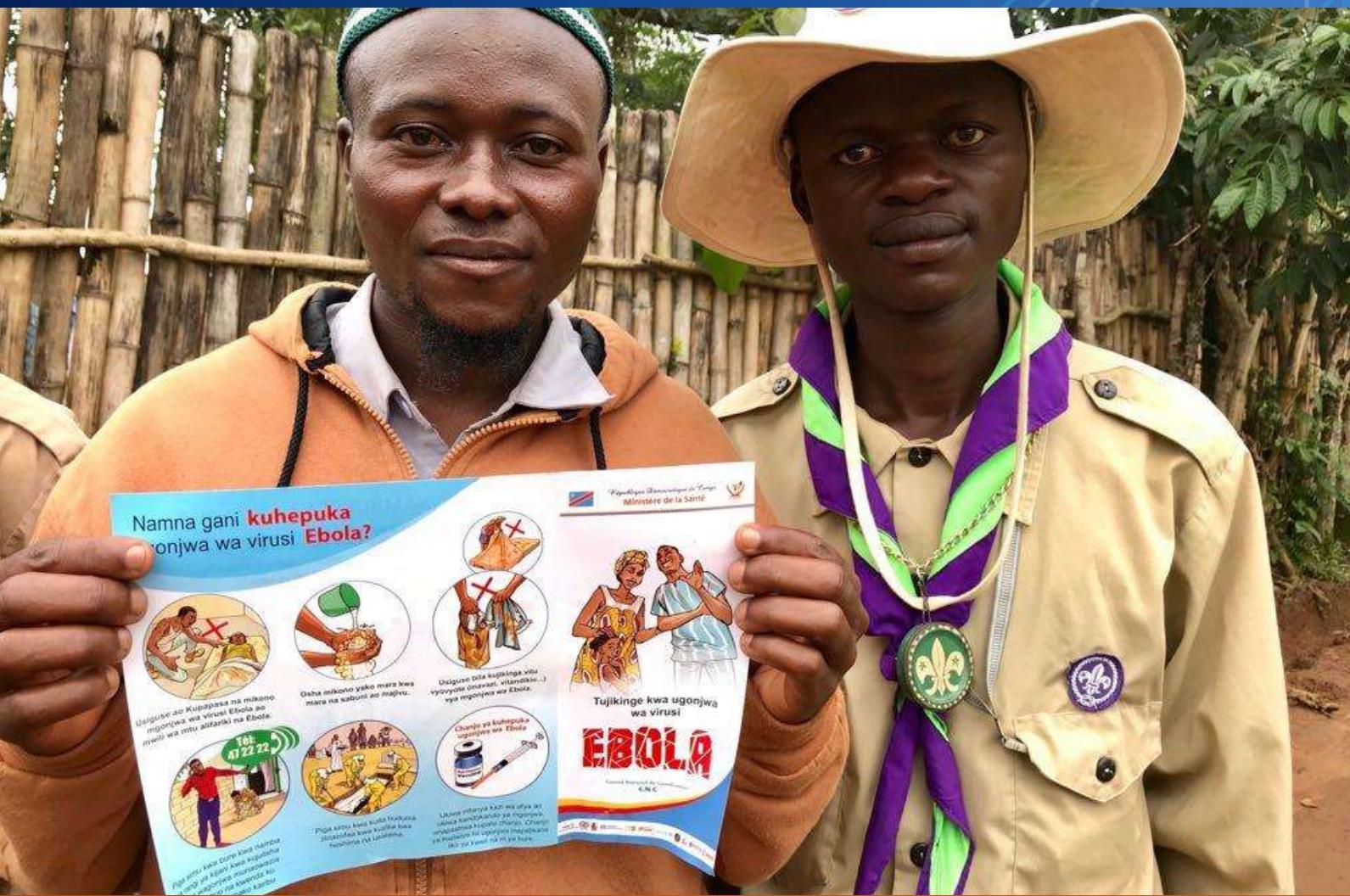


EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 31



World Health Organization

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Date of issue: 5 March 2019

Data as reported by: 3 March 2019

1. Situation update

Cases	Deaths
897	563

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, as does the complex environment. Two Ebola treatment centres (ETCs) in Katwa and Butembo were successively attacked and burnt down during the week. These attacks, indicating a shift in insecurity, were the first such large-scale and organized attacks directly targeting the Ebola response. Patients from the destroyed ETCs have been temporarily transferred to the Katwa Transit Centre, managed by the Ministry of Health. The Butembo ETC was quickly rehabilitated to receive patients again.

Since the last report on 26 February 2019, 25 new confirmed cases have been reported, with 15 additional deaths. As of 3 March 2019, a total of 897 EVD cases, including 832 confirmed and 65 probable cases, were reported from 19 health zones in the North Kivu and Ituri provinces (Table 1). Overall, cases have been reported from 119 of 301 health areas across 19 health zones. A total of 563 deaths were reported (overall case fatality ratio 63%), including 498 deaths among confirmed cases. Of confirmed and probable cases with reported age and sex, 57% (510/896) were female, and 30% (271/896) were children aged less than 18 years. Three new cases among health workers were reported during the week, bringing the number of health workers infected with Ebola virus to 72, with 24 deaths.

Thirty health areas in eight of the 19 health zones affected to date have active virus transmission, reporting at least one confirmed case in the last 21 days (11 February to 3 March 2019) (Figure 1). Over this period, a total of 73 confirmed cases were reported from Katwa (44), Butembo (19), Kyondo (1), Vuhovi (1), Kalunguta (2), Beni (1), Mandima (4) and Rwampara (1)¹. Trends in case incidence reflect that the outbreak is continuing, with most recent cases reported in the major urban centres of Katwa and Butembo, accounting for 86% (63/73) of cases reported in the last three weeks (Figure 1, Figure 2).

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.

¹The case reported in Bunia on 13 February 2019 has been reclassified to Rwampara.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 3 March 2019

Province	Health Zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	226	9	235	118	127
	Bieno	5	0	5	5	5
	Butembo	83	0	83	43	43
	Kalunguta	44	13	57	19	32
	Katwa	245	11	256	181	192
	Kayna	5	0	5	3	3
	Kyondo	15	2	17	11	13
	Mabalako	90	16	106	54	70
	Manguredjipa	5	0	5	4	4
	Masereka	8	1	9	3	4
	Musienene	6	1	7	2	3
	Mutwanga	4	0	4	3	3
	Oicha	31	0	31	19	19
	Vuhovi	13	0	13	10	10
Ituri	Komanda	27	9	36	9	18
	Mandima	21	3	24	10	13
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
	Rwampara	1	0	1	1	1
Total		832	65	897	498	563

Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 3 March 2019

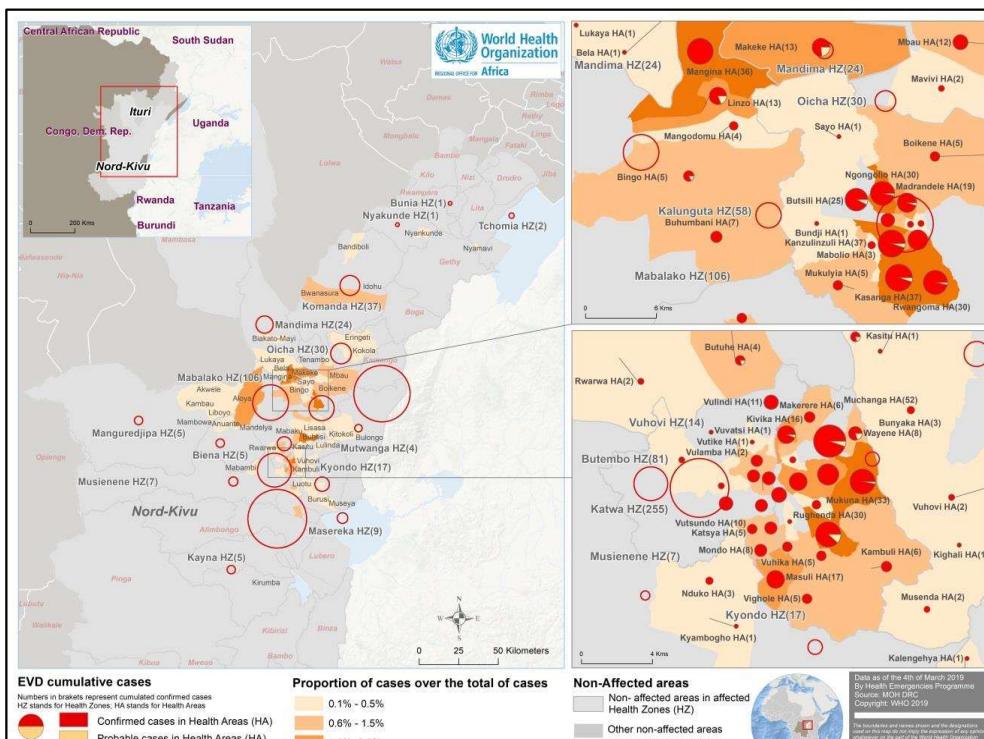
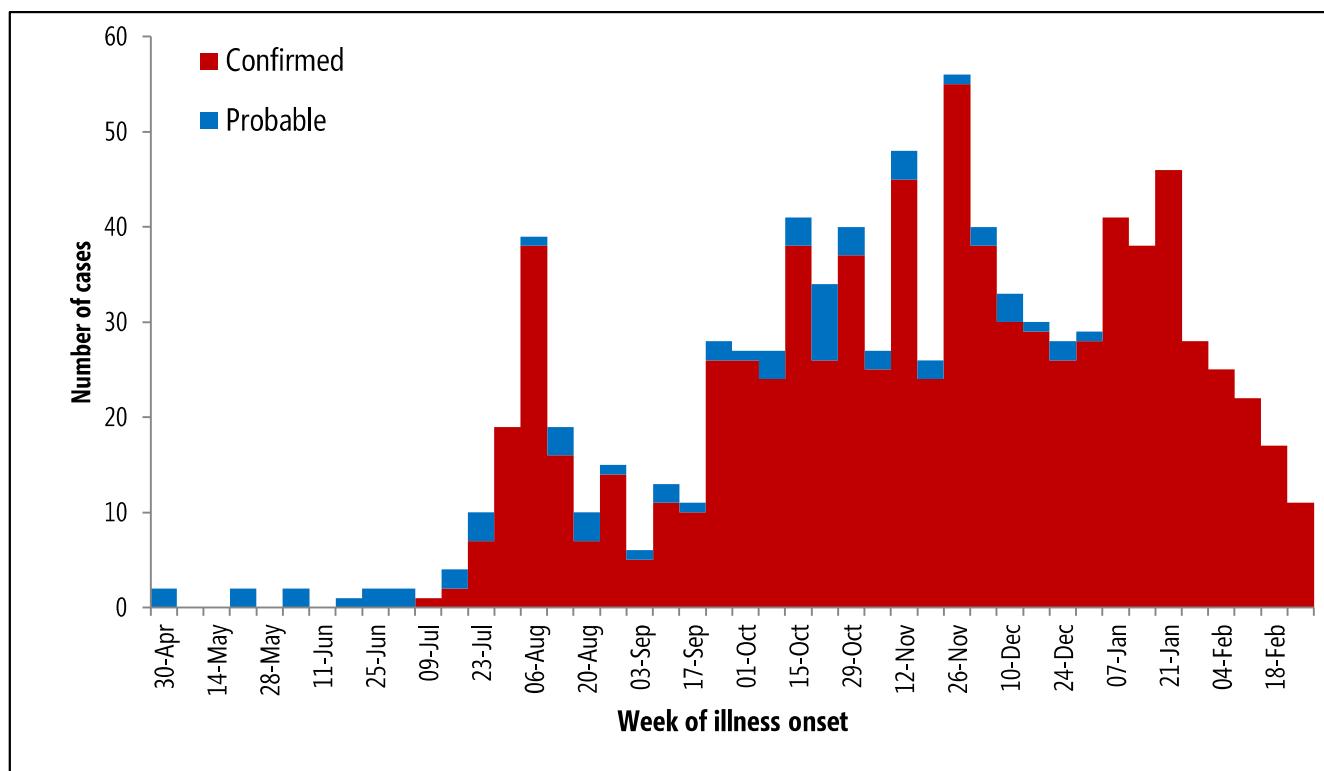


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 3 March 2019 (n=897)*



*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 being response ready. Some of the latest activities are summarized below:

Surveillance and Laboratory

- ⇒ Field and laboratory activities in many areas of Katwa were disrupted this week following insecurity. Nevertheless, response teams remain in the place, and wherever possible, continue to intensify active case finding in health facilities and communities, line listing and follow-up of contacts in health zones with recently reported confirmed cases
- ⇒ Approximately 57 000 contacts have been registered to date and 5433 are currently under surveillance as of 3 March 2019, of whom between 81-85% have been followed in the past seven days. Additional resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring and overcome the challenging security situation and community non-engagement.

- ➔ An average of 710 alerts were received per day over the past seven days, of which an average of 673 (95%) were investigated within 24 hours of reporting.
- ➔ There are currently 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. A new laboratory is being deployed to Kayna to serve the ETC there.
- ➔ 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 over 9000 Xpert Ebola cartridges has been established.
- ➔ A laboratory with the capacity to sequence whole virus genome in eight samples/day has been established in Katwa to support virus transmission chain analysis.

Case management

- ➔ 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, 66 patients have been enrolled in the RCT and 334 patients have received therapy under the compassion use protocol.
- ➔ Care was re-started at the Butembo ETC with 12 confirmed and 2 suspected cases transferred from the Katwa Transit Centre (TC) to the Butembo ETC.
- ➔ Extension work on the Katwa TC is underway, with the number of beds increased from 10 to 22.

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.

Points of Entry (PoE)

- ➔ Point of Entry/Point of Control (PoE/PoC) screening continues, with 211 743 travellers screened on 3 March 2019, bringing the cumulative number of screenings to 40.4 million. A cumulative total of 499 alerts were notified, with 189 validated, among which 6 cases were laboratory confirmed.
- ➔ From 25 February to 03 March 2019, 1 727 318 screenings were performed, of which 23 alerts were notified and investigated, four subsequently validated and all the validated alerts were EVD negative after the laboratory test.

- ➔ Routine supervision of day to day PoE/PoC operations continued in Goma, Beni, Bunia and Butembo. PNHF national supervision were deployed to Beni this week, to enhance supervision and continue the training of front-line workers.
- ➔ The security situation continues to deteriorate around Butembo and Katwa. The local screeners were threatened, and screening activities disrupted by vandals on 3 March 2019. This resulted in the interruption of screening at these PoCs. Furthermore, in Beni, there was an attack at Mavivi PoC on 25 February 2019 by armed men who destroyed the water tank.
- ➔ WHO, IOM and PNHF are updating the data collection tools to streamline the revised SOPs to integrate contact tracing at priorities PoEs and PoCs.
- ➔ Frontline workers at PoC/PoEs are becoming impatient due to delay in payments, with several workers in various territories of North Kivu and Ituri provinces going on strike from the 1 February 2019. Delay in funding under the Strategic Response Plan 3 continues to hinder PoE/PoC activities – IOM funds were exhausted in January 2019 and current activities are being conducted using a loan.

South Sudan

- ➔ IOM continues to support active screening at nine PoEs: Yei airport, Yei SSRRCC, Tokori, Kaya, Okaba, Khorijo, Pure, Bazi and Salia Musala (newly added) with approximately 11 500 screenings performed this reporting week. There have been no alerts for EVD in the reporting period. Fever was the primary symptom identified at screening. Travelers with fever were referred to the local health facilities for further assessment (in many cases, malaria was diagnosed). IOM plans to support additional nine PoEs; assessment and preliminary works are underway.
- ➔ See latest sitrep from IOM South Sudan for 11-17 February 2019: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-8-18-24-feb>

Uganda

- ➔ On the Uganda-DRC border, there was a significant drop in movements recorded at IOM Population Flow Monitoring points between 10-12 February 2019 due to an increase in the immigration fee required by the border authorities in Democratic Republic of the Congo, which was quickly readjusted. Travellers coming from Beni into Uganda are mostly passing through Busunga, Madepo and Mpundwe on the Ugandan side.
- ➔ From 01-15 February 2019, most of movements observed at IOM Population Flow Monitoring points on Uganda-South Sudan border were short term movements of one day to a week (70% of all movements observed), mostly due to economic reasons and purchase of goods. Elegu observed high flows of population fleeing conflict in Jonglei and Bahr el-ghazal in South Sudan. The reopening of the school term in Uganda saw an increase in the number of young people crossing into Uganda to attend school.
- ➔ See latest sitreps from IOM Uganda for 1-15 February: <http://uganda.iom.int/publication/iom-flow-monitoring-dashboard-ugandadrc-border-1-15-february-2019> and <http://uganda.iom.int/publication/om-flow-monitoring-dashboard-ugandasouth-sudan-border-1-15-february-2019>.

Safe and Dignified Burials (SDB)

- ➔ As of 4 March 2019, a total of 2860 SDB alerts have been received, of which 2302 were responded to successfully (81%) by Red Cross, Civil Protection and CEHRBU SDB teams.

- Between 24 February and 2 March 2019, 223 SDB alerts were received – 4% lower than the previous week – of which 171 (77%) were responded to successfully, 7% higher than the previous week. At least 39% (n=87) of the alerts were community deaths, 5% (12) for ETCs, and 56% (126) for non-ETC health facilities..

Implementation of ring vaccination protocol

- A total 585 community rings have been defined and vaccinated, including two targeted geographic zones. In total, 85 341 contacts and contacts of contacts have been vaccinated (including health workers and front-line workers). Of those who consented and were vaccinated, 21 511 are contacts and 63 615 are contacts of contacts. The total consented and vaccinated includes 26 601 health workers and front-line workers, while 21 135 are children between 1-17 years. In addition, vaccination of health workers and front-line workers is ongoing in the neighbouring areas where there is a possibility of spread. In Goma, 3896 health workers and front-line workers have been vaccinated. In Uganda, 4852 health workers and front-line workers have been vaccinated. In South Sudan 1138 health workers and front-line workers have been vaccinated. Vaccination is planned to start in a week's time in Rwanda and preparations are underway in Burundi.

Risk communication, social mobilization and community engagement

- Since the recent attack on the two ETCs in Katwa and Butembo, WHO, UNICEF and partners have been supporting the MoH in setting up platforms to directly dialogue with local politicians, key community leaders and influencers, and pressure groups at health area levels in Katwa, Vihovi and Kyondo health zones to better understand their needs and come up with a common understanding and joint action towards stopping the Ebola outbreak.
- Risk communication and social anthropologist teams have strengthened community engagement activities in Katwa. Risk communication and community engagement orientation sessions were organized for different pillars of the response to enhance capacity of RECOs and other Ebola response personnel to address community concerns.
- Risk communication and community engagement activities in other health zones, including Mangina, Bunia, Beni, Oicha and Komanda continues, with a focus on communicating about the current situation of the Ebola outbreak and the response.
- In Oicha's Tenambo health area, women eligible for the Ebola vaccine (as contacts or contacts of contacts) were sensitized on the importance of vaccination. EVD awareness activities were carried out for women in the market in Bwanasura, and for teachers from the Vutsundo health area. A visit to Butembo ETC was organised for some community representatives to show them how patients are being cared for in the treatment centre.

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 training of staff, 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. So far funding for Burundi (US\$ 2.4 million), Rwanda (US\$ 1.8 million), and South Sudan (US\$ 2 million) has been approved, while Uganda (US\$ 3.8 million) is still under review.
- ⇒ A follow up Joint Monitoring Mission to assess progress in implementation of priority preparedness activities in Countries Neighbouring the Democratic Republic of the Congo will be conducted in South Sudan 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.
- ⇒ 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 continues with moderate transmission intensity. The recent attacks on ETCs in Katwa and Butembo are a major setback. These events come at a time when encouraging trends in case incidence were being observed. Indeed, as of 3 March 2019 there were no new confirmed EVD cases detected for at least 21 days in 11 of 19 health zones, and ongoing clusters elsewhere have remained relatively small outside of Katwa and Butembo. However, with reduced operations in several areas, risks of further transmission, spread and potential for undetected chains of transmission in communities remain very high. Despite these challenges, the Ministry of Health, WHO and partners will continue to sustain proven and innovative public health responses wherever possible, while enhancing safety for responders and patients.