

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

External Situation Report 18



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Date of issue: 5 December 2018

Data as reported by: 3 December 2018

#### 1. Situation update



The Ministry of Health (MoH), WHO and partners continue to respond to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo, and remain confident that the outbreak can be contained, despite ongoing challenges. During the reporting period (27 November – 3 December 2018), 31 new confirmed cases and one new probable case were detected. The cases were reported from eight health zones in North Kivu Province: Beni (n=8), Katwa (n=8), Vuhovi (n=3), Kalunguta (n=2), Butembo (n=1), Masereka (n=1), Mutwanga (n=1) and Mabalako (n=1), as well as Komanda Health Zone (n=7) in Ituri Province. A total of 27 deaths occurred during the reporting period.

As of 3 December 2018, a total of 453 EVD cases, including 405 confirmed and 48 probable cases (Table 1), have been reported from 14 health zones in the two neighbouring provinces of North Kivu and Ituri (Figure 2). The health zones of Komanda, Masereka and Mabalako have reported one new confirmed case each, respectively 61 days, 48 days and 56 days after confirmation of previously confirmed cases, and investigations are ongoing regarding links and travel history from other areas to these cases. Over the last 21 days (13 November to 3 December 2018), 110 confirmed and probable cases were reported from 11 health zones. The majority were reported from Beni (n=35), Katwa (n=34), Kalunguta (n=15) and Butembo (n=10). The other affected health zones were Komanda, Kyondo, Mabalako, Masereka, Mutwanga, Oicha and Vuhovi. Of the 453 cases, 268 died (case fatality rate 59%), including 220 among confirmed cases. Females account for 59% of all confirmed and probable cases. Two health workers were among the new confirmed cases, bringing the total number of health workers infected to 44, including 12 deaths.

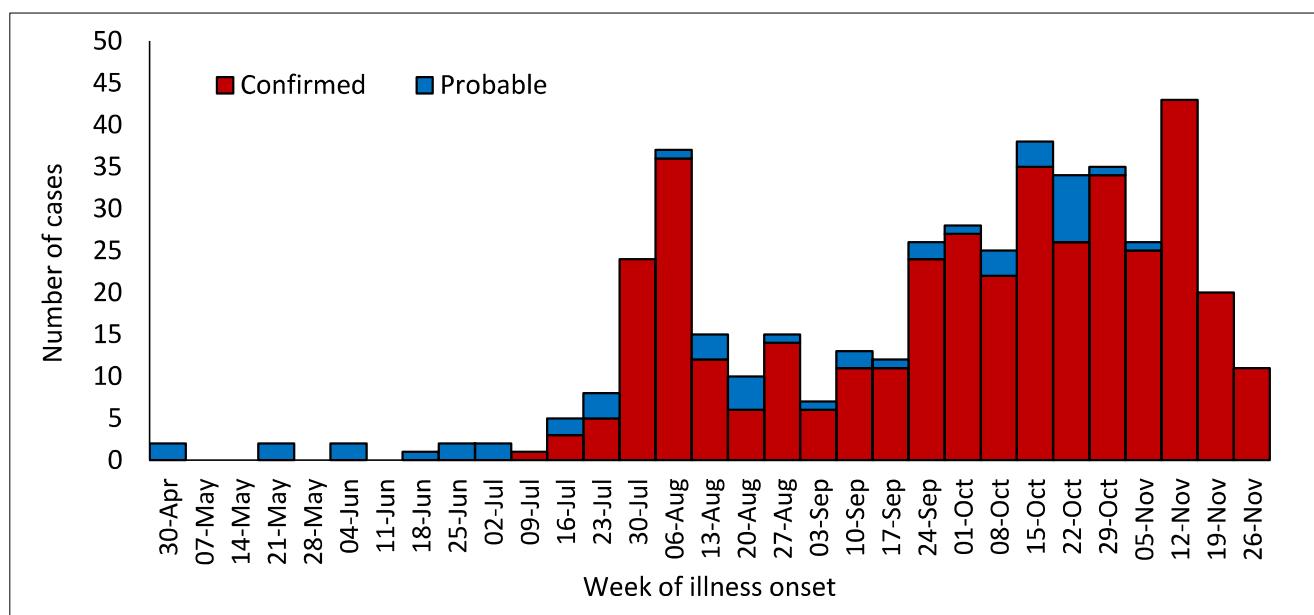
As of 3 December 2018, 144 confirmed cases have recovered and been discharged from Ebola Treatment Centres (ETCs). On this day, 114 patients were hospitalised in transit centres and ETCs, of which 35 were laboratory confirmed and are receiving compassionate therapy under the monitored emergency use of unregistered and experimental interventions (MEURI) guidelines.

The 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. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in South Sudan and Uganda. To date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

**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 December 2018**

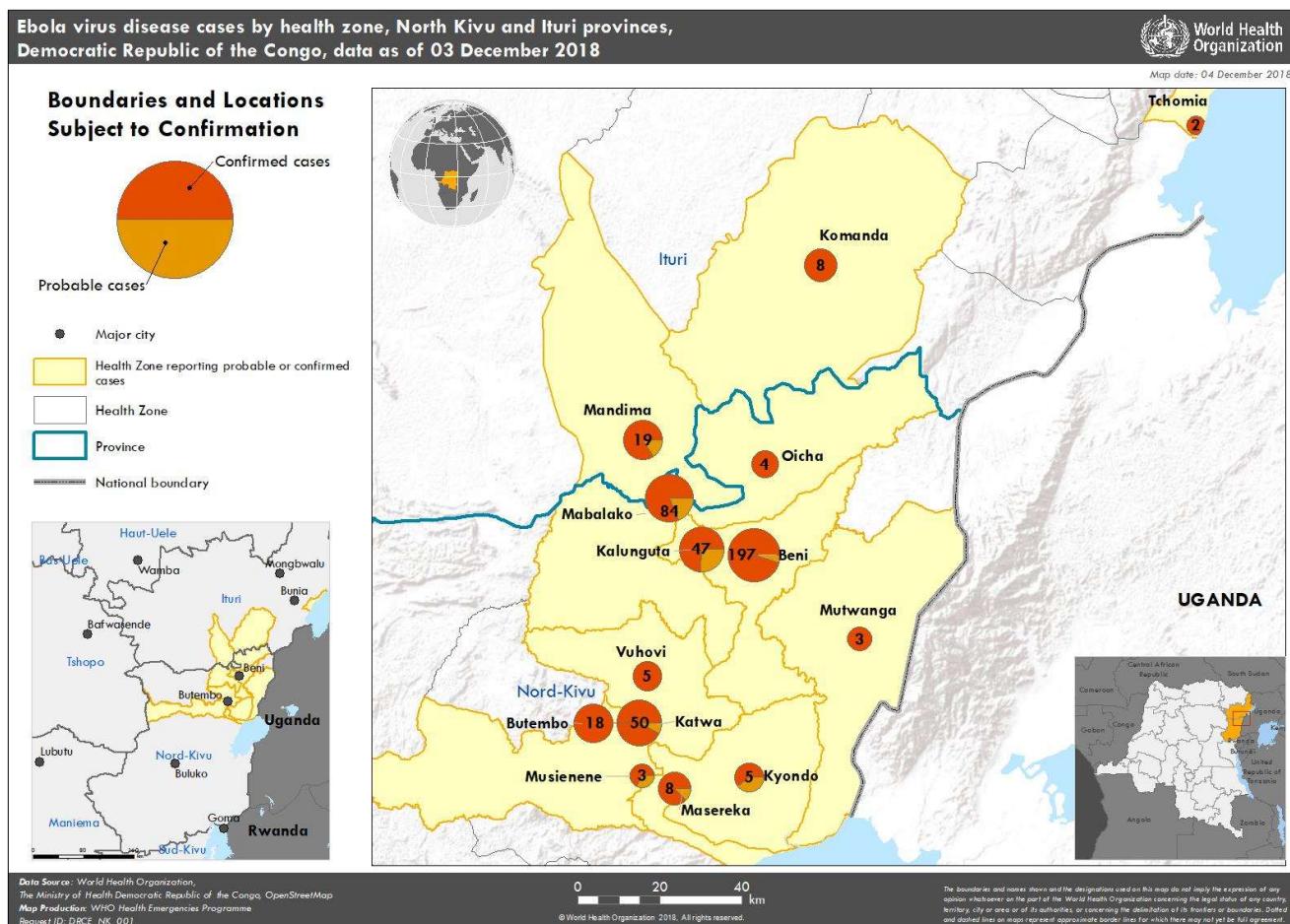
		Case classification			Deaths	
Province	Health zone	Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	188	9	197	107	116
	Butembo	18	0	18	18	18
	Katwa	46	4	50	24	28
	Kalunguta	35	12	47	12	24
	Kyondo	3	2	5	1	3
	Mabalako	68	16	84	37	53
	Masereka	7	1	8	1	2
	Musienene	2	1	3	2	3
	Mutwanga	3	0	3	1	1
	Oicha	4	0	4	1	1
	Vuhovi	5	0	5	1	1
Ituri	Komanda	8	0	8	4	4
	Mandima	16	3	19	9	12
	Tchomia	2	0	2	2	2
<b>Total</b>		<b>405</b>	<b>48</b>	<b>453</b>	<b>220</b>	<b>268</b>

**Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, as of 2 December 2018 (n=444)\***



\* Case counts in recent weeks may be incomplete due to reporting delays.

**Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 3 December 2018 (n=453)**



## Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. The provinces are affected by intense insecurity and a worsening humanitarian context, with over one million internally displaced people and continuous movement of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. The Democratic Republic of the Congo is concurrently responding to multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongala, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox across the country.

## **Current risk assessment**

This outbreak of EVD is affecting north-eastern provinces of the Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include: transportation links between the affected areas, the rest of the country, and neighbouring countries; internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. Additionally, the security situation in North Kivu and Ituri continues to hinder the implementation of response activities. On 28 September 2018, based on the worsening security situation, WHO revised its risk assessment for the outbreak, elevating the risk nationally and regionally from high to very high. The risk globally remains low. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

Given the context, including the volatile security situation, sporadic incidents of community reluctance, refusal or resistance, continued reporting of confirmed cases, and the risk of spread to neighbouring countries, an International Health Regulations (IHR) Emergency Committee (EC) on the EVD outbreak in North Kivu, Democratic Republic of the Congo, was convened on 17 October 2018. The EC advised that the EVD outbreak does not constitute a public health emergency of international concern. The EC did, however, express their deep concern emphasising the need to intensify response activities and strengthen vigilance whilst noting the challenging security situation and providing a series of public health recommendations to further strengthen the response. The EC commended the Government of the Democratic Republic of the Congo, WHO, and all response partners for the progress made under difficult circumstances.

## **Strategic approach to the prevention, detection and control of EVD**

WHO recommends implementation of strategies for the prevention and control EVD outbreaks. These include (i) strengthening multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, confirmation of cases by laboratory testing, contact tracing and surveillance at Points of Entry (PoE), including adapting strategies to the context of insecurity and high community resistances(iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (v) adapting safe and dignified burials approach to the context with the support of anthropologists, (vi) adapting and enhancing risk communication, social mobilization and community engagement strategies, (vii) enhancing psychosocial support to the affected population (viii) improving coverage of risk groups by the ring vaccination.

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

## **Surveillance and Laboratory**

- ➔ There is intensified active case finding in health facilities and communities, as well as line listing and follow-up of contacts in health zones with recently reported confirmed cases.
- ➔ Contact tracing activities continue in 10 affected health zones with over 24 000 contacts registered to date. Of these, 5 335 contacts remain under surveillance as of 3 December 2018. The daily follow-up rates among listed contacts ranged from 90-95% over the past week. Surveillance teams continue to enhance processes of identifying case contacts and resolve potential gaps.
- ➔ The general upward trend in the number of alerts reported continues, with the intensification of surveillance activities across affected areas. On average, 212 (range 127-280) alerts per day were reported during the past week, of which 64 (52-77) per day were validated as suspected cases for further investigation.

## **Case management**

- ➔ Since the beginning of the response, 5 649 samples have been tested (including repeat samples).
- ➔ The ETCs continue to provide therapeutics under the MEURI protocol, in collaboration with the MoH and the Institut National de Recherche Biomédicale (INRB), together with supportive care measures. WHO is providing technical clinical expertise on-site and is assisting with the creation of a data safety management board.
- ➔ New patients continue to be treated in ETCs. As of 3 December 2018, 144 confirmed cases have recovered and been discharged. Bed occupancy was 63% in Beni ETC, 75% in Beni transit centre and 56% in Butembo ETC. All confirmed cases are being treated with a therapeutic under the MEURI framework after evaluation by clinical expert committee. All hospitalized patients receive food and psychological support.

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

- ➔ Additional capacity is being put into place to support IPC activities including, but not limited to, the deployment of additional experts to provide support to existing teams and review current strategies, review and enhance training materials and review key messaging for consistency with WHO recommendations.
- ➔ The IPC teams continue with decontamination of households of confirmed cases and health facilities; distribution of personal protective equipment to health facilities; briefing of health workers; and follow-up to check the functioning of handwashing points.
- ➔ The IPC teams in Goma continue with the identification of priority health care facilities in which several activities will be conducted, including: selecting IPC focal points, conducting facility assessments and trainings on triage and screening, case definition, personal protective equipment, and waste and sharps management.

## Points of Entry (PoE)

- ⇒ As of 2 December 2018, over 18 million travellers have been screened, 127 alerts notified, and 40 alerts validated at PoEs/PoCs, of which 2 have been confirmed.
- ⇒ As of 2 December 2018, over 16 million travellers washed their hands and more than 15 million have been sensitized at PoEs/PoCs.
- ⇒ There was a joint WHO/ PNHF / IOM field visit at Petite Barriere in Goma to assess the area for the establishment of a new traveller screening pathway to shape it with the new PoEs building that will start holding PoEs services and traveller screening in the week of 3 December 2018.
- ⇒ Following the Grande Barriere and the Petite Barriere visits, WHO recommends that these 2 PoEs be equipped with a thermal camera for optimal surveillance of fever rather than thermo-flash, which is more labour intensive and time consuming.
- ⇒ A DRC/Uganda Ministerial Cross Border Meeting is planned on 5 December 2018 in Goma. The meeting agenda includes updates on the Ebola situation and response, PoE activities and cross-border cooperation mechanisms (Ebola surveillance zone, sharing information, weekly meetings at local level (health district), standard operating procedures for cross border collaboration) as a follow-up to the Entebbe Bilateral Meeting on Disease Surveillance from 2-4 October 2018.

## Safe and Dignified Burials (SDB)

- ⇒ As of 3 December 2018, a total of 738 SDB alerts have been received of which 630 were responded to successfully (85%) by Red Cross and Civil Protection SDB teams.
- ⇒ Between 25 November and 3 December 2018, a total of 86 SDB alerts were received, of which 46 (53%) came from Beni health zone followed by Mabalako (25), Butembo (11), Katwa (1), Mandima (2) and Oicha (1).
- ⇒ The three teams trained in the community-based approach for safer burials are now operational in Kalunguta, Kayinjunga and Butuhue.
- ⇒ Reinforcement and scale up of SDB in Butembo area has resulted in 50 additional volunteers (25 in Katwa, 25 in Butembo) who will receive SDB training and will be operational in Katwa and Lubero. Forty team members will receive training in the community-based approach for safer burials. The new trained team will be operational in Maseraka, Lubero and Katwa.

## Implementation of ring vaccination protocol

- ⇒ Vaccination continued on 3 December 2018 in Beni, Katwa, Butembo, Komanda, Vuhovi and Lubero, with 568 persons vaccinated, including 114 contacts, 175 contacts of contacts and 279 first line workers.
- ⇒ As of 3 December 2018, the cumulative number of people vaccinated is 39 845.

## Risk communication, social mobilization and community engagement

- ➔ Community awareness and mobilization sessions continue with an educational talk by the Deputy Mayor of Beni, resulting in the commitment of 157 people, including motorcycle taxi drivers and religious leaders; a march in support and commitment by women leaders in Katwa health zone after a briefing on EVD; continuing daily door-to-door outreach activities in households in affected areas; and continuation of awareness activities through the involvement of community leaders and local media.
- ➔ Qualitative evaluations were conducted with the support of anthropologists to better understand and inform response on the perceptions of pregnant and breastfeeding women about Ebola treatment and prevention, and the perceptions and risks associated with protecting children from Ebola.
- ➔ The Risk communication, social mobilization, and community engagement pillar supported a campaign against malaria from 24 November 2018 through community sensitization by comedians, church leaders, community relays, and public media on the proper use of mosquito nets, malaria treatment and prevention options, and the importance of seeking health care early for malaria and Ebola.
- ➔ WHO and partners are supporting community leadership and ownership of the Ebola response activities by working with local civil society organizations, women at all levels of the community structure and youth groups through community engagement and peace building activities. Community feedback and anthropological insights are regularly evaluated to support the adaptation of the response strategy.

## 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.
- ➔ WHO has deployed a total 285 experts in various disciplines to support the EVD outbreak response in the Democratic Republic of the Congo.
- ➔ Several international organizations and UN agencies are involved in response and preparedness activities; the organizations and specific contributions are noted below.
  - **European Civil Protection and Humanitarian Aid Operation (ECHO)**: MEDEVAC, logistics and operational support
  - **International Organization for Migration (IOM)**: cross-border preparedness
  - **UK Public Health Rapid Support Team**: supporting deployments through GOARN (see below)
  - **United Nations Children's Fund (UNICEF)**: risk communication, social mobilization and community engagement, WASH, child protection and psycho-social support, supplies and logistics.
  - **UN High Commission on Refugees (UNHCR)**: cross-border preparedness and PoE
  - **World Bank** and regional development banks: medical support
  - **World Food Programme (WFP)** and **UN Humanitarian Air Service (UNHAS)**: nutrition assistance; logistical and operational support
  - **UN mission**: logistical assistance and, together with **UN Department of Safety and Security (UNDSS)**, ensuring the safety of staff on the ground
  - Additional UN agencies include the **Inter-Agency Standing Commission**, the **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)**, and the **United Nations Population Fund (UNFPA)**.

- ➔ WHO is engaging **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.
- ➔ Specialized agencies participating in Ebola response include:
  - **Africa Centres for Disease Control:** Deployment of health professionals (of various professional categories and seniority levels) to support surveillance and contact tracing, training of local health workers in IPC and social mobilization activities; laboratory services; Central Coordination in Kinshasa; and support with laboratory diagnostic equipment.
  - **US Centers for Disease Control (CDC):** Supporting deployments via GOARN; supporting incident management operations through staff deployments.
  - **UK Department for International Development (DFID):** Supporting surveillance, IPC, risk communication, and community engagement.
  - **United States Agency for International Development (USAID):** Supporting surveillance, infection protection and control, risk communication and community engagement, safe and dignified burials, coordination.
- ➔ Non-governmental organizations involved in Ebola response are:
  - **Adeco Federación (ADECO):** Supporting IPC, risk communication, and community engagement.
  - **Association des femmes pour la nutrition à assise communautaire (AFNAC):** Supporting IPC, risk communication, and community engagement.
  - **Alliance for International Medical Action (ALIMA):** Supporting patient care and vaccination.
  - **CARITAS DRC:** Supporting vaccination, risk communication, and community engagement.
  - **CARE International:** Supporting surveillance, IPC, risk communication, and community engagement in the Democratic Republic of the Congo; CARE International is also supporting Ebola preparedness in Uganda.
  - **Centre de promotion socio-sanitaire (CEPROSSAN):** Supporting surveillance, infection prevention and control, risk communication, and community engagement.
  - **Cooperazione Internationale (COOPE):** Supporting infection prevention and control, risk communication, and community engagement.
  - **Catholic Organization for Relief and Development Aid (CORDAID/PAP-DRC):** Supporting infection prevention and control, risk communication, and community engagement.
  - **International Medical Corps:** supporting surveillance, infection prevention and control, and patient care.
  - **International Rescue Committee (IRC):** Supporting infection prevention and control, risk communication, and community engagement.
  - **INTERSOS:** Supporting surveillance, and infection prevention and control.
  - **MEDAIR:** Supporting surveillance, and infection prevention and control.
  - **Médecins Sans Frontières (MSF):** Supporting infection prevention and control, and patient care.
  - **Oxfam International:** Supporting vaccination, community engagement and social mobilization, infection prevention and control, and patient care.
  - **Red Cross of the Democratic Republic of Congo, with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC):** Supporting infection prevention and control, safe and dignified burials, risk communication, and community engagement.
  - **Samaritan's Purse:** Supporting infection prevention and control as well as risk communication and community engagement.
  - **Save the Children International (SCI):** Supporting surveillance, infection prevention and control, risk communication, and community engagement.

Detailed weekly updates for the period 26 November – 02 December 2018 have been provided by the following partners:

- IOM/WHO supported a two-day training-of-trainers in Kinshasa (28-29 November 2018) on the revised National EVD Standard Operating Procedures (SOP) for PoEs for the National Program of Hygiene at Borders (PNHF) staff, to be rolled out at the provincial level. Fifteen participants attended.
- A provincial cross-border meeting between Democratic Republic of the Congo (DRC) and Uganda was held in Kasindi, DRC on 27 November 2018, with the participation of authorities in both countries (PNHF/border health agencies, Surveillance, Immigration, Police, IOM, WHO, Red Cross, and others). Participants agreed on the need to expedite the signature of the cross-border Memorandum of Understanding (MOU) to harmonize surveillance and response activities in border areas and the need for regular coordination and information sharing (monthly).
- IOM conducted a mission to Butembo and Lubero to assess the situation and identify needs for new POEs. IOM will support an additional 6 PoEs: bus stations (2), airstrip (1), Virindi (1), Kasumbire (1), Malembe (1), and rehabilitate the Mustanga PoE, which was burnt down.
- IOM is supporting the PNHF in Goma to strengthen surveillance and increase PoEs as per the road map to respond to the EVD outbreak in Goma. This includes additional support to OPRP PoE, 5 kms north of Goma on the Butembo-Goma Axis.
- IOM continues to support the PNHF through PoE surveillance in 54 priority PoE/PoCs out of the 67 operational in DRC.
- IOM continues to operate five PoEs in South Sudan on or near the DRC and Uganda border (Yei Airport, Yei SSRR Office, Tokori, Kaya and Okaba), with zero alerts to date.

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).

## 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.

## 3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo remains serious and unpredictable, with emergence of new confirmed cases in several health zones. Eleven health zones reported new cases within the last 21 days. The risk of reintroduction of EVD to health zones that have not reported new cases for extended periods remains, as evidenced by the recent cases in Komanda, Maseraka and Mabalako. These events highlight the need to maintain enhanced surveillance in all areas in North Kivu and Ituri provinces and to strengthen preparedness in surrounding provinces. Several challenges are hindering the control of the outbreak: insecurity incidents continue to occur sporadically, and continued transmission in healthcare settings are reported, with healthcare workers being infected. The response strategies are also focusing on an increased involvement of the community, in order to reduce community resistance to vaccination and contact tracing.