

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 43



World Health
Organization

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1. Situation update



Weekly numbers of confirmed Ebola virus disease (EVD) cases have slightly decreased in past weeks. Over the past seven days, a total of 88 new confirmed cases were reported compared to the previous week where 121 new confirmed cases were reported. Katwa, one of epicentres of the outbreak, reported fewer cases this week, while other health zones such as Mabalako, Kalunguta and Mandima have seen an increase in case reporting. Active transmission was reported in 14 of the 22 health zones that have been affected to date. Other initial encouraging findings such as a lower proportion of reported nosocomial infections, a lower proportion of community deaths and a higher proportion of registered contacts at case detection have also been reported. However, this decrease in the number of reported cases should be interpreted with extreme caution given the complex operating environment and fragility of the security situation. Weekly fluctuations in these indicators have been reported in the past and uncertainties remain with regards to the ability of the surveillance system to identify all new cases in areas faced with ongoing insecurity. Operations are still regularly hampered by security issues, and the risk of national and regional spread remains very high.

Mabalako reported 23% (73/320) of the new confirmed cases in the past 21 days. Nine out of the 12 Mabalako health areas have reported new confirmed cases during this period. In the 21 days between 6 to 26 May 2019, 88 health areas within 14 health zones reported new cases, representing 49% of the 179 health areas affected to date (Table 1 and Figure 2). During this period, a total of 320 confirmed cases were reported, the majority of which were from the health zones of Mabalako (23%, n=73), Butembo (19%, n=61), Katwa (14%, n=45), Kalunguta (12%, n=37), Beni (11%, n=35), Musienene (7%, n=23) and Mandima (7%, n=22).

As of 26 May 2019, a total of 1920 EVD cases, including 1826 confirmed and 94 probable cases, were reported. A total of 1281 deaths were reported (overall case fatality ratio 67%), including 1187 deaths among confirmed cases. Of the 1920 confirmed and probable cases with known age and sex, 58% (1113) were female, and 29% (565) were children aged less than 18 years. The number of healthcare workers affected has risen to 105 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 26 May 2019

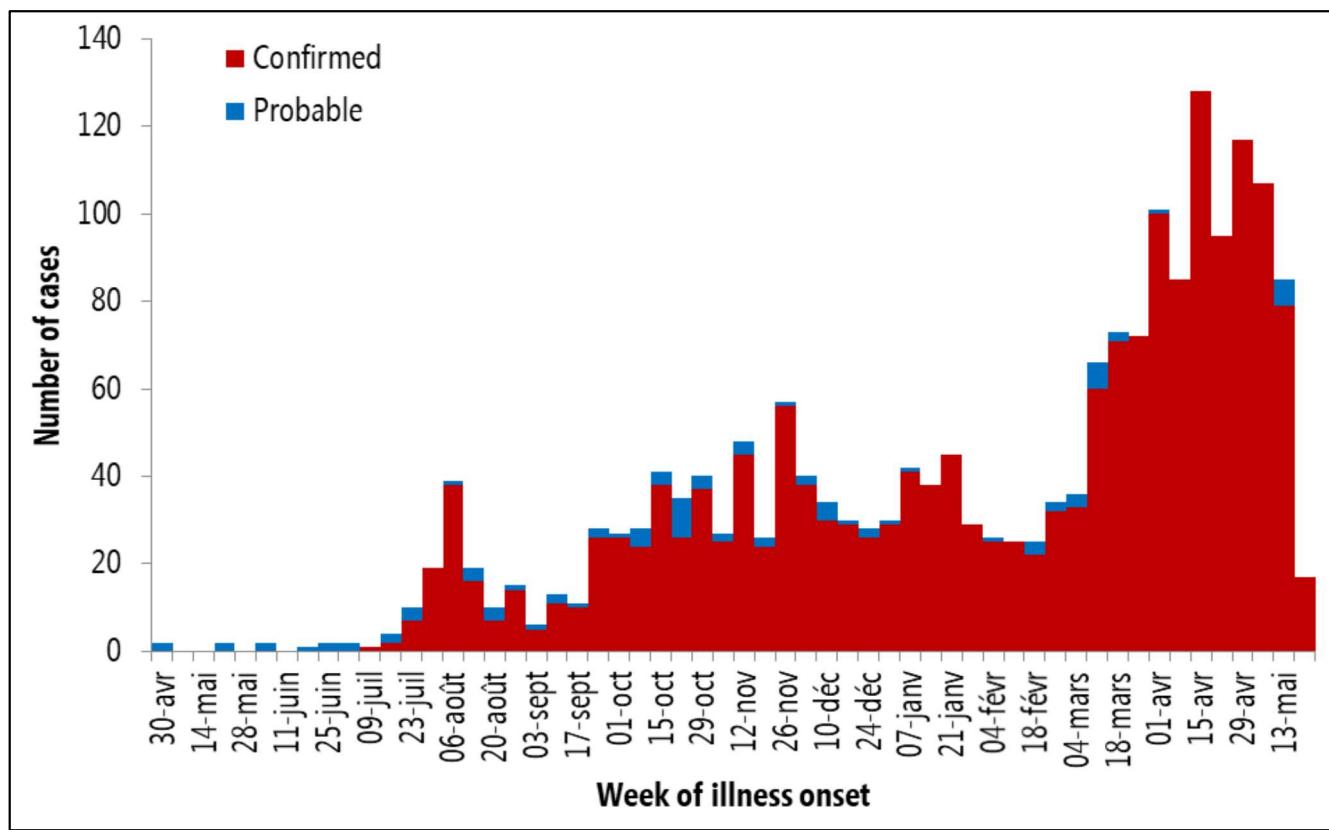
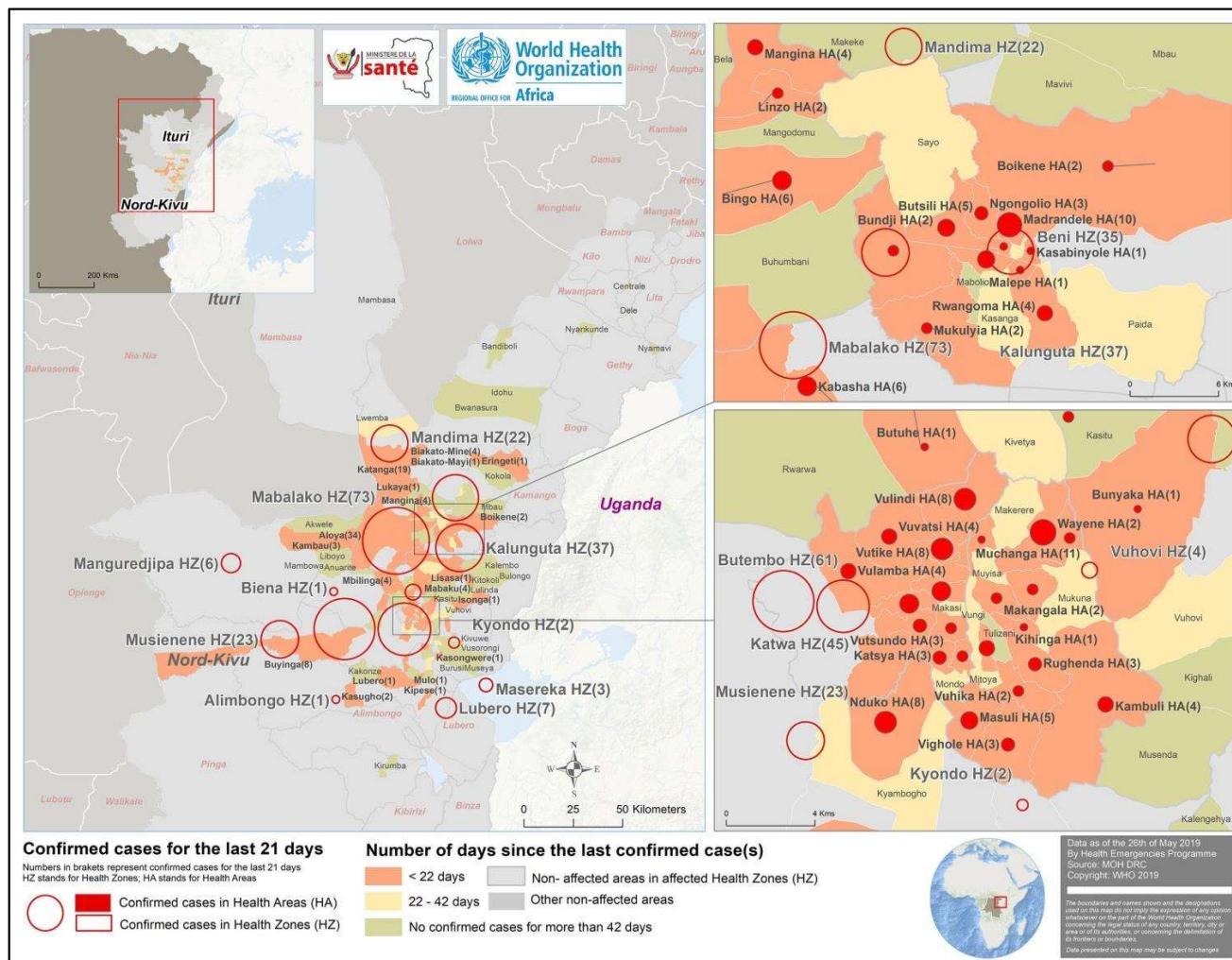


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, , as of 26 May 2019

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	1	0	1	0	0	1
	Beni	11/18	306	9	314	175	184	35
	Biena	1/14	8	1	9	9	10	1
	Butembo	13/15	213	3	215	230	230	61
	Kalunguta	16/18	101	15	116	46	61	37
	Katwa	13/18	571	16	586	384	400	45
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	2/22	19	2	21	13	15	2
	Lubero	5/18	11	2	13	2	4	7
	Mabalako	9/12	191	16	208	135	151	73
	Manguredjipa	1/9	11	0	11	5	5	6
	Masereka	3/16	37	3	43	14	20	3
	Musienene	5/20	55	1	56	24	25	23
	Mutwanga	0/19	5	0	5	3	3	0
	Oicha	0/25	41	0	41	20	20	0
Ituri	Vuhovi	3/12	83	13	96	29	42	4
	Bunia	0/20	1	0	1	1	1	0
	Komanda	0/15	28	9	37	10	19	0
	Mandima	5/15	132	4	135	78	82	22
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	1	0	1	1	1	0
	Tchomia	0/12	2	0	2	2	2	0
Total		88/359 (24.5%)	1826	94	1920	1187	1281	320

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, 26 May 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 110 000 contacts have been registered to date and 20 121 are currently under surveillance as of 26 May 2019. Follow-up rates remained very high (89% overall) in health zones with continued operations.
- ➲ An average of 1406 alerts were received per day over the past seven days, of which 1311 (93%) were investigated within 24 hours of reporting.
- ➲ There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo (located in Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia and Kinshasa). All the laboratories are using GeneXpert as the primary diagnostic tool.
- ➲ A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

Case management

- ➲ There are currently 14 operational treatment and transit centres (TC).
- ➲ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT is now enrolling and treating patients at Ebola treatment centre (ETC) sites in Beni and Butembo. The ETCs in Mangina, Komanda and Katwa continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in CTEs are also receive optimized supportive care.
- ➲ The Mangina ETC/TC has expanded its bed capacity to 65 in order to manage increase number of suspect and confirmed cases.

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

- ➲ A targeted IPC campaign took place in Butembo from 20-26 May 2019, with the objective of raising awareness among healthcare providers and healthcare workers, including traditional practitioners, to reduce nosocomial infections. Activities included an orientation on injection safety, including maintenance of intravenous lines, donation of personal-sized alcohol-based hand rub and sharps safety boxes, and promotion activities at healthcare facilities.

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

Points of Entry (PoE)

- ➔ From 20 to 26 May 2019, 1 957 073 screenings were performed, giving a total over 61 million cumulative screenings. This week, a total of 57 alerts were notified, of which 14 were validated as suspect cases following investigation, and none came back positive with EVD after laboratory testing. This brings the cumulative number of alerts to 1 062, with 414 validated as suspect cases, and nine subsequently confirmed with Ebola following laboratory testing. An average of 73 PoEs and PoCs reported screenings daily this week, representing 92% of all functioning screening sites.
- ➔ This week, the PoE commission, with the support of WHO and IOM, carried out a situation analysis of reasons for health screening and handwashing refusals by travellers. The analysis was based on qualitative information from key informants: PoE/PoC personnel and supervisors. The main reasons for health screening refusals were, among others: the absence of physical structures to guide travellers to the screening points, gaps in crowd control and security support, inadequate risk communication, absence of (psycho) social assistance accompanying screening activities, and travel delays. The main reason for handwashing refusal was the misperception of chlorinated water. Recommendations were subsequently proposed by the PoE Commission, for which their implementation will be closely monitored.
- ➔ A review of training materials was carried out and terms of references developed for the upcoming training of 28 epi investigators at PoEs and PoCs, which will be done jointly by the PoE Commission, the Surveillance Commission and WHO. This training will start on 28 May 2019 in Goma.
- ➔ This week, IOM supported rehabilitation of three PoCs (PoC Mabalako, Makeke and Deviation Makeke) in Beni to improve the working conditions and flow management at PoE/PoCs. IOM also supported the rehabilitation of handwashing stations at Chayi and Dele PoCs in Ituri Province.

South Sudan

- ➔ IOM screened 20 971 inbound travellers to South Sudan with no alert cases at 14 PoE sites, namely: Yei airstrip, Yei SSRRCC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia Uganda Border) in Morobo County, Pure, Kerwa, Khorijo, Birigo in Lainya County and Bori.
- ➔ Access to Lujulu is challenged by security; inaccessibility due to insecurity and poor network connections in Tokori remain a challenge for supervision.

Uganda

- ➔ IOM has continued to conduct flow monitoring at six flow monitoring points at the border between Uganda and South Sudan and eight flow monitoring points at the border between Uganda and Democratic Republic of the Congo. IOM distributed equipment for the establishment of seven new flow monitoring points (FMPs) to support flow monitoring and information management in four districts bordering Democratic Republic of the Congo (Kisoro, Kanungu, Rubirizi and Rukungiri). Equipment includes tents, tablets, solar system and furniture. Seven FMPs have been established.
- ➔ IOM has distributed head count forms to 13 PoEs, to support the monitoring of population mobility across the PoEs.

Safe and Dignified Burials (SDB)

- ⇒ As of 26 May 2019, there have been a total of 6098 SDB alerts, of which 4867 were responded to successfully (80%) by Red Cross and Civil Protection SDB teams and CEHRBU teams.
- ⇒ Between 19 and 26 May 2019, there were 291 SDB alerts received. Of these, 227 (78%) were responded to successfully.
- ⇒ A total of 66 alerts (22%) came from Beni Health Zone and 41 alerts (14%) came from Bunia and 37 (13%) from Komanda, followed by 32 in Oicha 11% and 28 in Mabalako (10%).

Implementation of ring vaccination protocol

- ⇒ As of 25 of May 2019, 124 825 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 33 046 are contacts and 87 886 contacts of contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ⇒ In the last week (i.e. 13-20 May 2019), the ring vaccination teams were active in 55 different Aires de Santé and administered 800-1200 doses per day.
- ⇒ 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 is 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

- ⇒ Community engagement actives continue despite security challenges. In hotspot areas, teams continue to engage in dialogues with local communities to support response activities including contact tracing, transfer of patients to ETCs, safe and dignified burials and vaccination.
- ⇒ The MoH, supported by UNICEF, held a workshop with partners in Goma to review strategies for addressing community feedback and concerns into the messages and response activities. Community concerns continue to be centred around suspicion of the Ebola response and the prolonged outbreak.
- ⇒ Community awareness and mobilization sessions are being strengthened, with a chat session to raise awareness among teachers around decontamination and vaccination held in Beni, in the Munzambaye health area, and community dialogue led by Kipese village elders and grassroots leaders on community engagment held in Masereka; students in Butembo have been engaged by holding a debate conference with ISP Butembo students on the theme 'the contribution of students in the fight against resistance in the city of Butembo' and a strong message was sent by the pastor of the Adventist Church on EVD and community engagement for children attending the Adventist Children's Festival, Goma.

Preparedness and Operations Readiness

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

- ➔ The preparedness coordination center in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a center of excellence on EVD outbreak management.
- ➔ Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams are rolling out a minimum standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC
- ➔ Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- ➔ Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.

Operational readiness activities continue in priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

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

Operational partnerships

- ➔ Under the overall leadership of the MoH, WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral and multidisciplinary national, regional and global partners and stakeholders for EVD response, research and preparedness.

- ➔ Various international organizations and UN agencies, specialized agencies and non-governmental organizations are involved in response and preparedness activities; the organizations and their specific contributions have been previously reported.
- ➔ WHO continues to engage the Global Outbreak Alert and Response Network (GOARN), Emerging and Dangerous Pathogens Laboratory Network (EDPLN), Emerging Disease Clinical Assessment and Response Network (EDCARN), and the Emergency Medical Team (EMT) initiative – as well as regional operational partners and collaboration centres in Africa – to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries.
- ➔ WHO encourages wider coverage of partner operations via this report in response to demand from our planning teams. If you would like to see the activities of your agency or organization appears in the report, please send an email to goarn@who.int.
- ➔ SONAR-global conducted an exercise “Mapping social sciences research for the Ebola response in Democratic Republic of the Congo and neighbouring countries”. See link - <http://sonar-global.eu/mapping-social-sciences-research-for-the-ebola-response-in-drc-and-neighboring-countries/>

IHR travel measures and cross border health

- ➔ WHO 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

Although the number of reported cases appears to have dropped over the past week and other indicators show encouraging signs, it is essential to bring these into the context of the ongoing outbreak. Whether recent findings are true changes in the epidemiology of the outbreak or fluctuations is yet to be seen. The risk for geographical spread within already affected zones remains high and operations are still regularly hampered by security issues.

This week, the United Nations announced measures to ensure that an enabling environment—particularly security and political—is in place to allow the Ebola response to be effective. In partnership with the Government and all partners the UN will strengthen its political engagement and operational support to negotiate access to communities and increase support for humanitarian coordination in order to bring the outbreak to an end. This includes establishing a new UN Emergency Ebola Response Coordinator to oversee the coordination of international support for the Ebola response and ensure that appropriate security and political measures are in place to allow the Ebola response to be even more effective. WHO will continue to lead all health operations and technical support activities to the Government response to the epidemic, as well as coordinate public health interventions that are being implemented by other UN partners. Community engagement must remain a major focus of response measures, along with proven and innovative public health measures. As part of the new measures, UNICEF will lead community engagement activities, provide psychosocial interventions and help prevent infection through water, sanitation and hygiene services.