

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 02



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1. Situation update



The Ministry of Health in the Democratic Republic of the Congo, WHO and partners are responding to a new Ebola virus disease (EVD) outbreak in the eastern North Kivu Province. On 6 August 2018, the INRB confirmed that the current outbreak is caused by a distinct *Ebolavirus* (EBOV) strain, different from the one that caused the outbreak in Equateur Province in May-July 2018. This means that, although both events are caused by *Zaire Ebolavirus* species, the two outbreaks are not connected.

Since our last situation report on 7 August 2018 (*External Situation Report 1*), 14 additional confirmed EVD cases and seven deaths have been reported. As of 12 August 2018, a total of 57 EVD cases, including 41 deaths have been reported. Of the 57 cases, 30 have been laboratory confirmed and 27 remain probable. Of the 41 deaths, 14 occurred in confirmed cases. Eight healthcare workers (7 confirmed, 1 probable) have been affected, of which one has died. Six health zones in two provinces have reported confirmed and probable EVD cases, including Beni, Butembo, Oicha, Mabalako, and Musienene in North-Kivu Province, and Mandima in Ituri Province (Figure 1). An additional 58 suspected cases are currently pending laboratory testing to confirm or exclude EVD.

As of 11 August, a total of 990 contacts are under surveillance in Mabalako (790), Beni (141) and Mandima (59) health zones. Of these, 129 are healthcare workers in Mabalako (72) and Beni (57) health zones. On 11 August 2018, 940 (95%) contacts were successfully followed up.

Context

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo notified WHO of a new outbreak of Ebola virus disease (EVD) in North Kivu Province, in the eastern part of the country. The event was initially reported by the North Kivu Provincial Health authority on 28 July 2018 when a cluster of 26 cases of acute haemorrhagic fever, including 20 deaths (mostly in the community), occurred in Mabalako Health Zone during mid-late July 2018. Local health officials additionally identified sporadic, antecedent deaths in the community since May 2018 (tentatively classified as probable cases), which are subject to ongoing investigations to determine if they are related to the current outbreak.

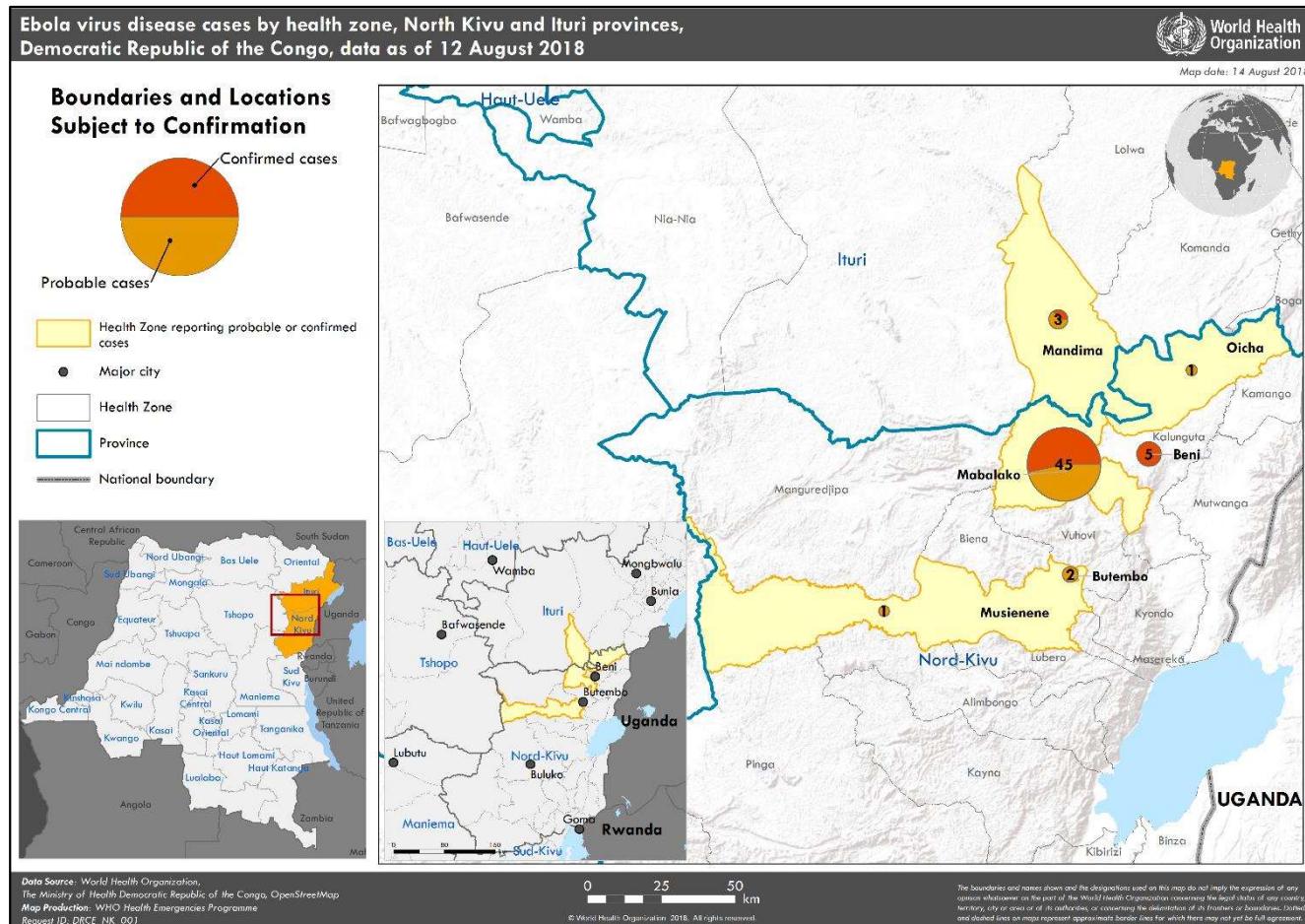
Blood specimens collected from six hospitalized case-patients on 31 August 2018 were shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa. On 1 August 2018, four of the six blood specimens tested positive for Ebolavirus by GeneXpert automated-polymerase chain reaction (PCR) and conventional PCR. The Ministry of Health Officially declared the outbreak on 1 August 2018.

The province of North Kivu is among the most populated provinces, with eight million inhabitants. It shares borders with four other provinces (Ituri, South Kivu, Maniema and Tshopo) as well as with Uganda and Rwanda. The subregion has been experiencing intense insecurity and worsening humanitarian crisis, with over one million internally displaced people and a continuous efflux of refugees to the neighbouring countries, including Uganda, Burundi and Tanzania.

Table 1: Confirmed and probable Ebola virus disease cases by health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 12 August 2018

Description	North Kivu							Ituri	Total
Cumulative cases	Beni	Butembo	Oicha	Mabalako	Masereka	Musienene	Mandima		
Total probable	0	2	1	21	0	1	2	27	
Total confirmed	5	0	0	24	0	0	1	30	
Total number of cases	5	2	1	45	0	1	3	57	
Cases under investigation									
New suspected cases	2	2	0	8	0	0	0	12	
Previous suspected cases	5	0	0	37	4	0	0	46	
Total suspected cases under investigation	7	2	0	45	4	0	0	58	
Deaths									
New deaths	0	0	0	1	0	0	1	2	
Total deaths	2	2	1	32	0	1	3	41	
Total deaths among confirmed cases	2	0	0	11	0	0	1	14	

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 12 August 2018



This new EVD outbreak is affecting north eastern provinces of the Democratic Republic of the Congo, which border Uganda and Rwanda. Potential risk factors for transmission of EVD at national and regional levels include the transport links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing several epidemics and a long-term humanitarian crisis. Additionally, the security situation in North Kivu may hinder the implementation of response activities. Based on this context, the public health risk is considered high at the national and regional levels and low globally.

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control EVD outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhanced surveillance, including active case finding, case investigation, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) risk communication, social mobilization and community engagement, (vii) psychosocial care (viii) immunization of risk groups and research response, and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- ➔ The Ministry of Health, with technical and operations support of WHO and partners, has activated a multi-partner, multi-agency Incident Management System and Emergency Operations Centre to coordinate the response. The main coordination centre is based in Beni while field technical coordination is at Mangina.
- ➔ The Ministry of Health, WHO and partners have deployed Rapid Response Teams to the affected health zones to implement response activities. As of 14 August 2018, WHO has deployed a total of 95 experts in the various response pillars. WHO has activated country, regional and global coordination mechanisms to assess risk and respond to the outbreak accordingly.
- ➔ An incident management team has been established in the Democratic Republic of the Congo and support teams have been reactivated at the WHO Regional Office for Africa and at Headquarters.

Surveillance

- ➔ The Ministry of Health and WHO continue to strengthening surveillance capacity and activities.
- ➔ A total of 40 health workers have been oriented on EVD surveillance and response activities, including proper application case definitions, contact registration and contact tracking.
- ➔ On 10 August 2018, 22 new alerts were notified and investigation in Mabalako (10), Beni (7), Maseraka (2), Semuliki (1), Kipriani (1), and Butembo (1). Of these, eight alerts have been validated. In addition, numerous alerts have been registered in other provinces of the Democratic Republic of the Congo, as well as neighbouring countries, and were rapidly investigated this past week. Ebola virus disease was ruled out in all, with further laboratory testing ongoing to identify the cause of illness in these individuals.
- ➔ A contact follow-up programme started on 4 August 2018, following training of Community Action Committees and Community Relay teams. As of 10 August 2018, 990 contacts have been registered.

- The Ministry of Health continues to strengthening surveillance capacities at points of entry (PoE), including hand hygiene, travellers screening and management of alerts, and risk communication. This includes 18 international POEs in North Kivu, over 30 points of internal connection for travellers, migrants and displaced people, refugee transit centres and other congregation sites, and additional POEs in other vulnerable provinces, most notably international airports.
- A network of partners has been set up to coordinate the management of geographic information and interactive visualization tools are being developed to allow real-time monitoring of the evolution of the situation and the response.

Laboratory

- On 3 August 2018, a mobile laboratory was established in Beni to facilitate timely diagnosis of suspected cases. The process to establish a mobile laboratory in Mangina and in Goma is ongoing. Plans to establish additional laboratory facilities elsewhere are being explored.
- As of 10 August 2018, 15 samples from North Kivu Province have been analysed at the Beni field-based laboratory, of which one was positive. As of 10 August 2018, a total of 136 samples were tested in different sites, identifying 22 positive cases.

Case management

- As of 10 August 2018, 64 patients are under admission at the various Ebola treatment centres.
- Health personnel identified as high-risk contacts in the Beni General Hospital and the Mangina Reference Health Centre have been replaced.
- Ebola treatment centres are being established in Mangina and Beni, with the support of international partners. The deployment of experienced clinicians to support partners in caring for patients is in process.

Infection prevention and control and water, sanitation and hygiene (IPC and WASH)

- A complementary team to train service providers in affected health zones has been deployed,
- A total of 24 volunteers from Beni Health Zone were trained in disinfection and safe and dignified burials.
- Three chlorination points were installed in Bingo, with the support of Oxfam and UNICEF.
- Chlorination points have been installed in Mangina and Makeke, and 20 hand-washing points were placed in Beni, with the support of WHO and UNICEF, along with distribution of 15 kg chlorinating material, and 100 leaflets on the prevention of EVD were distributed.

Implementation of ring vaccination protocol

- ➔ The Ministry of Health Expanded Program for Immunization and WHO held a meeting the potential vaccination strategies in the affected provinces.
- ➔ A total of 3 220 doses of the rVSV-ZEBOV Ebola vaccine are currently available in the country, while supplementary doses have been requested. While the vaccine goes through the licensing process, an agreement between Gavi, the Vaccine Alliance and Merck, the developer of the vaccine, ensures that additional investigational doses of the vaccine are available.
- ➔ Vaccination of frontline health care workers began on 8 August 2018, with the Ministry of Health teams delivering the vaccines. About 40 health workers from Mangina hospital were the first to be vaccinated. By end of this week, once all the necessary steps are in place, vaccination of community contacts and their contacts will start. A clinical team with therapeutics arrived on 7 August 2018. A team of Guinean vaccination experts will also be deployed.
- ➔ WHO has submitted a revised protocol for approval by the Strategic Advisory Group of Experts (SAGE) Ebola vaccine working group. It is likely that the ring vaccination strategy will be expanded to include strategies that will address security concerns in the affected areas.

Psychosocial care

- ➔ A total of 90 Psychosocial Agents are being trained by the MSP team, with the support of UNICEF.
- ➔ A total of 15 patients and 14 ill guards at the Mangina Reference Health Centre are being offered psychosocial care.

Risk communication, social mobilization and community engagement

- ➔ A working meeting between the communication and community mobilization commission, including UNICEF, INCEF, UNFPA, and the Red Cross was held on the EVD response in North Kivu and Ituri.
- ➔ Activities to sensitize communities to the outbreak, and hygiene and sanitation measures, through media and churches have begun in affected communities, and in neighbouring Uganda and Rwanda.
- ➔ Door-to-door awareness campaigns around EVD were carried out by the community committees, reaching 8 660 people in the affected areas.
- ➔ Sensitization meetings were held with the leaders of nine motorcycle taxi associations, five car parks and women's trade associations in Beni.
- ➔ WHO and Red Cross had meetings with community and neighbourhood leaders, teachers, religious leaders, journalists and community groups to raise awareness about Ebola, the current outbreak and preventive measures.

- ➔ Knowledge, Attitude and Practice (KAP) surveys were conducted in 12 health areas in Beni Health Zone and six health areas in Mabalako Health Zone. Findings from the survey will be used to improve the pillar strategy.

Logistics

- ➔ A logistics team has been established to support the different response committees in the two affected provinces.
- ➔ The Logistics Commission of the Beni Health Zone has received a second batch of materials and equipment for PoEs.
- ➔ Four ambulances, donated by the World Bank, have arrived in Goma to facilitate transportation and referral of patients.
- ➔ The first 10 security-complaint vehicles for MONUSCO arrived in Beni on 5 August 2018, and will be used to support the response.
- ➔ Two plane loads of supplies consisting of cold chain equipment, isolation units and vehicles arrived in Beni on 11 - 12 August 2018.

Resource mobilization

- ➔ A joint strategic response plan and budget totalling US\$ 43 million has been developed and approved by the Minister of Health of the Democratic Republic of the Congo.
- ➔ WHO has released US\$ 2 million from its Contingency Fund for Emergencies to initiate response interventions, the United Nations Central Emergency Response Fund has approved US\$ 3 million for rapid response and USAID provided US\$ 1.1 million to support WHO response.

Preparedness

- ➔ The WHO Director General (DG) and the Regional Director (RD) for WHO in Africa visited Uganda on 11 August 2018, on their way from the Democratic Republic of the Congo, where they had assessed the ongoing response to the EVD outbreak and provided support. The WHO Representative to Uganda briefed the mission on Uganda's EVD preparedness. The DG and RD later met the Uganda Prime Minister, the Minister of Foreign Affairs, the Minister of Health, and the Minister of State for Primary Health Care to discuss Uganda's EVD preparedness and WHO support.
- ➔ WHO has provided additional funding (with the funds received from DFID) to eight countries for EVD preparedness activities.

- WHO has started deploying different experts to support country preparedness activities. Three experts (an EVD team lead to support coordination, an EOC expert and a risk communication expert from UNICEF (deployed through WHO partnership network)) have arrived in Rwanda. An additional two expert (epidemiologist/surveillance and case management expert) will arrive on 15 August 2018. The remaining countries will receive experts in the coming days. These experts will support the countries to enhanced risk communication and community mobilization, strengthened surveillance in PoEs, at health facilities and in communities at high risk, form or update rapid response teams for the swift investigation of EVD alerts and suspected cases, ensure laboratory capacities for the rapid laboratory confirmation, ensure treatment of suspected and confirmed cases, and establish appropriate infection prevention and control measures.

Operations partnership

- On 1 August 2018, the Global Outbreak Alert and Response Network (GOARN) Operational Support Team issued an alert to its network partners, providing an overview of the current situation and ongoing response activities. The GOARN preliminary call for support sent to all GOARN partners on 3 August 2018. As of 14 August 2018, 39 offers of support have been received, and two are deploying for the immediate response. GOARN and other partners continue to contribute to field response activities.
- US CDC has sent eight staff to WHO Headquarters in Geneva to work with the Incident Management System Team (IMST). UNICEF and IFRC are also deploying senior coordinators to ensure close liaison with the IMST
- WHO is engaging GOARN and regional partners in Africa to deploy multidisciplinary teams to support preparedness and readiness actions in the countries neighbouring the Democratic Republic of the Congo.
- WHO is working with AFENET and Africa CDC to deploy more epidemiologist to the hotspots
- The GOARN Steering Committee and WHO Regional Office for Africa conduct twice-weekly joint coordination calls for operational partners in Africa. Updates shared by operational partners during the call are as follow:
 - Alima**
Setting up an Ebola Treatment Centre (ETC) in Mangina using 'Cubes', with eight cubes already at site. Each cube can accomodate six suspect beds, but can be expanded. The ETC should be opening in the upcoming days. Additional field experts are set to arrive by 15 August 2018.
 - Médecins Sans Frontières Operational Centre Brussels (MSF OCB)**
The ETC in Beni is set to open on 14 August 2018, with 54 bed capacity (24 suspects, 30 confirmed). MSF staff have visited several health centers in affected areas to conduct IPC assessment.
 - US CDC**
Deployed a senior Ebola expert to support the response in the Democratic Republic of the Congo. Two vaccines subject matter experts are joining the response effort in the country. Four staff have been deployed to Uganda: two border health and two IPC/case management experts. Five staff: two IPC, two laboratory experts and one vaccine expert have been deployed to Rwanda

- **IFRC**
Support alert system in the affected and non-affected health areas, with 12 alerts responded to. The body is conducting risk communications training on the ground.
- **UNICEF**
Deployed 17 staff in North Kivu supporting risk communications and community engagement, IPC, WASH, child protection, and psychosocial support. Also supporting preparedness efforts in Rwanda, Uganda and South Sudan, focusing on communications and community engagement, as well as pre-positioning of supplies.
- **IOM**
Worked with partners to train and supervise activities of PNHF staff on EVD, including health screening, risk communication, prevention methods such as hand washing and health seeking behaviour, as well as setting up screening points at key Points of Entry (PoE). Identified 20 PoEs and flow monitoring has been set up at four PoE, namely, Goma Airport, Petite Barriere, Port Goma SCNN, and Grande Barriere.
- **IRC**
IRC and IMC are working with the Ministry of Health in Beni to provide routine healthcare services.

Samaritan's Purse

- Supporting provision of routine healthcare services in Nyankunde hospital and will set up an isolation area.

NECSI (New England Complex System Institute)

- Working on developing an interactive crisis map, displaying locations of cases, contacts and areas with violence and insecurity.

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 monitor and verify, if necessary, travel and trade measures in relation to this event.
- ⇒ As investigations continue to establish the full extent of this outbreak, it is important for neighbouring provinces and countries to enhance surveillance and preparedness activities.

3. Conclusion

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo is evolving, with new confirmed cases and deaths occurring. Efforts to establish effective response structures on the ground are ongoing and good progress has been made. Most components of the response, including active surveillance, contact tracing system, infection prevention and control measures, care for patients, compassionate use of vaccines, safe and dignified burials of victims, and community engagement and social mobilization are already functional. However, there is a need to continue scaling up and improve effectiveness and efficiency of all aspects of the response. The prevailing insecurity in the affected provinces, invariably, could influence several aspects of the response, including the model, strategy, timeliness, etc.