

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 32



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1. Situation update

Cases	Deaths
923	582

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo is continuing with moderate intensity. Katwa and Butembo remain the major health zones of concern. Simultaneously, relatively small clusters of cases have been observed in other areas of North Kivu and Ituri provinces, which stem from chains of transmission in Katwa and Butembo, but these clusters have largely been contained to limited local transmissions.

Over the last 21 days, no new cases have been detected in 11 of the 20 health zones affected to date, and within the recently affected health zones, transmission has been limited to 34 out of 154 health areas. The response has had traction in these places, despite the challenges of community mistrust engendered by the years of conflict they have endured. The risk of further chains of transmission and spread, however, remain high, as demonstrated by the recent spread to Lubero Health Zone and the reintroduction to Biena Health Zone following a prolonged period without new cases. These events highlight the importance of the response teams remaining active and vigilant across all areas, including those with lower case incidence, to rapidly detect new cases and prevent onward transmission.

As of 10 March 2019, a total of 923 EVD cases, including 858 confirmed and 65 probable cases, were reported from 20 health zones in the North Kivu and Ituri provinces (Table 1). Overall, cases have been reported from 125 of 319 health areas across 20 health zones. A total of 582 deaths were reported (overall case fatality ratio 63%), including 517 deaths among confirmed cases. Of confirmed and probable cases with reported age and sex, 57% (523/922) were female, and 30% (279/923) were children aged less than 18 years. The cumulative total of confirmed and probable cases among health workers is 74, including 26 deaths.

Nine of the 20 health zones (45%) that have reported at least one case of EVD to date have active virus transmission, reporting at least one confirmed case in the last 21 days (18 February to 10 March 2019) (Table 1 and Figure 1). Conversely, there are 11 health zones (55%) where no cases of EVD have been reported in the last 21 days. In total thirty-four (22%) health areas in the 9 zones reported one or more cases.

A total of 80 confirmed cases were reported from Katwa (45), Butembo (18), Mandima (7), Kalunguta (3), Kyondo (2), Masereka (2), Lubero (1), Beni (1) and Biena (1). Most cases were reported in Katwa and Butembo, accounting for 79% (63/80) of cases reported in the last three weeks (Figure 1 and Figure 2). A new health zone, Lubero, has reported a confirmed case for the first time, with links to a confirmed case in Butembo.

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.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 10 March 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Case classification			Deaths	
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	1/18	226	9	235	118	127
	Biena	1/14	6	0	6	5	5
	Butembo	7/15	88	0	88	53	53
	Kalunguta	3/18	45	13	58	20	33
	Katwa	14/18	257	11	268	182	193
	Kayna	0/18	5	0	5	3	3
	Kyondo	2/22	16	2	18	12	14
	Lubero	1/18	1	0	1	1	1
	Mabalako	0/12	90	16	106	54	70
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	2/16	10	1	11	5	6
	Musienene	0/19	6	1	7	2	3
	Mutwanga	0/19	4	0	4	3	3
	Oicha	0/25	31	0	31	19	19
	Vuhovi	0/12	13	0	13	10	10
Ituri	Komanda	0/15	27	9	36	9	18
	Mandima	3/15	24	3	27	13	16
	Nyakunde	0/12	1	0	1	1	1
	Tchomia	0/12	2	0	2	2	2
	Rwampara	0/11	1	0	1	1	1
Total		34/319 (11%)	858	65	923	517	582

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, 10 March 2019

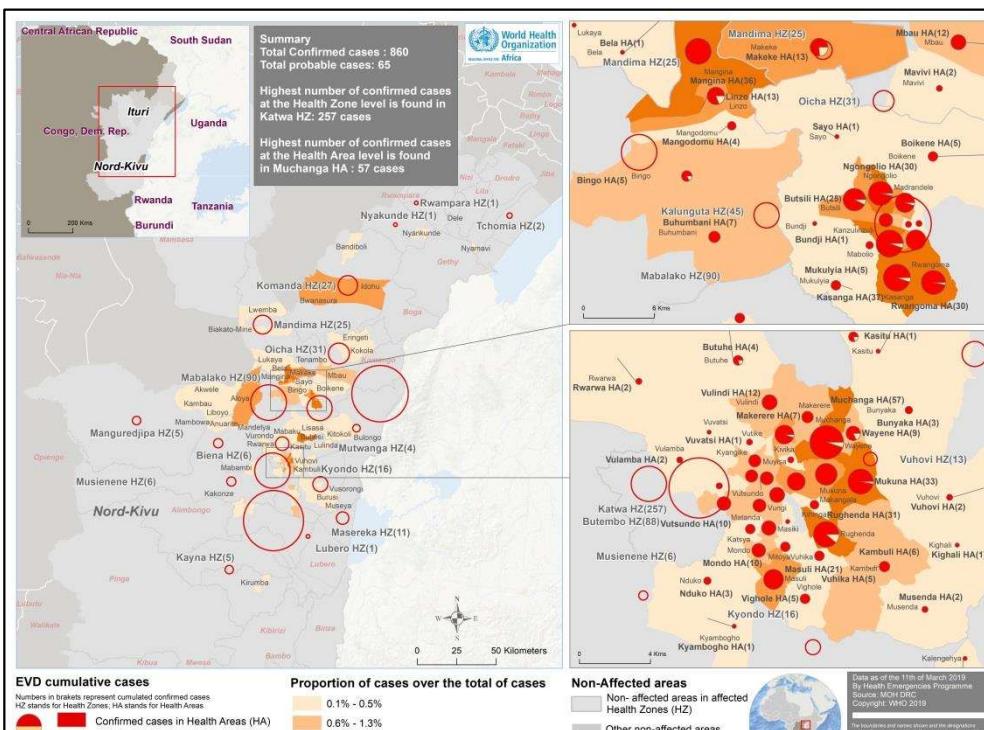
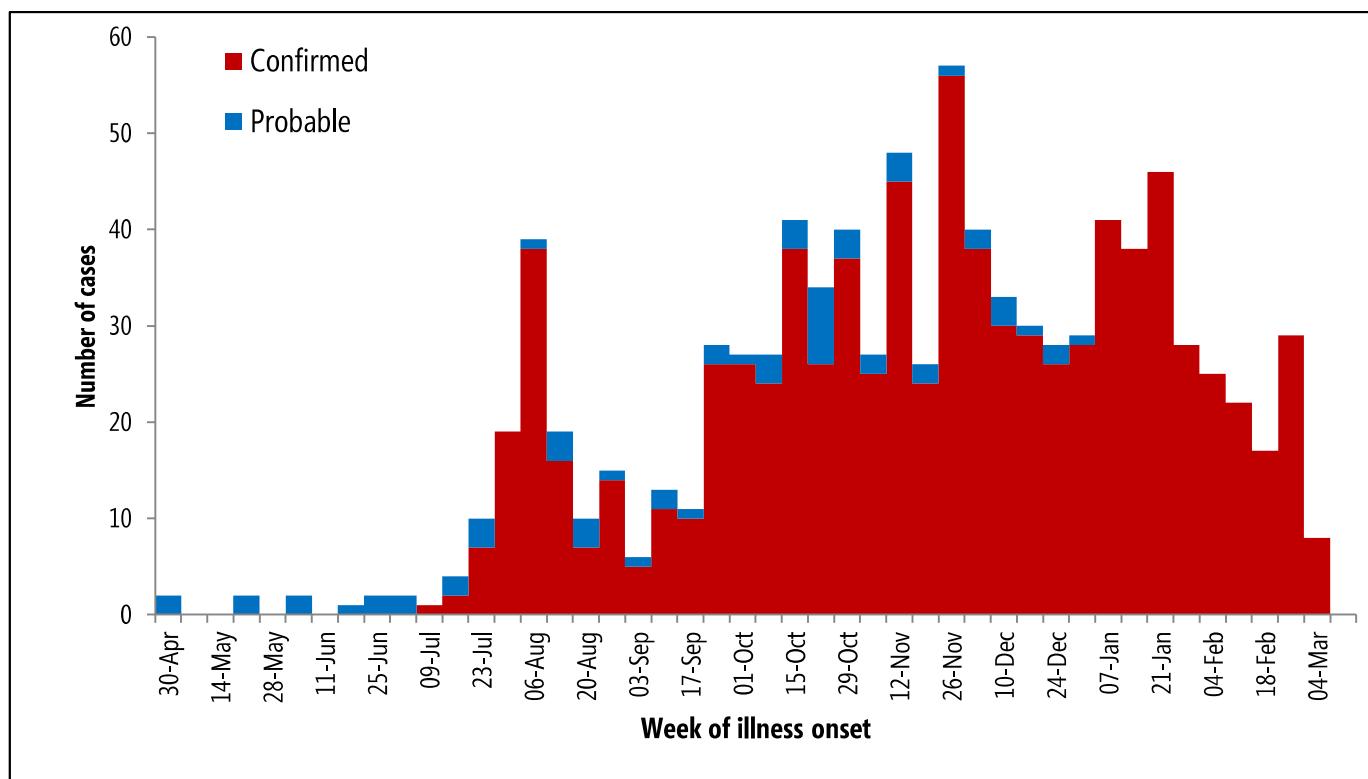


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 10 March 2019 (n=927)*



*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 ensure that they are response ready.

On 9 March 2019, WHO Director-General, Dr Tedros Adhanom Ghebreyesus visited the Ebola treatment centre in Butembo that was attacked by armed groups last week and again earlier on Saturday. The visit came as he concluded a three-day mission to the country, along with senior US officials and other members of the WHO leadership. They met with the President, government officials, partner organizations and local responders involved in the outbreak response.

An overview of key activities is summarized below:

Surveillance and Laboratory

- ⇒ An average of 762 alerts were received per day over the past seven days, of which an average of 724 (95%) were investigated within 24 hours of reporting.
- ⇒ 58 000 contacts have been registered to date and 4715 are currently under surveillance as of 10 March 2019. Of those between 84-86% have been followed in the past seven days.

- ⇒ Additional resources are being put in place to improve the coverage of daily contact monitoring, including mobilizing local leaders and conducting community dialogues.
- ⇒ There are 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

- ⇒ Extension work on the Katwa TC is underway, with the number of beds increased from 10 to 22.
- ⇒ Insecurity continues, with incidents at the Kalunguta, Butembo and Katwa vaccination centres.
- ⇒ 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.
- ⇒ Among the 11 treatment centres and transit centres, the Beni ETC has a bed occupancy of 85% (51/60) and the Katwa ETC is over-capacity with 105% (23/22) bed occupancy.

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 182 314 travellers screened on 10 March 2019, bringing the cumulative number of screenings to 42.2 million. A cumulative total of 453 alerts were notified, with 200 validated and 6 confirmed following laboratory testing.

- ⇒ From 4 to 10 March 2019, 1 772 685 screenings were performed, of which 34 alerts were notified and investigated, 11 subsequently validated and all the validated alerts were EVD negative after the laboratory test.
- ⇒ Insecurity continues to be a challenge for the implementation of activities at PoEs and PoCs. Operations at the PoCs of Mutsanga and Kyaghala in Katwa, and the PoC of Vulindi in Butembo were seriously impacted this week.
- ⇒ The late payment of PoE and PoC personnel continues to impair operations.
- ⇒ WHO, IOM and PNHF continues to work on streamlining PoE and PoC data. The three organizations met during the reporting week to discuss the strategic coordination of activities from Goma, including the setting up of two-way information and communication SOPs.
- ⇒ Routine supervision is ongoing, despite security challenges. This week, the PNHF national supervisors completed an equipment and supplies inventory of selected PoEs and PoCs.
- ⇒ IOM conducted an assessment of Byakato, given the recent cases reported from the area. The establishment of two PoCs has been recommended to screen travellers passing through the area.
- ⇒ Delays in funding under SRP 3 continues to hinder PoE/PoC activities – IOM funds were exhausted in January 2019 and current activities in Democratic Republic of the Congo are being conducted using a loan.

South Sudan

- ⇒ IOM continues to support active screening at nine Points of Entry: Yei airport, Yei SSRRCC, Tokori, Kaya, Okaba, Khorijo, Pure, Salia Musala and Bazi with 11,491 travelers screened in the last week while zero suspected or confirmed cases were reported. WASH assistance is also being provided to three health facilities. IOM is also currently constructing two additional screening points at the Busia and Kerwa PoEs.
- ⇒ Vaccination of PoE frontline staff at Okaba, Bazi and Kaya PoEs has been completed, while the teams in Salia Musala will be vaccinated this coming week..
- ⇒ See latest sitrep from IOM South Sudan for 25 February to 3 March 2019:
<https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-9-25-february---3-march>.

Uganda

- ⇒ IOM has completed EVD related gap assessments in Kasese, Bundibugyo, Ntoroko, Kagadi, Kikubi and Hoima. Summary of key finding will be available and shared in the coming week.

Safe and Dignified Burials (SDB)

- ⇒ As of 9 March 2019, a total of 3086 SDB alerts have been received, of which 2471 were responded to successfully (80%) by Red Cross and Civil Protection SDB teams, including 32 alerts and 29 successful burials by community emergency harm reduction burial (CEHRBU) teams in inaccessible areas.
- ⇒ Between 3-9 March 2019, 252 SDB alerts were received – 13% more than the previous week and 15% above the average for the previous three weeks. Of these 186 (74%) were responded to successfully, 3% lower than the previous week. 41% (n=104) of the alerts were for community deaths, 54% (136) for non-ETC health facilities, and 4% (11) for ETCs.

Implementation of ring vaccination protocol

- ➔ There are 19 vaccination teams made up of **226** Congolese vaccinators with basic GCP training, **50** Congolese formally trained in GCP and **43** GCP trained and experienced Guinean/African researchers.
- ➔ In the last 21 days it has been possible to define and vaccinate rings around nearly 90% of confirmed cases.
- ➔ A total of 599 community rings have been defined and vaccinated (as of March 11), including two targeted geographic zones. In total, 86 917 contacts and contacts of contacts have been vaccinated. Those include 21 ,802 contacts and 64 900 contacts of contacts.
- ➔ We have documented impressive levels of community trust despite the challenges. More than **90%** of those eligible for vaccination have consented to be vaccinated and nearly **90%** of those vaccinated have allowed the follow visits post-vaccination on days 3 and 21. These high rates of compliance with follow-up visits have also been observed among high risk contacts listed by the vaccination teams.
- ➔ Since **2016** SAGE recommends that all HCWS and FLWS at risk of Ebola in the affected areas and in the areas where the outbreak is likely to spread are offered rVSV ZEBOV GP vaccine (see link to most recent statement).
- ➔ Since the start of the outbreak, healthcare workers and front-line workers at risk of Ebola are also being offered preventive vaccination. Almost 27 000 have been vaccinated in the health areas affected by the outbreak. In addition, over 15 000 HCWs and FLWs have been vaccinated in neighbouring areas where the risk of spread is significant. (i.e Goma, South Sudan, Uganda, and soon Rwanda and Burundi)
- ➔ During the reporting week the vaccination team in Kalunguta were temporarily held up by an armed group and vaccination teams in the Kivika area, Katwa were at the centre of some attacks to the community, with destruction of some materials. Some vaccination sites in Butembo were also inaccessible due to security concerns. However, thanks to the resilience of the teams, vaccination activities have promptly resumed after each of these incidents.

Risk communication, social mobilization and community engagement

- ➔ Although movement was limited due to security and threats, community level activities continued over the weekend (9-10 March) in Katwa & Butembo. Active rumour monitoring continues on social media, especially in relation to threats of attacks and community safety concerns.
- ➔ In Butembo, a meeting was held with local journalists to discuss how they can help increase community vigilance against violence, control the spread of rumours and help generate better understanding on the Ebola response. In AS Wanamahika, Muchanga, Rughenda, Muyisa, Vungi and Tulizeni, activities were carried out with a mourning family and their neighbours, with women leaders and influential men, involving 84 people. In AS Vuhika and Makangala, Ebola-related discussions were held with 18 traders around Vitsai market. Mass awareness activities took place in Mutsanga, organised by a youth association, with 200 participants. Discussions were held with local leaders in Kimbulu to discuss measures to resolve community level tension or resistance. In AS Wanamahika, community members are increasingly hostile to home visits by RECOs. They are unconvinced by the Ebola response. Some RECOs have refused to go into the community. ACTION TAKEN: discussions with RECOs to bring back their confidence in their work and moral support to encourage them to be received by the community once more. They are also working with local community groups to regain community acceptance.

- ➔ In other health zones, a total of 266 RECOs were able to visit about 6000 households in the past week. During the household visits, they were able to refer 38 patients to health facilities and report alerts and refer 17 patients suspected of Ebola to ETCs. Discussions were held with families in seven areas to persuade them to accept safe and dignified burials, and with discussions with more than 100 people around the seven families. In Mangina, RCCE activities were carried out around the last confirmed patient. Awareness was held in prayer houses. In Beni, Ebola advocacy activities was carried out with religious leaders, the youth, agricultural workers, women's groups, teachers and students.

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 the Uganda sum (US\$ 3.8 million) is still under review.
- ➔ A follow up Joint Monitoring Mission took place to assess progress in implementation of priority preparedness activities completed in South Sudan; the mission was conducted 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. Continuing insecurity, with response teams coming under attack are a very real concern. Quite apart from the danger to personnel, this constant disruption interrupts response activities and increases the risk that chains of transmission will be missed or not followed-up. Although proven and innovative public health measures are definitely working in many areas, national and international actors need to intensify response efforts, and the global donor community needs to fill funding gaps, to bring this outbreak to an end.