

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 12



EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 12

Date of issue: 23 October 2018

Data as reported by: 21 October 2018

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored by the Ministry of Health (MoH), WHO and partners. Of concern is the increased incidence of confirmed cases reported in the past four weeks, most notably in Beni. Security remains the biggest challenge faced by the response teams in Beni and Butembo, undermining the response activities. Continued security incidents severely impact both civilians and frontline workers, forcing suspension of EVD response activities and increasing the risk that the virus will continue to spread. Moreover, with heightened transmission of the virus in outbreak affected areas, the risk of exportation of case to neighbouring provinces and countries is increased. Neighbouring countries need to be ready in case the outbreak spreads beyond the Democratic Republic of the Congo.

Since WHO's last situation report issued on 17 October 2018 (*External Situation Report 11*), an additional 22 new confirmed EVD cases, from Beni (19) and Butembo (3), and 16 new deaths have been reported. As of 21 October 2018, a total of 238 confirmed and probable EVD cases, including 155 deaths, have been reported, resulting in a case fatality ratio (CFR) of 65%. Among the 238 cases, 203 are confirmed and 35 are probable cases. Of the 155 deaths reported since the beginning of the outbreak, 120 were among confirmed cases and 35 among probable cases. The proportion of deaths among confirmed cases was 59% (120/203). On 21 October, 14 new suspected cases were under investigation in Beni (8), Mabalako (1), Butembo (2) and Mandima (3).

As of 21 October 2018, 63 cases have recovered, been discharged from ETCs, and re-integrated into their communities. On 21 October, a total of 60 cases remained hospitalized in four ETCs in Beni (38), Butembo (19), Mangina (two) and Makeke (one). On that day, the treatment centres in Beni and Butembo recorded an occupancy rate of 93% (38/41) and 79% (19/24) respectively.

Among the 235 cases with known age and sex, 55% (n=129) are female, and adults aged 15-44 account for 56% (n=134) (Figure 2). Recent cases in Beni include a disproportionate number of cases in children aged ≤16 years; 43% (n=30) of 70 cases reported since 1 October 2018, including 13 cases in infants and young children aged <5 years. Investigations are ongoing to elucidate the source(s) of infection in children to interrupt transmission. A health worker from Beni was confirmed positive to Ebola virus disease on 20 October, raising the total number of health workers affected in this outbreak to 21, including 20 confirmed. Three health workers have died from the disease.

The confirmed cases were reported from six health zones in North Kivu Province: Beni (96), Mabalako (71), Butembo (16), Masereka (4), Kalunguta (2), and Oicha (2); and three health zones in Ituri Province: Mandima (9), Tchomia (2) and Komanda (1). Beni has surpassed Mabalako in terms of cumulative number of confirmed cases.

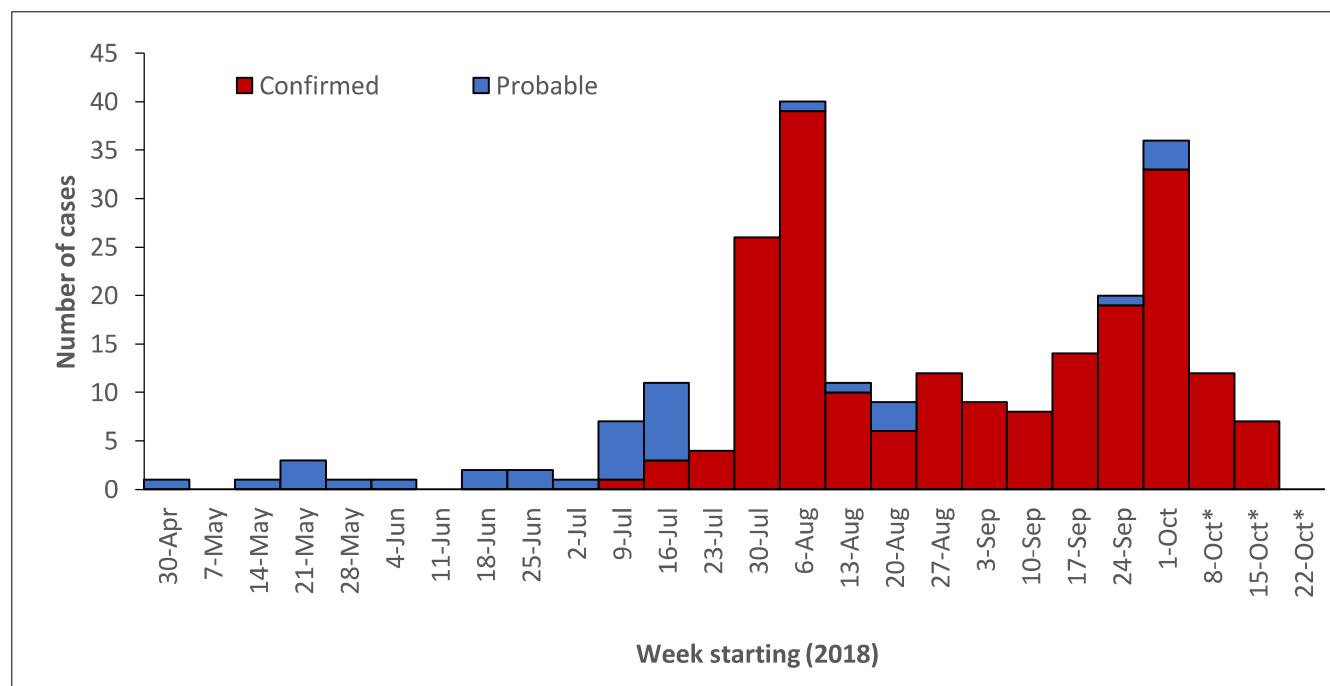
The Ministry of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as

in the Gambia, South Sudan, Tanzania, 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 21 October 2018

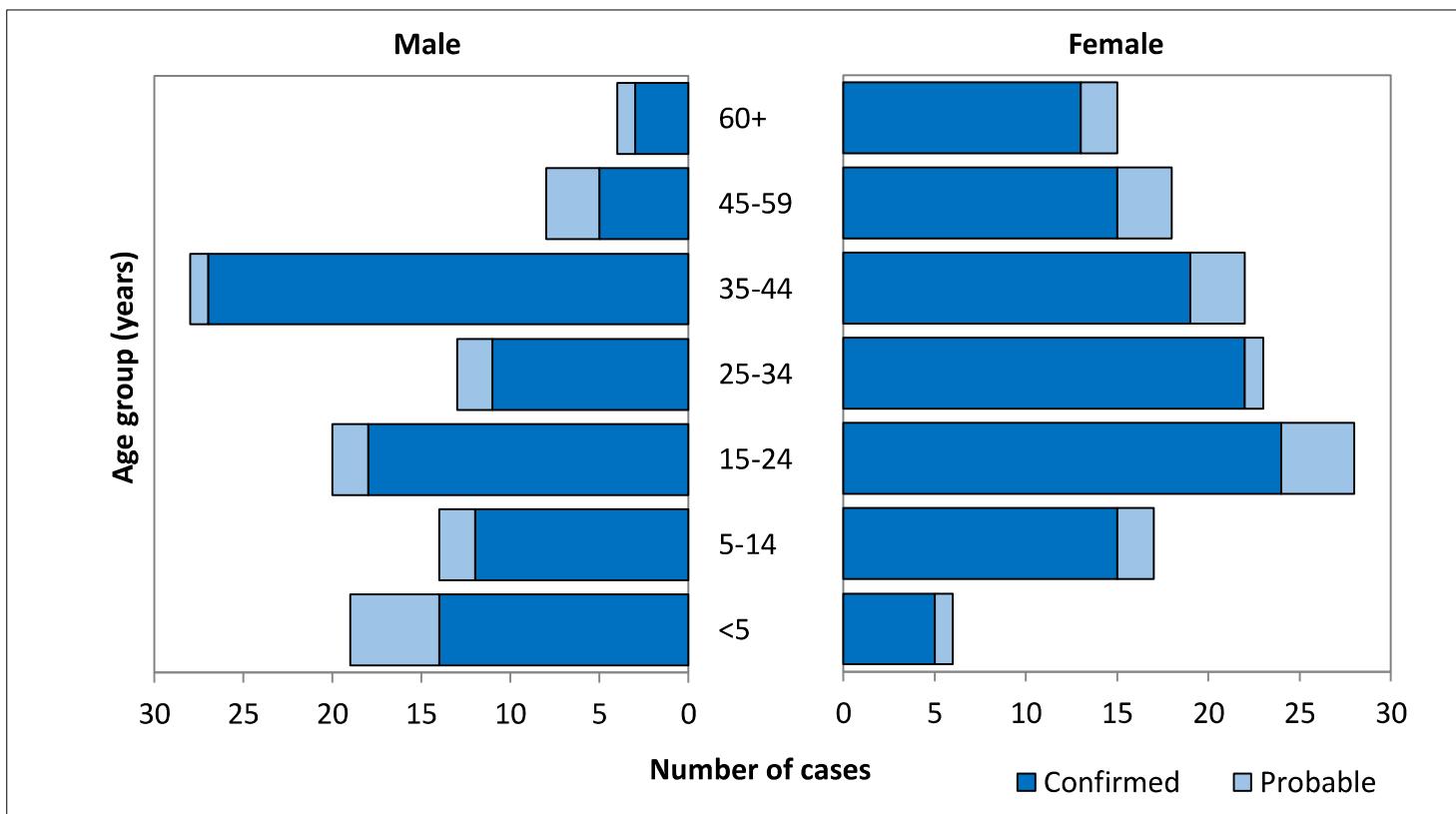
Case classification/ status	North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia	
Probable	8	2	1	21	1	0	0	0	2	0	35
Confirmed	96	16	2	71	0	4	2	1	9	2	203
Total confirmed and probable	104	18	3	92	1	4	2	1	11	2	238
Suspected cases currently under investigation	8	2	0	1	0	0	0	0	3	0	14
Deaths											
Total deaths	70	9	1	67	1	1	1	0	3	2	155
Deaths in confirmed cases	62	7	0	46	0	1	1	0	1	2	120

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 21 October 2018 (n=238)*



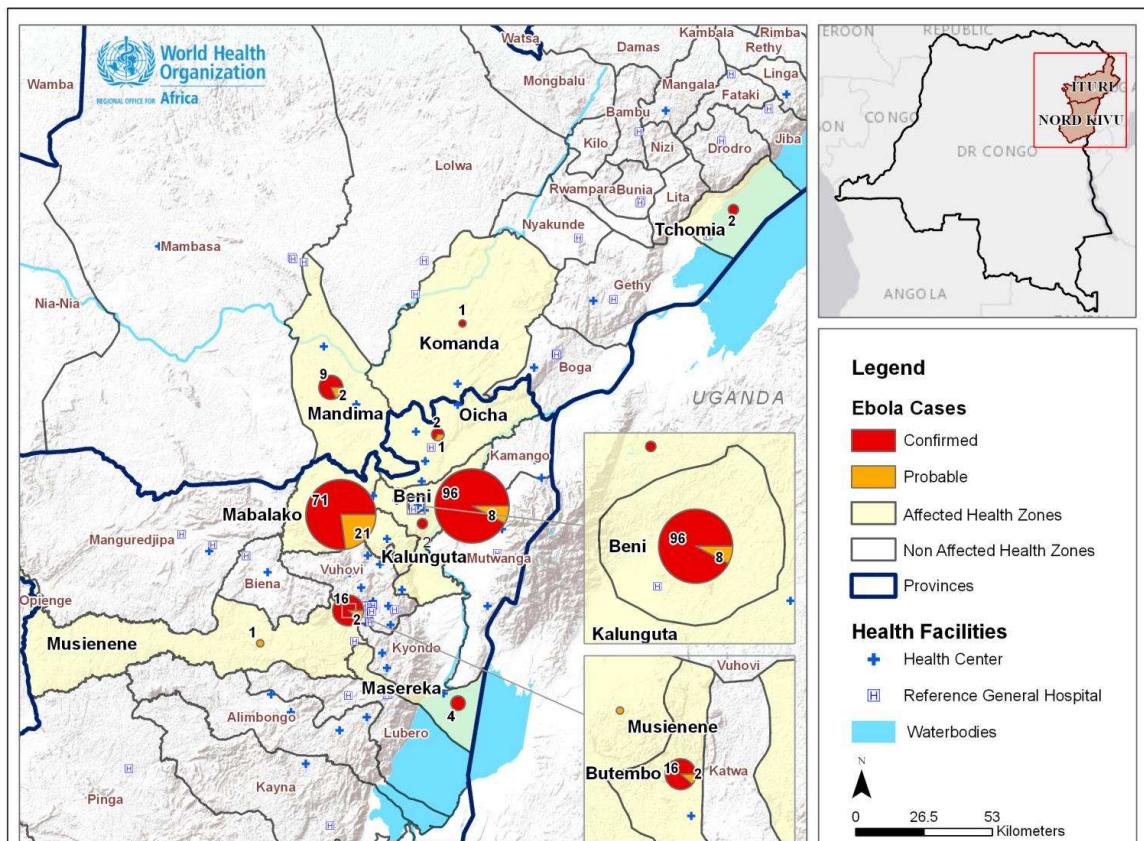
*Case counts in recent weeks may be incomplete due to reporting delays.

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 21 October 2018 (n=235)



*Age/sex is currently unknown for n=3 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 21 October 2018 (n=237)



Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. North Kivu shares borders with Uganda and Rwanda. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, 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 also experiencing multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongola, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox spread 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: the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomylitis), and a long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri may 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 at national and regional levels from high to very high. The risk remains low globally. 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 current context around the outbreak, including the volatile security situation, community resistance, the continued reporting of confirmed cases, and the risk of spread of the outbreak to neighbouring countries, the first International Health Regulation (IHR) Emergency Committee on the Ebola Virus Disease (EVD) outbreak in North Kivu, Democratic Republic of the Congo (DRC), was convened on 17 October 2018. At the end of the meeting, the Emergency Committee decided that the current EVD outbreak does not constitute a public health emergency of international concern at this time; although the outbreak is still deeply concerning and the risk of spread to neighboring countries remains very high. The Emergency Committee has made a series of recommendations to address this situation. This will require resources to be made available immediately not only for the intensification of the response, but also for preparedness in surrounding provinces and countries. The committee also recognized that the complex security situation, including mistrust of some of the population, is a severe complicating factor for the response. The Committee commended the government of the DRC, WHO, and all response partners for the progress made under difficult circumstances.

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) enhancing surveillance, including active case finding, case investigation, 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

An updated response plan was launched by the Ministry of Health of the Democratic Republic of the Congo on 18 October 2018. The plan lays out the approach for the response over coming months, with a greater focus on building local capacity to manage the response.

Surveillance

- On 21 October 2018, 5341 contacts were under surveillance, of which 4792 were seen.
- There are continued investigations around the latest confirmed cases not originating from known transmission chains.
- Monitoring and sanitary control continues at entry points. As of 21 October 2018, out of a total of 64 Points of Entry (PoEs), 55 were functional with 159 085 screened travellers; a total of 10.3 million travellers have been screened since the beginning of the outbreak.
- Since the beginning of October, the daily number of alerts notified has been increasing, from 37 received on 1 October to 97 received on 21 October.

Case management

- Ebola Treatment Centres (ETCs) continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (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. All confirmed cases managed at ETC level, with the exception of three patients in the Beni ETC, whose eligibility is being evaluated by the scientific committee, benefitted from compassionate therapy. All hospitalized patients received food.
- The Beni ETC managed by ALIMA has been expanded to a total of 41 beds. Two triage units were implemented in Beni (1) and in Butembo (1) on 18 October 2018.

- ➔ The MoH and partners have met on the subject of strengthening triage and IPC at Beni General Hospital. Multiple IPC activities are ongoing at this site.
- ➔ Decontamination of health facilities as well as households continue to be performed where new cases are identified.
- ➔ Training of healthcare providers on infection prevention and control (IPC) measures is continuing and IPC kits have been provided to health structures.
- ➔ IPC training and PPE kit distribution has also started to include practitioners in private FOSAs and traditional-modern facilities.

Safe and Dignified Burials (SDB)

- ➔ Security remains a concern in Beni and Butembo, with consequences for SDB activities.
- ➔ In Beni RC and CP teams are working in close coordination to ensure sufficient operational coverage for SDB. The current daily operational capacity in Beni is planned to be seven teams. Due to the continuing fragile security situation in Butembo, the Red Cross has not fully resumed its SDB activities since the security incident on 2 October 2018.
- ➔ As of 22 October 2018, a total of 314 SDB requests were received. Of these, 262 were successfully responded to and 39 were not conducted due to community refusals or burials conducted by the community prior to the SDB team's arrival on-site. Six requests were incompletely conducted due to family/community refusal to the SDB team conduct the burial. Seven SDB requests had not been responded to due to security concerns.

Implementation of ring vaccination protocol

- ➔ On 20 October 2018, vaccination continued in 10 rings (eight in Beni, one in Mutwanga and one in Katwa) reaching a total of 560 people on the reporting day, and bringing the total number of people vaccinated since the 8 August 2018 to 20 789. Vaccination activities could not be conducted in Beni on 21 October 2018, due to community demonstrations following the attacks of 20 October 2018.
- ➔ The current vaccine stock in Beni is 1 660 doses.

Risk communication, social mobilization and community engagement

- ➔ A psycho-education session was held for 70 people accompanying patients in ETCs, with sensitization of 138 traditional healers to support the surveillance and investigation of cases in Beni.
- ➔ An education talk on the importance of vaccination and eligibility for vaccination was provided in Beni, along with sensitization of 211 people on the importance of the ETC in Beni, incorporating a facilitation session on the importance of safe and dignified burials and preventive EVD measures for 13 family members of one of the deceased from that ETC.

- ➔ All local media are broadcasting daily messages and providing articles in magazines in affected health zones.
- ➔ A total of 444 household in Beni, 444 in Butembo, 395 in Tchomia, and 266 in Katwa were visited on 20 October 2018 by community relays.
- ➔ Risk communication, social mobilization, and community engagement continues to support all response pillars through dialogue and sensitization to improve vaccine acceptance, negotiations during surveillance activities, training activities for medical staff and traditional practitioners on alert reporting, dialogue with patients and families at the Ebola treatment unit, reintegration support for discharged patients (non-cases and survivors), sensitization at points of entry, and training for hygienists on risk communication and rumour management.

Operational partnerships

- ➔ Under the overall leadership of the Ministry of Health (MoH), WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral, and multidisciplinary regional and global partners and stakeholders for EVD response, research, and preparedness.
- ➔ 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)**: community engagement and social mobilization; vaccination
 - **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 Infection Protection and Control (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, infection control and prevention (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 infection prevention and control (IPC), risk communication, and community engagement.
- **Association des femmes pour la nutrition à assise communautaire (AFNAC):** Supporting infection prevention and control (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, infection prevention and control (IPC), risk communication, and community engagement in DRC; 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 15-21 October have been provided by the following partners:

IOM

- A pre-deployment briefing for 16 National PNHF supervisors was held, which included a refresher on the standard operating procedures, new supervision checklist and expectations, reporting and data collection was conducted with the support of IOM. This batch of supervisors will be deployed from 23

October 2018 across all EVD affected territories in North Kivu and Ituri and are expected to boost the supervision and support capacity building POEs staff.

- Delayed payments of POE staff salaries in Ituri and North Kivu sites remains a challenge for on-going operations.
- As of 21 October 2018, a total of 9 955 individuals have passed through four active POEs supported by IOM in South Sudan on the border with Democratic Republic of the Congo. There have been zero case alerts to date. Number screened: 102 at Yei Airport, 255 at the Yei SSRC Office, 5 677 at Kaya in Morobo County and 3921 at Okaba, Morobo County. IOM continues to monitor cross-border movement at points along the Uganda/Democratic Republic of the Congo border with South Sudan to assess the need for establishing POEs.

Red Cross

- Cumulative SDB numbers as on 21 October 2018: teams have responded to 314 SDB requests.
- In Beni, preparations are underway for repair of two damaged health facilities along with community engagement activities in the area. In Butembo, Matanda Hospital (priority) there is continued supervision of pre-triage, and 48 people were trained on IPC at Sainte Famille Hospital. At Vutsundo health centre, 23 people were trained in IPC including members of four health posts, as well as donation of pre-triage materials.
- In Beni, a new weekly radio interactive programme of one hour started this Thursday on RTR; door-to-door (54 volunteers 3 times a week) and mass (3 times a week) sensitization. In Bunia, 30 representatives of the 21 territories of Ituri went through a day of Ebola sensitization in order to serve as multiplicators in their respective communities. Six supervisors and 60 volunteers were trained on RCCE (15-16 October 2018). A focus group discussion was organised in Tchomia and Kasenyi. In Butembo, preparation of a basic study to ascertain the level of knowledge of the community (baseline) started.
- In Beni, focus group sessions continue with SDB volunteers in Bethesda counselling centre: 12 SDB volunteers (1 female, 11 male) from Beni could express their traumatic emotions with a relaxation phase and an exercise on stress management. Training of 12 PSS Focal Points for North Kivu on psychological first aid to support volunteers involved in the forefront in the response took place, starting on 16 October 2018. This was attended by volunteers from the local branches of Beni, Butembo, Mangina, Bunia, Tchomia, Mambassa and Goma.

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.

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 increasing number of cases and contacts to be followed, mainly in the Beni Health Zone, requires strengthening human and material resources as well as medical input. However, continued security incidents have prevented the undertaking and upscaling of response activities in the affected communities. Response teams at every level, particularly those at the frontline of the response, have generated significant successes in community engagement, vaccinations, high-quality care at ETCs and contact tracing, despite these challenges, by working in close coordination with local leaders and community members. The rapid adjustment of the response teams' activities under these challenging conditions demonstrate the commitment of the Ministry of Health, WHO, and partners to stop this outbreak.