

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 27



World Health
Organization

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Data as reported by: 3 February 2019

1. Situation update

Cases	Deaths
785	484

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to prove challenging to contain as ongoing security incidents and community mistrust hamper response efforts. Since our last report on 30 January 2019, 42 additional confirmed EVD cases have been reported, including 23 deaths among confirmed cases. Two healthcare workers were among the newly confirmed cases, bringing the total number of health workers infected to 65, with 22 deaths.

From the beginning of the outbreak to 3 February 2019, a total of 785 EVD cases, including 731 confirmed and 54 probable cases (Table 1), were reported from 18 health zones in the provinces of North Kivu and Ituri (Figure 1). Twelve of the 18 affected health zones have ongoing active transmission, reporting at least one confirmed case in the last 21 days (14 January 2019 to 3 February 2019). Over this period, a total of 123 confirmed cases were reported and the majority of the cases occurred in urban centres and towns including Katwa (78), Butembo (10), Beni (9), Kayna (5), Kyondo (5), Manguredjipa (4), Oicha (4), Biéna (3), Kalunguta (2), Mabalako (1), Mutwanga (1), and Vuhovi (1). Katwa, Butembo, and Beni remain notable hotspots for the outbreak, with 97/123 (79%) of cases reported in the last three weeks originating from these areas. Trends in case incidence reflect an increase in the number of cases since the start of this year and continuation of the outbreak across a geographically widely dispersed area (Figure 1, Figure 2). Mabalako, Kalunguta, and Vuhovi are back in the list of health zones that have reported newly confirmed cases in the past 21 days.

As of 3 February 2019, a total of 484 deaths were reported, including 431 deaths among confirmed cases. The case fatality ratio among confirmed cases is 59% (431/731). The sex ratio among confirmed cases is 1.4 (454 females to 331 males).

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 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 3 February 2019

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	225	9	234	138	147
	Biena	5	0	5	2	2
	Butembo	58	0	58	54	54
	Goma	0	0	0	0	0
	Kalunguta	42	13	55	21	34
	Katwa	185	4	189	101	105
	Kayna	5	0	5	2	2
	Kyondo	14	2	16	6	8
	Mabalako	89	16	105	55	71
	Manguredjipa	5	0	5	4	4
	Masereka	7	1	8	2	3
	Musienene	6	1	7	2	3
	Mutwanga	4	0	4	3	2
	Oicha	29	0	29	7	7
Ituri	Vuhovi	10	0	10	4	4
	Komanda	27	5	32	16	21
	Mandima	17	3	20	10	13
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
	Total	731	54	785	430	484

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 in North Kivu and Ituri provinces, Democratic Republic of the Congo, 3 February 2019 ($n=785$)

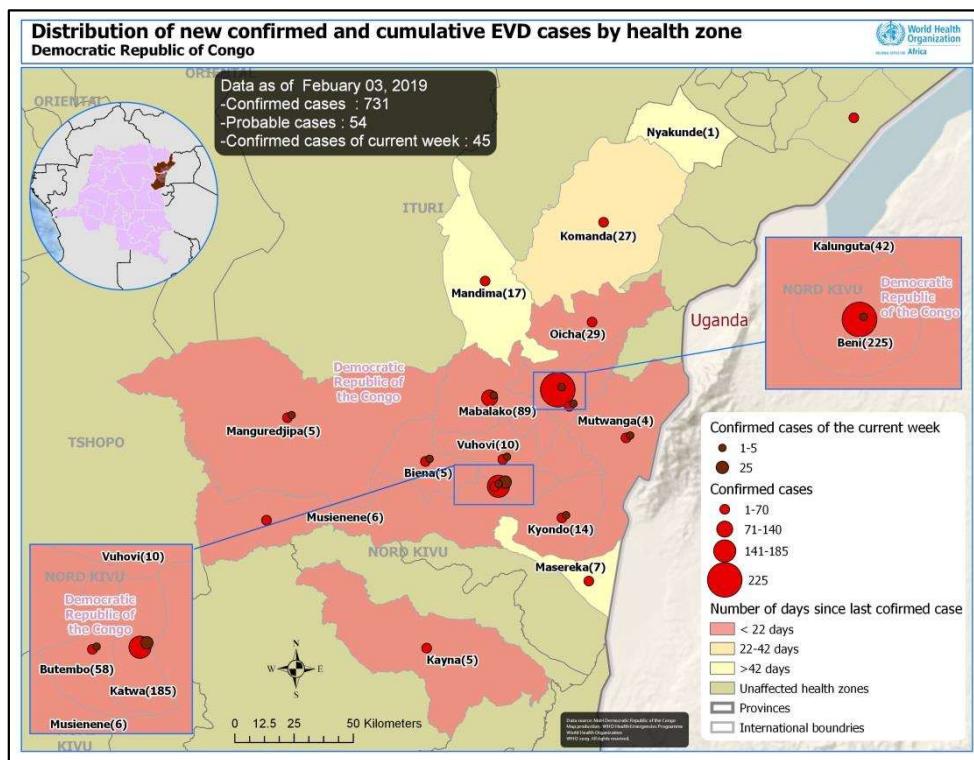
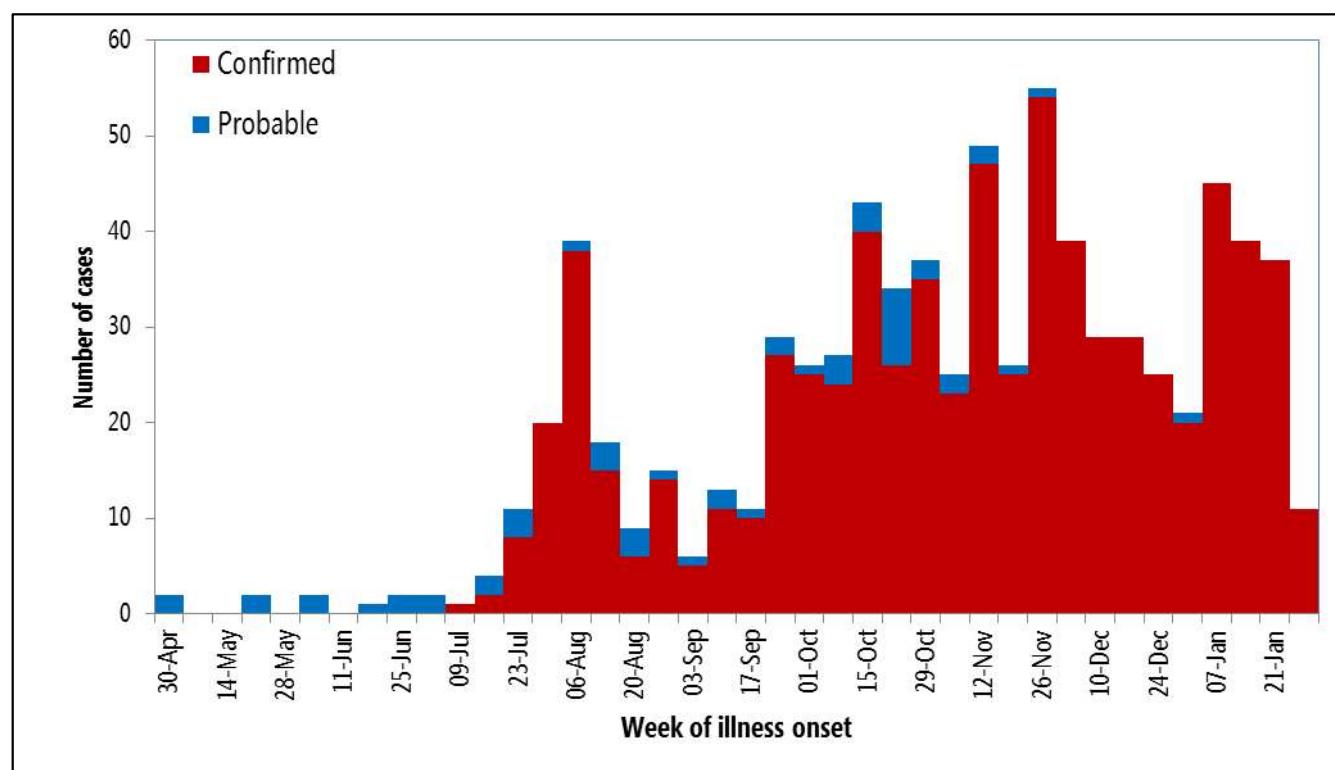


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 3 February 2019 ($n=785$)*



**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 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 and continued investigation into contacts lost to follow-up.
- ⇒ Contact tracing continues with 47 600 contacts registered to date and 7 292 currently under surveillance, of whom between 82-88% have been followed in the past seven days. More resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring despite the challenging security situation and community non-engagement.
- ⇒ WHO continues to monitor alerts from outbreak-affected areas. In the last week, an average of 460 alerts were received per day, of which an average of 497 (91%) were investigated. Field teams are reviewing and reinforcing active case finding across all areas to ensure new cases are detected as quickly as possible.

Case management

- ⇒ On 24 November 2018, the MoH announced the launch of a randomized control trial for Ebola therapeutics. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- ⇒ As of 3 February 2018, 194 patients were admitted to Ebola transit and treatment centres. Among nine treatment ETCs and transit centres (TC), two have bed occupancy of more than 100% (Katwa ETC and Beni TC).
- ⇒ Patient sorting in Beni hospital and Beni ETC is being supervised; community re-integration of two cured cases is ongoing in Kirumba and Kanyabayonga.

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

- ⇒ A National IPC Task Force was formed to provide strategic technical guidance, and coordinate and oversee the various partners and health zone IPC commissions. The IPC Task Force is led by the MoH and co-chaired by the WHO IPC Strategic Advisor.
- ⇒ A revised IPC strategy with an operational work plan is being developed for the period February through March 2019. The strategy and work plan are intended to guide the national coordination activities of the IPC Task Force, and the implementation of activities by the IPC commissions and partners at subnational level.

- ⇒ Extensive IPC activities are ongoing throughout the Democratic Republic of the Congo, 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. Distribution of IPC kits, which include consumables items such as personal protective equipment, are ongoing in healthcare facilities.

Points of Entry (PoE)

- ⇒ As of 3 February 2019, 31 914 782 traveller screenings were carried out at 80 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and their surroundings. Of these screenings, 224 alerts were notified. A total of 94 of the 198 alerts were validated as suspected cases after investigation, and five were positive for Ebola virus following laboratory testing.
- ⇒ During this reporting period, 45 alerts were notified, of which 20 were validated and none were confirmed as Ebola cases.
- ⇒ IOM staff begun providing onsite supervision at nine priority PoEs/PoCs: Goma (3), Bunia (4) and Beni (2).
- ⇒ IOM met with representatives of the drivers' association (Association des Conducteurs du Congo, ACCO) in Beni and Butembo to sensitize them about EVD and explore strategies to support traveller screening. It was agreed that handwashing facilities will be placed in key parking areas and travellers will be screened prior to departure and provided with a "travellers card" to reduce waiting times at PoCs en route and at destination.
- ⇒ IOM distributed basic supplies to PoEs/PoCs in Ituri and 11 water tanks (1 000 L capacity) to 11 PoEs/PoCs in Goma to support hand washing facilities.
- ⇒ Thirty-eight front-line screeners were trained in Ituri: 16 in Bunia, 22 in Komanda.
- ⇒ Poor availability of water continues to disrupt handwashing activities in Bunia and Komanda.

South Sudan

- ⇒ According to the IOM Situation Report for the period of 21-27 January 2019, there are 18 PoEs in South Sudan along the border with the Democratic Republic of the Congo and Uganda, operated by IOM, WHO, CUAMM, World Vision and CORDAID. A further ten sites are being planned to be operational by mid-February 2019.
- ⇒ There were 19 alerts notified during this reporting week. All returned negative.
- ⇒ In order to ensure that health screening is done according to SOPs, an Ebola Screening Assessment Tool has been shared to all partners.

Safe and Dignified Burials (SDB)

- ⇒ As of 4 February 2019, a total of 2 000 SDB alerts have been received, of which 1 613 were responded to successfully (81%) by Red Cross and Civil Protection SDB teams. Community emergency harm reduction burial (CEHRBU) teams carried out 17 burials from 19 alerts (included in total SDB alerts).
- ⇒ During week 5 (week ending 3 February 2019), 186 SDB alerts were received, 17% less than week 4.
- ⇒ Eighteen percent of burials are for alerts originating from ETCs, with the remaining burials originating from the community (including non-ETC health facilities).

- ➔ Training of CEHRBU teams continues in inaccessible areas (Komanda, Kirumba, Bwatsinge, Kayanbayoga).
- ➔ The main challenges for the SDB teams continue to be community resistance to SDB, reliable reporting of community deaths, and access challenges.

Implementation of ring vaccination protocol

- ➔ As of 3 February 2019, a cumulative total of 73 309 people have been vaccinated since the start of the outbreak.
- ➔ The Immunization Commission is being supported in their efforts to persuade contacts to be vaccinated in Kivika, Kambuli and Mukuna in Katwa health zone.

Risk communication, social mobilization and community engagement

- ➔ Risk communication, social mobilization and community engagement field activities are enhanced, with community dialogue with the community groups in Butembo, Katwa, Mangina, Beni, Oicha and other health zones affected by the outbreak. The activities are led by the local health actors with support from WHO, UNICEF, the Red Cross and other partners.
- ➔ Priests in the Bulongo Catholic Church in Mutwanga have been psychologically prepared for the decontamination of the church, and a psychoeducation session was carried out in Bulongo in Mutwanga.
- ➔ A strategic meeting has taken place between the psychosocial experts and UNICEF on psychosocial activities under the coordination of Goma.
- ➔ Populations in the Komanda health zone have been sensitized as part of activities to strengthen local community engagement, which also involved commitment by a village chief, briefing of school patrolmen on the use of IPC kits in the school.
- ➔ Mass awareness activities were carried out for students at a school in Katwa around prevention measures at school.

Preparedness and Operations Readiness

Operational readiness continues in 10 high-risk provinces in the Democratic Republic of the Congo:

- ➔ 42/200 (21%) of unaffected health zones in ten provinces have been covered by a minimum standard package of EVD operational readiness activities.
- ➔ Readiness teams have finalized tailored plans for the high-risk provinces for the period from February to July 2019 and are 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.

- ➔ Ongoing vaccination of frontline workers in Uganda continues where over 2 600 workers have been vaccinated. Vaccination commenced in South Sudan on 28 January 2019. Pending an import license, vaccination is imminent in Rwanda where a total 1 415 frontline workers are targeted for EVD vaccination.
- ➔ Joint Monitoring Missions have been conducted to date in South Sudan, Burundi, Uganda, Congo, Rwanda, Central African Republic and Tanzania. There are ongoing discussions with the MoHs of Angola and Zambia to schedule Joint Monitoring Missions.
- ➔ OCHA announced an early action CERF award of US\$ 10 million which will be allocated to Priority 1 countries including Burundi, Rwanda, South Sudan and Uganda for priority preparedness activities.

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 appear 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.
- ➔ A cross-border coordination meeting was held on 3 February 2019 between the PoE Commission represented by the PNHF, DGM Kasindi from the Democratic Republic of the Congo and Border Health Control and the Immigration Service from Uganda to consolidate collaboration with regards to strengthening PoE surveillance measures, and active search and follow-up of lost contacts between the two countries.

3. Conclusion

The Ebola virus outbreak in the Democratic Republic of the Congo enters its seventh month since the declaration of the outbreak. The outbreak continues to evolve in a particularly complex and challenging environment, characterized by a volatile security context, which continues to hinder the implementation of key response activities. The number of reported cases increased during recent weeks, most notably from the Katwa health zone where response teams have faced pockets of community mistrust. Cases were reported in 12 other health zones, showing ongoing transmission in a geographically widely dispersed area. WHO and partners, under the government's leadership, continue to respond to the EVD outbreak and remain committed to bringing it to an end.