

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 36



World Health
Organization

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 36



Date of issue: 9 April 2019

Data as reported by: 7 April 2019

1. Situation update

Cases	Deaths
1154	731

The recent escalation in the number of Ebola virus disease (EVD) cases continues in the North Kivu provinces of the Democratic Republic of the Congo. This past week saw 65 new confirmed cases reported in the last seven days, predominantly from the areas of Katwa, Mandima, Butembo, and Vuhovi. During the last 21 days (18 March to 7 April 2019), 58 health areas within 13 health zones reported new cases; 42% of the 137 health areas affected to date (Table 1 and Figure 2). During this period, a total of 199 confirmed cases were reported from Katwa (69), Vuhovi (36), Mandima (30), Beni (18), Butembo (16), Masereka (13), Oicha (8), Kayna (2), Lubero (2), Musienene (2), Kalunguta (1), Bunia (1) and Mabalako (1).

As of 7 April 2019, 1154 EVD cases, including 1088 confirmed and 66 probable cases, were reported. A total of 731 deaths were reported (overall case fatality ratio 63%), including 665 deaths among confirmed cases. Of the 1154 confirmed and probable cases with reported age and sex, 57% (662) were female, and 29% (331) were children aged less than 18 years. The number of healthcare workers affected has risen to 85, including 30 deaths, with three new health workers among the newly confirmed cases in Katwa and one in Musienene.

This week also saw further strengthening of Infection, Prevention and Control (IPC) activities in the various outbreak hotspots. IPC teams on the ground are partaking in community dialogues with local leaders of different health zones to address persisting community reluctance related to decontamination efforts. Current IPC activities continue to be vigorously conducted as per protocol, with IPC rings open around every confirmed case. This includes decontamination of the healthcare facilities and homes, rapid evaluation of IPC practices at healthcare facilities, and identification of other healthcare facilities within a 500 m (urban) or 1 km (rural) radius due to being at high risk of receiving contacts of the case. Based on the results of the healthcare facility assessments, IPC teams follow up with supportive supervision to address any IPC gaps identified, which range from once a day to once a week depending on severity. WHO is confident that a robust implementation of effective IPC measures will aid in slowing the spread of EVD in hotspot areas in the coming weeks.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 7 April 2019

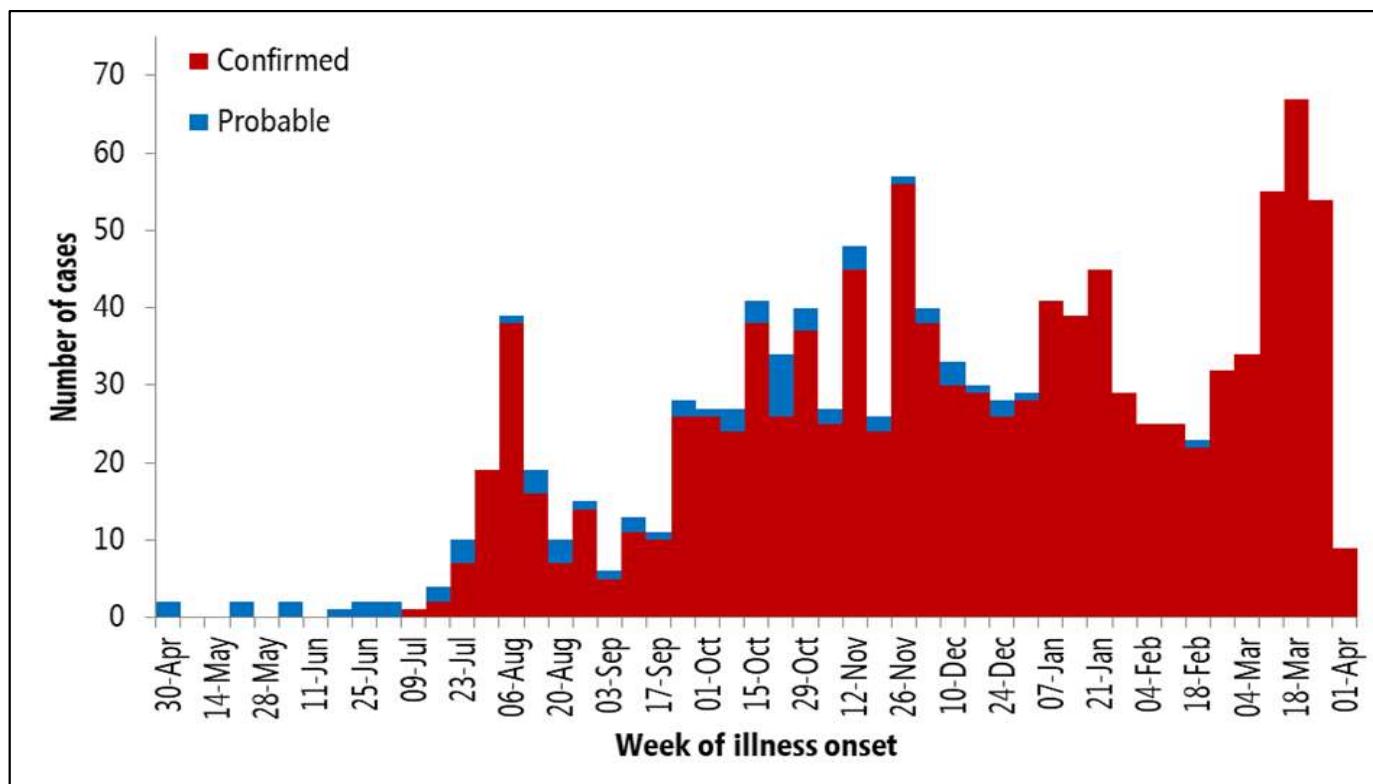
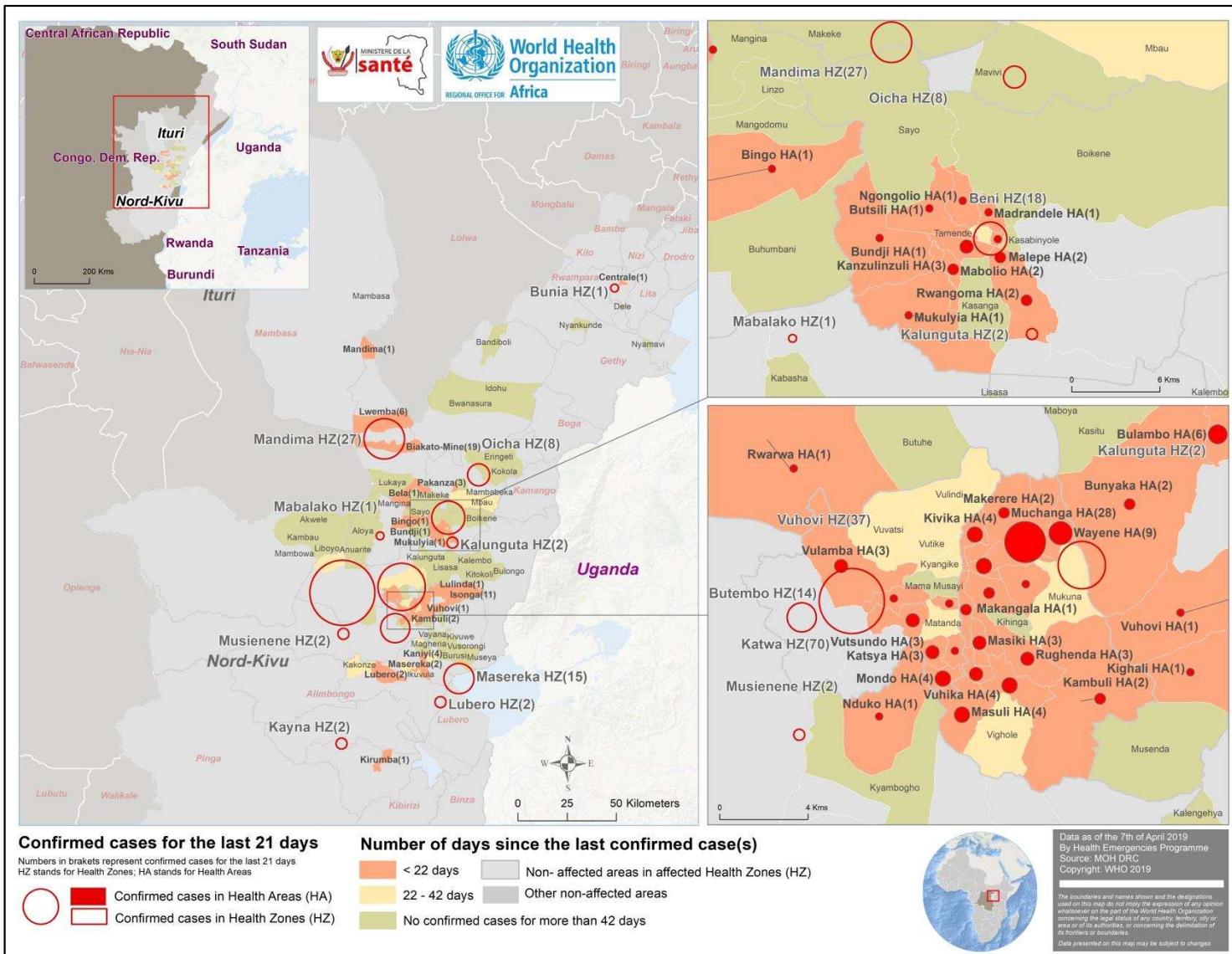


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 7 April 2019

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	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	15/18	245	9	254	128	137
	Biena	3/14	6	0	6	8	8
	Butembo	13/15	107	0	107	102	102
	Kalunguta	11/18	49	13	62	22	35
	Katwa	18/18	333	11	344	220	231
	Kayna	2/18	8	0	8	3	3
	Kyondo	11/22	16	2	18	12	14
	Lubero	2/18	4	0	4	1	1
	Mabalako	8/12	91	16	107	55	71
	Manguredjipa	3/9	5	0	5	4	4
	Masereka	7/16	28	1	29	9	10
	Musienene	6/20	8	1	9	3	4
	Mutwanga	3/19	4	0	4	3	3
	Oicha	10/25	40	0	40	20	20
	Vuhovi	10/12	54	1	55	22	23
Ituri	Bunia	1/20	1	0	1	1	1
	Komanda	5/15	27	9	36	9	18
	Mandima	6/15	58	3	61	39	42
	Nyakunde	1/12	1	0	1	1	1
	Rwampara	1/11	1	0	1	1	1
	Tchomia	1/12	2	0	2	2	2
Total		58/339 (17.1%)	1088	66	1154	655	731

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, 7 April 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 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

- ⇒ An average of 1100 alerts were received per day over the past seven days, of which an average of 992 (90.2%) were investigated within 24 hours of reporting.
- ⇒ Over 69 000 contacts have been registered to date and 8 678 are currently under surveillance as of 7 April 2019. Of those, between 83-87% have been followed in the past seven days.
- ⇒ 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 automated polymerase chain reaction (Cepheid Xpert Ebola) 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 12 operational treatment and transit 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.

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

- ⇒ A revised IPC strategy with an operational work plan for 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.
- ⇒ Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue where possible, with 11 health facilities out of 13, as well as five out of 10 households who have housed confirmed cases, decontaminated in Beni, Butembo, Katwa and Mandima.

Points of Entry (PoE)

- ⇒ From 1 to 7 April, 1 712 512 screenings were performed, giving a total of 4 834 744 cumulative screenings. A cumulative total of 658 alerts were notified, with 277 validated, seven of which were subsequently confirmed to be EVD following laboratory testing.

- ➔ This week, 71 alerts were notified, of which 32 were validated as suspect cases following investigation. None were positive for EVD.
- ➔ There is effective resumption of surveillance activities at Muchanga and Vulindi PoCs following agreement reached with the community.
- ➔ Twenty local screeners have been trained in the use of thermal cameras for PoE providers at Goma Airport and Grande Barriere by WHO.
- ➔ A national workshop is being prepared on the development of the multi-sectoral protocol for the activation and deactivation of the entry and exit screening at Goma at the Airport.
- ➔ A joint supervision mission (PoE, Surveillance, IOM, CCSA-PDV and UNPOL) has been held at the OPRP strategic PoC to evaluate the missing contact research methodology and provide specific orientations to strengthen the missing contact research at PoE.

Safe and Dignified Burials (SDB)

- ➔ As of 7 April, a total of 4 171 SDB alerts have been received, of which 3 298 (79%) were responded to successfully by Red Cross and Civil Protection SDB teams, including 54 alerts and 49 successful burials by community emergency harm reduction burial (CEHRBU) teams in inaccessible areas of Kalunguta, Katwa, and Komanda.
- ➔ During epi week 13, 278 SDB alerts were received – 4% more than the previous week and 11% more than the average for the previous three weeks. Of these 218 (78%) were responded to successfully, 4% higher than the average success rate of the previous three weeks. Forty percent of these alerts were for community deaths, 33% for non-ETC health facilities, and 9% 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.
- ➔ There is continuation of ring vaccination in Beni, Katwa, Butembo, Mandima, Bunia, Vuhovi and Lubero health zones around confirmed cases, and in Goma for front-line providers.
- ➔ As of 6 April 2019, 96 133 contacts and contacts of contacts have been vaccinated.
- ➔ The 2016 SAGE guidelines recommend 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).

Risk communication, social mobilization and community engagement

- ⇒ Community dialogues, with establishment of community committees, are ongoing in hotspot areas of Butembo, Katwa and Vuhovi to shift ownership of the EVD response to the community.
- ⇒ Guided visits of students and community associations to Ebola Treatment Centres (ETCs) in the different affected areas are ongoing to raise awareness and address community concerns raised through the community feedback mechanisms.
- ⇒ Community feedbacks have been systematically collected since the beginning of the outbreak.
- ⇒ Sensitization and awareness activities targeting healthcare providers have been organized to support the Infection Prevention and Control efforts.
- ⇒ Community related incidents are systematically being followed up to ensure that any misunderstanding leading to reluctance, refusal or resistance of the Ebola response is resolved as quickly as possible.

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 and for direct reporting of preparedness to response team. Goma will provide a base for staff training, and eventually develop into a centre of excellence on EVD outbreak management.
- ⇒ Eight teams consisting of one WHO consultant and four MoH EVD experts each, were deployed 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.
- ⇒ Readiness teams in North Kivu have identified 5/18 non-affected health zones to be covered by mobile teams where security issues prevent a continuous presence.

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\$ 42 million has been mobilized for Ebola preparedness since May 2018, including US\$ 10 million in first time CERF awards for early action and a budget gap of US\$ 27 million remains for the next six months.
- ⇒ Regular Joint Monitoring Missions have taken place in 7/9 neighbouring countries to assess progress in implementation of priority preparedness activities completed. 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.

3. Conclusion

The enduring transmission of Ebola virus disease in the Democratic Republic of the Congo, with eight health zones reporting new confirmed cases in the past three days along with the continuing infection of healthcare workers, is of particular concern. The number of new confirmed cases continues to rise, and the geographical spread of these new cases makes robust contact tracing and line-listing difficult. At the same time, proven and innovative public health measures continue to control the outbreak in some areas. All relevant authorities and partners remain committed to closing the outbreak. Donors are strongly encouraged to close the current funding gaps and to fully support response activities.