

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 35



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Date of issue: 2 April 2019

Data as reported by: 31 March 2019



1. Situation update

Cases	Deaths
1089	679

This past week saw a notable increase in the number of Ebola virus disease (EVD) cases, with 72 newly confirmed cases and one new probable case reported in the last seven days; the largest proportion of which were from Katwa and Vuhovi health zones (Figure 1). During the last 21 days (11-31 March 2019), 57 health areas within 12 health zones reported new cases; 42% of the 135 health areas affected to date (Table 1 and Figure 2). During this period, a total of 164 confirmed cases were reported from Katwa (46), Vuhovi (34), Mandima (25), Masereka (19), Beni (12), Butembo (10), Oicha (8), Kayna (3), Lubero (3), Kalunguta (2), Bunia (1) and Musienene (1). WHO and partners remain concerned by these recent developments and are continuing to adapt strategies to strengthen the response to limit the further spread of EVD in these health areas.

As of 31 March 2019, a total of 1089 EVD cases, including 1023 confirmed and 66 probable cases, were reported; the new probable case is from Vuhovi. A total of 679 deaths were reported (overall case fatality ratio 62%), including 613 deaths among confirmed cases. Of 1089 confirmed and probable cases with reported age and sex, 58% (629) were female, and 29% (318) were children aged less than 18 years. The number of healthcare workers affected has risen to 81, including 28 deaths.

Despite these setbacks, it should be noted that the recent shift in strategy of increasing community outreach from earlier weeks, is gradually yielding tangible results on the ground. In Katwa, the Ebola Treatment Centre was reopened after frank and open dialogue with the community. Previously reluctant communities are now permitting access to healthcare providers once again, with residents actively participating in the renewed response efforts at times. Incidents in the community are now also rigorously followed up to minimize any potential misunderstanding, which may inadvertently contribute to community reluctance, refusal, or resistance to response efforts. In the outbreak hotspots of Katwa, Butembo and Vuhovi, persistent efforts aimed at encouraging community dialogues saw the establishment of Ebola community committees across 16 health areas. Although these community engagement interventions take time to win over the trust and cooperation of the local population, they are an integral tool in aiding the acceptance of WHO response efforts to curtail the spread of EVD in these challenging social/geographic settings. Successes observed this past week are positive indicators that these measures should be maintained whilst continually adapting to the evolving context.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 31 March 2019

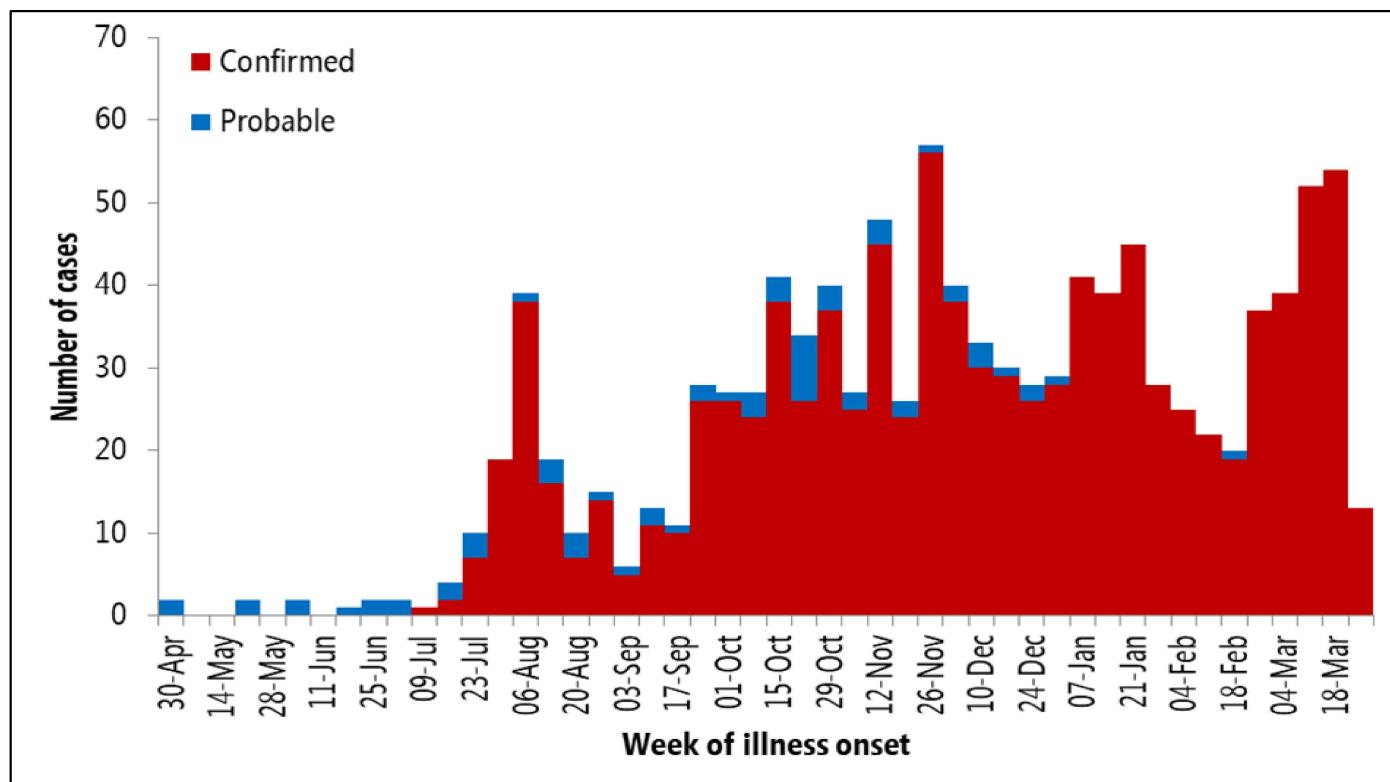
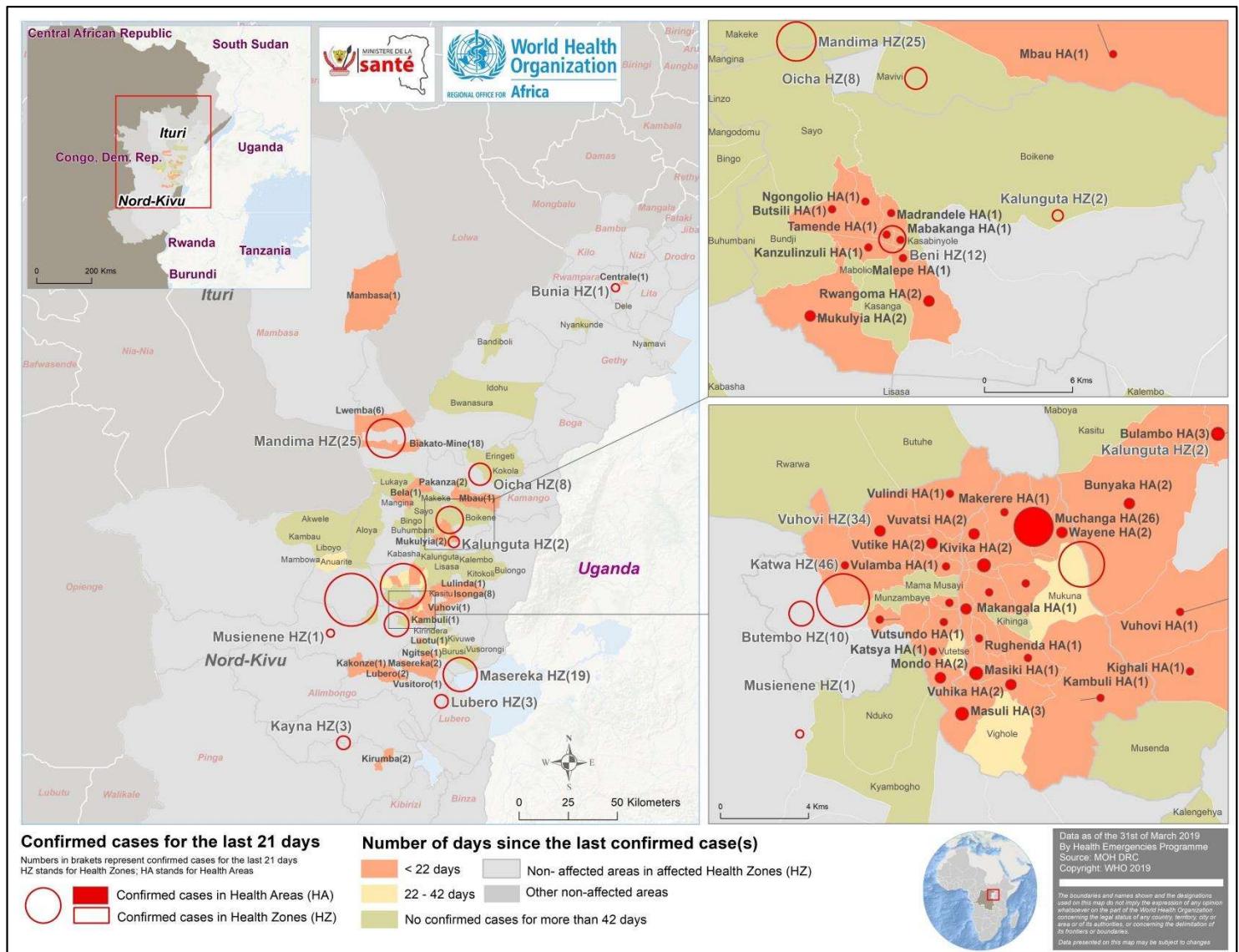


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 31 March 2019

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	8/18	239	9	248	123	132
	Biena	0/14	6	0	6	6	6
	Butembo	9/15	98	0	98	87	87
	Kalunguta	2/18	48	13	61	22	35
	Katwa	12/18	304	11	315	205	216
	Kayna	2/18	8	0	8	3	3
	Kyondo	0/22	16	2	18	12	14
	Lubero	2/18	4	0	4	1	1
	Mabalako	0/12	90	16	106	54	70
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	6/16	28	1	29	9	10
	Musienene	1/20	7	1	8	2	3
	Mutwanga	0/19	4	0	4	3	3
	Oicha	3/25	39	0	39	20	20
	Vuhovi	8/12	47	1	48	20	21
Ituri	Bunia	1/20	1	0	1	1	1
	Komanda	0/15	27	9	36	9	18
	Mandima	3/15	48	3	51	28	31
	Nyakunde	0/12	1	0	1	1	1
	Tchomia	0/12	1	0	1	1	1
	Rwampara	0/11	2	0	2	2	2
Total		57/339 (16.8%)	1023	66	1089	613	679

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, 31 March 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 823 alerts were received per day over the past seven days, of which an average of 796 (97%) were investigated within 24 hours of reporting.
- ⇒ Over 65 000 contacts have been registered to date and 7210 are currently under surveillance as of 31 March 2019. Of those, between 83-86% 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

- ⇒ Katwa ETC, with 32-bed capacity, became operational on 28 March 2019 and started receiving cases.
- ⇒ 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 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.
- ⇒ Since January, IPC field teams have decontaminated over 250 health facilities and households, provided over 100 supply kits, and trained over 3000 healthcare workers in IPC.
- ⇒ A National IPC Workshop to aid the implementation of new IPC strategies was convened in Goma from March 21-23. The workshop brought together Ministry of Health, WHO, UNICEF, and implementing partners to discuss implementation of the revised IPC strategy.
- ⇒ Community resistance to IPC activities persists in Vuhovi.

Points of Entry (PoE)

- ➔ Point of Entry/Point of Control (PoE/PoC) screening continues, with over 46 million screenings to date. A cumulative total of 1015 alerts were notified, with 255 validated and seven of which were subsequently confirmed to be EVD following laboratory testing.
- ➔ Personnel from the Congolese National Police (PNC) were deployed to the Port of Goma PoC and Bunia PoCs to ensure the safety of workers, travellers, and service providers. A compromise was found between the mayor of Bulengera, IOM, PNC, PNHF and representatives from the local population, to allow PoC Mutsanga to re-operate at a different location. This happened following a week of interruption due to persisting threat against the PoC personnel. PoC Vulindi has remained non-functional this week.
- ➔ Awareness raising activities were implemented around PoC Kanyabayonga (Kayna Health Zone), PoCs Karuruma, Kyavinyonge Port and Barrier (Kyondo Health Zone), PoC Lubero (Lubero Health Zone), and PoC Cugeki (Katwa Health Zone) to engage surrounding communities as well as increase vigilance on Ebola.

South Sudan

- ➔ IOM continues to support active screening at 10 Points of Entry: Kaya, Okaba, Khorijo, Pure, Bazi, Yei air stripe, Yei SSRRCC, Tokori, Salia Musala and Kor Kaya (newly added) with approximately 14 000 travellers screened in the last week.

Safe and Dignified Burials (SDB)

- ➔ As of 31 March, more than 3 700 SDB alerts have been received, of which nearly 80% were responded to successfully by Red Cross and Civil Protection SDB teams, including alerts and successful burials by community emergency harm reduction burial (CEHRBU) teams in inaccessible areas of Kalunguta, Katwa and Komanda.

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.
- ➔ As of 31 March, 93 686 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 taking place in hotspots of Butembo, Katwa and Vuhovi health zones have led to the establishment of Ebola community committees in four health areas in Katwa, six health areas in Butembo, and six health areas in Vuhovi.
- ➔ House to house visits and discussions in public forums, including in market places, schools and churches to raise awareness on the evolving Ebola outbreak and clarify related community concerns are ongoing in Beni, Bunia, Butembo, Katwa, Mabalako, Oicha, Lubero, and Goma.
- ➔ A strategic meeting with key operational partners, including NGOs was held in Goma on 25-26 March with a clear objective for stronger collaboration and alignment of work at the health area level to strengthening risk communication and community engagement, informed by social science evidence. These include addressing community needs beyond the immediate Ebola response interventions.
- ➔ Community related incidents are systematically being followed up to ensure that any misunderstanding leading to reluctance, refusal or resistance of the Ebola response is followed up and 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

Over the past three weeks, from 11 to 31 March 2019, there has been a steady increase in the number of new confirmed cases in this EVD outbreak in the Democratic Republic of the Congo. Katwa continues as the main hotspot of the outbreak, however, Vuhovi health zone is also seeing an intensification in transmission. Although this past week saw the highest number of cases reported since the onset of the outbreak, it is important to also recognise that the outreach and engagement initiatives with the affected communities are slowly beginning to bring about some positive results, along with effective implementation of proven and innovative public health measures. Determined action is needed over the next six months, and although donors have been generous, there are still funding gaps, which need to be filled to ensure that this outbreak is brought to a swift conclusion.