

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

External Situation Report 20



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Date of issue: 18 December 2018

Data as reported by: 16 December 2018

#### 1. Situation update



The Ministry of Health (MoH), WHO and partners continue to respond to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo, despite a multitude of challenges. By using proven public health measures as well as novel tools at hand, WHO remains confident the outbreak can be contained and brought to an end. During the reporting period (data from 11 to 16 December 2018), 39 new confirmed cases were reported from Komanda (9), Katwa (9), Mabalako (6), Beni (3), Kalunguta (3), Butembo (4), Kyondo (2), Oicha (1), Musienene (1) and Biéna (1) – a newly affected area north-west of Butembo. Epidemiological links have been established between the recent cases in central Mabakalo and Biéna Health Zone. Meanwhile, the recent case in Musienene comes 32 days after the last reported case. These events highlighting the high risk of both spread and reintroduction of the virus to previously affected areas, and the need to maintain vigilance in surveillance and all aspects of the response across North Kivu and Ituri, surrounding provinces and neighbouring countries.

As of 16 December 2018, a total of 539 EVD cases, including 491 confirmed and 48 probable cases (Table 1), have been reported from 15 health zones in the two neighbouring provinces of North Kivu and Ituri (Figure 1). Trends in case incidence (Figure 2) reflect the continuation of the outbreak across these geographically dispersed areas. A general decrease in the intensity of transmission in Beni has been observed in recent weeks. However, the outbreak is intensifying in Butembo and Katwa, and new clusters are emerging elsewhere. Over the last 21 days (25 November to 16 December 2018), 120 confirmed and probable cases were reported from 14 health zones, the majority of which were reported from the major urban centres and towns in Katwa (27), Beni (27), Butembo (17), Komanda (16) and Mabalako (12).

Seventeen additional deaths occurred during the reporting period. Overall, 315 cases have died (case fatality rate 58%), including 267 among confirmed cases. As of 16 December 2018, 184 cases have recovered and been discharged from Ebola Treatment Centres (ETCs).

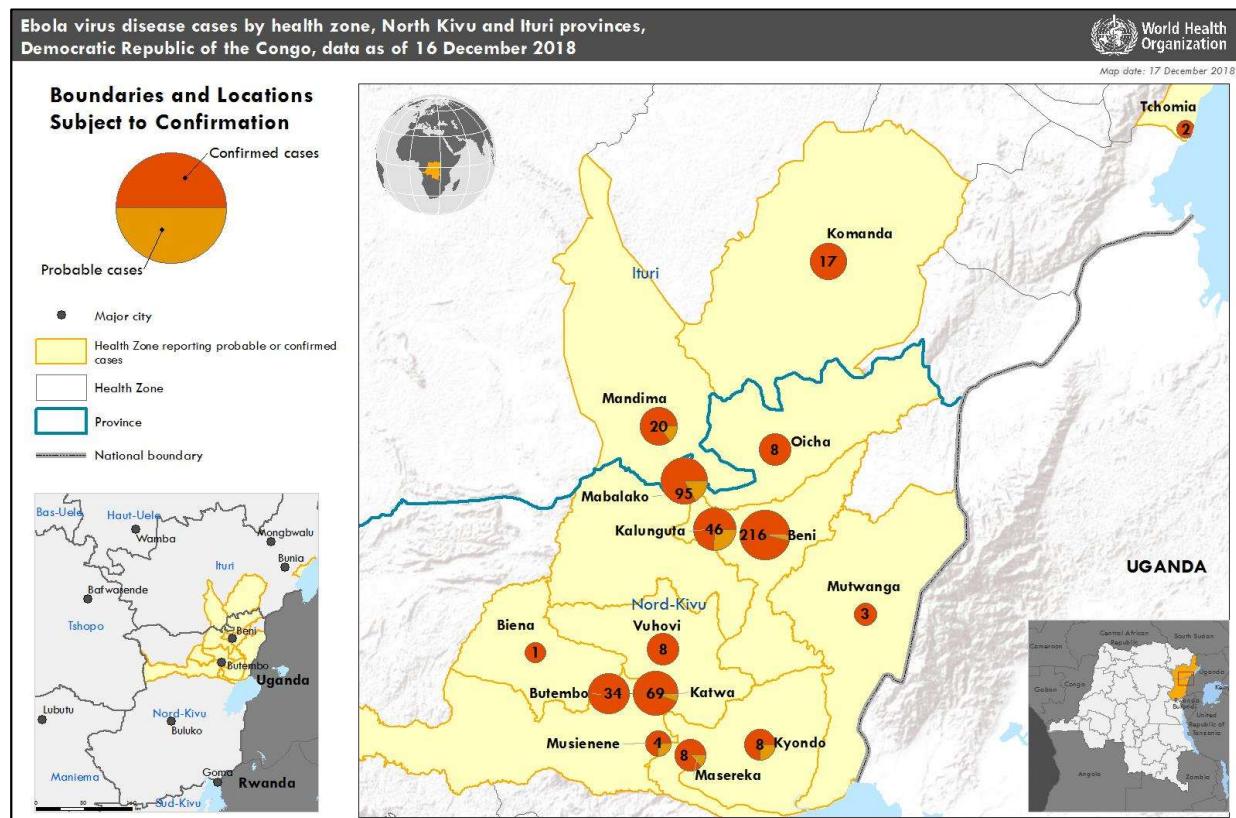
Three healthcare workers are among the new confirmed cases (one from Mabalako, one from Kalunguta and one from Musienene), bringing the total number of health workers affected to 53 (51 confirmed and two probable) with 18 deaths.

The 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. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in South Sudan and Uganda. To date, EVD has been ruled out in all alerts outside of the abovementioned outbreak affected areas.

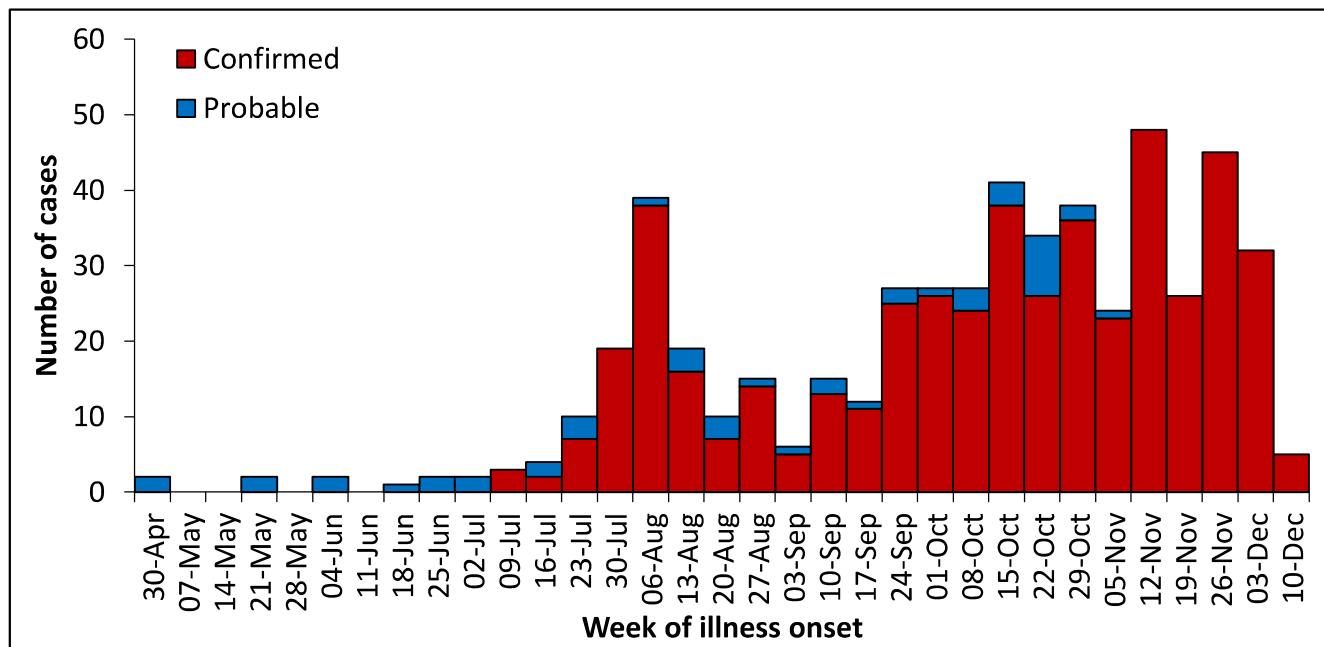
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 16 December 2018**

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	207	9	216	113	122
	Biena	1	0	1	0	0
	Butembo	34	0	34	16	16
	Kalunguta	34	12	46	17	29
	Katwa	65	4	69	42	46
	Kyondo	6	2	8	3	5
	Mabalako	79	16	95	46	62
	Masereka	7	1	8	2	3
	Musienene	3	1	4	2	3
	Mutwanga	3	0	3	2	2
	Oicha	8	0	8	2	2
	Vuhovi	8	0	8	3	3
Ituri	Komanda	17	0	17	7	7
	Mandima	17	3	20	10	13
	Tchomia	2	0	2	2	2
<b>Total</b>		<b>491</b>	<b>48</b>	<b>539</b>	<b>267</b>	<b>315</b>

**Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 16 December 2018 (n = 539)**



**Figure 2. Confirmed and probable Ebola virus disease cases by week of illness onset, as of 16 December 2018 (n= 537)\***



\* Date of illness onset currently unknown for n=2 cases. 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.

## Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. The provinces are affected by intense insecurity and a worsening humanitarian context, 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 concurrently responding to multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongala, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox 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: transportation links between the affected areas, the rest of the country, and neighbouring countries; internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. Additionally, the security situation in North Kivu and Ituri continues to 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 nationally and regionally from high to very high. The risk globally remains low. 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 context, including the volatile security situation, sporadic incidents of community reluctance, refusal or resistance, continued reporting of confirmed cases, and the risk of spread to neighbouring countries, an International Health Regulations (IHR) Emergency Committee (EC) on the EVD outbreak in North Kivu, Democratic Republic of the Congo, was convened on 17 October 2018. The EC advised that the EVD outbreak does not constitute a public health emergency of international concern. The EC did, however, express their deep concern emphasising the need to intensify response activities and strengthen vigilance whilst noting the challenging security situation and providing a series of public health recommendations to further strengthen the response. The EC commended the Government of the Democratic Republic of the Congo, WHO, and all response partners for the progress made under difficult circumstances.

## Strategic approach to the prevention, detection and control of EVD

WHO recommends implementation of strategies for the prevention and control EVD outbreaks. These include (i) strengthening multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, confirmation of cases by laboratory testing, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (vi) 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, (ix) adapting strategies to the context of insecurity and high community resistances.

## 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. After detecting an outbreak of malaria in Beni, MoH and partners ran a malaria prevention campaign which reached 400 000 people with anti-malarial drugs and insecticide-treated mosquito nets for their households. The impact will be fewer lives lost to malaria, and the campaign will curtail transmission of malaria among Ebola-affected populations and health centres. Having fewer people present with malaria will lessen the workload on already stretched Ebola Treatment Centres (ETCs). Teams in the surrounding north-eastern provinces are taking action 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.
- ⇒ Contact tracing activities continue in 15 health zones, with over 30 000 contacts registered to date. As of 16 December 2018, 6 430 contacts remained under surveillance. The daily follow-up rate among listed contacts by health zones ranged from 90-93% over the reporting period (data from 11 to 16 December 2018). Surveillance teams continue to enhance the processes of identifying case contacts and resolving potential gaps.
- ⇒ Despite a recent decline in the number of alerts reported from outbreak-affected areas, the number of suspected cases has remained consistent. Over the reporting period, on average of 149 alerts were received each day, of which 81 per day were validated as suspected cases for further investigation and testing. Field teams are reviewing and reinforcing active case finding activities to ensure surveillance is maintained across areas, and new cases are detected as quickly as possible.
- ⇒ Since the beginning of the response, 7 238 samples have been laboratory-tested (including repeat samples).

## Case management

- ⇒ On 24 November 2018, MoH announced the launch of a randomized control trial for Ebola therapeutics. This first-ever multi-drug randomized control trial within an outbreak setting, is an important step towards finding an effective evidence-based treatment for Ebola. The trial is coordinated by WHO and led and sponsored by the Democratic Republic of the Congo's National Institute for Biomedical Research (INRB) which is the principal investigator. The trial has begun in the ALIMA Ebola treatment center (ETC) in Beni, where patients are enrolled in the study after obtaining voluntary informed consent.
- ⇒ Other ETCs continue to provide therapeutics under the MEURI (compassionate use) protocol, in collaboration with the MoH and the 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. UNICEF is providing nutritional treatment and psychological support for all hospitalized patients.
- ⇒ As of 15 December 2018, a total of 140 patients were hospitalised in transit centres and ETCs, of whom 29 were laboratory confirmed.

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

- ⇒ The United Nations Children's Fund (UNICEF) supports hygiene and sanitation in more than 400 facilities in all affected areas, including IPC training.
- ⇒ IPC activities are ongoing which include but are not limited to: prioritization of healthcare facilities, facility assessments and scoring, and implementation of performance based funding in Beni, Butembo and Katwa.

- ⇒ The IPC teams in Goma continue with decontamination of households of confirmed cases and health facilities, distribution of IPC kits and personal protective equipment to health facilities, briefing health workers and follow-up assessments of handwashing points. In the reporting period, 77 traditional healers were briefed on IPC.

## Points of Entry (PoE)

- ⇒ As of 16 December 2018, 68 of the 72 PoEs and points of sanitary control (PoCs) were functional and reporting information. A total of 21 233 625 travellers have been screened. An alert received from the PoC Public Port/Goma was investigated and validated as a suspected EVD case, but laboratory results were negative for Ebola.
- ⇒ Screening activity has been strengthened around Komanda and Oicha, given the increased number of EVD confirmed cases in the areas. However, these activities may be hampered by the non-payment of screeners.
- ⇒ Spot checks at Goma airport confirmed that exit screening of departing passengers is implemented. Entry screening of incoming internal flights from the Ebola affected areas is also in place.

## Safe and Dignified Burials (SDB)

- ⇒ As of 17 December, a total of 904 SDB alerts have been received of which 780 were responded to successfully (86%) by Red Cross and Civil Protection SDB teams.
- ⇒ Between 10 and 17 of December, a total of 87 SDB alerts were received (16% less than the last reporting period), of which 50 came from Beni Health Zone followed by Mabalako (17), Butembo area (13), Komanda (2), Mandima (2), Oicha (2) and (1) in a prison in Lubero territory.
- ⇒ First burial conducted by CEHRBU team in Kayihunga was performed on 13 December 2018. The CHERBU team reported that the burial was successfully completed.
- ⇒ To date, 36 SDB Red Cross and Civil Protection teams are operational in Beni (12); Butembo (6), Katwa (4), Lubero (4); Mabalako (4); Bunia (1); Tchomia (3) ; Komanda (1) and Oicha (1). In addition, three teams trained in the Community-Based approach for safer burials are operational in Kalunguta Health Zone and four additional teams will be trained in Masereka (1) Lubero (1) and Katwa (2), which will help reduce the risk of EVD spread in hard-to-reach areas. Additional community teams are being trained in Kyondo Musienene, Kipese, Lubero, Kitshumbiro, Alimbongo.
- ⇒ Four SBDs teams are on stand-by in Goma (3) and Mambasa (1).

## Implementation of ring vaccination protocol

- ⇒ On 15 December 2018, 90 contacts were vaccinated, along with 254 contacts of contacts and 334 first line workers.
- ⇒ From 11 to 16 December 2018, 3 118 new people were vaccinated, including 1 354 first line health workers. The cumulative number of people vaccinated on 15 December 2018 was 48 119.

## Risk communication, social mobilization and community engagement

- ⇒ UNICEF continues the following activities: community awareness and mobilization sessions, with educational talks; youth awareness through a football tournament; daily door-to-door outreach activities in households of affected areas; and awareness activities through the involvement of community leaders and local media.
- ⇒ There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- ⇒ Risk communication, community engagement, and social mobilization is being strengthened in Butembo and Katwa through community dialogues with groups of women, community leaders, religious leaders, youth groups and marginalized groups to address community concerns and permit response teams to work more closely with communities. Feedback and suggestions from the community are regularly considered to improve these key activities.
- ⇒ UNICEF and partners are supporting community leadership and ownership of the Ebola response activities by working with local civil society organizations, women at all levels of the community structure and youth groups through community engagement and peace building activities. Community feedback and anthropological insights are regularly evaluated to support the adaptation of the response strategy. WHO continues to play a supporting role.

## 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.
- ⇒ WHO has deployed total 285 experts in various disciplines to support the EVD outbreak response in the Democratic Republic of the Congo.
- ⇒ 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)**: risk communication, social mobilization and community engagement, WASH, child protection and psycho-social support, supplies and logistics.
  - **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 IPC and social mobilization activities; laboratory services; Central Coordination in Kinshasa; and support with laboratory diagnostic equipment.
- **US Centers for Disease Control (CDC):** working closely in DRC with US Agency for International Development, Ministry of Health, WHO, and other partners to provide expertise in and support for case finding and investigations, laboratory diagnostics, contact tracing, immunization, case management, infection prevention and control, border screening, risk communication, community engagement, and emergency response management. CDC is also supporting countries bordering the outbreak region (Rwanda, Uganda, and South Sudan) in their efforts to prepare for possible introduction of Ebola cases from DRC.
- **UK Department for International Development (DFID):** Supporting surveillance, 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 IPC, risk communication, and community engagement.
- **Association des femmes pour la nutrition à assise communautaire (AFNAC):** Supporting 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, IPC, risk communication, and community engagement in the Democratic Republic of the Congo; 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 03-09 December 2018 have been provided by the following partners:

- Following the recommendations of the coordination committee in Goma, IOM, jointly with the National Program of Hygiene at Borders (PNHF), is adjusting the structures of the 11 PoEs.
- IOM completed training of screeners in Lubero, Kanyabayonga and Butembo. Construction of three PoEs in Butembo is ongoing.
- In response to the surge in cases in Komanda, IOM conducted a mission to assess the situation and identify needs for new PoEs. In coordination with PNHF and WHO, IOM will support five additional PoEs in Komanda.
- In Ituri, construction of Luna Point of Sanitary Control (PoC) in Komanda was completed and will be operational later this week after the purchase of equipment and supplies. Ten prestataires were trained to operate the Luna PoC. A POE is planned in Tchabi on the axis between Eringite and Geri, however was put on hold due to insecurity. Rehabilitation of Foner Komanda, Pont Ituri and Ngome Nyama PoCs, which were damaged as a result of the weather, has begun.
- IOM technical teams based out of Yei, South Sudan and Koboko, Uganda, have set up seven screening sites in South Sudan: Yei Airport, Yei South Sudan Relief and Rehabilitation Commission (SSRRC), Tokori, Kaya, Okaba, Pure, and Korijo. Screening at PoEs in Pure and Korijo started this reporting period, following training for the screening teams that took place during the previous reporting period.
- Interviews with 717 travellers showed that 37% entered to South Sudan (27% from Uganda to South Sudan, 10% from DRC to South Sudan); 20% exited from South Sudan (5% from South Sudan to Uganda, 15% from South Sudan to DRC); and internal movement within South Sudan accounted for 43% of the individuals.
- IOM continues to support the PNHF through PoE surveillance in 54 priority PoE/PoCs out of the 67 operational in DRC.
- IOM continues to operate seven PoE screening sites in South Sudan on the DRC and Uganda border (Yei Airport, Yei SSRCC Office, Tokori, Kaya, Khorijo, Pure and OKaba), with zero alerts to date.

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](mailto: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.
- ⇒ Preparedness activities continue in neighbouring countries. South Sudan is set to join Uganda in vaccinating most at-risk health care and frontline workers.

## 3. Conclusion

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo is occurring in an unforgiving context. Inadequate engagement from communities and conflict continue to hamper response activities in some affected areas, and mobility of populations has resulted in clusters in new areas, and reintroduction events in areas where the outbreak had previously been controlled. The continued decline in case incidence in Beni is a promising sign that proven control measures, alongside newer tools, are working. The immediate challenge now will be to apply these strategies at a larger scale in emerging hotspots (Butembo, Katwa, Komanda and Mabalako) and elsewhere, while considering that each area brings a unique epidemiology, context and different challenges. Together with the Ministry of Health (MoH) and our partners, WHO is further

scaling up our response to the developing situation. WHO especially emphasizes the need to continuously improve quality, judiciously deploy new tools at our disposal, and sustain international commitment to response efforts well into 2019. Nonetheless, we remain confident the outbreak can be brought to a conclusion.