

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 39

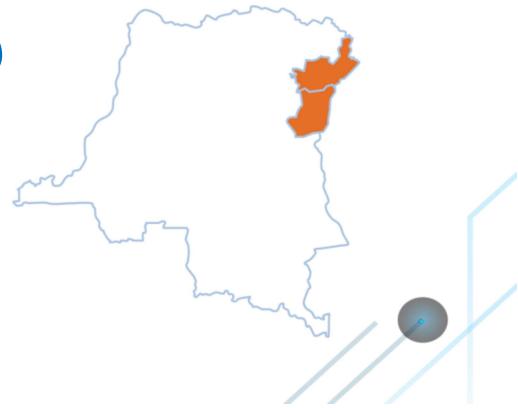


World Health  
Organization

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Democratic Republic of the Congo

## External Situation Report 39



Date of issue: 30 April 2019

Data as reported by: 28 April 2019

### 1. Situation update

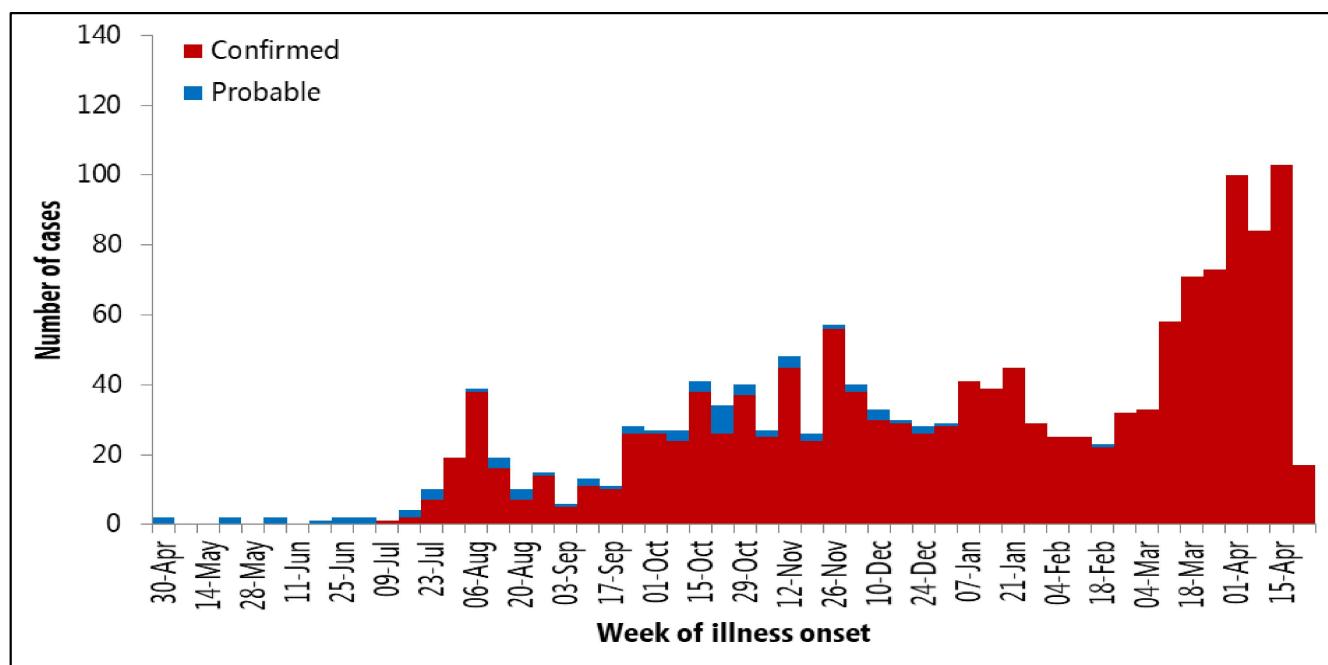
Cases	Deaths
1466	957

This past week saw a continued increase in the number of new Ebola virus disease (EVD) cases reported in the North Kivu and Ituri provinces of the Democratic Republic of the Congo, with a total of 126 new confirmed cases reported. Most of these cases originated primarily from several geographically-limited, hotspot areas within Katwa, Mandima, Butembo, Mabalako and Musienene health zones. During the last 21 days (8-28 April 2019), a total of 297 confirmed cases were reported from: Katwa (141), Butembo (33), Mandima (33), Vuhovi (23), Mabalako (19), Beni (14), Musienene (14), Kalunguta (10), Masereka (5), Biéna (1), Kyondo (1), Mutwanga (1), Oicha (1), and Komanda (1). During this period, 70 health areas in 14 health zones reported new cases; 45% of the 156 health areas affected to date (Table 1 and Figure 2).

As of 28 April 2019, a total of 1466 EVD cases, including 1400 confirmed and 66 probable cases, were reported. A total of 957 deaths were reported (overall case fatality ratio 65%), including 891 deaths among confirmed cases. Of the 1466 confirmed and probable cases with known age and sex, 56% (815) were female, and 28% (416) were children aged less than 18 years. The number of healthcare workers affected has risen to 92, including 33 deaths.

Risk Communication and Community Engagement (RCCE) teams on the ground have been working closely with Infection Prevention and Control (IPC) teams this week in support of the Safe Injection Campaign, an initiative aimed at encouraging the safer use of needles and injections in homes as a means of reducing EVD transmission risks. The campaign will commence on 5 May 2019, alongside activities for the World Hand Hygiene Day. As part of the continued efforts to empower communities to be more actively engaged in the EVD response, requests received from the numerous dialogues with local residents are being reviewed to aid the transfer of the response ownership back to the community. Further plans are currently being drafted on who will deliver these feedback to the communities in a timely manner. Lastly, RCCE teams are also working closely with other WHO partners to bring about a new mass communications campaign to comprehensively promote key messages to the affected communities from all outbreak response pillars.

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 28 April 2019**

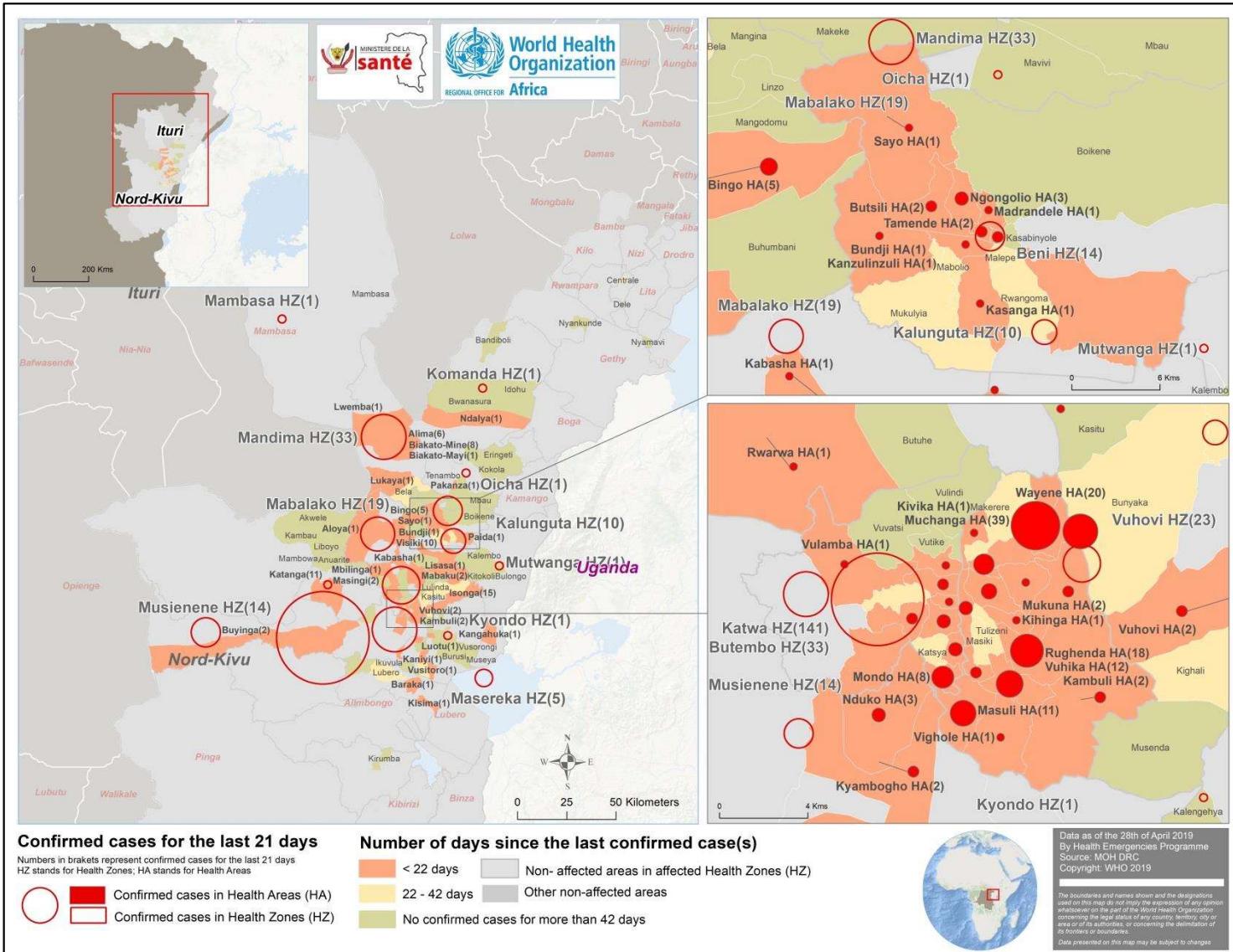


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 28 April 2019**

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 in the last 21 days
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
North Kivu	Beni	10/18	260	9	269	138	147	14
	Biena	1/14	7	0	7	7	7	1
	Butembo	9/15	143	0	143	152	152	33
	Kalunguta	7/18	59	13	72	28	41	10
	Katwa	15/18	485	11	496	329	340	141
	Kayna	0/18	7	0	7	3	3	0
	Kyondo	1/22	17	2	19	12	14	1
	Lubero	0/18	4	0	4	1	1	0
	Mabalako	5/12	110	16	126	65	81	19
	Manguredjipa	0/9	5	0	5	4	4	0
	Masereka	4/16	33	1	34	12	13	5
	Musienene	5/20	20	1	21	10	11	14
	Mutwanga	1/19	5	0	5	3	3	1
	Oicha	1/25	40	0	40	20	20	1
	Vuhovi	3/12	78	0	78	28	28	23
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	1/15	28	9	37	10	19	1
	Mandima	7/15	94	4	98	64	68	33
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	1	0	1	1	1	0
	Tchomia	0/12	2	0	2	2	2	0
<b>Total</b>		<b>70/339 (21%)</b>	<b>1400</b>	<b>66</b>	<b>1466</b>	<b>891</b>	<b>957</b>	<b>297</b>

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, 28 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 Ministry of Health (MoH) and other national authorities, WHO, and partners are implementing several outbreak control interventions in North Kivu and Ituri provinces, Democratic Republic of the Congo, 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

- ⇒ Over 81 900 contacts have been registered to date and 12 506 are currently under surveillance as of 28 April 2019. Follow-up rates remained very high (>80% overall) in health zones with continued operations.
- ⇒ An average of 883 alerts were received per day over the past seven days, of which an average of 820 (93%) were investigated within 24 hours of reporting.
- ⇒ 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 GeneXpert 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.
- ⇒ The Katwa ETC is still operating at more than 80% of capacity following the recent spate of insecurity.

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

- ⇒ IPC and risk communication/community engagement teams, in conjunction with partners, are finalizing plans and materials for campaigns in communities and health facilities focusing on injection safety and hand hygiene in Butembo and Katwa to align with WHO Global Hand Hygiene Day on 5 May 2019.
- ⇒ Healthcare worker infections and nosocomial transmission continue to drive transmission in health facilities. IPC teams are following up at health facilities associated with these infections to identify causes of transmission and provide supportive supervision to health facility staff.

## Points of Entry (PoE)

- ➔ From 15 to 28 April 2019, 1 811 533 screenings were performed, giving a total 53 858 449 cumulative screenings. A cumulative total of 824 alerts were notified, of which 334 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, 13 PoEs/PoCs notified a total of 54 alerts, of which 14 were validated as suspect cases following investigation.
- ➔ This week, WHO continued to support the formative supervision of the Petite Barrière PoE and the international airport in Goma on the proper usage of the thermographic camera and its maintenance. A joint training was also conducted by IOM and PNHF for the PoE/Cs team leaders in Bunia on case detection and alert management.
- ➔ PNHF, WHO and IOM carried out a joint supervision mission in Kiwanja to strengthen screening activities. It was noted that some of these remote PoCs need trained investigators onsite to reduce the amount of time travellers need to wait, to know whether they need to be referred for EVD testing, or if they can proceed with their travel. Kiwanja PoC reported 11 alerts this week.
- ➔ The revised PoE data collection tools were validated and approved by the MOH. Rollout planned to start from 1 May 2019.
- ➔ Operational support provided to PoE Bunagana and Kitagoma on the border with Uganda, including construction of flow management corridors and briefing of service providers on SOP.
- ➔ The Mukulya PoC in Beni, which was damaged by strong winds/rains, has been rehabilitated.
- ➔ IOM's activities in Beni were reduced due to security reasons.

## Burundi

- ➔ IOM Burundi trained 11 enumerators to be deployed to 3 PoEs at the borders between Burundi and Democratic Republic of the Congo to collect flow monitoring information that includes where the travelers are coming from and going to. IOM also collected GIS coordinates of these PoEs as well as 22 sites of congregation near the PoEs, such as markets, schools, hospitals, health centres, parking lots, pubs, cinema halls and cemeteries.
- ➔ IOM met with the government authorities at the central level to discuss about procurement of additional equipment for selected PoEs, mainly in EVD priority one provinces of Cibitoke, Bubanza and Bujumbura Rural, as well as PoEs in priority 2 province of Rumonge. This will be followed by a needs assessment of PoEs in these provinces to determine the type of equipment and material needed.

## South Sudan

- ➔ IOM screened 17 004 inbound travellers to South Sudan for EVD exposure and symptoms, with no alerts, in 13 PoE sites: Yei airstrip, Yei SSRRCC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia Uganda Border) in Morobo County, Pure, Kerwa, Khorijo in Kajo keji and Birigo in Lainya County.
- ➔ The latest sitrep for IOM South Sudan (15-21 April 2019) can be found at: <https://reliefweb.int/report/south-sudan/ebola-virus-disease-evd-preparedness-update-15-15-21-april-2019>

## **Uganda**

- ➔ IOM has completed training of 18 enumerators to be deployed at seven PoEs in four districts bordering the Democratic Republic of the Congo, who will manage the flow monitoring points at the PoEs and support data compilation, analysis and circulation of the reports in collaboration with the District Health Teams and the border authorities.
- ➔ The Uganda MoH, IOM, WHO and other partners worked together to finalize the Uganda EVD contingency plan.
- ➔ IOM continued to offer technical support through the week in key technical thematic areas of preparedness, including surveillance, PoEs as well as IPC and case management.

## **Safe and Dignified Burials (SDB)**

- ➔ As of 29 April 2019, there have been a total of 4 920 SDB alerts, of which 3 920 were responded to successfully (80%) by Red Cross and Civil Protection SDB teams and CEHRBU teams.
- ➔ Between 22 and 28 April 2019, there were 276 SDB alerts, 5% more than the average over the previous three weeks. Of these, 233 (85%) were responded to successfully, compared to 79% over the previous three weeks.
- ➔ 46 alerts (18%) came from Katwa Health Zone and 42 alerts came from Beni, followed by Butembo (31), Komanda (30), Bunia (24) and Oicha (19).

## **Implementation of ring vaccination protocol**

- ➔ As of 27 April 2019, 106 872 contacts and contacts of contacts have been vaccinated. Of those, 26 613 were contacts and 74 367 contacts of contacts. The vaccinated people at risk included 29 688 HCWs/FLWs and 26 361 children 1-6 years old. Detailed micro-plans are also in use to monitor the progress and number of cases with and without rings.
- ➔ Between 2-4 April 2019, Strategic Advisory Group of Experts (SAGE) convened a meeting to review epidemiological data from North Kivu for children below one year of age and for lactating women. Although clinical data on the safety and efficacy of the rVSV-ZEBOV-GP Ebola vaccine for these two specific groups are absent, SAGE considers that the high attack rates and high case fatality ratios for these groups, together with the accumulating data on vaccine safety and efficacy for other groups, justify inclusion of children who are above the age of 6 months and of lactating women in the ongoing ring vaccination efforts in North Kivu. SAGE strongly urged the implementation of studies to evaluate additional Ebola candidate vaccines, including where possible in pregnant and lactating women and in infants. (Please see [here](#) for a summary of the SAGE meeting highlights)
- ➔ On 12 April 2019, INRB and WHO published a preliminary analysis of the efficacy of RSVV-ZEBOV-GP emerging from the DRC outbreak data (Please see [here](#) for preliminary analysis). The data suggest high efficacy of this candidate vaccine and of the ring vaccination in this outbreak.
- ➔ There are currently 23 vaccination teams comprised of 276 Congolese vaccinators with basic GCP training, 50 Congolese with formal GCP training, and 43 experienced Guinean/African GCP researchers.

- ➔ There is continuation of ring vaccination in Beni, Katwa, Butembo, Mandima, Bunia, Vuhovi, and Lubero health zones around confirmed cases, as well as front-line providers in Goma.
- ➔ Current vaccination strategies being employed on the ground include site by site vaccination, simultaneous vaccination of contacts and their contacts in the community, healthcare worker vaccination, and targeted geographic vaccination of areas where contacts of contacts cannot be clearly identified due to insecurity.

## Risk communication, social mobilization and community engagement

- ➔ Community engagement actives such as support in contact tracing, transfers to ETCs, vaccination, sensitization and community dialogues continue despite the security challenges. The team continues to follow up with concerns raised by community members during these exchanges to address these as quickly as possible.
- ➔ Community awareness and mobilization sessions are being strengthened, with sensitization of representatives of Vuaghala village on the risks associated with EVD and commitment to the management of community incidents in Vuhovi Health Zone. More than 1500 grassroots leaders have been provided with awareness of EVD prevention and response and community incident management at the Walse Vonkutu Chief Administrative Office inauguration ceremony. Chiefs in Beni were involved in a work session to solicit their support in response activities, while further community engagement activities took place in Beni and Komanda around cured patients and ETCs.

## 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 teams. 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 (Binza, Katoyi, Kibua, Itebero and Bambo) 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:

- ➔ Vaccination of frontline health workers is ongoing in high risk districts/states in three priority 1 countries (Uganda, South Sudan and Rwanda) neighbouring the Democratic Republic of the Congo.
- ➔ The WHO African Regional Office will be conducting a stakeholders' meeting in Kampala from 29 – 30 April 2019, with over 30 partners and 10 ministries of health, including Democratic Republic of the Congo. The objective of the meeting is to further engage partners for a better coordinated and comprehensive effort aiming to accelerate and achieve sustained EVD readiness.

## 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](mailto: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 increase in the number of new EVD cases in the Democratic Republic of the Congo remains deeply concerning. However, geographic spread is still limited to two provinces and there is no spread to neighbouring countries. Current efforts continue to emphasize the need to strengthen community engagement and ownership of the response activities, as this is an integral approach to curtailing the continued EVD transmissions in the community. With often difficult to access settings, disruptions by incidents of sporadic violence by armed militias, and limited healthcare resources, this EVD outbreak is taking place in one of the most challenging circumstances ever confronted by WHO, and thus calls for extraordinary response measures. At this time, WHO, partners, national, and local authorities, all remain resolutely committed to the ongoing response efforts taking place on the ground in the Democratic Republic of the Congo.