

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 48



World Health
Organization

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1. Situation update

Cases	Deaths
2338	1571

The outbreak of Ebola virus disease (EVD) in North Kivu and Ituri provinces, Democratic Republic of the Congo continues this past week, with a steady and sustained transmission intensity.

Indicators over the past few weeks demonstrated early signs of transmission easing in intensity in some major hotspots such as Butembo and Katwa. However, concerns remain over the current hotspots in the health zones of Beni, Mabalako, and Mandima; the concurrent increase in the number of new cases occurring in areas that previously had lower rates of transmission, such as the Komanda, Lubero, and Rwampara/Bunia health zones; and cases exported from hotspot areas into unaffected health zones. On 30 June 2019, a case who had travelled from Beni was confirmed in Ariwara Health Zone, more than 460 km north of Beni, towards the borders with Uganda and South Sudan.

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 10 - 30 June 2019, 67 health areas within 20 health zones reported new cases, representing 10% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 276 confirmed cases were reported, the majority of which were from the health zones of Mabalako, Beni and Mandima are the main active areas in the outbreak, with 32% (n=89), 24% (n=66) and 9% (n=22), respectively. As of 30 June 2019, a total of 2338 EVD cases, including 2244 confirmed and 94 probable cases, were reported. A total of 1571 deaths were reported (overall case fatality ratio 67%), including 1477 deaths among confirmed cases. Of the 2338 confirmed and probable cases with known age and sex, 56% (1316) were female, and 29% (681) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 130 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 30 June 2019

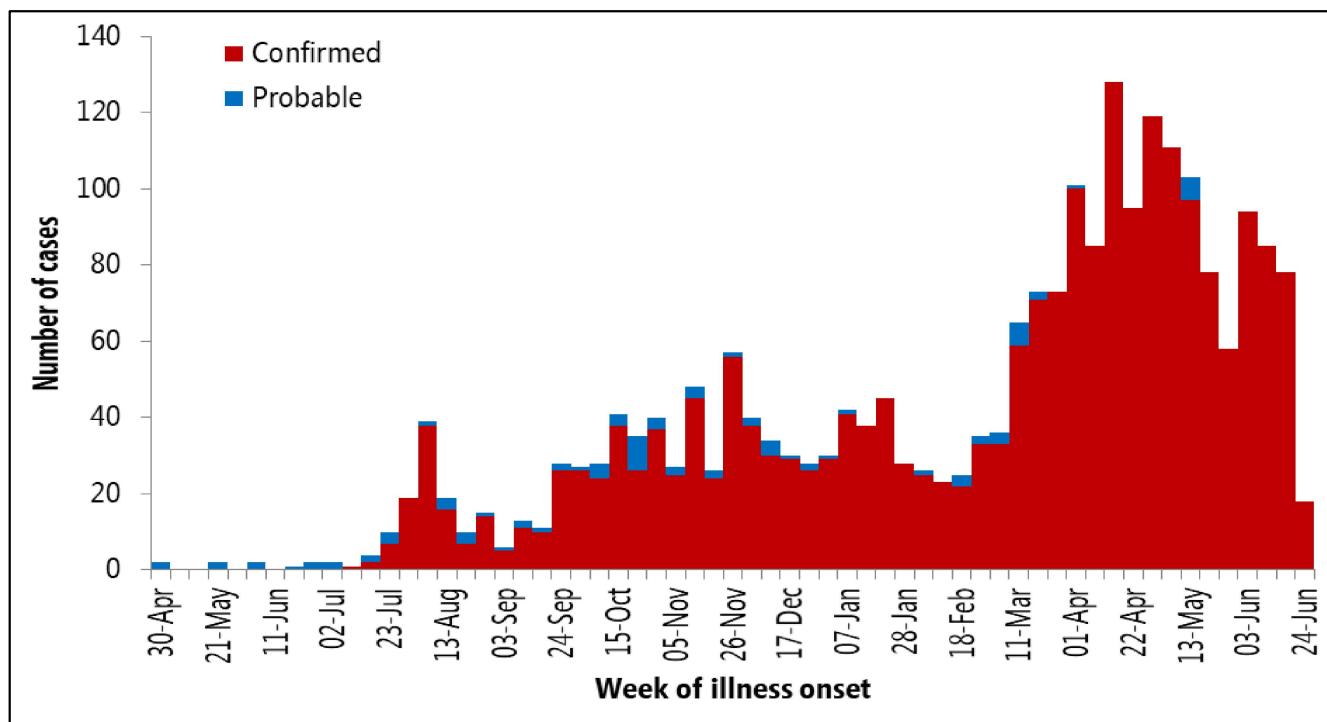
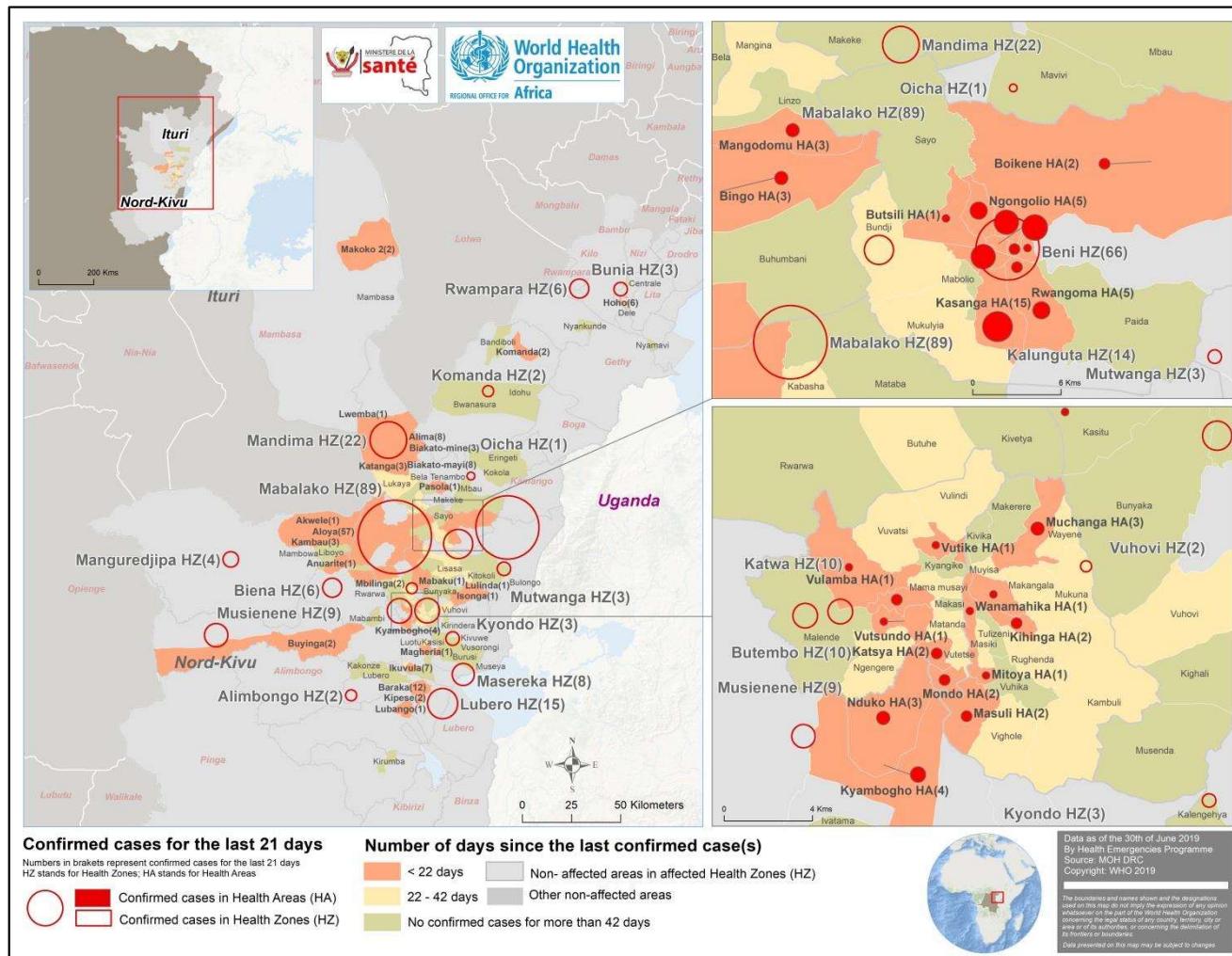


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 30 June 2019

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	Alimbongo	2/20	3	0	3	1	1	2
	Beni	12/18	384	9	393	237	246	66
	Biena	3/14	14	1	15	12	13	6
	Butembo	6/15	248	0	248	280	280	10
	Kalunguta	6/18	122	15	137	53	68	14
	Katwa	6/18	604	16	620	414	430	10
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	1/22	22	2	24	13	15	3
	Lubero	3/18	26	2	28	4	6	15
	Mabalako	7/12	325	16	341	229	245	89
	Manguredjipa	2/9	17	0	17	9	9	4
	Masereka	2/16	46	6	52	15	21	8
	Musienene	3/20	71	1	72	29	30	9
	Mutwanga	1/19	8	0	8	6	6	3
Ituri	Oicha	1/25	42	0	42	21	21	1
	Vuhovi	2/12	87	13	100	32	45	2
	Ariwara	1/21	1	0	1	0	0	1
	Bunia	3/20	4	0	4	3	3	3
	Komanda	1/15	30	9	39	12	21	2
	Mandima	4/15	171	4	175	96	100	22
	Nyakunde	0/12	1	0	1	1	1	0
Total		67/380 (17.6%)	2244	94	2338	1477	1571	276

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, 30 June 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 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

- ➔ Approximately 140 000 contacts have been registered to date and 18 512 are currently under surveillance as of 30 June 2019. Follow-up rates remained very high (89% overall) in health zones with continued operations.
- ➔ An average of 1586 alerts were received per day over the past seven days, of which 1427 (90%) 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 14 operational treatment and transit centres (TC).
- ➔ 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 Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa and Mangina.
- ➔ The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs are also receive optimized supportive care.
- ➔ The Mangina ETC/TC has expanded its bed capacity to 90 in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA

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

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed, and provision of supplies.

Points of Entry (PoE)

- ➔ By the end of week 26 (week ending 30 June 2019), over 70 million screenings were performed, including 1 937 518 screenings during this last week. This week, a total of 76 alerts were notified, of which 25 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1423, with 547 validated as suspect cases, and 20 subsequently confirmed with EVD following laboratory testing. An average of 91% PoEs and PoCs reported screenings daily this week.
- ➔ WHO continues to provide technical advice to the PoE Commission in evaluating the implementation of the PoE response thus far, and revise its strategy and plan for the next six months. More emphasis will be given to PoEs and strategic PoCs to perform traveller screening around the clock, as well as increase alert investigation and management capacities at the level of PoEs and PoCs. The Commission will also endeavour to strengthen local community engagement at PoEs and PoCs to facilitate the reporting of ill travellers who take alternative routes to avoid screening.
- ➔ In Mambasa, with WHO's technical support, IOM trained a total of 30 front line workers (14 existing workers and 16 new workers).
- ➔ The physical upgrade of PoE/PoCs in the Kasindi area near Uganda continued this week; four PoE/PoCs were upgraded in line with recommended MOH design, including: Foner Kasindi, Kasindi Frontiere, Kabarole and Nzambe Malamu. IOM also donated an ambulance to the MoH to support screening and referrals at the Kasindi PoE.
- ➔ IOM, WHO and the Communication Commission conducted various risk awareness and sensitization events in Rutshuru Territory. These events targeted the police, frontline workers and travellers at the PoE/PoCs.

South Sudan

- ➔ At 14 PoE sites, IOM screened 23 169 inbound travellers to South Sudan for EVD exposure and symptoms with no alert cases; 34 travellers with fever underwent secondary screening and were subsequently referred and treated for malaria or pneumonia. In Yei, there has been a slight increase in the total number of people screened in all the PoEs, mostly from Uganda. The active IOM-supported POE sites are Lasu, Yei Airport, Yei SSRCC, Tokori, Kaya, Bazi, Salia Musala, Okaba and Kor Kaya (along Busia, Uganda border) in Morobo County, and Pure, Kerwa, Khorijo, Bori in Kajokeji and Birigo in Lainya County.
- ➔ Access was finally granted to Lujulu, and the IOM team negotiated with local authorities and made its first assessment on the ground in Isebi on 28 June. Plans to establish two new POEs are underway. IOM is also currently conducting a monitoring and supervision visit to 10 sites across Morobo and Kajokeji (border between South Sudan and Democratic Republic of the Congo/South Sudan and Uganda) as well as conducting functionality assessments of the POEs.
- ➔ The latest sitrep for IOM South Sudan (17-23 June) can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-25-17-%E2%80%93-23-june-2019>.

Uganda

- ➔ IOM Uganda in coordination with IOM Democratic Republic of the Congo supported a cross-border meeting between the Democratic Republic of the Congo and Uganda in the district of Kanungu on 26 June to review current strategies, responses and planning. The district-level meetings are a means to strengthen prevention of EVD spread across the border and collaboration including information sharing. There were six participants from the Democratic Republic of the Congo and 40 from Uganda, including MoH staff, Security, Immigration, Customs and other partners including UN agencies and national NGOs. The Democratic Republic of the Congo delegation was facilitated by IOM Democratic Republic of the Congo.
- ➔ IOM has continued to support the central MoH and District Health Team to conduct monitoring and mentorship visits at the points of entry in order to establish the effectiveness of border surveillance, identify gaps and technically support border personnel including screeners in strengthening surveillance. A total of nine PoEs were supported with monitoring visits, including six in Ntoroko and three PoEs in Hoima and Kikuube, a refugee hosting district, were supported with the monitoring visits. For the mentorship visits, 18 PoEs were supported, including seven in Kasese, two in Bundibugyo, six in Ntoroko and three in Hoima/Kikuube.

Safe and Dignified Burials (SDB)

- ➔ As of 30 June 2019, there have been a total of 7681 SDB alerts, of which 6171 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During week 26, there were 294 SDB alerts received through the IFRC SDB alerts database. Of these, 175 (82%) were responded to successfully. During this period, Beni Health Zone accounted for 13% of alerts (of which 89% were successful), followed by 18% in Oicha (90% success) 11% in Butembo (95% success), and Kayna (100% success).

Implementation of ring vaccination protocol

- ➔ As of 29 June 2019, 146 319 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 37 373 are contacts and 67 756 contacts-of-contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ➔ Six new rings were opened around 10 confirmed cases on 24 June 2019 and a further seven opened around 12 confirmed cases on 25 June 2019.
- ➔ Despite the challenges in the field and considering the cases reported between 30 April 2019 and 20 May 2019, only 31/337 (9.2%) of the cases do not have a ring defined and their contacts and contacts-of-contacts vaccinated. For 113/337 (33.5%) of the cases the ring vaccination was completed and for 193/337 (57.2%) ring vaccination was ongoing at the time of writing this report. This important progress is the result of the use of innovative delivery strategies (i.e. pop-up vaccination and targeted geographic vaccination) and strong community negotiations and engagement.

Risk communication, social mobilization and community engagement

- ➔ Mass communication on the Ebola outbreak situation and the response activities are being aired on over 100 radio stations, particularly in outbreak hotspots to update the public on the situation in their localities and to urge their collaboration in stopping the outbreak. Discussions on Ebola are also regularly organized to address community concerns and clarify misinformation that may be spreading through various social media or other platforms.

- ➔ Community Ebola committees have been actively engaged in the Ebola response in 20 localities in Butembo, Katwa and Vuhovi. These areas were previously difficult to reach due to security and other challenges.
- ➔ To expand community ownership of the Ebola response to other Ebola-affected and non-affected areas in and around North Kivu and Ituri, a Community Animation Committee (CAC), which is a community participation platform for health, is being established in 1600 areas over the next weeks.
- ➔ Social scientists are working with local communities in Mangina and other areas to better understand the local practices that can influence a community's health.
- ➔ Media coverage was provided on the occasion of the vaccination of Mbusa Nyamwisi, the political leader of the Nande community in Butembo; in Goma the Rutshuru area health management teams and nurses were briefed on risk communication and community engagement; in Katwa, the youth of the Mukondi cell sent public thanks to the response teams and the entire community at a mass organized to celebrate the last three months with no new confirmed cases in the Muchanga health area; a dialogue with leaders of the Kasalala and Baraka health areas to reinforce their involvement in community engagement and resistance in the Lubero Health Zone; a popular forum was held in Biasa market for the Vulindi health area population, with the participation of resistance groups, to address concerns and strengthen messages about the seriousness of EVD.

Preparedness and Operations Readiness

Operational readiness in North Kivu and Ituri Provinces in the Democratic Republic of the Congo:

- ➔ Currently a risk analysis of the non-affected provinces bordering north Kivu is being undertaken and resources will be assigned according to those risks.
- ➔ The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a centre of excellence on EVD outbreak management.
- ➔ Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams have rolled out a standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC.
- ➔ Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- ➔ 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 priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

Priority 1 countries

- **Burundi**
In relation to the current EVD outbreak in the DRC, Burundi has not reported any confirmed case of EVD to date. Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population.
- **Rwanda**
In relation to the current EVD outbreak in the DRC, Rwanda has not reported any confirmed case of EVD to date. Rwanda shares its full western border with the DRC and has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the DRC. Since April 2019 almost 600 frontline workers have been vaccinated in 8/15 high risk districts and vaccination is continuing. A second National EVD Preparedness Plan is being finalized and currently awaiting approval from the MoH. Isolation units at all main health facilities in high risk districts have been identified as a need. A high-level co-ordination advisory committee is being established to accelerate preparedness activities, however current funding to sustain EVD preparedness activities ends in June.
- **The Republic of South Sudan**
To date 2554 frontline workers have been vaccinated and no serious adverse effects have been reported. NTF published a second National EVD Preparedness Plan, April-September 2019 aimed at optimizing EVD preparedness and response by identifying prioritized activities.

Since August 2018, 25 screening sites at border entry points have been established; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points. In response to the EVD outbreak declared by the MoH in Uganda on 11 June 2019 Uganda, WHO South Sudan supported the Ministry of Health and partners to review the situation, re-assess the country risk, brainstorm on how to accelerate ongoing preparedness efforts and ensure full readiness for any potential outbreak in South Sudan.
- **Uganda**
Following the recent confirmed cases in Kasese district, Uganda continues focusing on preparedness activities in all districts, including the 30 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing by the Uganda Virus Research Institute (UVRI). Since August 2018 Uganda has reported and investigated over 6000 alerts. Initially 4915 health workers in 150 health facilities were vaccinated, followed by a second round of vaccination that commenced on Saturday 15 June 2019, following the two confirmed cases declared by the MoH. Challenges in funding continue, with the remaining support personnel contracts ending by the end of June and mid-July 2019.

Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the DRC outbreak to date. However, financial support for implementing emergency preparedness activities in these countries remains insufficient to allow them to reach optimal IHR core compliance. WHO is currently providing technical support for preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food

insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

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.
- ➔ 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 currently 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

New EVD cases continue to occur in North Kivu and Ituri provinces, with continued fluctuating transmission intensity, reducing in previous hotspots, but increasing in areas with previously relatively low transmission rates. The continuation of this trend is of concern and it requires strong outbreak control interventions to be sustained in all the affected areas concomitantly, particularly case investigation and contact tracing, along with continuing engagement with communities on the importance of early reporting of signs and symptoms of the disease and early attendance at healthcare facilities. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as other proven public health measures.