

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 40



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1. Situation update



The escalation of Ebola virus disease (EVD) transmission in the North Kivu and Ituri provinces of the Democratic Republic of the Congo continued this past week, with a total of 106 new confirmed cases reported. The majority of these cases originated primarily from hotspot areas within Katwa, Mandima, Butembo, Musienene, Beni, and Mabalako health zones.

In the 21 days between 15 April – 5 May 2019, 76 health areas within 14 health zones reported new cases, representing 47% of the 163 health areas affected to date (Table 1 and Figure 2). During this period, a total of 298 confirmed cases were reported, the majority of which were from the health zones of Katwa (40%, n=120), Mandima (13%, n=40), Butembo (13%, n=38), Musienene (8%, n=25), Mabalako (8%, n=24), and Beni (6%, n=19).

As of 5 May 2019, a total of 1572 EVD cases, including 1506 confirmed and 66 probable cases, were reported. A total of 1045 deaths were reported (overall case fatality ratio 66%), including 979 deaths among confirmed cases. Of the 1572 confirmed and probable cases with known age and sex, 55% (870) were female, and 28% (445) were children aged less than 18 years. The number of healthcare workers affected has risen to 95 (6% of total cases), including 34 deaths.

The past week showed a continued deterioration of the security situation in Butembo city. Response activities were temporarily suspended in Butembo and neighbouring health zones from 4-5 May 2019 following a civil demonstration by members of a local moto-taxi drivers union. Although response operations later resumed following negotiations with community leaders, threats of attacks persisted against some healthcare facilities and healthcare providers. In a separate event, on 3 May 2019, a safe and dignified burial (SDB) team in Katwa was also attacked after conducting a SDB of a confirmed case.

In Butembo, current efforts aim to enhance security measures collectively through the UN Security Management System. Efforts included updating security risk management processes by addressing procedural, operational and physical security measures.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 5 May 2019

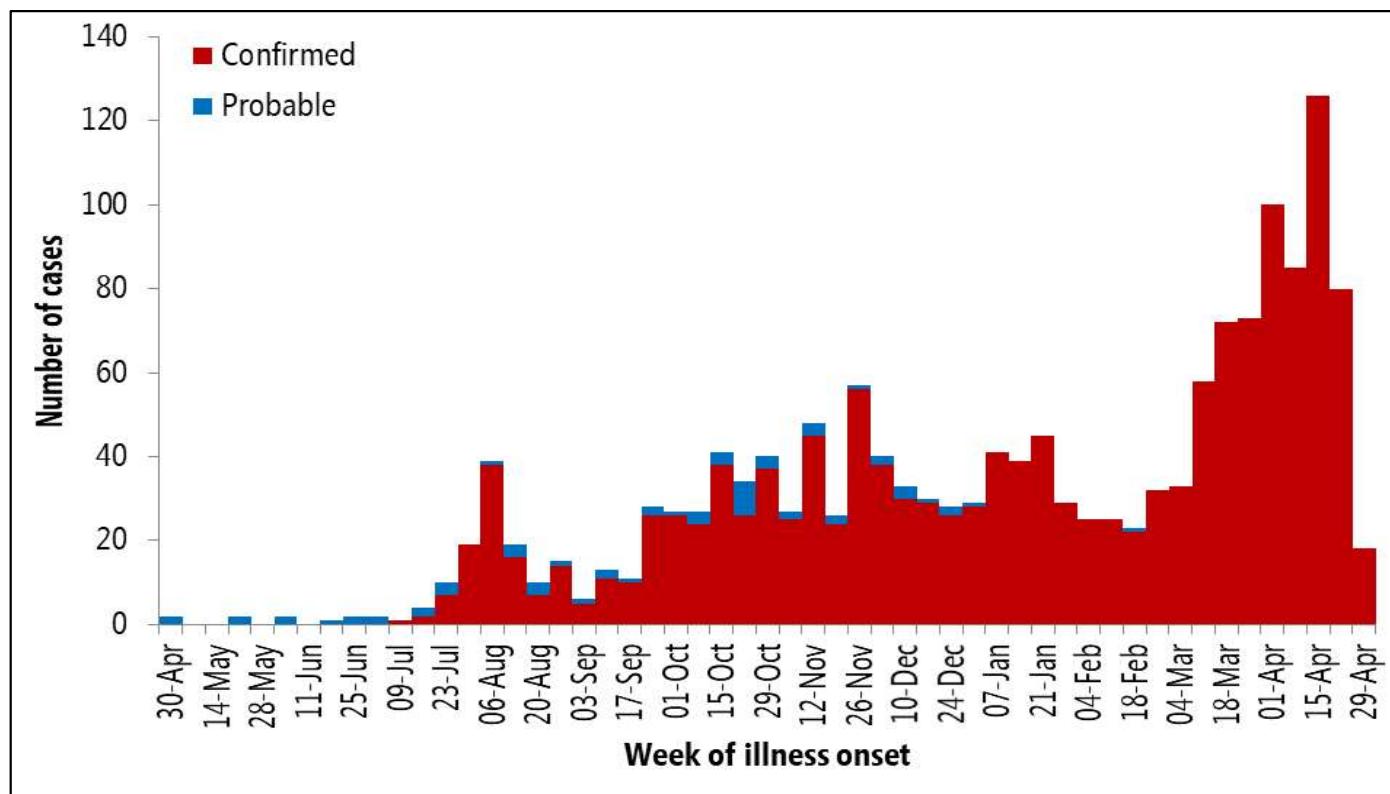
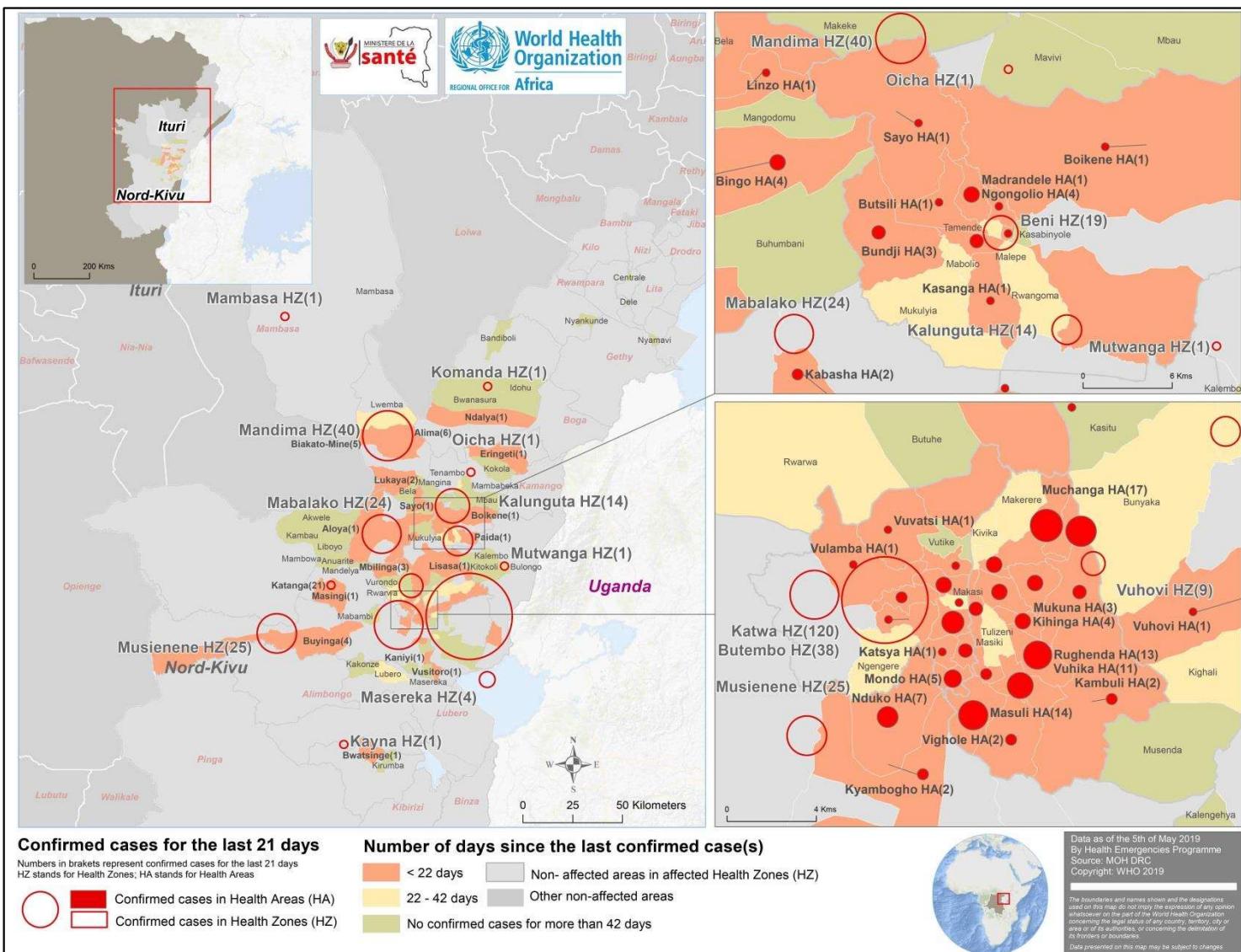


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 5 May 2019

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	270	9	279	145	154	19
	Biena	1/14	7	0	7	9	9	1
	Butembo	11/15	154	0	154	174	174	38
	Kalunguta	8/18	64	13	77	29	42	14
	Katwa	15/18	525	11	536	356	367	120
	Kayna	1/18	8	0	8	4	4	1
	Kyondo	0/22	17	2	19	12	14	0
	Lubero	0/18	4	0	4	1	1	0
	Mabalako	8/12	119	16	135	79	95	24
	Manguredjipa	0/9	5	0	5	4	4	0
	Masereka	4/16	34	1	35	13	14	4
	Musienene	6/20	32	1	33	17	18	25
	Mutwanga	1/19	5	0	5	3	3	1
	Oicha	1/25	41	0	41	20	20	1
Ituri	Vuhovi	2/12	79	0	79	28	28	9
	Bunia	0/20	1	0	1	1	1	0
	Komanda	1/15	28	9	37	10	19	1
	Mandima	7/15	109	4	113	70	74	40
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	1	0	1	1	1	0
Total		76/339 (22.4%)	1506	66	1572	979	1045	298

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, 5 May 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

- ➔ Over 87 750 contacts have been registered to date and 12 777 are currently under surveillance as of 5 May 2019. Follow-up rates remained very high (80% overall) in health zones with continued operations.
- ➔ An average of 1055 alerts were received per day over the past seven days, of which 967 (92%) 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 Mangina ETC is operating at 100% capacity.

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

- ➔ IPC and WASH activities have been suspended on several occasions in Butembo and Katwa following ongoing security incidents, limiting access to healthcare facilities that require key IPC interventions.
- ➔ IPC and risk communication/community engagement teams, in conjunction with partners, launched an IPC campaign in communities and health facilities in Goma, Beni, and Butembo in conjunction with WHO Global Hand Hygiene Day on 5 May 2019. The campaign initially focuses on the importance of safe injection practices and hand hygiene, with additional topics to be added in the future.

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of health care 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)

- ➔ From 29 April to 5 May 2019 1 901 466 screenings were performed, giving a total over 55 million cumulative screenings. A cumulative total of 896 alerts were notified, of which 354 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, a total of 72 alerts were notified, of which 20 were validated as suspect cases following investigation. An average of 73 PoEs/PoC reported screenings on a daily basis. On 5 May 2019, a 37-year-old male, known as a contact of an EVD case, travelled from Beni to Kampala via Kasindi for healthcare. Unfortunately, the information on his missing status reached the Kasindi PoE after he had crossed the border. An investigation is ongoing in Kampala to locate and monitor the health status of this person.
- ➔ A work session was held on 29 April by WHO and PNHF with personnel of the Goma International Airport for the organization of traveller screening for evening/night flights. Additional supervision support was delivered at PoCs surrounding Goma (OPRP and Mubambiyo), as well as assistance with a traveller corridor set up for screening activities, and water supply management.
- ➔ WHO is supporting PoE data analysis to better understand routes taken by EVD cases; this information will then serve to increase the effectiveness of PoE/PoC activities. WHO is also working with UNHCR to assess changing trends in refugee flows into Uganda and Rwanda as a result of continuous insecurity and the evolution of the EVD outbreak.
- ➔ IOM's operations have resumed in Beni, following improvement in staff security. This week, IOM completed the rehabilitation of eight PoCs in Beni, including Mukulya, PK5, Pasisi and Mavivi PoCs. It is also reinforcing the operations of three PoCs in Bunia with more frontline workers and strengthening supervision.
- ➔ Insecurity continues to impair PoE/PoC operations. This week, PoCs in Butembo and Mabalako experienced some interruptions.

South Sudan

- ➔ At 13 POEs, 21 046 travellers were screened this week (304 807 cumulatively), with zero alerts. Screening is ongoing at the following sites: Yei airstrip, Yei SSRCC, 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 (22-28 April 2019) can be found at: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-17-22-%E2%80%93-28-april-2019>

Uganda

- ➔ IOM in collaboration with District Health Teams (DHTs) organized stakeholders meetings in Rubirizi District (23 participants) and Kanungu District (50 participants) to analyse the current preparedness status in the districts, obtain intervention updates, identify gaps and modify EVD preparedness planning as appropriate. Participants were representing the DHT, political leadership, WHO, UNICEF, Red Cross, security and border point personnel and other partners.

- IOM offered technical support to MoH in developing the national standard operating (SOPs) procedures for points of entry.

Safe and Dignified Burials (SDB)

- As of 6 May 2019, there have been a total of 5223 SDB alerts, of which 4150 were responded to successfully (79%) by Red Cross and Civil Protection SDB teams and CEHRBU teams.
- Between 29 April and 5 May 2019, there were 288 SDB alerts, 1% more than the average over the previous three weeks. Of these, 227 (76%) were responded to successfully, compared to 80% over the previous three weeks.
- 59 alerts (20%) came from Katwa Health Zone and 43 alerts came from Beni and 43 from Butembo, followed by (31), Komanda (30), Oicha (28) and Bunia (24).

Implementation of ring vaccination protocol

- As of 4 May 2019, 111 494 contacts and contacts of contacts have been vaccinated. Of these, 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.
- Vaccination sites in Butembo became inaccessible after community unrest; ring vaccination continues in Beni and Kayna Health Zones around confirmed cases.
- 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.
- ➔ There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response; 63 participants started training as psychosocial assistants in Biakato.
- ➔ Response activities were disrupted in Butembo and Katwa as a result of security incidents.
- ➔ The mass communication campaign is being massively enhanced, with messages being delivered to the public about the status of the outbreak and key response activities. A total of 26 radio stations in hotspot areas have been operative since the beginning of the outbreak and are supporting the response by delivering the critical reports at least twice weekly. Discussions to engage additional radio stations are ongoing.
- ➔ A social science research group is continuously informing the response activities by, for example, monitoring rumours, analysing community feedback, and conducting KAP surveys (Knowledge, Attitudes and Practices).

Preparedness and Operations Readiness

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

- ➔ 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.
- ➔ Eight teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri (four teams in each province). The eight readiness teams are rolling out a minimum standard package of readiness activities in the 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.
- ➔ 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 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 conducted a meeting to strengthen partnership for improving regional Ebola outbreak preparedness in Kampala from 29 – 30 April 2019, with over 30 partners and 8 ministries of health, including Democratic Republic of the Congo. The overall objective of the meeting was to further engage partners for a better coordinated and comprehensive effort aiming to accelerate and achieve sustained EVD readiness. A joint roadmap for preparedness in the short, medium and long term is under development as an output of the meeting.

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 continued intensity of EVD transmission in North Kivu and Ituri provinces remains a deep concern. There is deepening commitment to strengthening community engagement, with regular community engagement sessions taking place in all affected health zones, focused on contact tracing, vaccine acceptance and incident management strategies. All national and local authorities and partners are committed to this response. Continued implementation of public health measures, along with strengthened community engagement, will ultimately bring this outbreak to a close.