

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 14



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Date of issue: 6 November 2018

Data as reported by: 4 November 2018

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored by the Ministry of Health (MoH), WHO and partners. Since WHO's last situation report issued on 30 October 2018 ([External Situation Report 13](#)) reporting on data as of 28 October, an additional 26 new confirmed EVD cases and 12 new deaths have been reported. Cases were reported from Beni (n=16), Butembo (n=6), Mabalako (n=2), Kalunguta (n=1) and Vuhovi (n=1) – a health zone between Beni and Butembo. The two cases reported in Mabalako are a mother and her new-born, residing and identified in Beni, who were transferred to the Mabalako Ebola treatment centre (ETC). Among the new confirmed cases from Beni were two nurses, thus bringing the number of affected health workers to 27, including 26 confirmed and three deaths. Among the 12 deaths reported, six occurred in ETCs and six occurred outside of ETCs (4 in Beni, 1 in Butembo, 1 in Vuhovi).

As of 4 November 2018, a total of 300 EVD cases, including 265 confirmed and 35 probable cases, have been reported (Table 1). The cases have been reported from eight health zones in North Kivu Province and three health zones in Ituri Province (Figure 3). Among the 300 cases, 186 deaths have been reported among confirmed cases (n=151) and probable cases (n=35) – a case fatality ratio (CFR) of 62% (186/300). Among the 295 cases with known age and sex, 59% (n=175) were female, and adults aged 15-44 accounted for 59% (n=174) of cases (Figure 2).

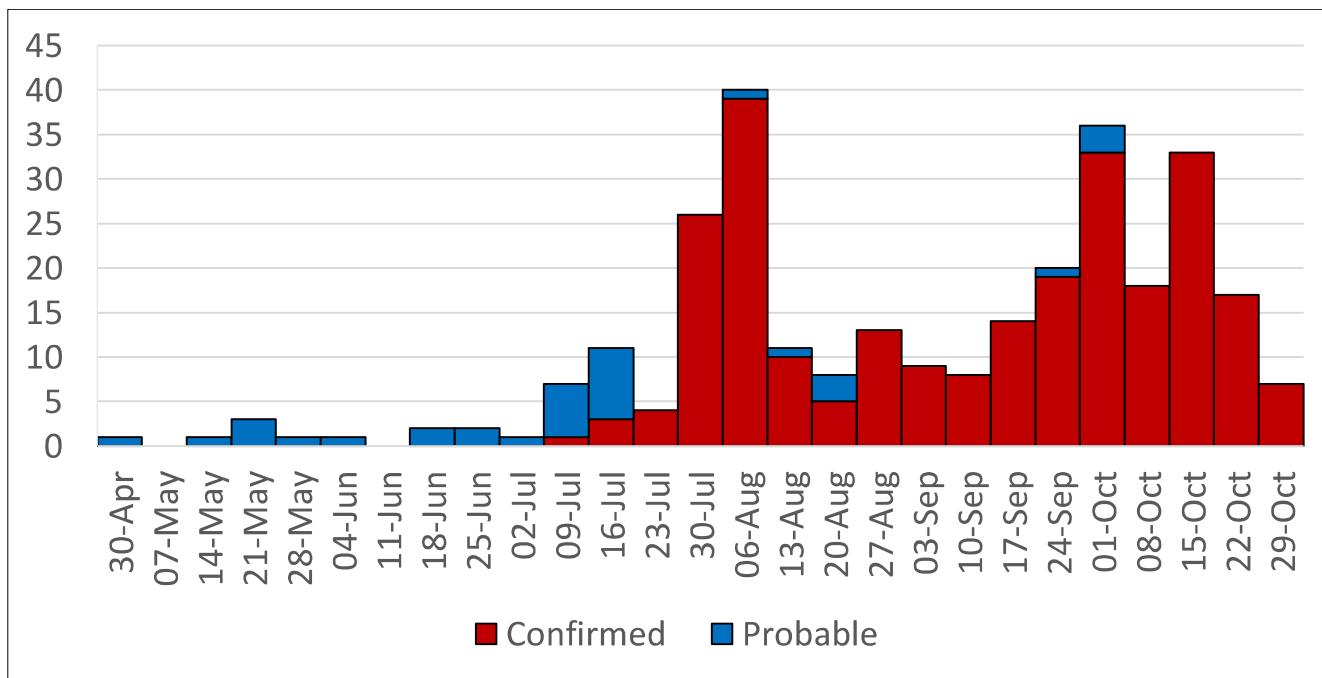
Fifteen additional cases have recovered and been discharged this past week; 14 from Beni ETC and one from Butembo ETC. As of 4 November 2018, 88 cases have recovered. On 4 November 2018, 91 patients (61 suspected and 30 confirmed cases) remained hospitalized at the ETCs.

The MoH, WHO and partners are monitoring and investigating 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, Uganda and Yemen. To date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 4 November 2018

Case classification/ status	North Kivu								Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Vuhovi	Komanda	Mandima	Tchomia	
Probable	8	2	1	21	1	0	0	0	0	2	0	35
Confirmed	140	30	2	73	0	4	3	1	1	9	2	265
Total confirmed and probable	148	32	3	94	1	4	3	1	1	11	2	300
Suspected cases currently under investigation	22	7	0	3	1	1	1	1	0	0	2	38
Deaths												
Total deaths	91	18	1	67	1	1	1	1	0	3	2	186
Deaths in confirmed cases	83	16	0	46	0	1	1	1	0	1	2	151

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 4 November 2018 (n=294)*



*Week of onset is currently unknown for n=6 cases. Case counts in recent weeks may be incomplete due to reporting delays.

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 4 November 2018 (n=295)

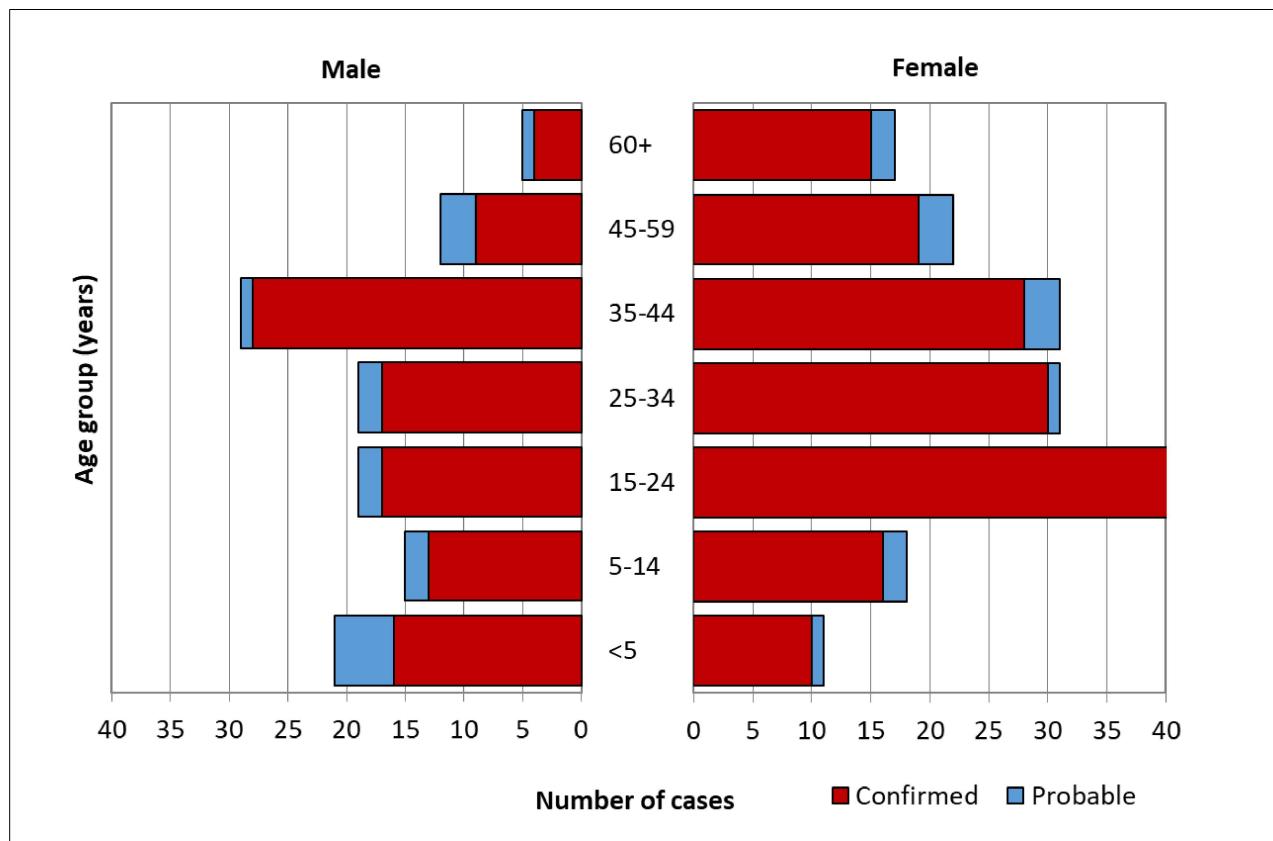
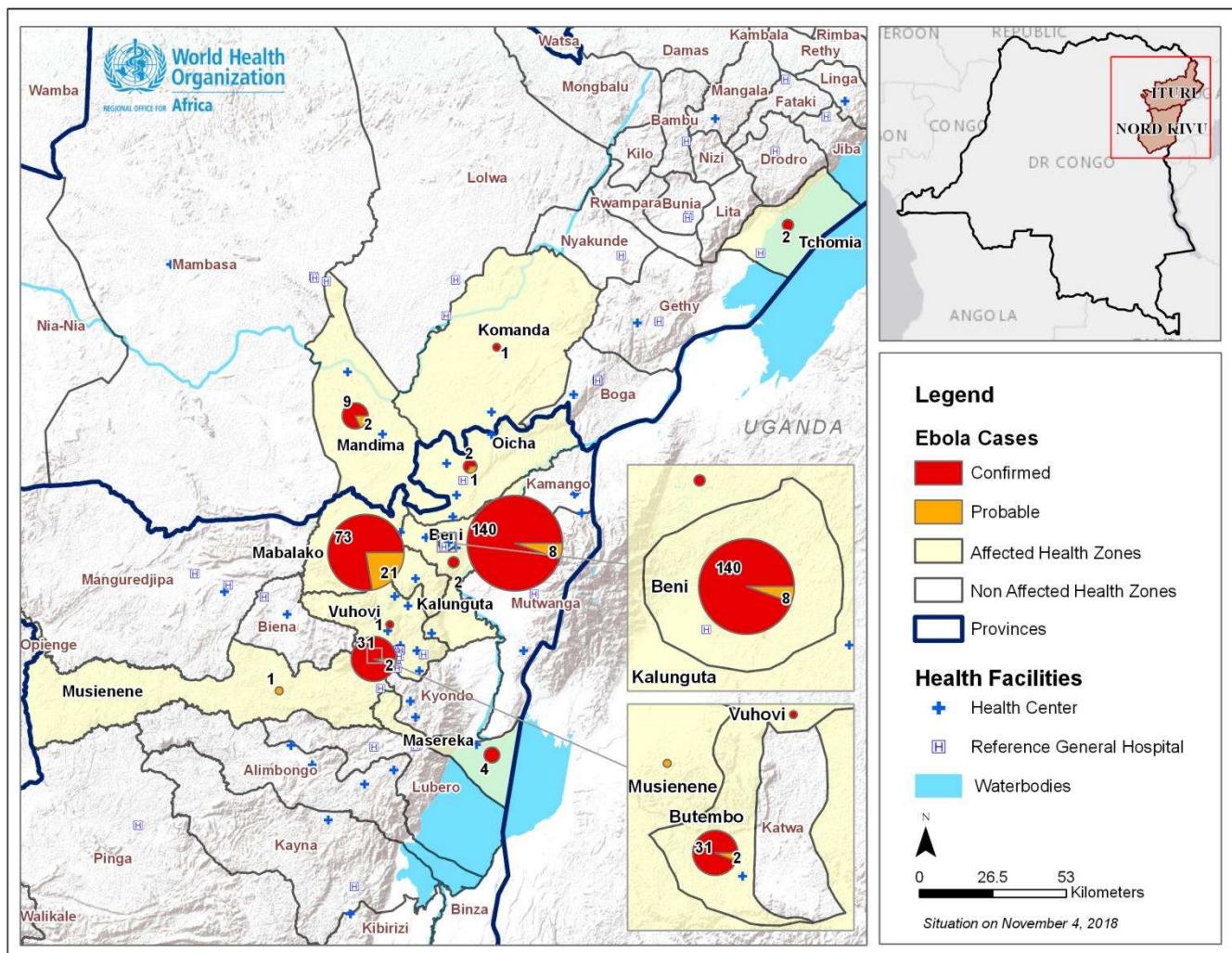


Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 4 November 2018 ($n=300$)



Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. North Kivu shares borders with Uganda and Rwanda. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, 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 also experiencing multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongola, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox spread 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: the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis, measles, and monkeypox), and a long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri may 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 at national and regional levels from high to very high. The risk remains low globally. 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 current context around the outbreak, including the volatile security situation, community resistance, the continued reporting of confirmed cases, and the risk of spread of the outbreak to neighbouring countries, the first International Health Regulation (IHR) Emergency Committee on the Ebola Virus Disease (EVD) outbreak in North Kivu, Democratic Republic of the Congo (DRC), was convened on 17 October 2018. At the end of the meeting, the Emergency Committee decided that the current EVD outbreak does not constitute a public health emergency of international concern at this time; although the outbreak is still deeply concerning and the risk of spread to neighbouring countries remains very high. The Emergency Committee has made a series of recommendations to address this situation. This will require additional resources to be made available immediately not only for the intensification of the response, but also for preparedness in surrounding provinces and countries. The committee also recognized that the complex security situation, including mistrust of some of the population, is a severe complicating factor for the response. The Committee commended the government of the DRC, WHO, and all response partners for the progress made under difficult circumstances.

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control EVD outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, contact tracing and surveillance at Points of Entry (PoE), including adapting strategies to the context of insecurity and high community resistances(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, (vii) adapting and enhancing risk communication, social mobilization and community engagement strategies, (viii) enhancing psychosocial support to the affected population (viii) improving coverage of risk groups by the ring vaccination.

2. Actions to date

An updated response plan was launched by the MoH of the Democratic Republic of the Congo on 18 October 2018. The plan lays out the approach for the response over coming months, with a greater focus on building local capacity to manage the response.

Surveillance

- ➔ Over 16 000 contacts have been registered to date, of which 4971 remained under surveillance as of 4 November 2018. Over the past week, high contact follow-up rates were achieved (ranging 90-92% per day). However, a large proportion of newly identified cases continue to be detected among individuals who were not previously identified as contacts. Surveillance and vaccination teams are continuing to enhance the processes of identifying case contacts, and identify potential gaps, to overcome this challenge.
- ➔ The number of alerts reported daily continues to increase with the enhancement of case detection and active case searching at community and health facility levels. On average during the past week, investigators responded to 161 (range: 139-187) alerts reported per day, of which an average of 52 (range: 39-59) were validated as suspected cases for further investigation and testing.

Case management

- ➔ ETCs continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (MEURI) protocol, in collaboration with the MoH and the Institut National de Recherche Biomédicale (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.
- ➔ New patients continue to be treated in ETCs. All confirmed cases managed at ETC level, have received an investigational therapeutic after evaluation by clinical expert committee, unless they died soon after arrival. All hospitalized patients received food and psychological support. As of 4 November 2018, a total of 128 patients have received an investigational therapeutic thus far.

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

- ➔ Additional capacity is being put into place to support IPC activities, including the deployment of additional experts to review current strategies, and enhance training materials and key messaging for consistency with WHO recommendations.
- ➔ As part of improving IPC strategies, additional supplies of syringes were delivered, and messaging to health workers is being reviewed to enhance safe injection practices in communities.

Points of Entry (PoE)

- ➔ Recently triage capability was established in four healthcare facilities in ZS Tchomia.
- ➔ Monitoring and sanitary control continues at entry points. On 4 November 2018, 61 out of 67 PoEs were functional.
- ➔ As of 2 November 2018, around 12 million travellers washed their hands and were sensitized on Ebola disease.
- ➔ As of 4 November, close to 13 million travellers have been screened, among which 100 alerts were notified, 19 validated as suspects, and one case was confirmed. In addition, 17 547 means of transport were decontaminated.

Safe and Dignified Burials (SDB)

- ➔ As of 3 November 2018, a total of 416 SDB alerts have been received of which 354 were responded to successfully (85%) by Red Cross and Civil Protection teams.
- ➔ Between 28 October 2018 to 3 November 2018 (7 days) a total of 48 SDB alerts were received, of which 24 (50%) came from Beni health zone followed by Mabalako (8), Katwa (4), Kalunguta (2) and Mandima (1).
- ➔ A Harm Reduction Approach to manage burials in areas non-accessible by SDB teams is under discussion.
- ➔ Implementation of Rapid Diagnostic Test (RDT) for the deceased to determine the need for SDB is still pending.
- ➔ There is a continuous need to sensitise communities, opinion leaders and authorities (e.g. police and military) on SDB to reduce the resistance.

Implementation of ring vaccination protocol

- ➔ As of 4 November 2018, 168 rings have been defined, and a total of 26 687 individuals have been vaccinated, including 9105 health and front-line workers, and 7006 children.
- ➔ Preparedness activities for vaccination and therapeutic readiness continue in four high risk neighbouring countries, including arrangement of the necessary supplies, human resources and regulatory approvals. Plans are in place to initiate health worker vaccination activities in Uganda at six priority health facilities starting 8 November.

Risk communication, social mobilization and community engagement

- ➔ Testimony of an Ebola survivor during a sensitization meeting gathering 110 youth and leaders of Bundji, Butsili and Kanzuli districts in Beni health zone.

- ➔ Communication activities were continued, with 1366 door-to-door sensitization visits in Beni and 190 in Tchomia.
- ➔ On 1 November 2018, a total of 52 radio channels broadcast short programmes about the response to EVD, including testimony of survivors, visits of ETC, songs, etc.

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 regional and global partners and stakeholders for EVD response, research, and preparedness.
- ➔ 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)**: community engagement and social mobilization; vaccination
 - **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)**: Supporting deployments via GOARN; supporting incident management operations through staff deployments.
 - **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 DRC; 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 15-21 October have been provided by the following partners:

IOM

- IOM Uganda has received approval from the Office of the Prime Minister (OPM) to establish six flow monitoring points on the border with DRC (Hoima, Kasese, Kisoro, Bundibugyo and Ntoroko Districts). Flow monitoring points will be established by end of the week and will report regularly on trends in population movements including number of travellers observed, traveller origin and destination locations, modes of travel, and reasons for travel among other demographics.
- IOM continues to support the operation of 52 key Points of Entry and Control (POE/Cs) in DRC across 20 health zones, with flow monitoring being conducted at 16 sites and technical support provided to PNHF at the national and provincial levels.

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.

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 EVD outbreak continues to be of grave concern, particularly with geographical spread of the disease to a new area, as well as the increasing number of confirmed cases and contacts to be followed in Beni and Butembo. The current situation requires intensive and innovative measures to address the challenges on the ground. Intensified surveillance, including active case finding, case investigations, and identification and monitoring of all contacts is critical so that new suspected cases are isolated rapidly. Efforts to reinforce IPC capacities in all health structures for management of suspected cases and suspicious deaths are paramount. People, including health workers, continue to be infected in healthcare structures. All national and international actors need to continue to offer their strongest support to the continuing EVD response.