

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 34



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1. Situation update

Cases	Deaths
1016	634

The ongoing Ebola virus disease (EVD) outbreak in the North Kivu and Ituri provinces saw a rise in the number of new cases this past week across several areas. Currently response teams are facing daily challenges in ensuring timely and thorough identification and investigation of all cases amidst a backdrop of sporadic violence from armed groups and pockets of mistrust in some affected communities. Despite this, progress is being made, with areas recently emerging with clusters of cases such as Mandima, Masereka, and Vuhovi gradually becoming accessible to response teams and accepting of proven interventions to break chains of transmission.

During the last 21 days (4-24 March 2019), 50 health areas within 13 health zones reported new cases; 38% of the 133 health areas affected to date (Table 1 and Figure 2). During this period, a total of 115 confirmed cases were reported from Katwa (31), Masereka (19), Mandima (17), Vuhovi (15), Butembo (14), Kalunguta (4), Beni (4), Kayna (3), Lubero (3), Oicha (2), Bunia (1), Biena (1), and Kyondo (1).

As of 24 March 2019, a total of 1016 EVD cases, including 951 confirmed and 65 probable cases, were reported. This includes 634 deaths (overall case fatality ratio 62%), including 569 deaths among confirmed cases. Of 1015 confirmed and probable cases with reported age and sex, 57% (575) were female, and 30% (304) were children aged less than 18 years. The number of healthcare workers affected has risen to 78, including 27 deaths.

The WHO response is continuing to step up collaboration with communities to increase community acceptance on the ground. Community engagement efforts to encourage greater participation and ownership of the outbreak response is ongoing and has yielded some success in certain health zones/areas. Notable strides have also been made in improving Infection, Prevention and Control (IPC) capacities in health facilities. Since January, IPC field teams have decontaminated over 250 health facilities and households, provided over 100 supply kits, and trained over 3000 healthcare workers in IPC. A recent National IPC workshop has been completed to aid the implementation of new IPC strategies, while the establishment of an IPC task force has further improved partner communication and coordination at all levels. The work is however ongoing and IPC teams continue to respond to new instances of nosocomial transmission with the emergence of clusters in previously unaffected communities and health facilities.

Security remains a major challenge for ongoing outbreak response efforts. Though successes have been reported from the field, notably in the 10-day lull prior to this past weekend, the overall situation remains fragile. WHO and partners have recently established operational analysis and coordination centres to both gain a more holistic understanding of how communities can be engaged more effectively, as well as to increase awareness of the day-to-day operations to ensure the safety of frontline healthcare workers and the communities they are aiding. WHO and partners have also strengthened physical security in the treatment centres as well as in healthcare workers accommodation.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 24 March 2019

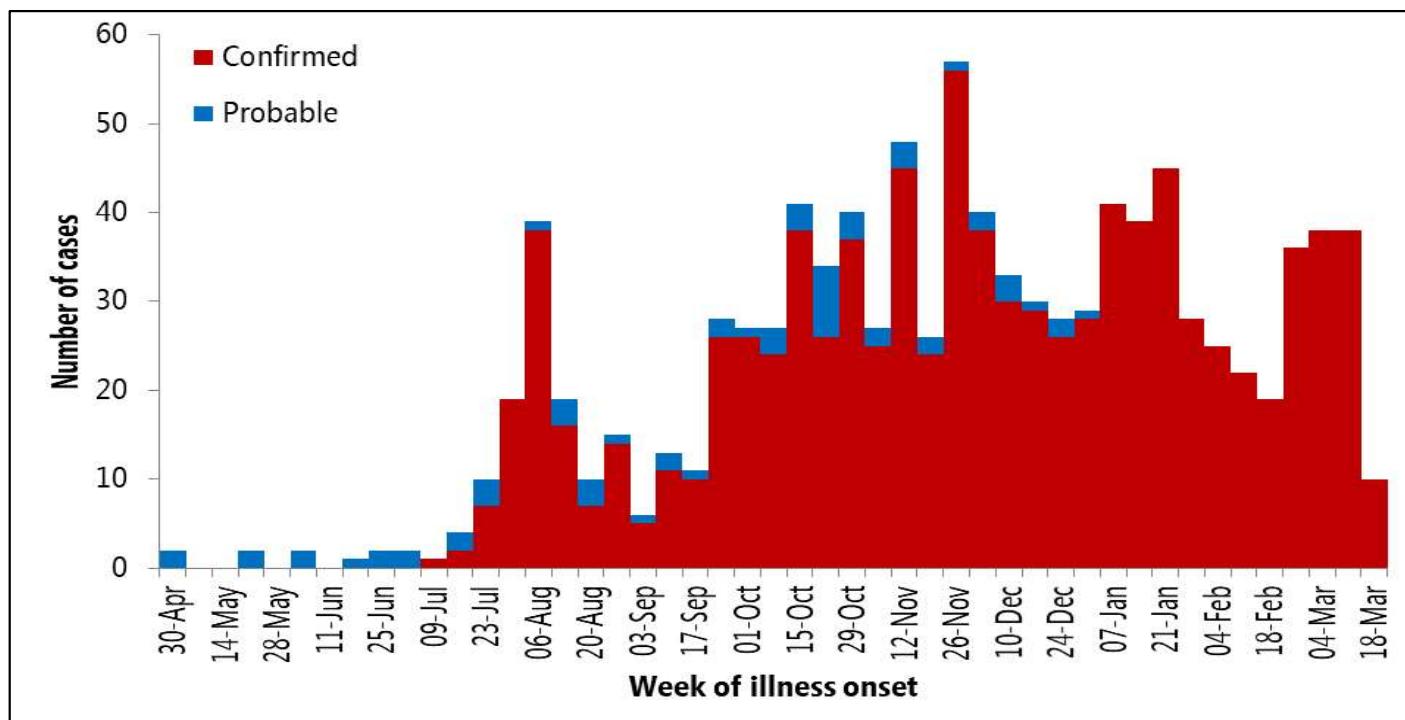
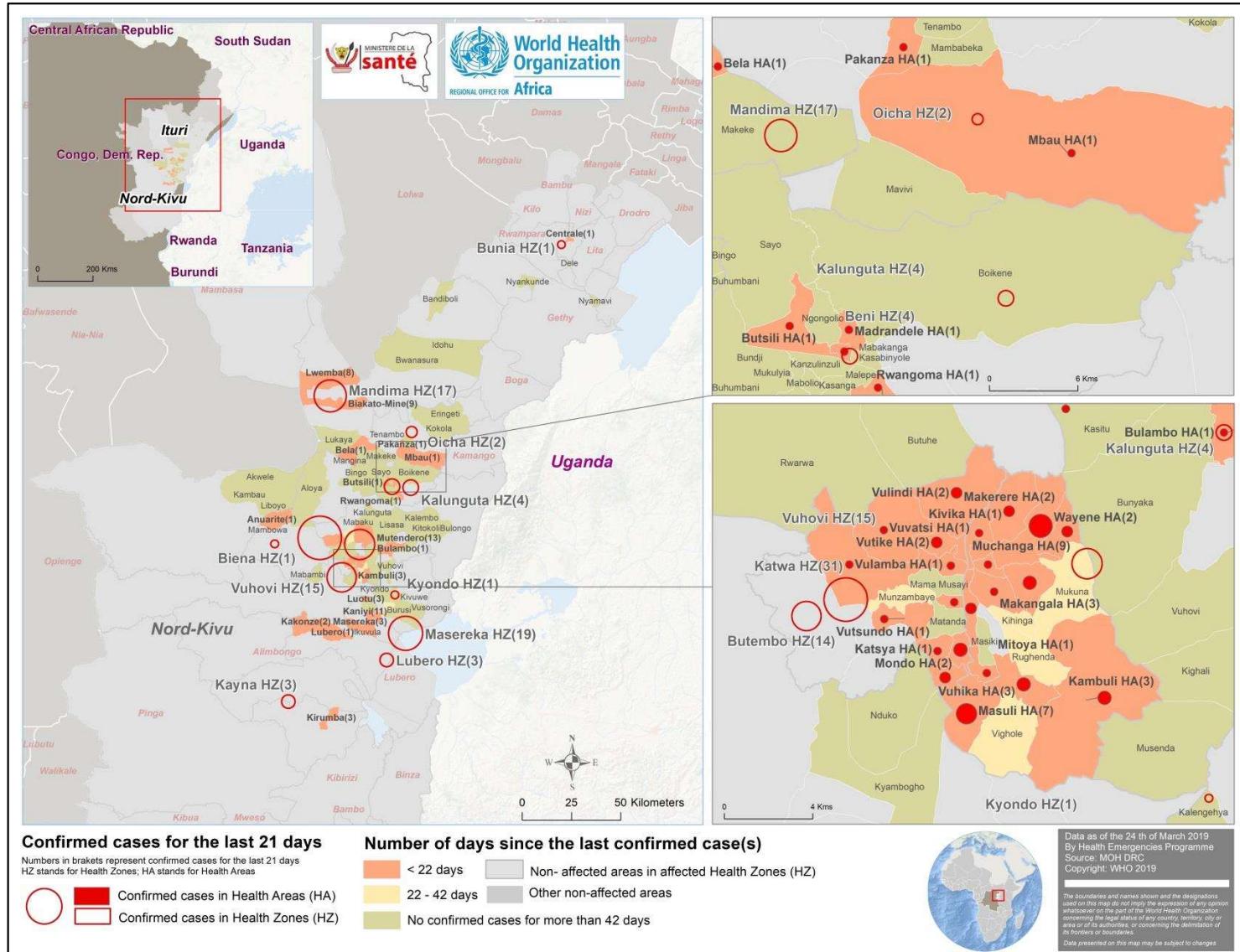


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 24 March 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Case classification			Deaths	
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	4/18	230	9	239	119	128
	Biena	1/14	6	0	6	6	6
	Butembo	10/15	97	0	97	74	74
	Kalunguta	3/18	48	13	61	22	35
	Katwa	13/18	281	11	292	192	203
	Kayna	2/18	8	0	8	3	3
	Kyondo	1/22	15	2	17	12	14
	Lubero	2/18	3	0	3	1	1
	Mabalako	0/12	90	16	106	54	70
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	6/16	28	1	29	8	9
	Musienene	0/20	6	1	7	2	3
	Mutwanga	0/19	4	0	4	3	3
	Oicha	2/25	33	0	33	20	20
	Vuhovi	2/12	27	0	27	12	12
Ituri	Bunia	1/20	1	0	1	1	1
	Komanda	0/15	27	9	36	9	18
	Mandima	3/15	38	3	41	23	26
	Nyakunde	0/12	1	0	1	1	1
	Tchomia	0/12	2	0	2	2	2
	Rwampara	0/11	1	0	1	1	1
Total		50/339 (14.8%)	951	65	1016	569	634

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, 24 March 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 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

- ⇒ An average of 807 alerts were received per day over the past seven days, of which an average of 771 (96%) were investigated within 24 hours of reporting.
- ⇒ 62 042 contacts have been registered to date and 5024 are currently under surveillance as of 24 March 2019. Of those between 79-89% have been followed in the past seven days.
- ⇒ 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 automated polymerase chain reaction (Cepheid Xpert Ebola) 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

- ⇒ Extension work on the Katwa treatment centre continues to increase the number of beds to 22.
- ⇒ 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.

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

- ⇒ A revised IPC strategy with an operational work plan for the February to May 2019 period has been endorsed by MoH. The strategy and work plan are intended to guide the national coordination activities of the Ebola response's IPC Task Force, and the implementation of activities by the IPC commissions and partners at the subnational level.
- ⇒ Since January, IPC field teams have decontaminated over 250 health facilities and households, provided over 100 supply kits, and trained over 3000 healthcare workers in IPC.
- ⇒ A National IPC Workshop to aid the implementation of new IPC strategies was convened in Goma from March 21-23. The workshop brought together Ministry of Health, WHO, UNICEF, and implementing partners to discuss implementation of the revised IPC strategy.
- ⇒ Training of 24 supervisors and members of project steering committees PIRC/FOSA was launched.

Points of Entry (PoE)

- ➔ From 18 to 24 March, 1 785 792 screenings were performed, bringing the cumulative number of screenings to close to 46 million. A cumulative total of 543 alerts were notified, with 238 validated and seven of which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, 55 alerts were raised, of which 22 were validated as suspect cases following investigation. None were positive for EVD.
- ➔ While progress has been made in the payment of PoE personnel, incentives for personnel based in Ituri have still not been paid.
- ➔ Personnel from the Congolese National Police (PNC) were deployed to the Port of Goma PoC and Bunia PoCs to ensure the safety of workers, travellers, and service providers. A compromise was found between the mayor of Bulengera, IOM, PNC, PNHF and representatives from the local population, to allow PoC Mutsanga to re-operate at a different location. This happened following a week of interruption due to persisting threat against the PoC personnel. PoC Vulindi has remained non-functional this week.
- ➔ Awareness raising activities were implemented around PoC Kanyabayonga (Kayna Health Zone), PoCs Karuruma, Kyavinyonge Port and Barrier (Kyondo Health Zone), PoC Lubero (Lubero Health Zone), and PoC Cugeki (Katwa Health Zone) to engage surrounding communities as well as increase vigilance on Ebola.
- ➔ Rehabilitation of PoC structures is ongoing in Beni and Butembo following damages caused by heavy rains. PoC Kanyabayonga also received a large batch of materials from WHO.
- ➔ A field assessment was conducted in and around Biakato (in Mandima health zone; 50 km from Mangina) after a confirmed case was reported in the area last week. IOM is supporting implementation of the assessment recommendations which includes setting up a 30-day mobile PoC and strengthening existing PoCs in the Byakato axis towards Beni and Butembo.
- ➔ Frontline screeners and their supervisors in Goma and Beni were trained by IOM and WHO on the use of new POE data collection tools, with plans for piloting the tools in the field in the coming week. The revised data collection tools are expected to reduce the collection of unnecessary information, improve accuracy in recording and provide further details on alerts identified at PoEs and PoCs.
- ➔ The Strategic Coordination Committee of Ituri has requested to relocate Lengabo PoC to Tshayi in order to better control all travellers coming from the Beni-Butembo axis. This relocation will take place after the relocation of the Barrier in Foner. PNHF and IOM assessed PoCs in Bunia town and surrounding areas after the recent confirmed case. Recommendations were to establish a PoC in IGA Barrier.
- ➔ A representative of the PoE Sub Commission participated in a conference on strengthening prevention against Ebola at the Institut Supérieur Polyvalent du Kivu in Kasindi on 18 March 2019.

South Sudan

- ➔ IOM continues to support active screening at 10 Points of Entry: Kaya, Okaba, Khorijo, Pure, Bazi, Yei air stripe, Yei SSRRCC, Tokori, Salia Musala and Kor Kaya (newly added) with approximately 14 000 travellers screened in the last week.

Safe and Dignified Burials (SDB)

- ➔ As of 25 March, a total of 3 651 SDB alerts have been received, of which 2 839 were responded to successfully (78%) by Red Cross and Civil Protection SDB teams, including 39 alerts and 35 successful burials by community emergency harm reduction burial (CEHRBU) teams in inaccessible areas of Kalunguta, Katwa and Komanda.
- ➔ During epi week 12, 277 SDB alerts were received – 19% more than the previous week and 17% above the average for the previous three weeks. Of these 176 (63%) were responded to successfully, 13% lower than the average success rate of the previous three weeks. Forty-nine percent of these alerts were for community deaths, 46% for non-ETC health facilities, and 5% for ETCs.

Implementation of ring vaccination protocol

- ➔ There are 19 vaccination teams made up of 226 Congolese vaccinators with basic GCP training, 50 Congolese formally trained in GCP and 43 GCP trained and experienced Guinean/African researchers.
- ➔ As of 23 March, 91 283 contacts and contacts of contacts have been vaccinated. Those include 21 802 contacts and 64 900 contacts of contacts.
- ➔ The 2016 SAGE guidelines recommend that all HCWS and FLWS at risk of Ebola in the affected areas and in the areas where the outbreak is likely to spread are offered rVSV ZEBOV GP vaccine (see link to most recent statement).
- ➔ Since the start of the outbreak, healthcare workers and front-line workers at risk of Ebola are also being offered preventive vaccination. Almost 27 000 have been vaccinated in the health areas affected by the outbreak. In addition, over 15 000 HCWs and FLWs have been vaccinated in neighbouring areas where the risk of spread is significant (i.e Goma, South Sudan, Uganda, and soon Rwanda and Burundi).

Risk communication, social mobilization and community engagement

- ➔ With the shift in strategy, the focus has been to transition ownership of the Ebola response interventions to local communities, particularly in the hotspots of Butembo, Katwa and Vuhovi. Nine Ebola community committees have been established in Katwa (two), Butembo (three) and Vuhovi (four) comprising of youth leaders, quarter chiefs, women's associations, traditional practitioners and activists. They are responsible for making decisions on Ebola response activities within their localities.
- ➔ Additionally, the risk communication work focuses on discussions and negotiations for Ebola response interventions around recently confirmed Ebola patients. These activities are ongoing in several areas, including Beni, Mabalako, Komanda, Butembo, Katwa, Lubero involving churches, schools and other public forums.

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 team. 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 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:

- ➔ The updated Regional Strategic Plan for Ebola Operational Readiness and Preparedness in Countries Neighbouring the Democratic Republic of the Congo for the period from January to June 2019 was launched on 25 January 2019. Approximately US\$ 42 million has been mobilized for Ebola preparedness since May 2018, including US\$ 10 million in first time CERF awards for early action and a budget gap of US\$ 27 million remains for the next six months.
- ➔ Regular Joint Monitoring Missions have taken place in 7/9 neighbouring countries to assess progress in implementation of priority preparedness activities completed. Assessments are yet to be conducted in Angola and Zambia where there are ongoing discussions with the MoHs to schedule the missions.

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 Ebola outbreak in the Democratic Republic of the Congo continues with moderate transmission intensity. The declining trend in absolute numbers would appear to have reversed slightly, with an increased number of health zones reporting at least one confirmed case in the past 21 days. Contact follow-up and provision of other public health measures continues to be challenging as a result of pockets of misunderstanding in the communities and constant exposure to insecurity. However, there are still many areas in which disease transmission has stopped. Local and national authorities and partners must continue with the current proven and innovative public health measures, which will ultimately bring this outbreak to an end.