

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 47



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1. Situation update



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. While the security situation remained relatively calm in the Butembo/Katwa area, there was a resumption of violent community resistance incidents in Beni, coinciding with increased cases and response activities. Armed groups' movements continued to be reported in Musienene and Manguredjipa, impacting on access to the Kambau health area, neighbouring Mabalako's hotspot health area, Aloya. The overall security situation in Ituri (Bunia, Komanda) remains tense following the spate of attacks in early June 2019.

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 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 health zones. During this past week, Komanda reported the first new case of EVD following 11 days without new cases. In Lubero and Rwampara, rigorous surveillance and contract tracing efforts were able to successfully identify a single chain of transmission in each of the respective health zones. These findings were then swiftly followed up by prompt interventions to prevent further transmission.

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 3-23 June 2019, 63 health areas within 16 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 239 confirmed cases were reported, the majority of which were from the health zones of Mabalako (35%; n=84), Beni (15%; n=35), Mandima (14%; n=33), Katwa (7%; n=16), and Kalunguta (6%; n=14). As of 23 June 2019, a total of 2247 EVD cases, including 2153 confirmed and 94 probable cases, were reported. A total of 1510 deaths were reported (overall case fatality ratio 67%), including 1416 deaths among confirmed cases. Of the 2247 confirmed and probable cases with known age and sex, 57% (1273) were female, and 29% (654) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 126 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 23 June 2019

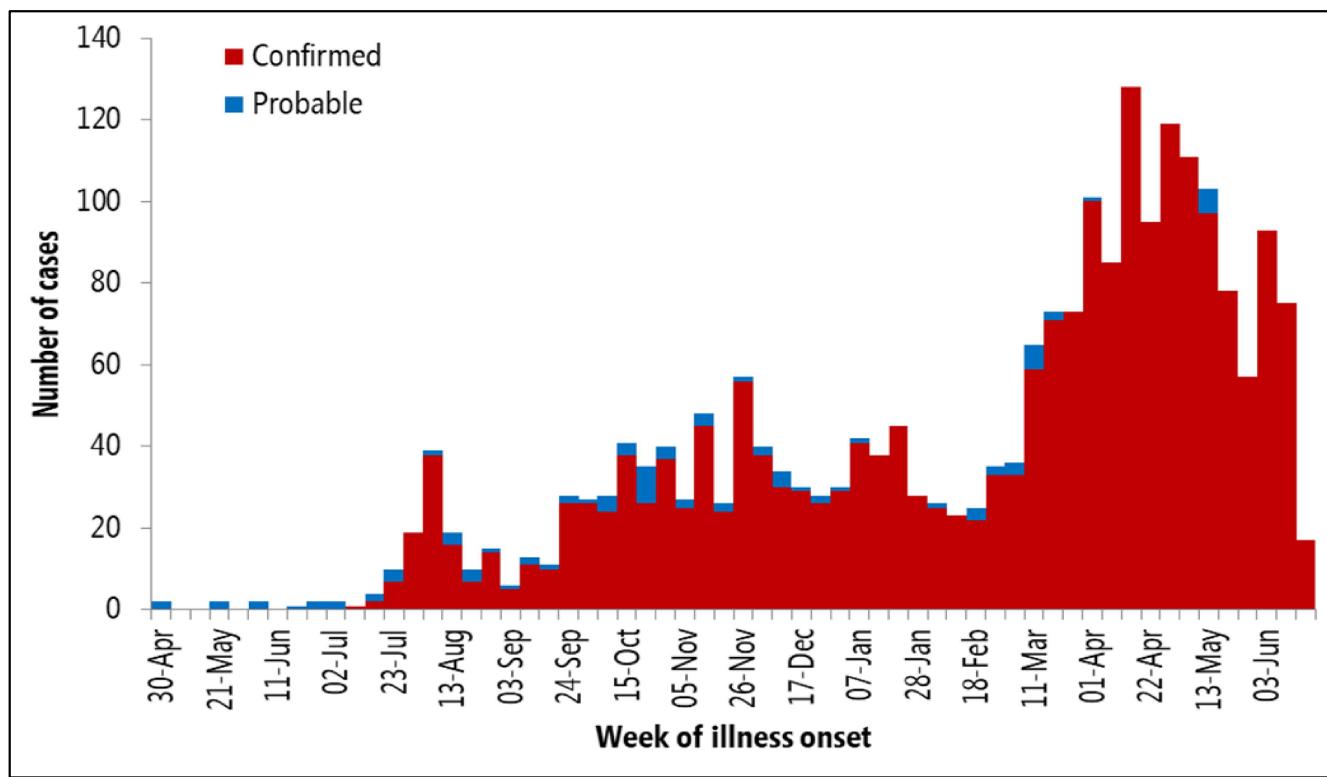
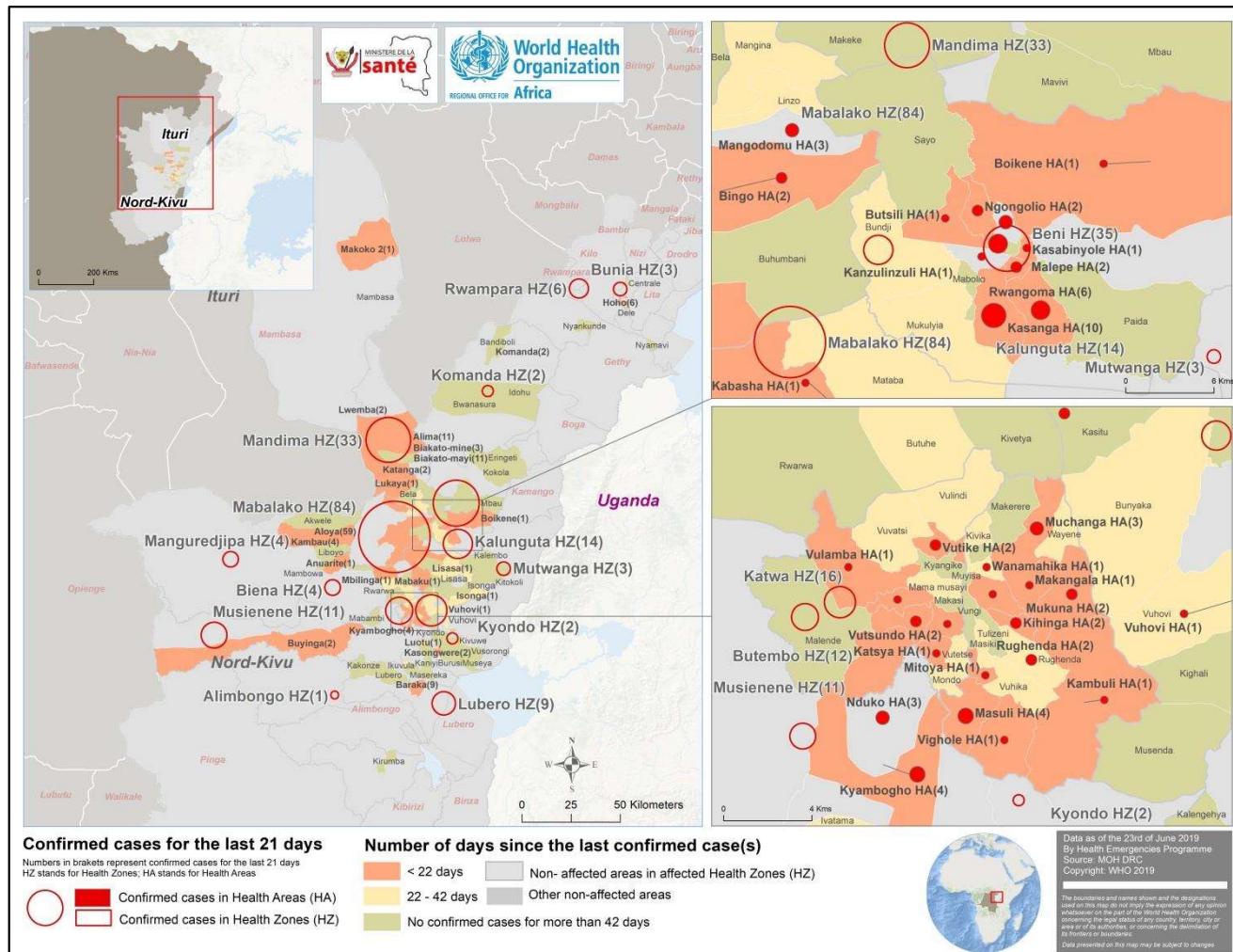


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 23 June 2019

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	1/20	2	0	2	0	0	1
	Beni	11/18	349	9	358	211	220	35
	Biena	2/14	12	1	13	13	14	4
	Butembo	9/15	243	0	243	270	270	12
	Kalunguta	7/18	120	15	135	53	68	14
	Katwa	9/18	603	16	619	408	424	16
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	1/22	21	2	23	13	15	2
	Lubero	1/18	20	2	22	3	5	9
	Mabalako	6/12	305	16	321	215	231	84
	Manguredjipa	1/9	16	0	16	8	8	4
	Masereka	0/16	38	6	44	15	21	0
	Musienene	4/20	69	1	70	29	30	11
	Mutwanga	0/19	8	0	8	6	6	3
	Oicha	0/25	41	0	41	20	20	0
Ituri	Vuhovi	0/12	85	13	98	31	44	0
	Bunia	3/20	4	0	4	3	3	3
	Komanda	1/15	30	9	39	12	21	2
	Mandima	6/15	169	4	173	95	99	33
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	7	0	7	3	3	6
	Tchomia	0/12	2	0	2	2	2	0
Total		63/359 (18%)	2153	94	2247	1416	1510	239

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, 23 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 135 900 contacts have been registered to date and 16 708 are currently under surveillance as of 23 June 2019. Follow-up rates remained very high (88% overall) in health zones with continued operations.
- ⇒ An average of 1503 alerts were received per day over the past seven days, of which 1403 (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 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 and Butembo. The ETCs in Mangina, Komanda and Katwa continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in CTEs are also receive optimized supportive care.
- ⇒ The Mangina ETC/TC has expanded its bed capacity to 65 in order to manage the increased number of suspect and confirmed cases.

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.

- An IPC team who were decontaminating after a confirmed case in Hoho, Rwampara Health Zone were attacked by motor cyclists, but were protected by police; no-one was injured, and their work continued.

Points of Entry (PoE)

- By the end of week 25 (week ending 23 June 2019), over 69 million screenings were performed, including 1 971 459 screenings during this last week. This week, a total of 58 alerts were notified, of which 18 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 347, with 522 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, and revise its strategy and plan for the next 6 months.
- Three high risk contacts were intercepted on 17 June 2019 at the PoC in Kanyabayonga, on the road from Goma to Butembo, travelling on a lorry carrying cans of oil. The three females (28 years, 7 years, and one year old) are related to the confirmed cases identified in Kasindi earlier this month.
- In Beni, with WHO's technical support, IOM trained a total of 74 front line workers (male 55, female 19), and in Goma, a total of 30 frontline workers (male 16, female 14) were trained.
- Activities at Mudzipela PoC in Ituri province resumed on 19 June 2019 after the PoC was attacked. Two security incidences were reported in the night of Sunday, 23 June 2019 affecting two PoCs, Mukulya and Deviation Makeke in Beni.

South Sudan

- The latest IOM sitrep can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-24-10-%E2%80%93-16-june-2019>.

Uganda

- IOM supported the central Ministry of Health and District Health Team to conduct monitoring and mentorship visits at 14 PoEs in Rukungiri, Rubirizi, Kasese and Bundibugyo districts. The purpose was to establish the effectiveness of border surveillance, identify gaps and technically support the border personnel conducting surveillance. Other partners including Red Cross, MTI and UNICEF also participated.
- IOM conducted additional training of 28 screeners in 8 PoEs in Ntoroko.

Safe and Dignified Burials (SDB)

- As of 16 June 2019, there have been a total of 7110 SDB alerts, of which 5722 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During week 24, there were 334 SDB alerts received through the IFRC SDB alerts database. Of these, 260 (78%) were responded to successfully. During this period, Beni Health Zone accounted for 17% of alerts (of which 89% were successful), followed by 12% each in Butembo (95% success), Oicha (78% success), Katwa (95% success). Mabalako accounted for 7% of alerts, with 84% of those 25 alerts successfully buried.

Implementation of ring vaccination protocol

- ➔ As of 22 June 2019, 140 794 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.
- ➔ Five new rings were opened around nine confirmed cases on 18 June 2019, another four new rings were opened around seven new cases on 17 June 2019 and an additional ring around two cases reported on 22 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.

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 148000 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 last week's 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 to date related to the DRC outbreak. 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 fluctuating transmission intensity. While the disease trend has reduced in previous hotspots such as Butembo and Katwa, the reverse is happening in areas that previously had low transmission rates, such as Mabalako, Lubero and Mandima. This trend is of concern and it requires that strong outbreak control interventions to be sustained in all the affected

areas concomitantly, especially 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.