

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 46



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1. Situation update



The number of new Ebola virus disease (EVD) cases has continued to decrease in recent weeks in Katwa and Butembo, with a total of eight cases reported in these two health zones combined in the past week. On the other hand, case incidence in Mabalako, especially in Aloya Health Area, has grown substantially. In this area, in addition to transmission within community and social settings, an increased number of healthcare worker (HCW) and potential nosocomial infections have been reported, highlighting the ongoing need for further improvement in protecting HCWs and patients in health facilities in these emerging areas. Reintroduction events were also detected in Lubero, Komanda and Rwampara health zones in recent weeks, pointing to the ongoing risk of spread associated with the outbreak in the Democratic Republic of the Congo. These events are also a strain on limited resources available to support operations, including the security required to maintain access across multiple geographical areas.

Overall, case incidence has slightly increased in the past week (Figure 1). In the 21 days between 27 May to 16 June 2019, 64 health areas within 17 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 248 confirmed cases were reported, the majority of which were from the health zones of Mabalako (38%, n=93), Katwa (12%, n=30), Mandima (11%, n=27), Butembo (10%, n=26) and Beni (10%, n=24). As of 16 June 2019, a total of 2168 EVD cases, including 2074 confirmed and 94 probable cases, were reported. A total of 1449 deaths were reported (overall case fatality ratio 67%), including 1355 deaths among confirmed cases. Of the 2168 confirmed and probable cases with known age and sex, 57% (1226) were female, and 29% (632) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 121 (6% of total cases).

On 14 June 2019, a meeting of the Emergency Committee was convened by the WHO Director-General under the International Health Regulations (IHR). The Committee expressed its deep concern about the ongoing outbreak, which, despite some positive epidemiological trends, especially in the epicentres of Butembo and Katwa, shows that the extension and/or reinfection of disease in other areas like Mabalako, presents, once again, challenges around community acceptance and security. In addition, the response continues to be hampered by a lack of adequate funding and strained human resources. It was noted that the cluster of cases in Uganda is not unexpected, and the rapid response and initial containment is a testament to the importance of preparedness in neighbouring countries. It was the view of the Committee that the outbreak is a health emergency in the Democratic Republic of the Congo and the region but does not meet all the criteria for a Public Health Emergency of International Concern (PHEIC). The Committee provided public health advice, which it strongly urged countries and responding partners to heed. For the full statement and further details, please [click here](#).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 16 June 2019

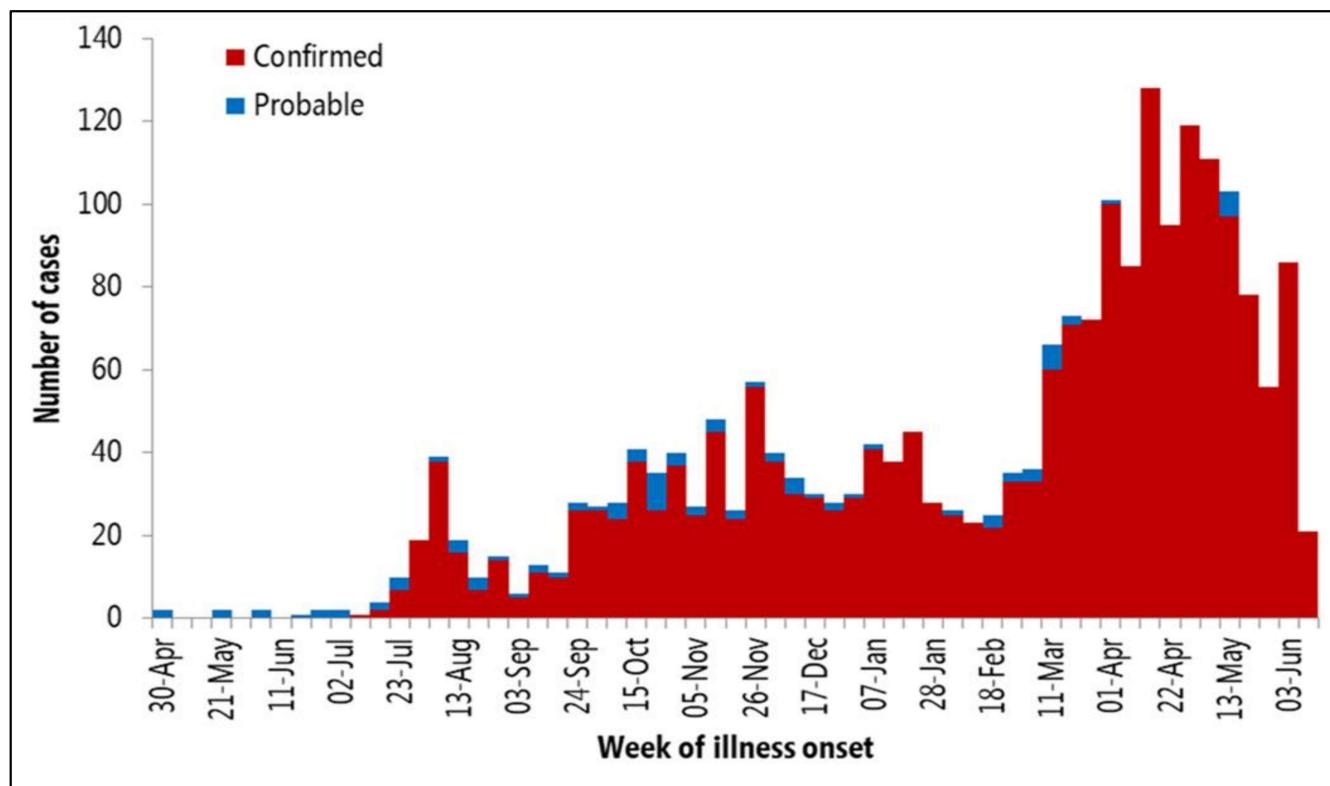
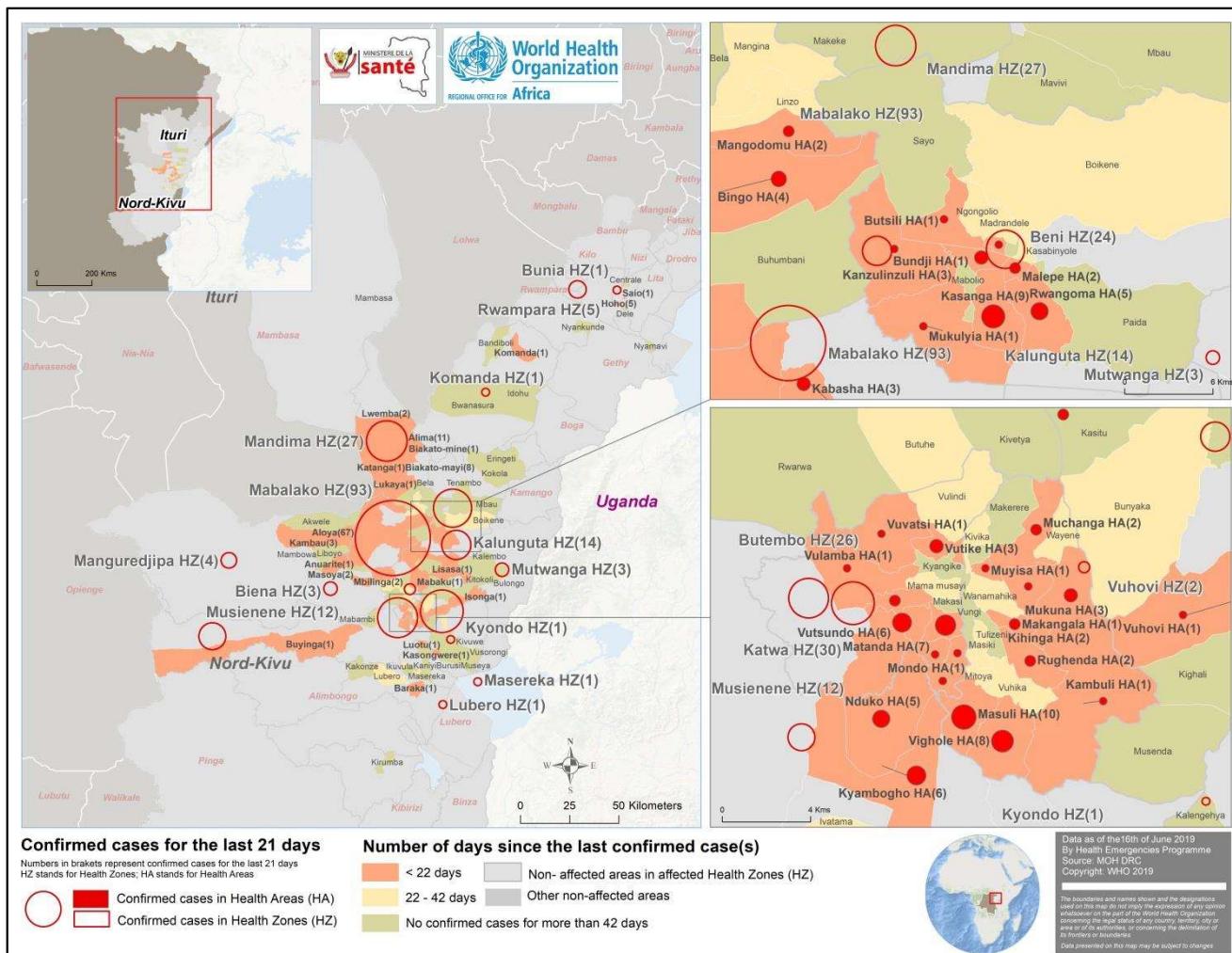


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 16 June 2019

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	0/20	1	0	1	0	0	0
	Beni	8/18	329	9	338	194	203	24
	Biena	2/14	11	1	12	10	11	3
	Butembo	11/15	241	0	241	261	261	26
	Kalunguta	8/18	115	15	130	51	66	14
	Katwa	9/18	600	16	616	402	418	30
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	1/22	20	2	22	13	15	1
	Lubero	1/18	12	2	14	3	5	1
	Mabalako	7/12	285	16	301	197	213	93
	Manguredjipa	1/9	15	0	15	7	7	4
	Masereka	1/16	38	6	44	15	21	1
	Musienene	4/20	67	1	68	29	30	12
	Mutwanga	0/19	8	0	8	6	6	3
	Oicha	0/25	41	0	41	20	20	0
Ituri	Vuhovi	2/12	85	13	98	31	44	2
	Bunia	1/20	2	0	2	2	2	1
	Komanda	1/15	29	9	38	12	21	1
	Mandima	6/15	158	4	162	92	96	27
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	6	0	6	2	2	5
Total		64/359 (17.8%)	2074	94	2168	1355	1449	248

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, 16 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 127 900 contacts have been registered to date and 16 054 are currently under surveillance as of 16 June 2019. Follow-up rates remained very high (89% overall) in health zones with continued operations.
- An average of 1515 alerts were received per day over the past seven days, of which 1393 (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 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 24 (week ending 15 June 2019), 1 877 827 screenings were performed, giving a total over 66 million cumulative screenings. This week, a total of 62 alerts were notified, of which 19 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 214, with 467 validated as suspect cases, and 11 subsequently confirmed with EVD following laboratory testing. An average of 92% PoEs and PoCs reported screenings daily this week.
- A PoE checkpoint at Mudzipela, Ituri, was burnt by arsonists on the nights of 15-16 June 2019.
- The African Nations Cup will be held in Egypt from 22 to 30 June 2019. For this purpose, the Surveillance Commission is working closely with the Congolese National Football Federation to identify contacts among supporters of the Congolese team intending to travel to Egypt.
- With regards to the Hajj pilgrimage, discussions thus far suggest that pilgrims from North Kivu will be allowed to attend the pilgrimage. One travel agency has been identified to organize the pilgrims' travel, which to date has not received any sign of potential denial of entry by the Saudi government.
- This week, IOM trained 50 frontline workers (male 33; female 17) drawn from various PoC/PoEs in Bunia; the focus of the training was on EVD surveillance and PoE Standard Operating Procedures (SOPs) using the newly developed training modules for frontline workers. IOM also organized training of 25 communicators/peer educators together with the Communication Commission and PNHF to strengthen risk communication and community engagement activities at PoE/PoCs. After the training, the communicators organized an awareness raising event jointly with IOM during which a total of 100 persons including travel agency managers, bus drivers' associations and motorcyclists were reached/sensitized about the risks associated with EVD and mobility.
- A total of 139 frontline workers (male 88; female 51) from Bunia were paid. Payments for the frontline workers in other areas are planned to take place in the following weeks. Furthermore, IOM continued to equip the PoE/PoCs with essential equipment and materials to strengthen surveillance capacity. The focus for the week was the Kasindi area, near the border of DRC and Uganda, as well as Rutshuru, which is an insecurity-prone territory.

Burundi

- On 28-31 May 2019, IOM conducted a joint assessment with the Ministry of Health and the Fight Against AIDS and the Department of Immigration, covering nine PoEs in four border provinces where Burundi shares a border with the Democratic Republic of Congo. The aim of the assessment was to evaluate the capacity needs (basic equipment and material as well as training needs) at the PoEs with the aim of supporting EVD preparedness efforts in the country.

South Sudan

- IOM screened 21 367 inbound travellers from Democratic Republic of the Congo to South Sudan, of whom 69 presented with fever and went through secondary screening; zero alerts were raised at 14 PoE sites, namely: Yei airstrip, Yei SSRRCC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia Uganda Border) in Morobo County, Pure, Kerwa, Khorijo, Birigo in Lainya County and Bori.
- Access to Lujulu remains a challenge due to insecurity, while remote monitoring was conducted for Lasu and Tokori due to access issues (reports for the week have not yet been received from Tokori).

Uganda

- IOM held stakeholders' meetings in the Districts of Kisoro and Kanungu to review progress in preparedness, identify gaps and areas of synergy as well as areas requiring strategizing. Participants (37 in Kisoro and 36 in Kanungu) included the District Health Team, district leadership, implementing partners including Save the Children, Uganda Red Cross Society, WHO, UNICEF, MTI, health workers, village health teams, security personnel, local leaders from POE communities and screeners.
- IOM has continued to conduct flow monitoring at six flow monitoring points at the border between Uganda and South Sudan and eight flow monitoring points at the border between Uganda and DRC.

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 16 June 2019, 135 887 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.
- From the 9-15 June 2019 62 new rings were opened around 89 confirmed cases registered during this period, which is 70% of all registered confirmed cases.
- 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

The slowing of EVD cases in Butembo and Katwa and the development of new hotspot areas in Mabalako, along with sporadic reintroduction of new cases into previously affected areas, are of increasing concern. In the light of the spread to neighbouring Uganda, contact tracing efforts must be re-doubled, 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 proven public health measures, in order to capitalize on this trend.