

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 44



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### 1. Situation update

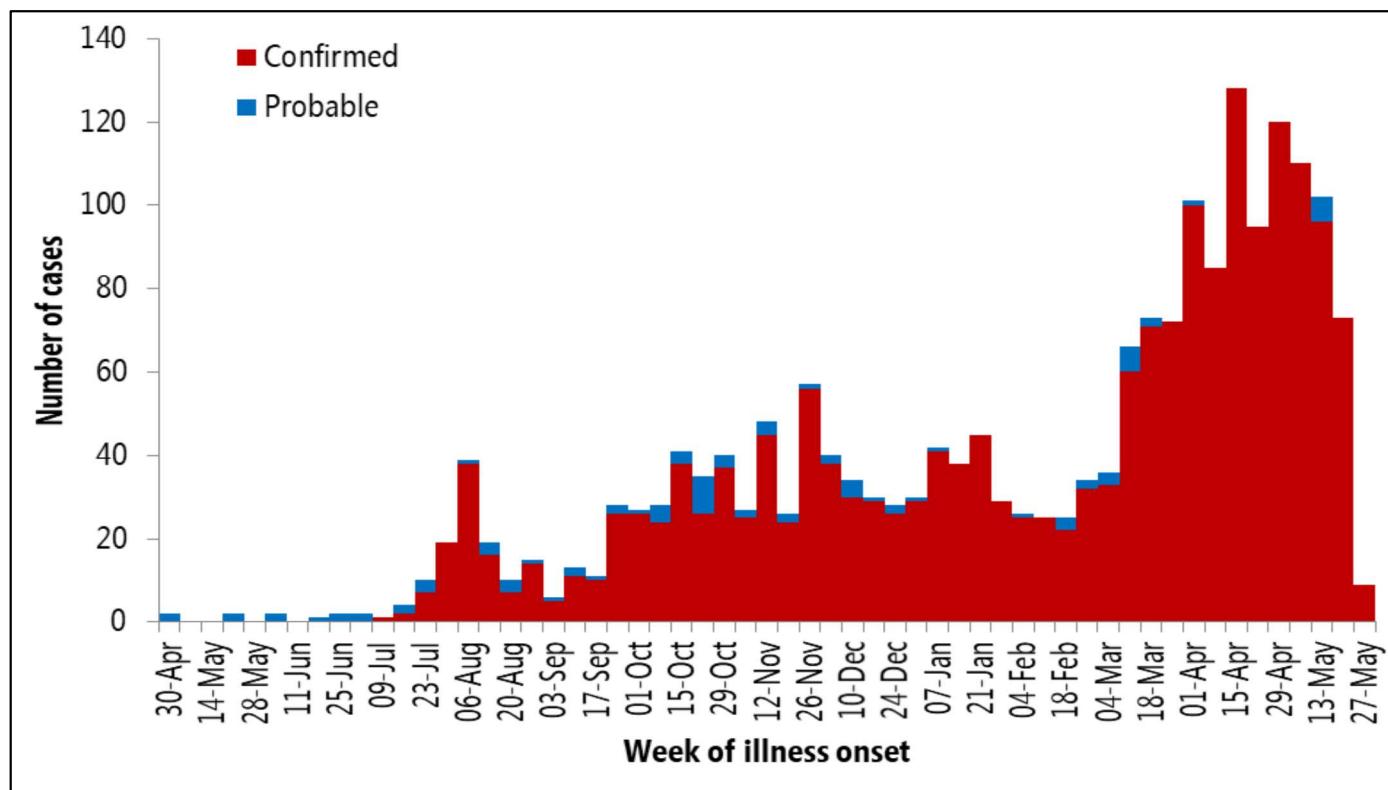
Cases	Deaths
2008	1346

As the Ebola virus disease (EVD) outbreak surpasses the 2000 case mark, indicators over the past two weeks provide early signs of an easing of the transmission intensity. This follows a period of improved security and therefore access to communities, allowing response teams to operate more freely. A total of 88 confirmed cases were reported each week for the past two weeks, down from a peak of 126 cases per week observed in April 2019. Declines in the incidence of new cases have been most apparent in hotspots such as Katwa, Mandima and Beni health zones. Concurrently, improvements in the proportion of cases among contacts registered prior to onset (up from 30% three weeks ago to 55% last week), and a lower proportion of cases resulting from transmission within community health facilities (from 31% during the first week of April 2019 to 9% during the last week of May 2019), are encouraging, although both indicators are below where we would aim to be. The outbreak continues to be contained to 13 active health zones in North Kivu and Ituri provinces. However, substantive rates of transmission continue within affected communities, and further waves of the outbreak would be expected. An increase in the incidence of new cases has been reported from Mabalako Health Zone this past week, and high infection rates continue within Butembo metropolitan. Times between detecting, reporting and admission of cases at Ebola treatment/transit centres (ETCs) remain too long (median 6 days, interquartile range 49 days in the past 3 weeks), with about a third (34% in the past 3 weeks) of cases dying outside ETCs. Collectively these indicators highlight that the risks associated with this outbreak remain very high.

In the 21 days between 13 May to 2 June 2019, 82 health areas within 13 health zones reported new cases, representing 46% of the 179 health areas affected to date (Table 1 and Figure 2). During this period, a total of 297 confirmed cases were reported, the majority of which were from the health zones of Mabalako (27%, n=79), Butembo (22%, n=64), Katwa (15%, n=46) and Beni (12%, n=35).

As of 2 June 2019, a total of 2008 EVD cases, including 1914 confirmed and 94 probable cases, were reported. A total of 1346 deaths were reported (overall case fatality ratio 67%), including 1252 deaths among confirmed cases. Of the 2008 confirmed and probable cases with known age and sex, 58% (1159) were female, and 29% (585) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected rising to 110 (6% of total cases).

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 02 June 2019**

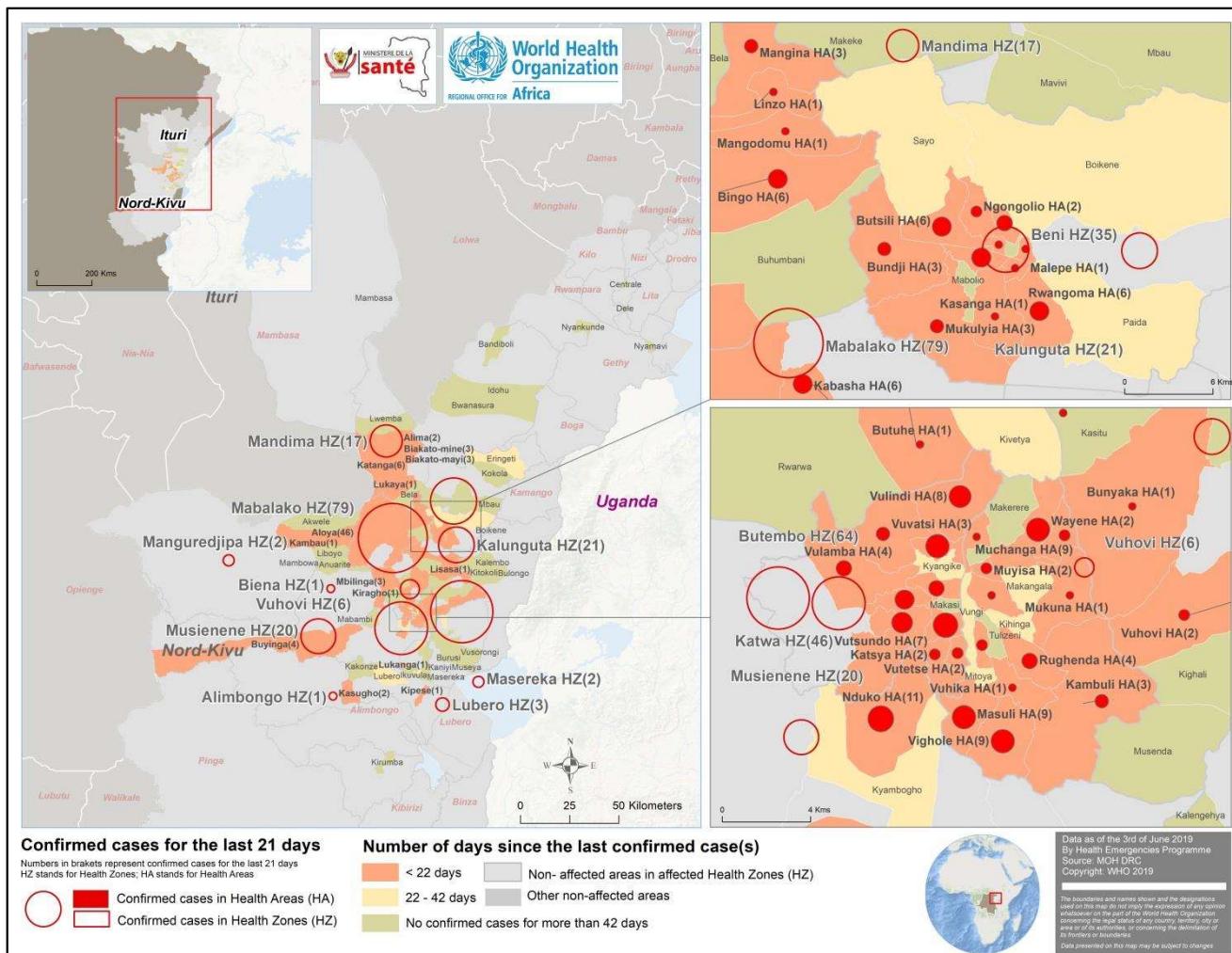


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, , as of 02 June 2019**

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	1	0	1	0	0	0
	Beni	12/18	314	9	323	181	190	181
	Biena	1/14	8	1	9	8	9	8
	Butembo	15/15	231	0	231	248	248	248
	Kalunguta	12/18	106	15	121	48	63	48
	Katwa	12/18	587	16	603	392	408	392
	Kayna	0/18	8	0	8	5	5	5
	Kyondo	0/22	19	2	21	13	15	13
	Lubero	2/18	11	2	13	2	4	2
	Mabalako	12/12	221	16	237	158	174	158
	Manguredjipa	1/9	12	0	12	6	6	6
	Masereka	2/16	38	6	44	15	21	15
	Musienene	4/20	58	1	59	25	26	25
	Mutwanga	0/19	5	0	5	3	3	3
	Oicha	0/25	41	0	41	20	20	20
Ituri	Vuhovi	3/12	85	13	98	31	44	31
	Bunia	0/20	1	0	1	1	1	1
	Komanda	0/15	28	9	37	10	19	10
	Mandima	5/15	136	4	140	82	86	82
	Nyakunde	0/12	1	0	1	1	1	1
	Rwampara	0/11	1	0	1	1	1	1
Total		82/359 (22.8%)	1914	94	2008	1252	1346	1252

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, 02 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 117 000 contacts have been registered to date and 15 502 are currently under surveillance as of 2 June 2019. Follow-up rates remained very high (84% overall) in health zones with continued operations.
- ⇒ An average of 1346 alerts were received per day over the past seven days, of which 1256 (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 teams in Butembo are implementing activities for an Ebola Response Accelerator Challenge grant awarded by the Paul Allen Family Foundation. The project was launched on 9 May 2019 with an initial length of four months. To date, 52 medical students from the University of Butembo have been trained in IPC. These medical students will become IPC supervisors to be based at specified health facilities on a day-to-day basis.

- ➔ 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.
- ➔ Water, sanitation and hygiene (WASH) activities continue where possible, but continue to be disrupted in some areas, with part of the Hodari dispensary, Rwangoma, Beni, set on fire by unknown individuals; two health centres and 12 households were decontaminated in Beni, Katwa, Butembo and Kalunguta health zones.

### **Points of Entry (PoE)**

- ➔ From 27 May to 2 June 2019, 1 903 262 screenings were performed, giving a total over 62 million cumulative screenings. This week, a total of 90 alerts were notified, of which 34 were validated as suspect cases following investigation, and 2 came back positive with EVD after laboratory testing. This brings the cumulative number of alerts to 1152, with 484 validated as suspect cases, and 11 subsequently confirmed with Ebola following laboratory testing. An average of 92% PoEs and PoCs reported screenings daily this week.
- ➔ In week 22, two positive cases were notified:
  - At PoC CUGEKI in BUTEMBO, the dead body of a 30-year-old man from the KALUNGUTA/AS DE KABASHA ZS was intercepted on 29 May 2019 in a vehicle going to KYONDO Health Zone for burial. The result was positive. The four people in the car together with the dead body were listed as contacts for follow up.
  - At PoC MAKEKEKE1 in MANGINA, a 12-year-old girl from BENI HZ going to MAKUMO Health Area in Mandima Health Zone presented with fever at 38.9°C, asthenia and diarrhoea. The result of the sample was positive.
- ➔ From 28 to 31 May 2019, training for PoE/PoC local providers focused on alert investigation techniques and validation with the WHO's technical and financial support. A total of 27 participants from 13 PoE/PoCs from Goma Sub Coordination (OPRP, Goma Airport, Petite Barriere Grande Barriere, Goma Port, kituku Port, Mubambiyo, Bunagana, Ishasha, Kibumba, Kiwanja, Munyaga, Vitshumbi, Kitagoma) were trained. They will be acting as alert investigators in their respective PoE/PoC to reduce the time from the notification of the alert and the arrival of the investigator from the nearest health facilities or the local response head quarter.
- ➔ IOM conducted participatory mobility mapping (PMM) in Mabalako Health Zone (North Kivu Province), where a total of 61 cases (confirmed and probable) were reported between 6 and 26 May 2019. This PMM is expected to guide the ongoing response activities and especially reinforcement of PoE interventions in Mabalako and neighbouring health zones.
- ➔ Following the finalization of the training modules for frontline workers, IOM organized a Training-of-Trainers (ToT) for the PNHF supervisors in Beni ahead of the roll out of training for frontline workers.

### **South Sudan**

- ➔ IOM screened 19 786 inbound travellers to South Sudan for EVD exposure and symptoms with 93 undergoing secondary screening and zero case alerts in 14 PoE sites, namely: Yei airstrip, Yei SSRRC, 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.
- ➔ Construction of new PoE shelters in Bori, KajoKeji County is ongoing.

- ➔ Construction of a waste pit for the medical waste management at Kaya primary healthcare clinic (PHCC) has been completed.
- ➔ IOM continued hygiene promotion activities in and around the PoE sites (at houses, markets and water points), reaching approximately 6417 individuals during the reporting period.
- ➔ The latest sitrep for IOM South Sudan (20-26 May 2019) can be found [here](#).

#### **Burundi**

- ➔ On 21-22 May 2019, IOM conducted a joint workshop between Burundi and the Democratic Republic of Congo to support the development of joint SOPs on health and humanitarian border management with a focus on EVD at the border between Gatumba/Kavimvira point of entry. The workshop, facilitated by IOM and representatives from the Ministry of Public Health and the Fight Against AIDS from Burundi as well as the Ministry of Health of Democratic Republic of the Congo, had a total of 22 participants, 11 from each country, including health and non-health border officials from Gatumba/Kavimvira PoE and representatives from the MOH, national IHR teams and WHO. Topics addressed in the SOPs include harmonization of preparedness efforts at the PoE, response protocol in the event of an outbreak at the border and coordination structures to strengthen cross-border surveillance between the two points of entry.

#### **Safe and Dignified Burials (SDB)**

- ➔ As of 2 June 2019, there have been a total of 6184 SDB alerts, of which 5024 were responded to successfully (81%) by Red Cross and Civil Protection SDB teams and CEHRBU teams.
- ➔ During week 22, there were 293 SDB alerts received. Of these, 241 (82%) were responded to successfully. During this period, Beni Health Zone accounted for 17% of alerts (of which 57% were successful), Bunia 15% (87% success), Butembo 14% (95% success), 13% Katwa (100% success), and 11% each Komanda and Mabalako (85% and 97% success, respectively).

#### **Implementation of ring vaccination protocol**

- ➔ As of 1 June 2019, 129 001 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 33 046 are contacts and 87 886 contacts-of-contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ➔ Six new rings (2 in Butembo and 2 in Katwa) have opened around eight out of the 12 confirmed cases from 1 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**

- ➔ Efforts are ongoing to facilitate the transition of the Ebola response to communities through dialogue and engagement in key hotspots. Community Ebola Committees have been set up by community members in 21 areas of Butembo, Katwa and Vuhovi, to lead decision-making on Ebola response-related activities in their localities.

- ➔ Coordination of risk communication and community engagement activities has been enhanced in Goma where UNICEF is leading the support to strengthen the Communications Commission, with support from NGOs and other agencies including CDC, IFRC, and WHO.
- ➔ Public awareness campaigns on Ebola are being strengthened in Goma and Kindu, with involvement of city mayors and political engagement continues with civil society groups, administrative authorities and local politicians in Beni and Butembo. Visits to Ebola treatment centres and transit centres are organised in several outbreak areas including in Mapele health area and in Butembo so that they can directly observe how Ebola patients are being cared for, in order to demystify misunderstandings around treatment of Ebola patients.

## Preparedness and Operations Readiness

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

- ➔ The preparedness coordination center 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 center 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 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. 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:

- ➔ Minimum readiness package of activities achieved in the 9 neighbouring countries. Guidelines, tools and SOPs have been made available in all 9 countries and adapted to country context. Almost 1000 alerts have been investigated in the 9 countries, all negative for EVD. Drills or simulation exercises to test functionality of systems have been conducted in 5 countries. Due to funding gaps only 34/270 deployments remain in the field for technical support to preparedness pending resource mobilization.
- ➔ To date 4915 health workers in 150 health facilities have been vaccinated in Uganda, 2200 workers in 29 health facilities in South Sudan, 1392 frontline workers in high risk districts in Rwanda. Burundi is currently processing approvals to import and vaccinate frontline health workers.
- ➔ WHO AFRO Regional Office held a two-day technical meeting on cross-border health security issues for Operational Readiness Surveillance and Response in Kigali, Rwanda from 22 - 23 May 2019. This meeting brought together senior staff from the Ministries of Health and WHO Country Offices in Burundi, the Democratic Republic of the Congo, Rwanda, South Sudan and Uganda. The objective of the meeting was to review their current status and agree on strategies for strengthening Operational

Readiness. A cross border MoU model was shared between partners during the meeting (<https://afro.who.int/news/cross-border-health-security-issues-operational-readiness-surveillance-and-response>).

## 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](mailto: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

Early indications of easing transmission in some hotspot areas are encouraging and testament to the resilience of response teams who have continued to contain the outbreak to North Kivu and Ituri provinces. However, substantive rates of transmission remain in other hotspots, highlighting that overall, national and regional public health risks associated with the outbreak remain very high. It is critical that all areas of the response remain effective, engaged and fully resourced, with response activities continuing to be scaled and adapted to the evolving local context.