

# EBOLA VIRUS DISEASE

## Democratic Republic of Congo

### External Situation Report 1

Date of issue: 15 May 2017



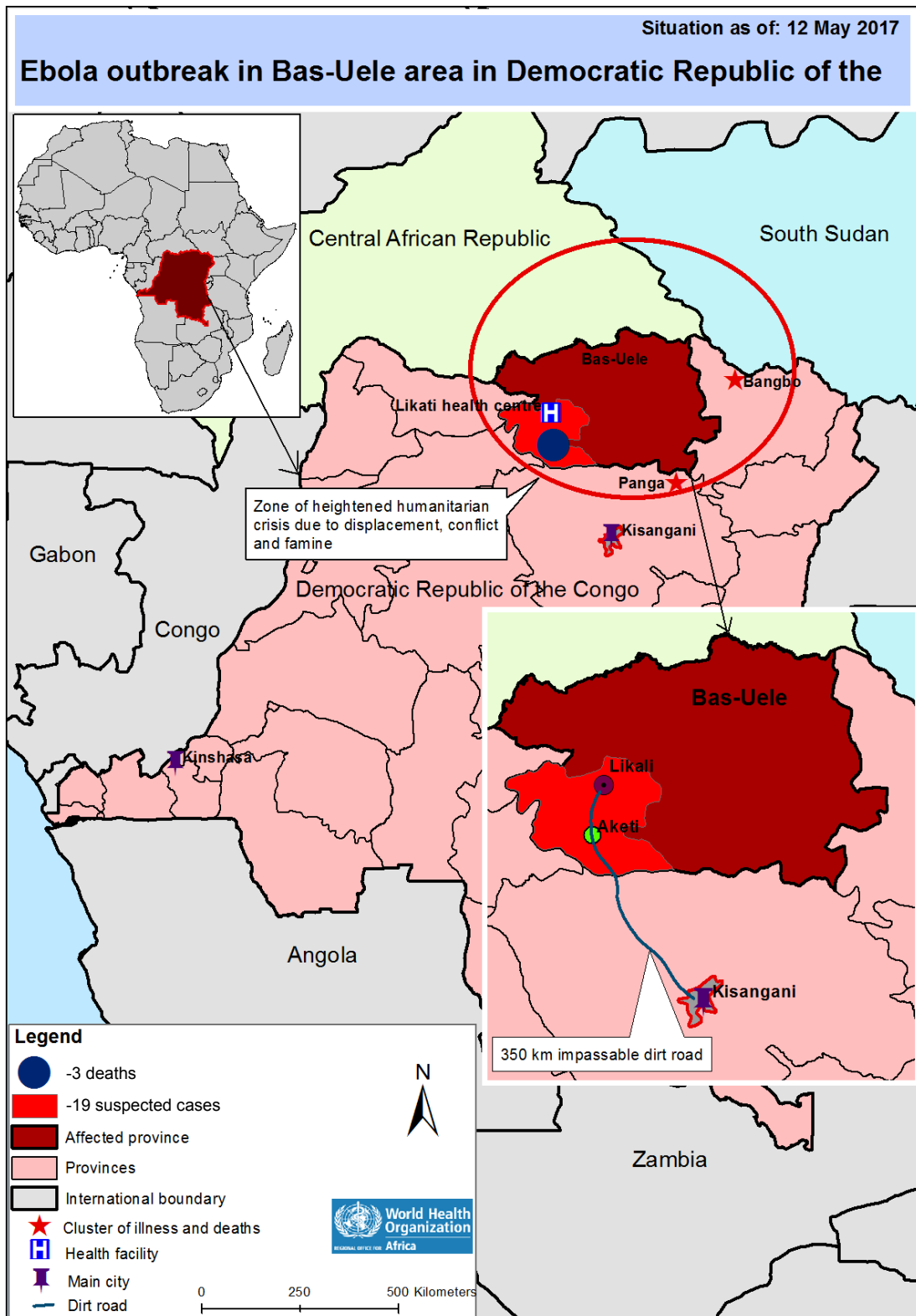
#### 1. Situation update

On 11 May 2017, the Ministry of Health of the Democratic Republic of Congo (DRC) notified WHO of an outbreak of Ebola virus disease (Ebola in short) in Likati health zone in Bas Uele province located in the northern part of the country. The first patient to be seen was a 39-year-old man who reported to the local health facility on 22 April 2017, presenting with fever, weakness, vomiting, bloody diarrhoea, passing blood in urine, bleeding from the nose, and extreme fatigue. He was immediately referred to Likati health zone facility but he died in transit. On 24 April 2017, a motorcycle rider (who transported the first patient) and another person who supported the first patient during transportation developed acute febrile illness. The motor cycle rider subsequently died on 26 April 2017. Other people who were close to these patients eventually developed similar illness.

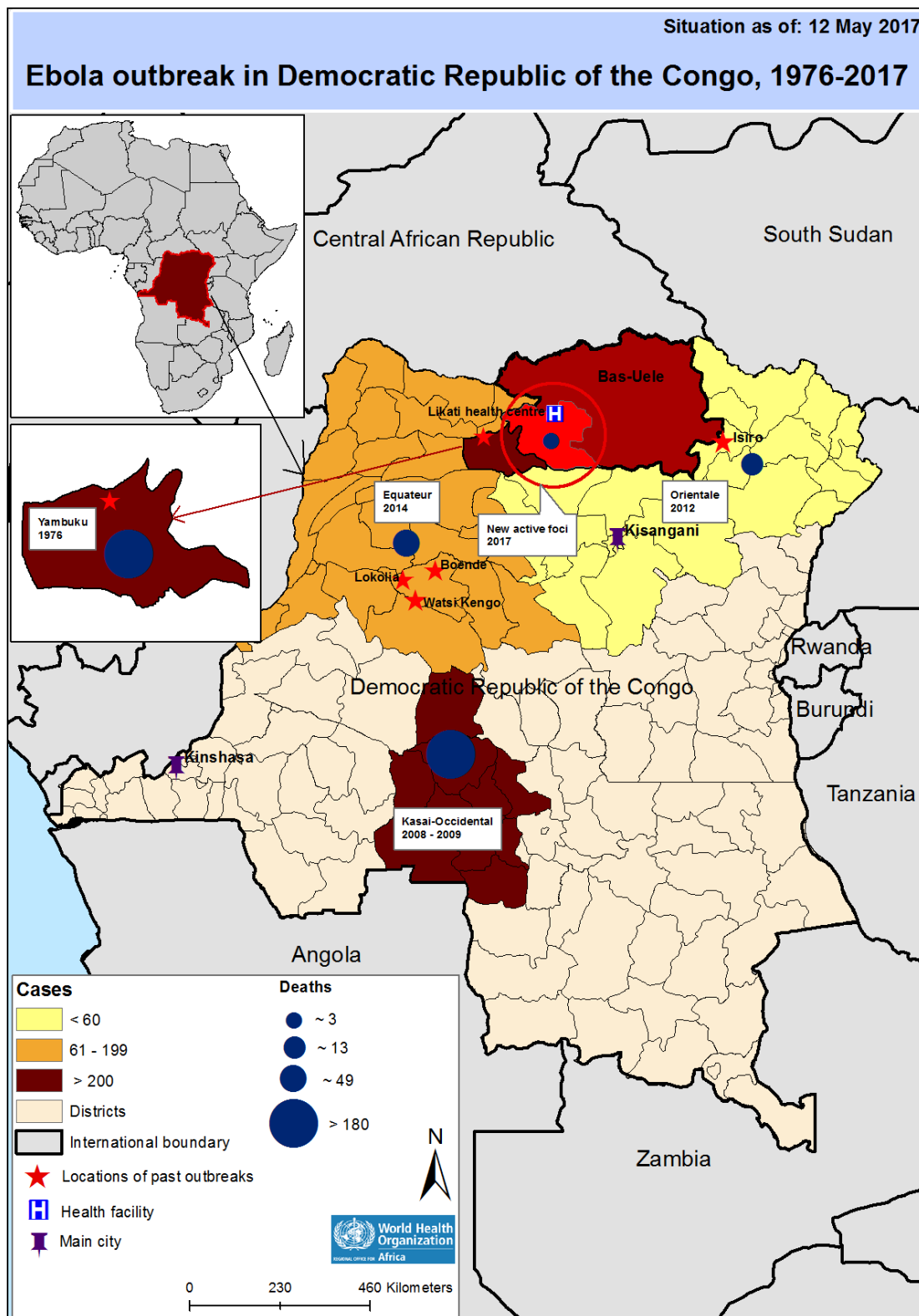
Following this cluster of illness and deaths, the health team carried out outbreak investigation and collected five blood samples that were transported to a laboratory, the Institut National de Recherche Biomédicale (INRB), in Kinshasa. Laboratory results released on 11 May 2017 showed that two of the five samples tested positive for Ebola virus of the Zaire sub-type using a technique call polymerase chain reaction (PCR).

As of 15 May 2017, a total of 19 patients suspected to have Ebola including 3 deaths (death rate of 15.8%) have been reported. The cases reported are from three areas, namely Nambwa (10 cases and 2 deaths), Mouma (3 cases and 1 death) and Ngay (6 cases and no death). A total of 125 close contacts have been identified and are being followed up on a daily basis.

Likati health zone shares borders with two provinces in DRC and with the Central African Republic. The affected areas are remote and hard-to-reach with limited communication and transport networks.



This is the 8<sup>th</sup> Ebola outbreak in the Democratic Republic of Congo since the disease was first discovered in 1976 in Yambuku, DRC.



As this is a rapidly changing situation, the number of reported cases and deaths, contacts under medical observation and the number of laboratory results are subject to change due to enhanced surveillance and contact tracing activities, ongoing laboratory investigations and consolidation of case, contact and laboratory data.

## Current risk assessment

- At this stage, the overall risk is high at national level due to the known impact of Ebola outbreaks, remoteness of the affected area, limited access to health care and suboptimal surveillance.
- Risk at regional level is moderate due to the proximity with international borders and the recent influx of refugees from Central African Republic.
- The risk is low at global level.

Depending on the evolution of the situation, the risk will be reassessed at the three levels.

WHO advises against the application of any travel or trade restrictions on the Democratic Republic of Congo based on the current information available on this Ebola outbreak. WHO continues to monitor reports of measures implemented at points of entry.

## WHO's strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of strategies that have proven to be effective in preventing and control of EVD outbreaks. These strategies include (i) coordination of the response, (ii) enhanced surveillance, (iii) laboratory confirmation, (iv) contact identification and follow-up, (v) case management, (vi) infection prevention and control, (vii) safe burials, (viii) social mobilization and community engagement, (ix) logistics, (x) risk communication, (xi) vaccination, (xii) partnership, (xiii) research and (xiv) resource mobilization.

## 2. Actions to date

Since the declaration of the outbreak, the WHO regional Office for Africa as well as the other levels of the Organization is providing high level support to the country for the effective management of the event.

### Coordination of the response

- The Regional Director (RD) of WHO AFRO travelled to DRC on 13 May 2017 and met with the national authorities. The RD reiterated the availability and commitment of the Organization to work with the Ministry of Health and other sectors to rapidly contain the outbreak and avoid unnecessary interference with travel and trade. She also held a meeting with in-country partners to enhance partnership and coordination of response to this highly dangerous disease.
- A WHO 3-level teleconference was held on 12 May 2017 with active participation of senior managers of the Organization. The first national coordination meeting was held on 11 March 2017 with participation of WHO and partners (MSF, CDC, ALIMA NGO, etc. Coordination at the regional level has also been strengthened, with daily meetings taking place.
- WHO is finalizing risk assessment for the grading the event and establishment of the incident management system.
- Technical guidance is being provided to the country, including involvement of anthropologists and risk communication experts at this earlier stage of the outbreak.
- The global experts' roster is being activated to provide technical support to the country.
- The regional and global laboratory network is activated for confirmation of suspected cases.
- Partners have been engaged to support the response; MSF, Alima NGO and other partners.
- Cross border collaboration is being strengthened through the participation of CAR team in the 3-level teleconference held on 12 May 2017. Efforts are being made to set-up collaboration mechanism between the two countries.

### Surveillance

- The first field investigation was conducted by the local health team on 5 May 2017. Five blood samples were collected, facilitating laboratory confirmation.
- Provincial investigation team from Buta has been deployed in Nambwa on 9 May 2017.

- On 13 May, a national multidisciplinary investigation team of 10 experts was deployed to conduct in depth investigation including active case search, review of health facility records and establishment of community-based surveillance. The team arrived in Kisangani on 14 May 2017 and is travelling to Buta on 15 May 2017.

## Laboratory confirmation

- The available samples will be transported to the WHO reference centre for arboviruses for confirmation.
- Samples transportation mechanism from the field is being improved to enable timely confirmation of suspected cases.
- Actions are ongoing to deploy a mobile laboratory.

## Infection prevention and control / safe burials

- Disinfection of materials and homes of the affected people is ongoing in Likati and Nambwa.
- Logistics and capacity to conduct safe burial are being put in place.

## Contact identification and follow-up

- Contacts identification and follow-up has started.
- Tools for contacts identification and follow are being distributed to health workers.
- So far, 125 close contacts have been identified in Nambwa and are being closely monitored.

## Case management

- Six suspected Ebola patients are hospitalized and being treated.
- MSF and Alima are planning to set up Ebola isolation facilities.

## Social mobilization and community engagement

- National social mobilization and community engagement experts are on the ground to sensitize and engage the communities.
- Logistic
- A consignment of personal protective equipment (PPE) has been dispatched to ensure safety of health workers and other stakeholders involved in the management of cases and contacts.
- WHO has engaged United Nations Humanitarian Air Service (UNHAS) and Echoflight based in Goma to explore the possibility of air support (transport of samples, teams and equipment)
- Logistic plan is under development.
- Resources Mobilization
- The Provincial Government has mobilized initial funds to facilitate immediate operational activities in the field.
- The WHO Office in DRC finalized the country response plan and budget amounting US\$ 1,449,388.

## Risk communication

- WHO is planning to strengthen risk communication interventions on the ground.
- On Friday 12 May 2017, UNICEF deployed a communication for development (C4D) consultant from Kisangani to Buta

## Partnership

- WHO is mobilizing partners to provide technical and logistical support to the country.
- GOARN is coordinating the deployment of mobile laboratory in the country.

- MSF and ALIMA are on the ground in Likati to provide technical support.

### 3. Summary of public health risks, needs and gaps

The critical needs currently are to access to the affected areas and the timely deployment of required human and logistical resources including the mobile laboratory, communication tools.

Proposed way forwards are:

- Support the country to finalize the response plan and budget;
- Establish proper response mechanism that takes into account all pillars needed for the quick control;
- Deploy national and international experts in the hotspots to provide support to the country;
- Mobilize needed resources including telecommunications and air transport logistics to ease communication and access to the affected areas;
- Grade the event and establish the incident management system.