

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 3

Date of issue: 17 May 2017



1. Situation update

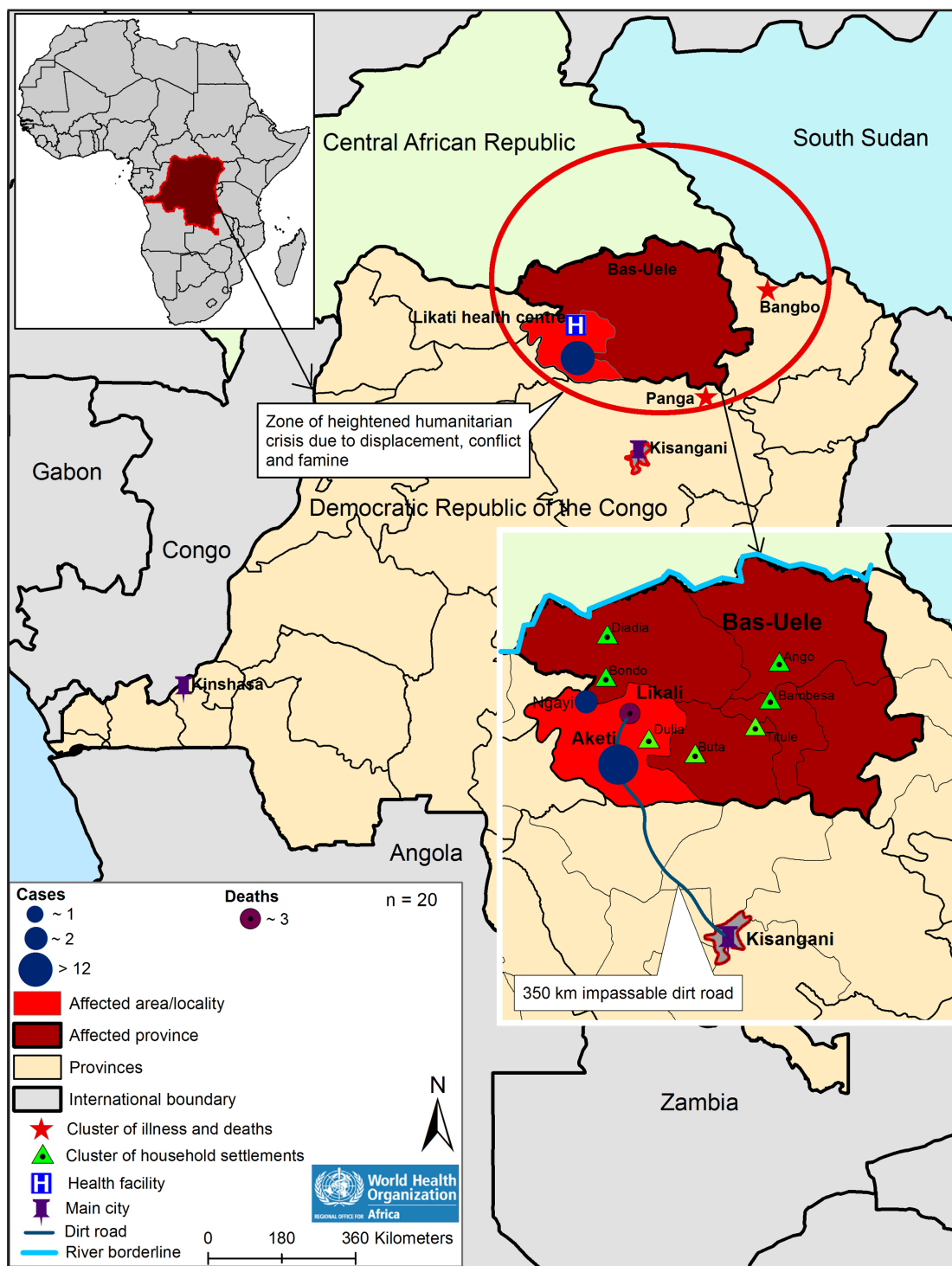
WHO continues to support the Ministry of Health in the Democratic Republic of Congo to monitor and respond to the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province located in the north-east of the country.

On 17 May 2017, no new EVD cases were reported in Likati Health Zone. Meanwhile, the suspected case reported on 16 May 2017 in Azande was discarded since the case did not meet the surveillance case definition of EVD. As of 17 May 2017, a total of 20 suspected EVD cases including two laboratory confirmed cases have been reported. To date, three deaths have been reported, giving a case fatality rate of 15%. Most of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The cases have been reported from four health areas, namely Nambwa (11 cases and two deaths), Mouma (three cases and one death), and Ngayi (six cases and no deaths).

Out of the five blood samples analysed at the national reference laboratory, Institut National de Recherche Biomédicale (INRB) in Kinshasa, two tested positive for Zaire ebolavirus. At least 416 close contacts have been registered in Likati Health Zone and are being monitored.

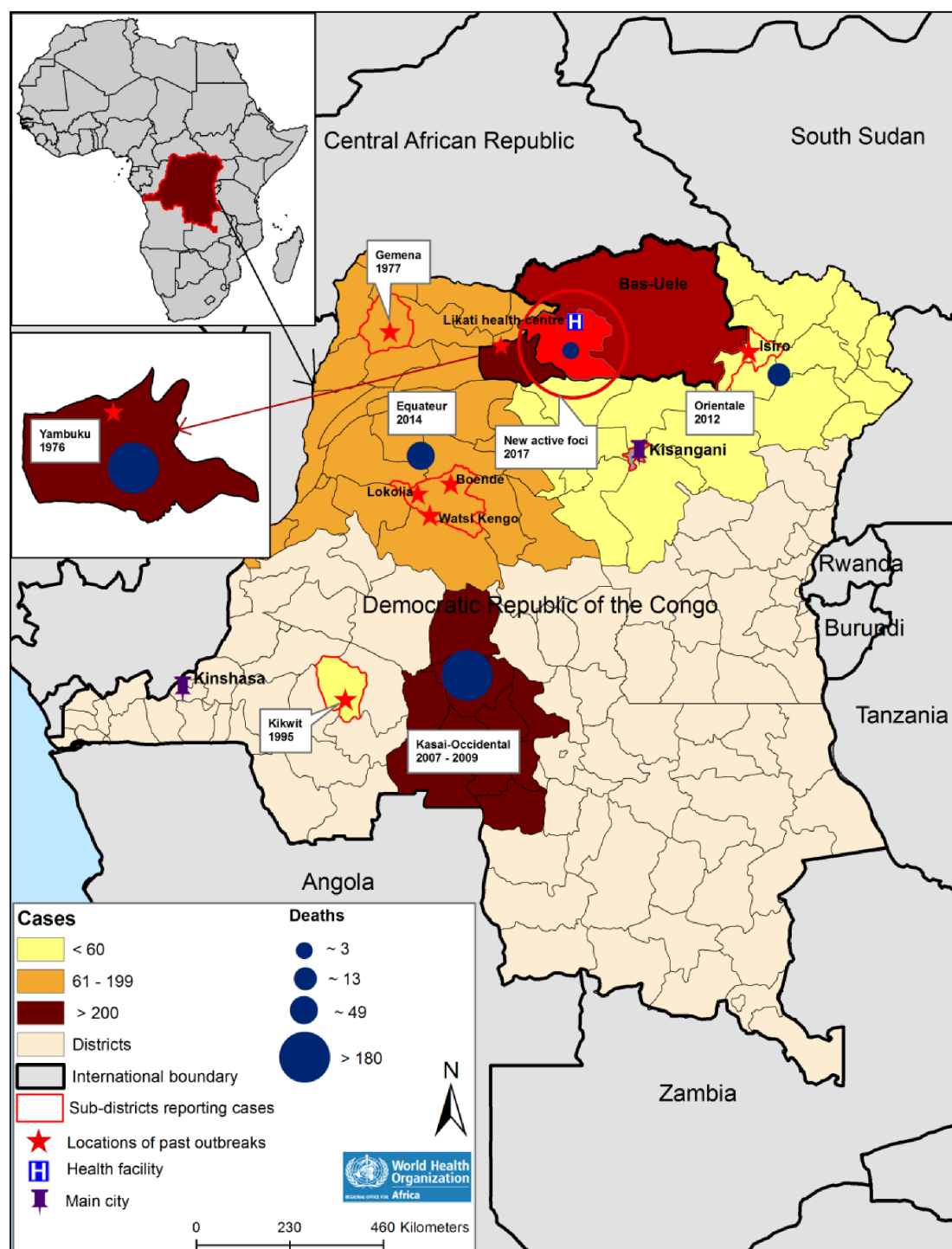
This EVD outbreak in the Democratic Republic of Congo was notified to WHO by the Ministry of Health on 11 May 2017. The cluster of cases and deaths of previously unidentified illness have been reported since late April 2017. Likati Health Zone shares borders with two provinces in the Democratic Republic of the Congo and with the Central African Republic (Fig. 1). The affected areas are remote and hard to reach, with limited communication and transport networks.

Figure 1. Geographical distribution of cases in the current EVD outbreak in the Democratic Republic of the Congo as of 16 May 2017



The current outbreak is the eighth EVD outbreak in the Democratic Republic of the Congo since the disease was first discovered in 1976 in Yambuku (then Zaire, Fig. 2).

Figure 2. Geographical distribution of the previous EVD outbreaks in the Democratic Republic of the Congo: 1976 – 2017.



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

Current risk assessment

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

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information.

WHO advises against the application of any travel or trade restrictions on the Democratic Republic of the Congo based on the currently available information. WHO continues to monitor reports of measures being 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 the prevention and control of Ebola 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) partner engagement, (xiii) research and (xiv) resource mobilization.

2. Actions to date

Since the declaration of the outbreak, the WHO Regional Office for Africa (AFRO), as well as the other levels of WHO, are providing a high level of support to the country in order to ensure an effective response to this event.

Coordination of the response

- Regular coordination meetings of the Health Emergency Management Committee are ongoing in Likati Health Zone, provincial and national levels. Seven sub-committees have been set up at the national level, including monitoring; case management; water, hygiene and sanitation (WASH) and biosafety; laboratory and research; psycho-social management; logistics; and communication.
- WHO 3-level conference calls are being conducted on a weekly basis to review the EVD outbreak situation, strategize and provide guidance to the response.

Surveillance

- Case investigation including the identification of potential exposures and transmission chains is being strengthened.
- Active case search has been implemented in the affected areas at the community and health facility level.

Laboratory

- On 17 May 2017, the Institut National de Recherche Biomédicale (INRB), WHO AFRO and Headquarters conducted a teleconference to discuss the current laboratory capacity in the country, the approach for laboratory confirmation of the specimens and the urgent needs.
- Two mobile laboratories arrived on Wednesday 17 May 2017 in Likati. One mobile laboratory will be installed at Likati and the other one at the epicenter of the outbreak in Nambwa. The INRB will also ensure laboratory confirmation in the other non-affected provinces. Capacity for various differential diagnoses is available.
- Eight additional samples have been shipped to the INRB reference laboratory.

- The initial blood specimens have arrived at the Centre International de Recherches Medicales (CIRMF) in Gabon for sequencing. The results are expected by the end of the week.
- WHO is in the process of supplying essential reagents and supplies to ensure sustainability of testing based on the request from INRB.
- Regular laboratory teleconferences will be conducted to adjust the interventions based on the evolution of the outbreak.

Contact identification and follow-up

- At least 416 contacts have been identified and are being followed up on a daily basis.
- The identification and follow up of contacts is ongoing. The structure for contact tracing is being strengthened.

Case management

- The health emergency kits donated by WHO have reached Nambwa and Mouma health facilities.
- Preparations by the non-governmental organizations Médecins Sans Frontières (MSF) and the Alliance for International Medical Action (ALIMA) are ongoing to support the establishment of proper isolation and treatment facilities in the affected areas.

Social mobilization and community engagement

- National social mobilization and community engagement experts are on the ground to sensitize and engage the communities.

Logistics

- The logistics team in Kinshasa is working closely with logistics partners and stakeholders across the Democratic Republic of the Congo to ensure effective collaboration and coordination. The logistic issues to be addressed include supply, warehousing, transport, setting up of living quarters and operations base(s) in remote zones, setting up medical and isolation facilities, and referral of patients. The international logistics partners include UNICEF, World Food Programme (WFP), MSF, ALIMA, the United States Agency for International Development (USAID) and the United Kingdom Department for International Development (DFID).
- WFP/Logistics Cluster and UNICEF have been approached to support warehousing capacity in Buta and Likati.
- WHO donated 3000 sets of personal protective equipment (PPE), enough to support a facility of 30 beds for 30 days. Other supplies donated include 100 body bags, sprayers, chlorine powder for disinfection and infrared thermometers. The supplies have been transported to Likati.
- Communication equipment, including satellite phones and data satellite communication devices has been deployed.
- Discussions to secure air transport are in advanced stages. The options will include using both helicopter and fixed-wing flights. The United Nations Humanitarian Air Service (UNHAS) will set up a base to operate from Buta.

Resources mobilization

- The Ministry of Health has finalized the national Ebola outbreak response plan and budget, amounting to US\$ 8 million. The response plan and budget has been presented and discussed with partners.

Risk communication

- Risk communication messages are being aired through local radio channels. Awareness campaigns are also being organized in markets, churches and other public places.

Partnership

- WHO and the Global Outbreak Alert and Response Network (GOARN) continue to mobilize partners to provide technical and logistical support to the country.
- GOARN and the Emerging Dangerous Pathogen Laboratory Network (EDPLN) will coordinate the deployment of additional mobile laboratory capacity in the country if requested.
- MSF and ALIMA are on the ground in Likati to provide technical support.

IHR travel measures

- As of 16 May 2017, six countries have instituted entry screening at airports and ports of entry (Kenya, Nigeria, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe), and one country has issued travel advice to avoid unnecessary travel to DRC (Rwanda).
- The International Health Regulations (IHR) Secretariat, together with the International Civil Aviation Organization (ICAO) is actively monitoring the travel measures implemented by States Parties in relation to this outbreak.
- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.

3. Summary of public health risks, needs and gaps

The most critical needs include access to the affected areas to enable the timely deployment of required human and logistical resources, the need to establish appropriate isolation and treatment facilities and scaling up implementation of control interventions.

Proposed ways forward include:

- Establishing appropriate EVD isolation and treatment facilities.
- Scaling up implementation of response interventions in all the essential pillars.
- Continuing with the deployment of national and international experts to the affected areas.
- Mobilizing needed resources, including telecommunications and air transport logistics to ease communication and access to the affected areas.