

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 4

Date of issue: 18 May 2017



1. Situation update

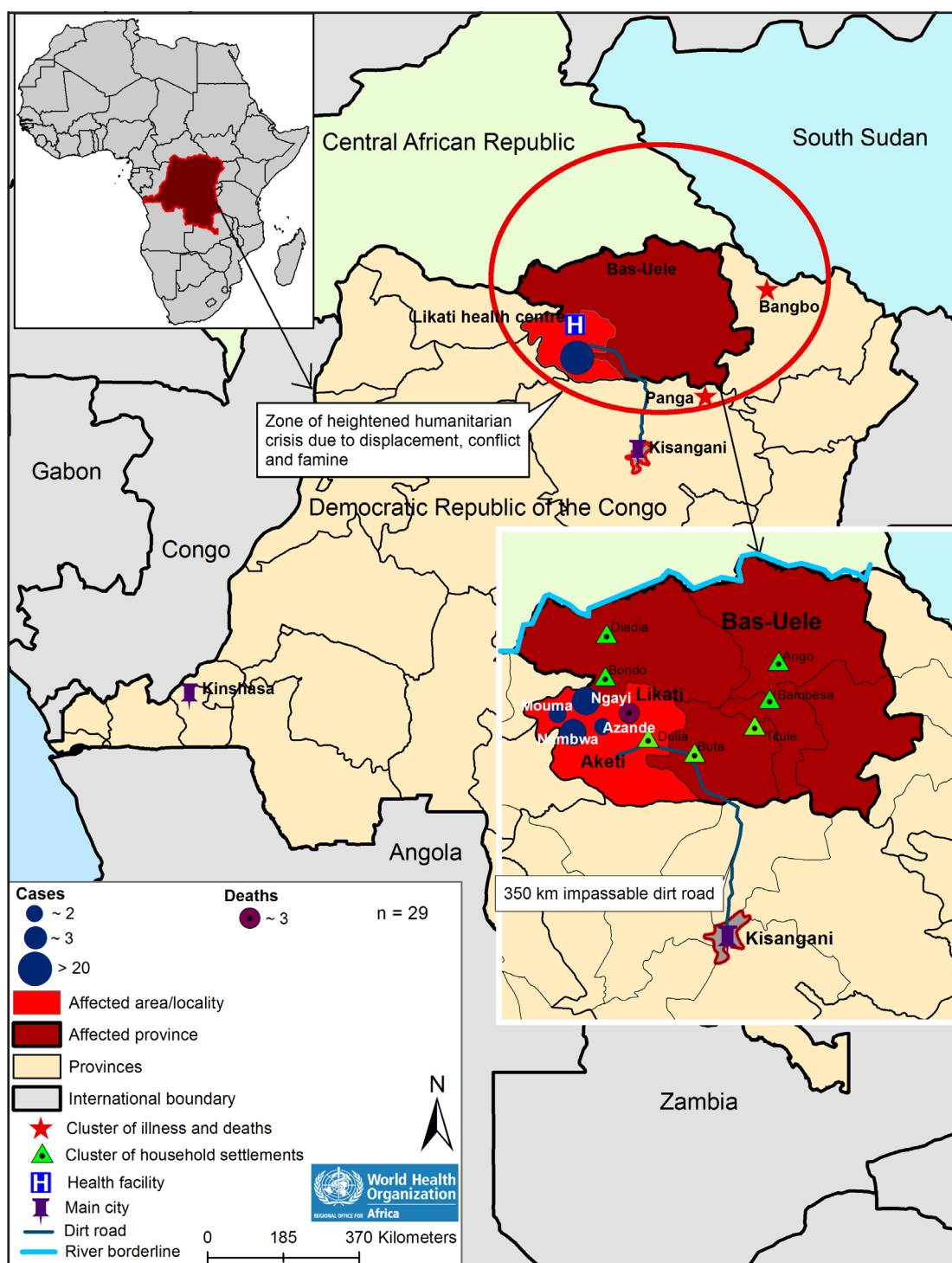
WHO continues to support the Ministry of Health in the Democratic Republic of Congo to monitor and respond to the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province located in the north-east of the country.

On 18 May 2017, nine suspected EVD cases were reported in Ngayi (7 cases) and Azande (2 cases) in Likati Health Zone. The suspected cases are being investigated and will be classified accordingly. As of 18 May 2017, a total of 29 EVD cases [two confirmed, two probable and 25 suspected] have been reported. To date, three deaths have been reported, giving a case fatality rate of 10%. 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), Ngayi (13 cases and no deaths), and Azande (two cases and no deaths). According to available information at this stage, no healthcare workers have been affected.

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

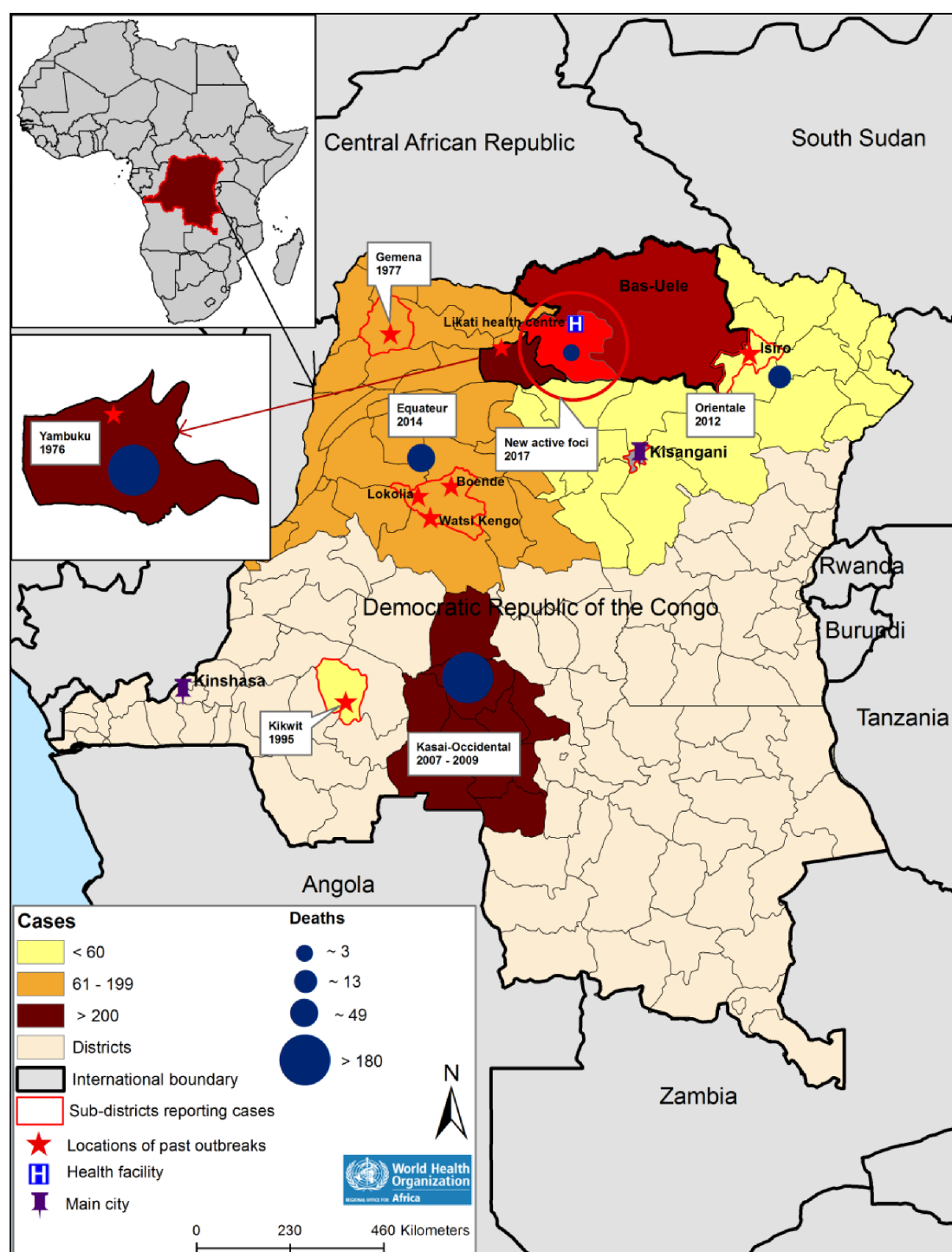
This EVD outbreak in the Democratic Republic of Congo was notified to WHO by the Ministry of Health on 11 May 2017. The cluster of cases and deaths of previously unidentified illness have been reported since late April 2017. Likati Health Zone shares borders with two provinces in the Democratic Republic 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 Congo as of 18 May 2017



The current outbreak is the eighth EVD outbreak in the Democratic Republic of 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 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

- The Government of the Democratic Republic of Congo has established a high level crisis management team, led by the Minister of Public Health, and working in close collaboration with technical partners, including WHO and UNICEF, to coordinate the response to the outbreak.
- 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 three times per week to review the EVD outbreak situation, strategize and provide guidance to the response.

Surveillance

- Classification of the reported cases into confirmed, probable and suspected and development of transmission chain is being finalized. Case investigation including the identification of potential exposures is being conducted.
- Active case search is being carried out at the community and health facility levels in the affected areas.

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 in Likati on 17 May 2017. The mobile laboratory module has been deployed in Likati town at the Reference General Hospital.

- Thirty biological samples collected in Likati Health Zone will be processed by the Likati mobile Laboratory on Friday 19 and Saturday 20 May. In addition, the mobile laboratory will be testing 13 samples collected recently from suspected EVD cases in Banalia.

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 continuing in the affected areas. The structure for contact tracing is being strengthened.

Case management

- Médecins Sans Frontières (MSF) and the Alliance for International Medical Action (ALIMA), in collaboration with the national authorities, evaluated structural capacities to set up EVD isolation and treatment centres in the affected areas.
- Health education on preventive measures has been provided to the care givers and family members of suspected cases to limit exposure to the disease.

Vaccination

- The Ministry of Health, WHO and partners are continuing field epidemiological investigation and assessments to better understand the extent of the current outbreak and who are potentially at risk.
- WHO and MSF are working with the Government to consider the potential of vaccination campaign as part of the response, and on approval by the regulatory and ethical authorities in the Democratic Republic of Congo. An experimental Ebola vaccine proved highly protective in a major trial in Guinea. The vaccine, called rVSV-ZEBOV, was studied in a trial involving 11,841 people in 2015.

Infection prevention and control

- Evaluation of infection prevention and control (IPC) practices has been conducted in Likati health facility. The evaluation finding is being used to strengthen IPC practices in the facility.
- Volunteers for disinfection of households and safe burials have been identified and trained.

Social mobilization, community engagement and risk communications

- National social mobilization and community engagement experts are on the ground to sensitize and engage the communities.
- Risk communication messages are being aired through local radio channels. Awareness campaigns are also being organized in markets, churches and other public places.

Logistics

- On 18 May 2017, international logistics partners including USAID, UNICEF, ECHO, WFP/Logistics Clusters, and WHO held a teleconference to ensure collaboration. It was agreed that WHO will coordinate all logistics activities.
- The first shipment of logistics equipment is being transported to Likati and Nambwa to setup WHO working base and support setting up the Ebola treatment centre that will be run by MSF.
- WFP is working on data communication system that will support epi-surveillance and contact tracing capacity.
- 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 Government of the Democratic Republic of Congo has developed a comprehensive response plan to the EVD outbreak, amounting to US\$ 14 million. The response plan and budget has been presented and discussed with partners.

Emergency Communications

- On 18 May 2017, the Minister of Public Health of the Democratic Republic of Congo held a joint press conference with the UNICEF and WHO Heads of Agencies. The press conference provided an update on the current EVD outbreak situation and ongoing response efforts.
- On 18 May 2017, the Executive Director of the WHO Health Emergencies Programme, Dr Salama and the Regional Director of the WHO in the African Region, Dr Moeti held a virtual press conference (VPC) to provide journalists with the latest information on WHO's response to the EVD outbreak. Numerous media outlets, including the New York Times, British Broadcasting Corporation, Reuters, and others, participated and reported out on this. The VPC was streamed live on Facebook, reaching 250,000 people and shared 120 times. The broadcast was viewed by 14,000 people.
- On 18 May 2017, the WHO Assistant Director General, Dr Kieny was interviewed by the Science regarding Ebola vaccine. He emphasized the remoteness of the current outbreak and the complexities involved in the decisions to deploy the vaccine.

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.

IHR travel measures

- As of 18 May 2017, seven countries have instituted entry screening at airports and ports of entry (Kenya, Nigeria, Rwanda, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe), and one country has issued travel advice to avoid unnecessary travel to DRC (Rwanda). Two countries (Kenya and Rwanda) implemented information checking on arrival for passengers with travel history from and through the Democratic Republic of Congo. These measures are within the prerogative of the States Parties and do not qualify as additional health measures that significantly interfere with international traffic under Article 43 of the IHR (2005).
- Media rumours of border closure by South Sudan have been verified with the WHO Country Office and proven untrue.
- 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.

Annex 1: Ebola virus disease outbreak epidemiological data in Likati, Democratic Republic of the Congo

Situation as of 18 May 2017

Variable	Reported cases and deaths 18/05/2017	Cumulative cases and deaths 18/05/2017	Health area				Total
			Nambwa	Muma	Azande	Ngayi	
Cases							
Suspected	9	25	7	3	2	13	25
Probable	0	2	2	0	0	0	2
Confirmed	0	2	2	0	0	0	2
Total cases reported	9	29	11	3	2	13	29
Deaths							
Deaths among suspected cases	0	0	0	0	0	0	0
Deaths among probable cases	0	2	2	0	0	0	2
Deaths among confirmed cases	0	1	1	0	0	0	1
Total deaths reported	0	3	3	0	0	0	3
Health workers							
Confirmed cases among health workers	0	0	0	0	0	0	0
Probable cases among health workers	0	0	0	0	0	0	0
Deaths among health workers	0	0	0	0	0	0	0
Admissions and discharges							
Admission in ETUs	0	0	0	0	0	0	0
Discharges in ETUs	0	0	0	0	0	0	0
Number of cases currently in ETUs	-			0	0	0	0
Contacts							
Total contacts registered	-	416	0	0	0	0	0
Contacts who completed 21 days of follow up	-	0	0	0	0	0	0
Contacts currently under follow up	416	416	0	0	0	0	0
Contacts seen today	-		0	0	0	0	0
Contacts lost to follow up	-	0	0	0	0	0	0
Laboratory							
Samples collected today	-	35	0	0	0	0	0
Samples currently being tested		0					
Samples tested	0	5					
Cases with a positive PCR results	0	2					
Date of confirmation of last case	11/05/2017						

Annex 2: Timelines of key activities during the EVD outbreak in Likati, Democratic Republic of Congo

