WHO, UN Agencies, International organizations, non-governmental organizations (NGOs) and partners continue to support the Ministry of Health in the Democratic Republic of Congo to rapidly investigate 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 19 May 2017, two suspected EVD cases and one death were reported from Nambwa and Muma health areas in Likati Health Zone. The suspected cases are being investigated and will be classified accordingly. As of 19 May 2017, a total of 34 EVD cases and four deaths been reported. To date, four deaths have been reported, giving a case fatality rate of 12%. The reported cases are from five health areas, namely Nambwa (12 cases and three deaths), Muma (three cases and no deaths), Ngayi (14 cases and one death), Azande (two cases and no deaths), and Ngabatala (three cases and no deaths). Most of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The outbreak currently remains confined to Likati Health Zone. 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. Aliquot samples were sent to the WHO Collaborating Centre for Arboviruses and Viral Haemorrhagic Fevers at the Centre International de Recherches Médicales de Franceville (CIRMF), in Gabon that confirmed the two confirmed cases among the five initial samples. Gene sequencing analysis is ongoing.

On 19 May 54 contacts completed daily contact monitoring and 362 remain under follow up in Likati Health Zone and are being monitored on a daily basis.

This EVD outbreak in the Democratic Republic of Congo was notified to WHO by the Ministry of Health (MOH) 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.
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 proven strategies for 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 and dignified 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

In support of the MOH and the other national authorities, an interagency rapid response team has been deployed in Likati Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The inter-Agency response team is coordinated and supported by the MoH, INRB, WHO, MSF, Unicef, ALIMA, WFP, UNHAS, etc.

Since the declaration of the outbreak, WHO (Country Office, Regional Office for Africa (AFRO), and HQ) are providing direct technical and operational support to the country, and collaborating closely with partners in order to ensure rapid and effective response to this outbreak.

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, and stakeholders including WHO, Red Cross, ALIMA, MSF, Unicef, and other UN Cluster partners, together with donors and stakeholders to coordinate the response to the outbreak.
- WHO Incident Management Team at 3-levels manages and coordinates the assessment, communications technical and operational response to the EVD outbreak situation, including working closely with regional and global partners on response strategies and additional capacity, including the partners in the Global Outbreak Alert and Response Network (GOARN), Emerging and Dangerous Pathogens Laboratory Network (EDPLN), and UN Clusters.
- On 19 May 2017, the coordination team in Likati conducted field assessment in Ngayi and Muma and identified an opportunity to establish an Ebola Treatment Centre (ETC) at Bovabima in Muma and additional ETC in Ngayi.
- Advocacy has been undertaken with local chiefs for the rehabilitation of key bridges connecting communities between Likati and Nambwa.
Surveillance

- MoH and the field team continue to work on classification of the reported cases into confirmed, probable and suspected categories and description of a detailed 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 in the affected areas.

Laboratory

- As of 20 May 2017, the installation of the mobile laboratories has now been completed.
- Analysis of the previously collected samples has now commenced.

Contact identification and follow-up

- As of 19 May 2017 54 contacts completed the contact monitoring period and did not exhibit signs or symptoms related to EVD.
- The identification and follow up of the remaining 362 contacts continues on a daily basis.

Case management

- An Ebola Treatment Centre has now been established in Likati which is being run by MSF and ALIMA; five patients are currently admitted.
- Support kits have been pre-positioned at Bovabima Health post in Muma and in the Ngayi health area.
- Health education on preventive measures has been provided to health workers being deployed to the field to limit exposure to the disease.

Vaccination

- The government of DRC and MSF with support of WHO and other partners are preparing to offer access to the rVSV EEBOV experimental/investigational vaccine. The vaccine will be offered to contacts and contacts of contacts of a confirmed EVD case, including HCWs and FLWs.
- This will be done under GCP and with informed consent.
- Approvals from the national regulatory authority and Ethics Review committee of the DRC is awaited before proceeding.

Infection prevention and control

- Chlorine tablets for water chlorination and disinfection have been distributed.
- Water, Sanitation and Hygiene standard operating procedures have been adapted for field use.

Social mobilization, community engagement and risk communications

- Advocacy with political and administrative authorities has been conducted in order to enhance sensitisation of communities.
- Risk communication messages are being aired through local radio channels. Awareness campaigns have been conducted in markets and churches.

Logistics

- WHO and major logistics partners, including WFP, and UNHAS continue to mobilize shipments of logistics equipment and supplies by air transport and by road to Likati and Nambwa to setup and support the working base for the field teams.
WFP continues to work on a data communication system that will support epi-surveillance and contact tracing capacity.

Resources mobilization

The Government of the Democratic Republic of Congo has developed a comprehensive national response plan to the EVD outbreak based on the recognised effective activities to rapidly control an outbreak. The response plan and national budget amounting to US$ 14 million, has been presented and discussed with partners and stakeholders in Kinshasa. WHO and partners are developing a strategic response plan to support national activities and frame and coordinate the support of international partners and stakeholders.

Environmental investigations

A consortium of institutions from France, Belgium, United States, and Germany has offered to support the country in looking at the potential origin of the infection of the current outbreak, at the animal-human interface. Given the very isolated locations, and logistics challenges, and limited basic infrastructure, environmental investigations are not yet carried out nor immediately planned; health authorities want to first confirm the exact origin/index case and implement rapid containment measures to end chains of transmission, and provide support to cases and patients, and affected communities.

Partnership

WHO and the Global Outbreak Alert and Response Network (GOARN) continue to mobilize partners to provide technical and logistical support to the country, and work closely together with UN Clusters, stakeholders and donors to ensure appropriate support for the response. 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 20 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 followed-up with the WHO Country Office and proven untrue. Media rumour of denial of entry for passengers travelling from DRC to Rwanda are being verified through the WHO Country Office and Regional Office. 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:

- Continue rapid scaling up and sustain implementation of immediate response interventions in all the essential pillars of the EVD response.
- Establish additional EVD isolation and treatment facilities.
- Train burial teams in the safe and dignified burial of dead persons.
- Continue with the deployment of national and international experts to the affected areas.
Mobilise needed resources, including telecommunications and air transport logistics to ease communication and access to the affected areas.

Strengthen capacity for outbreak alert and response to investigate rumours, and response in other areas and provinces.

Strengthen cross border collaboration, and preparedness particularly in CAR, and bordering areas of the Province.
### Variable

#### Reported cases and deaths 19/05/2017

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<tr>
<th>Cases</th>
<th>Total</th>
<th>Nambwa</th>
<th>Muma</th>
<th>Azande</th>
<th>Ngabatala</th>
<th>Ngayi</th>
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#### Deaths

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<th>Azande</th>
<th>Ngabatala</th>
<th>Ngayi</th>
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#### Health workers

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<th>Ngayi</th>
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#### Admissions and discharges

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<th>Azande</th>
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#### Contacts

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<th>Total</th>
<th>Nambwa</th>
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<th>Azande</th>
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<tbody>
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<td>Contacts currently under follow up</td>
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<td>Contacts seen today</td>
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<td>Contacts lost to follow up</td>
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</table>

#### Laboratory

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<th>Azande</th>
<th>Ngabatala</th>
<th>Ngayi</th>
</tr>
</thead>
<tbody>
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<td>Samples collected today</td>
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<tr>
<td>Samples currently being tested</td>
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<tr>
<td>Samples tested</td>
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<td>Cases with a positive PCR results</td>
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<td></td>
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**Annex 1: Ebola virus disease outbreak epidemiological data in Likati, Democratic Republic of the Congo**

**Situation as of 19 May 2017**
Annex 2: Timelines of key activities during the EVD outbreak in Likati, Democratic Republic of Congo

- **April 21**: Putative index case
- **April 2017**: Initial field investigation by Likati Rapid response team
- **April 29**: Collection of 5 samples from suspected cases
- **April 21**: High level WHO and MoH meeting
- **April 21**: Official declaration of the 8th Ebola outbreak by the MoH
- **April 21**: Laboratory confirmation of EVD by INRB
- **May 2017**: WHO Regional Director mission to DRC
- **May 5**: First situation report developed
- **May 9**: Deployment of WHO and MoH experts in the field
- **May 12**: WHO press release on the declaration of the outbreak by the MoH
- **May 14**: Shipment of samples to CIMRF, Gabon
- **May 15**: Grading of the outbreak as grade 2 by WHO
- **May 17**: Press conference by RD and Executive Director
- **May 20**: Ebola Treatment Centre established
- **May 20**: Mobile laboratory begins sample analysis in Likati

Joint MoH and WHO leadership mission to the affected areas.