

# EBOLA VIRUS DISEASE

## Democratic Republic of Congo

### External Situation Report 15



**Date of information: 28 May 2017**

#### 1. Situation update

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 in the north-east of the country.

On 28 May 2017, no new confirmed or probable EVD cases were reported. The last confirmed case was reported on 11 May 2017. Four new suspected cases were reported, 3 from Muma, 1 from Ngabatala in Likati Health Zone. Seven cases previously reported as suspected cases have now been re-classified as 'not a case' following laboratory analysis.

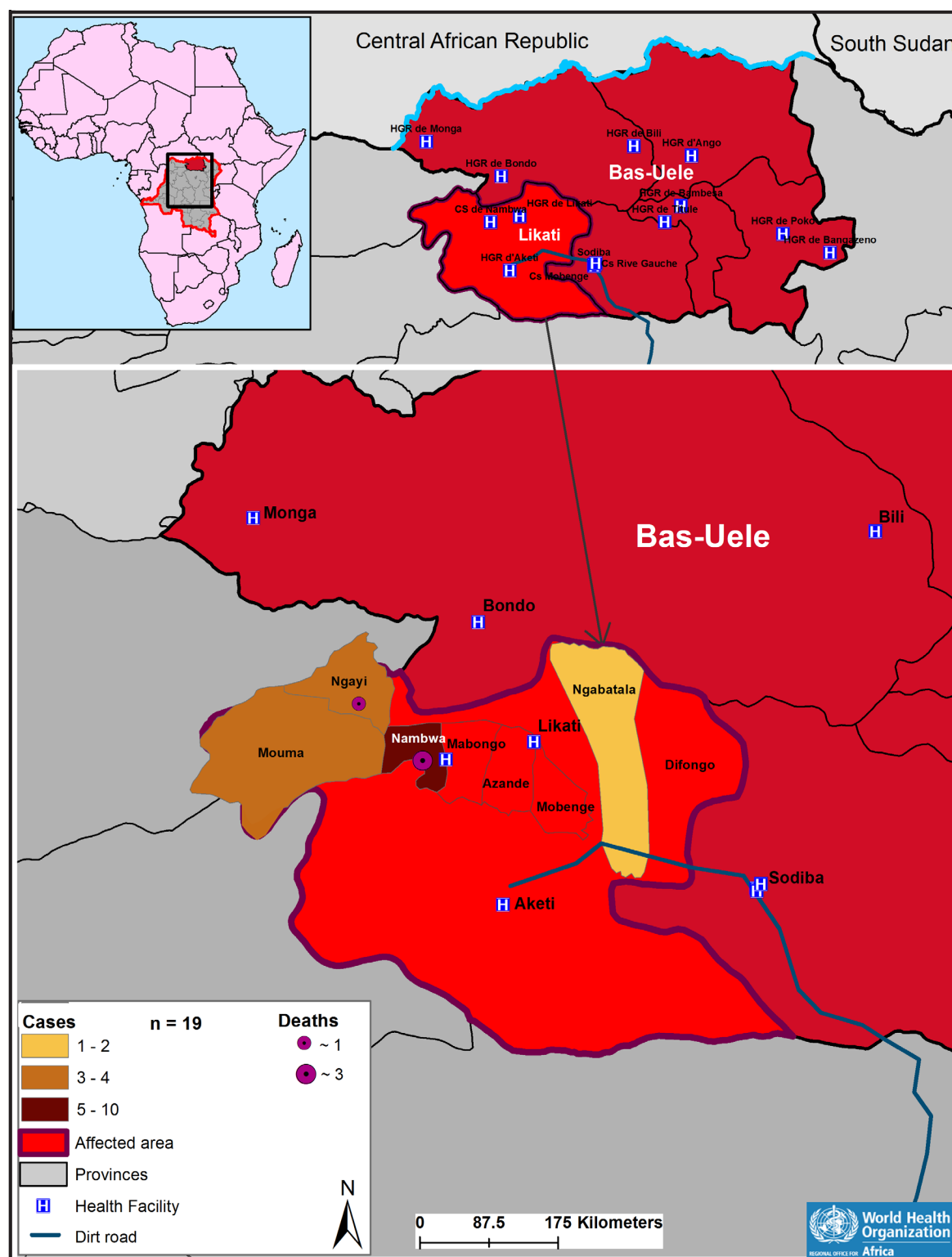
Currently there are a total of two confirmed cases, three probable and 14 suspected cases. The confirmed and probable cases were reported from Nambwa (two confirmed and two probable) and Ngayi (one probable). The suspected cases have been reported from seven health areas (Nambwa, Muma, Ngayi, Azande, Ngabatala, Mobenge and Mabongo). The outbreak currently remains confined to Likati Health Zone. As of 28 May, 101 contacts remain under follow up for signs and symptoms of Ebola.

The previously undertaken modelling to determine the risk of further cases was updated with newly available onset dates for the confirmed / probable cases. Results suggest the risk of further cases is low but not negligible, and decreases with each day without new confirmed/probable cases; as of the reporting date, 67% of simulated scenarios predict no further cases in the next 30 days.

All seven response committees are now established and functional at national level, namely monitoring, case management, water sanitation and hygiene (WASH) and biosafety, laboratory and research, psycho-social management, logistics, and communication. Additionally response teams have been established in the three most affected areas, Nambwa, Muma and Ngayi.

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 (Figure 1). The affected area is remote and hard to reach, with limited communication and transport infrastructure.

**Figure 1. Geographical distribution of cases in the current EVD outbreak in the Democratic Republic of Congo as of 28 May 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 WHO according to the evolution of the outbreak 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 to Likati Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The interagency response team is coordinated and supported by the MoH, Institut National de Recherche Biomédicale (INRB), WHO, Médecins Sans Frontières (MSF), UNICEF, The Alliance For International Medical Action (ALIMA), International Federation of Red Cross and Red Crescent Societies (IFRC), World Food Programme (WFP), and United Nations Humanitarian Air Service (UNHAS) and other partners.

WHO is providing direct technical and operational support to the country, and collaborating closely with partners in order to ensure a rapid and effective response to this outbreak.

## Coordination of the response

- Regular meetings of the Health Emergency Management Committee (COGUS) at all levels of the response operations continue in country at Health Zone, Provincial and National level, with MOH, and partners.
- Regular coordination meetings of WHO incident management teams in Kinshasa, Brazzaville, and Geneva continue across the 3-Levels of WHO.
- The Incident management system has been reinforced by new experts deployed to support the response.

## Surveillance

- Identification of suspect cases and contacts continues to be carried out through active search methods in the communities affected.

## Laboratory

- On 28 May seven cases have been re-classified as 'not a case' following laboratory analysis.
- A laboratory has now been established at the general hospital in Buta; the list of available tests, in addition to Ebola PCR, includes: Hepatitis B, Hepatitis C, Hepatitis E, Yellow Fever (ELISA), bacteriology (*Shigella*, *Salmonella*), haemoculture and malaria (rapid diagnostic test) which will assist in providing differential diagnosis for patients who test negative for EVD.

## Contact identification and follow-up

- On 28 May 2017, 101 contacts were successfully monitored and none showed signs or symptoms of EVD.
- Contact follow up remains challenging due to the limited personnel and communication means, as well as the remoteness of the affected area.

## Case management

- The ETC in Likati supported by MSF remains active.
- Support is being provided to survivors on prevention against potential sexual transmission of the virus.
- One new medical doctor has been deployed to Likati by WHO to support case management.
- Funds have been requested to provide free health care in each health area, costs have been evaluated at \$300 per health area per month.

## Vaccination

- The protocol for a possible ring vaccination has been formally approved by the national regulatory authority and Ethics Review Board of the Democratic Republic of the Congo Vaccine.
- International vaccine deployment and cold chain shipment to DRC is not advised at this point. Planning and arrangements should be in place for immediate deployment if necessary.
- The government of the Democratic Republic of the Congo and MSF with support of WHO and other partners are working on detailed planning and readiness to offer access to the rVSV ZEBOV experimental/investigational vaccine, within the Expanded Access framework, with informed consent and in compliance with good clinical practice.
- Planning and readiness should be completed urgently to be able to rapidly initiate ring vaccination should an EVD laboratory confirmed case be identified outside already defined chains of transmission. The vaccine would be offered to contacts and contacts of contacts of a confirmed EVD case, including health care workers and field laboratory workers.
- MOH, with support from WHO and partners continue active surveillance and response activities, including completing the contact follow-up period for already identified contacts, and conducting rapid laboratory evaluation of suspected cases as per WHO guidelines.

## Infection prevention and control and WASH

- Three WASH and Infection Prevention and Control (IPC) experts deployed to Likati continue to assist with the training of staff in WASH and IPC measures.
- Additional WASH equipment has been received in Kisangani and is awaiting transportation to Likati.

## Social mobilization, community engagement and risk communications

- A weekly communication event to raise awareness on EVD in Likati engaged more than 300 people.
- A lack of awareness of the free medical access in the epidemic zone was noted therefore communication materials are being designed in Lingala, French and Swahili for distribution.

## Logistics

- The WHO logistics team is finalizing the plan to ensure the support of the surveillance till the end of the epidemic is declared.
- The UNHAS MI8 helicopter that WHO is renting has a break down and will only be operational again next Wednesday. Transport of team members and equipment depend on the MONUSCO capacity till then.
- Due to the transport concerns (above), the VSAT will only be transported Tuesday to Likati. It is expected to be operational by Wednesday.
- The WCO Kinshasa emergency stock of PPE has been replenished for the next emergency

## Emergency Public Communication

- Over the weekend, a story highlighting the strengthening of the laboratory system in the Democratic Republic of the Congo was [posted on WHO's website](#).
- Talking points are updated daily and were shared on Monday with our communication counterparts at MSF and the US CDC.
- Pierre Rollin (deployed through GOARN) will participate in a media roundtable this week with Internews.
- On the WHO website under "Emergencies", an Ebola page has been activated and can be found by following this link <http://who.int/emergencies/ebola-DRC-2017/en/>

## 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.
- The Minister of Public Health of the Democratic Republic of the Congo has requested WHO's support to strengthen the response to the outbreak, and coordinate the support of major UN, NGO and International Organizations, and partners in the Global Outbreak Alert and Response Network (GOARN). Funding is urgently needed to ensure that WHO and partners can effectively support the Government to implement activities as part of the joint rapid response. A donor alert was therefore issued for US\$ 10 Million

## Environmental investigations

- The Nambwa Health Area reported 84 pig deaths in 8 villages between 9 March and 22 May 2017. The unusually high mortality reported in the local pig population is under investigation.

## Partnership

- WHO and 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 Operational Support Team hosts weekly assessment and coordination teleconference for operational partners on current outbreaks of international concern, particularly the EVD outbreak in DRC.
- At the request of Dr Salama (Executive Director of the WHO Health Emergencies Programme) at WHO HQ convened a time-limited Ebola Inter-Agency Coordination Group with senior leadership from MSF, IFRC, UNICEF, United States Centre for Disease Control and Prevention (US CDC) and WFP, to provide agency updates about response actions and discuss any critical coordination issues.

## Preparedness

- The Central African Republic has requested support for training in Bangassou (a city on the border with the Democratic Republic of Congo) in two areas;
  - Case management for healthcare workers including Infection Prevention and Control
  - Contact tracing, social mobilization and alert management for community health workers
- A WHO evaluation mission will be deployed next week to Bangui, the capital of the Central African Republic to work with Country Office and Ministry of Health to develop a strategy for training in clinical management.

## IHR travel measures

- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.
- As of 28 May 2017, nine countries have instituted entry screening at airports and ports of entry (Kenya, Malawi, Nigeria, Rwanda, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe), and one country has issued travel advisories to avoid unnecessary travel to the Democratic Republic of Congo (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).
- In addition, Rwanda instituted denial of entry for passengers with fever travelling from the Democratic Republic of Congo. WHO is currently working with Rwandan authorities to receive the public health rationale and scientific evidence for this measure, which significantly interferes with international traffic, in accordance with Article 43 of the IHR (2005).
- A request for verification is ongoing with Nigerian authorities in relation to denial of entry of human remains travelling from Democratic Republic of Congo and potential sanctions against Kenyan Airlines in relation to this measure.

## 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 material resources, the need to establish appropriate isolation and treatment facilities, the need to establish internet connectivity for coordination between the teams in the field 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.
- Provide additional means of transport for the team in the field.
- Establish additional EVD isolation and treatment facility in Muma.
- Continue to train burial teams in the safe and dignified burial of dead persons.
- Source additional laboratory technicians to scale up sample analysis.
- Continue with the deployment of multi-disciplinary 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.
- Strengthen cross border collaboration and preparedness particularly in Central African Republic, and bordering areas of the Province.



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

### Situation as of 28 May 2017

	Date of data collection	Nambwa	Muma	Ngayi	Azande	Ngabatala	Mogenbe	Mabongo	Cumulative (since beginning of the outbreak)	Comments
<b>Cases</b>										
Suspected	27/05/2017	6	4	3	0	1	0	0	14	
Probable	27/05/2017	2	0	1	0	0	0	0	3	
Confirmed	27/05/2017	2	0	0	0	0	0	0	2	
<i>Total cases</i>		<i>10</i>	<i>4</i>	<i>4</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>19</i>	
<b>Deaths</b>										
Deaths among suspected cases	27/05/2017	0	0	0	0	0	0	0	0	
Deaths among probable cases	27/05/2017	2	0	1	0	0	0	0	3	
Deaths among confirmed cases	27/05/2017	1	0	0	0	0	0	0	1	
<i>Total deaths registered</i>	<i>27/05/2017</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>4</i>	
<b>ETU admissions and discharges</b>										
Admissions to ETUs	26/05/2017									
Discharges from ETUs	26/05/2017									
Number of cases currently in ETUs	27/05/2017									5 remain admitted as of 27/5/17
Number of suspected cases followed up at home	27/05/2017									10 completed follow-up as of 27/5/17
<b>Contacts</b>										
Total contacts registered	27/05/2017	197	116	180	11	10	6	63	583	
Contacts of non-cases no longer under follow-up	27/05/2017	59	28	72	11	10	1	12	193	
Total contacts under follow-up	27/05/2017	20	61	15	0	0	5	0	101	
Total completed follow-up	27/05/2017	118	27	93	0	0	0	51	289	
Contacts seen	27/05/2017	20	61	15			5	0		
Contacts lost to follow-up	27/05/2017	0	0	0			0	0		
<b>Laboratory</b>										
Samples collected	27/05/2017								59	
Samples tested	27/05/2017								74	
Samples awaiting testing	26/05/2017								17	
Cases with a positive PCR result	26/05/2017								2	
Cases with final negative classification										An additional 10 tested negative on 27/5/17