

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 25



Date of information: 19 June 2017

1. Situation update

WHO, UN Agencies, international organizations, non-governmental organizations (NGOs) and partners continue to support the Ministry of Health (MoH) in the Democratic Republic of the 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 19 June 2017, no new confirmed, probable cases or suspected have been reported since the last situation update on 15 June. Seven alerts have been reported and investigated and none fulfilled the suspected case definition.

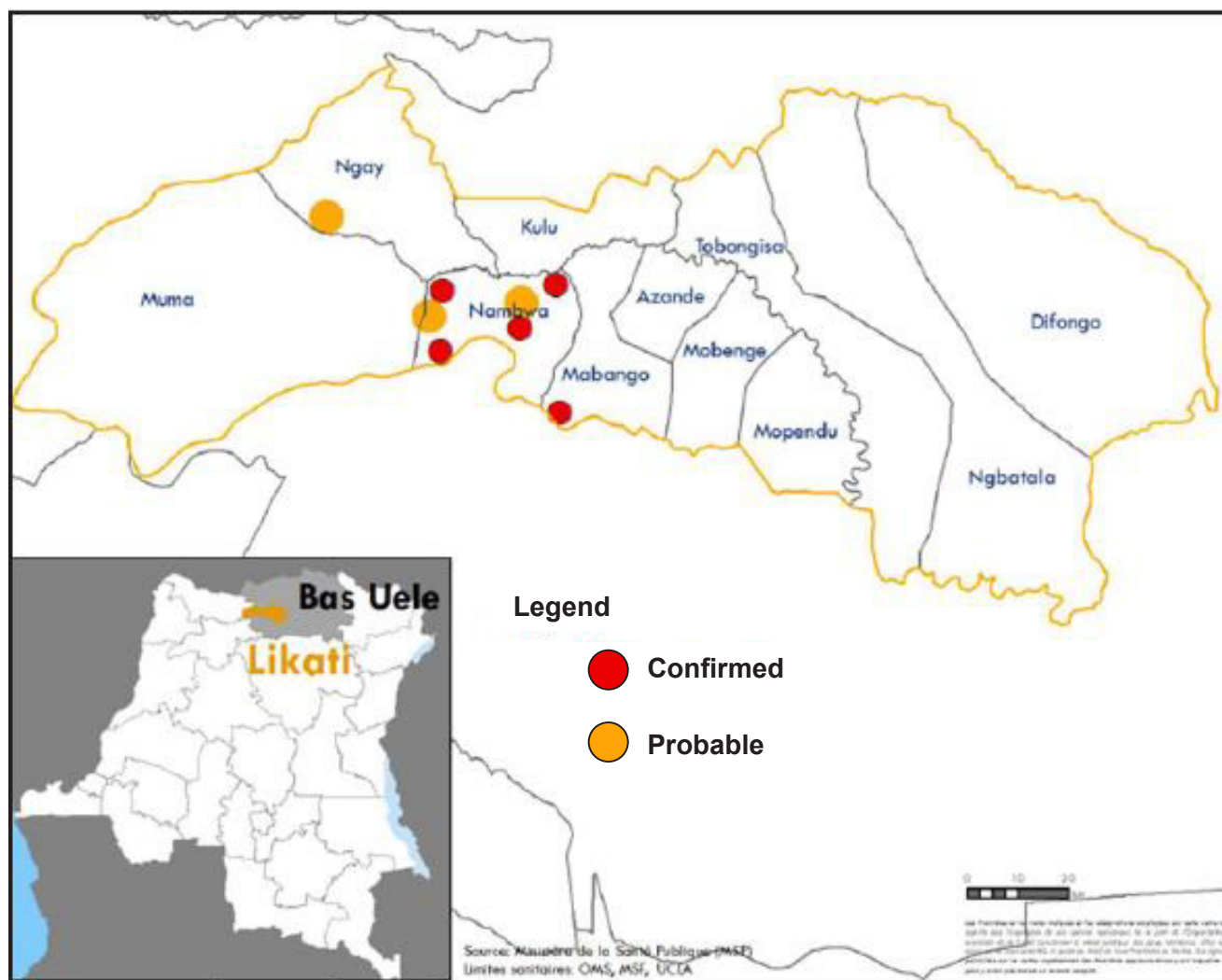
Cumulatively, since the start of the outbreak, there have been five confirmed and three probable cases. Additionally there have been 99 suspected cases reported that following laboratory analysis tested negative for EVD and therefore were deemed not to be cases. The last confirmed case was isolated on 17 May 2017 and tested negative for EVD by PCR for the second time on 21 May 2017. Of the confirmed and probable cases, four survived and four died, resulting in a case fatality rate of 50%. The confirmed and probable cases were reported from Nambwa (four confirmed and two probable), Ngayi (one probable) and Mabongo (one confirmed).

Data modelling suggests that the risk of further cases is currently low but not negligible, and decreases with each day without new confirmed/probable cases. As of the reporting date, 97% of simulated scenarios predict no further cases in the next 30 days.

All seven response committees are maintaining functionality at the national level, namely monitoring, case management, water sanitation and hygiene (WASH) and biosafety, laboratory and research, psycho-social management, logistics, and communication. A response team will remain in the affected areas until the declaration of the end of the outbreak.

This EVD outbreak in the Democratic Republic of the Congo was notified to WHO by the MoH on 11 May 2017. The cluster of cases and deaths of previously unidentified illness had 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 confirmed and probable cases of Ebola virus disease in the Democratic Republic of the Congo as of 19 June 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 previous risk assessment undertaken on 16 May 2017 was re-evaluated on 6 June 2017 by WHO in light of the evolution of the outbreak and the available information.

- The overall risk at the national level has been revised to moderate due to the fact that a rapid response team was deployed, field investigation identified cases and contacts and all contacts completed their 21 day monitoring period. A response team remains in the field and treatment units are established.
- The risk at the regional and global level is low as no cases have been reported outside of Likati health zone and the area is remote with limited access and transport to/from the affected area.

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 was 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 by the MoH, and supported by WHO, Institut National de Recherche Biomédicale (INRB), Médecins Sans Frontières (MSF), United Nations Children's Fund (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 continues to provide direct technical and operational support to the country, and is collaborating closely with partners to maintain 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 the Democratic Republic of the Congo 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.

Surveillance

- Identification and investigation of alert cases and community deaths continues to be carried out through active search methods in the communities affected.

Laboratory

- Training has been undertaken for laboratory technicians in Likati, Nambwa and Mabango health areas on the use of Ebola rapid diagnostic tests.

Case management

- Support is being provided to the four survivors on prevention against potential sexual transmission of the virus. Certificates of discharge are given to survivors.
- In order to increase access to and use of quality primary health care services, free health care is now operational in Likati covering consultations and essential drugs provision to address the most common diseases in the health zone. This has increased service utilisation and since 31st May 2017, 4674 patients have been seen for medical consultations in 10 health areas.
- Five additional nurses have arrived in Buta to support the free health care policy

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. However international vaccine deployment and cold chain shipment to DRC is not advised at this point.

Infection prevention and control (IPC) and WASH

- Red Cross volunteers have undertaken community dialogue events at churches where 607 people have been sensitized on hand washing measures.
- A review of the IPC component of the integrated training module for healthcare providers is being undertaken, it is proposed to broaden the content.
- Safe burials continue to be conducted for community deaths

Social mobilization, community engagement and risk communications

- Community sensitization on the signs and symptoms of EVD and prevention measures continues in the Likati health zone with house to house visits, briefing of community leaders and community workers and night-time video projections.
- There is an observable improvement in community understanding of EVD with alerts of potential suspected EVD cases being reported.

Logistics

- Since the beginning of the outbreak, WHO has set up and maintained an airlift between Kinshasa and the affected area, and provides logistic support to response activities. Three logistic bases in Kinshasa, Kisangani, and Likati are still operational and continue to assist with deployment of WHO staff and partner organizations (including UNICEF, MSF, ALIMA, and Red Cross), to and from the affected areas including transportation of over 10 metric tons of materials and equipment.
- A response team on route to Kisangani is delayed due to adverse weather conditions limiting transport.
- WHO logistics team continue to support the distribution of donated drugs and hospital supplies to the health areas in Likati as part of the temporary free medical care programme.
- Planning for the repatriation of staff and return or distribution of equipment has commenced.

Emergency Public Communication

- A video demonstrating the importance of mobile laboratory testing in the affected zone has been posted on WHO Facebook, Twitter and Instagram. <https://www.facebook.com/WHO/videos/1495592203819491/>

Resources mobilization

- 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).

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, US CDC and WFP, to provide agency updates about response actions and discuss any critical coordination issues.

IHR travel measures

- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.
- As of 19 June 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 the Congo (Rwanda). Two countries (Kenya and Rwanda) implemented information checking on arrival for passengers with travel history from and through the Democratic Republic of the 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 affected areas in the Democratic Republic of the 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 the 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 active case search to ensure no suspected case is undetected, maintenance of laboratory capacity in the field to enable rapid confirmation of results, the need for differential diagnosis of those who remain sick but have tested negative for EVD, enhancement of IPC measures and planning for strengthening of the surveillance system post-response activities.

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

Situation as of 19 June 2017

	Date of data collection	Health area							Cumulative (since beginning of the outbreak)	Comments
		Nambwa	Muma	Ngayi	Azande	Ngabatala	Mogenbe	Mabongo		
Cases										
Suspected	18/06/2017	0	0	0	0	0	0	0	0	
Probable	18/06/2017	2	0	1	0	0	0	0	3	
Confirmed	18/06/2017	4	0	0	0	0	0	1	5	
Total cases	18/06/2017	6	0	1	0	0	0	1	8	There is a total of 99 non-cases
Deaths										
Deaths among suspected cases	18/06/2017	0	0	0	0	0	0	0	0	
Deaths among probable cases	18/06/2017	2	0	1	0	0	0	0	3	
Deaths among confirmed cases	18/06/2017	1	0	0	0	0	0	0	1	
Total deaths registered	18/06/2017	3	0	1	0	0	0	0	4	
Contacts										
Total contacts registered	18/06/2017	197	116	180	11	10	6	63	583	
Contacts of non-cases no longer under follow-up	18/06/2017	70	28	72	33	10	1	12	226	
Total contacts under follow-up	18/06/2017	0	0	0	0	0	0	0	0	
Contacts seen	18/06/2017									
Contacts who have completed 21 days follow-up	18/06/2017	118	77	93	18	0	0	51	357	The latest date of follow-up completion is 6/06/17. As of 9/06/17, 15 contacts from Nambwa and 18 from Azande completed follow-up.
Contacts lost to follow-up	18/06/2017									
Laboratory										
Cases with a positive result	18/06/2017	4						1	5	2 cases had a positive PCR result and 3 cases were classified as positive following increasing IgG titres. The last confirmed patient tested PCR negative on 21/05/17 following recovery.
Animal samples	18/06/2017	18								Samples were collected after unusually high number of deaths in pigs. As of 12/06/17, 12 pig and 6 goat samples initially tested Ebola PCR negative.

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

