

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 1



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World Health
Organization

REGIONAL OFFICE FOR

Africa

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Democratic Republic of Congo

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Date of information: 11 May 2018

1. Situation update

Grade

2

Cases

34

Deaths

18

CFR

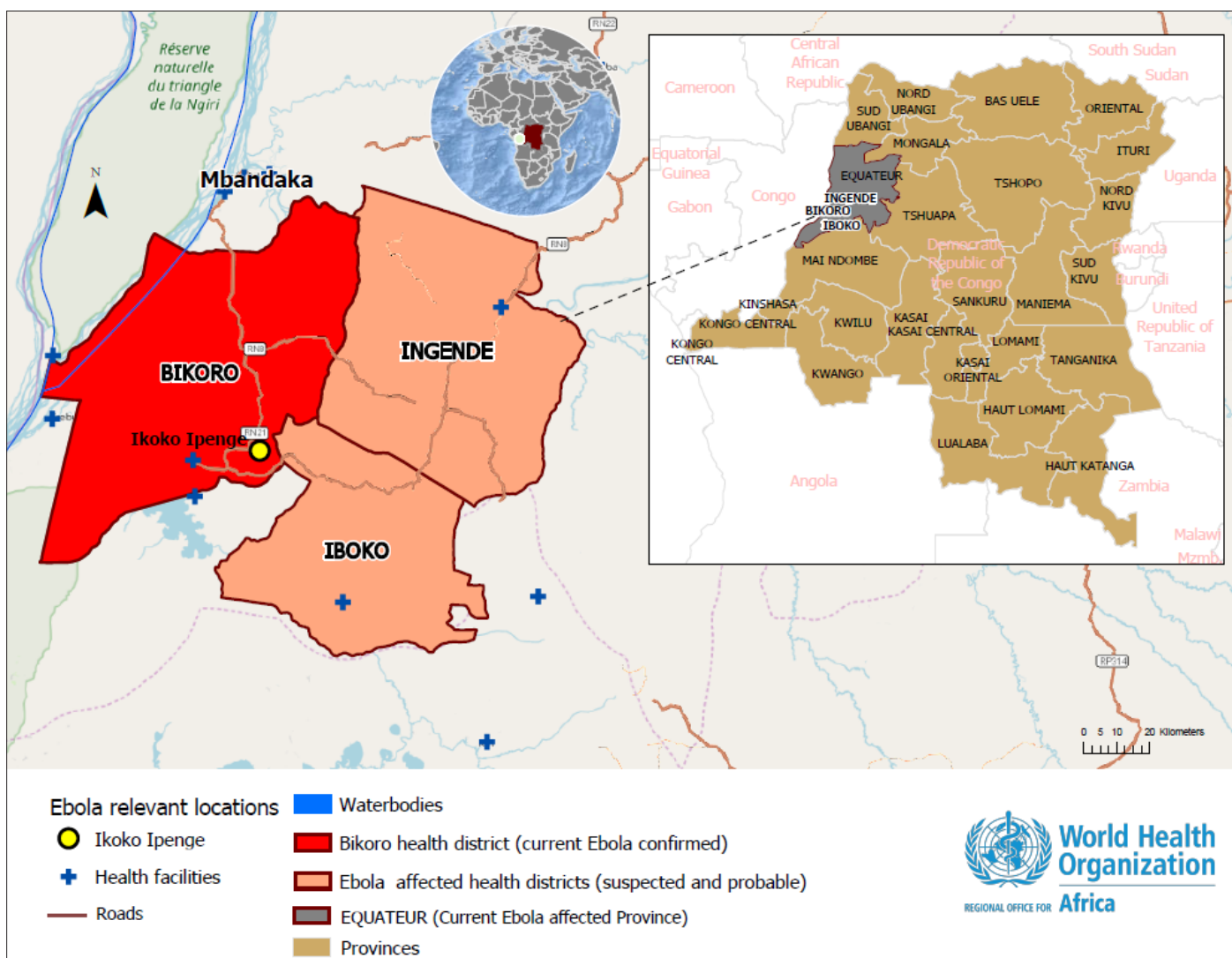
52.9 %

On 8 May 2018, the Ministry of Health (MOH) of the Democratic Republic of the Congo declared an outbreak of Ebola virus disease in Bikoro Health Zone, Equateur Province. This is the ninth outbreak of Ebola virus disease over the last four decades in the Democratic Republic of Congo, with the most recent occurring in May 2017.

On 3 May 2018, the Provincial Health Division of Equateur reported 21 cases of fever with haemorrhagic signs including 17 community deaths in the Ikoko-Impenge Health Area in this region. A team from the Ministry of Health, supported by WHO and Médecins Sans Frontières (MSF) visited the Ikoko-Impenge Health Area on 5 May 2018 and detected five active cases, two of whom were admitted to Bikoro General Hospital and three who were admitted in the health centre in Ikoko-Impenge. Samples were taken from each of the five active cases and sent for analysis at the Institute National de Recherche Biomédicale, Kinshasa on 6 May 2018. Of these, two tested positive for Ebola virus, *Zaire ebolavirus* species, by reverse transcription polymerase chain reaction (RT-PCR) on 7 May 2018 and the outbreak was officially declared on 8 May 2018.

As of 11 May 2018, there are a total of 34 cases, with 18 deaths (case fatality rate 52.9%), among which two cases are confirmed, 14 suspected and 18 probable. Three health workers have been affected, with two suspected cases and a probable case who died. So far, 75 contacts are being monitored by the field teams. The province of Equateur covers an area of 130 442 km² and has an estimated population of 2 543 936 people, it has 16 health zones and 284 health centers. However, the affected health area of Bikoro covers 1,075 km² and has a population of 163, 065 inhabitants. It has three hospitals and 19 health centers, most of which have limited functionality. Medical supplies are provided by international agencies, but stockouts of medical supplies are common. The village of Ikoko-Impenge is located 45 km from the central office of the Bikoro area and is not accessible by road, and falls outside the telephone network. However, there is an airstrip 8 km from Bikoro.

Figure 1. Geographical distribution of the Ebola virus disease outbreak in the Democratic Republic of the Congo as of 11 May 2018



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 nature of the pathogen and the current lack of epidemiological and demographic information to estimate the magnitude of the epidemic.
- The risk at the regional level is moderate due in part to the proximity of the epidemic focus to the Congo River, the existence of a border with the Republic of Congo and the river which links with the capitals of the Republic of Congo and the Democratic Republic of Congo and the Central African Republic.
- The risk is low at global level due to the remoteness and inaccessibility of the area as well as the rapid response launched by the Democratic Republic of Congo MoH, WHO, and all the other coordinating partners.

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.

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 response team was deployed to Bikoro 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) 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

- Partners are being mobilized to support the Minister of Health with response activities.
- The health cluster was activated on 10 May 2018.
- A multidisciplinary team has been deployed at national level to support response activities in Equateur Province.
- WHO has activated incident management teams in Kinshasa, Brazzaville, and Geneva to closely continue across the 3-Levels of WHO.

Surveillance

- There is active monitoring of ongoing cases and contacts in Bikoro, Ingende and Iboko health zones by the Ministry of Health and MSF.
- Contacts have been identified and daily monitoring for the early signs and symptoms of Ebola virus disease has started.

Laboratory

- Two mobile laboratories are planned for deployment from 12 May 2018.
- The deployment of rapid diagnostic tests (RDTs) in the field is planned.

Case management

- MSF is preparing to provide support for the establishment of an Ebola Treatment Centre (ETC) in Bikoro Health Zone, at Bikoro General Hospital.

Infection prevention and control (IPC) and WASH

- A WHO water, sanitation and hygiene (WASH) expert is on site to assess water conditions and infection prevention and control (IPC) in isolation centres.
- Three sets of personal protective equipment, 500 per kit, and an interagency emergency sanitary kit sufficient for 10 000 people for three months is being prepositioned.

Social mobilization, community engagement and risk communications

- Social mobilisation team are beginning to raise awareness with deployment of posters and materials in affected areas
- The subcommittee for communication is planning psychosocial care for affected people, their families and the integration of those who have recovered from EVD in their communities.

Logistics

- Logistics are conducting a needs assessment, including assessing the condition of the Bikoro airstrip and preparing for an airlift with UNHAS between Kinshasa-Bandaka-Bikoro.

Operations Partnership

- WHO and GOARN partners (particularly, MSF, Unicef, IFRC, and regional partners), are coordinating international response support to the MoH, and mobilizing technical and logistical support to the country; WHO is working closely together with UN Clusters, stakeholders and donors to ensure appropriate support for the response.
- GOARN Operational Support Team in Brazzaville and Geneva host weekly assessments and coordination teleconferences for operational partners on the EVD outbreak in the Democratic Republic of Congo, and on current outbreaks of potential international concern.

Resource mobilization

- WHO's rapid response and initial scale-up of its operations in the Democratic Republic of Congo has been funded by a USD 2 million disbursement from the WHO Contingency Fund for Emergencies (CFE).
- In addition, in order to protect public health and save lives, WHO and partners are appealing for rapid funding of USD 18 million for the current response to rapidly stop the spread of EVD. Of this, USD 8 million is needed by WHO to support priority actions over the next three months.
- The Wellcome Trust announced on 10 May an allocation of GBP 2 million to strengthen critical research needed to support the operational response.
- The UN Central Emergency Response Fund (CERF) announced on 11 May an immediate allocation of USD 2 million to help humanitarian partners in the DRC fight and contain the outbreak. USD 1.6 million has been allocated to health interventions

Preparedness

- WHO has commenced preparations to conduct EVD preparedness and readiness activities in nine neighbouring countries namely Angola, Burundi, Central African Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia. This will include
 - Sensitisation of stakeholders on EVD preparedness
 - An assessment of the country capacity and gaps
 - Identification of priority activities and potential resources for strengthening country preparedness and readiness for EVD.

IHR travel measures

- WHO advises against any restriction of travel and trade to Democratic Republic of the Congo based on the currently available information. WHO continues to monitor travel and trade measures in relation to this event, and currently there are no restrictions of the international traffic in place.

Summary of public health risks, needs and gaps

The objective is rapid control of Ebola virus disease in a localized area, with a centre of operations in Bikoro. WHO recommends the implementation of proven strategies for the prevention and control of Ebola outbreaks. There are major challenges in terms of accessibility, staff accommodation and working space at the site of the outbreak, as well as difficulties communicating with the outbreak zone. National and international humanitarian partners need urgently to finalize response plans for the province, deploy experts to the field and establish an emergency operations centre at country office level. A rapid and effective system for monitoring contacts is also required, as is an airbridge for deployment of personnel and equipment. Mobile laboratories and RDTs are also needed to improve laboratory surveillance. All pillars of the response need to be put in place urgently.