

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 4



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Date of information: 20 May 2018

1. Situation update

Grade

3

Cases

51

Deaths

27

CFR

52.9%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo continues to evolve. Since the last external situation report on 18 May 2018, six additional cases with two deaths have been reported. On 20 May 2018, two new suspected cases and one new death of a confirmed case have been reported in Wangata Health Zone. Six cases (previously reported) in Iboko Health Zone have been confirmed.

From 4 April 2018 to 20 May 2018, a cumulative total of 51 EVD cases, including 27 deaths (case fatality rate 52.9%), have been reported. Of the 51 cases, 28 have been confirmed, 21 probable and two remain suspected cases. A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

Three health zones have been affected: Bikoro (29 cases and 22 deaths), Iboko (16 cases and 3 deaths) and Wangata (6 cases and 4 deaths). Bikoro Health Zone remains the epicentre of the outbreak, accounting for 56.9% of all reported cases and 81.5% of all deaths.

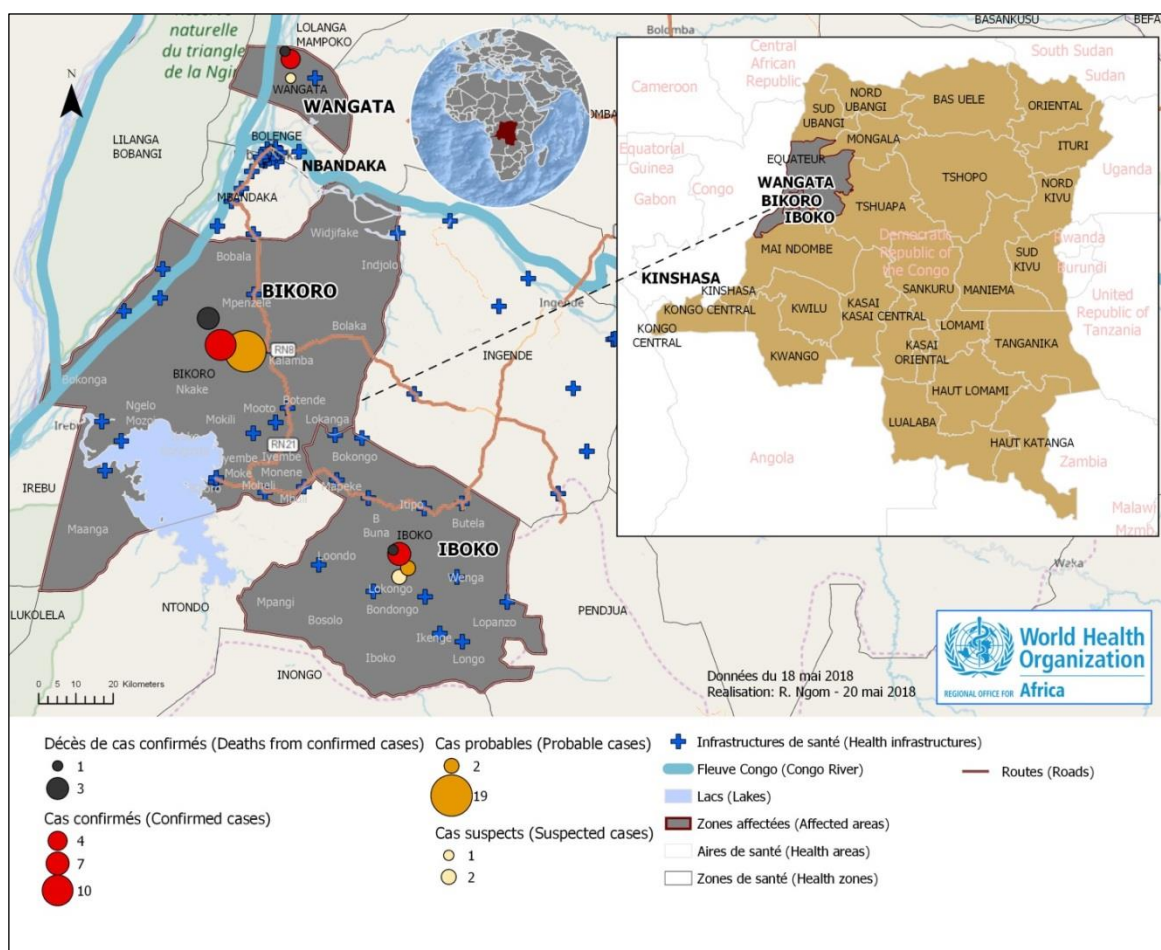
A total of 628 contacts have been identified and are being followed up. Efforts are ongoing to enhance contact tracing and follow up.

Context

On 8 May 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo notified WHO of an EVD outbreak in Bikoro Health Zone, Equateur Province. The event was initially reported on 3 May 2018 by the Provincial Health Division of Equateur when a cluster of 21 cases of an undiagnosed illness, involving 17 community deaths, occurred in Ikoko-Impenge health area. A team from the Ministry of Health, supported by WHO and Médecins Sans Frontières (MSF), visited Ikoko-Impenge health area on 5 May 2018 and found five case-patients, two of whom were admitted in Bikoro General Hospital and three were in the health centre in Ikoko-Impenge. Samples were taken from each of the five cases and sent for analysis at the Institute National de Recherche Biomédicale (INRB), 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. The index case in this outbreak has not yet been identified and investigations are ongoing, including laboratory testing.

This is the ninth EVD outbreak in the Democratic Republic of the Congo over the last four decades, with the most recent one occurring in May 2017.

Figure 1: Geographical distribution of the Ebola virus disease outbreak in the Democratic Republic of the Congo as of 18 May 2018



The province of Equateur covers an area of 130 442 km² and has an estimated population of 2 543 936 people, with 16 health zones and 284 health centres. 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 centres, 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.

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

Information about the extent of the outbreak remains limited and investigations are ongoing. Currently, WHO considers the public health risk to be very high at the national level due to the serious nature of the disease, insufficient epidemiological information and the delay in the detection of initial cases, which makes it difficult to assess the magnitude and geographical extent of the outbreak. The confirmed case in Mbandaka, a large urban centre located on major national and international river, with road and air transport axes, increases the risk both of local propagation and further spread within DRC and to neighbouring countries. The risk at the regional level is therefore considered high. At the global level, the risk is currently considered low. As further information becomes available, the risk assessment will be reviewed.

The IHR Emergency Committee met on Friday 18 May 2018 and concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met.¹ However, if the outbreak expands significantly, or if there is international spread, the Emergency Committee will be reconvened to re-evaluate the situation.

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information.

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 pillars of response 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) risk communication, social mobilization and risk communication, (ix) logistics, (x), vaccination, (xi) partner engagement, (xii) research and (xiii) resource mobilization.

2. Actions to date

Coordination of the response

- The Minister of Health, the Deputy Director General of the WHO Emergency Programme, the Deputy Humanitarian Coordinator, heads of UN agencies and other international organizations, among others, conducted field missions to Mbandaka to assess the situation on the ground, identify gaps and take actions, and encourage the teams deployed in the field to control the epidemic.
- The Emergency Operations Centre in Kinshasa is being assessed to identify areas that require strengthening and there have been exchanges between the Ministry of Health and partners, including UNICEF, the World Food Programme (WFP) and IOM in order to align implementation of activities.

¹ Statement of the Emergency Committee is available at <http://www.who.int/news-room/detail/18-05-2018-statement-on-the-1st-meeting-of-the-ihc-emergency-committee-regarding-the-ebola-outbreak-in-2018>

- ➔ As of 21 May 2018, WHO has deployed a total of 123 technical experts in various disciplines to support response efforts in the three hotspots of Bikoro, Iboko and Wangata (Mbandaka).

Surveillance

- ➔ Point of entry surveillance strategy has been developed by Ministry of Health experts with the support of WHO, IOM, Africa CDC, UNICEF and WFT and the National Border Hygiene Programme, with partners, has mapped entry points and areas at risk of transmission linked to population movement, identifying 115 points, including nine airports, 83 river ports, seven bus stations and 16 markets.
- ➔ On 19 May 2018, 16 health personnel were deployed to identify entry points within affected health areas. They will work directly with surveillance and rapid response teams.

Laboratory

- ➔ A full mobile laboratory was deployed to the Bikoro reference hospital on 12 May 2018 and was fully operational by 16 May 2018. A second mobile laboratory is planned for Mbandaka.
- ➔ The deployment of rapid diagnostic tests (RDTs) in the field is planned.
- ➔ A National Laboratory Strategy has been developed, focusing on GeneXpert for confirmatory testing in key sites such as Ebola Treatment Centres (ETC) and GeneXpert is now fully functional in Bikoro Health Zone.

Case management

- ➔ MSF-Belgium continues to support case management in Bikoro Referral Hospital.
- ➔ There is continued identification of drug needs for the Ebola Treatment Centres.

Vaccination

- ➔ On 16 May 2018, 4 320 doses of recombinant vesicular stomatitis virus–Zaire Ebola virus (rVSV-ZEBOV) vaccines were delivered to Kinshasa by WHO. Another 3 240 doses arrived on 19 May, for a total of 7 560 doses. The vaccination effort, which began on 21 May 2018, will target three rings, particularly around the two cases confirmed by PCR in Bikoro and the confirmed case in Wangata. Initial vaccination is targeting health workers and community contacts and it is expected that up to 1 000 people will be vaccinated during this week (21-26 May 2018), first in Mbandaka and then Bikoro and other affected areas.

Infection prevention and control and water, sanitation and hygiene (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.
- ➔ EDCARN is mobilizing four IPC specialists through GOARN to support the response.
- ➔ Disinfection and hand washing points have been established at all hospital exit and entry points and schools that will benefit from installation of 400 washbasins have been identified in the Bikoro and Iboko health zones.
- ➔ There is continued support from MSF and the Congolese Red Cross in the organization of safe and dignified burials.

Social mobilization, community engagement and risk communications

- ➔ Ongoing mapping of key partners, stakeholders and local social mobilizers.
- ➔ Engagement with religious leaders, journalists and local radio stations in communicating about recognition of early signs and symptoms of Ebola virus disease, early treatment, safe and dignified burials and compassionate use of Ebola vaccine.
- ➔ Series of integrated trainings for community leaders in Bolenge, Wangata and Mbandaka.

Logistics

- ➔ There is continued logistical support with the deployment of logisticians in the field. About 19 tons of materials have been received in Kinshasa, of which 16 tons have been sent to Mbandaka. Around 3 000 sets of personal protective equipment, tents and sanitation materials have been dispatched.

Resource mobilization

- ➔ WHO's rapid response and initial scale up of the operation in Democratic Republic of the Congo has been funded by a US\$ 2 million disbursement from the WHO Contingency Fund for Emergencies (CFE).
- ➔ In order to protect public health and save lives, WHO and partners are appealing for rapid funding of US\$ 26 million for the current response to rapidly stop the spread of EVD.
- ➔ The Wellcome Trust (GBP 2 million) and UK DFID (GBP 1 million) are providing funding to strengthen critical research needed to support the operational response.
- ➔ The UN Central Emergency Response Fund (CERF) announced an immediate allocation of US\$ 2

million to help humanitarian partners in the Democratic Republic of the Congo to fight and contain the outbreak. US\$ 1.6 million has been allocated to health interventions.

- ➔ Gavi, the Vaccine Alliance committed USD 1 million to fund the research response.
- ➔ Discussions are ongoing with ECHO, the World Bank, the African Development Bank and other bi- and multilateral agencies to support the response to the epidemic.

Preparedness

- ➔ WHO is supporting 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:
 - Sensitization 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.
 - Several laboratories from EDPLN, the Emerging and Dangerous Pathogens Network have offered support for DRC and neighbouring countries.

Operations partnership

- ➔ GOARN and WHO AFRO operational partnerships teams are conducting twice weekly conference calls with key partners. During the calls, epidemiological and response operation information are shared with partners. Relevant information on current response actions is also shared.
- ➔ The process to deploy Emergency Medical Teams from Health Cluster partners, namely IMC, IFRC, IRC and a French Emergency Medical team for the referral system, are ongoing.

IHR travel measures

- ➔ WHO advises against the application of any travel or trade restrictions to Democratic Republic of the Congo, based on currently available information. According to the advice of the Emergency Committee, exit screening, including at airports and ports on the Congo River, is considered to be of great importance; however entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value. As of 18 May, 20 countries have implemented entry screening for international travelers coming from Democratic Republic of the Congo, and currently there are no restrictions of international traffic in place. WHO continues to monitor travel and trade measures in relation to this event.

3. Summary of public health risks, needs and gaps

The objective continues to be the rapid control of EVD in a localized area, with the centre of operations in Bikoro, using proven strategies for the prevention and control of this disease.

To this end, authorities need to act swiftly to improve effectiveness and coverage of the active surveillance, including contact tracing and active case search in the most affected areas; intensify risk communication, social mobilisation and community engagement as a key response pillar and promote cross-border collaboration with the Republic of Congo and the Central African Republic and prevent the epidemic from spreading to other countries via major points of entry.