

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 8



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Date of issue: 5 June 2018

Data as reported by: 3 June 2018

1. Situation update

Grade

3

Cases

56

Deaths

25

CFR

44.6%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo remains active. On 3 June 2018, six new suspected EVD cases have been reported in Bikoro (5) and Wangata (1) Health Zones. Three laboratory specimens (from suspected cases reported on 2 June 2018) tested negative. No new confirmed EVD cases and no new deaths have been reported since our last situation update on 1 June 2018.

Since the beginning of the outbreak (on 4 April 2018), a total of 56 EVD cases and 25 deaths (case fatality rate 44.6%) have been reported, as of 3 June 2018. Of the 56 cases, 37 have been laboratory confirmed, 13 are probable (deaths for which it was not possible to collect laboratory specimens for testing) and six are suspected. Of the confirmed and probable cases, 25 (50%) are from Iboko, followed by 21 (42%) from Bikoro and four (8%) from Wangata health zones. A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

The outbreak has remained localised to the three health zones initially affected: Iboko (23 confirmed cases, 2 probable, 5 deaths), Bikoro (10 confirmed cases, 11 probable, 5 suspected, 17 deaths) and Wangata (4 confirmed cases, 1 suspected, 3 deaths). As of 31 May 2018, a total of 880 contacts remain under active follow-up.

Context

On 8 May 2018, the Ministry of Health 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 epidemiologic 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: Epidemic curve for Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, 3 June 2018 (n=50)

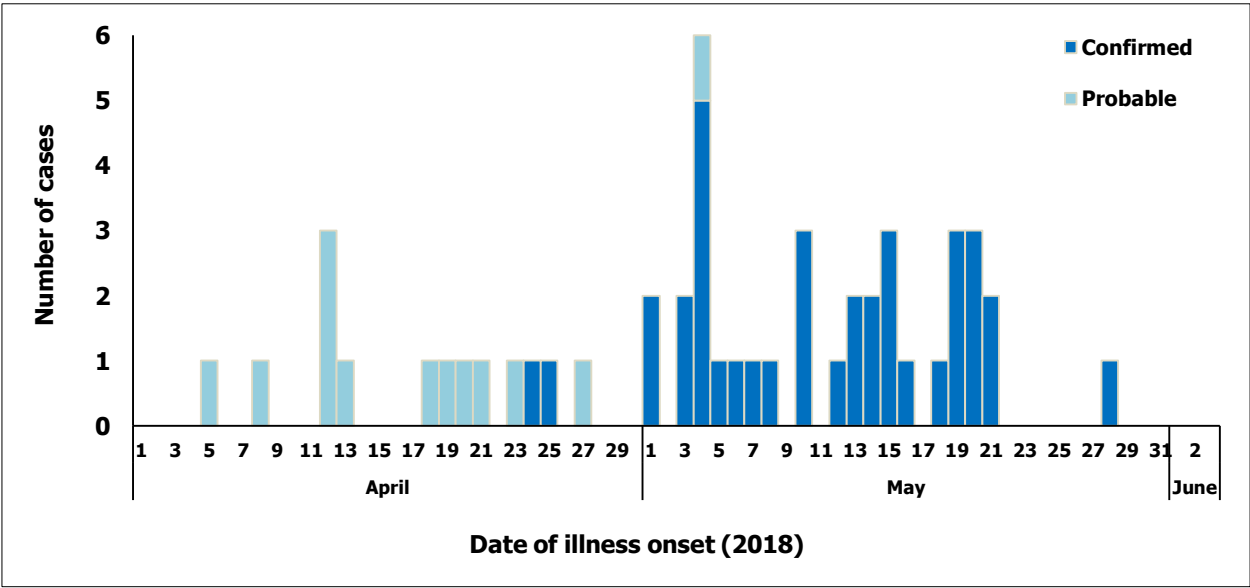


Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, Democratic Republic of the Congo, as at 3 June 2018 (n=49)

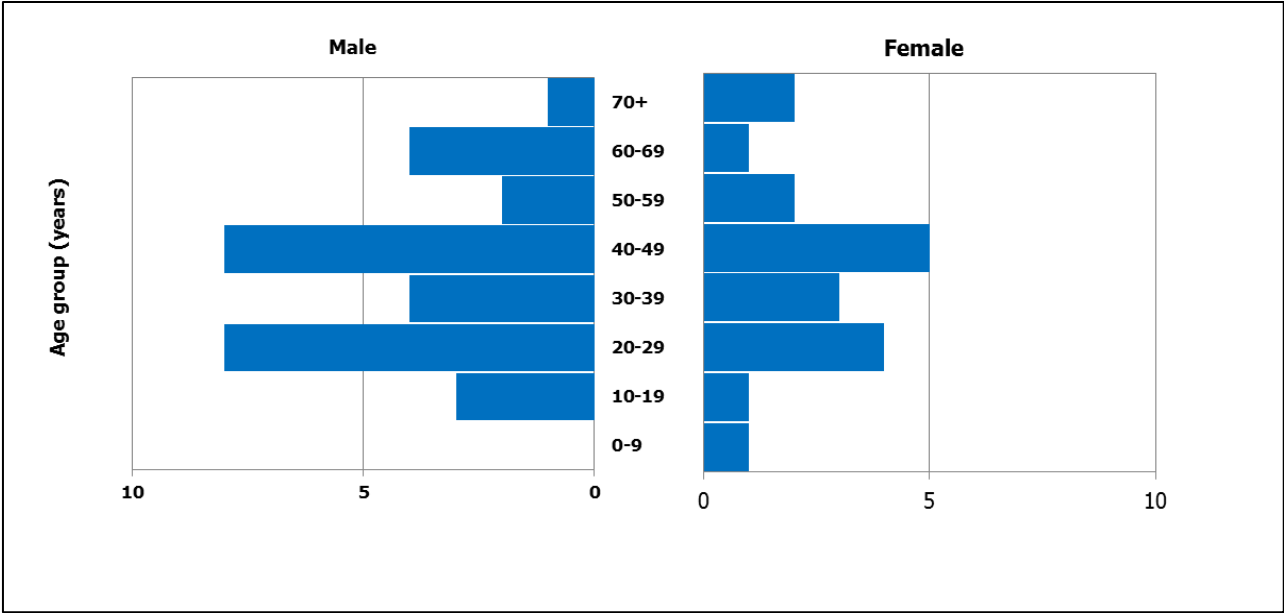
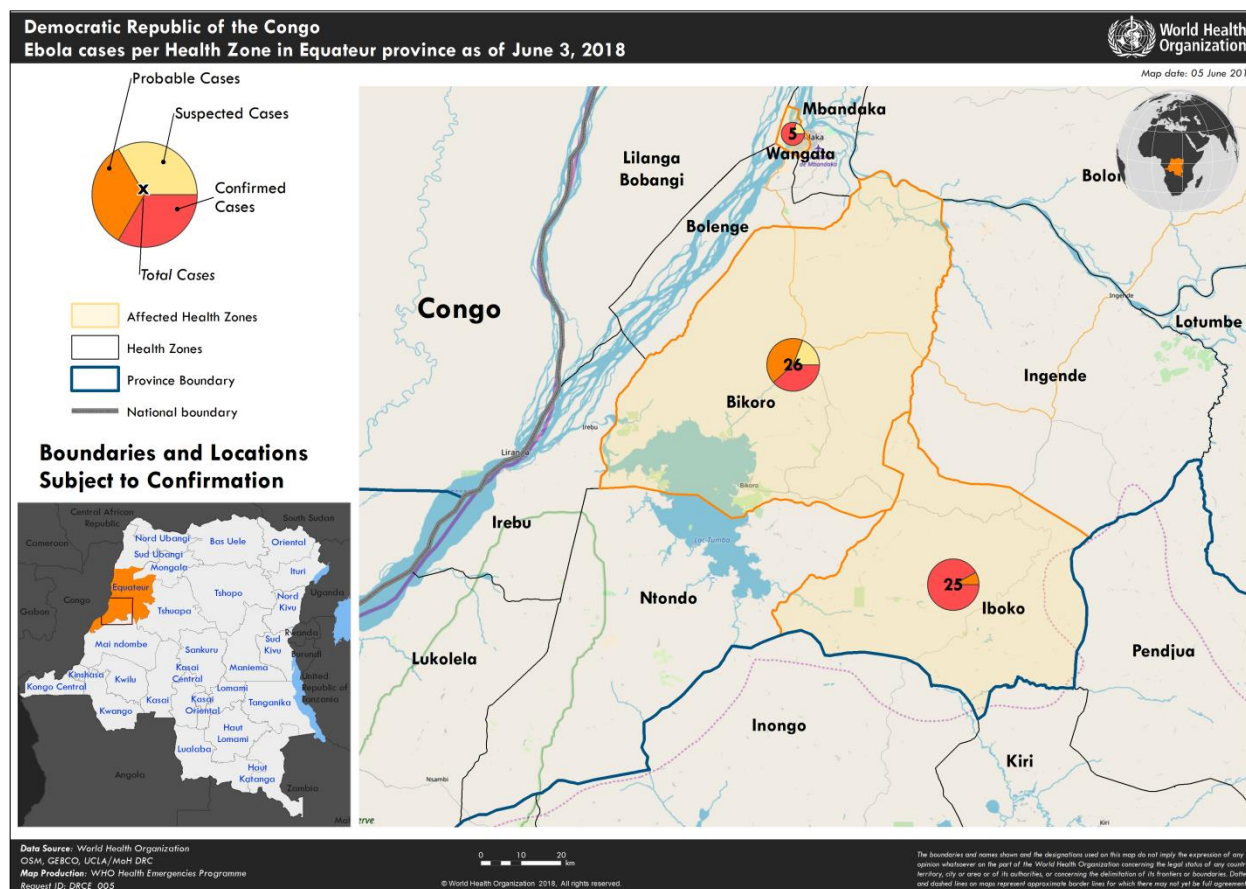


Table 1: Distribution of Ebola virus disease cases by health zone in Equateur Province, Democratic Republic of the Congo, 3 June 2018

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	5	0	1	6
New probable	0	0	0	0
New confirmed	0	0	0	0
Total new cases	5	0	1	6
Cumulative cases				
Total suspected	5	0	1	6
Total probable	11	2	0	13
Total confirmed	10	23	4	37
Total number of cases	26	25	5	56
Deaths				
New deaths	0	0	0	0
Total deaths	17	5	3	25
Deaths in confirmed cases	6	3	3	12

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.

Figure 3: Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 3 June 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 3 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.

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 a major national and international river, with road and air transport axes, increases the risk both of local propagation and further spread within Democratic Republic of the Congo and to neighbouring countries. The risk at the regional level is therefore considered high. At 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 include (i) strengthening the multi-sectoral coordination of the response, (ii) enhanced surveillance, including active case finding, case investigation, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) risk communication, social mobilization and community engagement, (vii) psychosocial care (viii) immunization of risk groups and research response, and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- Daily coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.
- As of 4 June 2018, WHO has deployed a total of 171 technical experts in various critical functions of the Incident Management System (IMS) to support response efforts in the three hotspots of Bikoro, Iboko and Wangata (Mbandaka city).

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>

Surveillance

- ➔ The Ministry of Health, with the support of CDC, WHO, Epicentre and other partners, continue to maintain an up-to-date EVD outbreak database, including line lists, contact lists, etc.
- ➔ Early Warning, Alert and Response (EWAR) Systems and supporting field data collection tools have been deployed at strategic sites to support case surveillance and contact tracing activities.

Laboratory

- ➔ A mobile laboratory has been deployed in Iboko, manned by a team of experts from the Institut Pasteur in Dakar (two virologists) and INRB.

Case management

- ➔ An assessment and rapid scale up of triage, screening and infection prevention and control (IPC) at health facilities continues, with the goal to protect healthcare workers and maintain essential health services to the population. Healthcare workers are being oriented on managing triage and practising IPC procedures.
- ➔ MSF has set up isolation facilities in Mbandaka's main hospital (20 beds) and Bikoro hospital (15 beds). Two Ebola treatment centres (ETC) are being set up in Iboko and Itipo.
- ➔ WHO is providing technical advice on the use of investigational therapeutics and provision of essential medical supplies and is currently supporting MoH and INRB in the importation of investigational therapeutics and submission of Monitored Emergency Use of Unregistered Interventions (MEURI) protocols for Ethics Review Board (ERB), as well as supporting MSF in implementation of therapeutics protocols.

Infection prevention and control and water, sanitation and hygiene (IPC and WASH)

- ➔ An infection prevention and control assessment was conducted in Ikoko Impengue and Moheli health centres and several gaps were identified, including lack of knowledge, lack of personal protective equipment and inadequate waste management.
- ➔ Disinfection and hand washing points have been established at all hospital exit and entry points. 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.

Vaccination

- ➔ Since the launch of the vaccination exercise on 21 May 2018, a total of 1 199 people have been vaccinated in Wangata (577), Iboko (323) and Bikoro (299). The targets for vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases and contacts of these contacts.

Risk communication, social mobilization and risk communication

- ➔ Trained community communicators in Mbandaka Health Zone are involved in door-to-door awareness raising activities on a daily basis. Between 25 May and 1 June 2018, more than 10 000 households were visited in Mbandaka Health Zone. Surge capacity to strengthen risk communication and community engagement is being deployed to Bikoro and Itipo health zones. Additional local communicators are being mobilized to support community awareness activities.
- ➔ A briefing was conducted for 50 media personnel in Mbandaka and Bikoro on communicating the risks of EVD during the outbreak and how journalists can engage with responders in addressing rumours and community concerns.

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. About 3 000 sets of personal protective equipment, tents and sanitation materials have been dispatched.
- ➔ MONUSCO is setting tents to accommodate responders in Iboko to address the acute shortage of accommodation in the area.

Resource mobilization

- ➔ WHO's rapid response and initial scale up of operations in the Democratic Republic of the Congo has been funded by a US\$ 4 million disbursement from the WHO Contingency Fund for Emergencies (CFE).
- ➔ WHO and partners are appealing for rapid funding of US\$ 57 million for the current response to rapidly stop the spread of EVD. The amount of funding needed for the overall Ebola Strategic Response Plan has increased from US\$ 26 million to US\$ 57 million, based on the new planning assumption and requirements following the spread of the disease to Mbandaka (an urban area on a major transport route), the increased needs for community engagement, expanded number of contacts to be traced

and followed up, and increased number of points of entry (PoE) (airports and water/land points) to be monitored.

- ➔ The revised requirements for WHO's response currently stand at US\$ 27.3 million. Funding has been provided to WHO from Italy (€ 300 000), CERF (US\$ 800 000), GAVI (US\$ 1 million), USAID (US\$ 5.3 million), Wellcome Trust and UK DFID (US\$ 4.1 million), UK-DFID (GBP 5 million), Germany (€ 5 million), Norway (NOK 8 million), and Canada (CAD\$1 million) bringing the total to around US\$ 25.7 million.
- ➔ Germany's contribution is in recognition of the critical role the WHO CFE has played in responding to the EVD outbreak in the Democratic Republic of the Congo and will go to replenish the CFE, which has so far provided US\$ 4 million to Ebola response efforts.
- ➔ In-kind contributions for medevac have been received from Norway and EU ECHO for flights between Kinshasa and Mbandaka. Technical expertise has been provided by Guinea, the UK and Germany through the GOARN network.
- ➔ Firm pledges to the overall Ebola response have been received from ECHO, Ebola MPTF, the World Bank and the African Development Bank.
- ➔ There is a growing need to support operational readiness for PoEs in surrounding countries to prevent further spread and WHO and partners are preparing a plan to address these needs.
- ➔ There is a particular need for support that is not earmarked so that WHO can direct funds to the areas that are most needed for an effective response.

Preparedness

- ➔ From 4 - 8 June 2018, over 50 multisectoral, multidisciplinary national rapid response teams in the Republic of Congo have been trained on EVD prevention and control.
- ➔ A total of US\$ 1.55 million has been mobilized through Contingency Funds for Emergency (CFE) to support contingency plans on preparedness and readiness of the nine countries.

Operations partnership

- ➔ On 1 - 5 June 2018, IOM made a technical coordination visit to WHO AFRO with the following outputs:
 - IOM to lead session on cross border surveillance during the EVD preparedness training for the national authorities in the Republic of Congo, planned for 4 - 8 June 2018 in Brazzaville.
 - Initiation of joint cross border surveillance activities at the main Points of Entries between the Democratic Republic of the Congo and the Republic of Congo.
- ➔ Clinical Emergency Medical Teams (EMTs) from IMC, IFRC IRC have been deployed in Mbandaka to support IPC and maintenance of safe access to essential health services. Activities will start on confirmation from the MoH.

- ➔ A request for assistance to the EMTs by the Ministry of Health of the Republic of Congo, led to an alert being sent to EMTs community to reinforce the case management component that was highlighted in the national contingency plan.
- ➔ GOARN and the AFRO operational partners' team has supported the deployment of three experts (IPC, Case Management and Epi surveillance) in Brazzaville to reinforce some aspects of preparedness that were highlighted in the national contingency plan.
- ➔ GOARN Operational Support Team and the AFRO operational partnerships team are conducting twice weekly conference calls to share information and coordinate response actions of partners involved in the response. The updates that follow were received from partners through the forum.

UNICEF

- Itipo: There have been briefings with all Pygmy leaders, religious leaders of all 44 villages, educators from all 115 schools. Caritas, the main partners for UNICEF, is conducting urgent mapping of special groups, including youth, meat sellers, fishermen, Pygmies, and informal and formal motorised taxi services.
- Iboko: The group is working on the issue of social dynamics between the various ethnic groups.
- Mbandaka: There is continuation of interpersonal communication by community relays (Reco) and dialogue through community animation units (CAC) in all villages and neighbourhoods.
- Bikoro: There is continuation of interpersonal communication by community relays (Reco) and dialogue through community animation cells (CAC) in villages and neighbourhood, where 8 830 people, in 1 641 households were counselled. Dialogue was conducted by the administrator of the Bikoro territory with the head of religious sects resistant to vaccination, and who has now agreed to cooperate in ring vaccination.

UNHCR

- Social mobilization and door-to-door sensitization on EVD prevention continues in the refugee camps in South and North Ubangi.
- ADES (UNHCR health implementing partner) with the support of UNHCR Public Health Officer are still working with the Health Zones in North and South Ubangi to update the local EVD preparedness plan.
- Distribution of IEC materials on EVD prevention is ongoing.
- There are meetings with the community leaders in the camps and the surrounding host communities in North and South Ubangi to share the information on the ongoing EVD outbreak in the neighbouring province of Equateur and to discuss the best social mobilization approaches to spread the messages on EVD prevention.

WFP

- The planned number of beneficiaries for food assistance to Ebola-affected populations are:
 - Food assistance to 4 000 contacts under surveillance during 21 days (89.88 mt)
 - Nutritional assistance to 90 discharged cases from Ebola Treatment Centres during 14 days (0.329 mt)
 - Food assistance to 450 family members of discharged cases during three months (23.085 mt)
- The field-level agreement for food distributions by Oxfam was signed. Oxfam will work closely with health workers to provide this support.

- Regarding food commodities, 58.8 mt of cereals and 17.5 mt of pulses stored in WFP's warehouse in Mbandaka as of 31 May 2018, and fortified cereals and ready-to-use supplementary food arrived in Mbandaka on 1 June 2018.
- On behalf of WHO, UNHRD airlifted five 4x4 vehicles (Land Cruisers) to Kinshasa on 1 June 2018.
- Various requests for assistance were received from WHO HQ, including for staffing, IT solutions, and vehicles. WFP is on standby to provide such support pending official confirmation on such requests.

ALIMA

- The organization is providing the materials for a ETC activity in Itipo that started arriving in Kinshasa on Sunday, 3 June 2018 and will then be forwarded to Mbandaka. The rest will arrive in the following days.
- About 15 staff will be arriving in the coming days to complete our intervention team.
- There is ongoing development of concept note for CTE itipo.

IFRC

- Eleven safe and dignified burials have been conducted.
- The medical team of the Red Cross is working with two referral hospitals and three referral health centres in Mbandaka providing IPC interventions
- To date, the Red Cross volunteers have reached 37 995 people in the most affected health zones with community engagement activities. A total of 2 704 houses of cases and contacts have been also disinfected by Red Cross volunteers.

IOM

- Support has been provided to PNHF's surveillance activities in 30 sites (20 in Mbandaka, 3 in Bikoro, 2 in Ntongo, 1 in Ingenge, 2 in Iboko, and 1 in Irebu) and at one site in Lukolera in Mai Ndombe. The POE surveillance is combined with risk communication and hygiene promotion activities.
- IOM is also conducting daily flow monitoring at 16 data collection sites in Mbandaka, Bikoro, Iboko, Ingenge, and Lukolera which will allow understanding of the mobility volume and profiles of travellers, including internal and cross-border movements (to/from Central African Republic and Republic of Congo).

IHR travel measures and cross border health

- ➔ According to the advice of the International Health Regulations (IHR) Emergency Committee (EC), which was convened by the WHO Director-General on 18 May 2018, WHO currently advises against the application of any travel or trade restrictions to Democratic Republic of the Congo. In addition, the EC advised that exit screening at airports and ports on the Congo River is considered to be of great importance to detect probable cases and to prevent the international spread of Ebola; however, entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value. The IHR EC advised that currently the outbreak does not meet the criteria for a Public Health Emergency of International Concern, but the vigorous response of the Government should continue to be supported by the international community.

- ➔ WHO recommendations for international travellers related to EVD outbreak in DRC were published on 29 May 2018². In general the risk of a traveller becoming infected with Ebola virus during a visit to the affected areas and developing disease after returning is extremely low, even if the visit included travel to areas where primary cases have been reported. Transmission requires direct contact with blood or fluids of infected persons or animals (alive or dead), all unlikely exposures for the average traveller. If symptoms consistent with Ebola disease develop, travellers should seek immediate medical attention (through specific hotline numbers). Travellers should be informed about where to obtain appropriate medical assistance at their destination and whom to inform should they become ill.

There is a possibility that a person who has been exposed to Ebola virus and developed symptoms may board a commercial flight or other mode of transport, without informing the transport company of his/her status. Such travellers should seek immediate medical attention upon arrival, mention their recent travel history, and then be isolated to prevent further transmission. Information of close contacts of this person on board aircraft should be obtained through collaboration with various stakeholders at points of entry (e.g. airline reservation system) in order to undergo contact tracing.

As the incubation period for Ebola is between 2 to 21 days, travellers involved in caring for EVD patients or who suspect possible exposure to Ebola virus in the affected areas, should take the following precautions for 21 days after returning: 1) Stay within reach of a good quality health care facility; 2) Seek immediate medical attention (e.g. through hotline telephone numbers) and mention their recent travel history if they develop EVD like symptoms.

- ➔ As of 5 June 2018, 23 countries have implemented entry screening for international travellers coming from Democratic Republic of the Congo, but there are currently no restrictions of international traffic in place. WHO continues to monitor travel and trade measures in relation to this event.
- ➔ In collaboration with WHO, IOM, Africa CDC and other partners, the Government of the Democratic Republic of the Congo has developed a comprehensive strategic response plan for points of entry, with the goal of avoiding the spread of the disease to other provinces or at the international level. The plan includes mapping strategic points of entry and the locations of areas where travellers congregate and interact with the local population, and therefore are at risk of Ebola virus disease transmission based on population movement. The plan also includes implementing health measures at the points of entry/traveller congregation points, including risk communication and community engagement, temperature checks, provision of hand hygiene and sanitation materials, and the development of alert, investigation and referral procedures.

By 18 May 2018, a total of 115 points of entry/traveller congregation points had been listed and mapped along three *cordon sanitaires* in Mbandaka, Bikoro, Iboko, larger Equateur Province, and Kinshasa. Of these, some 30 points of entry have been prioritized for in-depth assessments and for implementing relevant prevention, detection and control measures. These include major ports and congregation points along the Congo river, as well as the two airports and the international port in Kinshasa. Areas of large gatherings such as markets are also being assessed. Along the Congo river there are many private smaller ports and points of congregation with a low volume of traffic. It is unrealistic and impractical to assume that proper screening can be conducted at all these points, and the efforts currently focus on the 30 prioritized points of entry/traveller congregation points, as well as on risk communications activities and community engagement. Further detail on this plan and implementation to date are available via the Disease Outbreak News webpage: <http://www.who.int/csr/don/en/>

² WHO recommendations for international travellers related to EVD outbreak in DRC, <http://www.who.int/ith/evd-travel-advice-final-29-05-2018-final.pdf?ua=1>

- ➔ Entry and exit screening measures have been implemented at the Mbandaka airport, as well as in some terminals of the Kinshasa international airport. These include travel health declaration, visual observation for symptoms, temperature check and travel health promotion measures, as well as procedures for referral of suspect cases. During this screening at international airports and points of entry, travellers are assessed for signs and symptoms of an illness consistent with EVD, or identified as contacts potentially exposed to EVD. Any person with an illness consistent with EVD is not allowed to travel unless the travel is part of an appropriate medical evacuation. Boarding may be denied based on public health criteria.

3. Summary of public health risks, needs and gaps

The Ministry of Health and other national authorities, WHO and partners are continuing with an intense response to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. All pillars of the response are being consolidated as well as preparedness and readiness measures in neighbouring countries. The global community and donors are also continuing to provide support. The evolution of the outbreak is being closely monitored and the disease is still localised to the three initial affected health zones. It is critical to sustain the ongoing interventions as well as efforts to improve coverage and effectiveness until the outbreak is contained.