

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 14



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Date of issue: 3 July 2018

Data as reported by: 1 July 2018

1. Situation update

Grade

3

Cases

53

Deaths

29

CFR

54.7%

The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo. On 27 June 2018, all the people who were exposed to the last confirmed EVD case-patient completed their mandatory 21-day follow up without developing symptoms. This is an important milestone. The last confirmed EVD case in Equateur Province was cured and discharged from the Ebola treatment centre (ETC), following two negative tests on serial laboratory specimens, on 12 June 2018. The response is now focused on intensive surveillance, including active case finding and investigation of suspected cases and alerts.

Since our last report on 26 June 2018 ([External Situation report 13](#)), 13 suspected EVD cases were reported in Bikoro (10), Iboko (2) and Wangata (1) health zones. Of the 13 suspected cases, 11 tested negative, while two suspected cases reported on 30 June 2018 are awaiting collection of the second specimens for a repeat test after the first specimens tested negative.

Since the beginning of the outbreak (on 4 April 2018), a total of 55 EVD cases and 29 deaths have been reported, as of 1 July 2018. Of the 55 cases, 38 have been laboratory confirmed, 15 were probable cases (deaths for which it was not possible to collect laboratory specimens for testing) and two were suspected cases. One community death that occurred on 20 May 2018 in Iboko Health Zone was retrospectively identified and reclassified as a probable case, increasing the number of probable cases from 14 to 15. Of the 53 confirmed and probable cases, 29 died, giving a case fatality rate of 54.7%. Twenty-eight (53%) confirmed and probable cases were from Iboko, followed by 21 (40%) from Bikoro and four (8%) from Wangata health zones. Five healthcare workers have been affected, with four confirmed cases and two deaths. A total 24 case-patients with confirmed EVD have been cured since the onset of the outbreak.

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. Further information on past outbreaks is available at: <http://www.who.int/ebola/historical-outbreaks-drc/en/>.

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

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	0	0	0	0
New probable	0	0	0	0
New confirmed	0	0	0	0
Total new cases	0	0	0	0
Cumulative cases				
Total suspected	1	1	0	2
Total probable	11	4	0	15
Total confirmed	10	24	4	38
Total number of cases	22	29	4	55
Deaths				
New deaths	0	0	0	0
Deaths in probable cases	11	4	0	15
Deaths in confirmed cases	7	4	3	14
Total deaths	18	8	3	29

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 1: Confirmed and probable EVD cases by date of illness onset, Democratic Republic of the Congo, 1 April - 1 July 2018 (n=53)

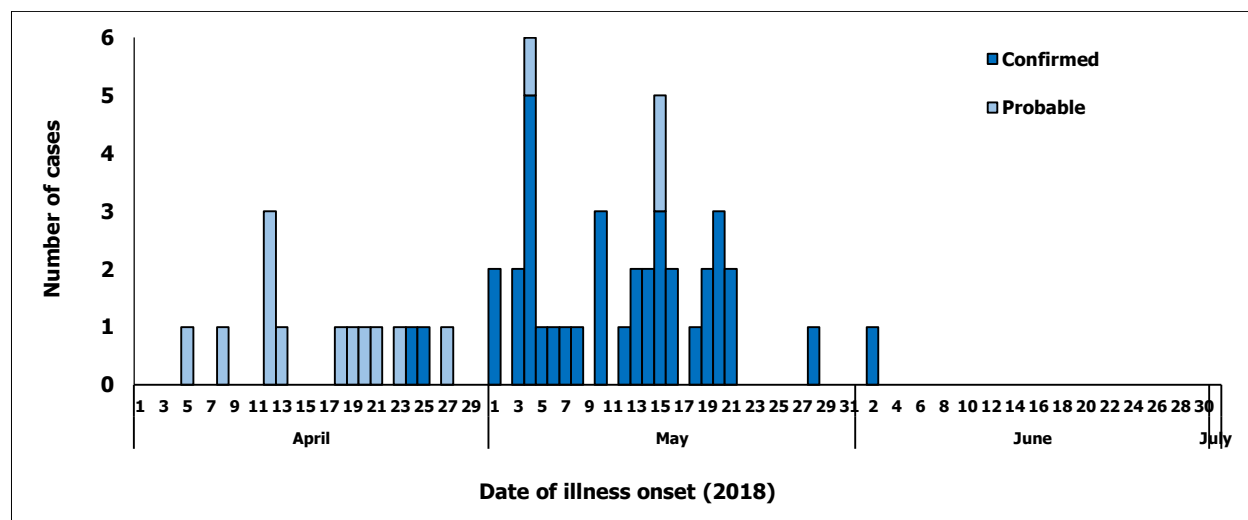


Figure 2: Confirmed and probable EVD cases by age and sex, Democratic Republic of Congo, data as of 1 July 2018 (n=53)

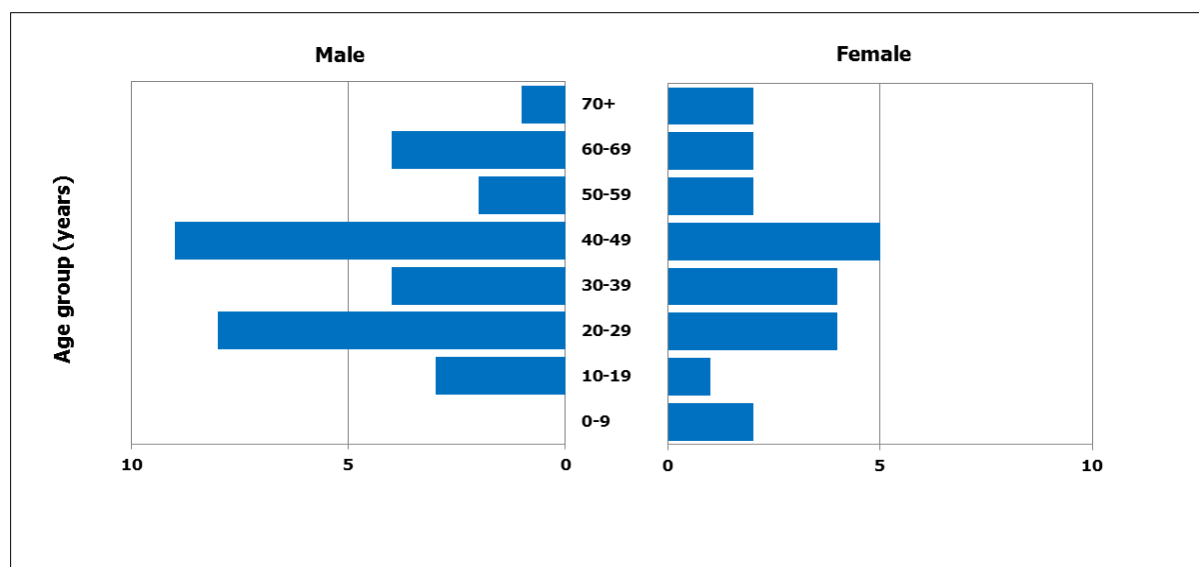
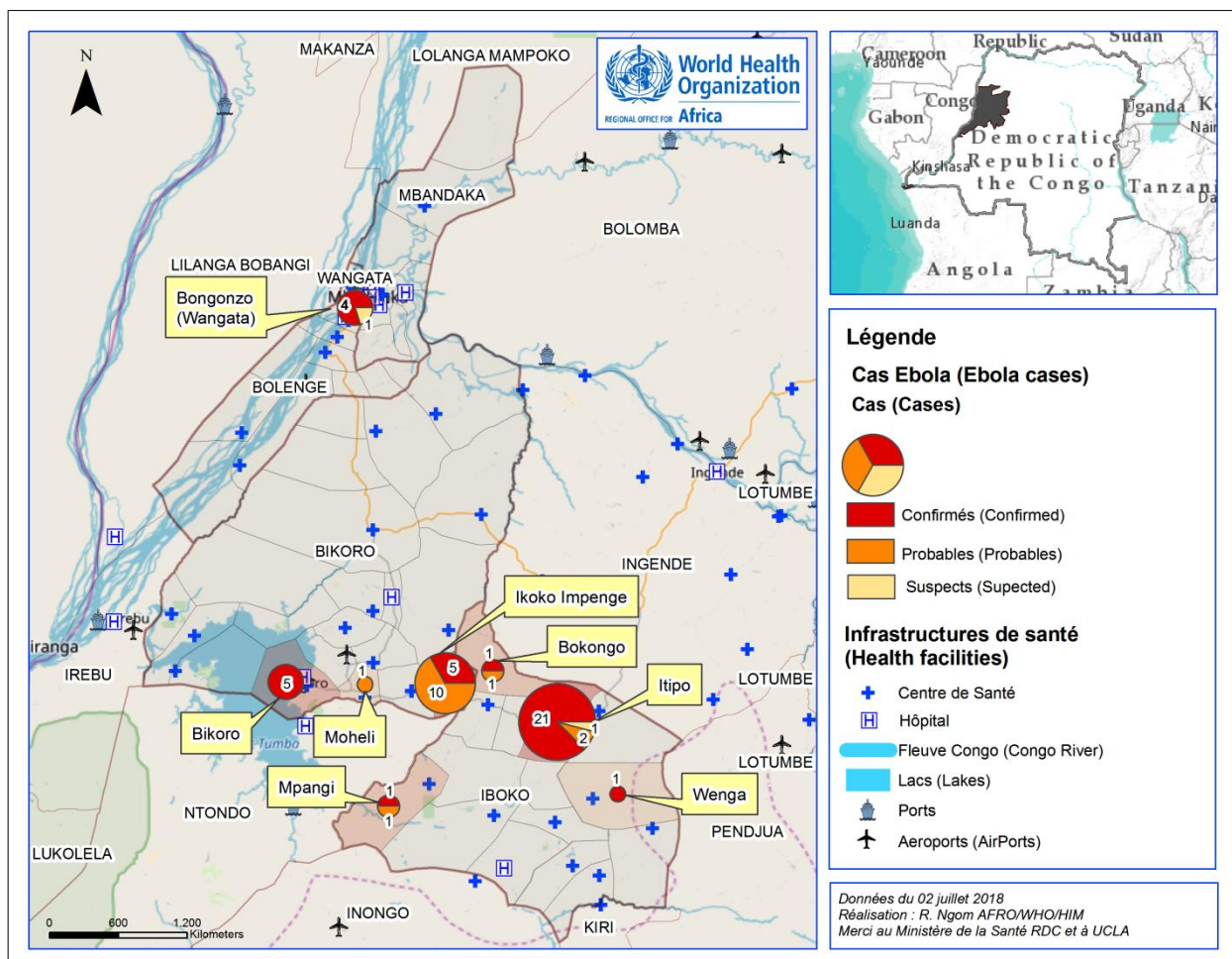


Figure 3: Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 2 July 2018



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.

Current risk assessment

The current EVD outbreak has largely been contained. Since the beginning of the outbreak, 53 cases of EVD (38 confirmed and 15 probable) including 29 deaths (case fatality rate 55%) have been reported in Equateur Province. The last confirmed EVD case was notified on 6 June 2018. As of 27 June 2018, all contacts completed 21-day follow-up. There remains a risk of resurgence and flare-ups posed by potentially undetected transmission chains and the possible sexual transmission of the virus by some male survivors. However, strengthened surveillance mechanisms and a survivor monitoring program are in place to mitigate, rapidly detect and respond to such events. The revised risk is moderate at the national level, and low at the regional and global levels.

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control EVD 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

- On 3-5 July 2018, the Ministry of Health, with support from WHO and partners, is conducting a strategic operations review to assess the current epidemiological situation, evaluate progress against the EVD Strategic Response Plan, engage in lesson learning, and prioritize key activities and resources for continued vigilance in affected areas through to the end of the outbreak.

The review will also facilitate the development of a 90-day enhanced surveillance/response plan for the continuation of core activities following the end of the outbreak, as well as planning for the transition of resources mobilized for the current EVD outbreak to build and sustain local and national capacities to respond to ongoing health emergencies across the Democratic Republic of the Congo.

- 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.

Surveillance

- ➔ Active surveillance activities are ongoing, including active case search at community and health facility levels, real-time investigation of alerts and collection of specimens from all suspected cases for laboratory confirmation and/or exclusion.
- ➔ The Ministry of Health, with the support of WHO, CDC, Epicentre and other partners, continue to maintain an up-to-date EVD outbreak database, including line lists, contact lists, etc.

Laboratory

- ➔ A National Laboratory Strategy has been developed, focusing on GeneXpert for confirmatory testing. Training of technicians in the Provincial Laboratory of Mbandaka on the use of GeneXpert is ongoing, while training of laboratory technicians in the other areas is being planned. On the other hands, suspect deaths are tested with Oraquick (rapid diagnostic test).
- ➔ As of 30 June 2018, 378 samples have been tested in the different sites.

Case management

- ➔ The ETCs in Bikoro, Iboko and Mbandaka are operational and continue to provide clinical care to suspected EVD cases. MSF is continuing with the process to transition the management of the ETCs in Mbandaka and Bikoro to the Ministry of Health.
- ➔ A total of 24 health providers (including 2 drivers, 2 hygienists, 2 doctors, and 2 nurses from each health zone) from Mbandaka, Wangata and Bolenge health areas have been trained on management and patient transfer, with support from MSF.

Psychosocial care

- ➔ Two suspected EVD cases from Bikoro Health Zone who were admitted to the CTC and their families were followed up and provided with psychosocial support.
- ➔ The different partners providing psychosocial support, especially distribution of food kit, held a meeting to harmonize their activities.
- ➔ A clinic for people who have been cured of EVD has been established in Bikoro, operated by the Ministry of Health, INRB and MSF.

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

- ➔ Oxfam and Unicef provided 12 hand washbasins to health facilities in Ikoko Bonginda and other structures (churches, restaurants) in Bikoro.
- ➔ Caritas followed up chlorination activities at various points in Iboko Health Zone and supervised the construction of six latrines in two schools in Itipo health area.

Implementation of ring vaccination protocol

- ➔ The vaccination teams remain on standby to rapidly respond to any new confirmed detection. Since the launch of the vaccination exercise on 21 May 2018, a total of 3 330 people have been vaccinated in Iboko (1 530) Wangata (893), Bikoro (779), Ingende (107), and Kinshasa (21), as of 30 June 2018. The targets for vaccination were front-line health professionals, people who were potentially exposed to confirmed EVD cases (contacts), and contacts of these contacts.
- ➔ A total 2 020 vaccine doses are available in the central vaccine stores and 870 doses are in Mbandaka.

Risk communication, social mobilization and risk communication

- ➔ Community awareness exercises on the prevention of EVD were carried out among indigenous people living in Buna health area and Mpenda village.
- ➔ Door-to-door awareness activities on the prevention and control of EVD infection were conducted in Itipo, Buna and Butela health areas, reaching over 897 people, including 140 women.
- ➔ A video on EVD was screened in Boyeka village in Itipo health area, during which 83 people, including 64 women, were reached.
- ➔ A community dialogue on the correct use of Aquatabs in drinking water and households was conducted in Mpenda village in Moheli health area.

Logistics

- ➔ WHO provided four ambulances to facilitate referral of patients, which were deployed in Mbandaka (3) and Kinshasa (1). Three additional utility vehicles have been provided to support activities in Kinshasa.
- ➔ MONUSCO has set up 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 speedily 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.
- ➔ Funding towards the Strategic Response 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 (£5 million), Germany (€5 million), Norway (NOK 8 million), Canada (CAD\$ 1 million), World Bank PEF (US\$ 6.8 million) and Japan (US\$ 1.3 million) bringing the total to around US\$ 33.9 million. The WHO Strategic Response plan has been fully funded.
- ➔ 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 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 has launched a Regional Strategic Plan for EVD Operational Readiness and Preparedness.

Preparedness

- ➔ WHO continues to support neighbouring countries to systematically assess and take action on Ebola preparedness, and to develop national contingency response plans. A regional readiness and preparedness plan has been developed and published, outlining activities to ensure that the nine neighbouring countries can detect and contain Ebola should it be introduced. The regional readiness and preparedness plan requires US\$ 15.5 million. This amount is being revised to take into account the national contingency plans under finalization by the countries.
- ➔ Rwanda has received US\$ 635 501 from the Resolve Initiative, while Burundi received US\$ 1.4 million from the World Bank for EVD preparedness and readiness activities.
- ➔ The Republic of Congo and the Central African Republic have completed training of multi-disciplinary and multi sectoral national rapid response teams as part of EVD preparedness.

Operations partnership

- ➔ GOARN Operational Support Team and the AFRO operational partnerships team continue to engage partners in the preparation and response to the EVD outbreak.
- ➔ A joint partnership project was initiated by WHO, IOM, IFRC, UNHCR, and other partners to reinforce cross border coordination activities between the Democratic Republic of the Congo, Congo and the Central African Republic.

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 2018¹. 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 healthcare 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 19 June 2018, 26 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.

¹ 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>

- ➔ 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 or congregation, 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/congregation had been listed and mapped along three *cordon sanitaires* in Mbandaka, Bikoro, Iboko, Ntonde, Igende, larger Equateur Province and Kinshasa/Kisangani). 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/congregation. Further detail on this plan and implementation to date are available via the Disease Outbreak News webpage: <http://www.who.int/csr/don/en/>. Field exercises were also organized to identify key points of passage and congregation of travellers in Mbandaka as well as in Bikoro and its surroundings with participation of representatives from the population such as local authorities, police, church, trade. This work was facilitated by WHO and PHNF and with the support of IOM.
- ➔ Screening measures of persons departing or arriving from an affected area include a travel health declaration to evaluate the risk of exposure to Ebola virus, visual observation for EVD-like symptoms, temperature check and travel health promotion measures, as well as procedures for referral of suspect cases. 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.
- ➔ All 30 points of entry (ports and airports) and areas for congregation (markets) are now assessed and gaps identified. On 6 June 2018, the sub-commission of surveillance at PoEs was established and meets daily. The focus of the group is to strengthen screening and sensitization capacity in the 30 prioritized PoEs and congregation sites:
 - Establish and disseminate procedures for surveillance (visual observation, screening of travellers, hand hygiene, risk communication)
 - Develop a training module for surveillance at PoEs for PNHF agents deployed and to be deployed.
 - Quantify gaps in terms of equipment and materials at each PoE.
- ➔ On 12 and 13 June 2018, a training of trainers took place in Kinshasa for PoEs with PNHF, IOM, WHO, CDC, and JICA with plans for further training in key points of entry
- ➔ As of 26 June 2018, the risk of missed cases able to travel during the incubation period (2 to 21 days) was considered very low (outside of Equateur Province and even lower internationally). However it was decided to maintain exit screening at points of entry and congregation sites as a precautionary measure and to prepare a deactivation plan for after the end of the outbreak.

- Each day, thousands of travellers are screened by PNHF personnel. However this only represents a small proportion of the populations of travellers. As an example, on 13 June 2018, 3 722 travellers were screened in Bikoro and Mbandaka and their surroundings, as well as in major ports in Kinshasa. Out of a total number of 53 258 travellers counted, around 7% were screened. All alerts detected were discarded after investigation by a rapid response team. As of 26 June 2018, no exported case had been reported.
- This is the first time that such a comprehensive approach has been implemented by WHO and partners during an outbreak, including exit screening at international and domestic ports and airports, as well as locations beyond the border where travellers congregate. It is important to review the effectiveness of such measures in detecting suspect cases and the cost-benefit of such investments. A map is being developed to reflect activities at points of entry with key information to facilitate this exercise. In addition WHO has initiated a systematic review of literature to determine which circumstances or criteria need to exist for POE screening to be most effective as an outbreak response measure.

3. Conclusion

The Ministry of Health and other national authorities, WHO and partners have made significant progress in containing the EVD outbreak in Democratic Republic of the Congo. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak, which requires 42 days (two maximum incubation periods) without notifying new confirmed EVD cases. Until this milestone is reached, it is critical to maintain all key response pillars, including intensive surveillance to rapidly detect and respond to any resurgence.

The Ministry of Health, with support from WHO, is conducting a strategic operations review from 3-5 July 2018 in order to guide prioritization of key activities through to the end of the outbreak, facilitate the development of a post-outbreak 90-day enhanced surveillance/response plan, and plan for the transition of EVD resources to enhance local and national response capacities to ongoing health emergencies across the Democratic Republic of the Congo. Similarly, preparation to conduct an after-action review has been initiated, aimed to document lessons learnt in order to inform preparedness and readiness for future outbreaks. Planning to improve the institutional capacity and resilience of the national health system is critical.