

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

External Situation Report 17

### Declaration of the end of the outbreak



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Date of issue: 25 July 2018

Data as reported by: 24 July 2018

#### 1. Situation update

Grade

3

Cases

54

Deaths

33

CFR

61%

On 24 July 2018, the Ministry of Health of the Democratic Republic of Congo declared the end of the ninth outbreak of Ebola virus disease (EVD) in the country. The announcement comes 42 days (*two incubation periods*) after blood samples from the last confirmed Ebola patient twice tested negative for the disease.

WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and Regional Director for Africa, Dr Matshidiso Moeti, joined Minister of Health Dr Oly Ilunga for the announcement in Kinshasa.

“The outbreak was contained due to the tireless efforts of local teams, the support of partners, the generosity of donors, and the effective leadership of the Ministry of Health. That kind of leadership, allied with strong collaboration between partners, saves lives,” said Dr Tedros<sup>1</sup>.

“WHO moved quickly and efficiently,” said Dr Moeti, “We also demonstrated the tremendous capacity of the African region. More than three-quarters of the 360 people deployed to respond came from within the region.”

No new laboratory-confirmed EVD cases have been detected since the last case developed symptoms on 2 June 2018 (Figure 1). From 20 through 21 July 2018, WHO supported a workshop to harmonize, reconcile and validate the wide range of data arising from the outbreak response. The workshop brought together teams responsible for coordination, surveillance, case management, laboratory investigations and vaccinations in Mbandaka, Bikoro, Itipo, Iboko and Kinshasa to share their findings, and resolve differences in data records. As a result of this exercise, changes to the number of confirmed and probable cases line listed, including deaths among these cases, were formalized. These changes only affected the reclassification of data records of past cases, who were otherwise known to field investigators and received full follow-up.

As of 24 July 2018, there have been a total of 54 Ebola virus disease cases (38 confirmed and 16 probable), with illness onset between 5 April and 2 June 2018 (Figure 1). Of these cases, 33 died (overall case fatality ratio: 61%), including 17 deaths among confirmed cases. Cases were reported from three health zones (Figure 2): Bikoro (n=21; 10 confirmed, 11 probable), Iboko (n=29; 24 confirmed, 5 probable), and Wangata (n=4; all confirmed). Seven cases were health care workers, of which two died.

#### 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, Équateur Province. The event was initially reported on 3 May 2018 by the Provincial Health Division of Équateur 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

<sup>1</sup> <http://www.who.int/news-room/detail/24-07-2018-ebola-outbreak-in-drc-ends-who-calls-for-international-efforts-to-stop-other-deadly-outbreaks-in-the-country>

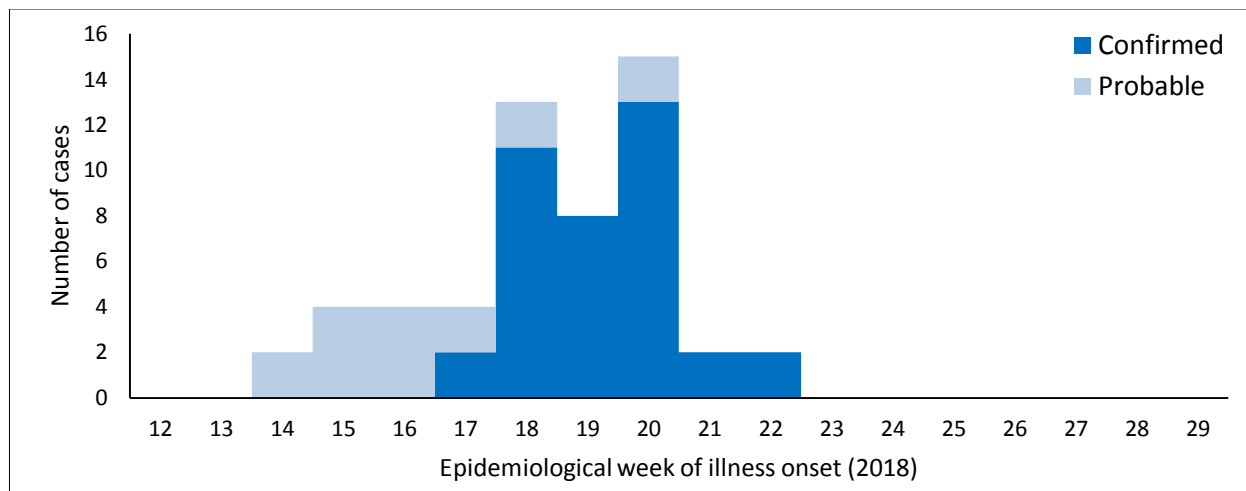
case-patients, two of whom were admitted in Bikoro General Hospital and three were in the health centre in Ikoko-Impenge. Samples were taken from each of the five cases and sent for analysis at the Institute National de Recherche Biomédicale (INRB), Kinshasa on 6 May 2018. Of these, two tested positive 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. 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: Ebola virus disease cases by classification and health zone in Équateur Province, Democratic Republic of the Congo, 5 April – 24 July 2018**

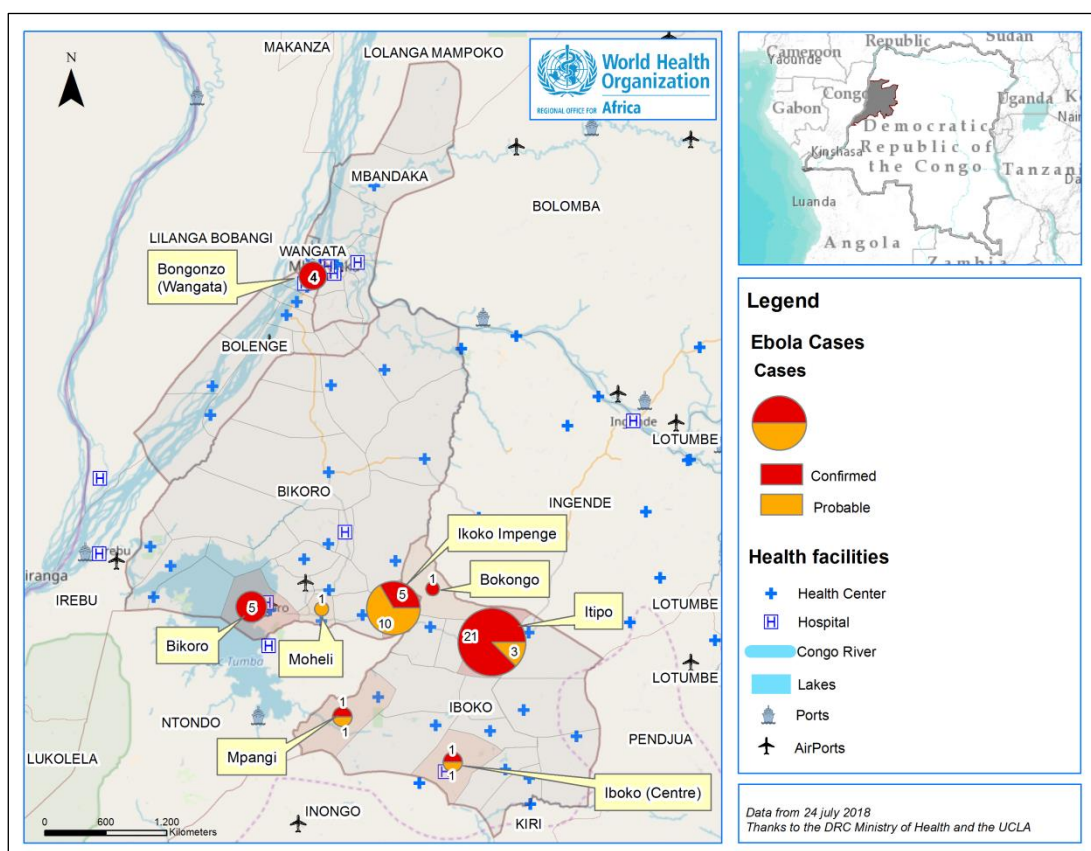
Description	Bikoro	Iboko	Wangata	Total
<b>Cumulative cases</b>				
<b>Total probable</b>	11	5	0	<b>16</b>
<b>Total confirmed</b>	10	24	4	<b>38</b>
<b>Total number of cases</b>	<b>21</b>	<b>29</b>	<b>4</b>	<b>54</b>
<b>Deaths</b>				
<b>Deaths in probable cases</b>	11	5	0	<b>16</b>
<b>Deaths in confirmed cases</b>	7	7	3	<b>17</b>
<b>Total deaths</b>	<b>18</b>	<b>12</b>	<b>3</b>	<b>33</b>

*The reported number of cases and deaths and the laboratory results are subject to change due to ongoing surveillance, laboratory investigations, reclassification, and data consolidation activities.*

**Figure 1: Confirmed and probable Ebola virus disease cases by date of illness onset, Democratic Republic of the Congo, 5 April – 24 July 2018 (n=54)**



**Figure 2: Geographical distribution of confirmed, probable and suspected Ebola virus disease cases, Democratic Republic of the Congo, 5 April – 24 July 2018**



*Équateur Province covers an area of 130 442 km<sup>2</sup> and has an estimated population of 2 543 936 people, with 16 health zones and 284 health centres.*



## Current risk assessment

The latest WHO assessment concluded that the current Ebola virus disease outbreak has been contained, considering that 42 days (two maximum incubation periods) have elapsed since the date of the second negative test of the last case confirmed case on 12 June 2018. Under the Consolidation and Stabilisation Strategic Plan adopted by the Ministry for Health, enhanced surveillance, a program for long-term Ebola survivor care and other response mechanisms remain in place following the end of the outbreak declaration, to maintain increased vigilance and contribute to the strengthening and resilience of the health system. WHO considers the public health risk associated with the recent Ebola virus disease outbreak to be low at national, regional and global levels. Ebola virus disease is, however, endemic in the Democratic Republic of the Congo, and may re-emerge at any time.

## 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

- ➔ A workshop was held from 20-21 July 2018 in Kinshasa during which surveillance, coordination, case management, laboratory testing and vaccination teams, along with the heads of affected zones from Equateur Province (Mbandaka, Bikoro, Itipo and Iboko) met, with the support of WHO, to harmonize and validate data from the EVD response in the light of the declaration of the end of the outbreak.
- ➔ Meetings were held with all partners to discuss the effective implementation of stabilization and consolidation activities.
- ➔ A security meeting was held with the provincial ministers of the Interior and Justice on strengthening security in the Bikoro Health Zone, because of increasing insecurity in the region, along with a coordination meeting with all health zone Commissions in the Bikoro region.
- ➔ Daily coordination meetings on EVD response activities continued.

## Surveillance

- ➔ Under the Consolidation and Stabilization Plan enhanced surveillance capacity will be maintained and further strengthened to rapidly detect and respond to potential new cases of Ebola virus disease, including for points of entry and the locations of areas where travellers congregate and interact with the local population, and in neighbouring provinces and countries. As of 21 July 2018, 850 alert cases were investigated across the country, and 11 278 households have been visited (79% of the total) in the 10 zones of the Bikoro Health Zone.
- ➔ A capacity building session with local epidemiologists on active EVD research was held in Bikoro Health Zone, with support from WHO.
- ➔ Further training of community action committee members on EVD surveillance is taking place in Lyembe Moko Health Zone.

## Laboratory

- ➔ Between 16-21 July 2018, seven samples were received, all of which tested negative for Ebola virus. As of 21 July 2018, a total of 434 samples have been tested at the different sites.
- ➔ Sequencing of the samples taken from different affected areas is continuing at the INRB.

## Case management

- ➔ The ETCs in Bikoro, Itipo, Iboko and Mbandaka are operational although no further patients have been admitted as of the reporting date.
- ➔ MSF has transitioned the management of the ETCs in Mbandaka and Bikoro to the Ministry of Health.
- ➔ A WHO EVD follow-up programme manager has arrived in the Bikoro Health Zone.

## Psychosocial care

- ➔ A clinic for EVD survivors has been established in Bikoro, operated by the Ministry of Health, INRB and MSF.
- ➔ WHO is supporting the Ministry of Health to establish a one year programme for care to survivors. The programme will be focused on three axes: clinical follow-up, counselling and semen testing, and psychosocial support.
- ➔ Community reintegration kits are being distributed to former contacts and householders in Ikoko Impenge area.

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

- ➔ IPC training was carried out from 16-18 July 2018, reaching 40 nurses and one doctor from the 10 areas of the Bikoro Health Zone.
- ➔ There is continuation of the preparation for IPC training in the different health zones.

## Implementation of ring vaccination protocol

- ➔ Between 21 May 2018 and 26 June 2018, a total of 3 481 people were vaccinated. Those identified for vaccination were front-line health professionals, people who were potentially exposed to confirmed EVD cases (contacts), and contacts of these contacts.

## Risk communication, social mobilization and risk communication

- ➔ Risk communication, social mobilization and community engagement activities continue in Mbandaka, Itipo and Iboko, with the focus on identifying community-based alerts for epidemic prone diseases, addressing rumours and misinformation, and support for EVD survivors.
- ➔ Community dialogues on hand-washing procedures have been held with the support of WHO and Oxfam in several communities, reaching a total of 2 640 people.
- ➔ Caritas and UNICEF have distributed materials to support outreach activities in the community.

## Logistics

- ➔ Tents for carers and suspected cases in Bikoro Health Zone have been dismantled.
- ➔ An inventory is being carried out of the materials in the central repositories.
- ➔ Logistical support to the various response committees continues.

## 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 appealed for rapid funding of US\$ 57 million for the response to speedily stop the spread of EVD. The total funds received by all partners, as tracked by OCHA, amount to US\$63 million.

- ➔ Funding towards WHO's contribution to the Ebola response was provided from: Italy (€ 300 000), UN 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), Japan (US\$1.3 million), EU ECHO (€ 1.5 million) and from the Ebola MPTF (US\$ 428,000) bringing the total to approximately US\$ 36 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, USA and Germany through the Global Outbreak Alert and Response Network (GOARN). Merck provided the vaccines.

## 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.
- ➔ DFID has contributed £1.5 million to support WHO regional strategic plan for EVD preparedness. 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.
- ➔ An interactive online dashboard is available at <http://apps.who.int/ebola/preparedness/map> to view the status of Ebola preparedness of the nine targeted countries.

## Operations partnership

- ➔ WHO partners in the response included the following:

The Alliance for International Medical Action (ALIMA), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Red Cross of the Democratic Republic of the Congo (DR Congo Red Cross), Médecins Sans Frontières (MSF), the Disaster Relief Emergency Fund (DREF), the Africa Centers for Disease Control and Prevention (Africa-CDC), the US Centers for Disease Control and Prevention (US-CDC), ECHO, the Department for International Development (DFID), Japan International Cooperation Agency (JICA), the World Food Programme (WFP), UNICEF, UNCERF, UNOCHA, MONUSCO, International Organization for Migration (IOM), the FAO Emergency Management Centre – Animal Health (EMC-AH), the International Humanitarian Partnership (IHP), Gavi, the Vaccine Alliance, the African Field Epidemiology Network (AFENET), the UK Public Health Rapid Support team, the EPIET Alumni Network (EAN), the International Organisation for Animal Health (OIE), the Emerging Diseases Clinical Assessment and Response Network (EDCARN), the World Bank and PATH. The Government of Guinea deployed more than 30 Ministry of Health staff to assist with the ring vaccination campaign, and Merck provided the Ebola vaccine. Additional coordination and technical support through the



Global Outbreak Alert and Response Network (GOARN), Association pour le Développement de l'Epidémiologie de Terrain (EPITER), European Mobile Laboratory (EMLab), Infection Control Africa Network (ICAN), Institut Pasteur (IP), National Institute for Communicable Diseases (NICD), South Africa, Robert Koch Institut (RKI), and Emergency Medical Teams (EMT).

## IHR travel measures and cross border health

- ➔ As per 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.
- ➔ In collaboration with WHO, IOM, Africa CDC and other partners, the Government of the Democratic Republic of the Congo 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. Each day, thousands of travellers are screened by PNHF personnel. However this only represents a small proportion of the populations of travellers.
- ➔ 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. 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 24 July 2018 marked the end of the ninth outbreak of Ebola virus disease in Democratic Republic of the Congo. The leadership of the Ministry of Health together with the hard work of all those involved including the response of donors was key in bringing this outbreak to a rapid conclusion, thereby minimising its public health impact.

As part of the next phase of the Ebola virus disease response, WHO will support the Government to undertake an After-Action Review with partners and donors to review lessons learned and to determine how best to leverage resources and knowledge from the first two phases of the response to strengthen health systems and national resilience under a National Action Plan for Health Security.

There are many other outbreaks ongoing in the Democratic Republic of the Congo, including cholera and circulating vaccine-derived poliovirus (cVDPV). Dr Tedros urged the Government and the international

community to build on the positive momentum generated by the quick containment of the Ebola outbreak. “This effective response to Ebola should make the Government and partners confident that other major outbreaks affecting the country such as cholera and polio can also be tackled,” said Dr Tedros. “We must continue to work together, investing in strengthened preparedness and access to healthcare for the most vulnerable.”