EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 07

World Health Organization
REGIONAL OFFICE FOR Africa

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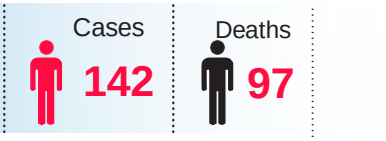
Date of issue: 18 September 2018
Data as reported by: 16 September 2018

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored, with the Ministry of Health, WHO and partners making progress in response to the outbreak. Recent trends (Figure 1) suggest that control measures are working, although these trends must be interpreted with caution. The outbreak remains ongoing in Beni, Mabalako and Mandima health zones, and additional risks remain following the movement of several cases from these areas to Butembo and Masereka in recent weeks.

Since our last situation report on 11 September 2018 *(External Situation Report 6)*, an additional 10 new confirmed EVD cases and six deaths have been reported (Table 1). As of 16 September 2018, there are seven suspected cases under investigation, with five new confirmed cases in Beni, three in Butembo and two in Mabalako, with four new deaths in confirmed cases in Beni and two in Mabalako (Table 1). Two new cases in healthcare workers have been reported in the last week. Cumulatively, 19 health workers have been affected (18 confirmed and one probable), three of whom have died. All health workers' exposures occurred in health facilities outside the dedicated ETCs.

As of 16 September 2018, a total of 142 confirmed and probable EVD cases, including 97 deaths, have been reported. Among the 142 cases, 111 are confirmed and 31 are probable. Of the 97 deaths, 66 occurred in confirmed cases. Among the 135 cases with known age and sex, 56% (n=75) are female. Among females the most affected age group is 25-34 years, while among men the most affected age group is 35-44 years (Figure 2).

As of 16 September 2018, 38 cases have recovered and been discharged from Ebola treatment centres (ETCs). A total of 16 cases (10 confirmed and 6 suspected) remain hospitalized in Mangina (2), Beni (8) and Butembo (6). On this reporting date, there were nine new admissions to Ebola treatment centres in Beni (5), Butembo (3) and Mangina (1). Two patients were discharged on the same day, one a previously suspected case and one a previously confirmed case who has now recovered.

The epicentres of the outbreak remain Mabalako and Beni health zones in North Kivu Province, reporting 63% (n=89) and 20% (n=29) of all confirmed and probable cases, respectively. However, since late August 2018, most new cases have occurred in Beni or are related to a Beni transmission chain. Of the total deaths to date, 67% (n=65) are from Mabalako, while 24% (n=23) are from Beni (Table 1 and Figure 3). Additionally, six other health zones in North Kivu Province and one in Ituri Province have reported confirmed and probable cases (Table 1 and Figure 3).

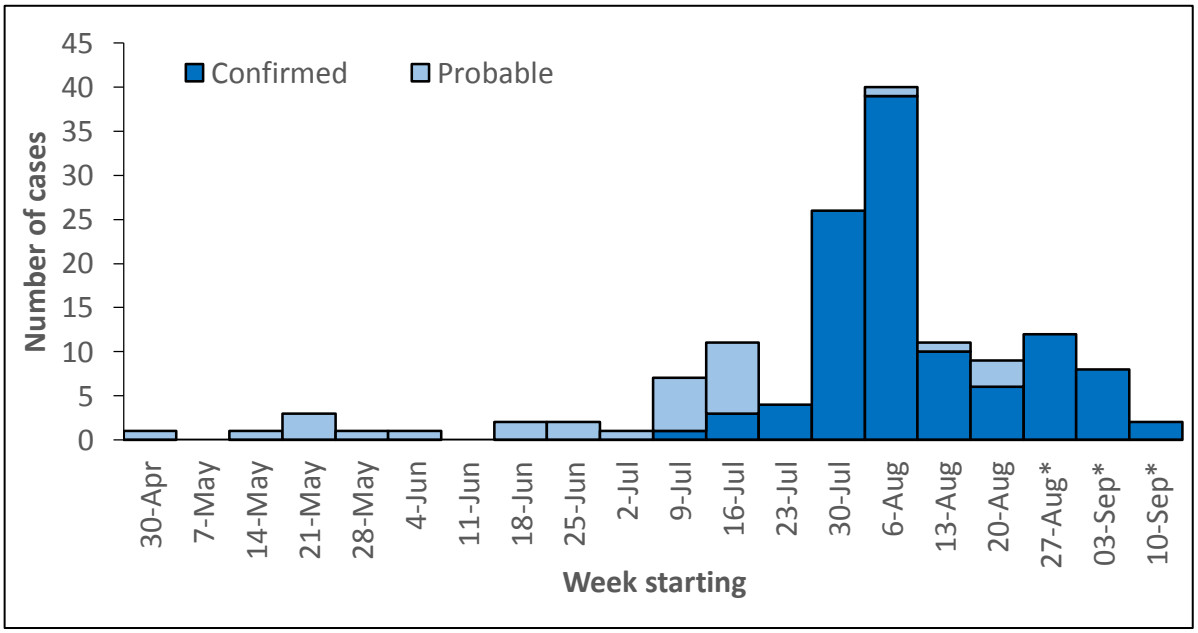
The Ministry of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas, in other provinces in the Democratic Republic of the Congo (including Kisangani and Tshopo provinces) and in neighbouring countries. As of 16 September 2018, seven suspected cases are awaiting laboratory testing within outbreak affected areas (Table 1). Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in Uganda and South Sudan; and to date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 16 September 2018

Case classification/ status	North Kivu							Ituri		Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	
Probable*	4	2	1	21	1	0	0	0	2	**31**
Confirmed	25	5	2	68	0	1	1	0	9	**111**
Total confirmed and probable	**29**	**7**	**3**	**89**	**1**	**1**	**1**	**0**	**11**	**142**
Suspected cases currently under investigation	**1**	**1**	**2**	**1**	**0**	**1**	**0**	**1**	**0**	**7**
Deaths										
Total deaths	**23**	**3**	**1**	**65**	**1**	**1**	**0**	**0**	**3**	**97**
Deaths in confirmed cases	19	1	0	44	0	1	0	0	1	**60**

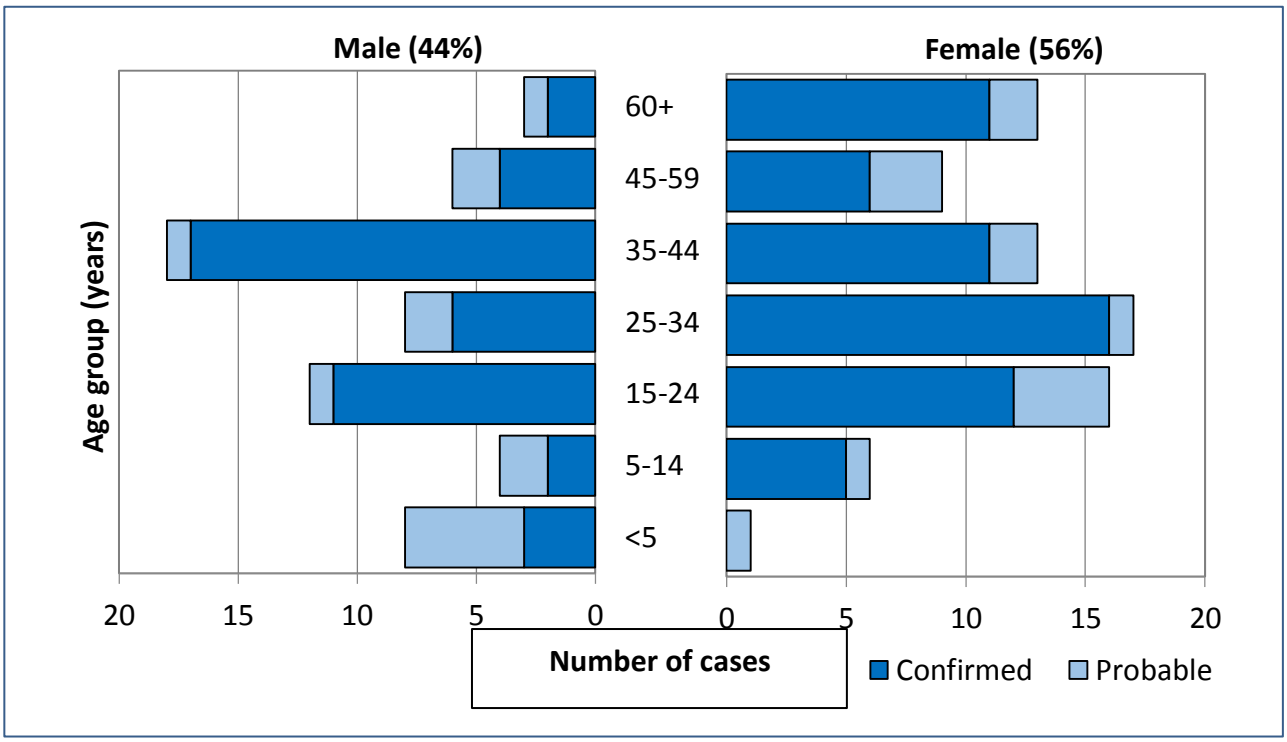
**Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.*

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 16 September 2018 (*n*=142)*



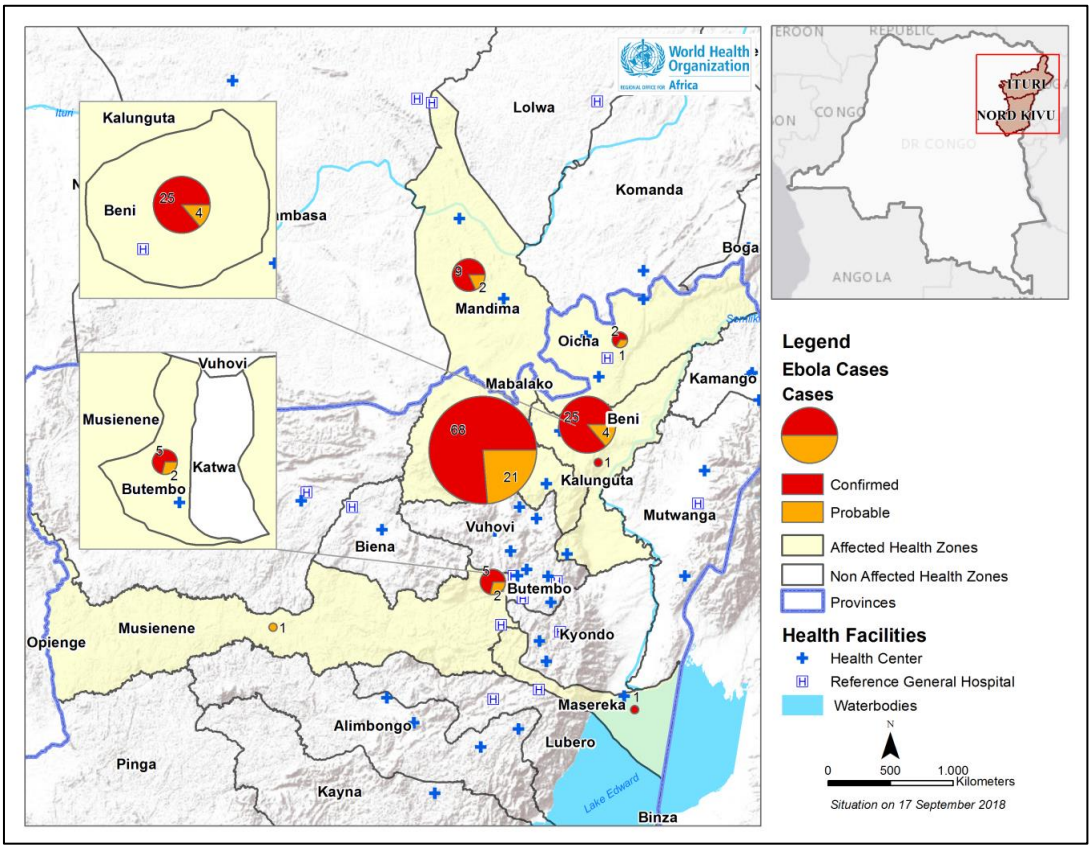
**Case counts in recent weeks may be incomplete due to reporting details. All trends should be interpreted with caution.*

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 16 September 2018 (*n*=134)



*Age/sex is currently unknown for n=8 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 16 September 2018 (*n*=142)



Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. North Kivu shares borders with Uganda and Rwanda. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, with over one million internally displaced people and a continuous movement of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. The Democratic Republic of the Congo is also experiencing multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongola, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox spread across the country.

Current risk assessment

This outbreak of EVD is affecting north-eastern provinces of the Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis), and a long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri may hinder the implementation of response activities. Based on this context, the public health risk was assessed to be high at the national and regional levels, and low globally.

As the risk of national and regional spread remains high, it is important for neighbouring provinces and countries to continue to enhance surveillance and preparedness activities. WHO will continue to work with neighbouring countries and partners to ensure health authorities are alerted and are operationally ready to respond.

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) vaccination of risk groups (ix) research and ix) operational support and logistics.

2. Actions to date

Coordination of the response

- As of 17 September, 208 experts have been deployed through WHO to support response activities including logisticians, epidemiologists, laboratory experts, communicators, clinical care specialists,

community engagement specialists, and emergency coordinators. Global Outbreak Alert and Response Network (GOARN) partner institutions continue to support the response as well as readiness and preparedness activities in non-affected provinces and in neighbouring countries.

- A joint coordination mission, in partnership with WHO, took place to support the Komanda health structures for implementation of IPC measures in health facilities.

Surveillance

- Surveillance teams continue to enhance active case search, case investigation and contact tracing activities across the affected and neighbouring areas. In-depth reviews are being undertaken of all confirmed and probable cases to elucidate the chains of transmission and identify risks and potential gaps in response for improving interventions.
- On 14 September 2018 a team was deployed in Bwana Sura, Komanda and Ituri to conduct a thorough investigation of the confirmed case that developed initial signs in that location.
- Contact tracing activities continue. Over 5088 contacts have been registered to date, of which 1797 remain under surveillance as of 16 September 2018. Of these, 85–94% were followed-up daily during the past week.
- Health screening has been established at Points of Entry (PoE) with health declaration forms, temperature checking, hand washing and risk communications. Close to four million travellers have been screened at these PoEs since the beginning of screening during this outbreak.
- Screening equipment is being installed at border points into Goma with the support of WHO and Japan International Cooperation Agency (JICA).
- Following the one-month review of Ebola response activities at PoE, held in Beni, risk communication and community sensitization around PoE were identified as an area of enhancement. MoH is working with IOM, WHO, UNICEF and NGOs to scale up behaviour change communication.
- IOM and MoH organized a one day briefing in South Kivu on PoE surveillance for the Ebola response. Fifty-one PNHF staff from key POEs (RuziziI, RuszizilI, Kamanyuora, Kanvumu airport, Kamanyola and Kavimvira) attended and were trained with a standard operating procedure on PoE surveillance, IPC, risk communication, and data management (data collection and analysis for planning).

Laboratory

- Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma and Mangina to facilitate rapid diagnosis of suspected cases.
- The US CDC and other partners are providing technical assistance and training for laboratory testing for Ebola in neighbouring countries.

Case management

- ETCs are operational in Beni and Mangina with support from The Alliance for International Medical Action (ALIMA) and Médecins Sans Frontières (MSF) respectively. In Makeke (Ituri Province) an ETC supported by International Medical Corps (IMC) is due to be operational this week. Samaritan's Purse continue to support the isolation unit in Nyankunde with IPC and isolation training.

- MSF Switzerland and the MoH have a 12-bed temporary treatment centre in Butembo which is expected to be operational next week.

- ETCs continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (MEURI) protocol in collaboration with the MoH and the Institut National de Recherche Biomédicale (INRB). WHO is providing technical clinical expertise onsite and is assisting with the creation of a data safety management board.

- As of 16 September 2018, 35 patients have received investigational Ebola therapeutics, including: mAb114 (19 patients), Remdesivir (9 patients) and ZMapp (7 patients). Of these patients, 16 have been discharged, 11 are still under treatment and 8 have died. All the deaths were among patients with advanced disease, including organ failure, on admission.

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

- Routine water, sanitation and hygiene (WASH) teams are continuing activities in all areas: supplying water for hand hygiene, providing chlorination points, and installing and monitoring the operation of hand hygiene devices.

- Three health structures that have previously admitted confirmed cases were decontaminated (Kyavisme, Vutsumdu and Malépé).

- A total of 21 health workers were trained in personal protection protocols and triage in Beni.

- Personal protective equipment and other supplies were provided for six health facilities, including two in Butembo and four in Beni.

Implementation of ring vaccination protocol

- As of 17 September 2018, 57 vaccination rings have been defined, in addition to 22 rings of healthcare and other frontline workers. These rings notably include the contacts (and their contacts) of the confirmed cases from the last four weeks. To date, 9 572 people consented and were vaccinated, including 3547 healthcare and frontline workers, and 2284 children. There is one area in Ndindi where the implementation of vaccination is hampered by community resistance.

- The ring vaccination teams are currently active in three health areas in North Kivu and one in Ituri.

Psychosocial care

- The psychosocial care commission has transferred the food management of patients and their families to the medical care committee, training nutritionists in biosecurity at the Ebola treatment centres in Mangina and Beni, with the support of UNICEF.
- Routine psychosocial activities include interviews and individual psychological support, psychological follow up and community reintegration of cured patients and those designated as non-cases, and their caregivers.
- An Ebola survivor programme, adapted from that offered in Equateur Province, is being established and mental health and psychosocial supported activities are underway in affected health zones.
- A body bag was demonstrated in Makeke on 15 September 2018, aimed at demystifying the image of the body bag and contributing to the acceptance of safe and dignified burials.

Risk communication, social mobilization and community engagement

- The MoH, WHO, the United Nations Children's Fund (UNICEF), the Red Cross and partners are intensifying activities to engage with local communities. Local leaders, religious leaders, opinion leaders, and community networks such as youth groups and motorbike taxi drivers are being engaged to support community outreach for Ebola prevention and early care seeking through active dialogues on radio and interpersonal communication. Local frontline community outreach workers are working closely with Ebola response teams to strengthen community engagement and psychosocial support in contact tracing, patient care and safe and dignified burials (SDBs).
- The risk communication and community engagement strategy has been strengthened to a four-pronged approach including 1) mass communication and mobilization through community radio, local mass media, and community outreach; 2) interpersonal communication with community networks and influencers; 3) deeper engagement with specific families and communities through socio-anthropological and psychosocial approaches; and 4) systematic analysis and addressing of community feedback.
- On 14 September 2018 there was a mass awareness campaign, which reached 2953 affected people including 567 students in Butembo, 70 traditional healers were briefed on the transmission and prevention of EVD, and a distribution plan was developed for posters and leaflets in the Butembo Health Zone.
- The Community Communication and Mobilization Commission focused on Advent churches with sensitization of 1310 congregants from Butsili and Beni, with mass outreach in three Advent churches in Butembo on 15 September 2018.
- Eight community leaders from the Bongo Health Area, where the village youth expressed concerns about Ebola treatment centres, were invited to visit the Mangina Ebola treatment centre.
- Risk communication activities continue, with door-to-door outreach targeting 10 558 affected people in Beni, 3261 in Oicha and Kalunguta and 12 596 in Mabalako, sensitizing and briefing 63 community leaders in Beni and mass awareness activities for 147 students at Musemo Primary School, Beni.

Logistics

- An operations hub has been established in Butembo with dedicated coordination support from WHO, partners, and the MoH.

Resource mobilization

- Implementation of and resource mobilization for the joint strategic response plan, approved by the Minister of Health of the Democratic Republic of the Congo, is progressing well, in collaboration with the national authorities and all partners.

Preparedness

- The WHO Regional Office for Africa has updated the regional preparedness plan and reprioritized neighbouring countries based on proximity to North Kivu, the current EVD epicentre. The new prioritizations are as follows: Priority 1: Rwanda, Uganda, South Sudan and Burundi; Priority 2: Angola, Congo, Central African Republic, Tanzania, Zambia. These countries were prioritised based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their connections and proximity to the areas currently reporting EVD cases.
- For the non-affected provinces in Democratic Republic of the Congo, WHO has developed both a 30-day and a one-year plan to support EVD preparedness activities in these provinces.
- WHO in collaboration with partners (CDC, UNICEF, OCHA, IOM, GOARN, UK-Med, etc) are supporting the deployment of experts to provide technical support to the Ministries of Health (MOH) on the implementation of EVD preparedness activities.
- All nine targeted countries (Angola, Burundi, Central Africa Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda, Zambia) have a functional national coordination mechanism in place, with eight of the nine countries having clear terms of reference
- Of the nine countries with national coordination mechanism in place, seven (Angola, Congo, Rwanda, South Sudan, Tanzania, Uganda, Zambia) have an established subnational multisectoral coordination mechanism, with clear terms of reference
- WHO and partners have supported the strengthening of Public Health Emergency Operations Centre (PHEOC) in five countries (Rwanda, South Sudan, Tanzania, Uganda, and Zambia). Although PHEOC not fully established in the remaining countries, the MOH has a national taskforce that meets regularly to discuss EVD preparedness measures.
- WHO in collaboration with the MOH and other partners on the ground in the nine countries, has developed and updated their national contingency plan and shared this with all key stakeholders

Operations partnership

- Under the overall leadership of the Ministry of Health, WHO is supporting all major pillars of the EVD response. WHO is working intensively with wide-ranging, multisectoral and multidisciplinary regional and global partners and stakeholders for EVD response, research, and preparedness including:
  - UN secretariat and sister agencies, OCHA, Inter-Agency Standing Committee (IASC), multiple clusters, and peacekeeping operations;
  - World Bank and regional development banks;
  - African Union, and Africa CDC and regional agencies;
  - GOARN, technical networks, including Emerging and Dangerous Pathogens Laboratory Network (EDPLN), and Emerging Diseases Clinical Assessment and Response Network (EDCARN), operational partners and WHO collaborating centres;
  - Emergency Medical Team (EMT) initiative;
  - Standby Partnership.

- WHO is engaging GOARN, EMT and regional partners in Africa to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in the neighbouring and at-risk countries of the Democratic Republic of the Congo.

- The International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF and CDC have deployed liaisons to WHO headquarters to ensure optimal coordination of activities, as these organizations have extensive presence on the ground, working closely with Ministries of Health.

IHR travel measures and cross border health

- WHO advises against any restriction of travel and trade to the Democratic Republic of the Congo based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.

- As investigations continue to establish the full extent of this outbreak, it is important for neighbouring provinces and countries to enhance surveillance and preparedness activities[1].

3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo has been ongoing for over six weeks since its declaration and a lot of progress has been made to limit the spread of the disease to new areas. The situation in Mangina (Mabalako health zone) is stabilising, while Beni has become the new hotspot, and teams must continue to enhance response activities to mitigate potential clusters in the city of Butembo and Masereka Health Zone.

There are still significant threats for further spread of the disease. Continued challenges include contacts lost to follow-up, delayed recognition of EVD in health centres, poor infection control in health centres, and cases

[1] http://origin.who.int/ith/en/

leaving health centres and refusing transfer to Ebola treatment centres. While the majority of communities have welcomed response measures, in some, risks of transmission and poor disease outcomes have been amplified by unfavourable behaviours, with reluctance to adopt prevention and risk mitigation strategies. The priority remains strengthening all components of the response in all affected areas, as well as continuing to enhance operational readiness and preparedness in the non-affected provinces of the Democratic Republic of the Congo and neighbouring countries.