EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 15

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Ministry of Health (MoH), WHO and partners continue to respond to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo, and remain confident that the outbreak can be contained, despite ongoing challenges. Over the past week (reporting data from 5 to 11 November), we observed the continuation of the outbreak in several areas of North Kivu Province, as well as geographical expansion to new areas, including Kyondo (30 km south-east of Butembo) and Mutwanga (50 km south-east of Beni). The initial cases in these areas were exposed through contact with cases in Butembo and Beni, respectively. During this period, 31 new confirmed cases were reported, among which there were seven newborn babies and infants aged <2 years, three children aged 2-17 years, three women who were pregnant or breastfeeding, and three health workers.

Furthermore, this week, a review and reconciliation of case records resulted in the addition of 14 probable cases, invalidation of 11 historic deaths previously reported as probable cases, and exclusion of duplicate case counts. Moreover, some confirmed and probable cases were recategorized to health zones where their infection most likely occurred (as opposed to location of Ebola treatment centres (ETCs) where they were admitted) (Table 1).

Overall trends in the outbreak (Figure 1) reflect the continuation of transmission in several cities and villages in North Kivu. Given the persisting delays in case detection and the ongoing data reconciliation activities, trends in weekly incidence (especially in the most recent weeks) must be interpreted cautiously.

As of 11 November 2018, a total of 333 EVD cases, including 295 confirmed and 38 probable cases (Table 1), have been reported from 14 health zones in the two neighbouring provinces of North Kivu and Ituri (Figure 2). Of the total 333 cases, 209 died, including 171 among confirmed cases, and 101 recovered. As of 11 November 2018, 77 patients (confirmed and suspected cases) were hospitalized in ETCs. Females account for 62% of confirmed and probable cases. A total of 30 health workers have been infected to date, including three deaths.

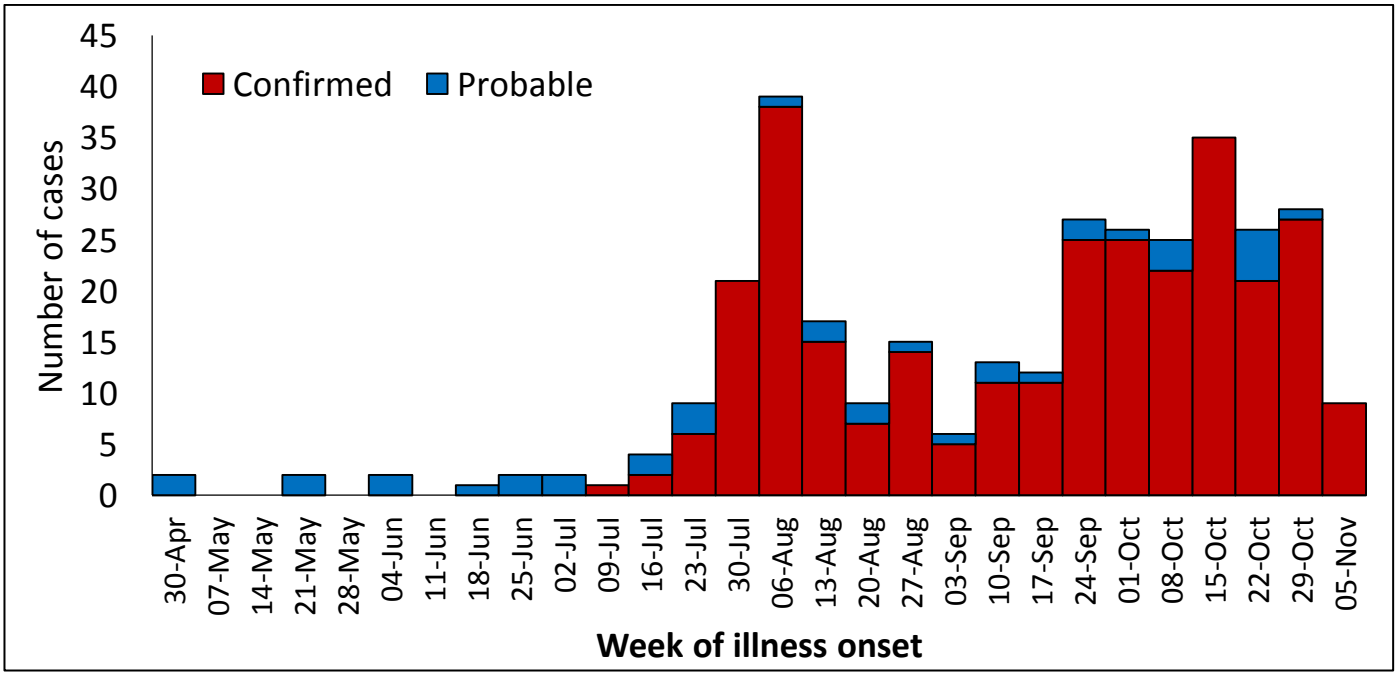
The Ministry of Health (MoH), WHO and partners continue to monitor and investigate all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in Uganda and South Soudan. To date, EVD has been ruled out in all alerts from neighbouring provinces and countries. WHO in collaboration with regional and global partners have deployed over 110 experts in the nine neighbouring countries (Angola, Burundi, Central Africa Republic, Republic of Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia) and in non-affected provinces in the Democratic Republic of the Congo to support EVD preparedness activities. Four of the nine neighbouring countries have been sensitized on EVD vaccination. Uganda received the approval for EVD vaccination of health and frontline workers and initiated vaccination on 7 November 2018. Preparation for vaccination of frontline health workers is ongoing in Rwanda and South Sudan.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 11 November 2018

		Case classification			Deaths	
Province	Health zone	Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	153	9	162	91	100
	Butembo/Katwa*	22	3	25	23	26
	Kalunguta	19	5	24	1	6
	Kyondo	2	2	4	1	3
	Mabalako	67	14	81	47	61
	Masereka	6	1	7	1	2
	Musienene	2	1	3	1	2
	Mutwanga	1	0	1	1	1
	Oicha	2	0	3	0	0
	Vuhovi	2	0	2	2	2
Ituri	Komanda	1	0	1	0	0
	Mandima	16	3	19	1	4
	Tchomia	2	0	2	2	2
Total		**295**	**38**	**333**	**171**	**209**

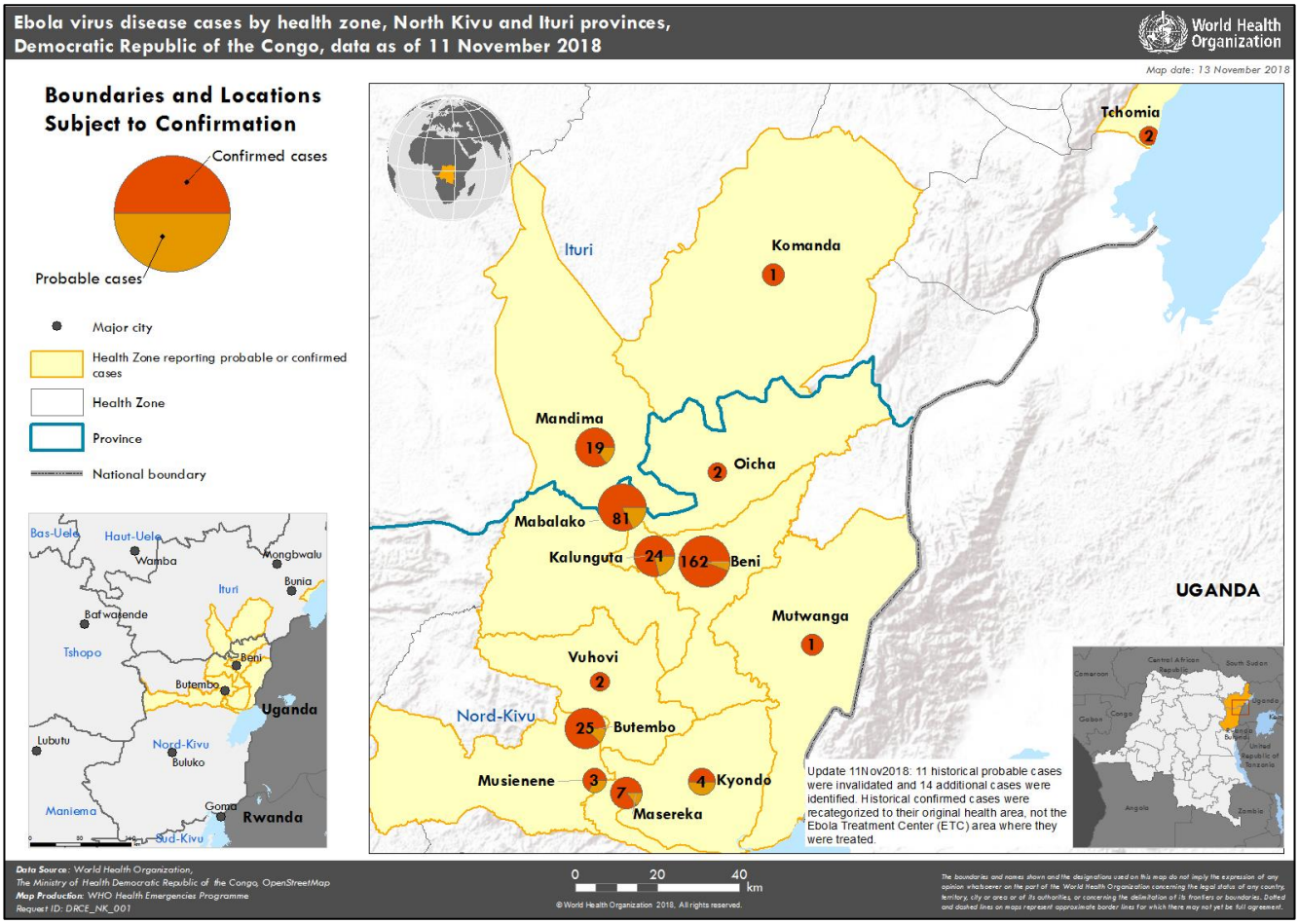
**Numbers are aggregated for Butembo and Katwa health zones.*

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 11 November 2018 (*n*=333)*



Case counts in recent weeks may be incomplete due to reporting delays.

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 11 November 2018 (*n*=333)



Numbers are aggregated for Butembo and Katwa health zones.

Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. The provinces are affected by intense insecurity and a worsening humanitarian context, with over one million internally displaced people and continuous movement of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. The Democratic Republic of the Congo is concurrently responding to 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 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: transportation links between the affected areas, the rest of the country, and neighbouring countries; internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. Additionally, the security situation in North Kivu and Ituri continues to hinder the implementation of response activities. On 28 September 2018, based on the worsening security situation, WHO revised its risk assessment for the outbreak, elevating the risk nationally and regionally from high to very high. The risk globally remains low. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

Given the context, including the volatile security situation, sporadic incidents of community reluctance, refusal or resistance, continued reporting of confirmed cases, and the risk of spread to neighbouring countries, an International Health Regulation (IHR) Emergency Committee on the Ebola Virus Disease (EVD) outbreak in North Kivu, Democratic Republic of the Congo, was convened on 17 October 2018. The Emergency Committee advised that the EVD outbreak does not constitute a public health emergency of international concern at this time. The emergency committee did however express their deep concern emphasising the need to intensify response activities and strengthen vigilance whilst noting the challenging security situation and providing a series of public health recommendations to further strengthen the response. The Committee commended the Government of the Democratic Republic of the Congo, WHO, and all response partners for the progress made under difficult circumstances.

Strategic approach to the prevention, detection and control of EVD

WHO recommends implementation of strategies for the prevention and control EVD outbreaks. These include (i) strengthening multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, confirmation of cases by laboratory testing, contact tracing and surveillance at Points of Entry (PoE), including adapting strategies to the context of insecurity and high community resistances(iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (v) adapting safe and dignified burials approach to the context with the support of anthropologists, (vi) adapting and enhancing risk communication, social mobilization and community engagement strategies, (vii) enhancing psychosocial support to the affected population (viii) improving coverage of risk groups by the ring vaccination.

2. Actions to date

The WHO Director-General Dr Tedros Adhanom Ghebreyesus, UN Under-Secretary-General for Peacekeeping Jean-Pierre Lacroix, WHO Deputy Director-General (DDG) Emergency Preparedness and Response Dr Peter Salama and Regional Emergency Director for the African Region Dr Ibrahima Socé Fall, visited the Democratic Republic of the Congo this week to meet high level government officials including the Prime Minister, Minister

of Health, response teams in the field, and partners and to review what support might be given to further strengthen the response. The high-level delegation also recognized the hard work of teams in incredibly tough conditions in the field.

An updated response plan was launched by the MoH of the Democratic Republic of the Congo on 18 October 2018. The plan lays out the approach for the response over coming months, with a greater focus on building local capacity to manage the response.

Surveillance and Laboratory

- Over 19 000 contacts have been registered to date, of which 4803 remained under surveillance as of 11 November 2018. Over the past week, high contact follow-up rates were achieved (ranging between 91-94% per day). Surveillance and vaccination teams are continuing to enhance the process of identifying case contacts, and identifying potential gaps, to overcome challenges.

- Active surveillance in health facilities and communities for new cases continues, with over 1300 alerts (on average 191 per day) reported over the past week. The vast majority of alerts were investigated within the first 24 hour of reporting, with 320 (on average 46 per day) alerts validated as suspected cases for further investigation and testing.

- As of 10 November 2018, the proportion of new alerts investigated within 24 hours decreased slightly to 86% (120/141), from 99% on 9 November 2018, attributable to security incidents in Beni, which limited response operations. Of the 124 alerts investigated, 37 were validated as suspected cases, of which nine were community or hospital deaths.

- Diagnostic testing capacity has continued to expand as cases spread to new geographic areas. Six field Ebola laboratories providing near-patient testing have been established in Beni, Bunia, Butembo, Goma, Mangina and Tchomia; these are in addition to the national reference laboratory in Kinshasa.

- Since the beginning of the response, more than 3000 samples have been tested (including repeat samples). In the week ending 11 November 2018, 416 samples were tested in North Kivu and Ituri.

Case management

- 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) together with supportive care measures. WHO is providing technical clinical expertise on-site and is assisting with the creation of a data safety management board.

- New patients continue to be treated in ETCs. As of 11 November 2018, 145 patients have been treated with a therapeutic under the MEURI framework after evaluation by clinical expert committee. All hospitalized patients received food and psychological support.

Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- Additional capacity is being put into place to support IPC activities, including, but not limited to, the deployment of additional experts to provide support to existing teams and review current strategies, review and enhance training materials and review key messaging for consistency with WHO recommendations.

- IPC activities continue with decontamination of households of confirmed cases and health facilities in Beni and Butembo; distribution of personal protective equipment to health facilities in Beni; briefing of health workers in Beni, Butembo and Komanda health zones; and formative supervision of IPC activities in health facilities in Beni.

Points of Entry (PoE)

- Monitoring and sanitary control continues at entry points. On 11 November 2018, 57 out of 67 PoEs reported their activities, 2.5% of travellers had not been screened. Data collection tools, hand-washing kits and risk communication materials are available in all points of entry.

- As of 11 November 2018, over 14 million travellers have been screened, 104 alerts have been notified, 23 validated, and 1 confirmed for EVD. A total of 12.8 million travellers have washed their hands at PoEs, and 11.9 million travellers have been sensitized on EVD.

Safe and Dignified Burials (SDB)

- As of 11 November 2018, a total of 500 SDB alerts have been received of which 428 were responded to successfully (90%) by Red Cross and Civil Protection teams.

- Between 3 and 11 November 2018 a total of 60 SDB alerts were received, of which 39 (60%) came from Beni health zone followed by Mabalako (13), Butembo area (including Katwa, Musiennene and Vuhovi) (12), and Mandima (1). The number of alerts that continue to be reported from Beni, Butembo and neighbouring areas remain low compared to the population.

- An approach to manage burials in areas non-accessible by SDB teams remains under discussion.

- Implementation of a Rapid Diagnostic Test (RDT) for the deceased to determine the need for a SDB began in Beni on 9 November 2018.

Implementation of ring vaccination protocol

- As of 10 November 2018, 424 new contacts were vaccinated in 13 rings in affected health zones, bringing the cumulative number of people vaccinated to 28 727. Two new vaccination teams were trained in Butembo, with support from Médecins Sans Frontières, and vaccination teams were supervised in Beni, Vuhovi, Mutwanga, Kalunguta and Kyondo. The current stock of vaccine in Beni is 5870 doses.

- Preparedness activities for vaccination and therapeutic readiness continue in four high risk neighbouring countries, including arrangement of the necessary supplies, human resources and regulatory approvals. Plans are in place to initiate health worker vaccination activities in Uganda at six priority health facilities starting 8 November 2018.

Risk communication, social mobilization and community engagement

- There is continuing door-to-door advocacy reaching 3845 households in affected areas and 532 community leaders were involved in awareness sensitization.

- A total of 86 media outlets broadcast messages, placed inserts in magazines and provided spot messages about response activities.

- Strong unified messages are being sent out by different ethnic groups at the community level – 26 ethnic groups (including Hutu, Tutsi and Nande) are working together to support the Ebola response. They have pledged to help fight Ebola and are engaged in sending out messages in different languages at the community level. Their messages are also being broadcasted by 10 different media outlets in Beni.

- The new community engagement strategy centres around the involvement of women at all levels of the response. A total of 132 women from 45 community-based groups are currently engaged in outreach activities.

Operational partnerships

- Under the overall leadership of the MoH, WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral, and multidisciplinary national, regional and global partners and stakeholders for EVD response, research, and preparedness.

- Several international organizations and UN agencies are involved in response and preparedness activities; the organizations and specific contributions are noted below.
    - **European Civil Protection and Humanitarian Aid Operation (ECHO)**: MEDEVAC, logistics and operational support
    - **International Organization for Migration (IOM)**: cross-border preparedness
    - **UK Public Health Rapid Support Team**: supporting deployments through GOARN (see below)
    - **United Nations Children's Fund (UNICEF)**: community engagement and social mobilization; vaccination
    - **UN High Commission on Refugees (UNHCR):** cross-border preparedness and PoE
    - **World Bank** and regional development banks: medical support
    - **World Food Programme (WFP)** and **UN Humanitarian Air Service (UNHAS)**: nutrition assistance; logistical and operational support
    - **UN mission**: logistical assistance and, together with **UN Department of Safety and Security (UNDSS)**, ensuring the safety of staff on the ground
    - Additional UN agencies include the **Inter-Agency Standing Commission**, the **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)**, and the **United Nations Population Fund (UNFPA).**

- WHO is engaging **Global Outbreak Alert and Response Network (GOARN)**, **Emerging and Dangerous Pathogens Laboratory Network (EDPLN)**, **Emerging Disease Clinical Assessment and Response Network (EDCARN)**, and the **Emergency Medical Team (EMT)** initiative – as well as regional

operational partners and collaboration centres in Africa – to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries.

- Specialized agencies participating in Ebola response include:
  - **Africa Centres for Disease Control**: Deployment of health professionals (of various professional categories and seniority levels) to support surveillance and contact tracing, training of local health workers in IPC and social mobilization activities; laboratory services; Central Coordination in Kinshasa; and support with laboratory diagnostic equipment.
  - **US Centers for Disease Control (CDC)**: Supporting deployments via GOARN; supporting incident management operations through staff deployments.
  - **UK Department for International Development (DFID)**: Supporting surveillance, IPC, risk communication, and community engagement.
  - **United States Agency for International Development (USAID)**: Supporting surveillance, infection protection and control, risk communication and community engagement, safe and dignified burials, coordination.

- Non-governmental organizations involved in Ebola response are:
  - **Adeco Federación (ADECO)**: Supporting IPC, risk communication, and community engagement.
  - **Association des femmes pour la nutrition à assisse communautaire (AFNAC)**: Supporting IPC) risk communication, and community engagement.
  - **Alliance for International Medical Action (ALIMA)**: Supporting patient care and vaccination.
  - **CARITAS DRC**: Supporting vaccination, risk communication, and community engagement.
  - **CARE International**: Supporting surveillance, IPC, risk communication, and community engagement in the Democratic Republic of the Congo; CARE International is also supporting Ebola preparedness in Uganda.
  - **Centre de promotion socio-sanitaire (CEPROSSAN)**: Supporting surveillance, infection prevention and control, risk communication, and community engagement.
  - **Cooperazione Internationale (COOPE)**: Supporting infection prevention and control, risk communication, and community engagement.
  - **Catholic Organization for Relief and Development Aid (CORDAID/PAP-DRC)**: Supporting infection prevention and control, risk communication, and community engagement.
  - **International Medical Corps**: supporting surveillance, infection prevention and control, and patient care.
  - **International Rescue Committee (IRC)**: Supporting infection prevention and control, risk communication, and community engagement.
  - **INTERSOS**: Supporting surveillance, and infection prevention and control.
  - **MEDAIR**: Supporting surveillance, and infection prevention and control.
  - **Médecins Sans Frontières (MSF)**: Supporting infection prevention and control, and patient care.
  - **Oxfam International**: Supporting vaccination, community engagement and social mobilization, infection prevention and control, and patient care.
  - **Red Cross of the Democratic Republic of Congo**, with the support of the **International Federation of Red Cross and Red Crescent Societies (IFRC)** and **International Committee of the Red Cross (ICRC)**: Supporting infection prevention and control, safe and dignified burials, risk communication, and community engagement.
  - **Samaritan's Purse: Supporting infection prevention and control as well as risk communication and community engagement.**
  - **Save the Children International (SCI)**: Supporting surveillance, infection prevention and control, risk communication, and community engagement.

Detailed weekly updates for the period 5 – 11 November 2018 have been provided by the following partners:

- IOM continues to support PoE surveillance in 54 priority of the 67 operational PoEs in the Democratic Republic of the Congo.
- IOM, WHO and the National Program of Hygiene at Borders (PNHF) held a meeting on 8 and 9 November 2018 to review current implementation of PoEs. This was to prepare for a workshop planned for 12-14 November 2018 in Kinshasa to revise the Standard Operating Procedures (SOPs) for PoEs together with surveillance stakeholders.
- The Beni – Kasindi – Uganda axis was placed on high alert for surveillance activities by PoE partners in Beni. Kasindi is close to the border with Uganda and is considered at high risk due to the large volume of movement from both sides of the border and its proximity to the epicentre of the outbreak. Communities living on either side of the border have strong cultural and social linkages. An IOM/PNHF joint assessment team will be deployed in the upcoming week to assess measures needed to strengthen surveillance in the area, including a new PoE needs to be established along the axis.
- IOM is establishing an additional 4 PoEs in South Sudan near borders with the Democratic Republic of the Congo and Uganda. New sites will be established in: (1) Khorijo and (2) Pure in Kajo Keji County, (3) Tokori and (4) Lujulu in Otogo County and will be functional by mid-November 2018. In total, IOM will maintain 8 PoEs in South Sudan.
- A 28% increase in number of travellers being screened at PoEs in Morobo County, South Sudan, was recorded in the reporting period. This increase is attributed to national immunization days in Morobo where displaced persons in Uganda and the Democratic Republic of the Congo crossed back into South Sudan to access vaccination services.

WHO encourages wider coverage of partner operations via this report in response to demand from our planning teams. If you would like to see the activities of your agency or organization appears in the report, please send an email to goarn@who.int.

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.

3. Conclusion

The EVD outbreak continues to be of grave concern: over the past two weeks the disease has spread to three new health zones around Beni and Butembo, and the number of confirmed cases is increasing. Among the persons affected by the EVD outbreak are pregnant and breastfeeding women, newborn and infants. The response, particularly the case management, is being adapted to these vulnerable groups of the population. Beni, Kalunguta and Butembo are the current hotspots of the outbreak. The plan for strengthening the prevention and control of infection, particularly in these health zones, needs to be further strengthened, along with continued collaboration with Mai-Mai groups in Kalunguta to facilitate community and hospital death investigations and follow-up and vaccination of contacts. The United Nations Stabilization Mission in the Democratic Republic of the Congo, MONUSCO, has recently taken an active approach to armed groups operating in North Kivu. A period of calm in and around the city of Beni was observed following this approach, although some attacks have continued in surrounding villages. All national and international actors need to continue to offer their strongest support to the continuing EVD response.