

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

External Situation Report 19



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Date of issue: 12 December 2018

Data as reported by: 10 December 2018

#### 1. Situation update

Cases

 500

Deaths

 289

The Ministry of Health (MoH), WHO and partners continue to respond to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. By using proven public health measures as well as new tools at hand (immunization and therapeutics), WHO remains confident the outbreak can be contained and brought to an end, despite multifaceted challenges.

During the reporting period, 4 December – 10 December 2018, cases continued to be reported in several health zones of North Kivu and Ituri Provinces, including in Mandima, a health zone in Ituri Province that last reported cases 102 days ago. During the reporting period, 39 new confirmed cases were reported from Katwa (12), Butembo (8), Beni (6), Mabalako (4), Oicha (3), Komanda (1), Kyondo (1), Vuhovi (1) and Mandima (1). Three healthcare workers were reported among the confirmed cases. A total of 21 deaths occurred during the reporting period.

The continuous efforts to review and reconcile case records in the database resulted in the addition of eight confirmed cases who had been admitted at the Ebola treatment Centre (ETC) of Beni during October 2018, and the identification of two former confirmed cases as being healthcare workers.

As of 10 December 2018, a total of 500 EVD cases, including 452 confirmed and 48 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 of 500 cases, 289 died (overall case fatality rate 58%), including 241 confirmed cases. As of 10 December 2018, 172 cases have recovered and been discharged from ETCs. Females account for 61% of all confirmed and probable cases, and children (<15 years of age) account for 25% of all confirmed and probable cases. The number of health workers affected is 49 (47 confirmed and 2 probable), including 15 deaths.

Over the last 21 days (20 November to 10 December 2018), 100 confirmed and probable cases were reported from 12 health zones. The majority were reported from the major urban areas of Katwa (n=28), Beni (n=26), and Butembo (n=17); however, field teams are simultaneously pursuing the response activities around cases across Kalunguta, Komanda, Kyondo, Mabalako, Mandima, Masereka, Mutwanga, Oicha and Vuhovi.

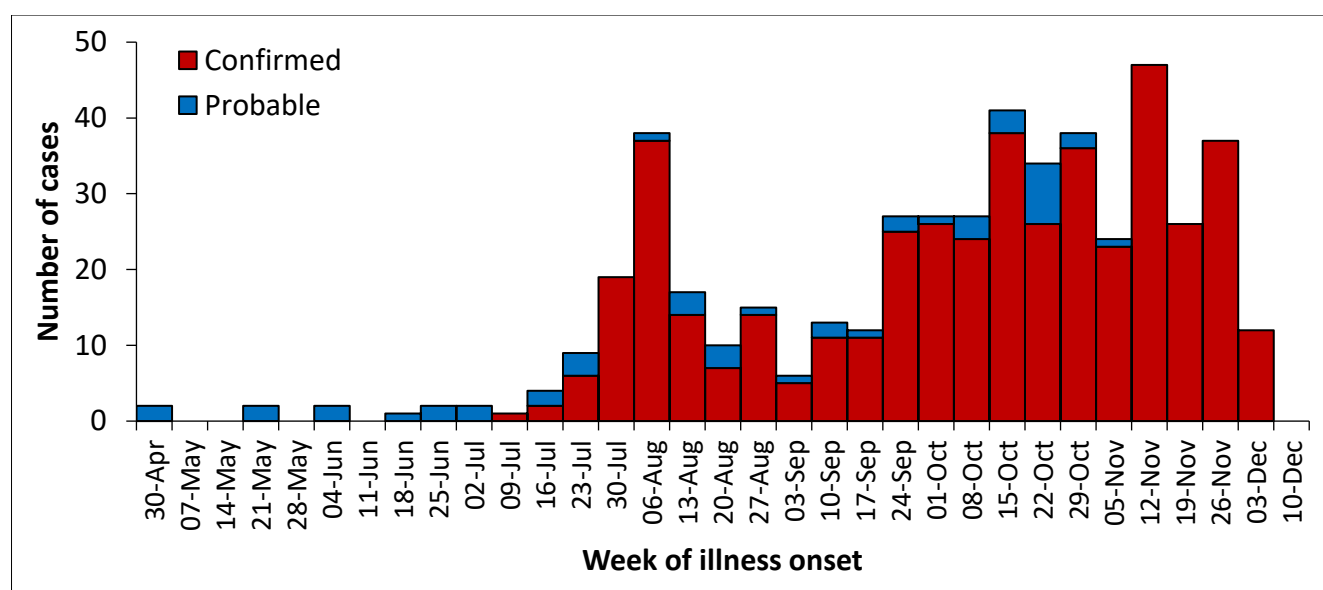
The MoH, WHO and partners continue to monitor and investigate all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in South Sudan and Uganda. To date, EVD has been ruled out in all alerts outside of the abovementioned outbreak affected areas.

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 10 December 2018**

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	204	9	213	105	114
	Butembo	30	0	30	15	15
	Kalunguta	31	12	43	16	28
	Katwa	56	4	60	35	39
	Kyondo	4	2	6	1	3
	Mabalako	73	16	88	42	58
	Masereka	7	1	8	2	3
	Musienene	2	1	3	2	3
	Mutwanga	3	0	3	2	2
	Oicha	7	0	7	2	2
	Vuhovi	8	0	8	3	3
Ituri	Komanda	8	0	8	4	4
	Mandima	17	3	20	10	13
	Tchomia	2	0	2	2	2
<b>Total</b>		<b>452</b>	<b>48</b>	<b>500</b>	<b>241</b>	<b>289</b>

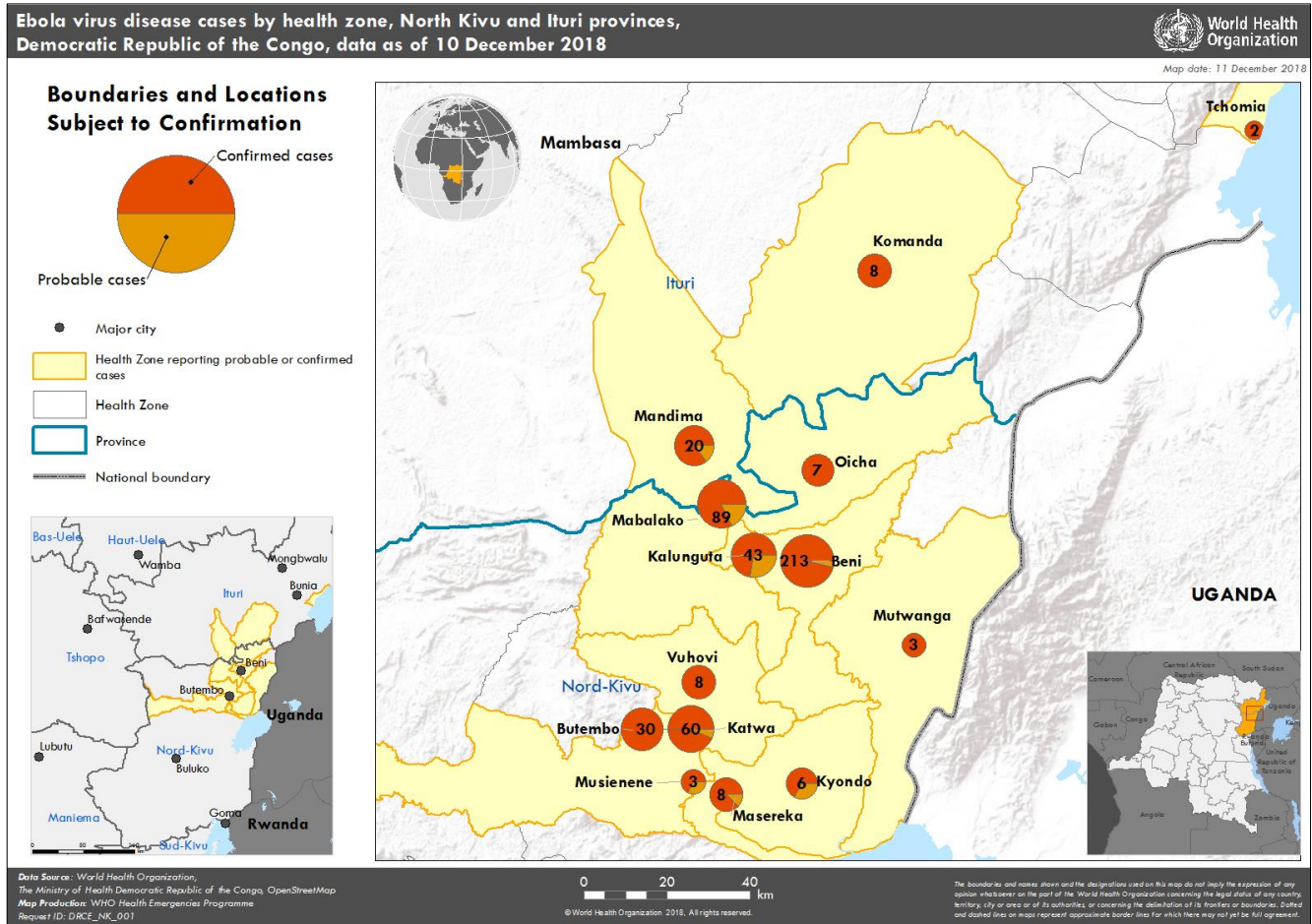
*Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations*

**Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, as of 10 December 2018 (n=495)\***



\* Date of illness onset currently unknown for n=5 cases. Data are subject to delays in case confirmation and reporting, as well as ongoing data cleaning and reclassification – trends during recent weeks should be interpreted cautiously.

**Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 10 December 2018 (n=500)**



## 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, Mongala, 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 Regulations (IHR) Emergency Committee (EC) on the EVD outbreak in North Kivu, Democratic Republic of the Congo, was convened on 17 October 2018. The EC advised that the EVD outbreak does not constitute a public health emergency of international concern. The EC 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 EC 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), (iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (vi) adapting safe and dignified burials approach to the context with the support of anthropologists, (vii) adapting and enhancing risk communication, social mobilization and community engagement strategies, (viii) enhancing psychosocial support to the affected population, (ix) improving coverage of risk groups by the ring vaccination, (ix) adapting strategies to the context of insecurity and high community resistances.

## 2. Actions to date

The MoH and other national authorities in the Democratic Republic of the Congo, WHO and partners are implementing several outbreak control interventions. After detecting an outbreak of malaria in Beni, MoH and partners ran a malaria prevention campaign which reached 400 000 people with anti-malarial drugs and insecticide-treated mosquito nets for their households. The impact will be fewer lives lost to malaria, and the campaign will curtail transmission of malaria among Ebola-affected populations and health centres. Having fewer people present with malaria will lessen the workload on already stretched Ebola Treatment Centres (ETCs). Teams in the surrounding north-eastern provinces are taking action to being response ready. Some of the latest activities are summarized below:

## Surveillance and Laboratory

- ➔ There is intensified active case finding in health facilities and communities, as well as line listing and follow-up of contacts in health zones with recently reported confirmed cases.
- ➔ Contact tracing activities continue in 12 affected health zones with over 27 000 contacts registered to date. Of these, 6509 contacts remain under surveillance as of 9 December 2018, of which 5954 (91%) were seen on that day. The daily follow-up rate among listed contacts ranged from 86-92% over the reporting period. Surveillance teams continue to enhance processes of identifying case contacts and resolve potential gaps.
- ➔ The number of alerts received during the reporting period is lower compared to the previous weeks, with an average of 139 alerts per day (range 98-178); however, the number of validated alerts has remained consistent, with an average number of suspected cases being reported and investigated per day of 88 (range 69-106). Outside the affected zones, Goma has received eight alerts, which were all investigated and invalidated.
- ➔ Since the beginning of the response, 6 447 samples have been laboratory-tested (including repeat samples).

## Case management

- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial for Ebola therapeutics. This first ever multi-drug randomized control trial within an outbreak setting is an important step towards finding an effective treatment for Ebola. The trial is coordinated by WHO and led and sponsored by the DRC's National Institute for Biomedical Research (INRB) which is the principal investigator. The trial has begun in the ALIMA facility in Beni, where patients are briefed on the trial and given the choice to participate.
- ➔ Other ETCs continue to provide therapeutics under the MEURI (compassionate use) protocol, in collaboration with the MoH and the 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. UNICEF is providing nutritional treatment and psychological support for all hospitalized patients.
- ➔ New patients continue to be treated in transit centres and ETCs. Over the reporting period, bed occupancy varied from 0% in Goma and Tchomia to 90% in Beni ETC.
- ➔ On 9 December 2018, a total of 131 patients were hospitalised in transit centres and ETCs, of whom 39 were laboratory confirmed.

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

- ➔ The United Nations Children's Fund (UNICEF) supports hygiene and sanitation in more than 400 facilities in all affected areas, including IPC training.
- ➔ Additional capacity is being put into place to support IPC activities: the review of current strategy includes, but not limited to, the use of score-cards to evaluate IPC in health facilities, implementation of Performance based funding.

- ➔ The IPC teams continue with decontamination of households of confirmed cases and health facilities; distribution of personal protective equipment to health facilities; briefing of health workers; and follow-up to check the functioning of handwashing points. In the reporting period, 77 traditional healers were briefed on IPC.
- ➔ The IPC teams in Goma continue with the identification of priority healthcare facilities in which several activities will be conducted, including: selecting IPC focal points, conducting facility assessments and trainings on triage and screening, case definition, personal protective equipment, and waste and sharps management.

## Points of Entry (PoE)

- ➔ As of 9 December 2018, over 19 million travellers have been screened, 132 alerts notified, and 44 validated at PoEs/Points of Control (PoC), of which two have been confirmed. Almost 18 million travellers washed their hands and 16.5 million travellers were sensitized.
- ➔ On 10 December, 64 of the 71 PoE/PoC were actively screening and decontaminating vehicles, and one alert was notified and validated at a PoE/PoC.
- ➔ A DRC-Uganda Ministerial Cross Border Meeting was held in Goma on 5 December 2018. Meeting discussions included legal framework, regular operational collaboration, community surveillance, harmonizing of PoE services on both sides of the border and readiness to contain any outbreak in border areas.
- ➔ Sanitary control activities were launched in four transport agencies in Butembo and construction of cabins at the Vighole health district PoC in Musienene started, with support from the International Organization for Migration (IOM).
- ➔ Over the reporting period, three alerts were notified from Goma (2) and Butembo (1) PoCs. All were investigated and validated.

## Safe and Dignified Burials (SDB)

- ➔ As of 10 December, a total of 826 SDB alerts have been received, of which 712 were responded to successfully (86%) by Red Cross and Civil Protection SDB teams. Between 3 and 10 of December, a total of 103 SDB alerts were received (20% more compared to the last reporting period), of which 57 (55%) came from Beni health zone followed by Mabalako (19), Butembo(13), Komanda (4), Mandima (4), Mutwanga (3) and Oicha (3).
- ➔ Only 1 of the 4 SDB alerts received in Komanda was responded to successfully due to community resistance. The overall security situation is worrisome, with recurrent aggression to SDB teams (two incidents of aggression reported between 3 and 10 of December 2018).
- ➔ To date, 14 SDB Red Cross and Civil Protection teams are operative in Butembo (6), Katwa (4) and Lubero (4). The scale-up includes the training of three teams in the Community-Based approach for safer burials in Lubero (1) and Katwa (2), which will help reduce the risk of EVD spread in hard-to-reach areas. Implementation of SDB activities in Komanda continued, with the deployment of a SDB team from Beni and the training of local teams. Four SDB teams finished their training in Katwa. Three SDB teams started their training in Lubero.

## Implementation of ring vaccination protocol

- ➔ Over the period from 4 December to 10 December 2018, 4519 persons were vaccinated, including 1234 contacts, 1969 contacts of contacts and 1326 first line workers.
- ➔ As of 10 December 2018, the cumulative number of people vaccinated is 44 447.

## Risk communication, social mobilization and community engagement

- ➔ UNICEF continues the following activities: community awareness and mobilization sessions, with educational talks; youth awareness through a football tournament; daily door-to-door outreach activities in households of affected areas; and awareness activities through the involvement of community leaders and local media.
- ➔ There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- ➔ Risk communication, community engagement, and social mobilization is being strengthened in Butembo and Katwa through community dialogues with groups of women, community leaders, religious leaders, and marginalized groups to address community concerns and permit response teams to work more closely with communities.
- ➔ The risk communication, social mobilization, and community engagement pillar is working closely with community-based surveillance, infection prevention and control, vaccination, and safe and dignified burial teams to strengthen the response. Feedback and suggestions from the community are regularly considered to improve these key activities.
- ➔ UNICEF and partners are supporting community leadership and ownership of the Ebola response activities by working with local civil society organizations, women at all levels of the community structure and youth groups through community engagement and peace building activities. Community feedback and anthropological insights are regularly evaluated to support the adaptation of the response strategy. WHO continues to play a supporting role.

## 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.
- ➔ WHO has deployed total 285 experts in various disciplines to support the EVD outbreak response in the Democratic Republic of the Congo.
- ➔ 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):** risk communication, social mobilization and community engagement, WASH, child protection and psycho-social support, supplies and logistics.
  - **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):** working closely in DRC with US Agency for International Development, Ministry of Health, WHO, and other partners to provide expertise in and support for case finding and investigations, laboratory diagnostics, contact tracing, immunization, case management, infection prevention and control, border screening, risk communication, community engagement, and emergency response management. CDC is also supporting countries bordering the outbreak region (Rwanda, Uganda, and South Sudan) in their efforts to prepare for possible introduction of Ebola cases from DRC.
  - **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 assise 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 Internazionale (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 03-09 December 2018 have been provided by the following partners:

- Following the recommendations of the coordination committee in Goma, IOM, jointly with the National Program of Hygiene at Borders (PNHF), is adjusting the structures of the 11 PoEs.
- IOM completed training of screeners in Lubero, Kanyabayonga and Butembo. Construction of three PoEs in Butembo is ongoing.
- In response to the surge in cases in Komanda, IOM conducted a mission to assess the situation and identify needs for new PoEs. In coordination with PNHF and WHO, IOM will support five additional PoEs in Komanda.
- IOM technical teams based out of Yei, South Sudan and Koboko, Uganda, have set up seven screening sites in South Sudan: Yei Airport, Yei South Sudan Relief and Rehabilitation Commission (SSRRC), Tokori, Kaya, Okaba, Pure, and Koriyo. Screening at PoEs in Pure and Koriyo started this reporting period, following training for the screening teams that took place during the previous reporting period.
- Interviews with 717 travellers showed that 37% entered to South Sudan (27% from Uganda to South Sudan, 10% from DRC to South Sudan); 20% exited from South Sudan (5% from South Sudan to Uganda, 15% from South Sudan to DRC); and internal movement within South Sudan accounted for 43% of the individuals.

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](mailto: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.
- ➔ Preparedness activities continue in neighbouring countries. South Sudan is set to join Uganda in vaccinating most at-risk health care and frontline workers.

### 3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo remains serious and unpredictable, with continued emergence of confirmed cases in several health zones. Twelve health zones reported new cases within the last 21 days. The risk of reintroduction of EVD to health zones that have not reported new cases for extended periods remains, as evidenced by the recent cases in Komanda, Mabalako, Masereka ([External Situation Report 18](#)) and in Mandima. These events highlight the need to maintain enhanced surveillance in all areas in North Kivu and Ituri provinces and to strengthen preparedness in surrounding provinces. Community mistrust is being addressed through intensive community engagement, particularly through working with influential women's groups, community leaders and religious leaders.