

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 25



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1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to present challenges in response, as security incidents and community resistance to response measures persist. Since our last report on 16 January 2019, 41 additional confirmed EVD cases and 31 deaths have been reported.

From the beginning of the outbreak to 21 January 2019, a total of 699 EVD cases, including 650 confirmed and 49 probable cases (Table 1), were reported from 18 health zones in the provinces of North Kivu and Ituri (Figure 1). Thirteen of these health zones have ongoing active transmission, reporting at least one confirmed case in the last 21 days (1 – 21 January 2019). Over this period, a total of 94 confirmed and probable cases were reported, with 56% (53/94) reported from Katwa Health Zone alone. Overall, the majority of the cases occurred in urban centres and towns including Katwa (53), Butembo (12), Oicha (6), Kayna (4), Kyondo (3), Vuhovi (3), Beni (2), Biena (2), Kalunguta (2), Komanda (2), Mabalako (2), Musienene (2), and Manguredjipa (1). Trends in case incidence reflect the continuation of the outbreak across a geographically widely dispersed area with a decline in the number of cases in Beni and increase of reported cases, especially in Katwa (Figure 1, Figure 2).

As of 21 January 2019, a total of 433 deaths were reported, including 384 deaths among confirmed cases. The case fatality ratio among confirmed cases is 59% (384/650). Women are disproportionately affected, accounting for 62% of total reported cases. Cases among pregnant women and children <1 year of age continue to be reported with a total of 29 pregnant and 18 breastfeeding women among the reported cases thus far. The total number of cases among children <1 year of age is 6% (43/680) and among children <5 years is 15% (105/680).

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. To date, all alerts outside the outbreak affected areas have been ruled out for EVD.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 21 January 2019

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	217	9	226	136	145
	Biena	3	0	3	1	1
	Butembo	51	0	51	38	38
	Kalunguta	40	13	53	21	34
	Katwa	133	4	137	84	88
	Kayna	4	0	4	2	2
	Kyondo	10	2	12	4	6
	Mabalako	90	16	106	53	69
	Mangurujipa	1	0	1	1	1
	Masereka	7	1	8	2	3
	Musienene	6	1	7	2	3
	Mutwanga	3	0	3	2	2
	Oicha	27	0	27	6	6
	Vuhovi	11	0	11	3	3
Ituri	Komanda	27	0	27	16	16
	Mandima	17	3	20	10	13
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
Total		650	49	699	384	433

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

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 21 January 2019 (n=699)

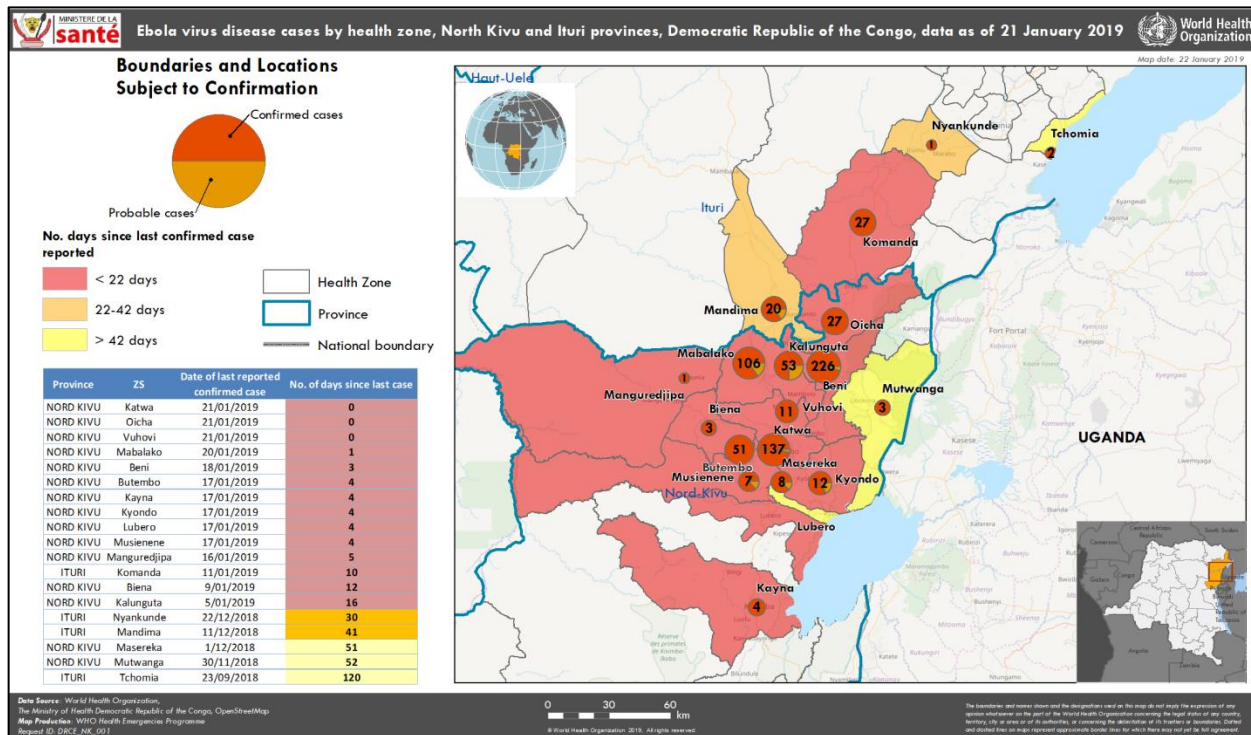
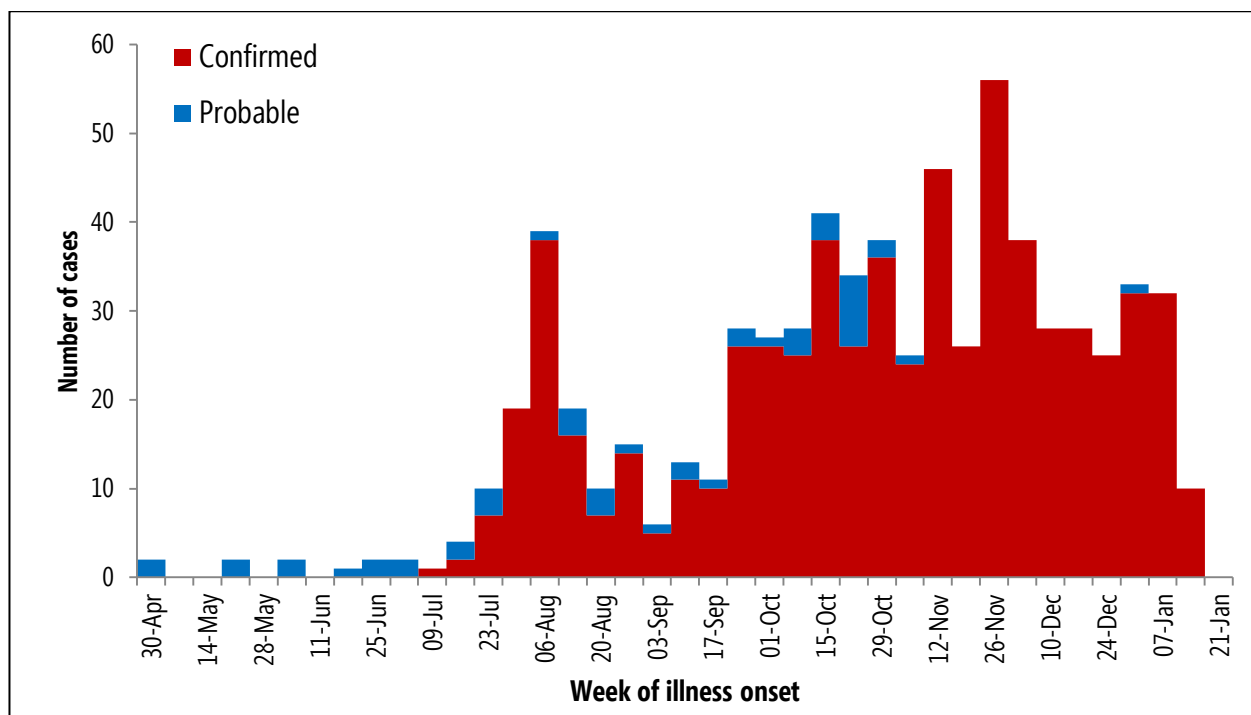


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 21 January 2019 (n=699)*



*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

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. Teams in the surrounding north-eastern provinces are taking measures 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. Response operations in Katwa, Mutshanga and Mukuna health areas have been interrupted as a result of unrest among the population following political actions that are not related to the EVD response.
- Contact tracing continues with ~42 500 contacts registered to date and 5 514 currently under surveillance, of whom between 75-82% have been followed in the past seven days. More resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring despite the challenging security situation and community resistance.
- WHO continues to monitor alerts from outbreak-affected areas. In the last week, on average of 469 alerts were received per day, of which an average of 455 (97%) were investigated. Field teams are reviewing and reinforcing active case finding across all areas to ensure new cases are detected as quickly as possible.

Case management

- On 24 November 2018, MoH announced the launch of a randomized control trial for Ebola therapeutics. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- Bed occupancy in Beni CT is at its maximum and bed occupancy in Katwa ETC is high (88%).
- The case fatality ratio among hospitalised patients in ETCs is 38%, which is significantly lower than the overall CFR of 59%.

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

- Extensive IPC activities are ongoing throughout the Democratic Republic of the Congo, which include but are not limited to: decontamination of households and health facilities with confirmed cases; briefings and training of healthcare providers, including those working in private healthcare facilities and tradi-modern facilities. Distribution of IPC kits, which include consumables items such as personal protective equipment, are ongoing in healthcare facilities. IPC activities are gradually resuming in health facilities where confirmed cases were reported, along with training and provision of IPC kits and the resumption of healthcare activities.

- Health facilities were mapped in Kanyabayonga, 26 supervisors were trained in using a data collection tool in Goma and construction of latrine doors was completed at the La Gloire dispensary in Kanzulinzule Health Zone.

Points of Entry (PoE)

- As of 20 January 2019, 27 955 575 traveller screenings were carried out at 78 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and its surroundings. Of these screenings, 175 alerts were notified. A total of 82 of the 175 alerts were validated as suspect cases after investigation. Four suspect cases were subsequently confirmed as Ebola cases.
- During this reporting period, 11 alerts were notified, of which 8 were validated and subsequently 2 were confirmed as Ebola cases. Both confirmed cases were screened at the Kanyabayonga PoE, 170 km north of Goma. Subsequently, Programme National de l'Hygiène aux Frontières (PNHF) posted a permanent senior PoE supervisor at Kanyabayonga to strengthen PoE activities. Strengthened supervision and other measures have now been applied in other PoEs and PoCs around Goma, including OPRP and Mubambiro.
- Four of the seven priority PoCs targeted for 24 hours operations are now fully functional: OPRP in Goma, Kanyabayonga in Kayna, Mukulya in Beni, and Kasindi Barrière in Kasindi at the border with Uganda. Solar panels were installed at Mukulya and OPRP to support night-time operations and 12 additional front-line workers were deployed to OPRP.
- Efforts to locate missing contacts continue at PoEs and PoCs. Four missing contacts were found in Bukavu, based on PoE traveller information. They are children of a confirmed case who had died. However, none of the children presented with fever or other warning signs during 21 days of follow-up (up to 20 January 2019).
- Joint supervision missions were carried out by PNHF, the International Organization for Migration (IOM) and the United Nations Police (UNPOL) in Kasindi, Bunia and Lengabo. Construction activities were launched to upgrade the PoCs in Kiwanja and Bunagana, and the work was overseen by IOM, PNHF, the sub-coordination team and local authorities.
- More than 500 military personnel transiting through Mavivi airport prior to their deployment were screened on arrival and more personnel are expected during the following week. Due to a change in the travel schedule, they will be spending a few days in Mavivi. Therefore, they will also be screened at departure. There is an urgent need for latrines at Mavivi airport. IOM is advocating with the WASH Commission for the construction of latrines.

Safe and Dignified Burials (SDB)

- As of 21 January, a total of 1 614 SDB alerts had been received of which 1 317 were responded to successfully (81%) by Red Cross and Civil Protection SDB teams. There have been six community emergency harm reduction burials reported to date.
- Cumulative SDB alerts by health area: Beni 42%, Mabalako 20%, Butembo 12%, Katwa 12%, Komanda 5%, Mandima 4%. Oicha, Kalunguta, Goma, Musienene, Mutwanga, Kyondo, Vuhovi, Biena, Bunia, Kibirizi, Mambasa, Manguredjipa, Nyankunde and Tchomia each account for less than 4% of total alerts.

- Scale up of the Community Emergency Harm Reduction Burials (CEHRBU) Strategy: Two teams trained and operational for Vighole and Vuhika in Katwa health zone since 1 January 2019. The scale up plan includes training three teams in Mabalako (two in Aloya health areas) and five in Komanda.
- Community resistance to SDB, community resistance to reporting community deaths, and limited access remain the main challenges for the SDB teams.

Implementation of ring vaccination protocol

- A cumulative total of 64 403 people have been vaccinated since the start of the outbreak.
- Negotiations are underway to start vaccination activities in Mangurujipa following resistance from the population.

Risk communication, social mobilization and community engagement

- Risk communication, social mobilization and community engagement field activities continue, with indigenous people in the area of Pinzile receiving education on EVD response. Community feedback is systematically collected and analysed to address community concerns and needs.
- The NGO Synergy provided a guided visit to the ETC at Beni for community members.
- The Red Cross, UNICEF, WHO and partners are working together to support local health authorities in incorporating feedback from the communities into the response.
- Activities are being intensified in Butembo and Katwa to engage community members in supporting the control of the outbreak.

Preparedness and Operations Readiness

Operational readiness continues in 10 high-risk provinces in the Democratic Republic of the Congo:

- 42/165 (25%) of unaffected health zones in 10 provinces have been covered by a minimum standard package of EVD operational readiness activities.
- Readiness teams finalized tailored plans for the high-risk provinces for the period from February to July 2019, which are pending MoH review.

Operational readiness activities continue in countries neighbouring the Democratic Republic of the Congo:

- South Sudan is set to join Uganda in vaccinating most at-risk healthcare and frontline workers. Uganda has vaccinated over 2 600 workers.
- Joint Assessment Missions have been conducted to date in South Sudan, Burundi, Uganda, Congo, and Rwanda. They are ongoing in Central African Republic and Tanzania currently and are in discussion in Angola and Zambia.
- OCHA announced an early action CERF award of US\$ 10 million which will be allocated to Priority 1 countries including Burundi, Rwanda, South Sudan and Uganda for priority preparedness 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.
- Various international organizations and UN agencies, specialized agencies and non-governmental organizations are involved in response and preparedness activities; the organizations and their specific contributions have been previously reported. See this [link](#).
- WHO continues to engage the 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.

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.
- 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 Ebola virus outbreak in the Democratic Republic of the Congo is in its sixth month since the declaration of the outbreak. The outbreak continues to evolve in a particularly complex and challenging environment, characterized by a volatile security context, which continues to hinder the implementation of key response activities. The persistence of insecurity threatens to reverse recent progress achieved around disease hotspots such as Beni. Nevertheless, WHO and partners, under the government's leadership, continue to respond to the EVD outbreak and remain committed to ending it. The progressive resumption of key response activities following recent security challenges is encouraging; however, it is vital to ensure their continuation and intensification.