

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 29



World Health
Organization

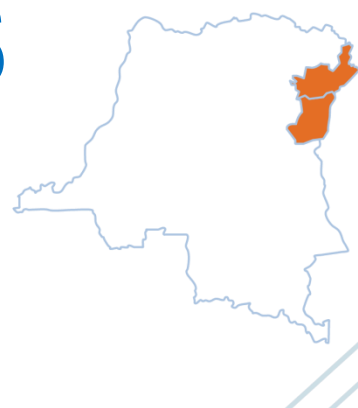
REGIONAL OFFICE FOR

Africa

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Date of issue: 19 February 2019

Data as reported by: 17 February 2019

1. Situation update

Cases

840

Deaths

537

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to prove challenging to contain as ongoing security incidents and pockets of community mistrust hamper response efforts. Following our last report on 12 February 2019, 24 new EVD cases have been reported, including 20 confirmed and four probable cases. The four probable cases were all deaths that occurred in November and December 2018 in Komanda Health Zone, with a clinical history consistent with EVD but without the opportunity to be tested.

From the beginning of the outbreak to 17 February 2019, a total of 840 EVD cases, including 775 confirmed and 65 probable cases, were reported from 19 health zones in the North Kivu and Ituri provinces (Table 1). A total of 537 deaths were reported (overall case fatality ratio 64%), including 472 deaths among confirmed cases. To date, 294 people have been discharged from Ebola Treatment Centres (ETCs) and enrolled in a dedicated monitoring and support programme. Of confirmed and probable cases with reported age and sex, 57% (481/841) were female, and 30% (253/842) were children aged less than 18 years. No new cases among healthcare workers were reported in the last week, leaving the number of healthcare workers infected to 68 with 21 deaths.

Thirteen (13) of the 19 affected health zones have active virus transmission (Figure 1), reporting at least one confirmed case in the last 21 days (28 January to 17 February 2019). Over this period, a total of 88 confirmed cases were reported from Katwa (55), Butembo (15), Kyondo (4), Vuhovi (4), Kalunguta (2), Biena (1), Komanda (1), Mabalako (1), Manguredjipa (1), Masereka (1), Mutwanga (1), Oicha (1), and Bunia (1) – a newly affected health zone^{1,2}. The major urban centres of Katwa and Butembo remain notable areas where most cases were reported, with 80% (70/88) of cases reported in the last three weeks. Beni did not report cases in the last three weeks and dropped off the list of health zones with active transmission. Overall, cases have been reported from 119 of 309 (39%) health areas (a subdivision of health zones) across 19 health zones. Thirty-five health areas have reported at least one case in the last 21 days. Trends in case incidence (Figure 2) show that the outbreak is continuing, with lower transmission intensity across these geographically dispersed areas.

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 reported alerts outside the outbreak affected areas have been investigated or laboratory tested to rule out EVD.

¹Excludes probable cases reported following retrospective re-classification of cases.

²There is no evidence of virus transmission in Komanda in the last 21 days. The case reported in Komanda developed symptoms in Bunia and was intercepted at a point of entry at the border of Komanda.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 17 February 2019

| Province | Health Zone | Case classification | | | Deaths | |
|--------------|--------------|---------------------|----------------|-------------|---------------------------|--------------|
| | | Confirmed cases | Probable cases | Total cases | Deaths in confirmed cases | Total deaths |
| North Kivu | Beni | 225 | 9 | 234 | 138 | 147 |
| | Biena | 5 | 0 | 5 | 2 | 2 |
| | Butembo | 67 | 0 | 67 | 65 | 65 |
| | Kalunguta | 42 | 13 | 55 | 21 | 34 |
| | Katwa | 212 | 11 | 223 | 125 | 136 |
| | Kayna | 5 | 0 | 5 | 2 | 2 |
| | Kyondo | 14 | 2 | 16 | 9 | 11 |
| | Mabalako | 90 | 16 | 106 | 55 | 71 |
| | Manguredjipa | 5 | 0 | 5 | 4 | 4 |
| | Masereka | 8 | 1 | 9 | 2 | 3 |
| | Musienene | 6 | 1 | 7 | 2 | 3 |
| | Mutwanga | 4 | 0 | 4 | 3 | 3 |
| | Oicha | 30 | 0 | 30 | 7 | 7 |
| | Vuhovi | 13 | 0 | 13 | 6 | 6 |
| Ituri | Bunia | 1 | 0 | 1 | 1 | 1 |
| | Komanda | 28 | 9 | 37 | 17 | 26 |
| | Mandima | 17 | 3 | 20 | 10 | 13 |
| | Nyakunde | 1 | 0 | 1 | 1 | 1 |
| | Tchomia | 2 | 0 | 2 | 2 | 2 |
| Total | | 775 | 65 | 840 | 472 | 537 |

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 by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 17 February 2019

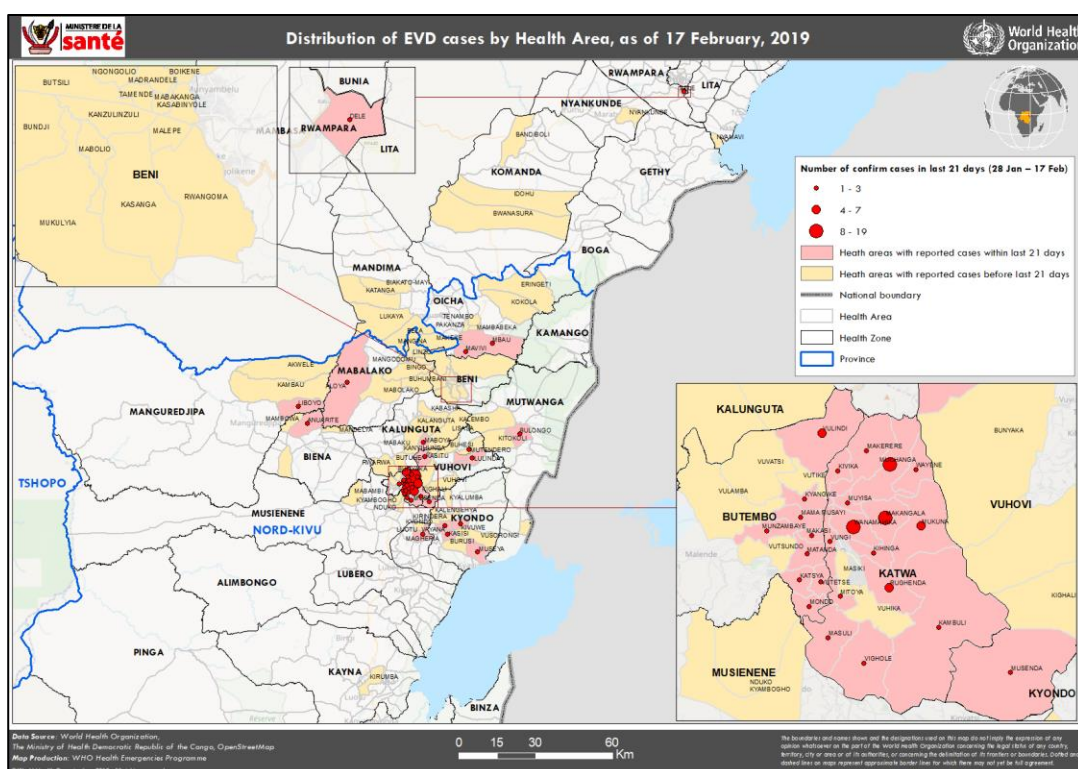
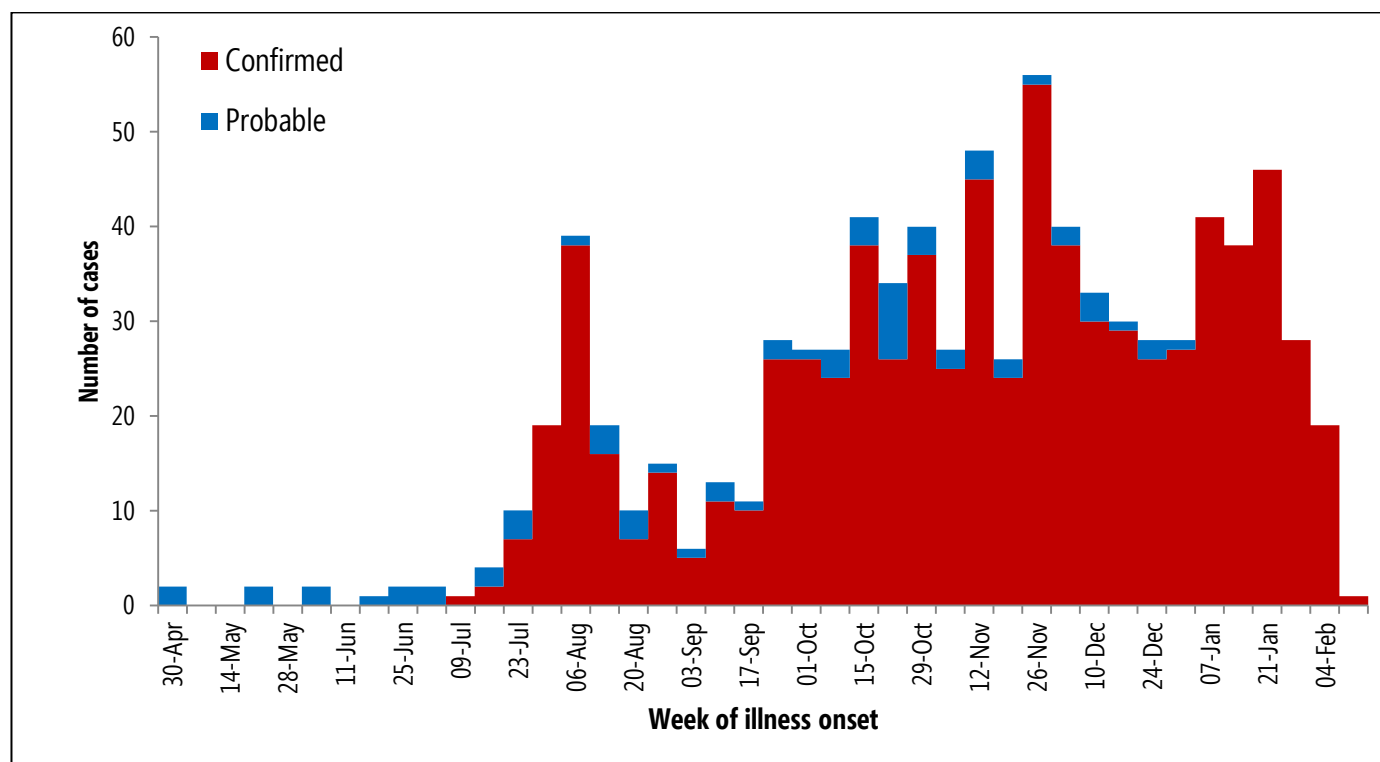


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 17 February 2019 (n=840)*



**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 and continued investigation of contacts lost to follow-up. Surveillance activities in Beni Health Zone were disrupted due to a security incident.
- A surveillance team has been established at the Amani festival in Goma.
- A coordination team has been relocated to Mutwanga Health Zone to revitalize response activities including surveillance.

- ➔ Contact tracing continues to be strengthened with over 52 000 contacts registered to date and 6 849 currently under surveillance, of whom between 82-85% 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 and overcome the challenging security situation and community non-engagement.
- ➔ WHO continues to monitor alerts from outbreak-affected areas. In the last week, an average of 634 alerts were received per day over the past seven days, of which an average of 603 (95%) were investigated within 24 hours of reporting. Field teams are reviewing and reinforcing active case finding across all areas to ensure new cases are detected as quickly as possible.
- ➔ There are currently eight laboratories with Ebola diagnostic capacity operational in DRC (Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia and Kinshasa). All are using automated PCR (Cepheid Xpert Ebola) as the primary diagnostic tool. A new laboratory is being deployed in Kayna to serve the ETC there.
- ➔ The number of tests performed per week reached 1 500 during the past week. Additional GeneXpert instruments have been shipped to DRC to augment the number of tests that can be performed. A stock supply of over 9 000 Xpert Ebola cartridges has been established.
- ➔ A laboratory with the capacity to sequence whole virus genome in eight samples/day has been established in Katwa to support virus transmission chain analysis.

Case management

- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT is now enrolling and treating patients at ETC sites in Katwa, Beni and Butembo. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care. To date, 66 patients have been enrolled in the RCT and 334 patients have received therapy under the compassion use protocol.
- ➔ An Ebola transit (TC) centre was opened in Katwa in the last week.

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

- ➔ A revised IPC strategy with an operational work plan for the February to May 2019 period has been endorsed by MoH. The strategy and work plan are intended to guide the national coordination activities of the Ebola response's IPC Task Force, and the implementation of activities by the IPC commissions and partners at the subnational level.
- ➔ Extensive IPC activities are ongoing in affected areas, 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, and distribution of IPC kits, which include consumable items such as personal protective equipment.
- ➔ Six healthcare facilities with confirmed cases were disinfected in Butembo (2) and Katwa (4) and awareness sessions on hand hygiene were carried out in Nziapanda (75 km West of Butembo).

Points of Entry (PoE)

- ➔ As of 17 February 2019, 36 825 757 travellers were screened at 71 out of 80 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and their surroundings. Of these screenings, 331 alerts were notified, of which 168 were validated as suspect cases and six tested positive for Ebola virus following laboratory confirmation.
- ➔ During this reporting period, 50 alerts were notified, of which 18 were validated as suspect cases and one was confirmed as an Ebola case. Among the alerts validated eight were dead bodies, one of which then tested positive for Ebola. This was the body of a woman who is a known contact (spouse) of a case in Butembo. She travelled to Bunia following her husband's death and subsequently died in Bunia. Her family intended to take her body back to Butembo for burial. The group, in a taxi, was intercepted at the Komanda Foner PoC.
- ➔ A total of 1 820 701 screenings were performed during the reporting period in the functional PoE and PoCs.
- ➔ On 17 February, 211 820 screenings were carried out, resulting in 14 alerts: 2 were validated at PoC Lubero and PoC Kanyabayonga.
- ➔ The Mutsanga PoE in Katwa Health Zone is to be relocated as a result of persistent insecurity. The Kangote PoC in Butembo Health Zone was vandalised allegedly by an armed group who refused handwashing; the water tank was damaged. In Goma, two barriers of the Goma Port PoC were forcibly removed as a result of lack of support from security elements and increased resistance to health screening. In Mambasa, Ituri, the Mabakese PoC was destroyed by young persons protesting against the non-inclusiveness of the vaccination activities. They are demanding that the entire population be vaccinated. The PoC had to halt all activities on 15 February 2019.
- ➔ Screening activities at PoEs and PoCs in Ituri are intensified following the epidemic spread to Bunia. The strategic committee in Beni has also recommended the establishment of a mobile PoC around Katwa to strengthen the surveillance around the hotspot. An assessment is planned this coming week to identify specific locations within and around Katwa.
- ➔ IOM met with 17 travel agencies located in Butembo to organise hand washing and screening activities for client travellers.
- ➔ Delays in funding under SRP 3 continue to hinder PoE/PoC activities – IOM funds were exhausted in January 2019 and current activities in DRC are being conducted using a loan. Frontline workers at PoC/PoEs are becoming impatient due to the delay in payments.

Safe and Dignified Burials (SDB)

- ➔ As of 17 February 2019, a total of 2 442 SDB alerts have been received, of which 1 979 (81%) were executed successfully by Red Cross and Civil Protection SDB and Community Emergency Harm Reduction Burial (CEHRBU) teams.
- ➔ During epi week 7 (ending on 17 February 2019), 202 SDB alerts were received, holding steady from week 6. 6% of burials are for alerts originating from Ebola treatment centres or transit centres (ETC), with the remaining alerts originating from the community (34% community deaths and 60% non-ETC health facility).

- ➔ The main challenges for the SDB teams continues to be community resistance, reliable reporting of community deaths, and access challenges.

Implementation of ring vaccination protocol

- ➔ As of 17 February 2019, a cumulative total of 80 989 people have been vaccinated since the start of the outbreak.
- ➔ Vaccination of HCWs and FLsWS are underway in bordering areas of Uganda and South Sudan. Advanced preparations are ongoing in Rwanda.

Risk communication, social mobilization and community engagement

- ➔ Risk communication, social mobilization and community engagement field activities are enhanced, with community dialogue with the community and religious groups in Butembo, Katwa, Mangina, Beni, Oicha and other Health Zones affected by the outbreak. The activities are led by the local health actors with support from WHO, UNICEF, the Red Cross and other partners.
- ➔ Supervisors and focal points in Katwa, Butembo and Beni Health Zones were trained in the new strategy to enhance community ownership of the response.
- ➔ Creation of an interagency task force to address community concerns during the implementation of the activities of the different pillars of the response.
- ➔ An orientation session for all the response pillars on community engagement, trust building and empathy has been conducted in Butembo, and is being planned in Beni and other locations.

Preparedness and Operations Readiness

Operational readiness intensifies in North Kivu and Ituri Provinces in the Democratic Republic of the Congo:

- ➔ Eight teams consisting of one international consultant and four MoH EVD experts each, deploy this week (18-22 February 2019) to cover 18 non-affected health zones (HZs) in North Kivu and 32 non-affected HZs in Ituri, with a minimum standard package of EVD operational readiness activities.
- ➔ The eight readiness teams will roll out readiness activities in all 50 non-affected HZs of North Kivu and Ituri Provinces over the next 6 months.
- ➔ The one-year preparedness plan updated with tailored plans for the high-risk non-affected provinces for the period from February to July 2019 is pending MoH review.

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

- ➔ The Updated Regional Strategic Plan for Ebola Operational Readiness and Preparedness in Countries Neighbouring the Democratic Republic of the Congo for the period from January to June 2019 was launched on 25 January 2019. Approximately US\$ 42 million has been mobilized for Ebola preparedness since May 2018 and a budget gap of US\$ 28 million remains for the next 6 months.
- ➔ Ongoing vaccination of healthcare and frontline workers in Uganda continues where over 3 900 workers from 12 districts have been vaccinated. Vaccination commenced in South Sudan on 28 January 2019 where over 600 workers have been vaccinated in Yei and Yambio. Pending an import license, vaccination is imminent in Rwanda where a total 1 415 workers are targeted for EVD vaccination.

- ➔ Joint Monitoring Missions have been conducted to date in South Sudan, Burundi, Uganda, Congo, Rwanda, Central African Republic and Tanzania. There are ongoing discussions with the MoHs of Angola and Zambia to schedule Joint Monitoring Missions.
- ➔ 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.
- ➔ In South Sudan, IOM continues to support active screening at eight Points of Entry: Yei airport, Yei South Sudan Relief and Rehabilitation Commission (SSRRC), Tokori, Kaya, Okaba, Khorijo, Pure and Bazi with approximately 11 500 travelers screened in the last week. IOM plans to support an additional 10 PoEs. Salia Musala PoE is currently being established; the construction of facilities is underway, and screening is planned to commence on 20 February. Poor access to the remaining PoEs remains a challenge. Vaccination of PoE frontline staff at Yei airport and Yei SSRRC PoE sites has been completed. See latest sitrep from IOM South Sudan for 4-10 February 2019: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-week-6>.
- ➔ 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.
- ➔ A cross-border meeting was convened by the Ministry of Health of Uganda in Kasese from 11 to 13 February 2019 to discuss the PoE Toolkit and coordination among partners on both sides of the border. The report will be released shortly.

3. Conclusion

Despite slightly fewer cases reported during the past week (Figure 1), current epidemiological indicators highlight that the EVD outbreak in Democratic Republic of the Congo is continuing with moderate intensity. WHO and partners actively respond to the outbreak and continually monitor for signs of shifting epidemiology or wider spread, particularly across borders. Cases continue to be reported, especially in Katwa and Butembo, and are occurring in different places within a wide geographical area within the country. This requires responding in multiple areas at once in collaboration with partners. Beni dropped off the list of health zones with active transmission this week and this is a significant achievement of the response teams in the field, given the previous high intensity of the outbreak in this area.

On 13 February 2019, the Ministry of Health launched an updated strategic response plan (SRP) for ending the Ebola outbreak in the Democratic Republic of the Congo. The plan lays out the response strategy, objectives and budget requirements for the MoH, WHO, and all implementing partners for the next six months (February through July 2019). The SRP 3 takes into account recommendations from operational reviews, and builds on a series of new strategic directions that capitalize on lessons learned under the scope of SRP 2. Activities laid out aim to stop virus transmission in North Kivu and Ituri provinces, and prevent its spread to other provinces and neighbouring countries. WHO is confident that this outbreak can be successfully brought to an end.