

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 30



World Health
Organization

REGIONAL OFFICE FOR

Africa

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Data as reported by: 24 February 2019

1. Situation update

Cases

 872

Deaths

 548

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to be challenging as ongoing security incidents and pockets of community mistrust hamper response efforts. Following our last report on 19 February 2019, 32 new confirmed cases have been reported, with 11 additional deaths.

From the beginning of the outbreak to 24 February 2019, a total of 872 EVD cases, including 807 confirmed and 65 probable cases, were reported from 19 health zones in the North Kivu and Ituri provinces (Table 1). A total of 548 deaths were reported (overall case fatality ratio 63%), including 483 deaths among confirmed cases. Of confirmed and probable cases with reported age and sex, 57% (496/871) were female, and 30% (262/871) were children aged less than 18 years. One healthcare worker was among the newly confirmed cases in the last week, bringing the number of health workers infected to 69, with 21 deaths.

Eight (8) of the 19 affected health zones have active virus transmission, reporting at least one confirmed case in the last 21 days (4-24 February 2019) (Figure 1). Over this period, a total of 73 confirmed cases were reported from Katwa (43), Butembo (18), Kyondo (4), Vuhovi (3), Kalunguta (2), Oicha (1), Beni (1), and Rwampara (1)¹. Trends in case incidence reflect that the outbreak is continuing, with most recent cases reported in the major urban centres of Katwa and Butembo, with 84% (61/73) of cases reported in the last three weeks (Figure 1, Figure 2). Overall, cases have been reported from 119 of 301 (40%) health areas (a subdivision of health zones) across 19 health zones. Thirty-two health areas have reported at least one case in the last 21 days.

The Ebola treatment centre (ETC) in Katwa was set on fire by unknown assailants during a security incident that occurred on the night of 24 February 2019. The ETC, manned by Médecins Sans Frontières (MSF) and the Ministry of Health, has been rendered non-functional and the patients have been evacuated to Butembo ETC. While no casualties have been reported, this incident will negatively impact on the overall response operations.

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.

¹The case reported in Bunia on 13 February 2019 has been reclassified to Rwampara.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 24 February 2019

Province	Health Zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	226	9	235	118	127
	Biena	5	0	5	5	5
	Butembo	76	0	76	39	39
	Kalunguta	44	13	57	18	31
	Katwa	231	11	242	173	184
	Kayna	5	0	5	3	3
	Kyondo	15	2	17	11	13
	Mabalako	90	16	106	54	70
	Manguredjipa	5	0	5	4	4
	Masereka	8	1	9	3	4
	Musienene	6	1	7	2	3
	Mutwanga	4	0	4	3	3
	Oicha	30	0	30	19	19
Ituri	Vuhovi	13	0	13	9	9
	Komanda	28	9	37	9	18
	Mandima	17	3	20	9	12
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
Total		807	65	872	483	548

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, 23 February 2019

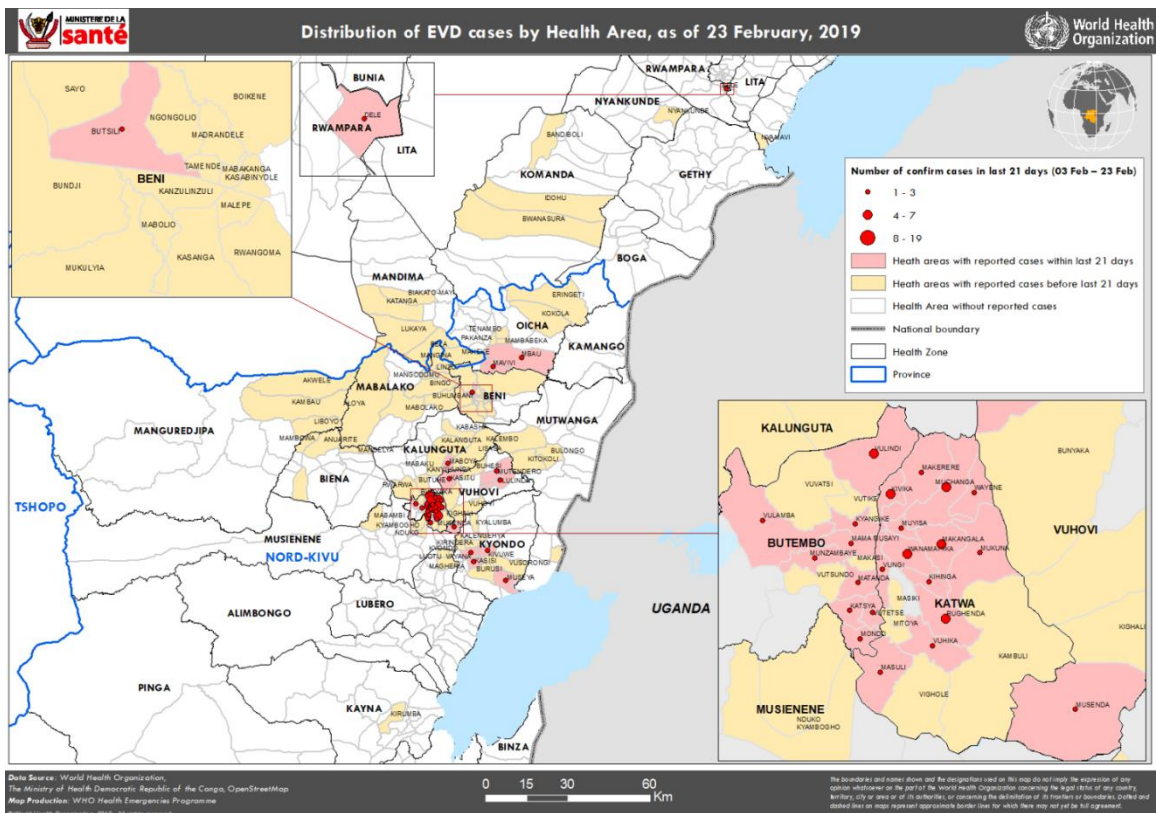
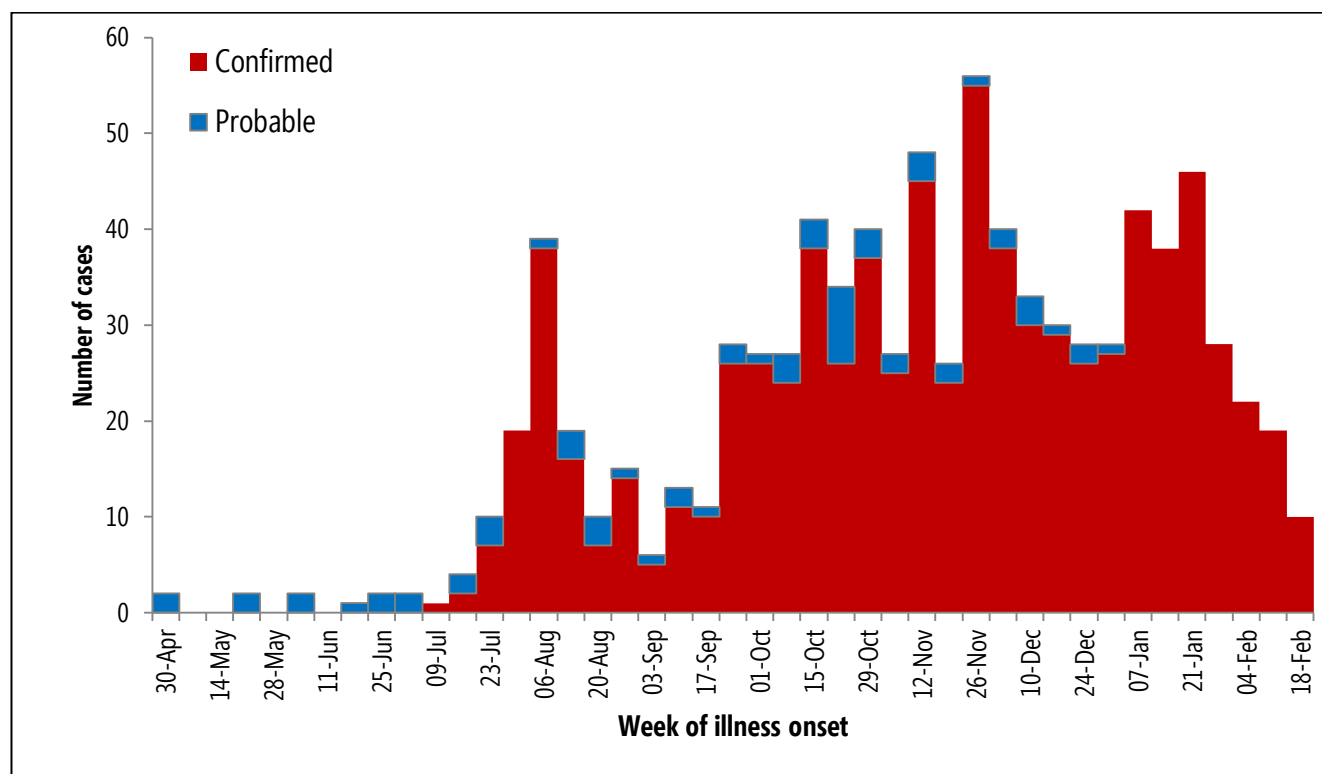


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 24 February 2019 (n=872)*



**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. There is disruption of field activities in most areas of Katwa following insecurity and the laboratory is not operational.
- There is continued strengthening of contact monitoring activities in Butembo and Katwa, who have a high number of unseen contacts, in order to provide appropriate solutions to the challenges of contact monitoring.
- Contact tracing continues to be strengthened, with over 54 700 contacts registered to date and 5 219 currently under surveillance, of whom between 80-86% 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 812 alerts were received per day over the past seven days, of which an average of 714 (88%) 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 virus 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 to 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.
- The Ebola transit (TC) centre opened in Katwa in the last week was burnt on the night of 24 February 2019.

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.

Points of Entry (PoE)

- As of 24 February 2019, 38 691 048 screenings done at 80 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and their surroundings.
- A total of 1 865 291 screenings were performed during the reporting period in the functional PoE and PoCs.

- ➔ During the reporting period, a total of 59 alerts were notified in which 57 were investigated, 16 validated including 8 dead bodies. All validated alerts were negative following a laboratory test.
- ➔ Due to insecurity, the security commission recommended that the Mutsanga PoC be relocated to Katwa health zone. IOM and PNHF identified a new location for the PoC, 3 km from the original location, which resumed activities on 21 February 2019.
- ➔ Routine supervision of day to day PoE/PoC operations continued in Goma, Beni, Bunia and Butembo.
- ➔ However, the security situation continues to deteriorate around Butembo and Katwa. The tarpaulins covering Njiapanda PoC were torn by demonstrators on 23 February 2019.
- ➔ Four thermal cameras for screening body temperature of travellers sent to the Points of Entries in Goma town bordering Rwanda have arrived. Staff briefing is planning for the next week and will be followed by the installation of the cameras at Petite and Grande Barrier.

South Sudan

- ➔ IOM continues to support active screening at 8 Points of Entry: Yei airport, Yei SSRRC, Tokori, Kaya, Okaba, Khorijo, Pure and Bazi, with approximately 10 129 travellers screened in the last week.
- ➔ See latest sitrep from IOM South Sudan for 11-17 February 2019: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-week-7>.

Uganda

- ➔ IOM opened 3 additional Flow Monitoring Points (FMPs) along the border with DRC.
- ➔ IOM conducted assessments in 4 districts (Kisoro, Kanungu, Rukungiri, Rubirizi) to analyze flows, gaps and needs at PoEs while the assessments in Kasese, Ntoroko, Bundibujjo are ongoing. Data will shortly be provided to the PoE working group for further action.

Safe and Dignified Burials (SDB)

- ➔ As of 24 February 2019, a total of 2 605 SDB alerts have been received, of which 2 106 (81%) were executed successfully by Red Cross and Civil Protection SDB teams, including 26 successful burials by Community Emergency Harm Reduction Burial (CEHRBU) teams.
- ➔ During week 8 (ending on 24 February 2019), 229 SDB alerts were received, 13% more than in week 7. 8% of burials (18) were for alerts originating from Ebola Treatment Centres or Transit Centres, with the rest originating from the community (41% from community deaths and 52% from non-ETC health facilities).
- ➔ The main challenges for the SDB teams continue to be community resistance, reliable reporting of non-ETC deaths, and access challenges.

Implementation of ring vaccination protocol

- ➔ In DRC, as of 26 February 2019, a cumulative total of 83 755 people have been vaccinated since the start of the outbreak.

- ➔ Vaccination of HCWs and FLWS are underway in bordering areas of Uganda and South Sudan. Advanced preparations are ongoing in Rwanda. 4 324 HCW/FLW were vaccinated in Uganda up to 22 February 2019 and 773 in South Sudan.

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.
- ➔ Risk communication and social anthropologist teams have strengthened community engagement activities in Katwa. Risk communication and community engagement orientation sessions were organized for different pillars of the response to enhance capacity of RECOs in addressing community concerns.
- ➔ In Oicha, women were sensitized on the importance of vaccination and who was eligible, during prenatal visits in the Tenambo health area; EVD awareness activities were carried out for women in the market in Bwanasura; teachers from the Vutsundo health area, Butembo ETC received a guided visit to the ETC.
- ➔ A technical meeting was held to strengthen resistance management in Katwa, Vuhovi and Kyondo health zones; the Lubero response team was strengthened, and the reasons for community reluctance were identified and addresses, particularly in the Katwa health zone.

Preparedness and Operations Readiness

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

- ➔ The coordination centre has moved from Kinshasa to Goma to be closer to the outbreak-affected areas. Operations in Beni will continue at full scale. Goma will provide a base for training of staff, and eventually develop into a centre of excellence on Ebola.
- ➔ Eight teams consisting of one WHO consultant and four MoH EVD experts each, deployed this week to North Kivu and Ituri (four teams in each province).
- ➔ The eight readiness teams will roll out a minimum standard package of readiness activities in all 50 non-affected HZs of North Kivu (18) and Ituri (32) Provinces over the next 6 months, alongside local counterparts, to transfer capacity and harness the investment into long term development.
- ➔ The one-year preparedness plan was updated with tailored plans for the high-risk non-affected provinces for the period from February to July 2019 and 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\$ 32 million has been mobilized for Ebola preparedness since May 2018 and a budget gap of US\$ 27 million remains for the next 6 months.

- Ongoing vaccination of healthcare and frontline workers in Uganda continues, with over 4 300 workers from 12 districts vaccinated. Vaccination commenced in South Sudan on 28 January 2019 during which over 600 workers were vaccinated in Yei and Yambio. Vaccines have been received in Rwanda, trainings of healthcare workers commenced and other planning activities ongoing where a total 1 415 workers are targeted for EVD vaccination.
- A follow up Joint Monitoring Mission to assess progress in implementation of priority preparedness activities in Countries Neighbouring the Democratic Republic of the Congo will be conducted in South Sudan from 4-8 March 2019. Assessments are yet to be conducted in Angola and Zambia and there are ongoing discussions with the MoHs to schedule the missions.
- OCHA announced an early action CERF award of US\$ 10 million, which was allocated to Priority 1 countries for priority preparedness activities. So far funding for Burundi (US\$ 2.4 million), Rwanda (US\$ 1.8 million), and South Sudan (US\$ 2 million) has been approved, while Uganda (US\$ 3.8 million) is still under review.

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 was planned to start on 20 February 2019. 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.
- SONAR-global conducted an exercise “Mapping social sciences research for the Ebola response in DRC and neighbouring countries”. See link - <http://sonar-global.eu/mapping-social-sciences-research-for-the-ebola-response-in-drc-and-neighboring-countries/>.

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

The Ebola outbreak in Democratic Republic of the Congo continues to evolve in a highly complex and challenging environment. Cases continue to be reported, especially in Katwa and Butembo health zones. Elsewhere, trends in case incidence have been encouraging. Other indicators (such as the continued high proportion of community deaths, persistent delays in case detection, documented local travel among many cases, and relatively low numbers of cases among contacts under surveillance) remain a risk for reintroduction or further spread. WHO and partners actively respond to the outbreak and continually monitor for signs of shifting epidemiology or wider spread, particularly across borders. The past six months have demonstrated successful control of the outbreak in many areas. Continued implementation of both proven and innovative public health measures will bring the outbreak to an end.