

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 41



World Health
Organization

REGIONAL OFFICE FOR Africa

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1. Situation update



Following several major security incidents in recent weeks, there has been a continued steady increase in number of cases reported during the current Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. The increase is due to responders being unable to access communities while movements were restricted for security reasons. Particularly in Butembo and Katwa, response has been reduced to a “stop and go” pattern, where a day or two of activity is followed by a day or two of suspended or limited activity. Meanwhile, security measures have been strengthened at many healthcare facilities to aid the resumption of critical healthcare services. Community engagement efforts aimed at better integrating a range of response activities into communities, restoring trust between response workers and community members, and encouraging suspected cases to seek medical attention earlier to help improve their chances of survival, remain ongoing. A total of 110 new confirmed cases were reported this week; these numbers are likely to continue to increase due to a backlog, resulting from the interruption to the response activities. Most of these cases originated from hotspot areas within the Katwa, Mandima, Mabalako, Butembo, and Kalunguta health zones.

In the 21 days between 22 April – 12 May 2019, 90 health areas within 17 health zones reported new cases, representing 52% of the 173 health areas affected to date (Table 1 and Figure 2). During this period, a total of 343 confirmed cases were reported, the majority of which were from the health zones of Katwa (30%, $n=102$), Mabalako (13%, $n=45$), Mandima (13%, $n=45$), Butembo (12%, $n=40$), Kalunguta (9%, $n=31$), Musienene (8%, $n=29$), and Beni (7%, $n=25$).

As of 12 May 2019, a total of 1705 EVD cases, including 1617 confirmed and 88 probable cases, were reported. A total of 1124 deaths were reported (overall case fatality ratio 66%), including 1036 deaths among confirmed cases. Of the 1705 confirmed and probable cases with known age and sex, 56% (951) were female, and 29% (502) were children aged less than 18 years. The number of healthcare workers affected has risen to 101 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 12 May 2019

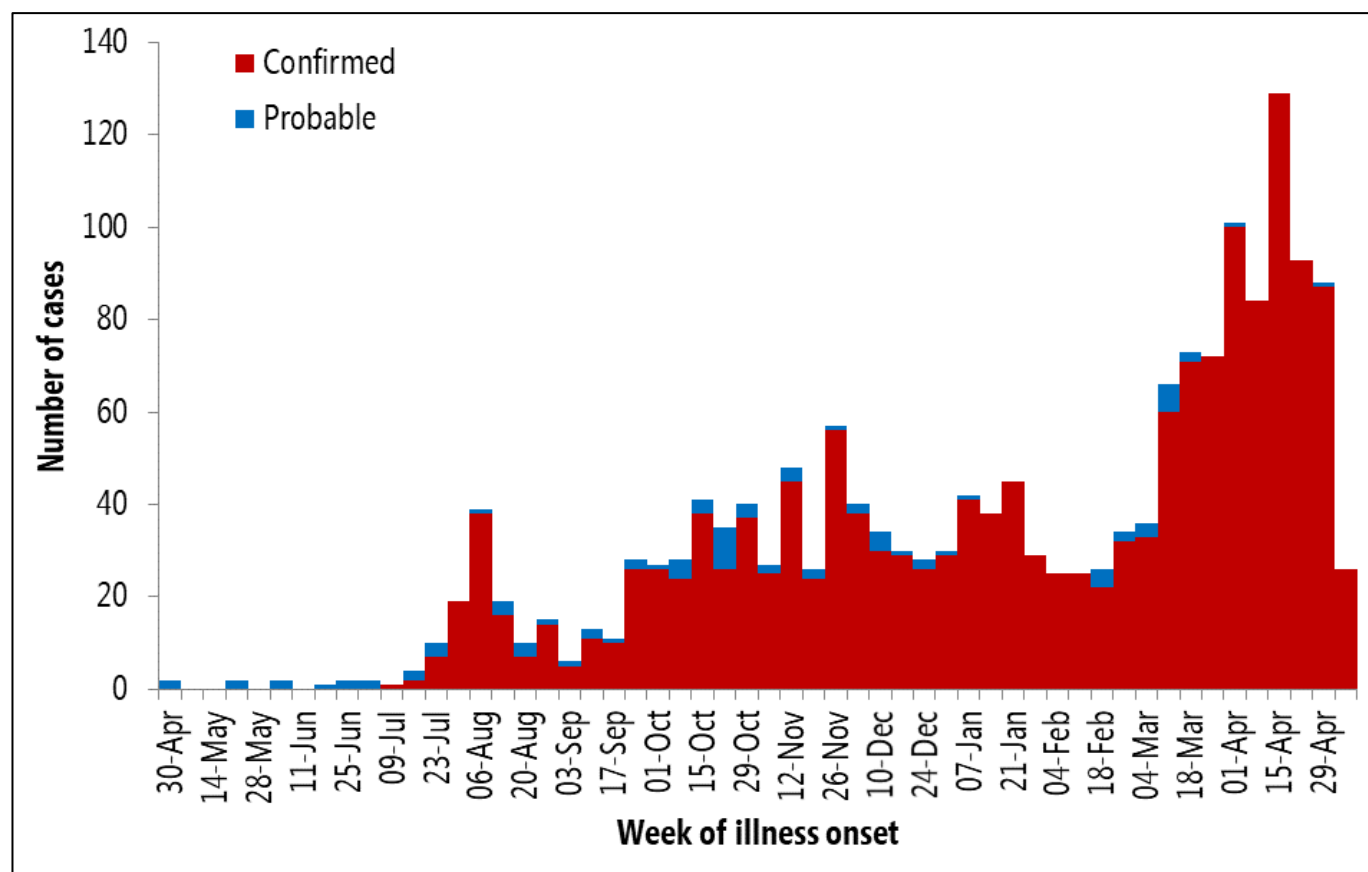
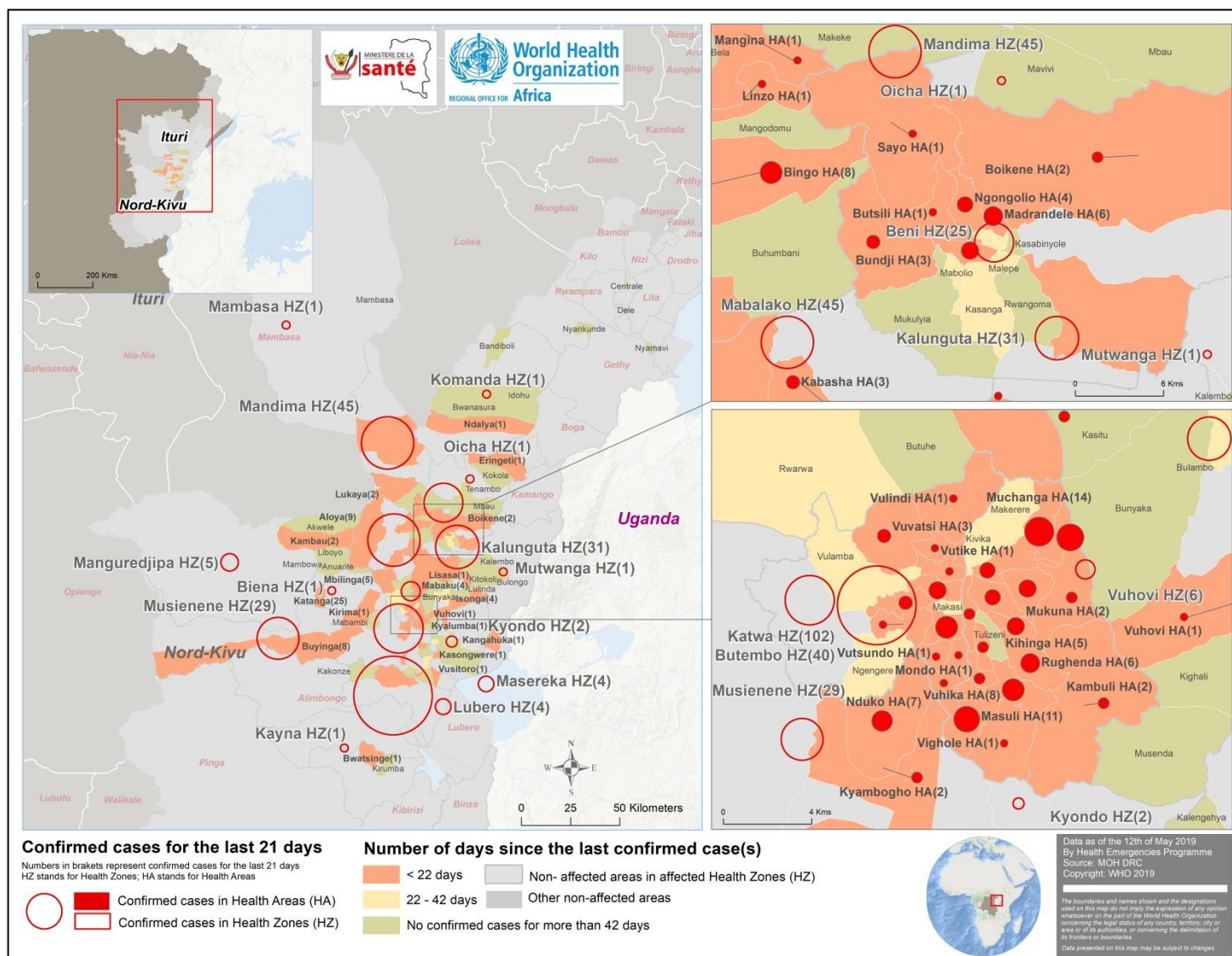


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 12 May 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Cumulative cases by classification			Cumulative deaths		
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	Confirmed cases in the last 21 days
North Kivu	Beni	9/18	279	9	288	151	160	25
	Biena	1/14	7	1	8	8	9	1
	Butembo	13/15	167	0	167	183	183	40
	Kalunguta	12/18	85	15	100	40	55	31
	Katwa	16/18	541	14	555	362	376	102
	Kayna	1/18	8	0	8	4	4	1
	Kyondo	2/22	19	2	21	13	15	2
	Lubero	3/18	8	2	10	2	4	4
	Mabalako	9/12	142	16	158	97	113	45
	Manguredjipa	1/9	10	0	10	4	4	5
	Masereka	4/16	36	3	39	14	17	4
	Musienene	7/20	38	1	39	19	20	29
	Mutwanga	1/19	5	0	5	3	3	1
	Oicha	1/25	41	0	41	20	20	1
	Vuhovi	2/12	79	13	92	28	41	6
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	1/15	28	9	37	10	19	1
	Mandima	7/15	119	3	122	73	76	45
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	1	0	1	1	1	0
	Tchomia	0/12	2	0	2	2	2	0
Total		90/339 (26.6%)	1617	88	1705	1036	1124	343

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

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 12 May 2019



**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 Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing several outbreak control interventions, together with teams in the surrounding provinces who are taking measures to ensure that they are response ready.

An overview of key activities is summarized below:

Surveillance and Laboratory

- ➔ Over 93 400 contacts have been registered to date and 14 459 are currently under surveillance as of 12 May 2019. Follow-up rates remained very high (84% overall) in health zones with continued operations.
- ➔ An average of 1069 alerts were received per day over the past seven days, of which 1012 (95%) were investigated within 24 hours of reporting.
- ➔ There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo (located in Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia and Kinshasa). All the laboratories are using GeneXpert as the primary diagnostic tool.
- ➔ A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

Case management

- ➔ There are currently 12 operational treatment and transit centres.
- ➔ 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.
- ➔ The Mangina ETC and the Beni transit centre are at more than 100% of capacity.

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

- ➔ IPC and WASH activities have been suspended on several occasions in Butembo and Katwa following ongoing security incidents, limiting access to healthcare facilities that require key IPC interventions.
- ➔ IPC and risk communication/community engagement teams, in conjunction with partners, launched an IPC campaign in communities and health facilities in Goma, Beni, and Butembo in conjunction with WHO Global Hand Hygiene Day on 5 May 2019. The campaign initially focuses on the importance of safe injection practices and hand hygiene, with additional topics to be added in the future.

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of health care workers on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed and provision of supplies.

Points of Entry (PoE)

- ➔ From 6 to 12 May 2019, 1 859 335 screenings were performed, giving a total over 57 million cumulative screenings. A cumulative total of 949 alerts were notified, of which 375 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, a total of 53 alerts were notified, of which 21 were validated as suspect cases following investigation. An average of 72 PoEs/PoC reported screenings on a daily basis. This week, the 53 alerts reported came from 18 PoE and PoCs. 13 alerts, of which 6 were validated, came from Kiwandja PoC, a recently strengthened PoC located north of Goma, in the Nyiragongo Health Zone.
- ➔ On 5 May 2019, a 37-year-old male, known as a contact of an EVD case, travelled from Beni to Kampala via Kasindi for healthcare; he was on his seventh day of follow-up. He was subsequently located in Uganda, and he agreed to return to and stay in Beni until his follow-up is completed. He was handed over to PNHF personnel at Kasindi PoE on 8 May 2019, who referred him back to the contact tracing team in Beni. He has remained asymptomatic.
- ➔ PNHF, WHO and the Data Management Cell of the Response Coordination met in Goma on 9 May 2019 to discuss and harmonise indicators of performance of PoE/PoC operations, in relation with SRP 3. WHO and IOM continue to analyse movement patterns of confirmed cases as a way of informing PoE/PoC activities.
- ➔ In light of security deterioration and the likelihood of increased forced displacement as a consequence, WHO is working with OCHA in monitoring displacement flows through the established multi-partner alert system. This information will be shared with the various response commissions for prevention and mitigation actions.
- ➔ The Governor of Ituri Province inaugurated the newly relocated PoC Lengabo/Chai. IOM provided an assortment of essential equipment and supplies to this and other PoE/PoCs within Bunia to strengthen surveillance capacity. This came as heightened vigilance continues in the area as it has been more than 21 days since the last confirmed case.
- ➔ IOM, WHO and MOH jointly identified actions, currently undergoing validation, for strengthening PoC/PoE surveillance in the triangle of BIAKATO – BENI – BUTEMBO, which has been identified by the general coordination to be a high-risk zone where most confirmed cases reside and where there is a high exposure vulnerability to EVD. IOM also supported the rehabilitation of the strategic PoC OPRP in Goma to improve flow management and health screening of travellers.

South Sudan

- ➔ At 13 PoEs, 20 401 travellers were screened (326 875 cumulatively), with 45 undergoing secondary screening, and zero alerts. Active screening is ongoing at the following sites: Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along the Busia Uganda border) in Morobo County, Pure, Kerwa, Khorijo in Kajo keji and Birigo in Lainya County. Insecurity in Lasu and Tokori has prevented access to the PoE sites, challenging supervision. Remote monitoring was carried out for these locations.

The latest sitrep for IOM South Sudan (29 April-5 May) can be found at : <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-18-29-april-%E2%80%935-may-2019>.

Uganda

- ➔ IOM, in collaboration with the Ministry of Health and UNICEF, has completed a training-of-trainers for screeners from two additional border districts of Kasese and Bundibugyo, following approval for change of geographical area of intervention in EVD preparedness. A total of 28 participants were trained from the two districts. The participants for this training included health workers, border personnel, district health educators, volunteers from Uganda Red Cross, surveillance focal persons and members of the District health teams. These trainers will subsequently roll-out the training of screeners.
- ➔ IOM has continued to monitor population movements at eight Flow Monitoring Points (FMPs) at the Uganda border with the Democratic Republic of the Congo and six Flow Monitoring Points at the Ugandan border with South Sudan. The flow monitoring is aimed at a continued understanding of population dynamics to continue guiding decision making in public health interventions.

Safe and Dignified Burials (SDB)

- ➔ As of 13 May 2019, there have been a total of 5504 SDB alerts, of which 4380 were responded to successfully (80%) by Red Cross and Civil Protection SDB teams and CEHRBU teams.
- ➔ Between 6 and 12 May 2019, there were 265 SDB alerts received. Of these, 216 (82%) were responded to successfully.
- ➔ A total of 68 alerts (26%) came from Beni Health Zone and 57 alerts (22%) came from Bunia and 41 from Komanda, followed by Oicha (31) and Katwa (19).

Implementation of ring vaccination protocol

- ➔ As of 13 May 2019, 114 498 contacts and contacts of contacts have been vaccinated. Of these, 30 732 were contacts and 83 551 contacts of contacts. The vaccinated people at risk included 30 600 HCWs/FLWs and 31 714 children 1-6 years old. Detailed micro-plans are also in use to monitor the progress and number of cases with and without rings.
- ➔ Between 2-4 April 2019, Strategic Advisory Group of Experts (SAGE) convened a meeting to review epidemiological data from North Kivu for children below one year of age and for lactating women. Although clinical data on the safety and efficacy of the rVSV-ZEBOV-GP Ebola vaccine for these two specific groups are absent, SAGE considers that the high attack rates and high case fatality ratios for these groups, together with the accumulating data on vaccine safety and efficacy for other groups, justify inclusion of children who are above the age of 6 months and of lactating women in the ongoing ring vaccination efforts in North Kivu. SAGE strongly urged the implementation of studies to evaluate additional Ebola candidate vaccines, including where possible in pregnant and lactating women and in infants. (Please see [here](#) for a summary of the SAGE meeting highlights)
- ➔ On 12 April 2019, INRB and WHO published a preliminary analysis of the efficacy of RVSZ-ZEBOV-GP emerging from the DRC outbreak data (Please see [here](#) for preliminary analysis). The data suggest high efficacy of this candidate vaccine and of the ring vaccination in this outbreak.
- ➔ There are currently 23 vaccination teams comprised of 276 Congolese vaccinators with basic GCP training, 50 Congolese with formal GCP training, and 43 experienced Guinean/African GCP researchers.
- ➔ Vaccination sites in Butembo, Katwa, Kalunguta, Vuhovi, Lubero and Masereka health zones were inaccessible for five consecutive days following the uprising of motorcycle taxis, which blocked roads, but has resumed in Butembo and Katwa, and continues in Mabalako, Beni, and Mandima.

- ➔ Current vaccination strategies being employed on the ground include site-by-site vaccination, simultaneous vaccination of contacts and their contacts in the community, healthcare worker vaccination, and targeted geographic vaccination of areas where contacts of contacts cannot be clearly identified due to insecurity.

Risk communication, social mobilization and community engagement

- ➔ Community engagement activities such as support in contact tracing, transfers to ETCs, vaccination, sensitization and community dialogues continue despite the security challenges. The team continues to follow up with concerns raised by community members during these exchanges to address these as quickly as possible.
- ➔ Community engagement strategies are being reviewed by Aire de Santé to complement epidemiological analyses and better understand transmission trends, community deaths and survival rates.
- ➔ The Communication Commission is working with the Ministry of Health for approval of messages on outbreak status and response strategies to be approved and delivered daily via existing radio partners.

Preparedness and Operations Readiness

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

- ➔ The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a centre of excellence on EVD outbreak management.
- ➔ Eight teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri (four teams in each province). The eight readiness teams are rolling out a minimum standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces over the next six months, alongside local counterparts to transfer capacity and harness the investment into long term development.
- ➔ Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- ➔ Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.

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

- ➔ The WHO AFRO Regional Office, in a bid to strengthen preparedness, is organizing a two-day technical meeting on cross-border health security issues for Operational Readiness Surveillance and Response in Kigali, Rwanda from 22 – 23 May 2019. This meeting will bring together senior staff from the Ministries of Health and WHO Country Offices in Burundi, Democratic Republic of the Congo, Rwanda, South Sudan and Uganda. The objective of the meeting is to review their current status and agree on strategies for strengthening Operational Readiness for major health security risks and cross-border surveillance and response to public health threats. This will lead to the development of a road map with clear time lines for implementation of agreed benchmarks towards having a recommended level of operational readiness capacity at the country level and a strengthened cross-border surveillance mechanism.

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.
- ➔ SONAR-global conducted an exercise “Mapping social sciences research for the Ebola response in Democratic Republic of the Congo 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.

3. Conclusion

The continued increase in the number of new EVD cases in the Democratic Republic of the Congo is worrying, as there appears to be no end in sight to the difficult security situation, complicated by the challenging political environment. However, all authorities and partners are committed to strengthening community engagement, continuing with regular community engagement sessions in all affected health zones, focused on contact tracing, vaccine acceptance and incident management strategies. The implementation of proven public health measures must continue, while simultaneously increasing community engagement measures, must continue, which requires increasing input from the international donor community.