

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 42



World Health
Organization

REGIONAL OFFICE FOR

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1. Situation update



There was a steady increase in the number of Ebola virus disease (EVD) cases reported during this week in the Democratic Republic of the Congo. The past week was marked by a relative decrease in the number and severity of security incidents, and most response activities were conducted as planned. However, despite this short lull, the situation remains highly unpredictable, as threats against EVD response teams and facilities continue to be received, especially in the Butembo/Katwa hotspot. As such, further attacks or attempted attacks remain likely in the short term. Additionally, in line with the trend observed in the previous few weeks, armed groups' presence, activities, and increasing direct threats against EVD response teams (leaflets and intimidation of local health workers collaborating with response teams) continue to be reported in Lubero, Kalunguta, Mabalako, Masereka, and Komanda. Another particularly concerning development is that some healthcare workers are refusing to wear personal protective equipment and clothing in healthcare facilities, and performing only normal infection prevention and control measures due to threats of violence by members of the community.

Community members in hotspot areas such as Katwa, Mandima, and Mabalako reportedly continue to feel frustrated by the outbreak response, as indicated in the latest community feedback. However, the Ministry of Health (MoH), WHO, and partners remain committed to strengthening community engagement efforts to help address their feedback, encourage greater participation and ownership of various response activities, and urge individuals suspected to have contracted EVD to proactively engage with response workers and to seek care early in order to improve their chances of survival, as well as to reduce the risks of transmission in the community. Meanwhile, an Infection Prevention and Control (IPC) campaign is currently in progress at four healthcare facilities in Butembo and Katwa. The campaign is promoting key messages for healthcare workers to aid in stopping transmission of EVD within healthcare facilities, specifically addressing hand hygiene and the importance of safe injections. Activities will be in place throughout the week to promote IPC in these facilities.

This week, week ending 19th May, a total of 121 new confirmed cases were reported this week. Most of these cases originated from hotspot areas within the Mabalako, Beni, Butembo, Kalunguta, Katwa, Mandima and Musienene, health zones. In the 21 days between 29 April to 19 May 2019, 86 health areas within 16 health zones reported new cases, representing 48.6% of the 177 health areas affected to date (Table 1 and Figure 2). During this period, a total of 338 confirmed cases were reported, the majority of which were from the health zones of Katwa (22%, $n=75$), Mabalako (18%, $n=62$), Butembo (13%, $n=44$), Beni (11%, $n=36$), Kalunguta (10%, $n=33$), Mandima (9%, $n=32$) and Musienene (9%, $n=31$).

Cumulatively, as of 19 May 2019, a total of 1826 EVD cases, including 1738 confirmed and 88 probable cases, were reported. A total of 1218 deaths were reported (overall case fatality ratio 67%), including 1130 deaths among confirmed cases. Of the 1826 confirmed and probable cases with known age and sex, 54% (993) were female, and 30% (540) were children aged less than 18 years. The number of healthcare workers affected has risen to 102 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 19 May 2019

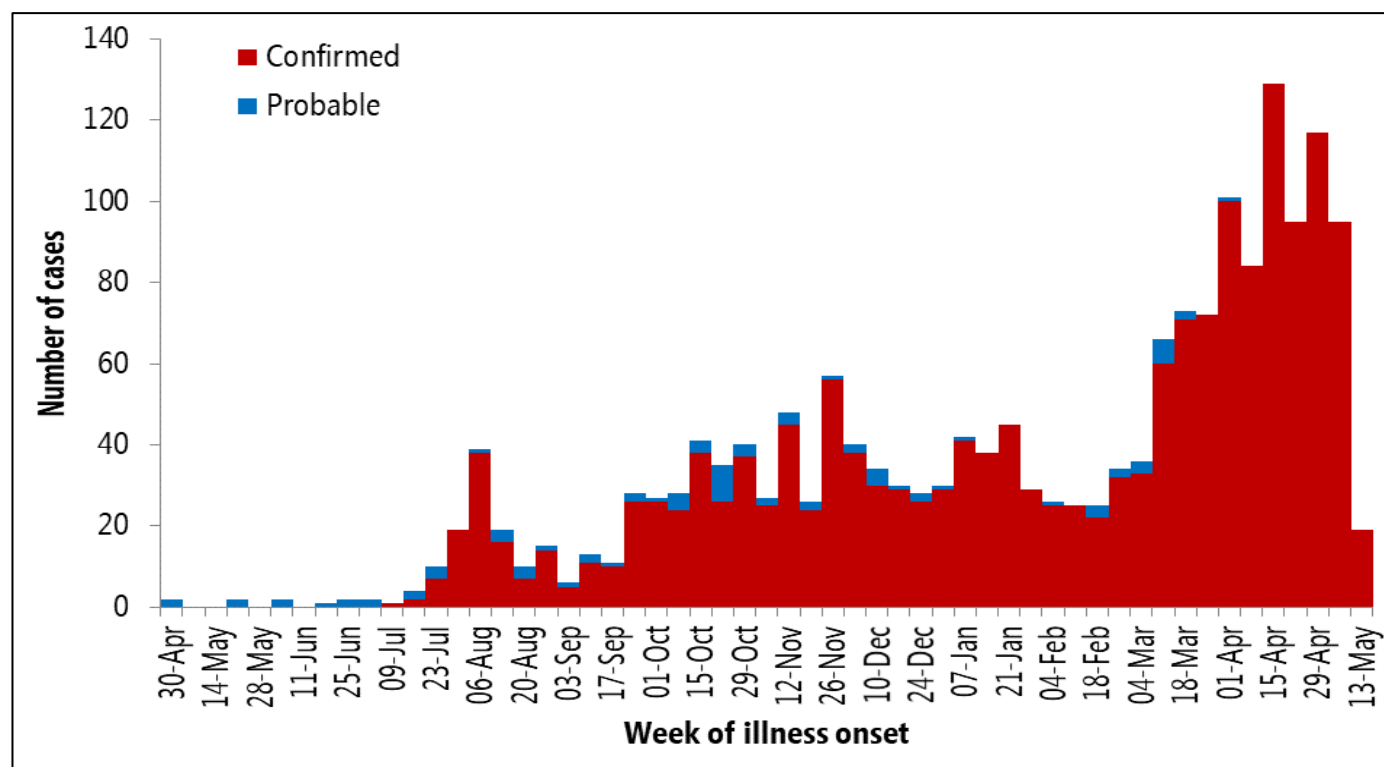
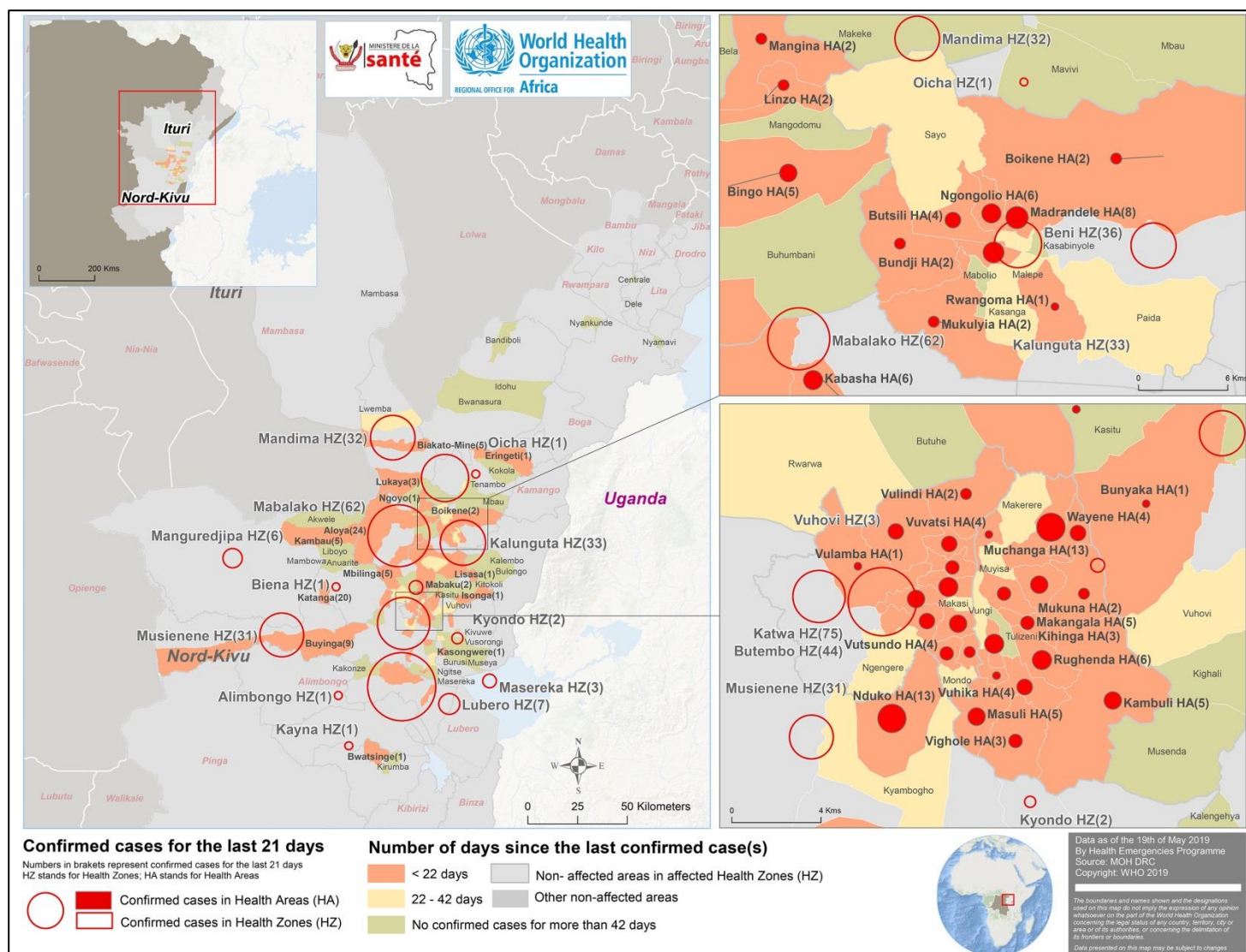


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 19 May 2019

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 in the last 21 days
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
North Kivu	Alimbongo	1/20	1	0	1	0	0	1
	Beni	8/18	296	9	305	165	174	36
	Biena	1/14	8	1	9	9	10	1
	Butembo	13/15	187	0	187	213	213	44
	Kalunguta	13/18	92	15	107	44	59	33
	Katwa	15/18	560	14	574	375	389	75
	Kayna	1/18	8	0	8	5	5	1
	Kyondo	2/22	19	2	21	13	15	2
	Lubero	5/18	11	2	13	2	4	7
	Mabalako	9/12	172	16	188	119	135	62
	Manguredjipa	1/9	11	0	11	5	5	6
	Masereka	3/16	36	3	39	14	17	3
	Musienene	6/20	51	1	52	23	24	31
	Mutwanga	0/19	5	0	5	3	3	0
	Oicha	1/25	41	0	41	20	20	1
	Vuhovi	2/12	81	12	93	29	41	3
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	0/15	28	9	37	10	19	0
	Mandima	5/15	126	4	130	76	80	32
	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		86/359 (24%)	1738	88	1826	1130	1218	338

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, 19 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 103 800 contacts have been registered to date and 16 510 are currently under surveillance as of 19 May 2019. Follow-up rates remained very high (86% overall) in health zones with continued operations.
- ➔ An average of 1318 alerts were received per day over the past seven days, of which 1219 (93%) 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/TC is at more than 100% of capacity.

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

- ➔ Healthcare providers in some health facilities in Masereka Health Zone no longer wear personal protective equipment and have become reluctant to institute IPC practices following threats to burn down their structures.
- ➔ Water, sanitation and hygiene (WASH) activities continue where possible, but some interruption due to vandalism has been reported this week from the Hewa Bora Health Centre, Beni.

- ➔ IPC and risk communication/community engagement teams, in conjunction with partners, launched an IPC campaign in communities and health facilities in Beni, Butembo and Goma in conjunction with WHO Global Hand Hygiene Day on 5 May 2019. The initial focus is 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 healthcare 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 13 to 19 May 2019, 1 848 436 screenings were performed, giving a total over 59 million cumulative screenings. There was a cumulative total of 1005 alerts, of which 389 were validated as suspect cases, and nine were subsequently confirmed with Ebola following laboratory testing. This week, a total of 56 alerts were notified, of which 14 were validated as suspect cases following investigation. An average of 70 PoEs and PoCs reported screenings daily, representing 87% of all functioning screening sites.
- ➔ From 16 to 19 May 2019, WHO, MOH, PNHF, UNICEF and other partners participated in a workshop on the development and validation of messages for the EVD responses at PoEs, based on community feedback on PoE work. The messages will be used in risk communication activities at the PoEs. IOM engaged animators/artists to strengthen risk communication at PoE/PoCs. The animators will be deployed to various PoE/PoCs to work together with PoE/PoC personnel.
- ➔ The MOH and WHO will participate in a cross-border technical meeting on EVD surveillance and response readiness with Burundi, Rwanda, South Sudan and Uganda on 22 and 23 May 2019 in Kigali, Rwanda.
- ➔ IOM organized a workshop jointly with the Ministry of Health in Kinshasa for the revision of training modules for frontline workers at PoE/PoCs.
- ➔ IOM supported rehabilitation of the corridors at the strategic PoCs of OPRP and Mubambiro to strengthen surveillance, by making screening of passengers more effective and thus reducing refusals/travellers evading screening. IOM has fully taken over the provision of water to PoE/PoCs in Goma from Oxfam and UNICEF. All PoE/PoCs in Goma City and surrounding areas were supplied with water and hand-washing devices are functional.

South Sudan

- ➔ IOM began traveller screening at a new PoE site in Bori in Kajokeji County on 15 May 2019. There are now 14 active IOM-supported screening sites, namely: Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia, Uganda border) in Morobo County, Pure, Kerwa, Khorijo, Birigo in Lainya County and Bori. IOM screened 22,743 inbound travellers to South Sudan for EVD exposure and symptoms (349 630 cumulatively), with 23 undergoing secondary screening and zero alerts.
- ➔ Insecurity in Tokori continues to hinder access to the PoE site; poor cellular network has also hindered communication with the team and has delayed reports from the area.
- ➔ The latest sitrep from IOM South Sudan (6 – 12 May) can be found at: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-19-6-%E2%80%9312-may-2019>.

Uganda

- ➔ IOM completed training of trainers for EVD screeners in Hoima and Ntoroko Districts. A total of 29 participants were trained – 15 from Hoima District and 14 from Ntoroko District. The trainees included health workers, members of the District Health Team, village health teams (VHTs), Uganda Red Cross volunteers and border security personnel. The training was conducted in collaboration with the Ministry of Health and UNICEF.
- ➔ IOM has continued to conduct flow monitoring at six flow monitoring points at the border between Uganda and South Sudan and eight flow monitoring points at the border between Uganda and DRC.

Rwanda

- The MOH will participate in the cross-border meeting taking place on 22 and 23 May 2019 involving the MOHs of DRC, Rwanda, Uganda, Burundi and South Sudan.

Safe and Dignified Burials (SDB)

- ➔ As of 19 May 2019, there have been a total of 5772 SDB alerts, of which 4603 were responded to successfully (80%) by Red Cross and Civil Protection SDB teams and CEHRBU teams.
- ➔ Between 13 and 19 May 2019, there were 268 SDB alerts received. Of these, 195 (73%) were responded to successfully.
- ➔ A total of 49 alerts (18%) came from Komandai Health Zone and 46 alerts (17%) came from Beni and 38 (14%) from Katwa, followed by Bunia (37)(14%) and Oicha (35)(13%).

Implementation of ring vaccination protocol

- ➔ As of 21 of May 2019, 121 147 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 33 046 are contacts and 87 886 contacts of contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ➔ In the last week (i.e. 13-20 May 2019), the ring vaccination teams were active in 55 different Aires de Santé and administered 800-1200 doses per day.
- ➔ Despite the challenges in the field and considering the cases reported between 30 April 2019 and 20 May 2019, only 31/337 (9.2%) of the cases do not have a ring defined and their contacts and contacts of contacts vaccinated. For 113/337 (33.5%) of the cases the ring vaccination was completed and for 193/337 (57.2%) ring vaccination is ongoing at the time of writing this report. This important progress is the result of the use of innovative delivery strategies (i.e. pop-up vaccination and targeted geographic vaccination) and strong community negotiations and engagement.

Risk communication, social mobilization and community engagement

- ➔ Community engagement activities continue despite security challenges. In hotspot areas, teams continue to engage in dialogues with local communities to support response activities including contact tracing, transfer of patients to ETCs, safe and dignified burials and vaccination.
- ➔ The MOH, supported by UNICEF, held a workshop with partners in Goma to review strategies for addressing community feedback and concerns into the messages and response activities. Community concerns continue to be centred around suspicion of the Ebola response and the prolonged outbreak.

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 priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

- ➔ Minimum readiness package of activities achieved in the 9 neighbouring countries. Guidelines, tools and SOPs have been made available in all 9 countries and adapted to country context. Almost 1000 alerts have been investigated in the 9 countries, all negative for EVD. Drills or simulation exercises to test functionality of systems have been conducted in 5 countries. Due to funding gaps only 34/270 deployments remain in the field for technical support to preparedness pending resource mobilization.
- ➔ To date 4915 health workers in 150 health facilities have been vaccinated in Uganda, 2200 workers in 29 health facilities in South Sudan, 560 workers in Rwanda and preparations for vaccination are underway in Burundi.
- ➔ The WHO AFRO Regional Office 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

New EVD cases in North Kivu and Ituri provinces continue to be reported. Some of this may be accounted for by inability to identify cases during periods of unrest. However, the situation remains extremely serious. Efforts at community engagement continue to be strengthened, with all authorities and partners focusing on community engagement sessions, as well as continuing to implement proven public health measures, which are still restricting the outbreak to two provinces in one country. These intensive efforts must continue, while at the same time the global donor community must provide the funds required to sustain this response.