

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 49



World Health
Organization
REGIONAL OFFICE FOR Africa

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1. Situation update



The outbreak of Ebola virus disease (EVD) in North Kivu and Ituri provinces, Democratic Republic of the Congo continues this past week with a similar transmission intensity. While the number of new cases continues to ease in former hotspots, such as Butembo, Katwa and Mandima health zones, there has been an increase in cases in Beni and a high incidence continues in parts of Mabalako Health Zone. After the first reported case in the Ariwara Health Zone on 30 June 2019, no new cases have been observed in that health zone. A response team deployed to that zone continues to identify contacts, engage the community, and vaccinate individuals at risk. Response support from the bordering countries of Uganda and South Sudan continues to support operational readiness activities. Furthermore, resources are being put towards monitoring the Uganda-Democratic Republic of the Congo border in that area.

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 17 June to 7 July 2019, 70 health areas within 21 health zones reported new cases, representing 11% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 250 confirmed cases were reported, the majority of which were from the health zones of Beni (36%, $n=91$) and Mabalako (22%, $n=54$), which are the main active areas in the outbreak. As of 7 July 2019, a total of 2418 EVD cases, including 2324 confirmed and 94 probable cases, were reported. A total of 1630 deaths were reported (overall case fatality ratio 67%), including 1536 deaths among confirmed cases. Of the 2418 confirmed and probable cases with known age and sex, 56% (1363) were female, and 29% (700) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 131 (5% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, of 7 July 2019

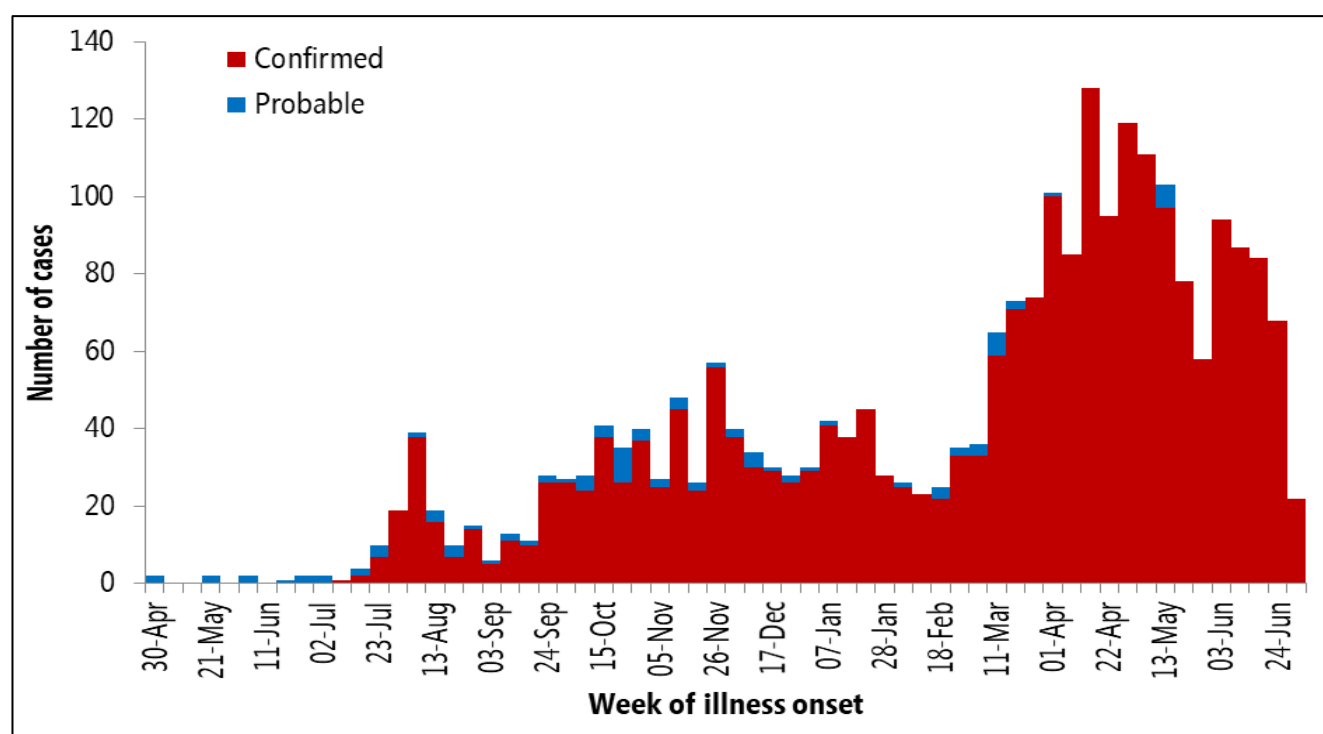
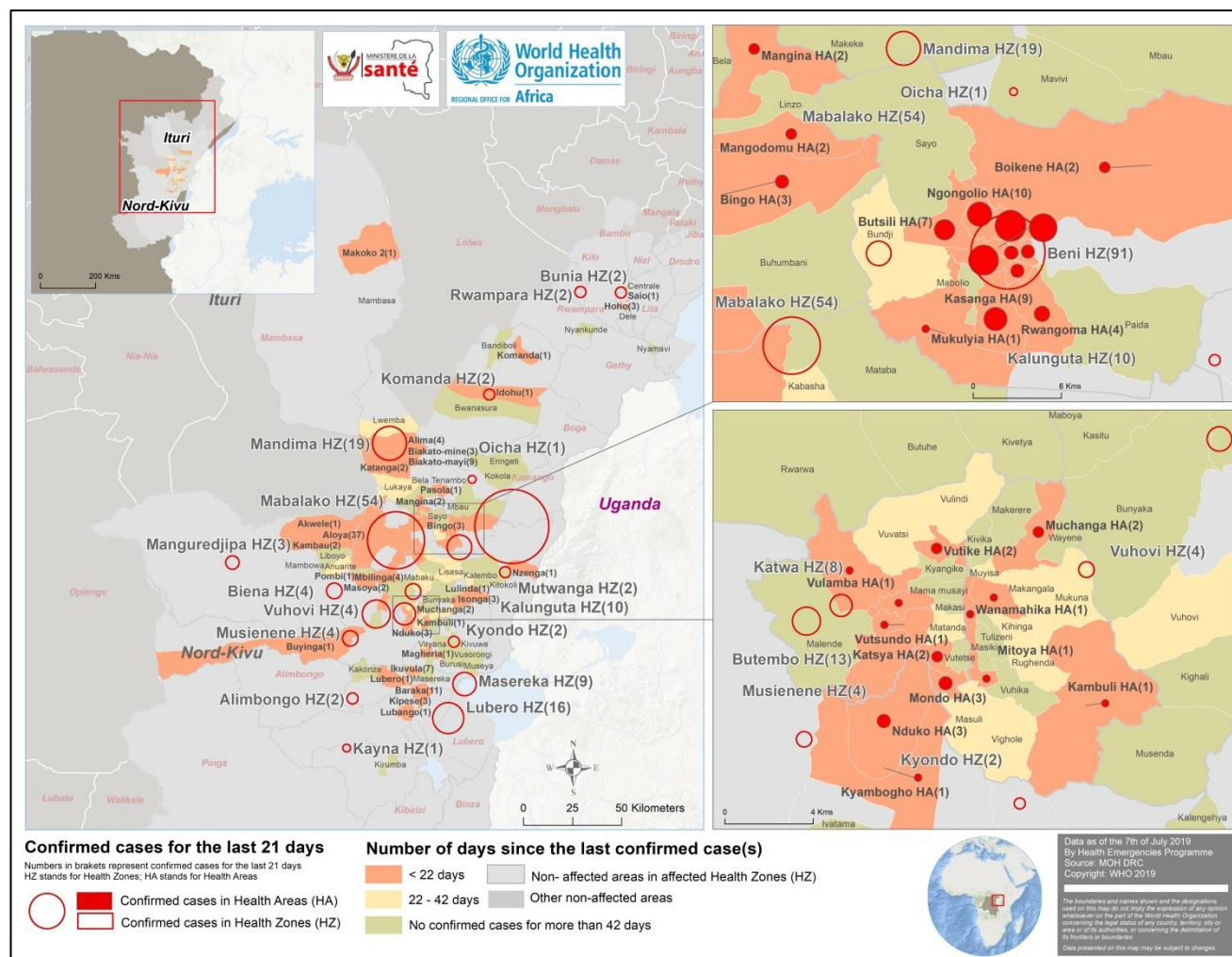


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 7 July 2019

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	2/20	3	0	3	1	1	2
	Beni	14/18	420	9	429	264	273	91
	Biena	3/14	15	1	16	12	13	4
	Butembo	7/15	254	0	254	289	289	13
	Kalunguta	3/18	125	15	140	53	68	10
	Katwa	6/18	608	16	624	422	438	8
	Kayna	1/18	9	0	9	5	5	1
	Kyondo	1/22	22	2	24	13	15	2
	Lubero	4/18	28	2	30	4	6	16
	Mabalako	8/12	339	16	355	237	253	54
	Manguredjipa	2/9	18	0	18	10	10	3
	Masereka	3/16	47	6	53	15	21	9
	Musienene	2/20	71	1	72	29	30	4
	Mutwanga	2/19	10	0	10	6	6	2
	Oicha	1/25	42	0	42	21	21	1
	Vuhovi	2/12	89	13	102	32	45	4
Ituri	Ariwara	1/21	1	0	1	1	1	1
	Bunia	2/20	4	0	4	4	4	2
	Komanda	2/15	31	9	40	13	22	2
	Mandima	3/15	177	4	181	99	103	19
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	8	0	8	3	3	2
	Tchomia	0/12	2	0	2	2	2	0
Total		70/380 (18%)	2324	94	2418	1536	1630	250

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, 7 July 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

- ➔ An average of 1775 alerts were received per day over the past seven days, of which 1645 (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 14 operational treatment and transit centres (TC).
- ➔ 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 Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- ➔ The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs also receive optimized supportive care.
- ➔ The Mangina ETC/TC has expanded its bed capacity to 90, in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA.

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

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers (HCW) 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.

- As of August 2018, 11% (27/254) of nosocomial infections occurred in Mabalako and 9% (23/254) in Beni. Of the 27 nosocomial infections in Mabalako, 93% have occurred since 1 April 2019. Of the 23 nosocomial infections in Beni, 57% have occurred since 1 April 2019. Additionally, 20% (26/128) of healthcare worker cases occurred in Mabalako and 16% (20/128) in Beni. Of the 26 HCW cases in Mabalako, 46% have been reported since 1 April 2019. Of the 20 HCW cases in Beni, 30% have been reported since 1 April 2019.
- Infection, prevention and control activities have started in Ariwara Health Zone, including evaluation of the IPC capabilities of three health facilities, briefing of health workers on specimen collection and preservation, preparation of an isolation room and the start of formation of 59 core IPC focal points on the Aloya, Mabalako and Ngazi axes..

Points of Entry (PoE)

- By the end of week 27 (week ending 7 July 2019), over 73 million screenings were performed, including 2 105 034 screenings during this last week. This week, a total of 102 alerts were notified, of which 44 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 525, with 591 validated as suspect cases, and 21 subsequently confirmed with EVD following laboratory testing. An average of 78% of the 85 functional PoEs and PoCs reported screenings daily this week.
- The test result of the alert raised at Mukulya POC on 29 June 2019 of a 21-year-old woman travelling from Beni to Butembo was positive for Ebola. She was travelling from Beni to Butembo after referral to health services for a different disease.
- A high-risk contact from Beni, aged 20 years old who was lost to follow up for 18 days was intercepted at Mudzipela PoC, coming from Bunia and *en route* to Mungwalu in Ituri.
- This week, the PoE sub-commission mapped important points of passage and congregation of travellers, traders and transporters on the Bunia-Ariwara axis, following the report of an Ebola case in the Ariwara Health Zone. This road axis passes through three Health Zones bordering Uganda, including Ariwara itself. The DRC-Uganda border in these three HZs is extremely porous, with 14 border posts and many more informal passages. The PNHF has placed its personnel on the ground at 11 border posts and 6 internal connection points. More thorough field evaluation will be carried out this coming week, including urgent provision of materials, water and installation of POE/POC structures.
- WHO and PNHF supported the training of Rapid Response Teams in Goma this week; a session was delivered on the integration of the management of population movement in rapid response interventions.
- IOM and PNHF, with the technical support of WHO, conducted a population movement mapping exercise in Komanda and Mambasa in Ituri. Results will be shared as soon as possible.
- IOM trained 62 PoE/PoC staff (34 men and 28 women) in Butembo this week. Additionally, the rehabilitation and equipment of Kasindi PoEs continue.
- Four security incidents were reported this week, affecting four PoCs in Butembo, Katwa, Beni and Mangina. On 3 July 2019, activities at Kangote PoC in Katwa and Kompa PoC in Butembo were interrupted throughout the day following attacks by unidentified armed people. The Port Kyavinyonge POC was vandalized on the same day. On 5 July 2019, the Kyanzaba PoC operations were affected by a dispute between the FARDC and a group of youths.

Burundi

- ➔ IOM conducted a participatory mapping exercise in Bujumbura, followed by site verification visits. Two PoEs were identified for flow monitoring – Bujumbura International Airport and Nyabugete border crossing, which is an informal PoE. Nyabugete port is mostly used by fishermen operating between Burundi and DRC.

South Sudan

- ➔ At 14 PoE sites, IOM screened 24 612 inbound travellers to South Sudan for EVD exposure and symptoms, with no alert cases; 39 travellers with fever underwent secondary screening and were subsequently referred and treated for malaria or pneumonia. The active IOM-supported PoE sites are Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya, Pure, Kerwa, Khorijo, Birigo and Bori. Training of screeners is ongoing in Isebi PoE in Lujulu Payam.
- ➔ The latest sitrep for IOM South Sudan (24-30 June 2019) can be accessed from: <https://reliefweb.int/report/south-sudan/ebola-virus-disease-evd-preparedness-update-26-24-30-june-2019>.

Safe and Dignified Burials (SDB)

- ➔ As of 8 July 2019, there have been a total of 8072 SDB alerts notified through the Red Cross SDB database, of which 6476 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During week 27, there were 378 SDB alerts reported. Of these, 293 (78%) were responded to successfully. During this period, Beni Health Zone accounted for 17% of alerts (of which 63% were successful), followed by 12% in Bunia (76% success) 10% in Katwa (94% success), and 9% in Butembo (94% success).

Implementation of ring vaccination protocol

- ➔ As of 6 July 2019, 154 037 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 37 373 are contacts and 67 756 contacts-of-contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- ➔ 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 was 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

- ➔ Due to the disproportionately high number of children affected by EVD, more efforts are being made to engage students and teachers through awareness raising about the signs and symptoms of Ebola and the importance of triggering alerts on a suspect case so that early care can be provided in dedicated health facilities.
- ➔ Engagement with moto-taxi drivers is being increased, with the recognition of the importance of their role in community surveillance activities.

- ➔ An exchange session was held with local Hoho, Dele and Lengabo health area leaders on their role in engaging local communities and working with response teams, along with demonstration of some response activities to address community concerns; in Katwa, an educational session was held with young leaders in the Vuhika health area to encourage involvement in managing community incidents in their areas; the Deputy Mayor of Beni has committed to supporting community engagement for response activities after a dialogue session with grassroots leaders.

Preparedness and Operations Readiness

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

- ➔ Currently a risk analysis of the non-affected provinces bordering north Kivu is being undertaken and resources will be assigned according to those risks.
- ➔ 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.
- ➔ Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams have rolled out a standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC.
- ➔ 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:

Priority 1 countries

- **Burundi**
In relation to the current EVD outbreak in the DRC, Burundi has not reported any confirmed case of EVD to date. Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population.
- **Rwanda**
In relation to the current EVD outbreak in the DRC, Rwanda has not reported any confirmed case of EVD to date. Rwanda shares its full western border with the DRC, and it has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the DRC. Since April 2019, almost 600 frontline workers have been vaccinated in 8/15 high risk districts and vaccination is continuing. A second National EVD Preparedness Plan is being finalized and currently awaiting approval from the MoH. Isolation units at all main health facilities in high risk districts have been identified as a need. A high-level co-ordination advisory committee is being established to accelerate preparedness activities, however current funding to sustain EVD preparedness activities ended in June.

- **The Republic of South Sudan**

To date 2554 frontline workers have been vaccinated and no serious adverse effects have been reported. NTF published a second National EVD Preparedness Plan, April-September 2019 aimed at optimizing EVD preparedness and response by identifying prioritized activities.

Since August 2018, 25 screening sites at border entry points have been established; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points. In response to the EVD outbreak declared by the MoH in Uganda on 11 June 2019 Uganda, WHO South Sudan supported the Ministry of Health and partners to review the situation, re-assess the country risk, brainstorm on how to accelerate ongoing preparedness efforts and ensure full readiness for any potential outbreak in South Sudan.

- **Uganda**

Following the recent confirmed cases in Kasese district, Uganda continues focusing on preparedness activities in all districts, including the 30 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing by the Uganda Virus Research Institute (UVRI). Since August 2018, Uganda has reported and investigated over 6000 alerts. Initially, 4915 health workers in 150 health facilities were vaccinated, followed by a second round of vaccination that commenced on Saturday 15 June 2019, following the two confirmed cases declared by the MoH. Challenges in funding continue, with the remaining support personnel contracts ending by the end of June and mid-July 2019.

Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the DRC outbreak to date. However, financial support for implementing emergency preparedness activities in these countries remains insufficient to allow them to reach optimal IHR core compliance. WHO is currently providing technical support for preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

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.
- ➔ 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 currently 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 continue to occur in North Kivu and Ituri provinces, with similar transmission intensity; though with varying hotspots from week to week. The continued transmission remains concerning and requires control interventions to be sustained and strengthened in all affected areas simultaneously, especially case investigation and contact tracing, along with continuing engagement with communities on the importance of early reporting of signs and symptoms of the disease and early attendance at healthcare facilities. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as other proven public health measures. Maintaining operations, including security and other support activities, across this relatively dispersed area presents a challenge to response teams, currently operating with suboptimal resourcing. Without adequate funding to fill the current gap, response activities will be compromised, negatively impacting the entire response, resulting in a drastic reduction in vital health services available and a cessation of operations during this critical time of the outbreak. Member States and other donors are strongly encouraged to help meet this funding gap in order to ensure that hard won progress in containing this EVD outbreak will not suffer a potentially devastating setback due to financial limitations.