

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 52



World Health
Organization
REGIONAL OFFICE FOR Africa

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Date of issue: 30 July 2019

Data as reported by: 28 July 2019

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues. Since our last external situation report, with data reported up to 21 July 2019, 79 new confirmed EVD cases with an additional 47 deaths have been reported across the two affected provinces. Sustained transmission continues to occur in Beni Health Zone, which accounts for 61% of the new cases reported in the last seven days, as well as a number of cases and contacts that travelled to other health zones. The 1 August 2019 will mark one year since the declaration of the outbreak. WHO continues to adapt and accelerate our response.

With support from an international consortium of partners working on the response, the Ministry of Health of Democratic Republic of the Congo has developed the first pillar of the fourth Strategic Response Plan (SRP4) for the control of the EVD outbreak. The first pillar covers the core public health response to the outbreak in the Democratic Republic of the Congo. Other pillars of the plan are being finalized and will be progressively released.

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 8-28 July 2019, 65 health areas within 17 health zones reported new cases, representing 16% of the 406 affected health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 253 confirmed cases were reported, the majority of which were from the health zones of Beni (57%, $n=145$), and Mandima (12%, $n=30$), which are the main active areas of the outbreak. Most (67%) of the cases reported in Mandima Health Zone came from Some Health Area to the North, and this health area has seeded cases to Mambasa in recent weeks. The response has poor access to this health area due to community resistance, and this leads to more cases. There are currently no confirmed cases of EVD outside of the Democratic Republic of the Congo.

As of 28 July 2019, a total of 2671 EVD cases, including 2577 confirmed and 94 probable cases, were reported. A total of 1790 deaths were reported (overall case fatality ratio 67%), including 1696 deaths among confirmed cases. Of the 2671 confirmed and probable cases with known age and sex, 56% (1500) were female, and 28% (758) were children aged less than 18 years. The cumulative number of health workers affected is 146 (5.5% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 28 July 2019

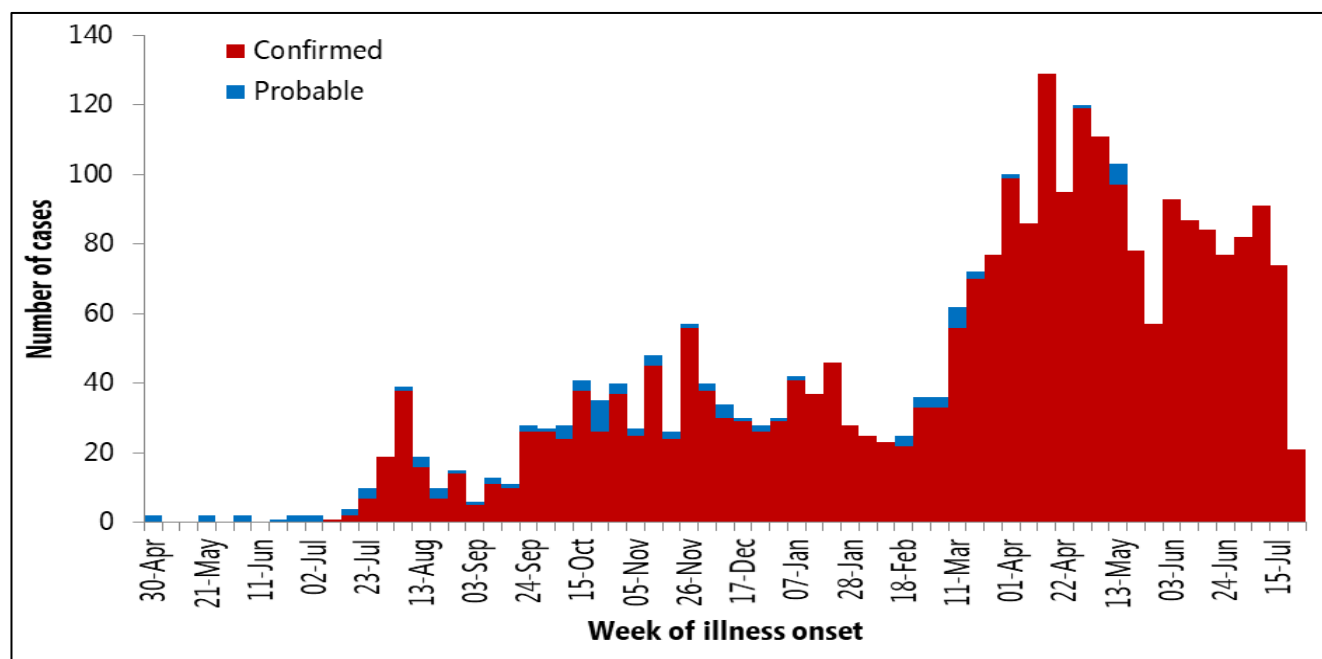
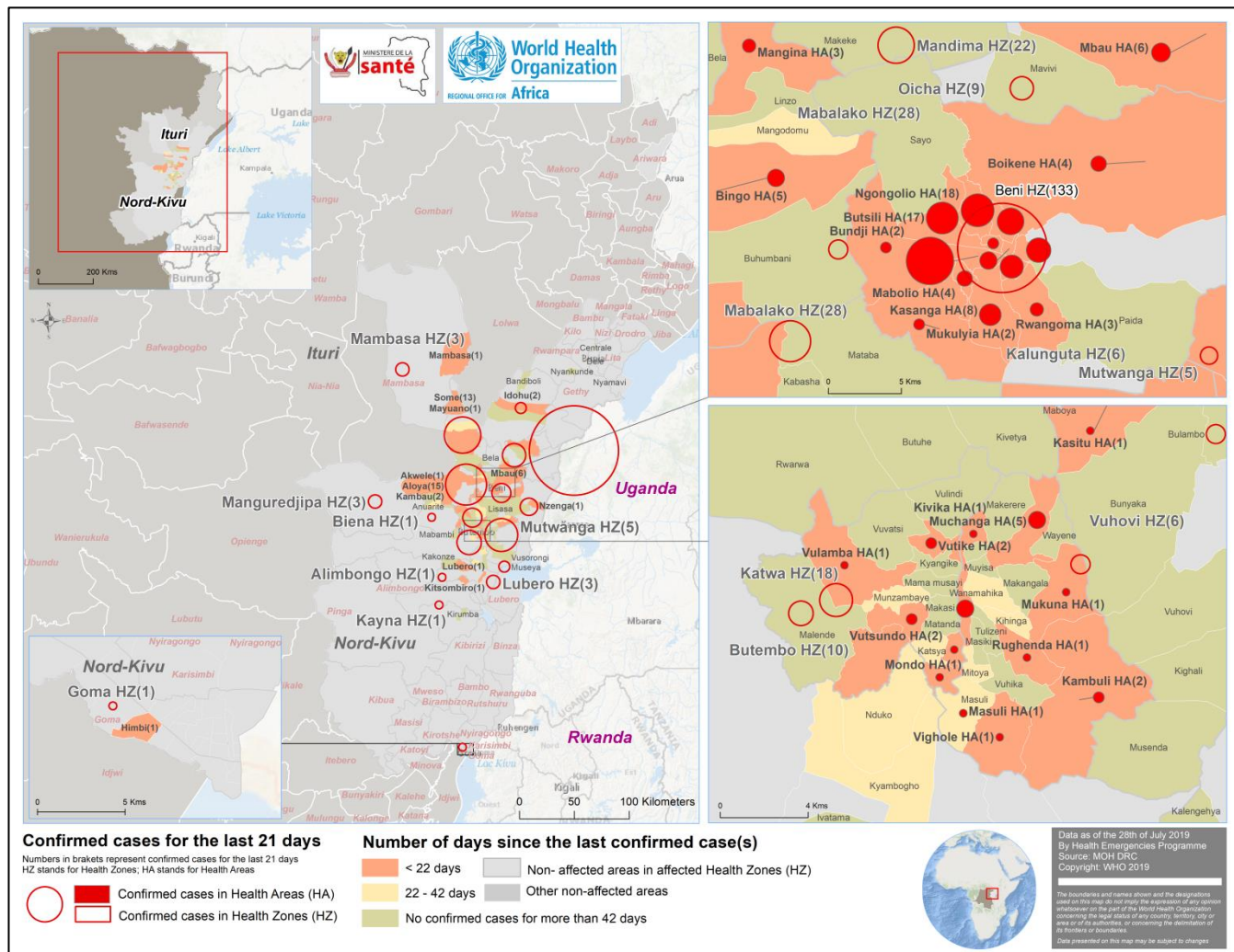


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 28 July 2019

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	1/20	4	0	4	2	2	1
	Beni	16/18	565	9	574	352	361	145
	Biena	0/14	15	1	16	12	13	0
	Butembo	4/15	259	0	259	299	299	5
	Goma	1/10	1	0	1	1	1	1
	Kalunguta	5/18	132	15	147	54	69	7
	Katwa	7/18	623	16	639	434	450	15
	Kayna	1/18	10	0	10	5	5	1
	Kyondo	0/22	22	2	24	13	15	0
	Lubero	2/18	31	2	33	4	6	3
	Mabalako	5/12	354	16	370	254	270	15
	Manguredjipa	2/9	20	0	20	12	12	2
	Masereka	2/16	49	6	55	16	22	2
	Musienene	0/20	71	1	72	29	30	0
	Mutwanga	3/19	14	0	14	8	8	4
	Oicha	3/25	50	0	50	24	24	8
	Vuhovi	2/12	95	13	108	35	48	6
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	34	9	43	14	23	3
	Mambasa	1/16	5	0	5	3	3	5
	Mandima	7/15	207	4	211	114	118	30
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
Total		65/406 (16%)	2577	94	2671	1696	1790	253

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, 28 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

- ➔ Over 140 000 contacts have been registered to date and 20 669 are currently under surveillance as of 21 July 2019. Follow-up rates remained very high (85-88% overall) in health zones with continued operations.
- ➔ An average of 1972 alerts were received per day over the past seven days, of which 1818 (92%) 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.
- ➔ The ETC in Goma has been fully operational since February 2019.

- ➔ 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.
- ➔ Since August 2018, 288 nosocomial infections (NI) were reported, representing 10.8% (288/2673) of all cases. Katwa Health Zone (HZ) reported the highest number with 104, however, Beni HZ reported the most cases, 29, since June 2019. Additionally, 146 healthcare worker (HCW) infections, or 5.5% (146/2671) all cases, occurred since August 2018. Katwa HZ reported the most cases with 44, however, Mabalako reported the highest number since June 2019 with 12 cases.

Points of Entry (PoE)

- ➔ By the end of the week ending 28 July 2019, over 79 million screenings were performed, including 2 194 838 screenings during this last week. This week, a total of 99 alerts were notified, of which 46 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 819, with 885 validated as suspect cases, and 23 subsequently confirmed with EVD following laboratory testing. 93% of all functional PoEs and PoCs reported screenings daily this week.
- ➔ This week, 12 new PoEs/PoCs were established in response to the geographical expansion of the outbreak in Ariwara Health Zone. The locations of these new PoEs/PoCs were identified through the participatory population movement mapping implemented in the previous week. By the end of the week, 97 PoEs/PoCs are operational, with 89 of them reporting screening on 28 July 2019. There have not been any new cases in the Ariwara Health Zone, but this work was undertaken as a preventative measure.
- ➔ Programme Nationale d'Hygiène aux Frontières (PNHF), WHO, and IOM met with authorities of the Goma Public Port to raise awareness on Ebola and to discuss measures to be set up at the quays and in boats, as well as ways to improve traveller data management. WHO subsequently established four teams at the Goma Public Port to support the identification of moving contacts.
- ➔ PNHF, WHO, IOM, the US CDC and the Goma Airport authorities established an EVD Response Committee at the Goma International Airport on 22 July 2019. This committee is composed of 10 members representing the multiple agencies managing the airport, including Immigration, aviation authorities, and representations of the commercial, military and humanitarian sectors. A plan of action was developed and further consultations will be conducted to monitor its implementation.
- ➔ IOM has started distributing IT equipment to PoEs/PoCs to facilitate the identification of contacts on the move, as well as improve overall data collection. Additionally, 38 PoE/PoC frontline workers (19 men and 19 women) were trained in Beni and Butembo to improve the quality of their traveller health screening. IOM also organized various community dialogues and sensitization meetings with community leaders in Beni for communities around Pasisi PoC and in Mabalako for communities around the new PoCs of Visiki and Kamahune. A total of 131 community leaders (97 male, 34 female) participated, including ward chiefs, religious leaders, youth association chair, bikers chair, civil society chair and women's association representative.

Case	Date	PoE/PoC	Case Details
1	14 Oct 18	PoC Mukulia	Female, 38 y.o.
2	2 Dec 18	PoC Bar. Mavivi	Male, 12 y.o. (†)
3-4	16 Jan 19	PoC Kanyabanyonga	Female, 38 y.o.; Female, 33 y.o.
5	18 Jan 19	PoC Bar. Mavivi	Female, 7 y.o.
6	11 Feb 19	PoC Komanda Foner	Female, 38 y.o. (†)
7	13 Mar 19	PoC Pasisi	Female, 28 y.o.
8	13 Apr 19	PoC Komba	M, 42 y.o. (†)
9	18 Apr 19	PoC Mukulya	F, 60 y.o.
10	28 May 19	PoC Makeke	F, 12
11	28 May 19	PoC Cugeki	M, 30 y.o. (†)
12-20	10 Jun 19	PoE Kasindi-Uganda	F, 1 y.o; M, 3 y.o; M, 3 y.o; M, 5 y.o; M, 7 y.o; F, 12 y.o; F, 23 y.o; M, 31 y.o; F, 50 y.o
21	29 Jun 19	PoC Mukulya	F, 21 y.o.
22	14 Jul	PoC Mavivi	M, 24
23	27 Jul 19	PoC Kangote	M, 50 y.o.



Burundi

- IOM is conducting traveller flow monitoring at three locations in Bujumbura Rural and Bubanza provinces. This week, IOM also distributed essential materials to six PoEs in Bujumbura Rural.

South Sudan

- IOM screened 26 899 inbound travellers to South Sudan for EVD exposure, signs and symptoms with no alert or confirmed cases at 15 POE sites in Yei River State; 69 travellers with fever underwent secondary screening and were subsequently referred to nearby health facilities and treated. None of the travellers had Ebola; they were treated for other illnesses with Ebola-like symptoms. Kaya PoE continued to register the highest number of travellers. Pure PoE had the second highest traffic, with a 64% increase in numbers screened from previous week due to the reported distribution of non-food items (NFIs) in the reporting week. Khorijo PoE reported a steady increase in the last two weeks, also from the ongoing distribution of NFIs at the Khorijo camp.
- MOH and WHO conducted the second round of vaccination and 29 frontline PoE staff from 5 IOM-supported PoEs (Lasu, Isebi, Kaya, Bazi and Okaba) were vaccinated; the vaccination did not reach other PoEs due to limited vaccine supply.
- The latest sitrep for IOM South Sudan (8-15 July) can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-29-15-21-july-2019>.

Uganda

- IOM is currently supporting the District Health Team (DHT) and Ministry of Health (MOH) to conduct field monitoring visits, training of screeners and mentorship using the standardized supervision checklist, PoE toolkit and the PoE assessment tool. The monitoring team is also supporting screeners in improving screening, infection prevention and control, and use of PPE. The joint monitoring missions will take place in Kasese, Kanungu, Rubirizi, Rukungiri, Kasese, Bundibujjo, Ntoroko, Hoima, and Kikube.

- ➔ IOM has released the first EVD PoE dashboard reporting on a two-week dataset collected at the PoE screening points in Kisoro, Kanungu, Rukungiri, and Rubirizi. IOM is reinforcing the capacities of the DHT and MOH to consolidate, analyse and disseminate data collected during the screening operations.
- ➔ IOM through its implementing partner HOT has concluded the trainings of data collectors on the PoE assessments and has started receiving data. The information collected will be disseminated with relevant actors in district and national task forces to identify gaps at PoEs in real time, better coordinate the response and avoid duplication of interventions.

Safe and Dignified Burials (SDB)

- ➔ As of 15 July 2019, there have been a total of 8566 SDB alerts notified through the Red Cross SDB database, of which 6875 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending in 14 July, there were 468 SDB alerts recorded in 22 health zones. Of these, 378 (81%) were responded to successfully. During this period, Beni Health Zone accounted for 13% of alerts (of which 87% were successful), followed by 12% in Bunia (67% success) 11% in Katwa (94% success), and 7% in Butembo (94% success).
- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Beni, Biena, Butembo, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lubero, Mabalako, Mandima, Masereka, Oicha, Vuhovi	Bunia, Goma, Kiotshe, Manguredjipa, Musinene, Mutwanga, Nyiragongo, Rwanpara

Implementation of ring vaccination protocol

- ➔ As of 27 July 2019, 178 121 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 vaccinees 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.

- ➔ Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- ➔ In Beni, a theatrical performance was held in schools to communicate the prevention services carried out in schools where a confirmed case has been recorded; in Mambasa 60 community leaders from women's associations were briefed on EVD and media awareness was raised, as well as advocacy to the chief of the Nduye to encourage his involvement in EVD prevention.

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**
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. There have been no confirmed cases of EVD reported from Burundi to date.

➔ **Rwanda**

Rwanda shares its full western border with the Democratic Republic of the Congo, 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 Democratic Republic of the Congo. An Ebola Treatment Centre has been set up in Rwanda and 23 isolation units are being prepared in hospitals in 15 priority districts. Ebola response simulation exercises have been conducted in Kanombe Military Hospital, Gihundwe District Hospital, Kamembe International Airport, and Rugerero Ebola Treatment Centre to test Rwanda's preparedness in response to a case, which will include Emergency Operations Centre activation, active surveillance, case management and laboratory testing. About 3000 health workers in high-risk areas have been vaccinated as a preventative measure, including more than 1100 in Gisenyi. There have been no confirmed cases of EVD reported from Rwanda to date.

➔ **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. There have been no confirmed cases of EVD reported from South Sudan to date.

➔ **Uganda**

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. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda, followed by a second round of vaccination that commenced on Saturday 15 June 2019 for contacts of the two confirmed cases in Kasese district. There are currently no confirmed cases of EVD in Uganda. Challenges in funding continue.

Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the Democratic Republic of the Congo 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

Fluctuating epidemiological patterns and shifting hotspots, with Beni as the current hotspot, with substantial rates of transmission continue to characterize the ongoing EVD outbreak in Democratic Republic of the Congo. Response strategies are being adapted to the evolving circumstances, amidst resurgence of armed attacks from non-state actors, which continue to complicate response efforts. With renewed commitments from international donors and partners to contribute much-needed resources, especially funding, to support and maintain the ongoing response operations, it is anticipated that response activities would be further strengthened, and novel strategies employed to address the challenges faced. Uganda has recently declared the EVD outbreak contained after more than 42 days since the death of the last confirmed case. However, Uganda and a number of neighbouring countries remain at-risk due to high rates of population movement from outbreak affected areas. Operational readiness and preparedness activities need to be sustained to ensure early detection and control of any future case.