

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 62



World Health
Organization

REGIONAL OFFICE FOR

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1. Situation update



In the past week, from 30 September to 6 October, 14 new confirmed Ebola virus disease (EVD) cases, with an additional nine deaths, have been reported from seven health zones in two affected provinces in the Democratic Republic of the Congo. Although the decline in the number of new cases is encouraging, the recent fluctuations in case numbers per week must be interpreted with caution, as case reporting is contingent upon the level of access and security.

During mid-September, serious security incidents in Lwemba Health Area, Mandima Health Zone, stalled outbreak response activities for more than two weeks. Response activities have since resumed but remain limited. Last week, an open forum for discussion and reconciliation was held in Lwemba with partners and civil society to dispel mistrust and enhance engagement in future response activities. Improved access may result in enhanced case finding and an increase in the number of reported cases from the area.

In the 21 days from 16 September to 6 October, 28 health areas in 11 health zones reported new cases (Table 1, Figure 2). During this period, a total of 73 confirmed cases were reported, with the majority coming from the health zones of Mambasa (30%; $n=22$ cases), and Mandima (23%; $n=17$ cases). In the past 21 days, 10 cases were reported from Komanda and Oicha Health Zones with links to cases from Beni and Mambasa health zones. Issues with under reporting are possible in the Oicha Health Zone, as poor access and security constraints limit response activities. The occurrence of transmission along a major road in from Komanda and Mambasa also poses greater risk of spread westward to other major cities in the Democratic Republic of the Congo (e.g. Kisangani).

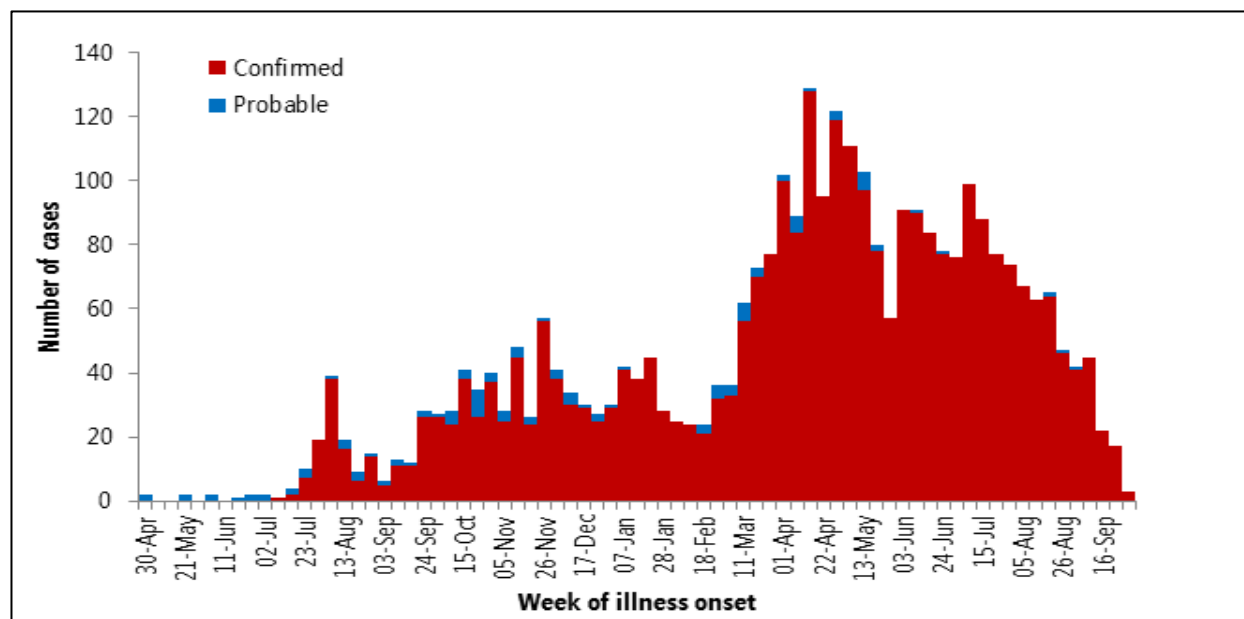
As of 6 October 2019, a total of 3205 EVD cases were reported, including 3091 confirmed and 114 probable cases, of which 2142 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 59% (1796) were female, 30% (909) were children aged less than 18 years, and 5% (162) were healthcare workers.

As of 4 October 2019, 1000 people have survived EVD in this outbreak. Of the approximately 1555 confirmed cases admitted to Ebola treatment centers, 1000 of them, or nearly two thirds, have survived. The reintegration of survivors into community can create opportunities to discuss their experiences and strengthen the participation of local communities in the response. Many survivors are working within the response, and are an important part of caring for the sick and reaching out to communities. A programme is in place to monitor survivor health and support them in the year after they leave care.

Under [Pillar 1 of the Strategic Response Plan](#), the estimated funding requirement for all partners for the period July to December 2019 is US\$ 287 million, including US\$ 120-140 million for WHO. As of 8 October 2019, US\$ 60.4 million has been received by WHO, with additional funds committed or pledged. Further resources are needed to fund the response through to December 2019 and into Q1 2020.

Under Pillar 5 [Regional Preparedness](#), the funding requirement for all partners is US\$ 66 million, of which WHO requires US\$ 21 million. As of 8 October 2019, WHO has received US\$ 1.6 million. While some additional pledges are in the pipeline, increased funding for preparedness in neighbouring countries is urgently needed. WHO is appealing to donors to provide generous support. A summary of funding received by WHO since the start of this outbreak can be found [here](#).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 6 October 2019



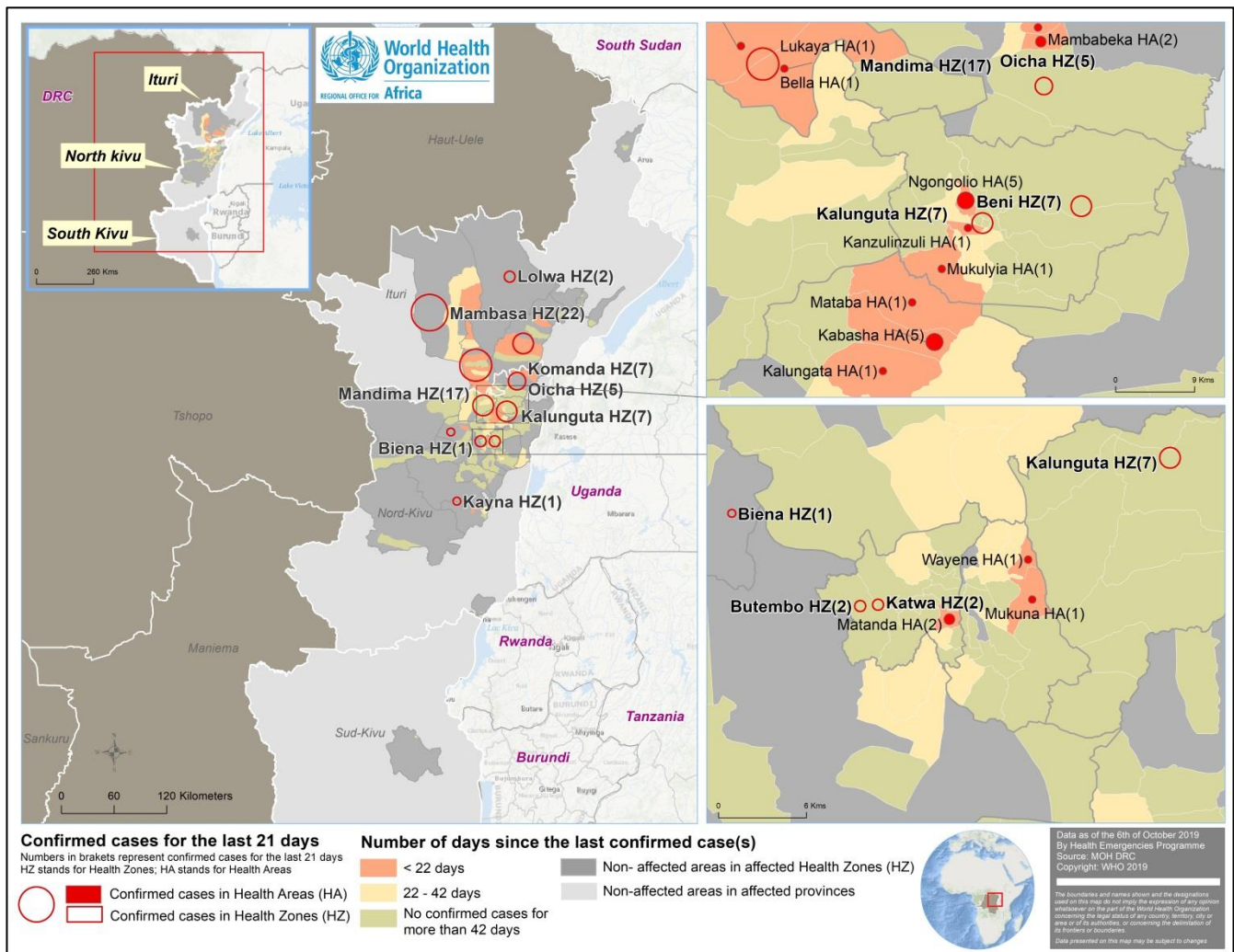
*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 6 October 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / total number of health areas	Confirmed cases in the last 21 days	Cumulative cases by classification			Cumulative deaths	
				Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
South Kivu	Mwenga	0/18	0	6	0	6	3	3
North Kivu	Alimbongo	0/20	0	5	0	5	2	2
	Beni	3/18	7	676	9	685	439	448
	Biena	1/16	1	18	2	20	12	14
	Butembo	1/15	2	283	3	286	349	352
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	3/18	7	190	17	207	70	87
	Katwa	2/18	2	651	23	674	470	493
	Kayna	1/21	1	28	0	28	8	8
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	0/12	0	373	17	390	289	306
	Manguredjipa	0/10	0	18	0	18	12	12
	Masereka	0/16	0	50	6	56	17	23
	Musienene	0/20	0	84	1	85	33	34
	Mutwanga	0/19	0	32	0	32	12	12
	Nyiragongo	0/10	0	3	0	3	1	1
	Oicha	4/26	5	61	0	61	27	27
	Pinga	0/18	0	1	0	1	0	0
Vuhovi	0/12	0	103	14	117	37	51	
Ituri	Ariwara	0/21	0	1	0	1	1	1
	Bunia	0/20	0	4	0	4	4	4
	Komanda	3/15	7	56	10	66	43	53
	Lolwa	1/8	2	5	0	5	1	1
	Mambasa	3/17	22	72	2	74	23	25
	Mandima	6/15	17	303	4	307	149	153
	Nyankunde	0/12	0	1	0	1	1	1
	Rwampara	0/13	0	8	0	8	3	3
Tchomia	0/12	0	2	0	2	2	2	
Total		28/471	73	3091	114	3205	2028	2142

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, 6 October 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 Government and the Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing 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 223 000 contacts have been registered to date, and 5732 are currently under surveillance as of 6 October 2019. On average, 88% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 3105 alerts were received per day over the past seven days, of which 3004 (97%) were investigated within 24 hours of reporting.
- ➔ There are 10 field laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Beni, Butembo, Bukavu, Bunia, Goma, Katwa, Komanda, Mambasa, Mangina and Mwenga- All the laboratories are using GeneXpert as the primary diagnostic tool. Central laboratory support is provided by the Institute of Biomedical Research (INRB) laboratory in Kinshasa.
- ➔ Capacity to sequence whole virus genome has been established in Katwa field laboratory to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.
- ➔ The Democratic Republic of the Congo INRB Labs tested 3275 samples from 30 September to 06 October 2019. The number of samples tested in this time period decreased by 3% compared to the previous week and the proportion of positive cases among new samples is 1%.

Case management

- ➔ There are currently ten operational Ebola treatment centres and 22 Ebola transit centres located in the provinces of N Kivu, S Kivu and Ituri. Four other Transit Centres (CTs) are in development phase: Kalanguta HGR, Mukulya, Musinene, Kyondo and Mambasa.
- ➔ Current intra-CTE mortality remains around 35%. Seven patients were discharged on 7 October 2019 from CTE Komanda.
- ➔ The The Pamoja Tulinde Maisha (PALM [together save lives]) randomized, controlled trial and Monitored Emergency Use of Unregistered and Investigational Interventions framework continue to enroll EVD confirmed patients, total patients thus far are 879 and 761, respectively as of 6 October 2019 and 25 September 2019.

- ➔ IPC and WASH activities continue in health facilities and in Ebola-affected communities. Activities in health facilities currently include facility assessments, training and briefing health workers on basic and Ebola-specific IPC principles, decontamination when necessary, providing supplies, evaluating adherence to key IPC indicators (e.g. EVD screening, PPE availability, isolation, and referral), developing improvement action plans based on gaps identified and followed-up by supportive supervision and mentorship. Increasing engagement with IPC implementing partners working in both healthcare facilities and the community is being prioritized.
- ➔ Nearly 70 participants attended the training of trainers on the National IPC/WASH package in Goma (18-21 September, 2019). The training consisted of didactic, practical, and discussion sessions. It will be followed at the sub-commission level for IPC supervisors, implementing partners, and facility-based IPC focal persons. The National IPC/WASH package will help strengthen the quality of IPC/WASH interventions throughout the Ebola Response as well as address nosocomial infections, through standardization of expectations, tools, and best practices.
- ➔ From 1 January 2019 through 23 September 2019, 14% (362/2561) of EVD infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (30%, 110/362). During this same period, 105 healthcare worker (HCW) infections were reported – 4% of total infections (106/2561). Overall, Katwa HZ has reported the majority of HCW infections (32%, 34/106).

Points of Entry (PoE)

- ➔ During the week ending 6 October 2019, 2 565 153 screenings were performed, bringing the cumulative total to over 103 million screenings. This week, a total of 138 alerts were notified, of which 64 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3 173 with 1 389 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. Following the evolution of the outbreak 6 POCs were deactivated, and one added this week, bringing the total number of PoEs and PoCs to 112.
- ➔ A joint supervision mission was carried out to strengthen health screening and alert management in the sub-coordination of Bunia, Komanda and Mambasa. Supervisors and PoE/PoC personnel were re-trained on the utilization of data collection tools, and the identification of contacts lost to follow up passing through PoEs and PoCs. 80 new personnel recruited to facilitate the extension of PoE/PoC operation hours also benefited from a complete training package on PoE/PoC activities, focusing on health screening.
- ➔ 16 health zones with PoE/PoC operations were targeted with expanded risk communication activities aimed at increasing community participation in PoE/PoC operations and travelers collaboration with health screening. These activities included sensitization sessions, one-on-one exchanges, trainings and group dialogues targeting local community leaders, motorists/bikers, leaders of transport associations, vendors living around POCs as well as students and teachers of schools neighboring PoE/PoCs.
- ➔ Preparations for a simulation exercise (SIMEX) at the Ndjili International Airport in Kinshasa is ongoing. A working session with the head of the Civil Aviation Authorities took place on 2 October 2019, followed by another one with the different departments of the MoH involved in the SIMEX. The first draft of the SIMEX protocol has been developed, and the exercise itself is planned for the end of October 2019.

- ➔ Five strategic PoCs benefited from a training on GoDATA on 2 October 2019. This electronic tool will facilitate the identification of contacts lost to follow up passing through these PoCs.

South Sudan

- ➔ Active screening is ongoing in 15 active IOM-supported PoE sites. During the reporting period, 23 664 inbound travellers to South Sudan were screened for EVD exposure and symptoms, with no suspected or alert cases. The IOM South Sudan EVD weekly report (week 39) is available at the following link: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-39-23-29-september-2019>

Uganda

- ➔ 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.

Burundi

- ➔ IOM delivered essential equipment to six PoEs in at risk provinces in Rwanda, with the support of the Japanese Government.

Safe and Dignified Burials (SDB)

- ➔ As of 7 October 2019, there have been a total of 14 430 SDB alerts notified through the Red Cross SDB database, of which 11 885 (82%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending 7 October 2019, there were 525 SDB alerts recorded in 26 health zones. Of these, 429 (94%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts):

ZS	% alerts
Bunia	13%
Beni	11%
Rutshuru	9%
Komanda	9%
Katwa	7%
Oicha	6%
Mutwanga	5%

- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Rutshuru, Katwa, Goma, Kayna, Masereka, Karisimbi, Nyiragongo, Butembo, Kyondo, Musienene, Alimbongo, Lolwa, Binza, Masoya, Bunia, Mabalako, Oicha, Mandima, Beni, Mutwanga, Lubero, Mambasa, Rwampara, Biena, Vuhovi, Komanda, Manguredjipa, Kalunguta	Nyankunde, Masisi

Implementation of ring vaccination protocol

- ➔ As of 6 October 2019, 233 366 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 56 512 are contacts and 159 882 contacts-of-contacts. The total number of vaccines includes 50 035 HCWs/FLWs.

- The Democratic Republic of the Congo health authorities have endorsed the use of a second investigational Ebola vaccine, manufactured by Johnson & Johnson. This vaccine, which is administered as a two-dose course, 56 days apart, will be circulated in at-risk populations in areas that do not have active EVD transmission. Regular vaccination activities in EVD-affected areas will continue. The Merck/MSD vaccine will continue to be provided to all people at high risk of Ebola infection including those who have been in contact with a person confirmed to have Ebola, all contacts of contacts, and others determined to be at high risk of contracting Ebola.

Risk communication, social mobilization and community engagement

During week 40:

- Malteser International renewed its contracts with three community radios (ARIWARA, SIMBA, ADI Shalom and Aru RTK) for dissemination of programmes related to EVD response activities.
- The discharge of the 1000th survivor of EVD from Mangina Ebola treatment centre was marked with a ceremony and the WHO Regional Director for the African Region issued a statement celebrating this.
- The inclusion of women (as primary care takers at home level) as part of the community based surveillance (CBS) programme is starting in Mambasa this week.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- Readiness teams consisting of 1-2 WHO consultants and 4-6 MoH EVD experts each, are deployed in North Kivu, South Kivu, Ituri and Tshopo Provinces. The readiness teams have partially rolled out a standard package of readiness activities in 6 non-affected health zones of North Kivu Province, and in 5 health zones in Tshopo Province (with focus on Kisangani) and in Bukavu (South Kivu Province).
- Readiness teams in Tshopo and South Kivu Provinces are focusing on the development alert management systems and laboratory capacity.

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. To assist the Democratic Republic of the Congo's nine neighbours with advancing critical preparedness measures, the United Nations has developed the Regional Ebola Preparedness: Overview of Needs and Requirements July - December 2019. The Regional Overview serves as a complement to the Integrated Strategy to Respond to Ebola Virus: Ituri and North Kivu Provinces for the Democratic Republic of the Congo, covering the same period. The overall requirement for EVD preparedness in the nine priority countries is US\$ 66 million.

Priority 1 countries

Burundi

- There have been no confirmed cases of EVD reported from Burundi to date. There are ongoing preparedness activities in 21 high risk districts and 18 alerts have been investigated since August 2018. Nineteen Points of Entry are actively screening travellers and there are 11 Rapid Response Teams trained. Over 1400 healthcare and frontline workers have been vaccinated.

Rwanda

- ➔ Rwanda shares its full western border with the Democratic Republic of the Congo, and 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. There have been 234 alerts investigated to date. Ebola response simulation exercises have been conducted. 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

- ➔ Since the current EVD outbreak began in the Democratic Republic of the Congo, South Sudan has not reported any Ebola case. As of September 2019, 83 alerts have been reported and 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts. To date, 2974 frontline workers have been vaccinated and no serious adverse effects have been reported. A one-day full scale simulation exercise took place on 14 August 2019 in Juba, Nimule and Yei states. Since August 2018, over 2 million persons have been screened at 30 screening sites at border entry points.

Uganda

- ➔ Uganda continues focusing on preparedness activities in all districts, including the 24 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 with 50 Rapid Response Teams. A total of 7575 village health teams have been trained in EVD detection and infection prevention and control. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda. Four confirmed cases have been imported from Democratic Republic of the Congo since June 2019, with no transmission or secondary cases in Uganda. There are currently no confirmed cases of EVD in Uganda.

Priority 2 countries

Angola, Central African Republic, Congo, and Zambia do not have any reported case of EVD related to the Democratic Republic of the Congo outbreak to date. The current situation in Tanzania requires further investigation. 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 investigational EVD vaccination approvals in priority 2 countries.

Operational partnerships

- ➔ Under the overall leadership of the Government of the Democratic Republic of the Congo and in support of the Ministry of Health, WHO is supporting public health operations and regional preparedness as outlined in the Strategic Response Plan. 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 advises against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on the currently available information. There is currently no licensed vaccine to protect people from the Ebola virus. Therefore, any requirements for certificates of Ebola vaccination are not a reasonable basis for restricting movement across borders or the issuance of visas for travellers to/from the affected countries. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event. Currently, no country has implemented travel measures that significantly interfere with international traffic to and from the Democratic Republic of the Congo. Travellers should seek medical advice before travel and should practice good hygiene. Further information is available in the WHO recommendations for international traffic related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo.
- ➔ In order to monitor the travel and trade situation around this event, a new dashboard Ebola outbreak in the Democratic Republic of the Congo: Travel and trade health measures has been established. The dashboard can also be accessed from Strategic Partnership for International Health Regulations (2005) and Health Security (SPH) page under ‘Resources’ tab, and then click on “IHR Travel and Trade Measures” tab. The dashboard shows all countries where WHO is aware that travel and trade measures have been implemented, and the type of measure, and will be updated as and when any measure is confirmed to be in place.

3. Conclusion

Discernible gains have been made in the response in recent weeks with a continued trend of declining case incidence. Ongoing drivers of transmission remain: delays in case detection and isolation, challenges in identifying and tracing contacts, difficulty accessing remote/insecure areas, poor awareness of EVD, and under-reporting of community deaths. In this context, declines in the number of new cases, though encouraging, must be interpreted with caution. While response strategies keep evolving to adapt to the local context and numbers of new confirmed cases decline, capacities for operational readiness and preparedness should continue to be enhanced and sustained in non-outbreak affected areas including major transit routes.