EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 63

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3220 | Deaths 2150

In the past week, from 7 to 13 October, 15 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo. While it is encouraging to see another week of relatively low numbers of newly confirmed cases (Figure 1), these are occurring in a concentrated area where limited access and insecurity pose challenges for the response. In such environments, risks of resurgence remain very high, as do the risks of re-dispersion of cases. For example, this past week, several people who were eventually confirmed as positive for EVD sought healthcare in health zones which are no longer experiencing ongoing transmission, such as Beni.

The proportion of confirmed cases listed as contacts has decreased in the past week from 57% to 13%, the lowest since mid-January. The majority (87%) of confirmed cases in the past week had links to the Biakato Mines Health Area in the Mandima Health Zone, with the remaining confirmed cases linked to the Mambasa Health Zone. Insecure environments in both Mandima and Mambasa Health Zones can diminish response activities related to disrupting transmission chains such as contact tracing, linkage of cases, safe and dignified burials, decontamination of affected residences, and vaccination rings.

In the 21 days from 23 September to 13 October, the number of affected health areas has decreased, with 22 health areas and 10 health zones reporting new cases (Table 1, Figure 2). During this period, a total of 49 confirmed cases were reported, with the majority coming from the health zones of Mandima (43%; *n*=21 cases), Mambasa (12%; *n*=6 cases) and Oicha (12%; *n*=6 cases).

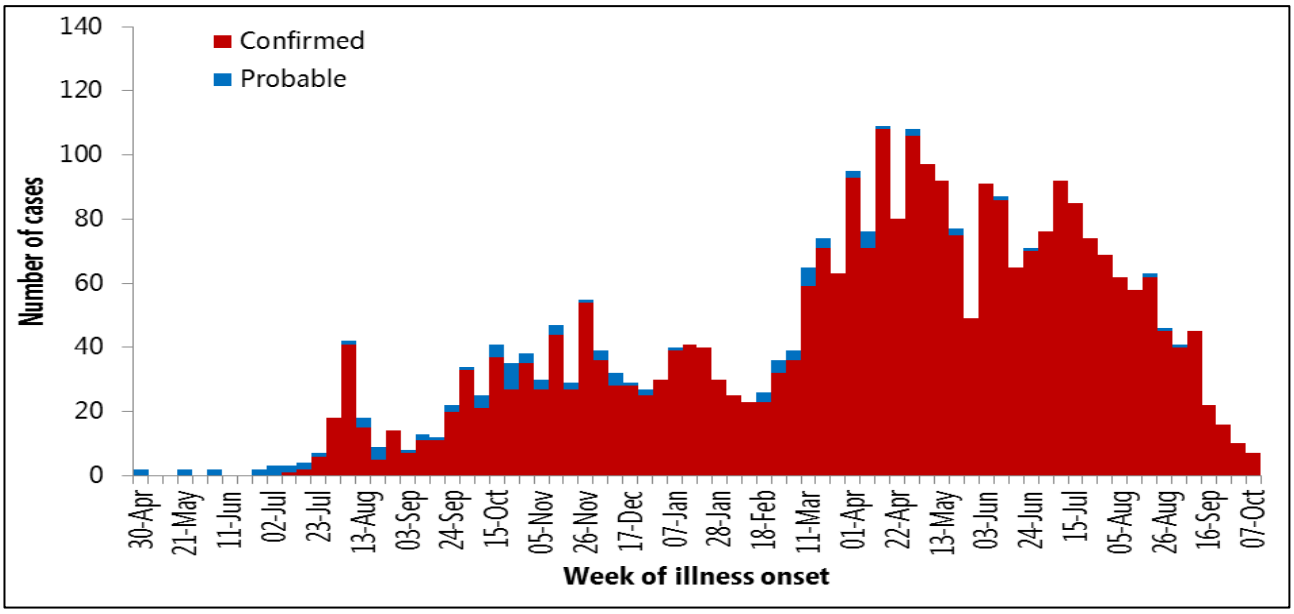
As of 13 October 2019, a total of 3220 EVD cases were reported, including 3106 confirmed and 114 probable cases, of which 2150 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1806) were female, 28% (915) were children aged less than 18 years, and 5% (162) were healthcare workers.

Following the declaration of the Ebola outbreak in the Democratic Republic of the Congo as a public health emergency of international concern (PHEIC) on 17 July 2019, the Director-General will reconvene the Emergency Committee under the International Health Regulations (IHR) on 18 October to review and potentially update the Temporary Recommendations made, and determine if the event still constitutes a PHEIC.

Under Pillar 1, the public health pillar 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$ 140 million for WHO. As of 15 October 2019, US$ 65.8 million has been received by WHO, with additional funds committed or pledged.

Further resources are needed to fully fund the response through to December 2019 and into Q1 2020. Under Pillar 5, the Regional Preparedness pillar, the funding requirement for all partners is US$ 66 million, of which WHO requires US$ 21 million. As of 15 October 2019, WHO has received US$ 3.8 million. While some additional pledges are in the pipeline, increased funding for preparedness in neighboring 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 13 October 2019



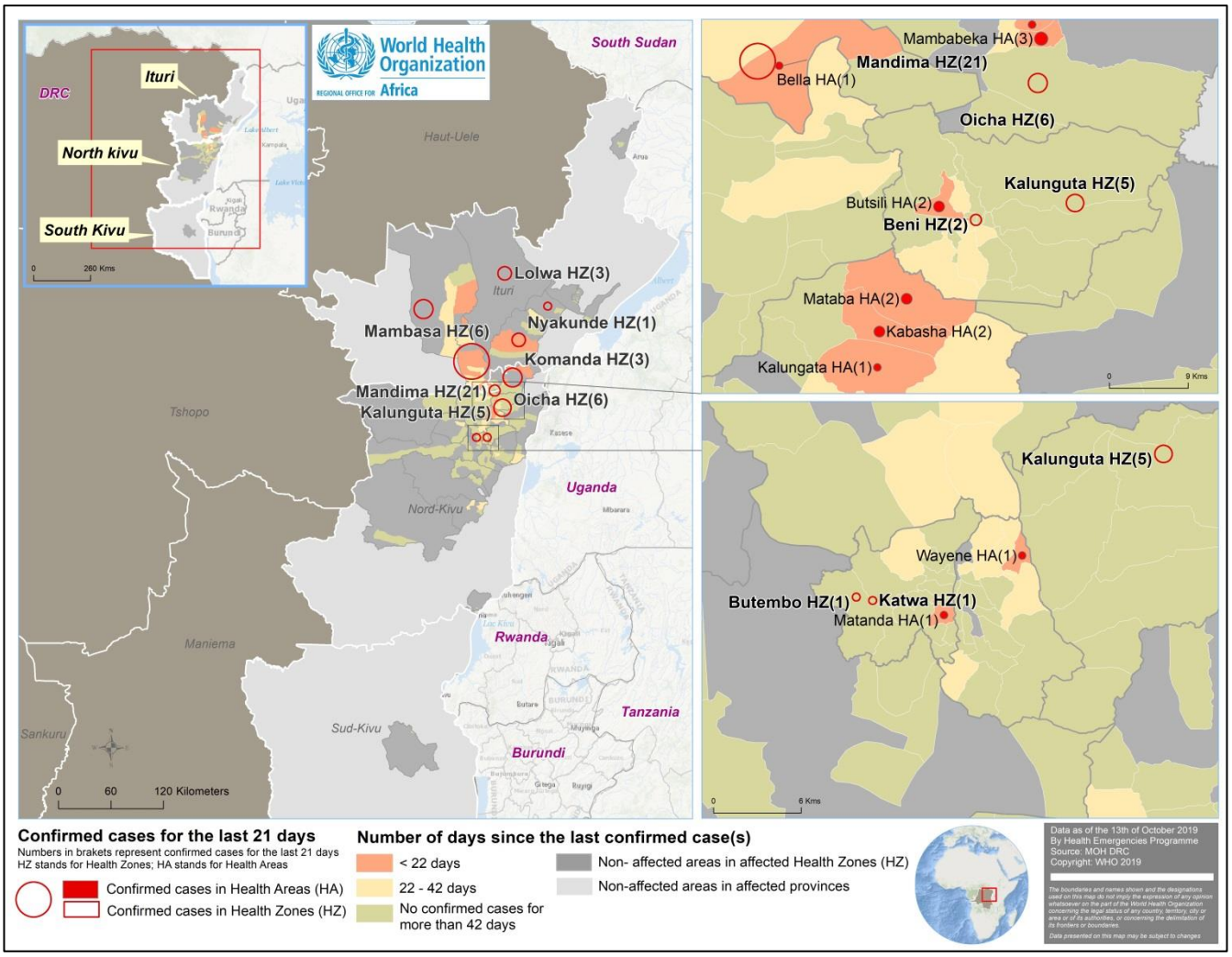
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 13 October 2019

				Cumulative cases by classification			Cumulative deaths	
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**	**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	1/18	2	677	9	686	441	450
	Biena	0/16	0	18	2	20	12	14
	Butembo	1/15	1	283	3	286	349	352
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	3/18	5	192	17	209	71	88
	Katwa	1/18	1	651	23	674	470	493
	Kayna	0/21	0	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	291	308
	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	6	62	0	62	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	2/15	3	56	10	66	43	53
	Lolwa	2/8	3	6	0	6	1	1
	Mambasa	2/17	6	72	2	74	23	25
	Mandima	5/15	21	312	4	316	152	156
	Nyankunde	1/12	1	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		**22/471**	**49**	**3106**	**114**	**3220**	**2036**	**2150**

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, 13 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 224 000 contacts have been registered to date, and 5916 are currently under surveillance as of 13 October 2019. On average, 88% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 3388 alerts were received per day over the past seven days, of which 3219 (95%) 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 3433 samples from 7 to 14 October 2019. The number of samples tested in this time period increased by 5% compared to the previous week and the proportion of positive cases among new samples is 1%."

Case management

- There are currently 10 operational Ebola treatment centres and 24 Ebola transit centres located in the provinces of N Kivu, S Kivu and Ituri. Three Transit Centres (CTs) are in development phase: Kalanguta HGR, and Mukulya, and Mambasa. CTs of Musinene and Kyondo are now open.
- Current intra-CTE mortality remains around 35%.
- 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 797, respectively as of 9 October 2019.

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

- 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.

- The validated and standardized national IPC/WASH package Training of Trainers (TOT) took place in Goma (18-21 September 2019) with nearly 70 participants. The next phase of the IPC/WASH package rollout, known as Phase 2, has been rolled out across several sub-commissions including Goma, Beni and Butembo with 151 IPC supervisors trained. The remaining sub-commissions include Bunia, Mambasa, Komanda and Mangima in the affected areas. Once this is completed, Phase 3 rollout will take place which will be training of the 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 addressing nosocomial infections, through standardization of training modules, SOPS, and tools through implementation of evidence-based best practices.

- From 1 January 2019 through 15 October 2019, 15% (436/2610) 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 (27%, 134/436). During this same period, 117 healthcare worker (HCW) infections were reported – 4% of total infections (11/2561). Overall, Katwa HZ has reported the majority of HCW infections (32%, 37/117).

Points of Entry (PoE)

- During the week ending 13 October 2019, 2 673 356 screenings were performed, bringing the cumulative total to over 105 million screenings. This week, a total of 140 alerts were notified, of which 61 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3 313 with 1 450 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. An average of 106 PoEs and PoCs reported screening on a daily basis out of the 112 operational PoEs and PoCs.

- A Cross Border technical meeting between the Democratic Republic of Congo and Burundi was held from 6 to 9 October 2019, in which a roadmap for cross border coordination activities between these two countries was elaborated. This will be discussed during a high-level summit meeting of the Democratic Republic of Congo and 9 neighbouring countries, scheduled from 21 to 22 October 2019 in Goma.

- The Ministry of Health, the Centers for Disease Control and Prevention and WHO are working on the preparation of a simulation exercise at Njili International airport, aiming at evaluating logistics for isolation, and the rehabilitation of Ebola Treatment Centre in Kinkole as well as enhancement of capacities for detection, isolation and EVD case referral in 5 major health centres in Kinshasa.

- IOM supported 4 Points of Control (PoC) in Bunia for strengthening contact tracing capacities for both exit and entry travellers by providing software training, such as Go-Data and other materials.

- IOM and local partner (DMP) conducted various Risk Communication and Community Engagement (RCCE) activities in 20 of the 36 health zones containing PoE/PoCs, including sensitization of 101 motorbike drivers at a public market in Goma on detection and visual observation of Ebola signs and symptoms, capacity building workshop for 76 local population in and around POCs in Komanda and sensitization sessions with military during the military parade at Rughenda camp in Katwa Health Zone.

- Security concerns around Mambasa is hindering the plan to establish a new Mayuwano POC, despite the high-level mission for the general coordination for EVD response enhancement in Mambasa since 9 October 2019.

Safe and Dignified Burials (SDB)

- As of 13 October 2019, there have been a total of 14 814 SDB alerts notified through the Red Cross SDB database, of which 12 222 (83%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 13 October 2019, there were 387 SDB alerts recorded in 15 health zones. Of these, 329 (85%) were responded to successfully.
- Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Katwa, Goma, Karisimbi, Nyiragongo, , Bunia, Mabalako, Oicha, Mandima, Beni, Rwampara, Komanda,	Nyankunde, Mutwanga, Mambasa

Implementation of ring vaccination protocol

- As of 13 October 2019, 273 956 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine.
- 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

- A total of 61 people who were associated with the two confirmed cases in Mandima were targeted for response activities.
- There was a visit to the Bambute in Nyangwe village, Mahombo for a discussion with the autochthonous peoples.
- There were activities to accompany 5 survivors in Butama and Salama, Mambasa HZ.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- Readiness teams are rolling out a standard package of readiness activities in non-affected health zones (HZs) of North Kivu Province (6 HZs), Ituri Province (2 HZs), Tshopo Province (Kisangani plus 4HZs) and South Kivu Province (Bukavu plus 3 HZs).
- Readiness teams in Tshopo and South Kivu Provinces are focusing on the development alert management systems and are now reporting 25 and 50 alerts weekly up from <10 weekly each. Laboratory capacity has recently been developed in South Kivu Province.

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 priority countries 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. The Overview can be found on the WHO website: **https://www.who.int/emergencies/diseases/ebola/drc-2019**

Operational readiness in neighbouring countries to the Democratic Republic of the Congo:

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 2400 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. To date, 2874 health workers in high-risk areas have been vaccinated as a preventative measure. 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. 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. 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 6805 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 neighboring 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. Travelers 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

While the slowing of EVD cases is occurring across the Democratic Republic of Congo, over the past 21 days there has been a resurgence of activity in Biakato Mines Health Area, Mandima Health Zone. Limitations on access and insecurity in these areas pose a risk of under-detection of cases, and continuation of the outbreak. With few cases being identified from contacts and several community burials occurring outside of response activities, continuing engagement with communities on the importance of early reporting of signs and symptoms of the disease and enhanced contact tracing efforts are essential to curtailing the spread of disease. Remaining in active response mode in former hotspots is crucial to quickly identify any new transmission as the risks for reintroduction remain very high.