

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 64



World Health
Organization

REGIONAL OFFICE FOR

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1. Situation update



In the past week, from 14 to 20 October, 21 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo. The incidence of new confirmed EVD cases remains substantial in parts of North Kivu and Ituri provinces – in particular in the Biakato Mine Health Area, Mandima Health, with the majority (76%) of newly confirmed cases linked to this health area.

The deployment of additional support to the Biakato Mine Health Area has led to improvements in response efforts. The proportion of confirmed cases listed as contacts has increased in the past week from 13% to 57%. This increase was similarly witnessed in confirmed cases with a known epidemiological link to a case which augmented from 47% to 90% in the past week. While this is encouraging, there remain notable challenges in accessing and mounting the full range of public health activities in some areas.

In the 21 days from 30 September to 20 October, the number of affected health areas has decreased, with 20 health areas and nine health zones reporting new cases (Table 1, Figure 2). During this period, a total of 50 confirmed cases were reported, with the majority coming from the health zones of Mandima (54%; $n=27$ cases) and Mambasa (10%; $n=5$ cases). While many cases detected outside of these zones have travelled from these hotspots, onward local transmission has been observed in Kalunguta and Mabalako health zones, highlighting the high risk of resurgence and redispersion of cases.

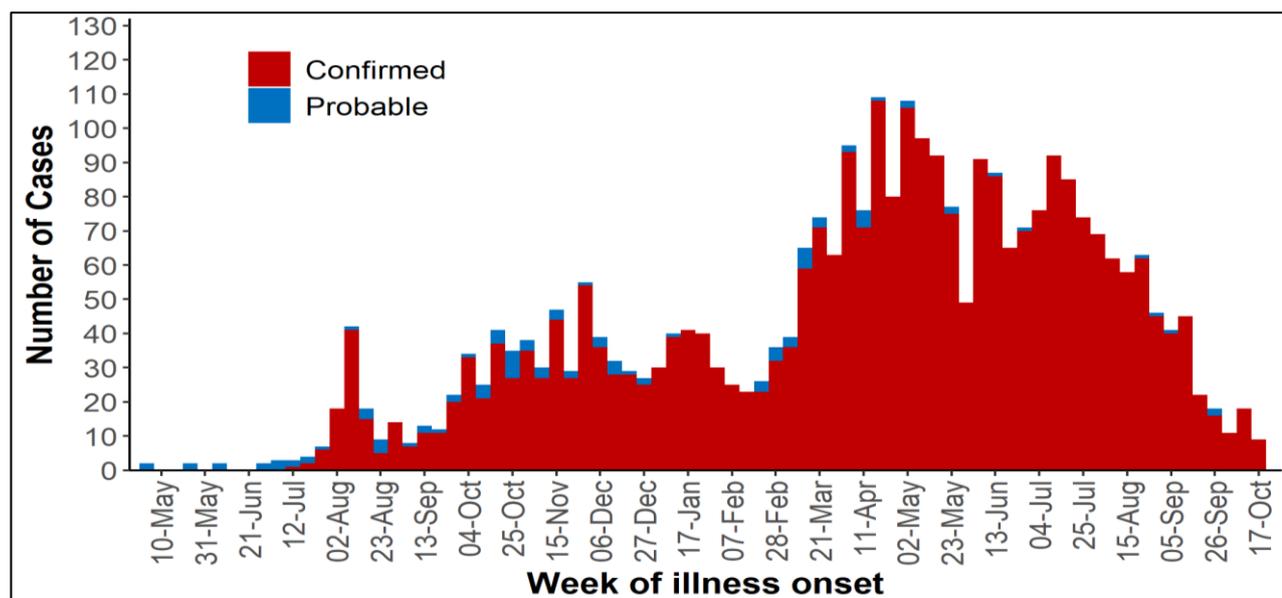
As of 20 October 2019, a total of 3243 EVD cases were reported, including 3127 confirmed and 116 probable cases, of which 2171 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1821) were female, 28% (923) were children aged less than 18 years, and 5% (163) were healthcare workers.

On 18 October, the Director-General reconvened the Emergency Committee under the International Health Regulations (IHR). The Committee reviewed progress in the implementation of the Temporary Recommendations issued by the Director-General on 17 July 2019. Updates on the outbreak were provided by representatives of the Democratic Republic of the Congo, as well as the UN Ebola Emergency Response Coordinator and the WHO Secretariat. Updates on preparedness in the neighbouring countries were provided by the United Republic of Tanzania, Republic of Uganda and the WHO Regional Office for Africa. It was the view of the Committee that this event still constitutes a public health emergency of international concern (PHEIC) under the IHR. The Committee provided this advice to the Director-General, who issued [revised Temporary Recommendations under the IHR](#).

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 21 October 2019, US\$ 69.5 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 21 October 2019, WHO has received US\$ 4.3 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 20 October 2019



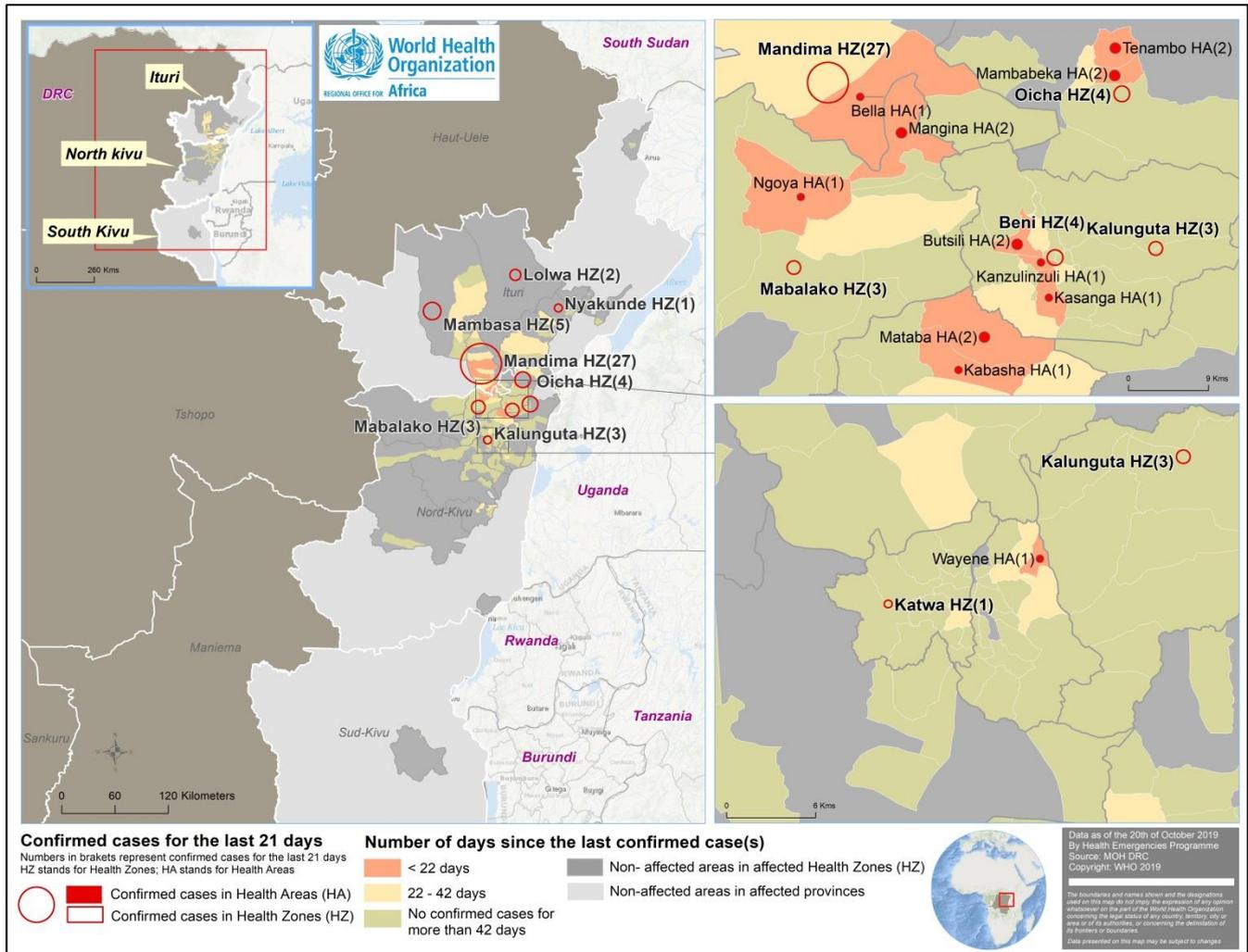
*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 20 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	4	679	9	688	443	452
	Biena	0/16	0	18	2	20	12	14
	Butembo	0/15	0	283	3	286	349	352
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	2/18	3	192	18	210	71	89
	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	2/12	3	376	17	393	298	315
	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	2/26	4	62	0	62	28	28
	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	0/15	0	56	10	66	44	54
	Lolwa	2/8	2	6	0	6	1	1
	Mambasa	3/17	5	76	3	79	25	28
	Mandima	4/15	27	324	4	328	158	162
	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		20/471	50	3127	116	3243	2055	2171

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, 20 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 260 000 contacts have been registered to date, and 5326 are currently under surveillance as of 20 October 2019. On average, 85% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 3618 alerts were received per day over the past seven days, of which 3498 (97%) were investigated within 24 hours of reporting.
- ➔ There are 11 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 3779 samples from 14 to 20 October 2019. The number of samples tested in this time period increased by 10% 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 North Kivu, South Kivu and Ituri. Three Transit Centres (CTs) continue in development phase: Kalanguta HGR, and Mukulya, and Mambasa.
- ➔ Current intra-CTE mortality remains around 35%.
- ➔ 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 882 and 797, respectively as of 16 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 IPC/WASH package training to IPC supervisors, known as Phase 2, has been rolled out across multiple sub-commissions including Goma, Butembo, Beni, Bunia, Komanda and Mambasa with 301 IPC supervisors trained. The sub-commission of Mangima plans to proceed with the Phase 2 training next week. Phase 3 rollout which targets facility-based IPC focal persons is already being planned across most of sub commissions with a minimum target of 800 people trained. 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.
- Thus far 163 healthcare worker (HCW) infections have been reported, 5% (163/3243) of all confirmed/probable cases. In the last 21 days, Beni, Kalunguta, Oicha and Mandima reported the majority of suspicions of nosocomial infections (19%, 10/52 MVE), mainly from health facilities with limited access (community resistance or insecure areas).

Points of Entry (PoE)

- During the week ending 20 October 2019, 2 620 904 screenings were performed, bringing the cumulative total to over 108 million screenings. This week, a total of 181 alerts were notified, of which 87 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3 494 with 1 537 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. An average of 106 PoEs and PoCs reported screening daily out of the 112 operational PoEs and PoCs
- This week, following epidemiological evolution of the outbreak, reinforcements were made to the 7 PoCs located along the Mambasa-Mangina road axis, going through Biakato Mine. Additionally, joint supervision activities were carried out to reinforce traveler screening at PoEs and PoCs located in and around Goma: Goma International Airport, PoE Petite Barrière, PoC OPRP and PoC Mubambiro.
- A Ministerial meeting was held on 21 October to develop a framework for cross-border collaboration for EVD response. The meeting involved participants from Ministries of Health from the Democratic Republic of Congo and its nine neighbours including ministers, senior health and immigration officials and partners. A joint framework to strengthen cross-border collaboration on preparedness and response to Ebola virus and other disease outbreaks was endorsed. <https://www.afro.who.int/news/ten-african-countries-endorse-cross-border-collaboration-framework-ebola-outbreak-preparedness>

SOUTH SUDAN.

- During the reporting period, 24 041 travellers were screened for EVD exposure and symptoms from all 15 IOM PoE EVD screening sites making the cumulative total screened to 873 083 inbound travellers, with no alert reported.
- Challenges include difficult access due to security and poor communication system in a few areas.
- The IOM South Sudan EVD weekly report (week 41) is available at the following link: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-41-07-13-october-2019>.

UGANDA

- ➔ IOM team and the Japanese Embassy envoy conducted a joint field mission to the South Western district of Kisoro, including two official PoE visits, to review their EVD preparedness efforts.

Safe and Dignified Burials (SDB)

- ➔ As of 20 October 2019, there have been a total of 15 507 SDB alerts notified through the Red Cross SDB database, of which 12 888 (83%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending 20 October 2019, there were 523 SDB alerts recorded in 34 health zones. Of these, 490 (94%) were responded to successfully.
- ➔ In week 42, among the 9 confirmed community deaths, all were safely buried.
- ➔ During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts, n=11), health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Beni, Bunia, Goma, Katwa, Komanda, Mabalako, Mambasa, Mandima, Mutwanga, Oïcha, Rustshuru	

Implementation of ring vaccination protocol

- ➔ As of 20 October 2019, 240 824 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

- Positive messages around the management of the transit centres (TC) and treatment centres were delivered during the official opening of the new Kahamba TC, Kalunguta Health Zone; a total of 295 people around four confirmed cases on 14 October 2019 benefited from response activities.
- The Interventions en Sciences Sociales (ISS) et Communication Des Risques Et À L' Engagement Communautaire (CREC) team in Biakato is being reinforced with staff from other sites.

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.

Tanzania

- ➔ Tanzania preparedness efforts, have continued since September 2018, through the Ebola Contingency Plan, under the leadership of the National Task Force. Ten high risk regions, were identified and supported to strengthen cross-border screening and raise awareness at health centres, ensure availability of personal protective equipment particularly for health workers, strengthen public awareness of the disease through a toll-free hot line, strengthen the surveillance system, and procure more than 2700 sets of personal protective equipment. Thermoscanners were distributed in high-priority points of entry (PoEs), given the porous borders with more than 700 travellers from the Democratic Republic of the Congo per week. From August 2018 to date, 29 alerts of Ebola suspect cases were reported, and 17 samples tested and were negative for Ebola (including 2 in September 2019). Tanzania continues to practice simulation exercises in 5 out of 10 regions.

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.
- ➔ 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/>
- ➔ WHO encourages wider coverage of partner operations via this report. 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.

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

Improvements in response indicators in the past week are encouraging and testament to the resilience of response teams. However, substantive rates of transmission remain in Mandima Health Zone, with smaller clusters elsewhere, which require a concerted effort from all response teams and international partners to control. It is critical that all areas of the response remain effective, engaged and fully resourced, with response activities continuing to be scaled and adapted to the evolving local context.