EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 66

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3274 Deaths 2185

In the past week, from 28 October to 3 November 2019, 10 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo. Though the number of new confirmed EVD cases reported is lower this week, compared to the 20 cases reported last week, security issues and poor access continue to slow response activities in certain health zones. This can prevent the detection of cases in these hard to reach areas.

Violence this week in Lwemba Health Area in the Mandima Health Zone, caused the death of an Ebola response community health worker, and left his spouse critically injured with multiple wounds. WHO and partners condemned the attack, adding that acts of violence against individuals involved with the response are unacceptable and compromise the ability of health workers to provide assistance to communities impacted by the devastating effects of Ebola.

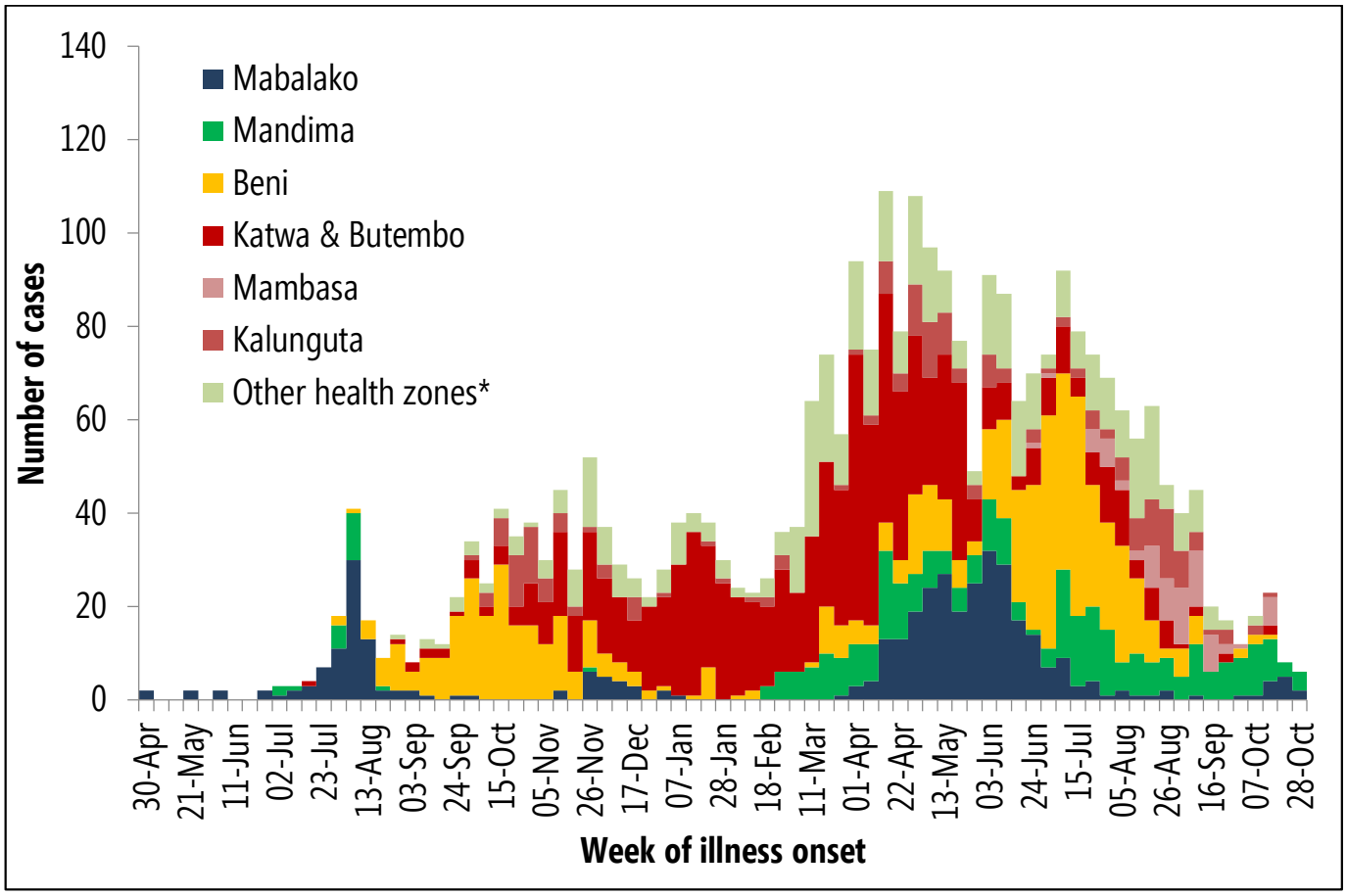
In Biakato Mines, strengthening of community engagement through community dialogue between local leaders and youth groups may have contributed to the improvement of response activities.

The majority (90%) of newly confirmed cases are still being linked back to chains of transmission in Biakato Mine Health Area, and 80% of confirmed cases were registered as contacts. Cases with a history of travel through or a stay in Biakato Mines have been reported in other health areas of Mandima health zone, as well as other health zones, such as Mabalako and Beni. Secondary transmission in these health zones can be expected in the coming weeks. With evidence of population movement eastward from Mambasa to Komanda and towards Bunia, and southward between Mambasa and Mangina, and further south-east through Beni all the way to Kasindi into Uganda, the importance of remaining vigilant and enhancing screening along these major transit roadways and border points is essential.

In the 21 days from 14 October to 3 November 2019, the number of affected health areas has fallen slightly, with 14 health areas and seven health zones reporting cases (Table 1, Figure 2). During this period, a total of 51 confirmed cases were reported, with the majority coming from the health zones of Mandima (51%; *n*=26 cases), Mabalako (25%; *n*=13 cases) and Mambasa (12%; *n*=6 cases)). Nyankunde Health Zone cleared 21 days without a new confirmed case of EVD.

As of 3 November 2019, a total of 3274 EVD cases were reported, including 3157 confirmed and 117 probable cases, of which 2185 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1843) were female, 28% (927) were children aged less than 18 years, and 5% (163) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 3 November 2019



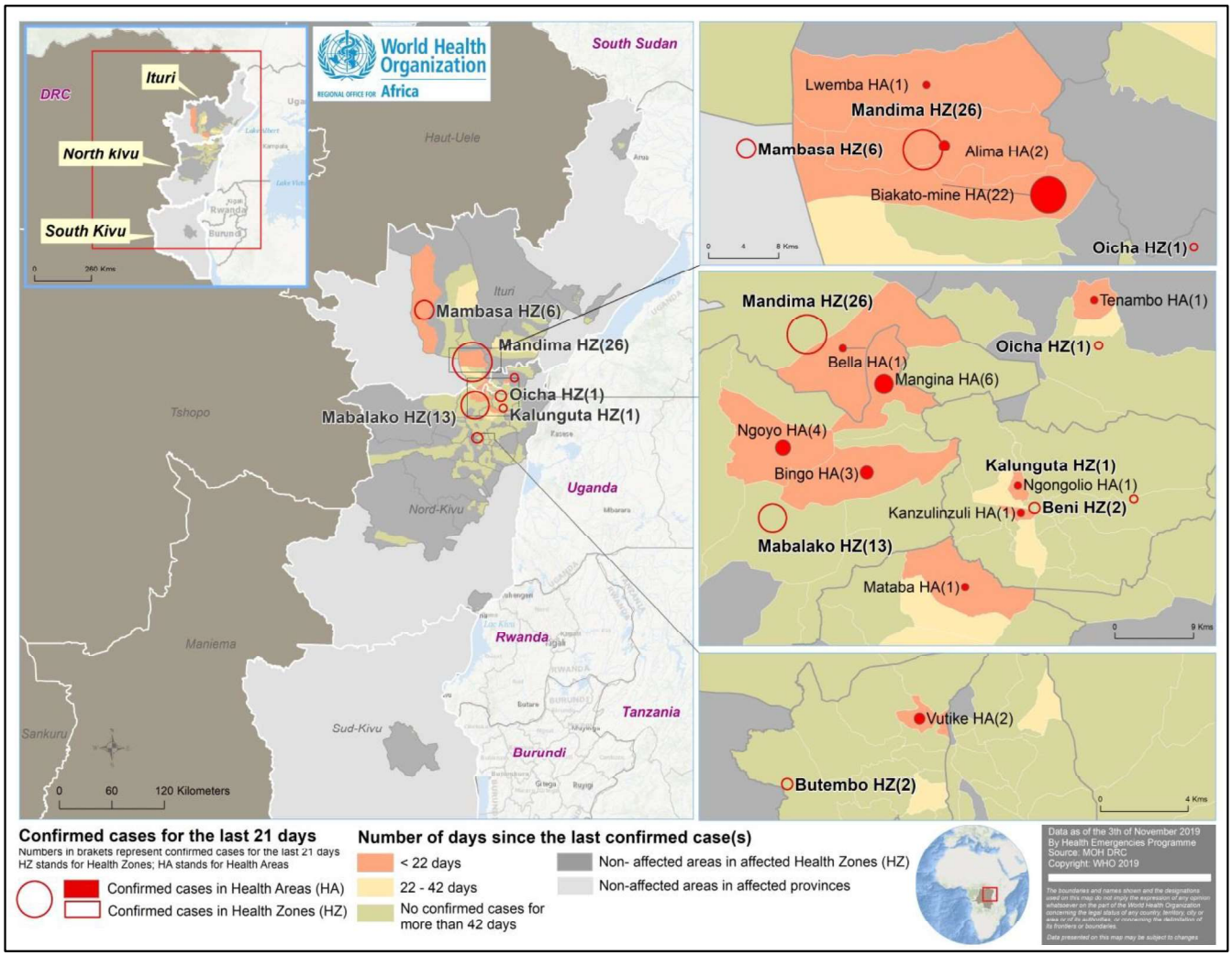
**Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, Masereka, Musienene, Mutwanga, Mwenga, Nyankunde, Nyiragongo, Oicha, Pinga, Rwampara, Tchomia, and Vuhovi.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 3 November 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	2/18	2	680	9	689	444	453
	Biena	0/16	0	18	2	20	12	14
	Butembo	1/15	2	285	3	288	350	353
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	1/18	1	193	18	211	71	89
	Katwa	0/18	0	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	3/12	13	386	17	403	305	322
	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	1/26	1	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	0/8	0	6	0	6	1	1
	Mambasa	3/17	6	78	3	81	27	30
	Mandima	4/15	26	338	5	343	160	165
	Nyankunde	0/12	0	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		**15/471**	**51**	**3157**	**117**	**3274**	**2068**	**2185**

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, 3 November 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 231 000 contacts have been registered to date, and 6335 are currently under surveillance as of 3 November 2019. On average, 84% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 4213 alerts were received per day over the past seven days, of which 4092 (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, Kasindi, Katwa, Komanda, Mambasa, and Mangina. 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 Institut National pour la Recherche Biomedicale (INRB) laboratory tested 4065 samples from 28 October to 3 November 2019. The number of samples tested in this time period increased by 2% compared to the previous week and the proportion of positive cases among new samples is 1%.

Case management

- There are currently 11 operational Ebola treatment centres (CTEs) and 24 Ebola transit centres (CTs) located in the provinces of North Kivu, South Kivu and Ituri. Three transit centres continue in development phase: Kalunguta HGR, 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 912 and 799, respectively as of 04 November 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 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 Mangina plans to proceed with the Phase 2 training this week. Phase 3 rollout, which targets facility-based IPC focal persons, is already being planned across most of the sub-commissions with a minimum target of 800 people trained. The National IPC/WASH package will help to 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. Meanwhile, Phase 4 pilot, which has started in Goma, aims to train supervisors on supportive supervision and mentorship.

Points of Entry (PoE)

- During the week ending 3 November 2019, 2 796 598 screenings were performed, bringing the cumulative total to over 113 million screenings. This week, a total of 215 alerts were notified, of which 119 (55%) were validated as suspect following investigation; one was subsequently confirmed with EVD following laboratory testing. This brings the cumulative number of alerts to 3892 with 1729 validated as suspect, and 29 subsequently confirmed with EVD following laboratory testing.

- On 31 October 2019, at around 21:00 local time, a man travelling as a passenger on a motorbike was screened at PoC Bella, at the perimeter of Biakato in Mandima Health Zone. He had fever and reported diarrhoea and vomiting. He was on his way to Butembo for healthcare. The PoC team reported the alert, which was validated and the man was subsequently confirmed to have EVD at ETC Mangina on 1 November 2019. PoC Bella was established on 29 October 2019, following discussions with local authorities and communities on population movement patterns coming from, going into and passing through Biakato Mine. Additionally, on 3 November 2019, a high-risk contact was intercepted at Kiwandja PoC in Rutshuru. The woman was travelling to Goma from Oicha.

- Analysis of screening patterns from the week prior to this reporting period shows that population movement is more pronounced eastward from Mambasa to Komanda and towards Bunia, and southward between Mambasa and Mangina, and further south-east through Beni all the way to Kasindi into Uganda. Some 5000 screenings are done daily around Mambasa, and over 7000 around Komanda. More than 10 000 screenings are undertaken daily around Beni and at the Kasindi border. The number is lower southward towards Butembo and Goma (2000-3000 screenings daily), but increases again on the road leaving Goma to the west (more than 15 000 screenings daily) and at the Petite Barrière and Grande Barrière PoE in Goma reaching up to some 40 000 screenings daily.

- Within efforts to continue reinforcing measures aimed at preventing the reintroduction of Ebola cases in Goma, another refresher training was conducted targeting PoC personnel based along the Rutshuru-Goma transportation axis. Eighty personnel from 7 PoCs were trained, of whom 29 were women. Twenty-eight risk communicators (10 of them women) working at PoEs and PoCs in and around Beni were trained on traveller sensitization. Two additional trainings were carried out targeting transportation companies in Butembo; these were focused on proper documentation of travellers, observation of sick travellers, temperature measurement and basic personal hygiene measures for travelers.
- This week, person-to-person engagement by PoE/PoC communicators/animators in the communities surrounding Beni PoE/PoC (PK5, Mavivi Barriere, Pasisi, Mukulya) was launched, focusing on the need to be alert to sick travellers passing through their communities and the importance of not travelling when sick. Beneficiaries included traders, teachers, students and housekeepers. Similar initiatives are taking place in the Goma and Bunia regions.

SOUTH SUDAN

- On 27 October 2019, three IOM aid workers were killed in cross-fire that broke out in Isebi. Two other volunteers suffered non-life-threatening injuries. Due to escalation of security situation in the counties of Lujulu and Otogo, IOM suspended all activities in the 5 PoEs of Isebi, Bazi, Okaba, Lasu and Tokori until further notice. There was therefore a significant decrease in the number of people reached with hygiene promotion and risk communication messages.

- IOM continued to support and conduct active screening in 10 PoEs: Yei SSRRC and Yei Airstrip within Yei Town, Kaya, Salia Musala, Kor Kaya (along Busia Uganda Border), Pure, Kerwa, Khorijo, Bori in Kajokeji and Birigo in Lainya County. A total of 19 797 travellers were screened for EVD exposure and symptoms, bringing the cumulative total screened to 915 801 inbound travellers to South Sudan. Compared to the previous reporting week, week 43 recorded a decrease of 5285 (21%) in the total screened.

- The IOM South Sudan EVD weekly report (week 43) is available here.

Safe and Dignified Burials (SDB)

- As of 4 November 2019, there have been a total of 16 678 SDB alerts notified through the Red Cross SDB database, of which 13 970 (84%) have been responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

- During the week ending 4 November2019, there were 539 SDB alerts recorded in 31 health zones. Of these, 479 (89%) were responded to successfully.

- During this period, all reporting health zones with 5% share or more of total SDB alerts exceeded the 70% success benchmark.

- SDB in current hotspots (last 7 days):

Hotspot ZS	Number cases (data as of 3 Nov)	# SDB alerts	# Success
Mabalako	8	40	36 (90%)
Beni	1	55	60 (92%)
Mambasa	1	15	12 (80%)

Implementation of ring vaccination protocol

- As of 3 November 2019, 246 824 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola Vaccine with 2 865 vaccinated in the past week

Risk communication, social mobilization and community engagement

- Communication, mobilization and community engagement officials from different religious groupings in Goma have started training on EVD response.

- The Biakato sub-coordination committee participated in the evaluation of community engagement activities with 37 religious leaders from the Biakato Mines health area to resolve community resistance to response measures.

- There is ongoing mobilization of local populations in Biakato to accept vaccination and SDB.

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 6HZs) and South Kivu Province (Bukavu plus 3 HZs).

- A clinical study of the Johnson and Johnson 2-dose Ebola vaccine in non-affected areas of Democratic Republic of the Congo will begin mid-November and vaccine has arrived in country.

- Based on the Regional Ebola Preparedness: Overview of Needs and Requirements July - December 2019 (**https://www.who.int/emergencies/diseases/ebola/drc-2019)** the overall requirement for EVD preparedness in the nine priority countries is US$ 66 million.

A Ministerial Meeting took place on 21 October 2019 in Goma, Democratic Republic of the Congo in collaboration with WHO and Africa CDC/African Union, whereby nine countries committed to a Framework for Cross-Border Collaboration and timely sharing of data related to Ebola and other emerging and re-emerging diseases.

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 4000 healthcare and frontline workers have been vaccinated.

Rwanda

- There have been no confirmed cases of EVD reported from Rwanda to date. Rwanda has identified 15 districts as high priority, hosting 185 health centres. There have been 316 alerts investigated to date. Ebola response simulation exercises have been conducted. To date, 2874 health workers in high-risk areas have been vaccinated.

South Sudan

- South Sudan has not confirmed or reported any Ebola case. As of September 2019, 113 alerts have been reported and 28 Rapid Response Teams have been trained and equipped to respond to alerts. A one-day full scale simulation exercise took place on 14 August 2019 in Juba, Nimule and Yei states. Additionally an EVD Table Top Exercise is scheduled for 7 November 2019. To date, 2974 frontline workers have been vaccinated.

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. Uganda continues focusing on preparedness activities in 24 high-risk districts. Since August 2018, Uganda has reported and investigated over 900 alerts with 50 Rapid Response Teams and has tested over 1000 samples. 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 have been vaccinated.

Priority 2 countries

Angola, Central African Republic, Congo, Tanzania and Zambia do not have any reported cases 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 investigational EVD vaccination approvals and training in priority 2 countries.

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) according to Tanzanian officials. Tanzania continues to practice simulation exercises in 5 out of 10 regions and completed an Ebola Treatment Unit Simulation Exercise with MSF in October.

Operational partnerships

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 5 November 2019, US$ 70.6 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 5 November 2019, WHO has received US$ 5.9 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.

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

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. Movement of symptomatic cases still occurs, so 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.