EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 67

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3287 Deaths 2193

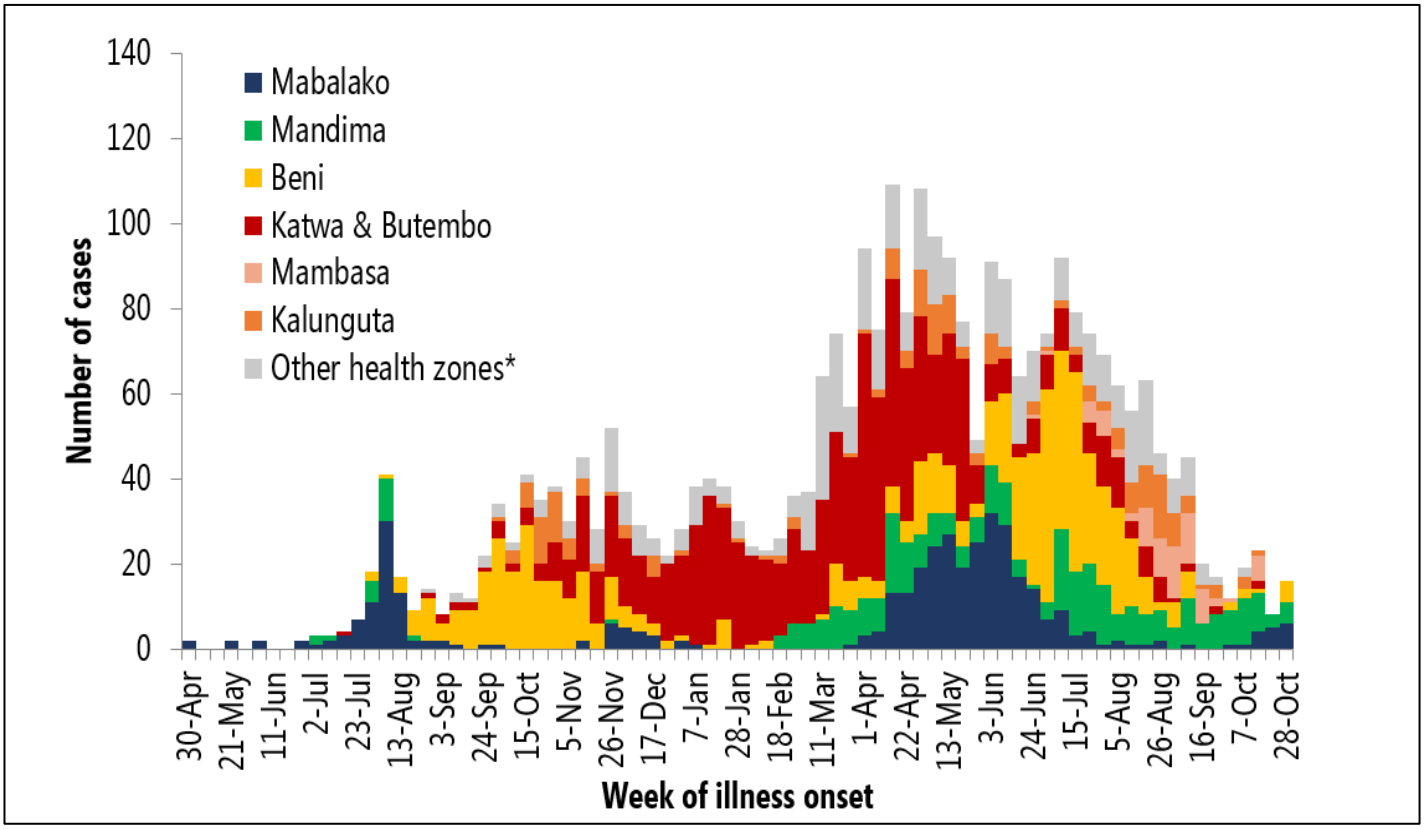
Over the last three months, there has been a steady decrease in confirmed cases of Ebola Virus Disease (EVD) in the Democratic Republic of the Congo. At the peak of the epidemic in the last week of April 2019, 120 cases were reported. In the week of 4 to 10 November 2019 only 12 cases were reported. Teams are building on this progress by enhancing efforts to thoroughly investigate all new cases and improving contact tracing in order to break the remaining transmission chains.

All cases in the past week had linkages to Biakato Mine Health Area in Mandima Health Zone, though only one case was reported from this health area. Of the 11 cases reported outside of Biakato Mine Health Area, over half of these cases (*n*=7) were the result of local transmission after reintroduction of cases from Biakato and the remaining four were a result of movement to or from the area. In the past week, five (41%) of the cases were linked to nosocomial transmission, with four of these linked to a case imported in Beni Health Zone from Biakato Mines Health Area. Of the confirmed cases in the past week, all but one were known contacts prior to being linked to a confirmed case. Follow-up of contacts had temporarily declined in certain areas, particularly in Beni and Mabalako Health Zones. In Beni, registered contacts under surveillance decreased from 98% to 78% between 29 October to 6 November 2019. This is the result of a sudden increase in the number of contacts listed around newly reported cases. Follow up of contacts has improved in recent days to 86% on 10 November 2019 due to scaling up of contact tracing efforts in the health zone.

In the 21 days from 21 October to 10 November 2019, 15 health areas and five health zones have reported cases (Table 1, Figure 2). During this period, a total of 42 confirmed cases were reported, with Mabalako (38%; *n*=16 cases), Mandima (36%; *n*=15 cases), and Beni (14%; *n*=6) as the principal hot spots.

As of 10 November 2019, a total of 3287 EVD cases were reported, including 3169 confirmed and 118 probable cases, of which 2193 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1854) were female, 28% (929) 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 10 November 2019



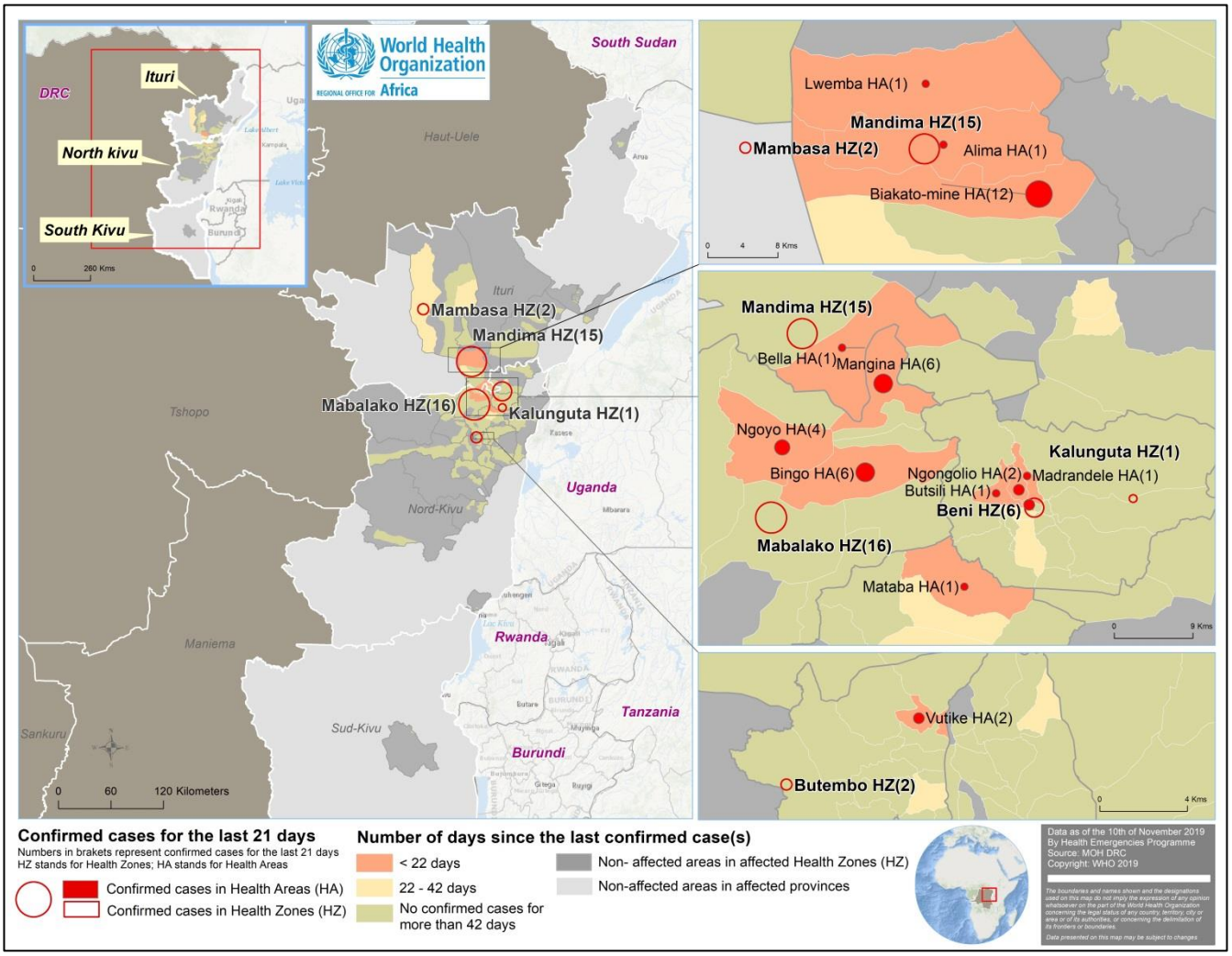
**Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, 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 10 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	4/18	6	685	9	694	448	457
	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	19	212	71	90
	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	16	392	17	409	308	325
	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	0/26	0	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	2/17	2	78	3	81	27	30
	Mandima	4/15	15	339	5	344	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**	**42**	**3169**	**118**	**3287**	**2075**	**2193**

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, 10 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 233 000 contacts have been registered to date, and 5871 are currently under surveillance as of 10 November 2019. On average, 87% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 4275 alerts were received per day over the past seven days, of which 4143 (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, Biakato, 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 INRB laboratory tested 4403 samples from 04 to 10 November 2019. The number of samples tested in this time period increased by 8% compared to the previous week and the proportion of positive cases among new samples is less than 1%”

Vaccines

- From 8 August 2018 to 10 November 2019, 249 914 persons were vaccinated.
- 3497 persons were vaccinated in the week of 4 to 10 November 2019, compared to 2 885 during the week of 28 October to 3 November 2019.

Case management

- There are currently 11 operational Ebola treatment centres (ETCs) and 24 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri. Three transit centres are in the development phase: Kalunguta HGR, Mukulya and Mambasa.
- The current intra-ETC mortality remains around 35%.

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 EVD-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 in the community is being prioritized.

- A standardized IPC/WASH training package was completed, known as Phase 1 training, with 65 IPC specialists trained. These trainers have now rolled out the IPC package, known as Phase 2, across all of the target sub-commissions (Goma, Butembo, Beni, Bunia, Komanda, Mambasa and Mangina), with 294 IPC supervisors trained. Phase 3, 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, the Phase 4 pilot, which aims to train supervisors on supportive supervision and mentorship, has been completed in Goma and is undergoing revision prior to the planned rollout to the target sub-commissions.

- During this outbreak, 162 healthcare worker (HCW) infections were reported – 5% of total infections (162/3287). There have been no HCW infections reported over the last 3 weeks.

- From 1 January 2019 through 10 November 2019, 17% (450/2679) of EVD infections are thought to represent possible nosocomial infection (NI). In the last week, 42% (5/12) of EVD infections were possible NI. In the last 21 days, Beni, Oicha, Mabalako and Mandima (Biakato areas) reported possible NIs (24%, 10/42).

Points of Entry (PoE)

- During the week ending 10 November 2019, 2 796 598 screenings were performed, bringing the cumulative total to over 116 million. 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.

- 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 done 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 seven 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.

Safe and Dignified Burials (SDB)

- As of 11 November 2019, there have been a total of 17 424 SDB alerts notified through the Red Cross SDB database, of which 14 679 (84%) have been responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 11 November 2019, there were 585 SDB alerts recorded in 27 health zones. Of these, 540 (92%) were responded to successfully.
- During this period, all reporting health zones exceeded the 70% success benchmark, except Lubero and Lolwa (each 67%)
- SDB in current hotspots (cases in last 7 days):

Hotspot ZS	Cases in last 7 days (data as of 9 Nov)	# SDB alerts	# Success
Beni	5	56	50 (89%)
Mabalako	5	33	29 (88%)
Mandima	1	No data	No data

Risk communication, social mobilization and community engagement

- The "Principles for Community Engagement" (a code of conduct for all response actors) have been adopted by the response coordination. This is an essential step to strengthen accountability to affected populations.
- The 25 most frequently asked questions developed by the IFRC with analysis support from CDC is currently being adapted in multiple formats and languages for use in the field.

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

- There have been no confirmed cases of EVD reported from South Sudan to date. 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 occurred on 7 November 2019. To date, 2974 frontline workers have been vaccinated.

Uganda

- Four confirmed EVD 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 have not reported any 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.

Finance

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 12 November 2019, US$ 70.7 million has been received by WHO, with additional funds committed or pledged.

WHO is waiting for financial disbursement of several pledges and the operational response may enter a difficult financial situation in coming days, if these pledges are not received.

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 12 November 2019, WHO has received US$ 6.5 million. While some additional pledges are in the pipeline, increased funding for preparedness in neighbouring countries is urgently needed. 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.

- 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. 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

Although most reported cases in the past three weeks were linked to Biakato Mines Health Area in Mandima Health Zone, two clusters of cases have been reported with secondary local transmission in Mabalako and Beni Health Zones. With the encouraging trends in number of cases reported, a concerted effort from all response teams and international partners is critical in order to continue to be effective, engaged and fully resourced to prevent the spread of disease and halt existing transmission chains.