

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 69



World Health
Organization

REGIONAL OFFICE FOR

Africa

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1. Situation update



In the week of 18 to 24 November 2019, seven new confirmed EVD cases were reported from four health zones in two affected provinces in Democratic Republic of the Congo. The majority of the confirmed cases in this week came from Mabalako Health Zone (57%; $n=4$).

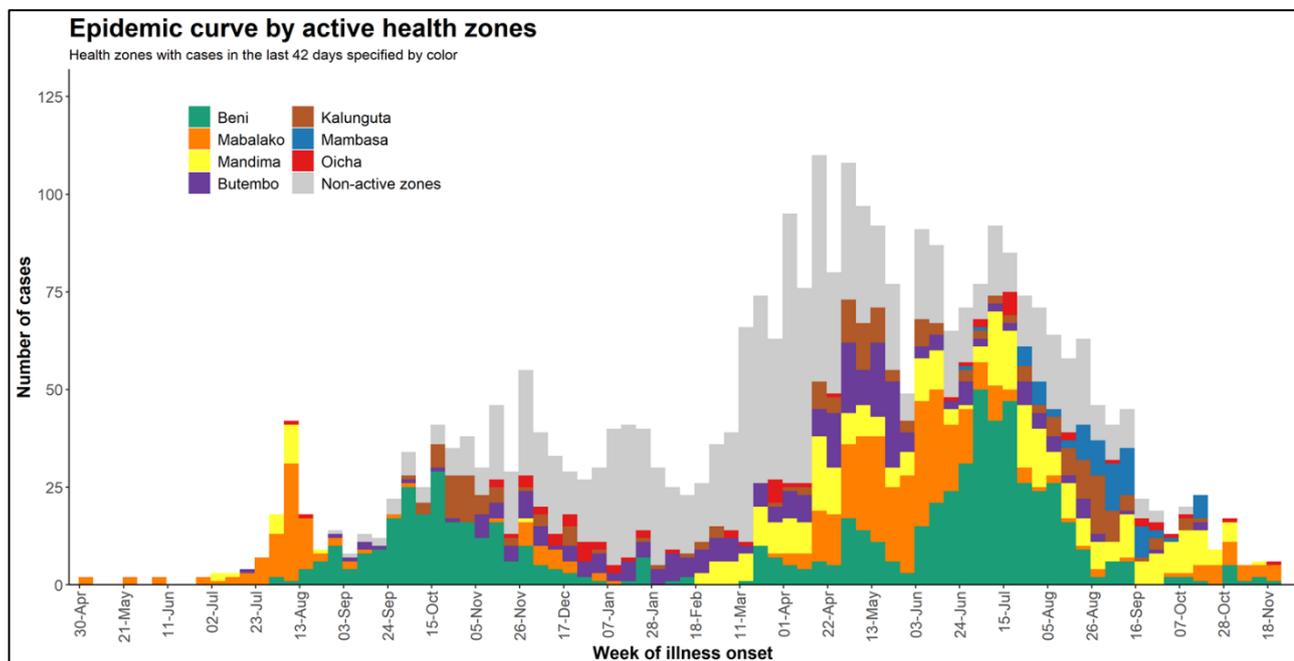
Violence and civil unrest in the week have led to the suspension of Ebola response activities in some areas of Beni, Butembo, and Oicha health zones. On 26 November 2019, some response personnel were temporarily relocated from Beni, though most remain in place to continue responding. The immediate focus will be on maintaining the safety and welfare of response personnel while preserving essential response activities in these places.

The disruptions to the response and lack of access to Ebola-affected communities is threatening to reverse recent progress. As seen previously during this outbreak, such disruptions limit contact tracing, surveillance, and vaccination efforts, and they often result in increased transmission.

In the past 21 days (from 4 to 24 November 2019), 12 health areas and four health zones have reported cases (Table 1, Figure 2). During this period, a total of 28 confirmed cases were reported, with the majority reported from Mabalako (54%; $n=15$ cases) and Beni (32%; $n=9$). There have been no new confirmed cases in Nyakunde Health Zone for 42 days.

As of 24 November 2019, a total of 3303 EVD cases, including 3185 confirmed and 118 probable cases have been reported, of which 2199 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1862) were female, 28% (935) 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 24 November 2019



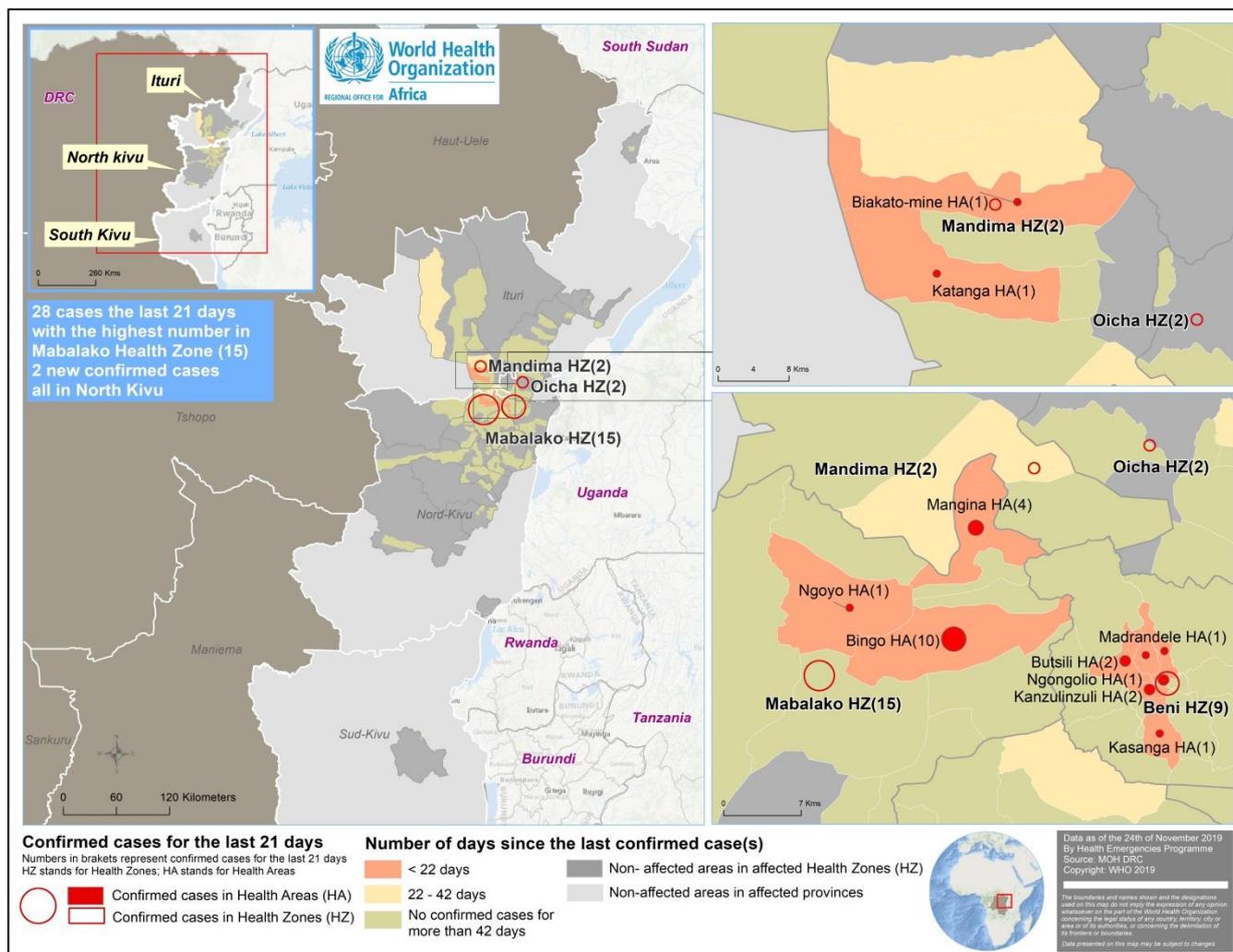
**Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, 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 24 November 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	6/18	9	689	9	698	450	459
	Biena	0/16	0	18	2	20	12	14
	Butembo	0/15	0	285	3	288	350	353
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	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	15	401	17	418	310	327
	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	2	64	0	64	30	30
	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	0/17	0	78	3	81	27	30
	Mandima	2/15	2	340	5	345	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		12/471	28	3185	118	3303	2081	2199

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, 24 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 235 000 contacts have been registered to date, and 3169 are currently under surveillance as of 24 November 2019. On average, 86% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 3849 alerts were reported per day over the past seven days, of which 3690 (96%) 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.
- ➔ The Institut National Pour la Recherche Biomedicale (INRB) laboratory tested 3622 samples from 18 to 24 November 2019. The number of samples tested in this time period decreased by 14% compared to the previous week, mostly due to security reasons, and the proportion of positive cases among new samples is less than 1%”

Vaccines

- ➔ From 8 August 2018 to 23 November 2019, 255 136 persons were vaccinated.
- ➔ 3191 persons were vaccinated in the week of 11 to 17 November 2019, compared to 3530 during the week of 4 to 10 November 2019.
- ➔ Vaccination with the Johnson & Johnson vaccine (Ad26.ZEBOV/MVA-BN-Filo) continued in the Karisimbi Health Zone, with 54 people vaccinated on 16 November 2019, bringing the cumulative total of people vaccinated with this vaccine to 147 since its introduction on 14 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.
- ➔ A standardized IPC/WASH package phased rollout training is ongoing. The response-wide IPC/WASH package will strengthen the quality of IPC/WASH interventions throughout the Ebola Response as well as addressing nosocomial infections through standardization of training modules, Standard Operating Procedures (SOPs), and tools through implementation of evidence-based best practices. The next level (Phase 3) which targets facility-based IPC focal persons, is being planned across most of the sub-commissions. Phase 3 rollout begins in Goma, and the Phase 4 pilot, which trains supervisors on supportive supervision and mentorship, was completed in Goma - materials are being revised and the plan for rollout is pending the completion of Phase 3 training.

Points of Entry (PoE)

- ➔ During the week ending 24 November 2019, 2 580 260 screenings were performed, bringing the cumulative total to over 21 million. This week, a total of 231 alerts were notified, of which 91 (39%) were validated as suspect following investigation; none was subsequently confirmed with EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and PoCs therefore remains at 30. This week, 106 out of 109 operational PoEs and PoCs reported daily screening, and out of these, 56 PoEs and PoCs reported alerts among screened travelers.
- ➔ This week, emphasis continues to be placed on traveler screening and identification of travelling contacts at PoCs surrounding Lwemba and Oicha, as well as reinforce screening at PoCs in the perimeters of Beni, Butembo and Goma, and PoE Kasindi, Petite Barrière and Grande Barrière.

Safe and Dignified Burials (SDB)

- ➔ As of 25 November 2019, there have been a total of 18 477 SDB alerts notified through the Red Cross SDB database, of which 15 640 (85%) have been responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending 25 November 2019, there were 475 SDB alerts recorded in 28 health zones. Of these, 438 (92%) were responded to successfully.
- ➔ During this period, four health zones fell below the 70% success benchmark: Nyiragongo (67%), Manguredjipa (50%), Nyankunde (44%), and Lolwa (33%).
- ➔ SDB in current hotspots (cases in last 7 days):

Hotspot ZS	Cases in last 7 days (data as of 24 Nov)	# SDB alerts	% Success
Mabalako	4	38	92%
Beni	1	41	98%
Oicha	1	10	100%
Mandima	1	5	100%

Risk communication, social mobilization and community engagement

- ➔ Current activities are focused in supporting the implementation of the response pillars, ensuring dialogue with communities is established throughout the response.
- ➔ Trainings and coordination meetings with community workers are ongoing.

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 6 HZs) and South Kivu Province (Bukavu plus 3 HZs).
- ➔ Tshopo Province has created an alert management cell and has investigated a total of 777 alerts to date, all negative for EVD. They have trained 3 Rapid Response Teams of 30 people each and are screening approximately 3000 people per week in 10 Points of Entry including the Kisangani Airport.

Priority 1 countries

There have been over 2300 alerts investigated from 39 countries and EVD was systematically ruled out in all except Uganda. Four confirmed EVD cases have been imported from Democratic Republic of the Congo to Uganda since June 2019, with no transmission or secondary cases in Uganda. A total of 14 600 health workers have been vaccinated in the four priority 1 countries (Uganda, Burundi, Rwanda and South Sudan).

In South Sudan, IOM continued to support and conduct active screening for inbound travellers to South Sudan in 10 Points of Entry (PoEs) sites, bringing the cumulative total screenings to 982,820, with no alert reported. Following the incident in Isebi last October, IOM had suspended activities at the 5 PoEs at Isebi, Okaba, Bazi, Lasu and Tokori, however, after security re-assessments two of the PoEs were re-opened in Bazi and Okaba. During this reporting period, IOM started supporting the Ministry of Health (MOH) in the management of five new POE sites previously managed by the World Health Organization (WHO) in Nimule, Wau and Juba. The IOM South Sudan Week 46 report is accessible from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-46-11-%E2%80%9317-november-2019>.

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 26 November 2019, US\$ 85.6 million has been received by WHO, with additional funds committed or pledged.

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 19 November 2019, WHO has received US\$ 7.3 million. WHO currently has no further pledges in the pipeline for preparedness. 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

The drop in newly confirmed cases is encouraging, although transmission is still occurring in Mandima, Mabalako, Oicha, and Beni Health Zones. The resumption of violence in response areas, including Beni, is of grave concern as this will affect contact tracing in those areas where transmission is still occurring, as well as case management and other aspects of the EVD response. It is critical that all areas of response remain effective, engaged, and fully resourced.