

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 75



World Health
Organization

REGIONAL OFFICE FOR
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1. Situation update

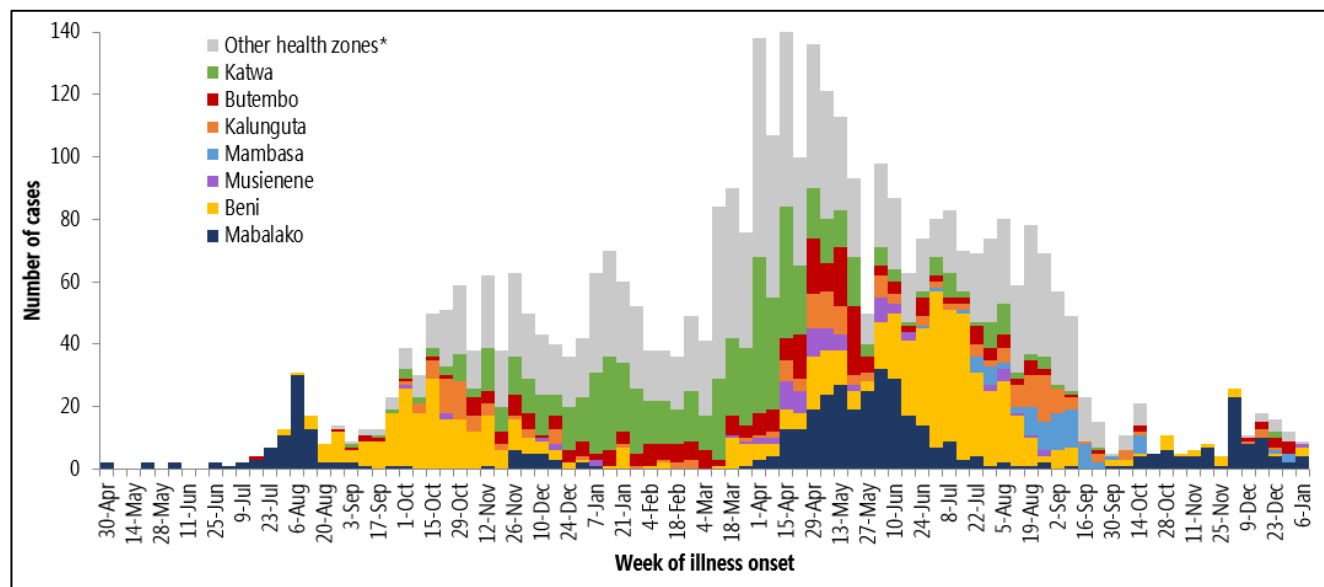


From 6 to 12 January 2020, eight new confirmed cases of Ebola virus disease (EVD) were reported from Mabalako, Beni, and Musienene Health Zones in North Kivu Province in the Democratic Republic of the Congo. Of these cases, three were reported in Beni Health Zone, where no cases had been reported for 29 days, and one was reported in Musienene Health Zone, where no cases had been reported for 132 days. These four cases are linked to the transmission chain that originated in Aloya Health Area, Mabalako Health Zone, and were not unexpected given known links between Mabalako and Beni.

In the past 21 days (23 December 2019 to 12 January 2020), 36 confirmed cases were reported from 14 of the 87 health areas in seven active health zones in North Kivu and Ituri Provinces (Figure 2, Table 1): Mabalako (36%; $n=13$), Butembo (22%; $n=8$), Beni (8%; $n=3$), Kalunguta (14%; $n=5$), Katwa (6%; $n=2$), Musienene (3%; $n=1$) Health Zones in North Kivu Province and Mambasa (11%; $n=4$) Health Zone in Ituri Province. Almost half (17/36) of these cases were isolated three or more days after symptom onset (including three community deaths), none of whom were known or being followed as contacts.

As of 12 January 2020, a total of 3398 EVD cases, including 3280 confirmed and 118 probable cases have been reported, of which 2235 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1907) were female, 28% (959) were children aged less than 18 years, and 5% (169) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 12 January 2020



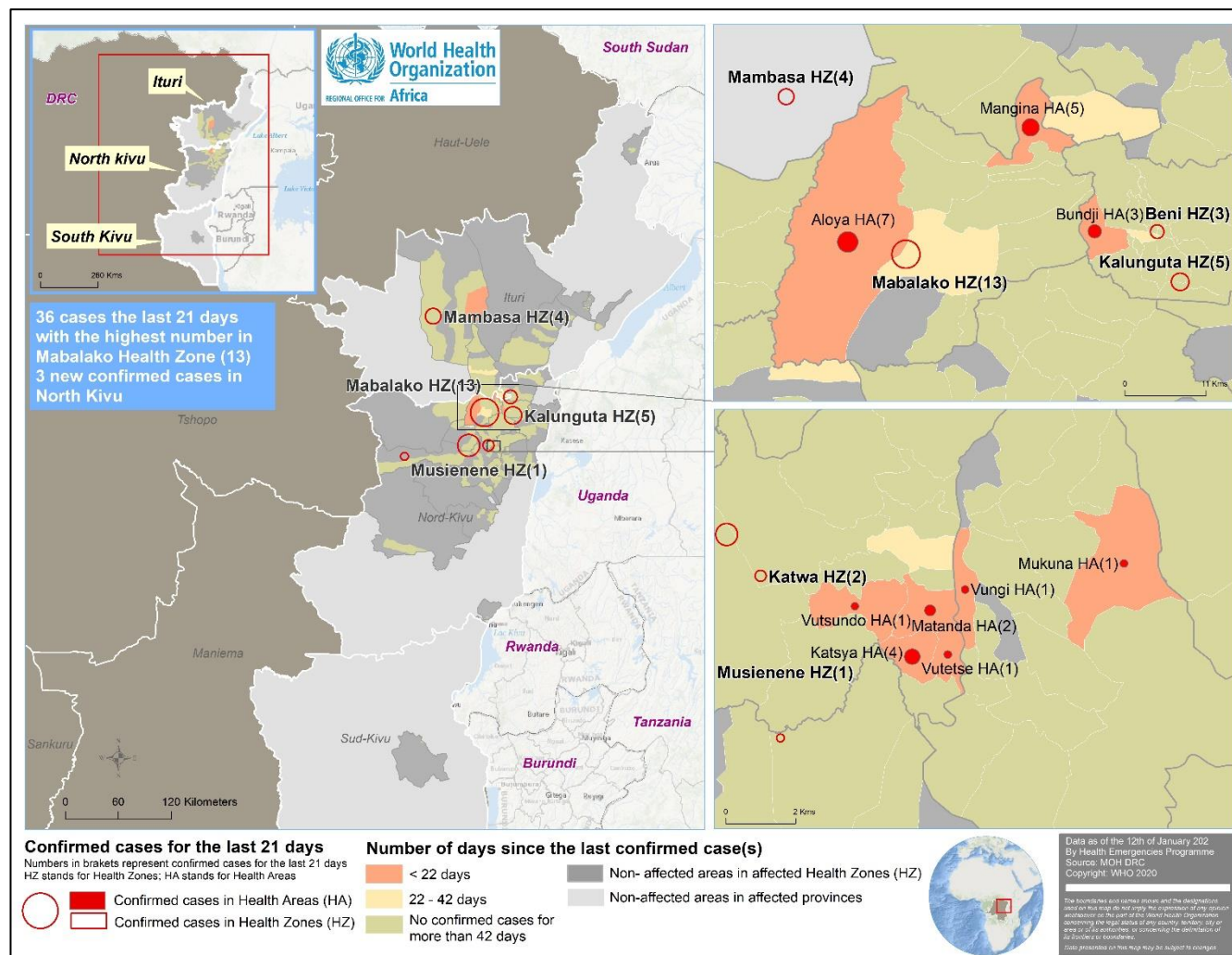
*3398 confirmed and probable cases, reported as of 12 January 2020. Excludes n=173 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kayna, Komanda, Kyondo, Lolwa, Lubero, Mandima, Manguredjipa, Masereka, Mutwanga, Mwenga, Nyakunde, 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 12 January 2020

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	1/18	3	698	9	707	453	462
	Biena	0/16	0	19	2	21	12	14
	Butembo	4/15	8	295	3	298	353	356
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	1/18	5	198	19	217	71	90
	Katwa	2/18	2	653	23	676	471	494
	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	456	17	473	333	350
	Manguredjipa	0/10	0	18	0	18	12	12
	Masereka	0/16	0	50	6	56	17	23
	Musienene	1/20	1	85	1	86	33	34
	Mutwanga	0/19	0	32	0	32	12	12
	Nyiragongo	0/10	0	3	0	3	1	1
	Oicha	0/26	0	65	0	65	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	2/17	4	82	3	85	27	30
	Mandima	0/15	0	347	5	352	166	171
	Nyakunde	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		14/471	36	3280	118	3398	2117	2235

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, 12 January 2020



**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 246 000 contacts have been registered to date, and 3670 were under surveillance as of 12 January 2020. On average, 89% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 4968 alerts were reported per day over the past seven days, of which 4181 (97%) were investigated within 24 hours of reporting.

Vaccines

- ➔ From 8 August 2018 to 12 January 2020, 265 309 people were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- ➔ Vaccination with the Ad26.ZEBOV/MVA-BN-Filo vaccine continued in Karisimbi Health Zone, with 5684 people vaccinated since its introduction on 14 November 2019.

Case management

- ➔ There are currently 11 operational Ebola treatment centres (ETCs) and 25 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri.

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

- ➔ During the last three weeks, 826 healthcare facilities were assessed in 21 health zones using the IPC “scorecard”, which consists of 12 IPC standards: the mean IPC score was 65% (the target is 80%). Hand hygiene was the best performing indicator (81%), whereas sterilization (39%) and isolation capacity (45%) remained the lowest scoring indicators. Gaps were identified, and improvement action plans were written in collaboration with IPC focal persons at the facility, IPC supervisors, and partners, where present.
- ➔ In the last seven days, the cumulative number of infections among health care workers is 169 with no new reported infections.
- ➔ In the last seven days, there has been one possible nosocomial infection linked to a traditional practitioner centre in Beni Health Zone. The IPC team responded by performing decontamination, IPC kit donation, health care workers’ risk assessment evaluation, facility evaluation (score of 64%), and temporary closure of the facility to allow time to address gaps identified.

- ➔ This week in the hotspots of Mangina and Mambasa Health Zones, IPC training was conducted on the MOH standardized “IPC toolkit” of IPC focal points and hygiene committee of healthcare facilities (known as Phase 3 of the IPC toolkit dissemination). To date, approximately 1718 healthcare workers have been trained on the IPC toolkit.
- ➔ Water, sanitation and hygiene (WASH) activities continue, with six health facilities evaluated in Beni and Mabalako Health Zones and IPC kits donated, while 23 health facilities were monitored in Oicha, Mabalako, and Mambasa Health Zones as of 11 January 2020.

Points of Entry (PoE)

- ➔ From 6 to 12 January 2020, 3 049 994 screenings were performed, bringing the cumulative number of screenings to over 139 million since the beginning of the outbreak. A total of 219 alerts were notified, of which 109 (50%) were validated as suspect cases following investigation; none were subsequently confirmed as EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) remains at 30. The average number of PoEs and PoCs reporting daily screening has remained unchanged at 105 this week.
- ➔ Four high risk contacts on the move were intercepted at Maboya PoC, of which two were identified on 6 January. All contacts are linked to a confirmed EVD case reported in Aloya Health Area, Mabalako Health Zone. The contacts intercepted were asymptomatic and were assisted to go back to Aloya Health Zone for follow up.
- ➔ WHO and the PoE Commission mapped alternative routes connecting Aloya Health Area with Butembo and Beni Health Zones this week and assessed population movement trends passing through these routes. Based on this mapping exercise, new mobile PoCs will be set up and/or existing PoCs will be repositioned, to ensure that traveller screening takes place in the most strategic locations in Mabalako, Biena, Kalunguta, and Butembo Health Zones.
- ➔ A joint assessment was carried out by the National Programme of Hygiene at Borders (PNHF) and the International Organization for Migration (IOM) from 7 to 10 January 2020 in Komanda to explore the possibility of installing a mobile PoC around a detour located 5 km prior to entering the PoC of Foner, where many travellers deviate without being checked at the main PoC. It was recommended that a supplementary mobile PoC be considered.
- ➔ All four PoCs, namely Foner Komanda, Pont Loya, Luna, and Pont Ituri now have well trained secondary investigators for alerts. Another training is planned in the coming days to enhance visual observation skills at PoCs in Komanda.
- ➔ The PoC of Foner opening hours have now been extended to 8pm. Additionally, a total of 198 203 travellers using the PoC were sensitized on EVD risks and prevention over the last three weeks.
- ➔ In the city of Goma, an IOM WASH team conducted a study visit at the PoE of Petite Barriere on 8 January 2020 to assess the possibility of installing an automatic hand washing station. The report will soon be shared with other parties to inform next steps.
- ➔ All PoCs/PoEs were supplied with extra health screening kits as needed to speed up the delivery of services, particularly in PoCs with new cases and contacts.

Safe and Dignified Burials (SDB)

- ➔ As of 12 January, there have been a total of 22 445 SDB alerts notified through the Red Cross SDB database, of which 19 353 (86%) have been responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending 12 January 2020, there were 430 SDB alerts recorded in 24 health zones. Of these, 406 (94%) were responded to successfully.
- ➔ During this period all reporting health zones surpassed the 70% success benchmark

Risk communication, social mobilization and community engagement

- ➔ Traditional healers and managers of private structures which had contact with suspected EVD cases participated in response activities after community dialogue in Aloya, Mabalako Health Zone.
- ➔ A forum for popular expression was also organized with village chiefs and civil society leaders to address questions related to vaccination activities in Métal and Aloya Health Zones.
- ➔ Teams continue to involve local actors in communication and vaccination activities in Lwemba and Biakato.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- ➔ Readiness teams continue to implement readiness activities without disruption 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).

Priority 1 countries

There have been over 2 300 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. Uganda was successful in stopping the spread of Ebola and preventing outbreaks by investing USD 18 million in EVD preparedness efforts. A total of 14 600 health workers have been vaccinated in the four priority 1 countries (Burundi, Rwanda, South Sudan and Uganda).

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. WHO has received US\$ 148 million and is grateful that donors fully funded WHO's response needs through to early 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. WHO has received US\$ 7.5 million. 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 hotspots for this outbreak in the past 21 days are Mabalako and Butembo Health Zones in North Kivu Province. Though not unexpected, there are concerns about the new confirmed cases reported in Beni and Musienene Health Zones, where there had been no new confirmed cases reported for 29 and 132 days, respectively. Sporadic security events against response efforts continue, particularly in North Kivu Province. Efforts are ongoing to continue to engage with affected communities and to upscale response activities in affected regions to bring the outbreak to a close.