

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 77



World Health
Organization
REGIONAL OFFICE FOR
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1. Situation update

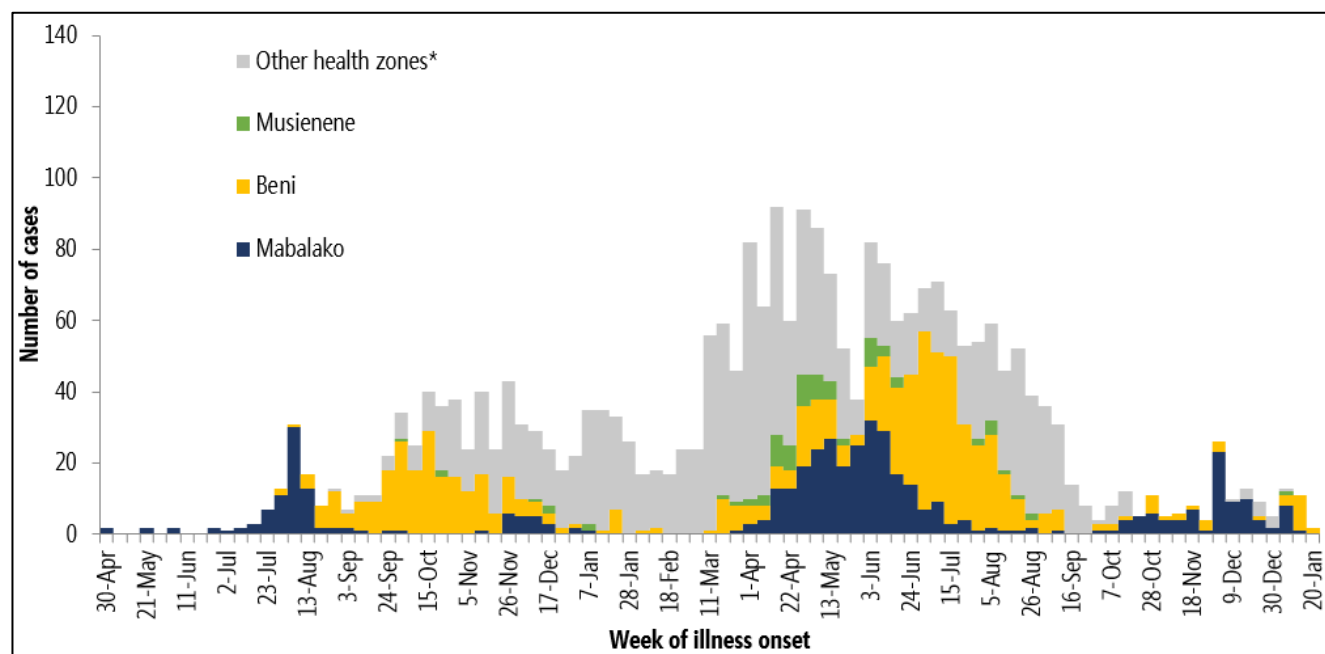
Cases	Deaths
 3418	 2240

From 20 to 26 January 2020, four new confirmed cases of Ebola virus disease (EVD) were reported in Beni Health Zone in North Kivu Province, Democratic Republic of the Congo. Among the four cases, three were registered as contacts, including one under surveillance at the time of detection. The other confirmed case was not identified as a contact and stayed in the community for four days prior to being admitted to an Ebola treatment centre. This individual infected the two most recent cases reported in Beni Health Zone through possible nosocomial transmission. This information reinforces the importance of close and thorough monitoring of patients in healthcare facilities that have concurrently admitted confirmed cases of EVD. All new cases reported in the past week were linked to the known transmission chain that originated in December 2019 in Aloya Health Area in Mabalako Health Zone.

In the past 21 days (6 to 26 January 2020), 27 confirmed cases were reported from five of the 50 health areas in three active health zones in North Kivu Province (Figure 2, Table 1): Beni (59%; $n=16$), Mabalako (37%; $n=10$) and Musienene (4%; $n=1$) Health Zones in North Kivu Province. In the past three weeks, no new cases were reported in Ituri Province. As of 26 January, more than 21 days have passed without reports of new confirmed cases in Kalunguta (29 days), Katwa (26 days), Butembo (23 days) and Mambasa (21 days) Health Zones.

As of 26 January 2020, a total of 3418 EVD cases, including 3299 confirmed and 119 probable cases have been reported, of which 2240 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1916) were female, 28% (963) were children aged less than 18 years, and 5% (172) were health care workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 26 January 2020



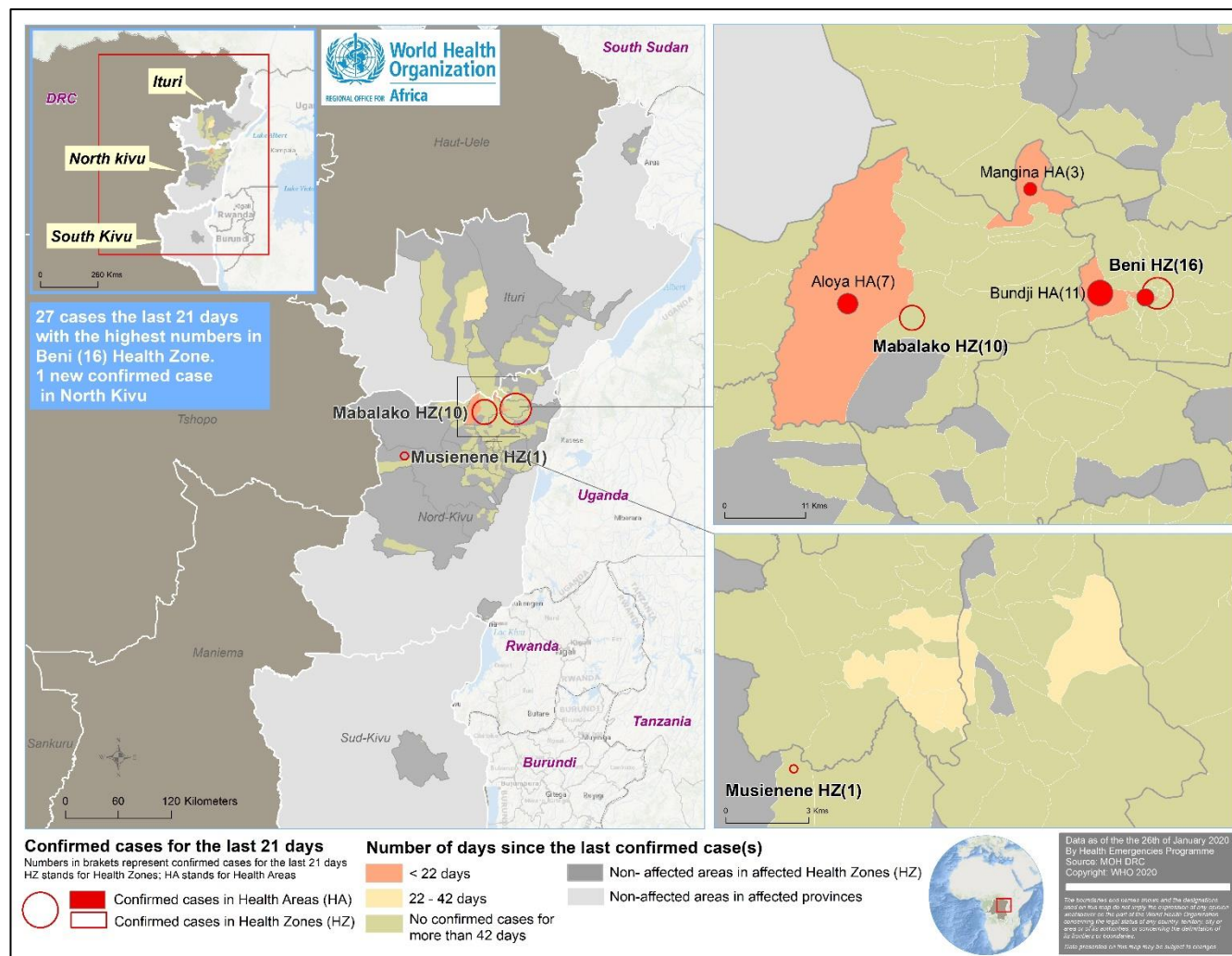
*3418 confirmed and probable cases, reported as of 26 January 2020. Excludes n=173 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Butembo, Goma, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lolwa, Lubero, Mambasa, 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 26 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	2/18	16	711	9	720	456	465
	Biena	0/16	0	19	2	21	12	14
	Butembo	0/15	0	295	3	298	353	356
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	198	19	217	71	90
	Katwa	0/18	0	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	2/12	10	462	18	480	334	352
	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	0/17	0	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		5/471	27	3299	119	3418	2121	2240

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, 26 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 247 000 contacts have been registered to date, and 1900 were under surveillance as of 26 January. On average, 94% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 5847 alerts were reported per day over the past seven days, of which 4963 (98%) were investigated within 24 hours of reporting.

Vaccines

- From 8 August 2018 to 26 January 2020, 276 520 people were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- Vaccination with the Ad26.ZEBOV/MVA-BN-Filo vaccine continued in two health areas near Goma, with 7611 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)

- In the last seven days there were two possible cases of nosocomial infection in Beni subcoordination (no healthcare worker infected).
- IPC activities were performed around all four cases of EVD, including evaluation, decontamination of households, IPC kit donations, IPC briefing, monitoring and supportive supervision for facilities within the Ring).
- A total of 157 healthcare facilities were assessed with the scorecard: the mean IPC score was 73% in 13 health zones. Among IPC indicators, sterilization and isolation capacity remain the lowest scoring indicators.
- IPC training on the MOH standardized “IPC toolkit” of IPC focal points and hygiene committee of health care facilities (known as Phase 3 of the IPC toolkit dissemination) is planned to start in Biakato on 29 January targeting 140 healthcare workers.

- The WHO team in the cooperation with MoH and other members of IPC task force developed an conceptual note on the multisectoral strategic plan to address the IPC under performance of healthcare facilities category 3 & 4, including traditional healers, which have been the main focus of nosocomial infections.
- Water, sanitation and hygiene (WASH) activities continue, with 392 healthworkers briefed in Beni and Oicha. Butembo and Mambasa and there was formative assessment of 553 hand-washing points in the same health zones as of 25 January 2019.

Points of Entry (PoE)

- From 20 to 26 January, 1 857 793 screenings were performed, bringing the cumulative number of screenings to over 143 million since the beginning of the outbreak. There were 351 alerts notified this week, of which 187 (53%) were validated as suspects following investigation; none was subsequently confirmed with EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) therefore remains at 30. The average number of PoEs and PoCs reporting daily screening stood at 106 this week.
- Four contacts were intercepted at PoC Pont Loya in Komanda this week, three were on their way to Butembo, and one on his way to Beni. The identified contact travelling to Beni presented some signs suggestive of EVD, and was referred to the Komanda ETC.
- Two population movement participatory rapid assessments were carried out in Beni and Aloya. Findings from these risk assessments confirmed that there are significant population flows connecting Mabalako, Mangina, Biakato and Beni, notably through Bundji and Sayo Health Areas, especially during market days; many travellers are evading taxes at the PoC Foner using a deviation near PoC Pasisi close to the Brasimba beer company. The two assessments recommended establishment of a number of PoCs in the three health areas (Bundji, Sayo and Aloya Health Areas).

Safe and Dignified Burials (SDB)

- As of 26 January, there have been a total of 23 592 SDB alerts notified through the Red Cross SDB database, of which 20 415 (87%) have been responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 26 January 2020, there were 547 SDB alerts recorded in 29 health zones. Of these, 505 (92%) were responded to successfully.
- During this period all reporting health zones surpassed the 70% success benchmark, except Mambasa (10/16, 63%), Nyankunde (2/6, 33%) and Lolwa (1/2, 50%) Health Zones.

Risk communication, social mobilization and community engagement

- Educational discussions, mass awareness-raising, community dialogues, and interpersonal interaction carried out with community members, patients, visitors from high-risk areas and other groups on the different topics, including visitor management, the importance of vaccination against EVD, the importance consulting health facilities and ETC/TCs early, and prevention measures against EVD.

- ➔ A mass campaign “let’s all vaccinate against EVD” was launched in Aloya, Mabalako Health Zone and Mambasa.
- ➔ Community dialogues were held to discuss the importance of vaccination and to engage with traditional healers and private health structures to collaborate in the referral of suspected cases to Ebola treatment and transit centres in Aloya, Beni and Biakato.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- ➔ Readiness teams continue to implement 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 EVD 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).
- ➔ In South Sudan, 64 776 inbound travellers were screened through the 16 PoEs supported by IOM. Three PoEs (Isebi, Tokori and Lasu) remain out of operation due to insecurity as the situation remains under close monitoring. The number of inbound travellers has slightly increased by 8.7% from the previous reporting week. The cumulative number of inbound travellers stands at 1 057 845 with no alert reported. In order to strengthen EVD surveillance and IPC in health facilities near the PoEs, IOM supports 4 health centres (Lasu, Khorijo, Kerwa and Kaya). The IOM South Sudan EVD weekly report (week 49) is available as follows: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-49-02-08-december-2019>.
- ➔ In Burundi, IOM supported the ministry of health to conduct a community sensitization on EVD in Gatumba (Bujumbura Rural province). The sensitization was held at the Ruzizi market and reached approximately 800 people (38% women; 13% children) The key messages were on EVD prevention.

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

- ➔ WHO’s financial need for the Ebola response for January to April 2020 (SRP 4.1) is about to be finalized and is expected to be in the range of US \$70 to \$75 million. Taking into account the carryover from 2019, WHO requires a minimum of US \$30 million as of early February 2020 to ensure continuity of activities and to avoid cashflow shortages. More funding will be needed beyond this to get to zero cases and move into building strong, resilient health services.

- ➔ The funding requirement [Regional Preparedness](#) 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 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

As the number of cases reported per week decreases compared to previous months, utmost attention should and will be given to investigating all new reported cases, identifying their contacts, and following up on these contacts. As observed in the past week, it is essential to detect new cases as early as possible in order to prevent further transmission in the community, as well as to conduct close and thorough investigation in those healthcare facilities that have admitted confirmed cases of EVD, in order to identify all contacts among healthcare workers and co-patients.