

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 79



World Health  
Organization

REGIONAL OFFICE FOR  
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### 1. Situation update



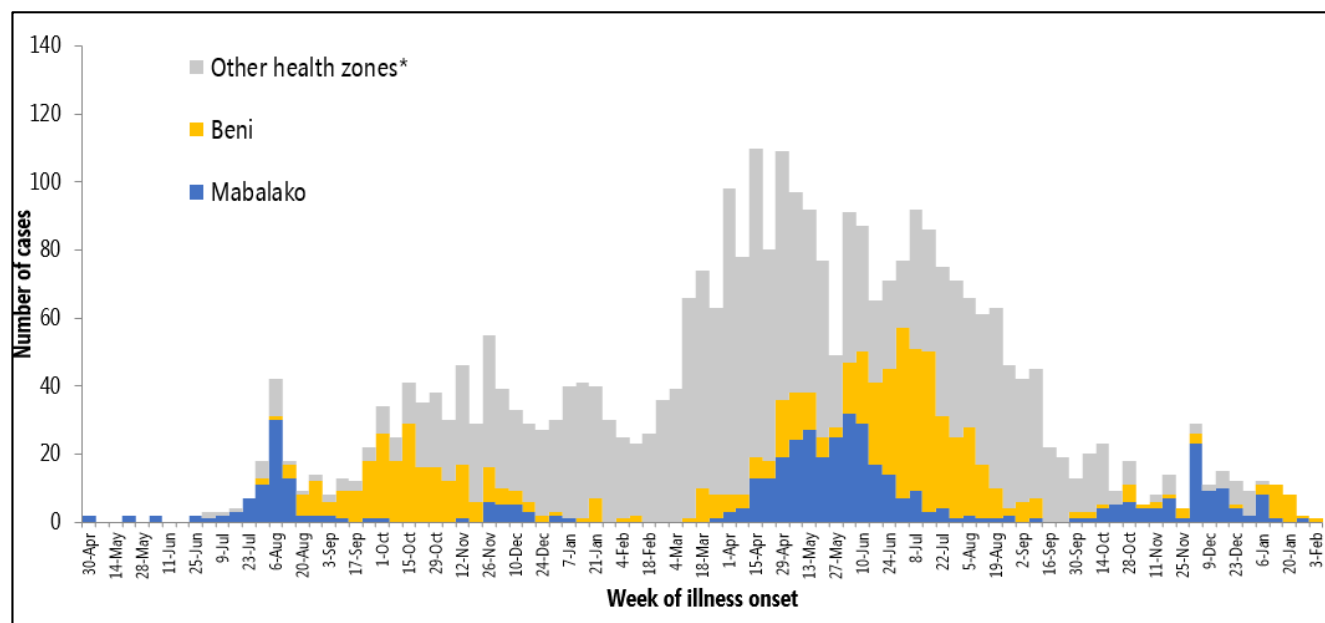
From 3 to 9 February 2020, three new confirmed cases of Ebola virus disease (EVD) were reported in Beni Health Zone, North Kivu Province in the Democratic Republic of the Congo (Figure 1). All of the cases were registered as contacts and two were under surveillance at the time of detection.

In the past 21 days (20 January to 9 February 2020), 13 new confirmed cases were reported from four of the 30 health areas in two active health zones in North Kivu Province (Figure 2, Table 1): Beni (92%;  $n=12$ ) and Mabalako (8%;  $n=1$ ) Health Zones. Although recent trends of this outbreak, including the small number of weekly cases and limited geographic area affected by EVD are encouraging, continued vigilance is crucial, particularly for contact identification and follow up, in order to interrupt possible nosocomial transmission linked to traditional practitioner facilities. In the last 21 days, there were three cases of the 13 new confirmed cases who passed away in the community, outside of Ebola treatment centres.

The security situation in several EVD-affected health areas remain unstable and unpredictable. On 8 February, a health centre was attacked in Butembo, destroying equipment and infrastructure. On 8 February 2020, an attack on civilians in Mabalako Health Zone led to a suspension of response activities for 48 hours. This attack resulted in displacement of people fearing armed attacks.

As of 9 February 2020, a total of 3431 EVD cases, including 3308 confirmed and 123 probable cases have been reported, of which 2253 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1920) were female, 28% (968) were children aged less than 18 years, and 5% (172) were healthcare workers.

**Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 9 February 2020**



\*3431 confirmed and probable cases, reported as of 9 February 2020. Excludes n=163 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, Musienene, Mutwanga, Mwenga, Nyakunde, Nyiragongo, Oicha, Pinga, Rwampara, Tchomia, and Vuhovi

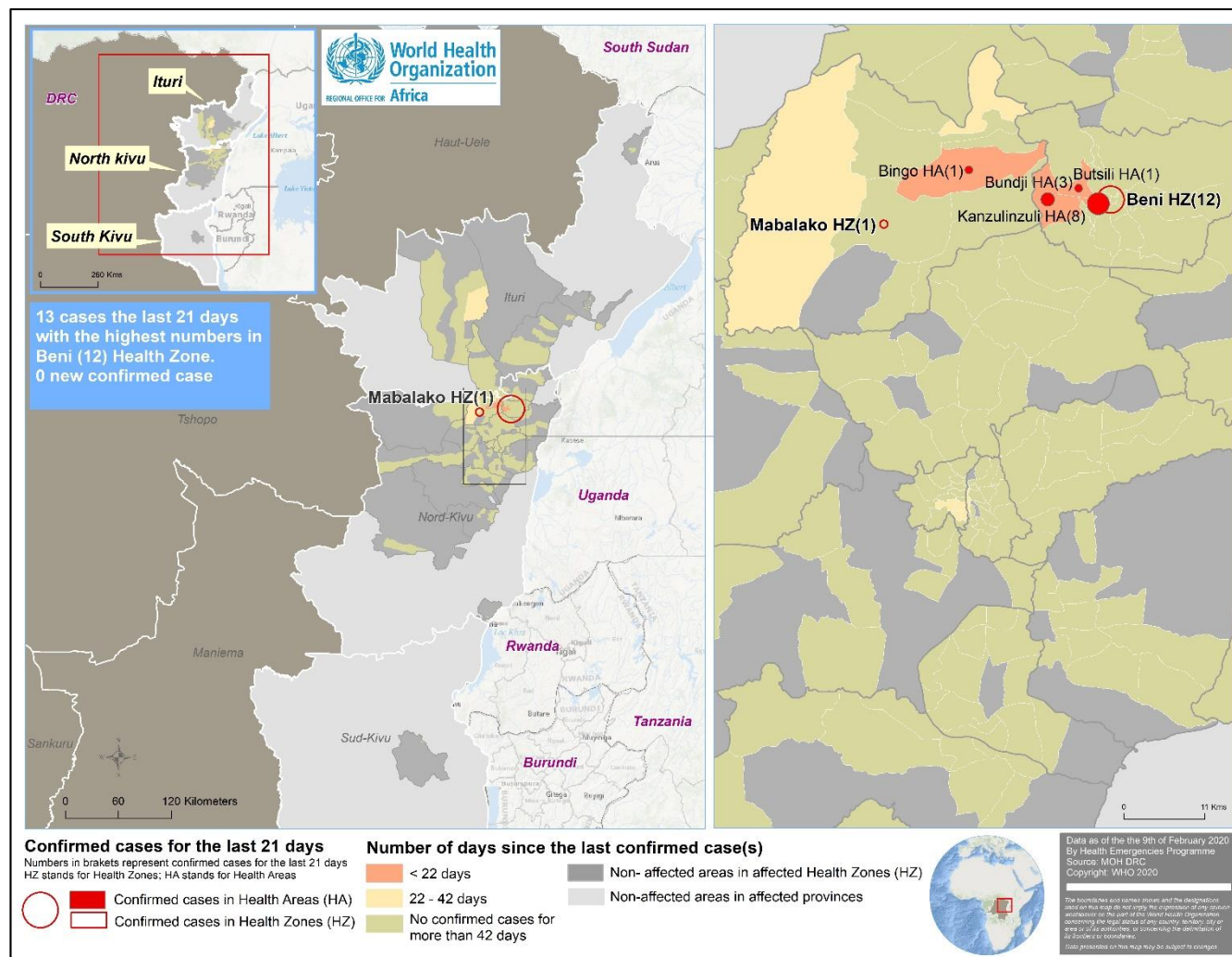
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 9 February 2020**

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	3/18	12	719	9	728	465	474
	Biena	0/16	0	19	2	21	12	14
	Butembo	0/15	0	295	6	301	353	359
	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	1/12	1	463	18	481	334	352
	Manguredjipa	0/10	0	18	0	18	12	12
	Masereka	0/16	0	50	6	56	17	23
	Musienene	0/20	0	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	6	353	166	172
	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		4/471	13	3308	123	3431	2130	2253

*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, 9 February 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 249 000 contacts have been registered to date, and 2433 were under surveillance as of 9 February 2020. On average, 89% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 5269 alerts were reported per day over the past seven days, of which 4717 (99%) were investigated within 24 hours of reporting.

### Vaccines

- ➔ From 8 August 2018 to 9 February 2020, 291 423 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 11 653 people vaccinated since its introduction on 14 November 2019, as of 7 February 2020.

### Case management

- ➔ As of 9 February 2020, there are nine Ebola treatment centres (ETCs) reporting bed occupancy and 10 Ebola transit centres reporting bed occupancy 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 three possible cases of nosocomial infection in Beni subcoordination (no healthcare workers were infected), all associated with traditional healers' centres.
- ➔ IPC activities were performed around all three new cases of EVD, including evaluation, decontamination of households, IPC kit donations, IPC briefing, monitoring and supportive supervision for facilities.
- ➔ A total of 262 healthcare facilities were assessed with the scorecard: the mean IPC score was 75% in 14 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 healthcare facilities (known as Phase 3 of the IPC toolkit dissemination) started in Biakato on 29 January 2020, which targeted 140 healthcare workers. However, the training was interrupted by the recent attacks on an EVD response office in Biakato. Following the interruption, the training resumed and ended on 6 February 2020 with 76 participants. On 6 February 2020, another training started with 140 additional participants.

## Points of Entry (PoE)

- screenings to over 150 million since the beginning of the outbreak. There were 326 alerts notified this week, of which 135 (41%) were validated as suspects following investigation; none were 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 was 105 out of 109 points this week. No EVD contact was intercepted at PoEs and PoCs this week.
- There were three days (3 to 6 February 2020) of inactivity at Biakato Mayi and Biakato Mines PoC after the attack of the EVD coordination infrastructure by unidentified persons. Cases of insecurity continue to affect PoE activities in North Kivu. Since 8 February 2020, the PoCs Bella, Makeke, Makeke Diversion, and Kyazaba suspended operations following an attack on civilians on 7 February 2020 on the outskirts of the city of Mangina in Mukusa.
- On 9 February 2020, there was significant population movement from Mangina and its surroundings to Beni fleeing the insecurity. In order to put an end to the few EVD infections currently being detected in Beni, the general coordination of the response moved to Beni where it held meetings and field visits. An *ad hoc* emergency operational plan was also elaborated. Key actions planned to be undertaken, by the International Organization for Migration (IOM) and National Programme for Border Hygiene (PNHF), under this Emergency Plan includes: Pasisi, Maboza and Mavivi Barriere PoCs are expected to extend operations to 24 hours, while the PoC named PK 5 will operate until 22:00. Moreover, risk communication and community engagement activities will continue to be conducted around PoCs in those areas.
- A joint assessment bringing together IOM and PNHF was conducted on Friday in Oicha to evaluate the necessity to resume activities at eight PoCs previously supported by WHO which closed in October 2019 due to insecurity. Out of the eight, only one was found to be operational. IOM will plan to reopen two more after validation by PoE commission.
- IOM conducted trainings of data collectors in preparation for the rollout of Flow Monitoring of Population (FMP), from epidemiological week seven in Beni as well as in the axes of Beni-Butembo, Beni-Komanda and Komanda-Bunia.

## Safe and Dignified Burials (SDB)

- As of 9 February 2020, there have been a total of 24 748 SDB alerts notified through the Red Cross SDB database, of which 21 485 (87%) have been successfully responded by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 9 February 2020, there were 573 SDB alerts recorded in 28 health zones. Of these, 520 (91%) were responded to successfully.
- During this period all reporting health zones surpassed the 70% success benchmark, except Nyankunde (5/8, 63%) and Lolwa (0/2, 0%) 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 different topics, including visitor management, the importance of vaccination against EVD, the importance of consulting health facilities and ETC/TCs early, and prevention measures against EVD.
- Close work and support to all intervention areas and joint planning of activities to ensure respect and engagement of affected families and communities is underway by the response teams.

## 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 June 2020 is US \$83 million. Thanks to the generosity of donors in 2019, WHO has some carry-over funding available for Jan and February. However, WHO requires close to USD \$40 million as of the end February 2020 to ensure continuity of activities and to avoid cashflow shortages.
- 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](mailto: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

Beni Health Zone remains the hotspot of this outbreak. Ongoing insecurity in other areas is of concern. Continued access and heightened vigilance is required to maintain case investigation and contact tracing activities in all health zones.