

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 87



World Health  
Organization

REGIONAL OFFICE FOR

Africa

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## Democratic Republic of the Congo External Situation Report 87

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Data as reported by: 5 April 2020

### 1. Situation update



Since 17 February, there have been no new cases of Ebola virus disease (EVD) reported from Democratic Republic of the Congo. This is a positive sign; however, there is still a high risk of re-emergence of EVD, and challenges related to limited resources, continued insecurity, population displacement in previous hotspots and limited access to some affected communities. It is essential to maintain surveillance and response activities, in addition to continuing to support and monitor the health of EVD survivors in the period leading up to the declaration of the end of the outbreak, as well as after the declaration – as outlined in the [WHO recommended criteria for declaring the end of the EVD outbreak](#).

Outbreak response efforts continue, including extensive surveillance, pathogen detection, and clinical management activities in previously affected areas, in addition to alert validation, supporting appropriate care and rapid diagnosis of suspected cases, building partnerships with community members to strengthen investigation of potential EVD deaths in communities, and strategically transitioning activities. Insecurity remains a challenge in continuing response efforts, which could delay the detection of potential flare-ups.

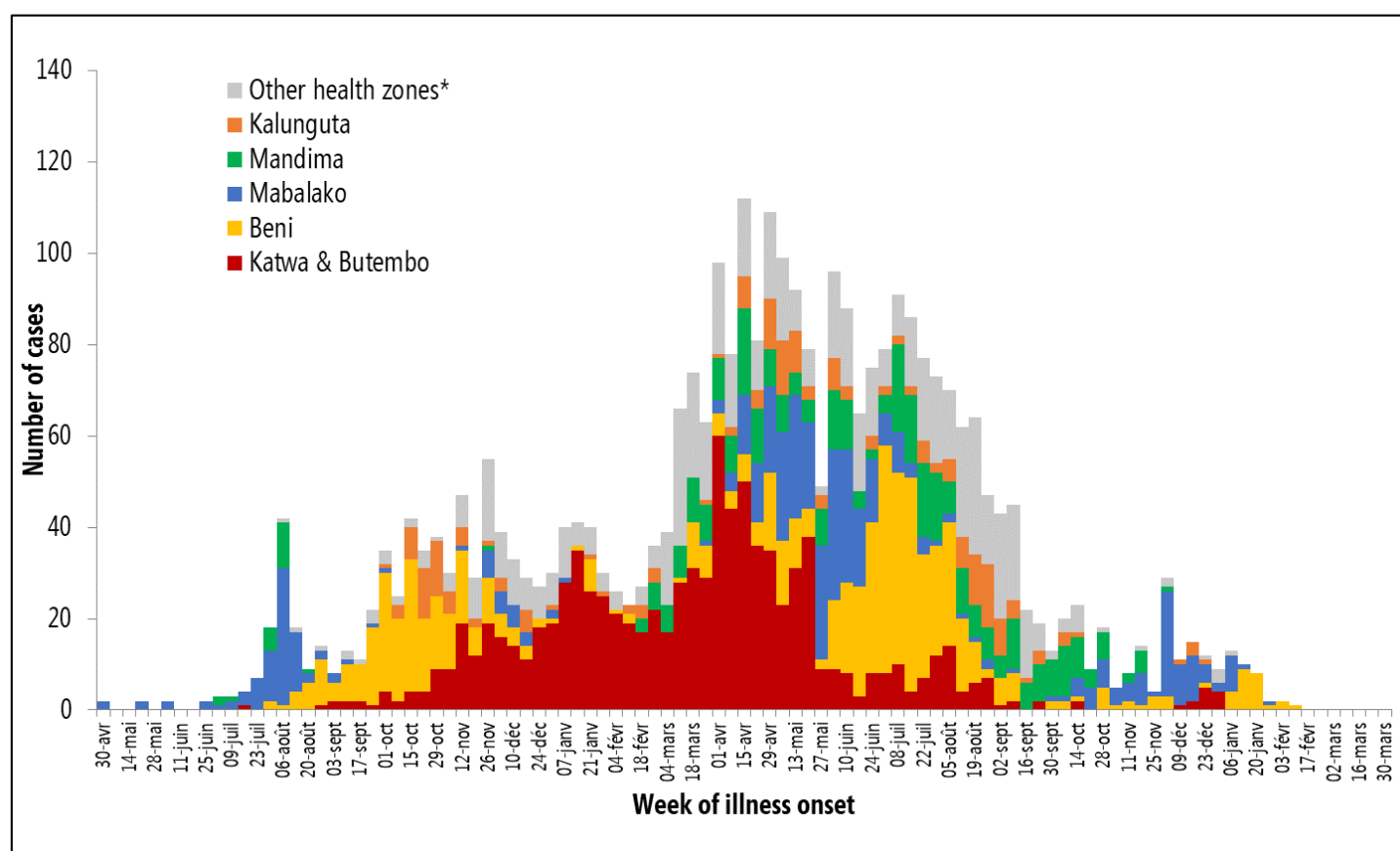
From 30 March to 5 April 2020, 31 265 alerts were reported and investigated. Of these, 2223 alerts were validated as suspected cases, requiring specialized care and laboratory testing to rule-out EVD. On average, people stay in these facilities for three days while waiting for EVD to be definitively ruled out (i.e. after two negative polymerase chain reaction tests 48 hours apart), while care is provided for their illness under isolation precautions. Timely testing of suspected cases continues to be provided across 11 laboratories. From 30 March to 5 April 2020, 2376 samples were tested including: 1322 blood samples from alive, suspected cases; 365 swabs from community deaths; and 689 samples from re-tested patients. Overall, laboratory activities decreased by 14% compared to the prior week.

Since the beginning of the outbreak response, alert rates steadily climbed due to the active and passive case finding systems being strengthened and adapted to suit the local context, reaching additional health zones involved in the evolution of the outbreak. As expected, alert rates declined as the incidence of confirmed cases decreased and disease surveillance activities gradually transitioned toward routine operations. However, it remains important to maintain appropriate levels of surveillance through the end of outbreak declaration in order to rapidly detect relapse, re-introduction or new emergence events, implement effective control measures if necessary and avoid a potential resurgence of the outbreak.

As of 5 April 2020, a total of 3453 EVD cases were reported from 29 health zones (Table 1), including 3310 confirmed and 143 probable cases, of which 2273 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1935) were female, 28% (979) were children aged less than 18 years, and 5% (171) were healthcare workers.

An urgent injection of US\$ 20 million is required to ensure that response teams have the capacity to maintain the appropriate level of operations through to the beginning of May 2020, and are able to rapidly respond to any flare-ups. If no new resources are received, WHO risks running out of funds for the Ebola response before the end of the outbreak. For more information see this recent statement: <https://www.who.int/news-room/detail/06-03-2020-end-in-sight-but-flare-ups-likely-in-the-ebola-outbreak-in-the-democratic-republic-of-the-congo>

**Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 5 April 2020**



\*Excludes n=149/3453 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

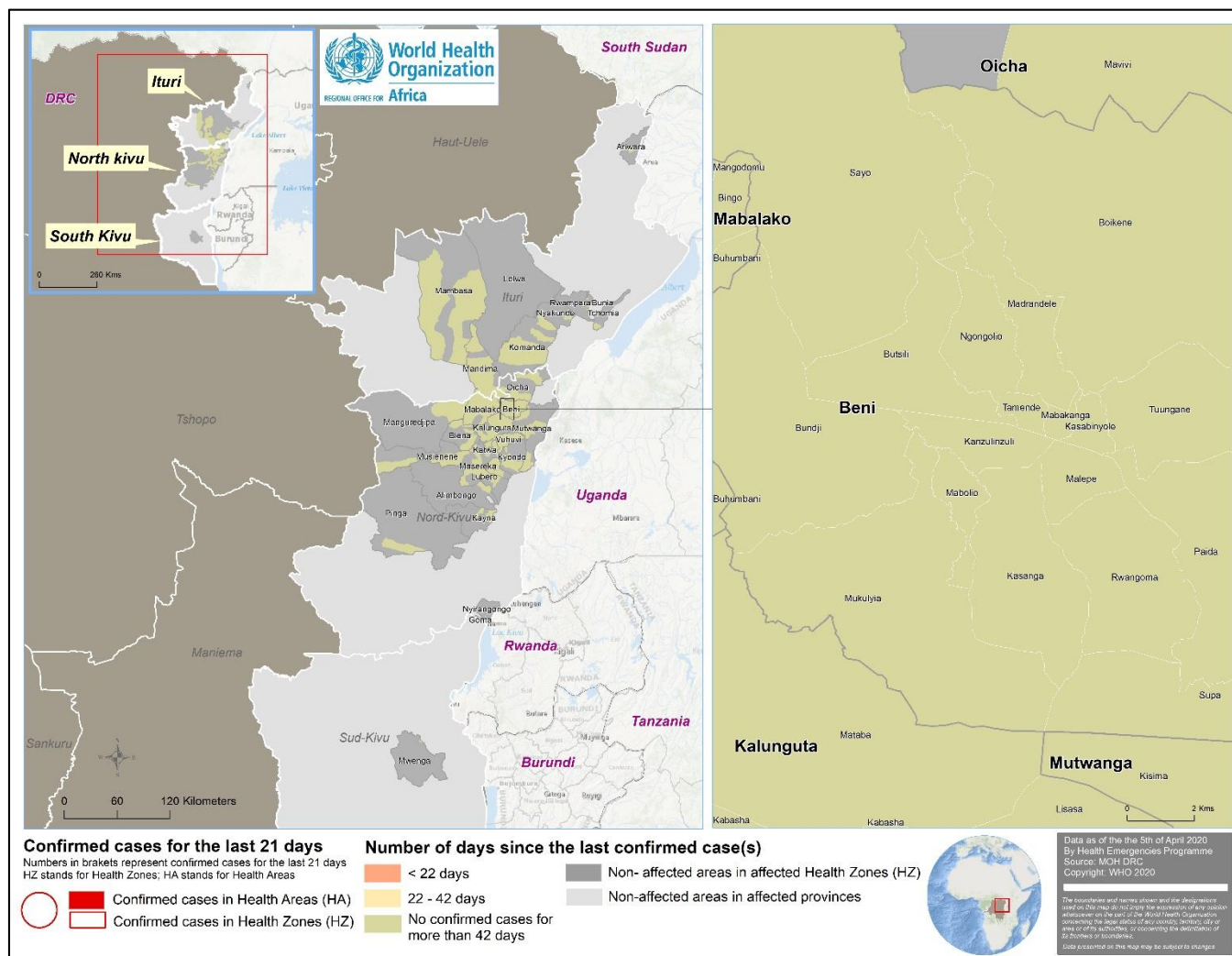
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 5 April 2020**

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	1	6	2	3
	Beni	0/18	0	721	9	730	465	474
	Biena	0/16	0	19	2	21	12	14
	Butembo	0/15	0	295	7	302	353	360
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	198	23	221	71	94
	Katwa	0/18	0	653	24	677	471	495
	Kayna	0/21	0	28	1	29	8	9
	Kyondo	0/22	0	25	6	31	15	21
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	0/12	0	463	18	481	334	352
	Manguredjipa	0/10	0	18	3	21	12	15
	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	5	87	27	32
	Mandima	0/15	0	347	10	357	166	176
	Nyakunde	0/12	0	2	0	2	1	1
	Rwampara	0/13	0	8	1	9	3	4
	Tchomia	0/12	0	2	0	2	2	2
Total		0/471	0	3310	143	3453	2130	2273

*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, 5 April 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

- ➔ A total of 249 395 contacts have been registered to date. None were under surveillance as of 1 April 2020. All contacts of confirmed cases completed follow-up.
- ➔ From 30 March to 5 April 2020, 31 265 alerts were reported, of which 30 850 (99%) were investigated within 24 hours of reporting. Of these alerts, 2223 were validated as suspected cases.
- ➔ Testing of suspected cases continues to be provided across 11 operational laboratories. From 30 March to 5 April, 2376 samples were tested.

### Vaccines

- ➔ As of 1 April 2020, 283 people had received the second dose of the vaccine produced by Johnson & Johnson (Ad. SEBOV/MVA-BN-Filo) in Kahembe and Majengo health areas, Karsimbi Health Zone, bringing the cumulative total of people receiving this vaccine to 7529 since 8 January 2020.

### Case management

- ➔ Ebola treatment centres (ETCs), transit centres (TCs), and decentralized transit centres continue to operate across outbreak affected areas, providing timely care and diagnoses for suspected EVD cases. As of 29 March 2020, 95 patients suspected to have EVD were hospitalized while awaiting test results in the 19 operational TCs and ETCs that reported activities, which was four fewer TCs/ETCs compared to the previous week.

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

- ➔ In the past 21 days, no new cases of nosocomial infection have been reported;
- ➔ As of 6 April 2020, 424 health facilities have been assessed in the Béni, Goma, Butembo, Mambassa, Nyiragongo and Rutshuru health zones.

- ➔ Provider briefings were carried out throughout all the areas which are still active on hand hygiene with emphasis on the fight against nosocomial infections and in the current context of COVID-19.

## Points of Entry (PoE)

- ➔ This week, 1 887 557 screenings were performed, bringing the cumulative number of screenings to over 170 million. From this week's screenings, 64 suspect cases were reported. None were subsequently confirmed with EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and PoCs remains at 30. 42% of functional POEs and POCs reported at least 1 alert this week.
- ➔ Joint supervision among WHO, International Organization for Migration (IOM), the US Centers for Disease Control (USCDC) and the National Programme for Hygiene at Borders (PNHF) continues to take place to ensure vigilance remains high among PoE and PoC personnel. The focus of this week were POEs and POCs in Goma.

## Safe and Dignified Burials (SDB)

- ➔ All health areas that have gone more than 42 days without cases have stopped SDB activities.

## Risk communication, social mobilization and community engagement

- ➔ As of 1 April 2020, educational talks and community dialogues continue in Beni, Mabalako, Mambasa and Biakato, involving target groups in each community, with the objective of strengthening community-based surveillance and facilitate the transfer of suspected cases to transit and treatment centres.

## Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- ➔ Readiness actions are being implemented in 42 non-affected health zones in North Kivu, South Kivu and Ituri Provinces and in the non-affected Provinces of Tshopo and Maniema.
- ➔ An immersion training programme was implemented for the national preparedness workforce to gain hands-on skills in the affected areas, and a simulation exercise was conducted in Kinshasa.
- ➔ **Priority 1 countries**  
There have been over 2400 alerts investigated from 40 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).
- ➔ All Priority 1 countries are finalizing updated national contingency plans for 2020. The **Burundi** National EVD Plan for January – June 2020 has a requirement of about \$7M. The focus is on IPC and strengthening district level coordination, surveillance, and risk communication.
- ➔ The **Rwanda** National EVD Plan for January – June 2020 is pending endorsement. The focus is on scaling up surveillance, strengthening district level capacities, and a full-scale simulation exercise for EVD readiness.
- ➔ In **South Sudan** the National EVD Plan for January – June 2020 has a \$3.2M requirement. The focus is to fold EVD readiness into the National Action Plan for Health Security (NAPHS) and MoH systems

and to expand laboratory capacity to crossover EVD readiness with novel coronavirus readiness. IOM continues with EVD prevention and preparedness activities in the 17 POEs in Morobo, Kajo Keji, Yei, Nimule, Juba and Wau. In epidemiological week 11, 58 866 inbound travelers were screened, bringing the cumulative number of travelers screened to 1 998 612. There was one alert reported, verified and discarded by the team at the Nimule docking site in week 8. There was a decrease of 60% in the number of travelers undergoing secondary screening from 58 in week 10 to 35 in week 1. All travelers with common non-EVD illnesses were treated in nearby health facilities. IOM continued to strengthen the capacity to detect and refer EVD suspected cases to three health facilities (Kaya, Kerwa and Khorijo) and this reporting week. A total of 288 people were provided health promotional information on EVD and 39 people were screened for EVD in the health facilities. The IOM South Sudan EVD weekly report (week 10) is available here: <https://southsudan.iom.int/media-and-reports/other-reports/iom-south-sudan-evd-weekly-report-friday-13-march-2020>

- ➔ **Uganda's** National EVD Plan for January – June 2020 is pending endorsement. The Plan focuses on sustained regional capacities, mentoring health care workers in IPC and mainstreaming activities into the NAPHS.
- ➔ **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 Angola, Central African Republic, Republic of Congo and Zambia remains insufficient to allow them to reach optimal International Health Regulations (IHR) core compliance. Tanzania has continued to implement regular coordination meetings to update partners and strategies for EVD preparedness as well as activities in the technical pillars.

## 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

Given the challenges related to continued insecurity and population displacement in previous hotspots and potential shortages of resources required to carry out response activities amid other local and global emergencies, there remains a high risk of re-emergence of EVD in the period leading up to the declaration of the end of the outbreak, as well as for several months following that declaration. In order to mitigate the risk of re-emergence, it is critical to maintain surveillance and rapid detection and response capacities, prioritize survivor care, and maintain cooperative relationships with survivors' associations.