EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 94

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

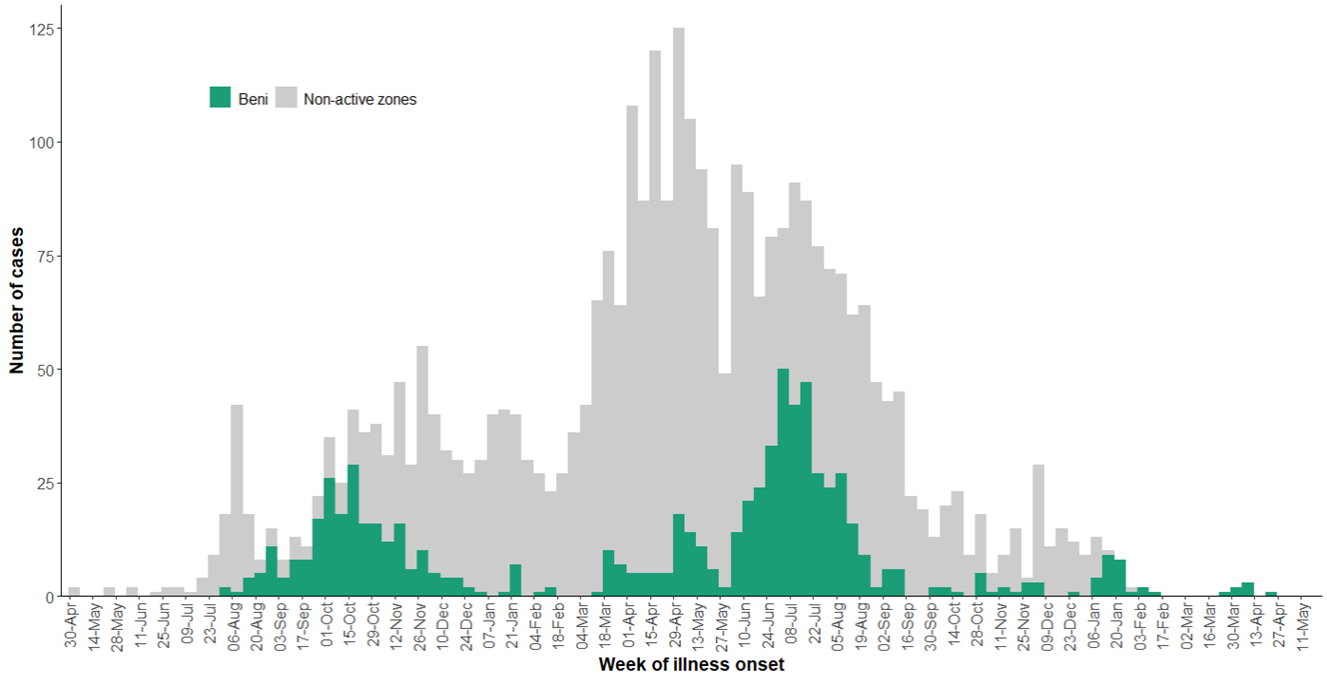
Cases 3463 Deaths 2280

From 18 to 24 May 2020, no new confirmed cases of Ebola virus disease (EVD) have been reported in the Democratic Republic of the Congo. The definitive source of infection of the cluster reported in April 2020 remains unidentified. In the last seven days, two historic probable cases were validated, from people who had onset of symptoms in March 2019 and July 2019.

From 18 to 24 May 2020, an average of 2704 alerts were reported and investigated per day. Of these, an average of 397 alerts were validated as suspected cases each day, requiring specialized care and laboratory testing to rule out EVD. In the past three weeks, the alert rate has improved notably in Beni and Butembo sub-coordinations. Timely testing of suspected cases continues to be provided from eight laboratories. From 18 to 24 May 2020, 3065 samples were tested including 2313 blood samples from alive, suspected cases; 331 swabs from community deaths; and 421 samples from re-tested patients. Overall, laboratory activities increased by 7% compared to the previous week.

As of 24 May 2020, a total of 3463 EVD cases, including 3317 confirmed and 146 probable cases have been reported, of which 2280 cases died (overall case fatality ratio 66%), and 1171 have recovered. Of the total confirmed and probable cases, 57% (*n*=1970) were female, 29% (*n*=1002) were children aged less than 18 years, and 5% (*n*=171) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 24 May 2020



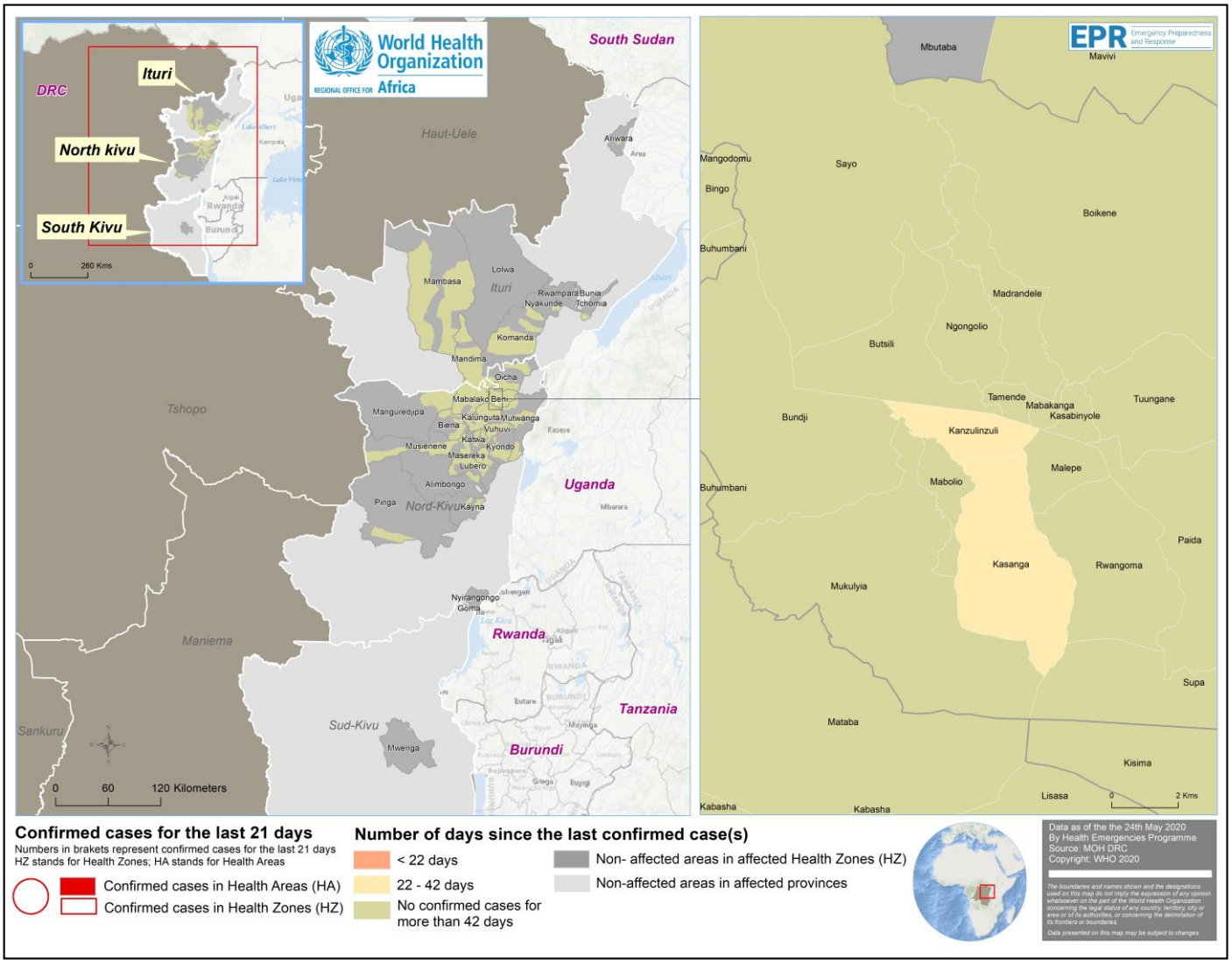
**Excludes n=74/3462 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu, South Kivu, and Ituri provinces, Democratic Republic of the Congo, as of 24 May 2020

				Cumulative cases by classification			Cumulative deaths	
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**	**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	728	9	737	469	478
	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	652	24	676	471	495
	Kayna	0/21	0	28	1	29	8	9
	Kyondo	0/22	0	25	6	31	15	21
	Lubero	0/19	0	32	2	34	4	6
	Mabalako	0/12	0	463	19	482	334	353
	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	12	359	166	178
	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**	**3317**	**146**	**3463**	**2134**	**2280**

Note: Attributions of cases notified in recent days to a health zone are subject 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 May 2020



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

- From 18 to 24 May 2020, 3065 samples were tested including 2313 blood samples from alive, suspected cases; 331 swabs from community deaths; and 421 samples from re-tested patients. Overall, laboratory activities increased by 7% compared to the previous week.
- Over 250 000 contacts have been registered since the beginning of the outbreak.

Vaccines

- Since the resurgence of the outbreak in Beni, a total of 2129 people have been vaccinated, of which 2084 were in Beni and 45 in Karisimbi as of 24 May 2020. The total number of people now vaccinated with the rVSV-ZEBOC-GP vaccine is 303 905 since the start of the outbreak in August 2018.
- WHO anticipates potential longer-term challenges with the vaccine pipeline due to limited flight ability as a result of the COVID-19 pandemic.

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 22 May 2020, there are 65 patients awaiting test results admitted in the ten operational transit centres and ETCs that are reporting their activities.

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

- From May 18 to 24, 2020, 88 health care facilities in the Beni, Butembo and Ituri / Bunia sub-coordinations were evaluated. The average score was 64%. By sub-coordination, the score was 17% in Beni; 64% in Butembo; and 81% in Bunia. There were 23 (26%) health care facilities which scored lower than 50%; 41 (47%) scored between 50 to 79%; 24 (27%) scored 80% or higher.
- Several IPC activities took place in the past week. A total of 100 traditional healers have received IPC training in Beni Health Zone; 563 out of 625 health care facilities were supervised for IPC activities; 74 health care facilities received available IPC and WASH kits; 1029 out of 1233 target healthcare providers attended briefings about IPC.

Points of Entry (PoE)

- On 24 May 2020, over 77,530 screenings were performed, bringing the cumulative number of travelers screened since August 2018 to 179,054,565. During the reporting period, 84 alerts were notified, of which 38 (45%) were validated as suspect cases following investigation. None were subsequently confirmed with EVD by laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) remains at 30.

- There has been a slow down in health control activities at Beni PoCs as a result of demonstrations organized by local civil society pressure groups.

- The International Organization for Migration (IOM) continues to build competencies of public health professionals from MOH on surveillance of travelers and raise awareness of EVD risks to communities living around PoEs and PoCs. In the past week, 19 MOH personnel in Goma were trained on these competencies, and approximately 3000 community members in Beni, Mangina and Butembo participated in these activities.

Safe and Dignified Burials (SDB)

- In the past week, a total of 165 SDB alerts were received, among which 159 (96%) were successfully provided safe and dignified burials. SDBs were conducted in the community (57 successful SDBs), by ETCs (two successful SDBs) and by hospitals (100 successful SDBs).

- Among these SDBs, there were 59 alerts and 58 successful burials in Beni.

Risk communication, social mobilization and community engagement

- As of 22 May 2020, the commission is continuing educational talks and community advocacy dialogues with community target groups to strengthen vigilance, as well as with traditional practitioners and health facility managers to obtain their collaboration in the early transfer of suspected cases to transit and treatment centres in Beni, Mabalako and Katwa.

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.

- National Contingency Plans (Jan - June 2020) for EVD Preparedness Phase were finalized in all priority one countries. Given the emergence of COVID-19, National Contingency Plans were mostly unfunded.

- The transition between capacities developed for EVD and applying them to a COVID-19 response have been integrated and adapted where possible by the priority one countries.

- Priority one countries conveyed concerns about potential PPE shortages for EVD in the context of heavy demands on the supply chain due to the COVID-19 pandemic.

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 US$ 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 US$ 7M. The focus is on IPC and strengthening district level coordination, surveillance, and risk communication.

In **Rwanda,** WHO has maintained EVD Preparedness and co-ordination capacity at national and district level as much as possible within the limits of available resources.

In **South Sudan** the National EVD Plan for January – June 2020 has a US$3.2M requirement. The focus is to integrate 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 five PoEs in Morobo, Yei, Nimule, Juba and Wau. In this reporting period, 3404 screenings were performed, bringing the cumulative number of screenings to over 2 million. This increase in the number of screenings is due to the reopening of the Juba International Airport and Yei Airstrip.

In Uganda, WHO has maintained EVD Preparedness and co-ordination capacity at National and district level within the limits of available resources, and there has been no change to the National Contingency Plan (Jan - June 2020). Uganda Virus Research Institute in Entebbe has retained full capacity for testing EVD alerts, and heightened surveillance has been activated in Kasese district in response to the recently confirmed
cases in Beni Health Zone. International and national movement restrictions as a result of COVID-19 have affected the implementation of several planned EVD activities including cross border meetings, simulation
exercises and supportive supervision to health facilities for IPC WASH.

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.

In **Tanzania**, IOM together with government, conducted PoE assessment in Kigoma and Kagera regions to assess the level of preparedness and response to EVD and COVID-19. The report will be shared once approved by ministry. There are plans underway to assess preparedness and response activities in Zanzibar, Mbeya and Mwanza regions.

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 in relation to EVD 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 due to this EVD outbreak. Travellers 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

Investigations into the origin of the last cluster of cases in Beni Health Zone are ongoing. The Ministry of Health began the 42-day countdown to the declaration of the end of the EVD outbreak on 14 May 2020. Given the long duration and large magnitude of the Ebola outbreak in North Kivu, South Kivu and Ituri Provinces, as well as the fact that the virus is present in animal reservoirs in the region, there is a risk of re-emergence of the virus in the period leading up to, and beyond, the declaration of the end of the outbreak. In the coming weeks it is crucial to maintain a strong and robust surveillance system in order to detect, isolate, test and treat new suspected cases as early as possible, to improve outcome of potential cases, and to break new chains of transmission. Continued coordination, communication among partners, authorities and affected communities along with EVD survivor advocacy remain essential in this outbreak response.