

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 95

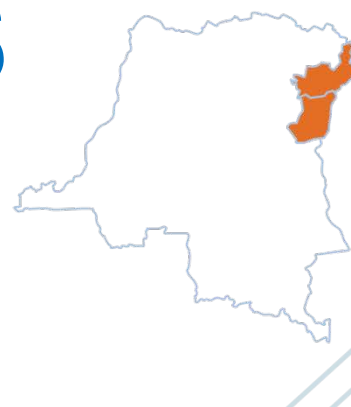


World Health
Organization

REGIONAL OFFICE FOR
Africa

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 95

Date of issue: 02 June 2020

Data as reported by: 31 May 2020

1. Situation update

Cases

3463

Deaths

2280

From 24 to 31 May 2020, no new confirmed cases of Ebola virus disease (EVD) have been reported in Ituri, North Kivu and South Kivu provinces of the Democratic Republic of the Congo. The source of infection of the cluster reported in April 2020 remains unconfirmed.

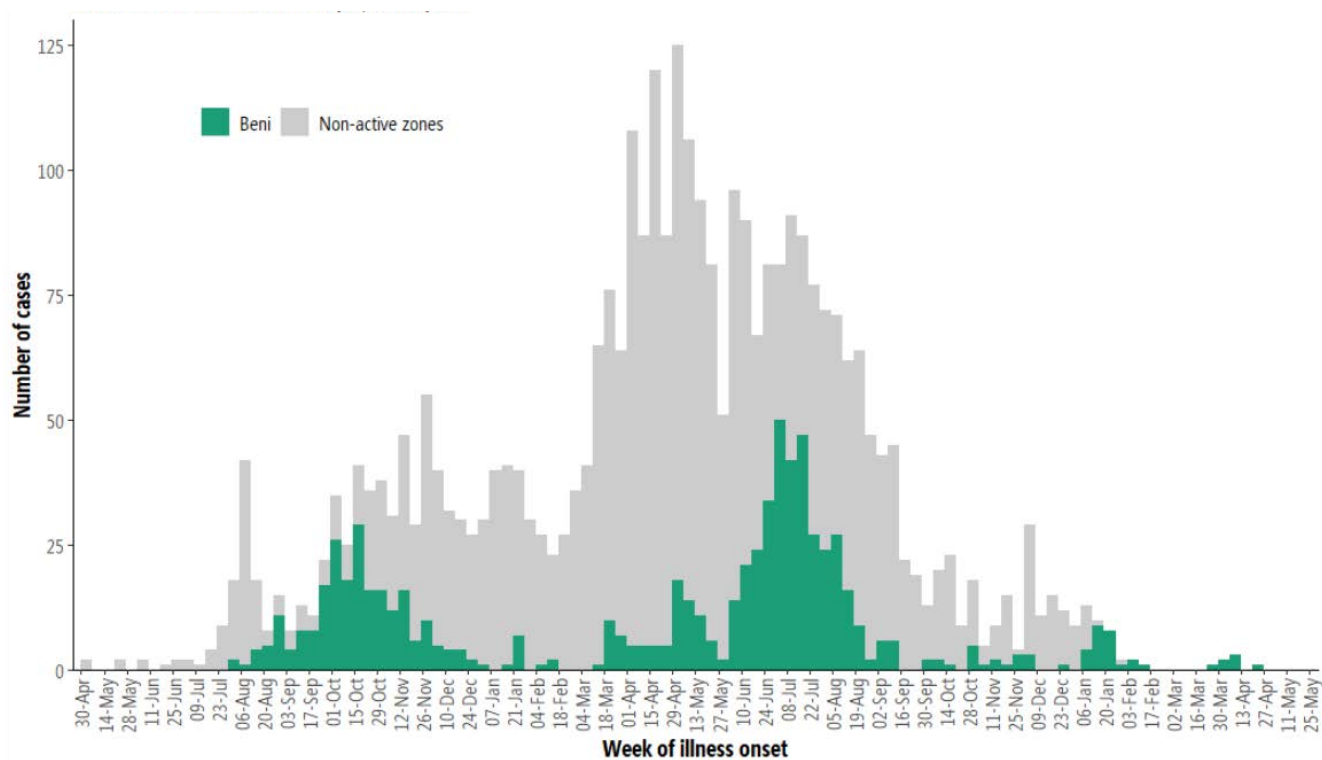
From 24 to 31 May 2020, an average of 2895 alerts were reported and investigated per day. Of these, an average of 429 alerts were validated as suspected cases each day, requiring specialized care and laboratory testing to rule out EVD. In the past three weeks, the alert rate has notably improved in Beni and Butembo sub-coordinations. Timely testing of suspected cases continues to be provided from eight laboratories. From 25 to 31 May 2020, 3017 samples were tested, including 2295 blood samples from alive, suspected cases; 308 swabs from community deaths; and 414 samples from re-tested patients. Overall, the number of samples tested by the laboratories was similar to the previous week.

As of 28 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 health care workers.

In a new development, the Ministry of Health in Democratic Republic of the Congo notified WHO, on 1 June 2020, of a fresh outbreak of Ebolavirus disease (EVD) in Mbandaka, Équateur Province. The event initially involved a cluster of four deaths that occurred between 18 and 30 May 2020. The index case is a 27-year-old female who reportedly died in Wangata hospital on 18 May 2020. Three other case-patients from the same community in Air Congo Quarter of Wangata fell ill and died with a similar illness in the subsequent days, with the last death occurring on 30 May 2020. A swab specimen was collected from the last deceased case-patient while no specimens were obtained from the three initial deceased case-patients. No safe and dignified burial was performed.

On 31 May 2020, a health worker who attended to the initial case-patients, along with his wife, presented with symptoms and both have been isolated in Wangata hospital. The swab specimen collected from the last deceased case-patient and two blood specimens obtained from the two casepatients currently admitted tested positive for Ebola virus, *Zaire Ebolavirus* species, by reverse transcription polymerase chain reaction at the Institut National de Recherche Biomédicale (INRB), Kinshasa on 1 June 2020. As of 2 June 2020, a total of eight EVD cases, including three confirmed and three probable and two suspected cases have been reported. Of the eight cases, four have died, giving a case fatality ratio of 50%. Two active confirmed and two suspected case are in admission and are being managed in Wangata hospital. Further investigations into this event are ongoing and updates will be provided as information becomes available.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 31 May 2020



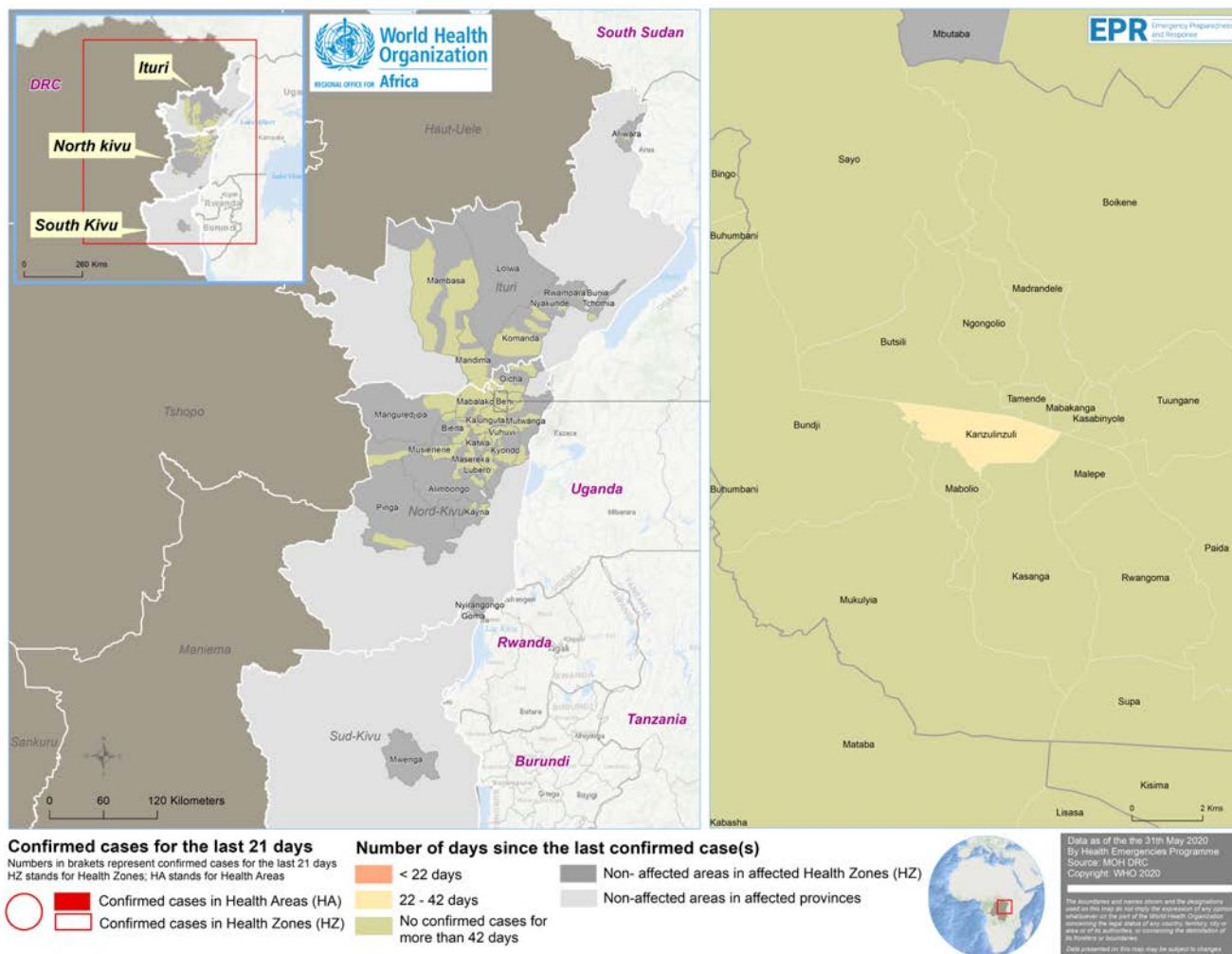
**Excludes n=68/3462 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

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 as of 31 May 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	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, 31 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 25 to 31 May 2020, 3017 samples were tested, including 2295 blood samples from alive, suspected cases; 308 swabs from community deaths; and 414 samples from re-tested patients. The number of samples tested by the laboratories was similar to the previous week.
- Over 250 000 contacts of cases reported in Ituri, North Kivu and South Kivu provinces have been registered since the beginning of the outbreak.

Vaccines

- The summary of rVSV-ZEBOV-GP vaccination data shows that between 8 August 2018 and 20 May 2020, 305 841 people were identified as eligible for vaccination; 99.4% ($n=303\ 905$) of them were vaccinated.
- At the same time, vaccination activities using Ad26-ZEBOV/MVA-BN-FILO were carried out in the health areas of Majengo and Kahembe, Karisimbi Health Zone in North Kivu Province. Between 14 October 2019 and 10 April 2020, 20 339 people received the first dose of this vaccine, and 9 560 of them received the second.
- 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 28 May 2020, there were 50 patients awaiting test results admitted in the ten operational ETCs and TCs that are reporting their activities.

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

- There have been no reports of nosocomial exposure or infection from 25 to 31 May 2020. During this period 25 health facilities were evaluated in Beni (1), Butembo (21) and Goma (3), with IPC scores ranging from 8.5% to 76.4%.
- From 25 to 31 May 485 health facilities were monitored and supported, 29 health facilities were provided with IPC/WASH kits, and IPC briefings were held for 821 providers.

Points of Entry (PoE)

- From 11 to 17 May 2020, 686 241 screenings were performed, bringing the cumulative total to over 177 million. 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 groups.
- There were 50 PoEs and PoCs which were operational and reported screenings this week. Four epidemiologists were recruited to reinforce alert investigation at PoC Mususa in Butembo, with the goal of reinforcing the surveillance of travelers on the Butembo-Goma axis.
- The International Organization for Migration (IOM) continues to build competencies of public health professionals from MoH on surveillance of travelers and raising 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, 165 SDB alerts were received, among which 159 (96%) were successfully provided safe and dignified burials. SDBs were conducted in the community (57), by ETCs (2) and by hospitals (100).
- Among these SDBs, there were 59 alerts and 58 successful burials in Beni.

Risk communication, social mobilization and community engagement

- As of 28 May 2020, interviews and educational talks were conducted in three health areas in Beni to discuss challenges around transferring a suspected infected person to a treatment centre, as well as around testing and safe and dignified burials. In Kasanga Health Area, Beni, a community dialogue was held with women in the community action cell on EVD prevention measures and raising alerts, which led to participation of 40 women in response activities, including the reports of two alerts.

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 1 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 has been integrated and adapted where possible by the Priority 1 countries.
- Priority 1 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 since the beginning of EVD outbreak and EVD was systematically ruled out in all except in 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 roughly 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). The 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 cases confirmed in Beni Health Zone in April. International and national movement restrictions as a result of COVID-19 have affected the implementation of several planned EVD preparedness 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 and government representatives conducted a 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 finalized. 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

The confirmation of a fresh EVD outbreak in Mbandaka city, Équateur Province highlights the fact that Ebola virus is present in animal reservoirs in the region and the increased risk of re-occurrence of EVD outbreak. This event occurred at a critical time when the 42-day countdown to the end of the EVD outbreak in Ituri, North Kivu and South Kivu Provinces was relaunched following re-emergence of the outbreak in Beni. It is critical that aggressive control measures are mounted promptly to prevent further spread of this latest event and thus escalation of the situation. Meanwhile, continued vigilance and sustained response to the previous outbreak in North Kivu province should be maintained.