

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 96



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Date of issue: 9 June 2020

Data as reported by: 8 June 2020

Situation update

Equateur Province

Cases



Deaths



Situation update

North Kivu, South Kivu, Ituri Provinces

Cases



Deaths



The Ebola virus disease (EVD) outbreak in Equateur Province, Democratic Republic of the Congo, continues since its declaration on 1 June 2020 by the Ministry of Health. Since our last situation report on 2 June 2020 ([External Situation report 95](#)), four additional confirmed EVD cases and four deaths have been reported. As of 8 June 2020, a total of 12 EVD cases (9 confirmed and 3 probable), including eight deaths (case fatality ratio 66.7%), have been reported from six health areas in three health zones. Of the eight deaths, four occurred in the community. The case fatality ratio among confirmed cases is 55.6% (5 deaths/9 confirmed cases). Two health workers are among the confirmed cases since the start of the outbreak, 18.2% of all cases. Of the four confirmed cases still alive, two are under treatment in the Ebola treatment centre and two are in the community.

The health zones reporting EVD cases are Mbandaka (6 confirmed, 3 probable, 3 deaths), Wangata (2 confirmed, 1 deaths) and Bikoro (1 confirmed and 1 death).

Sequencing of the initial confirmed specimen (swab) conducted at the Institute National de Recherche Biomédicale (INRB), Kinshasa, indicated the *Zaire ebolavirus* isolated in Equateur Province is not linked to the outbreak in eastern Democratic Republic of the Congo. Additional samples have been sent to the INRB for sequencing. Investigations around the origin of this outbreak are ongoing.

As of 8 June 2020, a total of 289 contacts have been identified for follow up, of which 255 (88%) were seen on the reporting day.

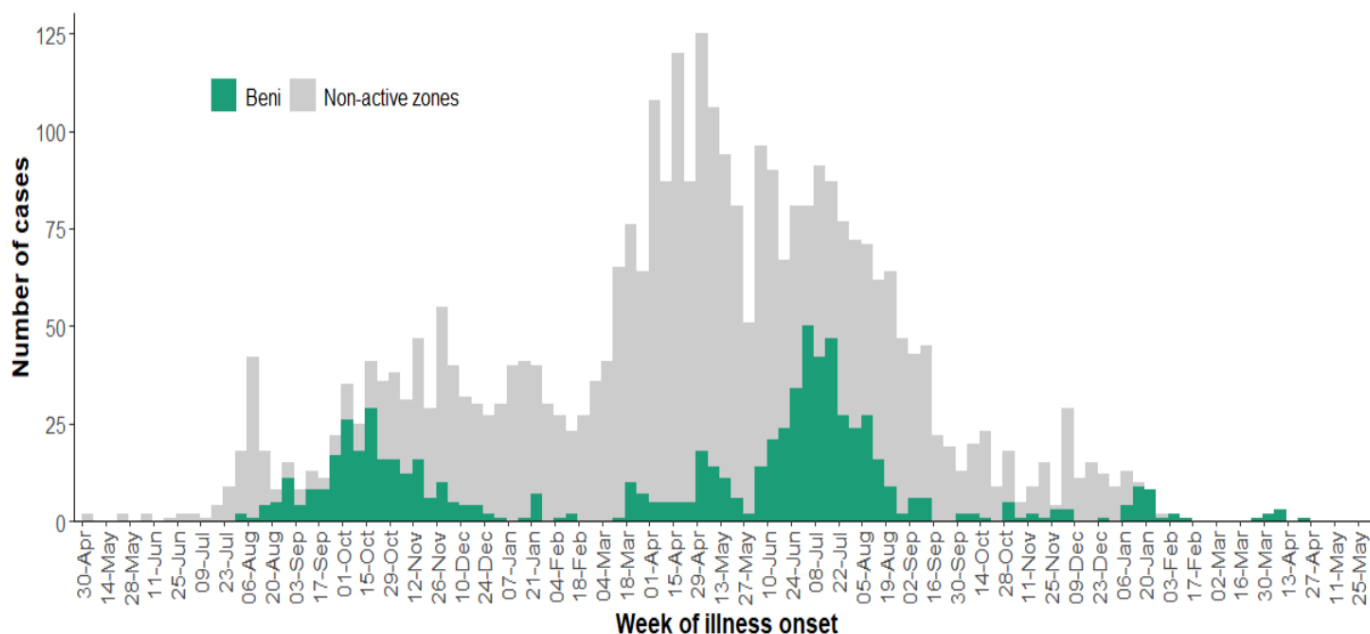
In Ituri, North Kivu and South Kivu provinces of the Democratic Republic of the Congo, no new confirmed cases of EVD have been reported from 1 to 8 June 2020. The source of infection of the cluster reported in Beni Health Zone in April 2020 remains unconfirmed.

From 1 to 8 June 2020, an average of 2938 alerts were reported and investigated per day. Of these, an average of 472 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 in Beni and Butembo sub-coordinations. Timely testing of suspected cases continues to be provided from eight laboratories. From 1 to 8 June 2020, 3130 samples were tested, including 2421 blood samples from alive, suspected cases; 331 swabs from community deaths; and 378 samples from re-tested patients. None of them tested positive. The number of samples tested by the laboratories increased by 4% compared to the previous week.

As of 8 June 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.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 8 June 2020



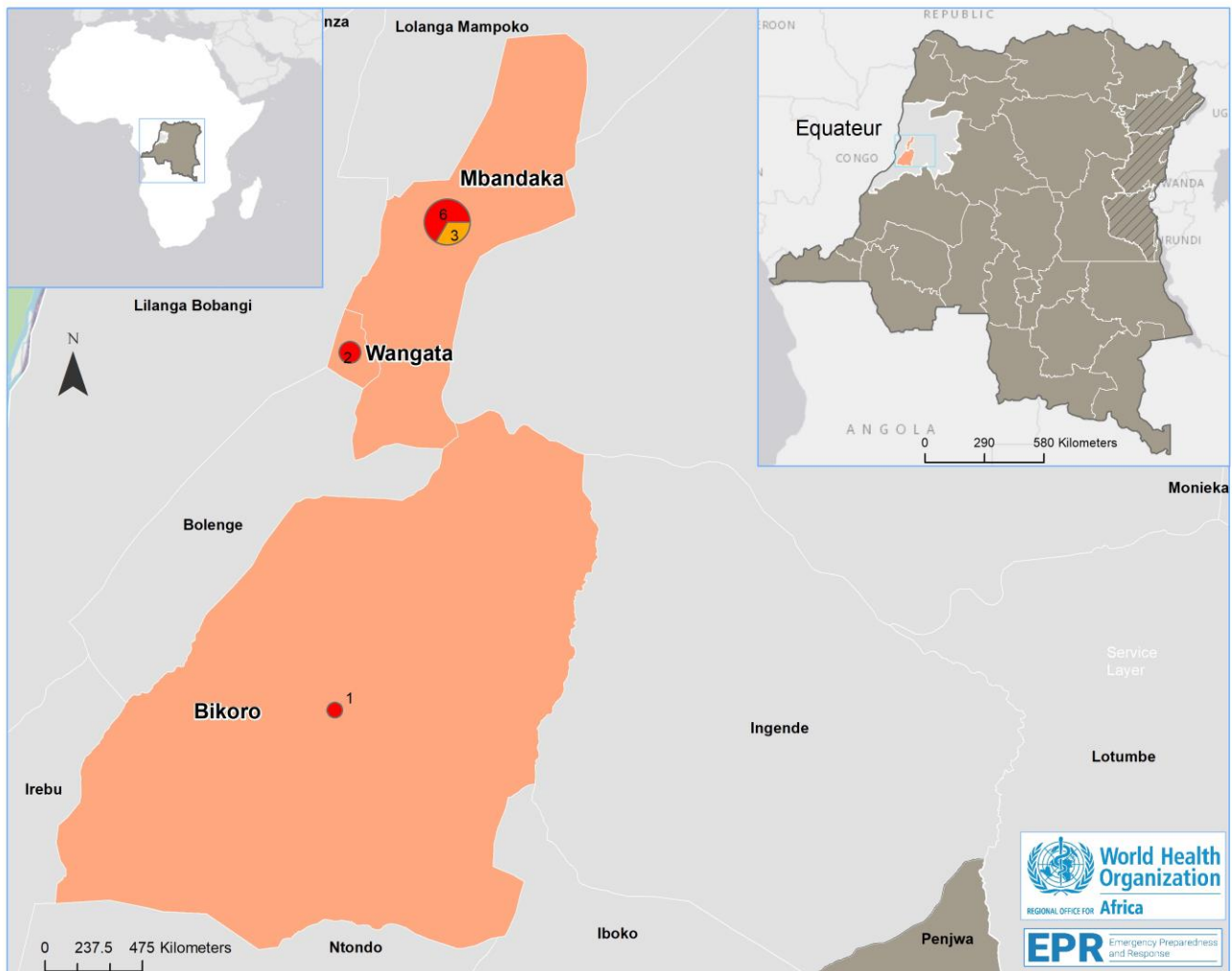
*Excludes $n=68/3462$ cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

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 7 June 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, Equateur province, Democratic Republic of the Congo, 7 June 2020



EVD cases in Equateur

-  Confirmed cases
-  Probable cases

Affected and non-affected areas

-  Affected Health zones
-  Non-affected areas in Equateur
-  Other non-affected areas in DRC
-  Recently EVD-affected provinces

Data as of the 10th of June 2020
 By Health Emergencies Programme
 Source: MOH DRC
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Data presented on this map may be subject to changes

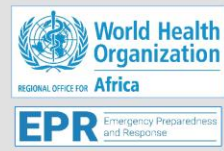
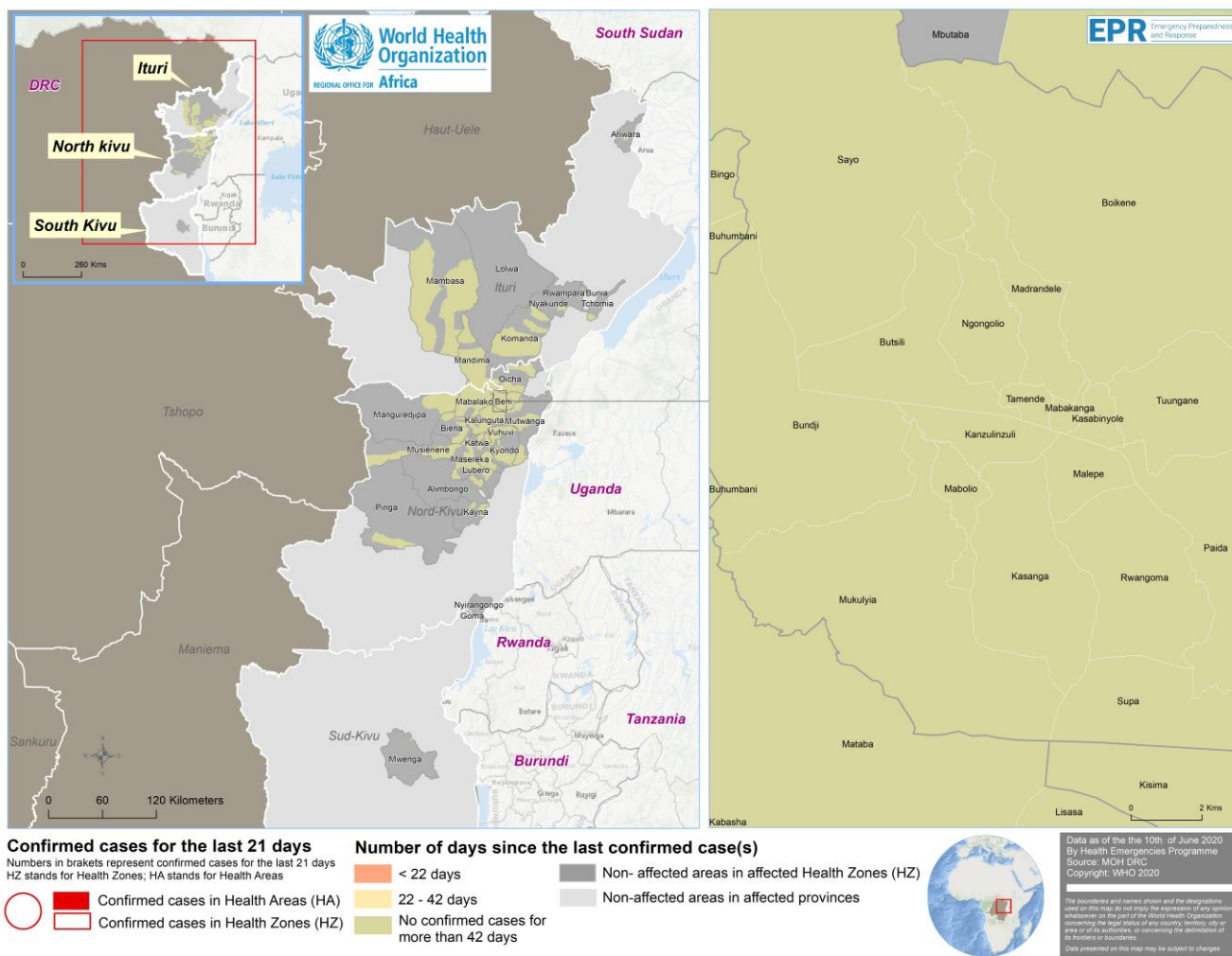


Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 7 June 2020



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 1 to 7 June 2020, 3139 samples were tested, including 2421 blood samples from alive, suspected cases; 331 swabs from community deaths; and 378 samples from re-tested patients. The number of samples tested by the laboratories increased by 4% compared 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.
- In addition, 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 8 June 2020, there were 76 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 1 to 8 June 2020. During this period 18 health facilities were evaluated in Beni, Butembo and Goma, with IPC scores ranging from 14% to 72%.
- As of 7 June 2020, 568 health facilities were monitored and supported with 155 receiving WASH kits. In addition, 862 providers were briefed on IPC and WASH related to EVD.

Points of Entry (PoE)

- ➔ As of 8 June 2020, 97 661 travellers were screened at the 48 active PoE/PoC, bringing the total number of screenings to 180 million. Fourteen new alerts were notified, of which eight were validated, all of which were negative for Ebola on testing.

Safe and Dignified Burials (SDB)

- ➔ In the past week, 131 SDB alerts were received, among which 121 (92%) were successfully provided safe and dignified burials. SDBs were conducted in the community (53), by ETCs (2) and by hospitals (76).
- ➔ Among these SDBs, there were 59 alerts and 58 successful burials in Beni.

Risk communication, social mobilization and community engagement

- ➔ As of 8 June 2020, nine educational talks, a reframing meeting, three supervisions and a briefing were held with patients, motorcyclists from the health areas of Kasanga, Butsili, Mabolio, Kanzulinzuli and Mabakanga in the Beni Health Zone were held on early referral of suspected cases, the escalation of alerts, the importance of community-based surveillance and contact follow-up.
- ➔ In addition, there was support provided to community relays and community action committees in the health areas of Butsili, Kanzulinzuli and Ngogolio in the Beni Health Zone.

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 all countries that were conducting preparedness activities in the region 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, 3 015 screenings were performed, bringing the cumulative number of screenings to over 2 million.

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.

- ➔ 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 new outbreak of EVD in Equateur Province comes in the context of a country already burdened with a long-standing EVD outbreak in North Kivu and Ituri, the COVID-19 outbreak (affecting mainly Kinshasa), an ongoing measles outbreak and a complex humanitarian crisis. Mbandaka is a large town with a population of 1.2 million people with air and river links to Kinshasa and Boende, increasing the risk of localised spread. The risk of disruption to surveillance and routine public health activities as a result of the COVID-19 response will potentially harm the country's ability to rapidly contain the re-emergence of EVD. Public health measures, particularly a strong and robust surveillance system, required to detect, isolate and treat new suspected cases as early as possible is required to break any new chains of transmission, along with full community engagement with response measures.

Investigations into the origin of the last cluster of cases in Beni Health Zone are ongoing. Maintaining a robust surveillance system in order to detect, isolate, test and treat new suspected cases as early as possible remains crucial. Continued coordination, communication among partners, authorities and affected communities along with EVD survivor advocacy remain essential in this response.