

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 97

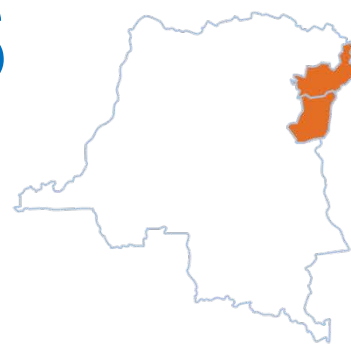


World Health
Organization

REGIONAL OFFICE FOR
Africa

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 97

Date of issue: 16 June 2020

Data as reported by: 14 June 2020

1. Situation update

Cases

 3463

Deaths

 2280

In Ituri, North Kivu and South Kivu provinces of the Democratic Republic of the Congo, no new confirmed cases of EVD have been reported since 27 April 2020.

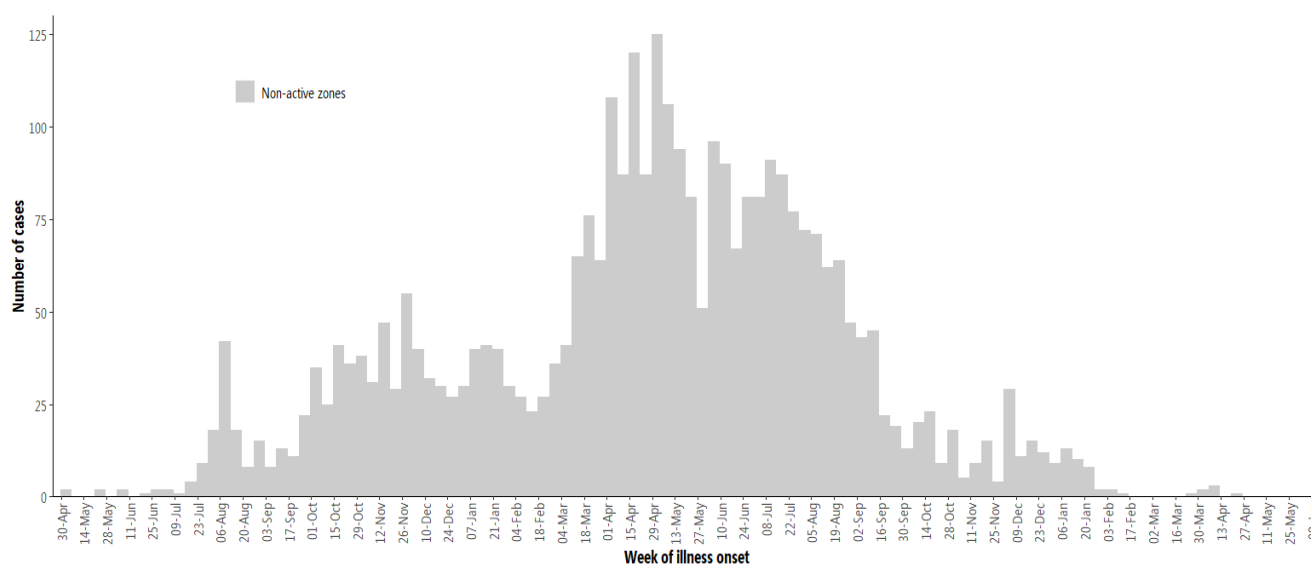
From 8 to 14 June 2020, an average of 2975 alerts were reported and investigated each day. Of these, an average of 274 alerts were validated as suspected cases each day, requiring specialized care and laboratory testing to rule out EVD. In the past week, there have been a stable number of daily alerts reported throughout active sub-coordinations. Timely testing of suspected cases continues to be provided from eight laboratories. From 8 to 14 June 2020, 3219 samples were tested, including 2513 blood samples from alive, suspected cases; 324 swabs from community deaths; and 382 from re-tested patients. None of them tested positive. The number of samples tested by the laboratories increased by 3% compared to the previous week.

As of 14 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.

Handover of the coordination of the response activities to the Provincial Health Division of North Kivu Province, which started on 1 June 2020, is ongoing.

For information about the EVD outbreak in Équateur Province see the [WHO Regional Office for Africa Weekly Bulletins on Outbreaks and Other Emergencies](#).

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 14 June 2020



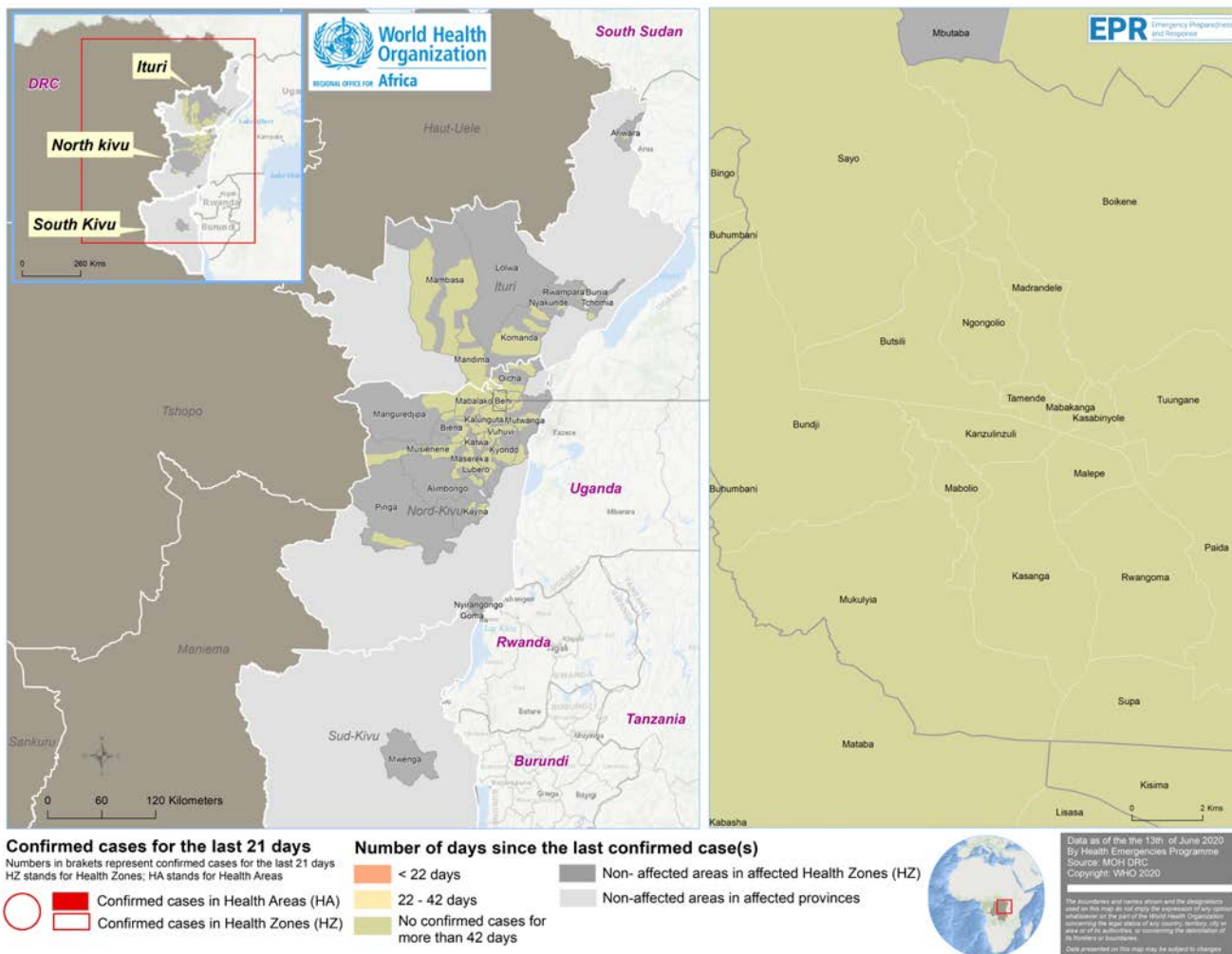
**Excludes n=68/3463 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

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 14 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, North Kivu and Ituri provinces, Democratic Republic of the Congo, 14 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 8 to 14 June 2020, 3219 samples were tested, including 2513 blood samples from alive, suspected cases; 324 swabs from community deaths; and 382 samples from re-tested patients. The number of samples tested by the laboratories increased by 3% compared to the previous week.
- Over 250 000 contacts of cases reported in Ituri, North Kivu and South Kivu provinces were registered during this 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 13 June 2020, there were 81 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 were no reports of nosocomial exposure or infection from 8 to 14 June 2020. During this period, 18 health facilities were evaluated in Beni, Butembo and Goma, with IPC scores ranging from 14% to 72%.

Points of Entry (PoE)

- There are 48 active PoEs/Point of Contacts (PoCs) and the total number of screenings has reached 180 million. Fourteen new alerts were notified, of which eight were validated, all of which were negative for Ebola on testing.
- Response teams continue with EVD prevention and response activities at 27 PoE/Points of Contact (PoC)s in North Kivu province, including Beni (12), Mangina (5), Butembo (5) and Goma (5). In the past week, a total of 1 377 263 travellers were screened, of which 84 suspected cases were intercepted and referred for further investigation by the surveillance team. None of the suspected cases was confirmed after investigation.
- As a part of the transfer of competencies and reinforcement of surveillance at PoE/PoCs, a training for frontline workers in the Goma axis was organized from 10 to 12 June 2020. The training covered the following modules: primary screening technique by visual observation, in-depth investigations at PoEs/PoCs, management and evacuation of suspected cases, contact tracing, hygiene measures in response to EVD and COVID-19, data management, and risk communication and community engagement. In total, 79 frontline workers were trained.

Risk communication, social mobilization and community engagement

- As of 13 June 2020, two educational talks, one briefing, one meeting and one community dialogue were held with patients, religious leaders, the community, and community action groups in the health areas of Kasanga, Kanzulinzuli, Mabolio, Kasabinyole and Butsili in Beni Health Zone on the importance of strengthening surveillance and EVD prevention measures. This led to the escalation of 87 alerts and referral of five suspected patients to the transit centre.

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 (NCP) for EVD Preparedness Phases have been finalized in all Priority 1 countries.
- Capacities developed under EVD Preparedness in the Priority 1 countries have transitioned as much as possible to the COVID-19 response particularly laboratory testing, IPC and rapid response teams.

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. In **Burundi** it is envisioned that national EVD Preparedness capacities transitioned to COVID can be re-focused to EVD in the event of an EVD outbreak.

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 budget and workplan for the final phase NCP for EVD preparedness was approved by MoH. Ongoing EVD co-ordination meetings include the Strategic Advisory Group, National Task-force, Technical Working Groups, and State Task Forces meetings. Response teams continues with EVD prevention and preparedness activities in the 5 PoEs in Morobo County, Yei County, Nimule Payam, Juba County and Wau County. In the past week, 3938 inbound travellers were screened bringing the cumulative number of travellers screened to 2 296 471. There has been an increase in the number of travellers screened compared to the previous week.

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 NCP. From 15 to 31 May, District Task Force meetings were held in Kasese and Bundibugyo districts in the Rwenzori Region and in all districts in the West Nile Region. Daily district task force meetings are held in Hoima district. The Deputy Resident District Commissioners chaired the DTF meeting in Kasese and surveillance teams to remain vigilant.

Priority 2 countries

Angola, Central African Republic, Congo, Tanzania and Zambia have not reported any cases of EVD related to this 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.

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 in collaboration with the Institut National de Recherche Biomédicale. There are challenges in EVD response activities due to limited resources given the other local and global emergencies. 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 communities along with EVD survivor advocacy are also essential.