

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 82



World Health
Organization

REGIONAL OFFICE FOR

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1. Situation update



From 24 February to 1 March 2020, no new confirmed cases of Ebola virus disease (EVD) were reported in the Democratic Republic of the Congo (Figure 1). In the past 21 days (10 February to 1 March), the outbreak has been confined to a relatively small geographic area. During this period, two new confirmed cases were reported from one health area in Beni Health Zone, North Kivu Province (Figure 2, Table 1). It has been more than 42 days since new cases were detected in all health zones except Beni and Mabalako, though surveillance activities are ongoing in all health zones to avoid resurgence of the outbreak.

Transmission of Ebola virus can occur in groups outside current surveillance activities, even with strengthened operations. Ebola virus persists in some survivors' body fluids, with potential to infect others and relapse was observed in at least one instance during this outbreak, sparking a new chain of transmission. It is thus crucial to maintain response capacities to rapidly detect and respond to any new cases and to prioritize continued survivor support, monitoring and cooperative relationships with the survivors' associations. These activities will reinforce surveillance capacity and trust.

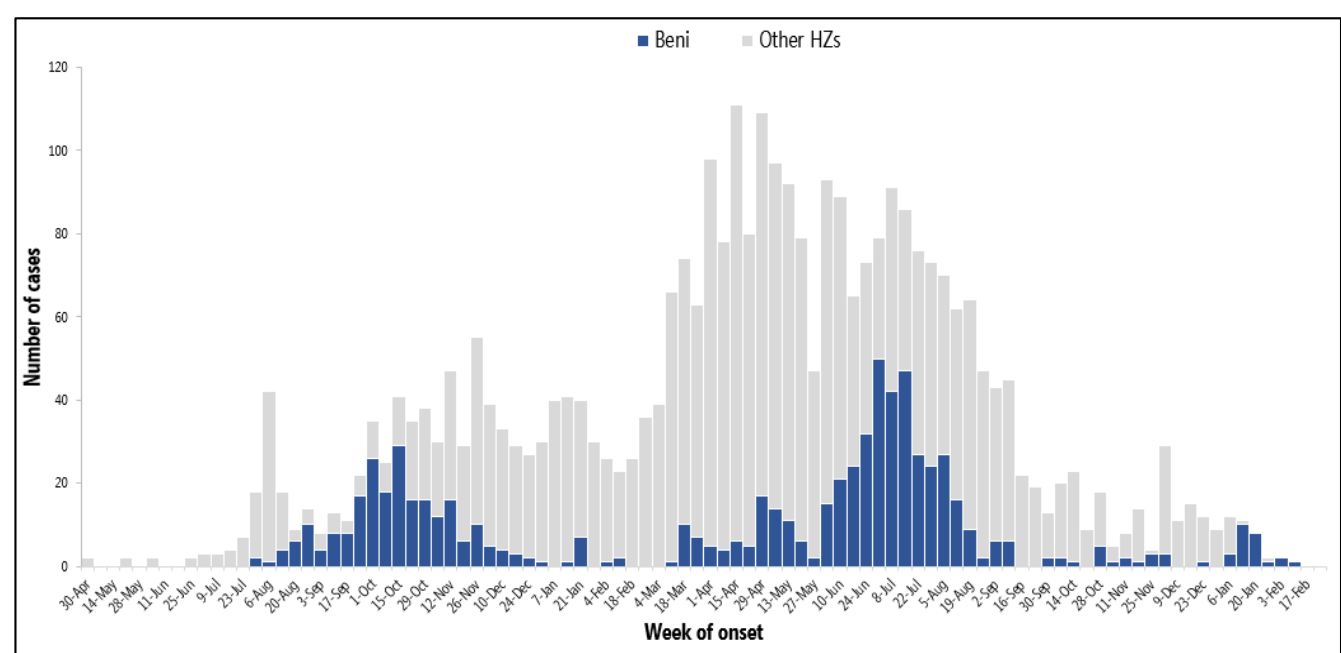
Ongoing surveillance, pathogen detection, and clinical management activities include alert validation, contact follow-up, supporting rapid diagnostics of suspected cases, and building partnerships with community members to strengthen investigation of potential EVD patients who pass away in communities. As of 1 March, 139 contacts are currently under surveillance, of which 99% were followed daily in the last seven days. More than 5100 alerts per day continue to be reported and investigated, of which over 400 alerts (including ~70 community deaths) are validated as suspected EVD cases, requiring laboratory testing and specialized care within the established Ebola treatment and transit centres. On average, suspect cases stay in these facilities for three days before EVD can 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 operational laboratories deployed in cities that have been affected by the outbreak. From 24 February to 1 March, more than 3300 samples were tested.

WHO's financial need for the Ebola Response for January to June 2020 (SRP 4.1) is US\$ 83 million. Thanks to the generosity of donors during 2019, WHO had some carry-over funding available, however, WHO immediately requires US\$ 40 million to ensure continuity of activities.

As of 1 March 2020, a total of 3444 EVD cases, including 3310 confirmed and 134 probable cases have

been reported, of which 2264 cases died (overall case fatality ratio 66%). Since August 2018, a total of 134 probable cases have been validated. Of the total confirmed and probable cases, 56% (1927) were female, 28% (973) were children aged less than 18 years, and 5% (171) were healthcare workers .

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



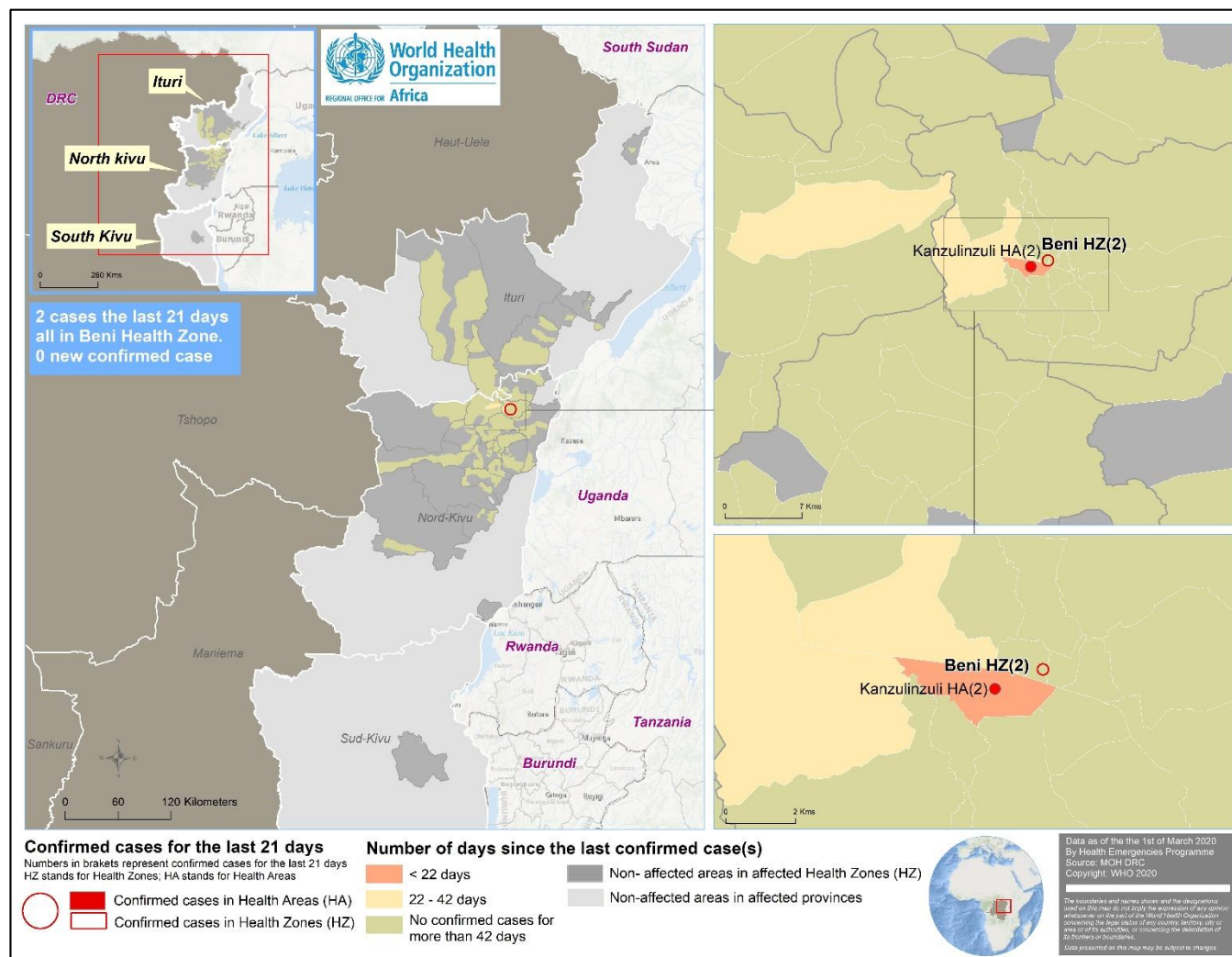
**3444 confirmed and probable cases, reported as of 1 March 2020. Excludes n=153 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Non-active health zones indicate health zone that have not reported cases in the last 21 days.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 1 March 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	1/18	2	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	20	218	71	91
	Katwa	0/18	0	653	24	677	471	495
	Kayna	0/21	0	28	1	29	8	9
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	0/12	0	463	18	481	334	352
	Manguredjipa	0/10	0	18	1	19	12	13
	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	4	86	27	31
	Mandima	0/15	0	347	10	357	166	176
	Nyakunde	0/12	0	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		1/471	2	3310	134	3444	2130	2264

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, 1 March 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

- Over 249 000 contacts have been registered to date and 139 were under surveillance as of 1 March 2020. On average, 99% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 5113 alerts were reported per day over the past seven days, of which 5050 (99%) were investigated within 24 hours of reporting.

Vaccines

- As of 1 March 2020, 299 094 people were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- Vaccination with the Ad26.ZEBOV/MVA-BN-Filo vaccine continued in two health areas near Goma, with 19 654 people vaccinated since its introduction on 14 November 2019, as of 1 March 2020.

Case management

- As of 29 February 2020, there are nine Ebola treatment centres (ETCs) reporting bed occupancy and 13 Ebola transit centres reporting bed occupancy in the provinces of North Kivu, South Kivu and Ituri.

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

- In the past seven days, no new cases of nosocomial or healthcare worker infections were reported.
- A total of 275 health facilities were assessed with the IPC scorecard: the mean score was 71% in 15 health zones. Sterilization and isolation capacity remain the lowest scoring indicators.

Points of Entry (PoE)

- From 24 February to 1 March 2020, 2 836 279 screenings were performed, bringing the cumulative number of screenings to over 157 million since the beginning of the outbreak. There were 309 alerts notified this week, of which 129 (42%) were validated as suspect cases following investigation; none were subsequently confirmed with EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) therefore remains at 30. No contacts were identified at PoEs and PoCs this week, and 105 out of 109 PoEs and PoCs reported daily screening on average this week.
- This week a joint mission took place to the Kasindi border in Mutwanga Health Zone to supervise and train PoE and PoC staff, and review cross-border activities to document good practices for future collaboration. A total of 97 PoE and PoC staff benefited from the refresher training, which focused on the public health principles of health screening. It was agreed that cross-border meetings on disease surveillance should occur every two months.
- Members of the joint mission were: WHO, International Organization for Migration, Red Cross of the Democratic Republic of the Congo, the Democratic Republic of the Congo Ministry of Health, the Democratic Republic of the Congo Immigration Service, the Democratic Republic of the Congo National Programme for Border Hygiene, Uganda Ministry of Health, Uganda Directorate of Citizenship and Immigration Control, and Uganda Redcross Society.
- Seven additional trainings were carried out benefiting PoC staff working in Mangina, Kamango and Kyondo Health Zones.
- PoCs Some and Bango in Mambasa Health Zone reported more screening this week, following conflict-induced displacement from Lwemba, Biakato and Beni.

Safe and Dignified Burials (SDB)

- As of 1 March 2020, there have been a total of 26 139 SDB alerts notified through the Red Cross SDB database, of which 22 762 (87%) have been successfully responded to by Red Cross and Civil Protection SDB teams and community harm reduction burial teams
- During the week ending 1 March 2020, there were 401 SDB alerts recorded in 28 health zones. Of these, 361 (90%) were responded to successfully.
- During this period all reporting health zones surpassed the 70% success benchmark, except Biena (3/5, 60%), Kalunguta (3/6, 50%), Lubero (6/10, 60%), Manguredjipa (2/3, 67%), Nyiragongo (1/2, 50%) and Vuhovi (2/6, 33%) Health Zones
- Beni saw 50 SDB alerts, with 47 successfully completed (94%)
- All health areas that have gone more than 141 days without cases have stopped SDB activities.

Risk communication, social mobilization and community engagement

- Work continues to handover risk communication, social mobilization and community engagement activities to local teams, primarily in Beni Health Zone.
- WHO communication teams continue to support teams in Beni that are implementing ongoing vaccination activities.

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 2 400 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.
- ➔ **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.

Finance

- ➔ WHO's financial need for the Ebola Response for January to June 2020 (SRP 4.1) is US \$83 million. Thanks to the generosity of donors during 2019, WHO had some carry-over funding available, however, WHO immediately requires US\$ 40 million to ensure continuity of activities.
- ➔ A summary of funding received by WHO since the start of this outbreak can be found [here](#).

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 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

While there is room for cautious optimism around the absence of new confirmed cases this week, the outbreak remains active and risks of additional cases emerging remain high. Response activities must be maintained in all health zones.