

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 91



World Health
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Date of issue: 5 May 2020

Data as reported by: 3 May 2020

1. Situation update

Cases

 3462

Deaths

 2279

From 27 April to 3 May 2020, one new confirmed case of Ebola virus disease (EVD) was reported in the Democratic Republic of the Congo (Figure 1). This person was listed as a contact of a confirmed case, a family member who was reported on 17 April 2020. The person was vaccinated on 20 April 2020 and was followed by the contact tracing team, though not on a regular basis due to challenges related to insecurity. The person had onset of symptoms on 21 April 2020 and was only detected six days later.

Since the resurgence of the outbreak on 10 April 2020, seven confirmed cases have been reported, from Kasanga, Malepe and Kanzulinzuli Health Areas in Beni Health Zone. Of these seven cases, one is receiving care at the Beni Ebola treatment centre (ETC), one who was receiving care at the ETC recovered and was discharged, and one remains in the community. Response teams are engaging with community members to locate that person and to bring him to the ETC for access to treatment and supportive care, as well as to identify all close contacts that could have been exposed during the three weeks he spent symptomatic in the community. Four confirmed cases have died, including two community deaths and two deaths in the ETC in Beni. Since 10 April 2020, 987 people have been vaccinated in Beni and Karisimbi.

Specimens from confirmed cases were sent to the Institut Research Biomedicale (INRB) for genetic sequencing to support investigation about source of infection. Laboratory sequencing of the virus showed that all of the seven cases were linked to the same chain confirmed in July 2019, suggesting exposure to a persistent source of infection. Individuals in the current cluster may have been infected by direct contact with body fluids of a survivor (asymptomatic or relapse case). Investigations into the transmission chains from July 2019 and the cluster reported in April 2020 are ongoing in order to identify the origin of the current cluster.

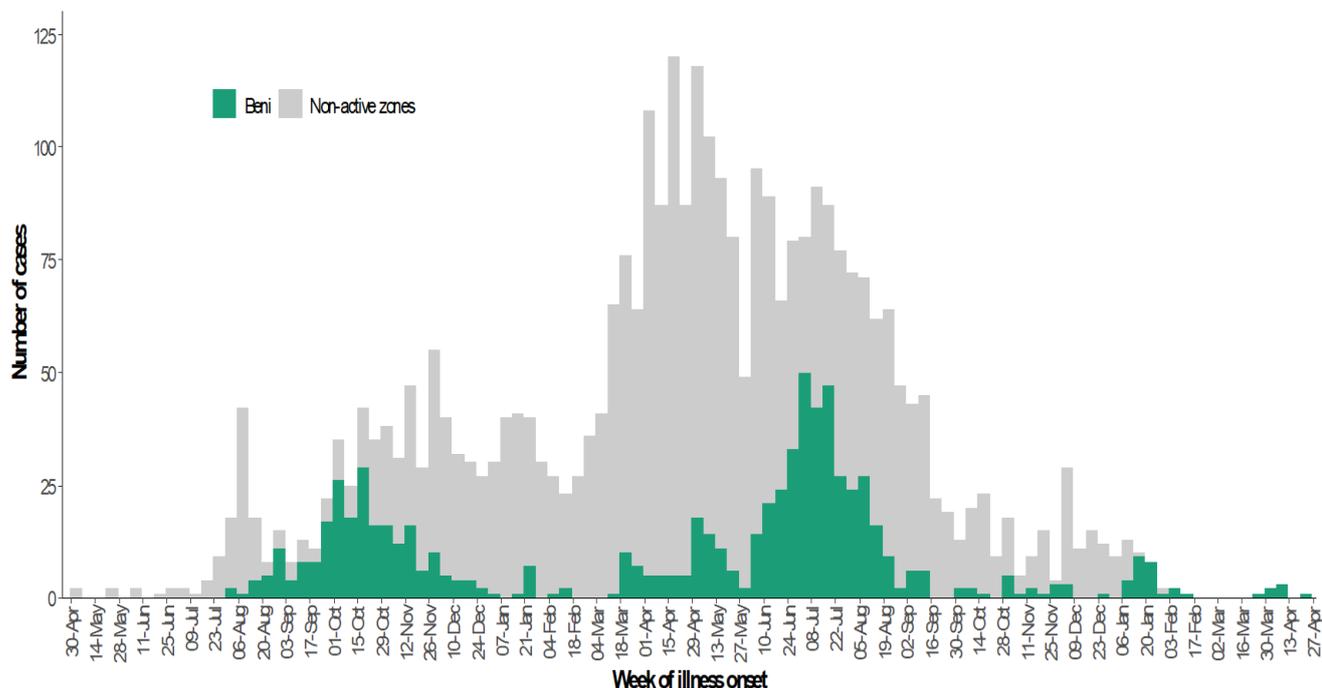
A total of 1009 contacts of the seven cases have been registered. As of 3 May 2020, 452 contacts completed their 21-day follow up. There are currently 557 contacts of five cases to follow, including 133 high risk contacts who had direct contact with body fluids of confirmed cases. Thirty-three high risk contacts have opted to voluntarily isolate themselves in a dedicated site where essential goods and health services are provided to them.

From 27 April to 3 May 2020, an average of 2165 alerts were reported and investigated per day. Of these, an average of 284 alerts were validated as suspected cases each day, requiring specialized care and laboratory testing to rule-out EVD. Timely testing of suspected cases continues to be provided from eight laboratories. From 27 April to 3 May 2020, 2113 samples were tested, including 1466 blood samples from alive, suspected cases; 308 swabs from community deaths; and 339 samples from re-tested patients. Overall, laboratory activities increased by 37% compared to the previous week.

As of 3 May 2020, a total of 3462 EVD cases, including 3317 confirmed and 145 probable cases have been reported, of which 2279 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 57% ($n=1961$) were female, 29% ($n=996$) were children aged less than 18 years, and 5% ($n=171$) were healthcare workers. As of 3 May 2020, 1170 cases have recovered from EVD.

It is essential to detect, isolate, test and treat new suspected cases as early as possible in order to improve outcome of cases and break the chain of transmission. However, response teams currently face a number of challenges, including limited resources due to other local and global emergencies, insecurity, and limited access to some communities. A major funding gap is also constraining the response; WHO currently requires US\$21.5 million to ensure continuity of essential EVD response activities in the Democratic Republic of the Congo.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 3 May 2020



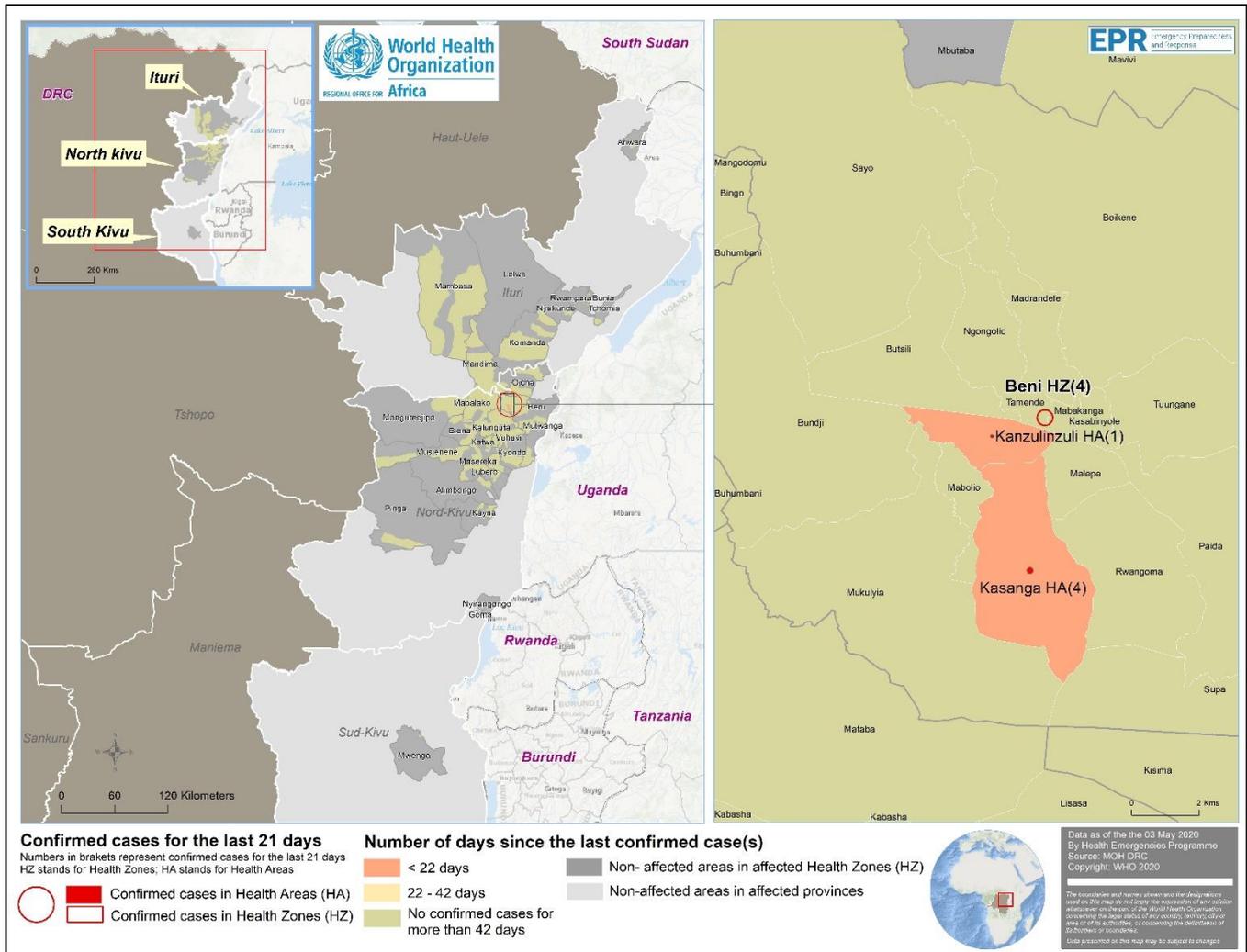
*Excludes $n=88/3461$ cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 3 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	2/18	5	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	18	481	334	352
	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		2/471	5	3317	145	3462	2134	2279

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, 3 May 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

- ➔ From 27 April to 3 May 2020, an average of 2165 alerts were reported and investigated per day. Of these, an average of 284 alerts were validated as suspected cases each day.
- ➔ Timely testing of suspected cases continues to be provided from eight operational laboratories. From 27 April to 3 May 2020, 2113 samples were tested including 1466 blood samples from alive, suspected cases; 308 swabs from community deaths; and 339 samples from re-tested patients. Overall, laboratory activities increased by 37% 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 on 10 April until 3 May 2020, a total of 987 people have been vaccinated, of which 952 were in Beni and 45 in Karisimbi.
- ➔ The total number of people vaccinated with the rVSV-ZEBOC-GP vaccine since the start of the outbreak in August 2018 is now 302 763.
- ➔ 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 3 May 2020, there are 63 patients, one of whom is confirmed with EVD, admitted in the nine transit centres and ETCs that are reporting their activities.

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

- From 27 April to 3 May 2020, 92 health care facilities in the Beni, Butembo and Bunia sub-coordinations were evaluated and the average IPC score was 74%. By sub-coordination, Beni scored 68%; Butembo scored 64% and Bunia, where only one health care facility was evaluated, scored 91%.
- In the dedicated site in Ndirir, Kanzulinzuli Health Area, there were 37 contacts including six healthcare workers. On 2 May 2020, five of 37 contacts (all non-health care workers) were discharged. Among the remaining 32 contacts remaining in the dedicated site, one individual tested positive for EVD. Therefore, another period of quarantine has begun for these contacts since the last day of contact to this confirmed case.
- In the dedicated site in Nyakude, Malepe Health Area, 17 contacts were discharged on 2 May 2020.
- A total of 409 of 461 health care facilities were supervised for IPC-related activities.
- Fifteen health care facilities were equipped with IPC kits, though these kits were not completely stocked due to the shortage of specific items.
- A training organized by the International Rescue Committee (IRC) with participation from the WHO IPC team took place in Butembo. A total of 86 health care workers were trained in IPC and WASH activities.
- A briefing on various IPC and WASH themes were provided to 785 health care workers in the past week.

Points of Entry (PoE)

- In total, 123,642 travelers were screened out of the 124,040 who went through PoE / PoC (99.7%); this brings the cumulative number of screened travelers to 176,925,407 since August 2018.
- Five of the 10 alerts reported at the PoE / PoC level were validated as suspect cases (50.0%). The results of their first laboratory tests returned negative for the Ebola virus.
- The average number of PoEs and PoCs reporting daily screening is 102.
- A total of 75 PoE/PoCs participating in the EVD response are earmarked for deactivation as of 30 April 2020. A detailed PoC deactivation and exit plan has been developed to guide this process.
- Beni Health Zone remains the only health zone affected since the re-emergence of EVD. In the past two weeks, a rapid response implementation plan was developed involving multiple partners including PoE to respond to the sporadic EVD cases that continue to be detected in the area

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