

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 87



World Health
Organization

REGIONAL OFFICE FOR

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1. Situation update



Since 17 February, there have been no new cases of Ebola virus disease (EVD) reported from Democratic Republic of the Congo. This is a positive sign; however, there is still a high risk of re-emergence of EVD, and challenges related to limited resources, continued insecurity, population displacement in previous hotspots and limited access to some affected communities. It is essential to maintain surveillance and response activities, in addition to continuing to support and monitor the health of EVD survivors in the period leading up to the declaration of the end of the outbreak, as well as after the declaration – as outlined in the [WHO recommended criteria for declaring the end of the EVD outbreak](#).

Outbreak response efforts continue, including extensive surveillance, pathogen detection, and clinical management activities in previously affected areas, in addition to alert validation, supporting appropriate care and rapid diagnosis of suspected cases, building partnerships with community members to strengthen investigation of potential EVD deaths in communities, and strategically transitioning activities. Insecurity remains a challenge in continuing response efforts, which could delay the detection of potential flare-ups.

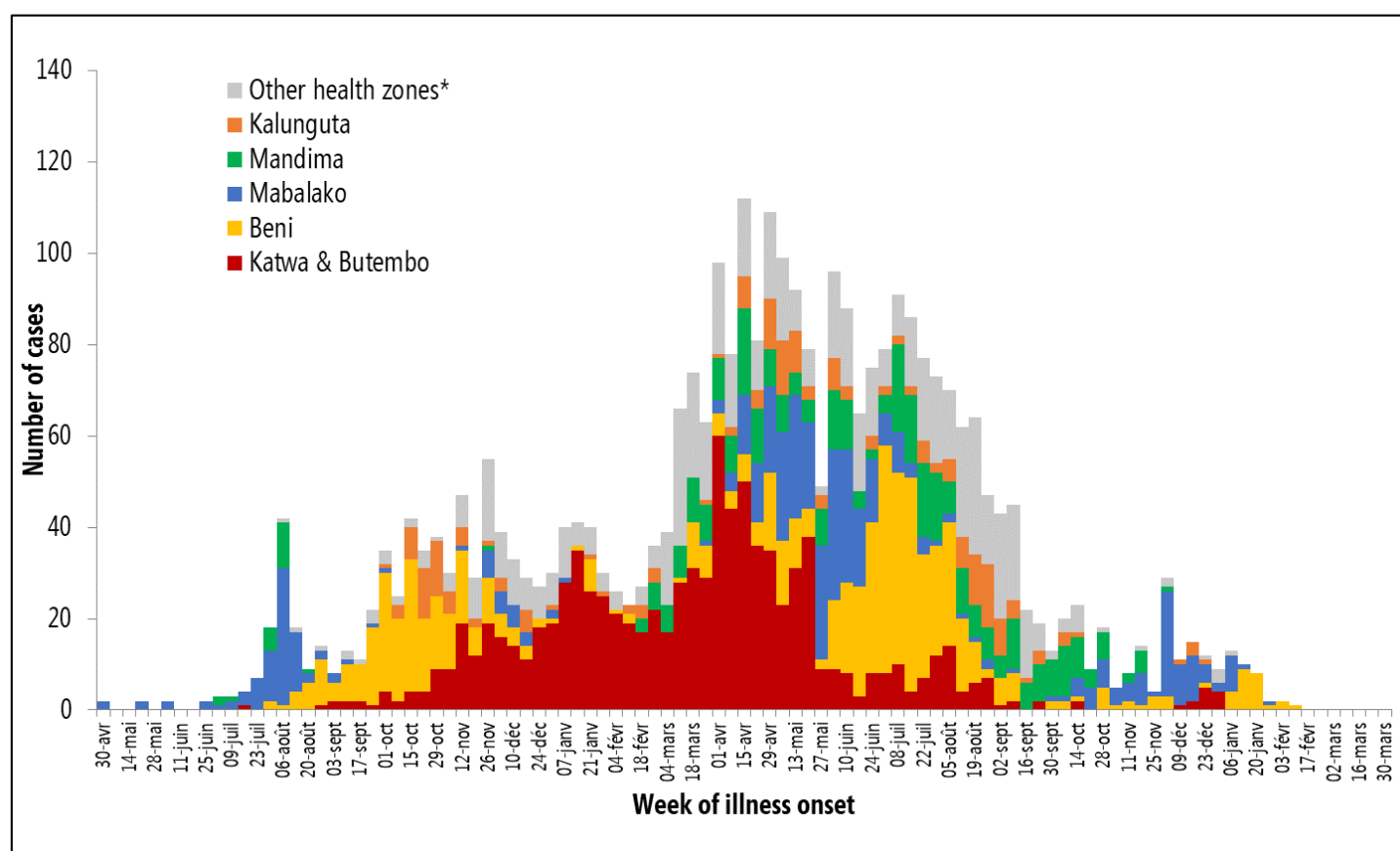
From 30 March to 5 April 2020, 31 265 alerts were reported and investigated. Of these, 2223 alerts were validated as suspected cases, requiring specialized care and laboratory testing to rule-out EVD. On average, people stay in these facilities for three days while waiting for EVD to be definitively 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 laboratories. From 30 March to 5 April 2020, 2376 samples were tested including: 1322 blood samples from alive, suspected cases; 365 swabs from community deaths; and 689 samples from re-tested patients. Overall, laboratory activities decreased by 14% compared to the prior week.

Since the beginning of the outbreak response, alert rates steadily climbed due to the active and passive case finding systems being strengthened and adapted to suit the local context, reaching additional health zones involved in the evolution of the outbreak. As expected, alert rates declined as the incidence of confirmed cases decreased and disease surveillance activities gradually transitioned toward routine operations. However, it remains important to maintain appropriate levels of surveillance through the end of outbreak declaration in order to rapidly detect relapse, re-introduction or new emergence events, implement effective control measures if necessary and avoid a potential resurgence of the outbreak.

As of 5 April 2020, a total of 3453 EVD cases were reported from 29 health zones (Table 1), including 3310 confirmed and 143 probable cases, of which 2273 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1935) were female, 28% (979) were children aged less than 18 years, and 5% (171) were healthcare workers.

An urgent injection of US\$ 20 million is required to ensure that response teams have the capacity to maintain the appropriate level of operations through to the beginning of May 2020, and are able to rapidly respond to any flare-ups. If no new resources are received, WHO risks running out of funds for the Ebola response before the end of the outbreak. For more information see this recent statement: <https://www.who.int/news-room/detail/06-03-2020-end-in-sight-but-flare-ups-likely-in-the-ebola-outbreak-in-the-democratic-republic-of-the-congo>

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 5 April 2020



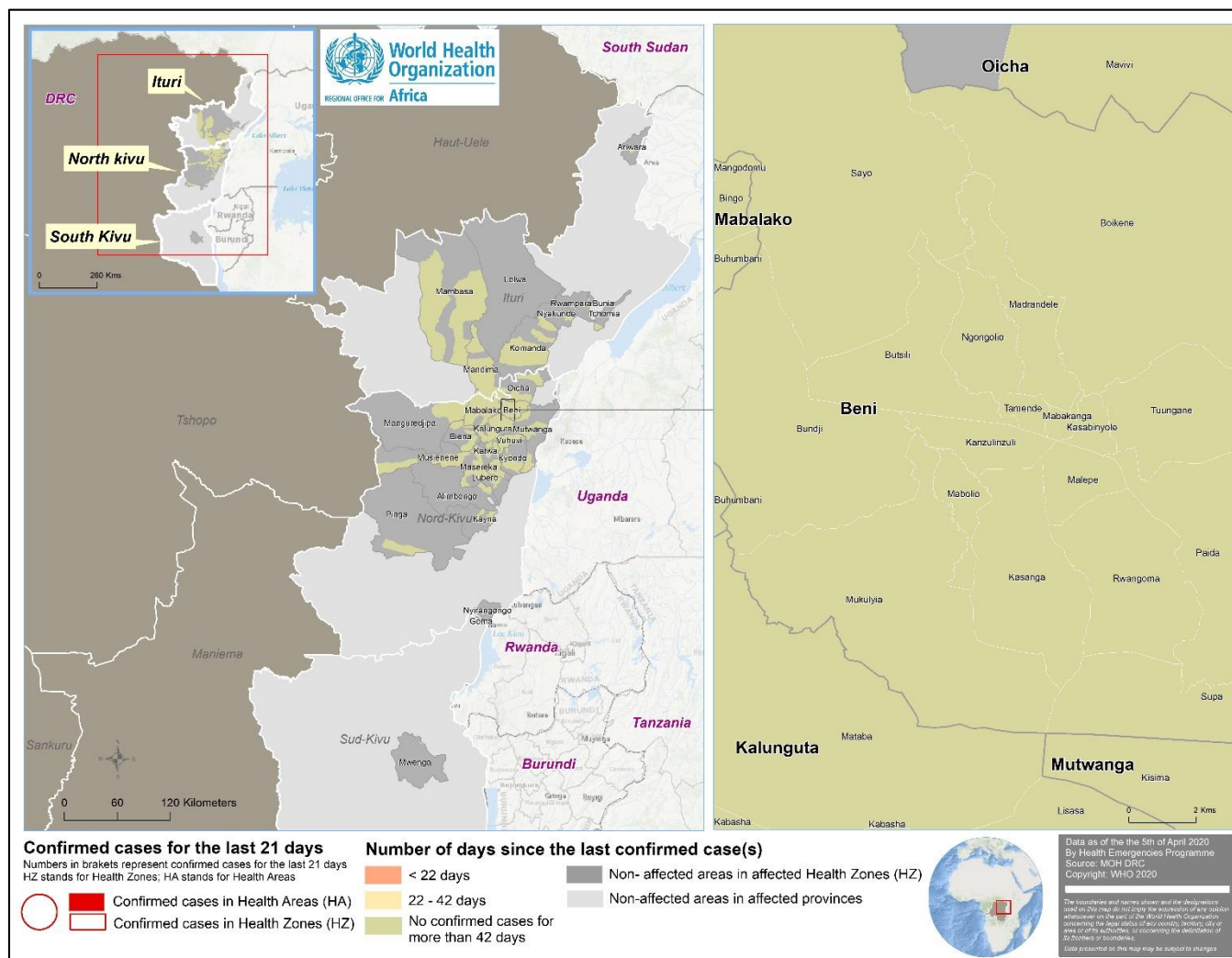
*Excludes n=149/3453 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 5 April 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	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	23	221	71	94
	Katwa	0/18	0	653	24	677	471	495
	Kayna	0/21	0	28	1	29	8	9
	Kyondo	0/22	0	25	6	31	15	21
	Lubero	0/19	0	31	2	33	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	10	357	166	176
	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	3310	143	3453	2130	2273

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, 5 April 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

- ➔ A total of 249 395 contacts have been registered to date. None were under surveillance as of 1 April 2020. All contacts of confirmed cases completed follow-up.
- ➔ From 30 March to 5 April 2020, 31 265 alerts were reported, of which 30 850 (99%) were investigated within 24 hours of reporting. Of these alerts, 2223 were validated as suspected cases.
- ➔ Testing of suspected cases continues to be provided across 11 operational laboratories. From 30 March to 5 April, 2376 samples were tested.

Vaccines

- ➔ As of 1 April 2020, 283 people had received the second dose of the vaccine produced by Johnson & Johnson (Ad. SEBOV/MVA-BN-Filo) in Kahembe and Majengo health areas, Karsimbi Health Zone, bringing the cumulative total of people receiving this vaccine to 7529 since 8 January 2020.

Case management

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24708

