

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 79



World Health  
Organization

REGIONAL OFFICE FOR  
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Date of issue: 11 February 2020  
Data as reported by: 9 February 2020

### 1. Situation update



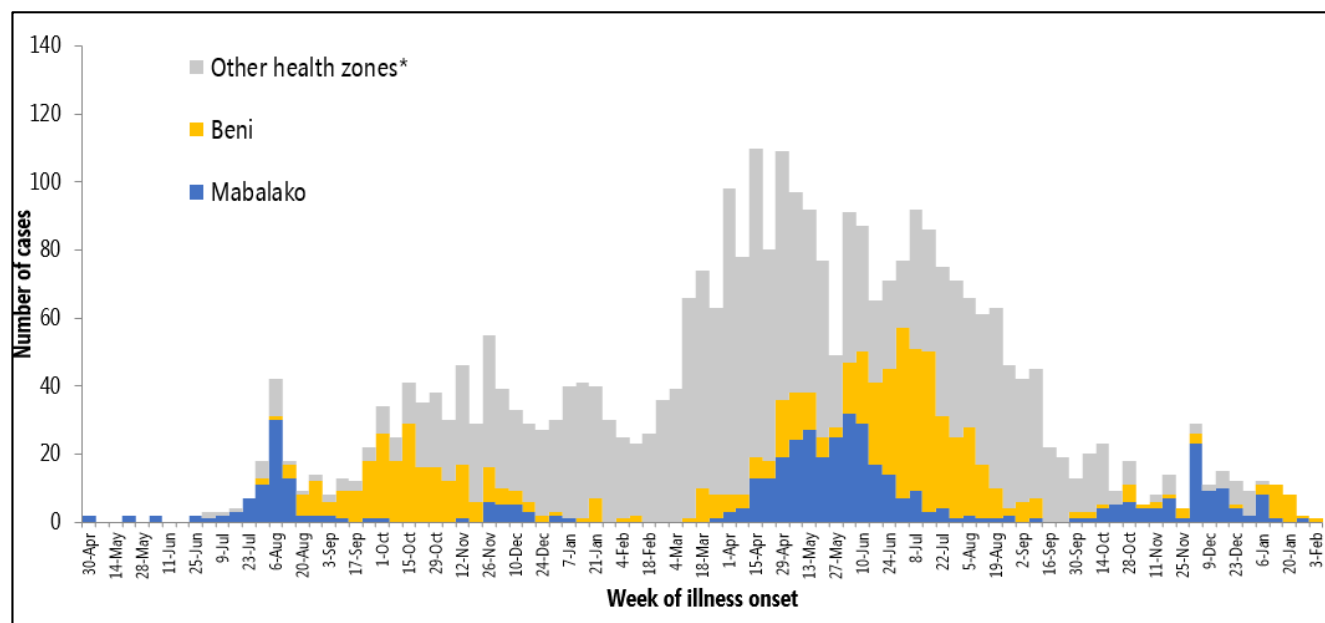
From 3 to 9 February 2020, three new confirmed cases of Ebola virus disease (EVD) were reported in Beni Health Zone, North Kivu Province in the Democratic Republic of the Congo (Figure 1). All of the cases were registered as contacts and two were under surveillance at the time of detection.

In the past 21 days (20 January to 9 February 2020), 13 new confirmed cases were reported from four of the 30 health areas in two active health zones in North Kivu Province (Figure 2, Table 1): Beni (92%;  $n=12$ ) and Mabalako (8%;  $n=1$ ) Health Zones. Although recent trends of this outbreak, including the small number of weekly cases and limited geographic area affected by EVD are encouraging, continued vigilance is crucial, particularly for contact identification and follow up, in order to interrupt possible nosocomial transmission linked to traditional practitioner facilities. In the last 21 days, there were three cases of the 13 new confirmed cases who passed away in the community, outside of Ebola treatment centres.

The security situation in several EVD-affected health areas remain unstable and unpredictable. On 8 February, a health centre was attacked in Butembo, destroying equipment and infrastructure. On 8 February 2020, an attack on civilians in Mabalako Health Zone led to a suspension of response activities for 48 hours. This attack resulted in displacement of people fearing armed attacks.

As of 9 February 2020, a total of 3431 EVD cases, including 3308 confirmed and 123 probable cases have been reported, of which 2253 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1920) were female, 28% (968) were children aged less than 18 years, and 5% (172) were healthcare workers.

**Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 9 February 2020**



\*3431 confirmed and probable cases, reported as of 9 February 2020. Excludes n=163 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. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Butembo, Goma, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lolwa, Lubero, Mambasa, Mandima, Manguredjipa, Masereka, Musienene, Mutwanga, Mwenga, Nyakunde, Nyiragongo, Oicha, Pinga, Rwampara, Tchomia, and Vuhovi

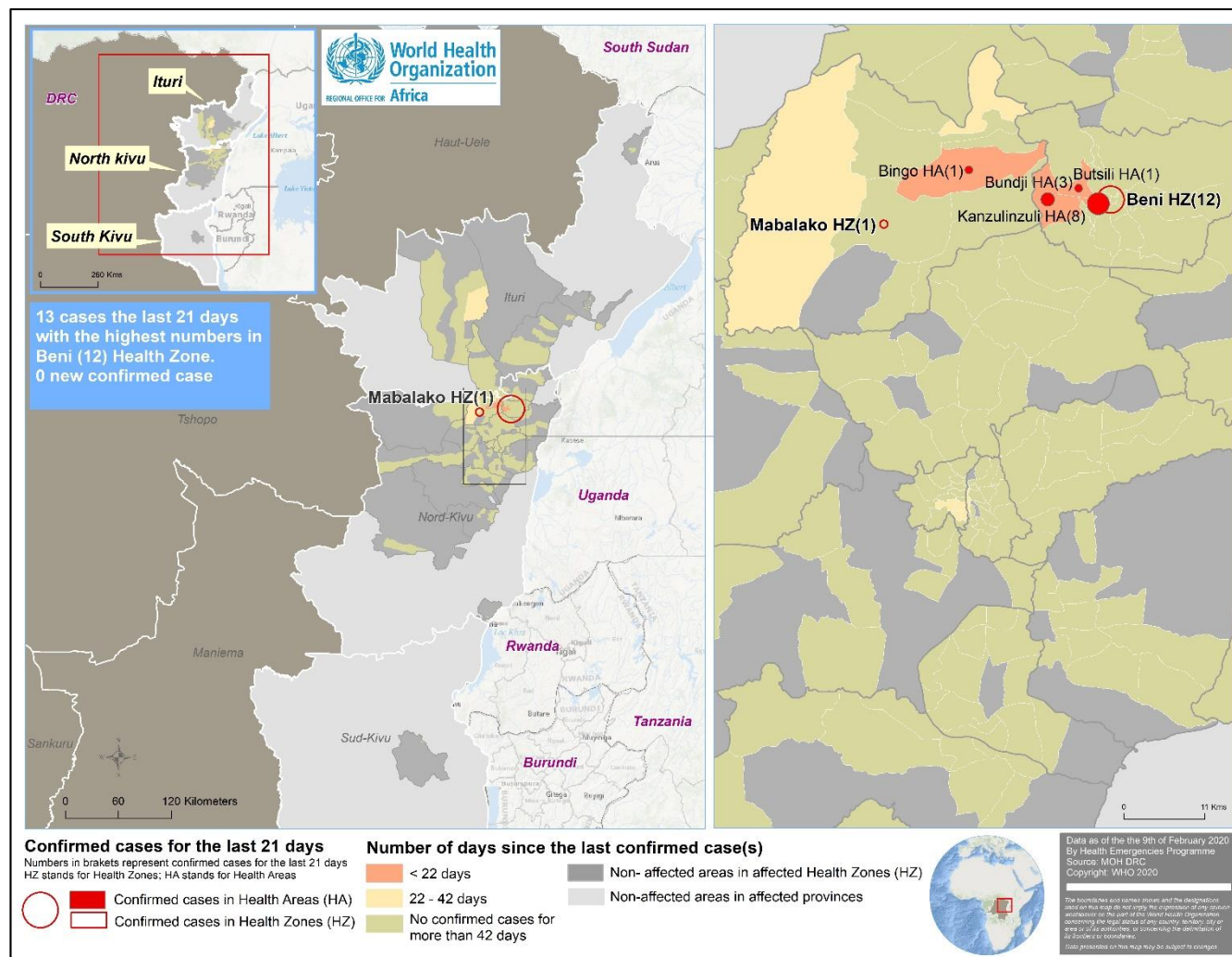
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 9 February 2020**

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	0	5	2	2
	Beni	3/18	12	719	9	728	465	474
	Biena	0/16	0	19	2	21	12	14
	Butembo	0/15	0	295	6	301	353	359
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	198	19	217	71	90
	Katwa	0/18	0	653	23	676	471	494
	Kayna	0/21	0	28	0	28	8	8
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	1/12	1	463	18	481	334	352
	Manguredjipa	0/10	0	18	0	18	12	12
	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	3	85	27	30
	Mandima	0/15	0	347	6	353	166	172
	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		4/471	13	3308	123	3431	2130	2253

*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, 9 February 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 2433 were under surveillance as of 9 February 2020. On average, 89% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 5269 alerts were reported per day over the past seven days, of which 4717 (99%) were investigated within 24 hours of reporting.

### Vaccines

- ➔ From 8 August 2018 to 9 February 2020, 291 423 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 11 653 people vaccinated since its introduction on 14 November 2019, as of 7 February 2020.

### Case management

- ➔ As of 9 February 2020, there are nine Ebola treatment centres (ETCs) reporting bed occupancy and 10 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 last seven days, there were three possible cases of nosocomial infection in Beni subcoordination (no healthcare workers were infected), all associated with traditional healers' centres.
- ➔ IPC activities were performed around all three new cases of EVD, including evaluation, decontamination of households, IPC kit donations, IPC briefing, monitoring and supportive supervision for facilities.
- ➔ A total of 262 healthcare facilities were assessed with the scorecard: the mean IPC score was 75% in 14 health zones. Among IPC indicators, sterilization and isolation capacity remain the lowest scoring indicators.

- IPC training on the MOH standardized “IPC toolkit” of IPC focal points and hygiene committee of healthcare facilities (known as Phase 3 of the IPC toolkit dissemination) started in Biakato on 29 January 2020, which targeted 140 healthcare workers. However, the training was interrupted by the recent attacks on an EVD response office in Biakato. Following the interruption, the training resumed and ended on 6 February 2020 with 76 participants. On 6 February 2020, another training started with 140 additional participants.

## Points of Entry (PoE)

- screenings to over 150 million since the beginning of the outbreak. There were 326 alerts notified this week, of which 135 (41%) were validated as suspects 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.
- The average number of PoEs and PoCs reporting daily screening was 105 out of 109 points this week. No EVD contact was intercepted at PoEs and PoCs this week.
- There were three days (3 to 6 February 2020) of inactivity at Biakato Mayi and Biakato Mines PoC after the attack of the EVD coordination infrastructure by unidentified persons. Cases of insecurity continue to affect PoE activities in North Kivu. Since 8 February 2020, the PoCs Bella, Makeke, Makeke Diversion, and Kyazaba suspended operations following an attack on civilians on 7 February 2020 on the outskirts of the city of Mangina in Mukusa.
- On 9 February 2020, there was significant population movement from Mangina and its surroundings to Beni fleeing the insecurity. In order to put an end to the few EVD infections currently being detected in Beni, the general coordination of the response moved to Beni where it held meetings and field visits. An *ad hoc* emergency operational plan was also elaborated. Key actions planned to be undertaken, by the International Organization for Migration (IOM) and National Programme for Border Hygiene (PNHF), under this Emergency Plan includes: Pasisi, Maboya and Mavivi Barriere PoCs are expected to extend operations to 24 hours, while the PoC named PK 5 will operate until 22:00. Moreover, risk communication and community engagement activities will continue to be conducted around PoCs in those areas.
- A joint assessment bringing together IOM and PNHF was conducted on Friday in Oicha to evaluate the necessity to resume activities at eight PoCs previously supported by WHO which closed in October 2019 due to insecurity. Out of the eight, only one was found to be operational. IOM will plan to reopen two more after validation by PoE commission.
- IOM conducted trainings of data collectors in preparation for the rollout of Flow Monitoring of

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