

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 75



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Date of issue: 14 January 2020

Data as reported by: 12 January 2020

1. Situation update

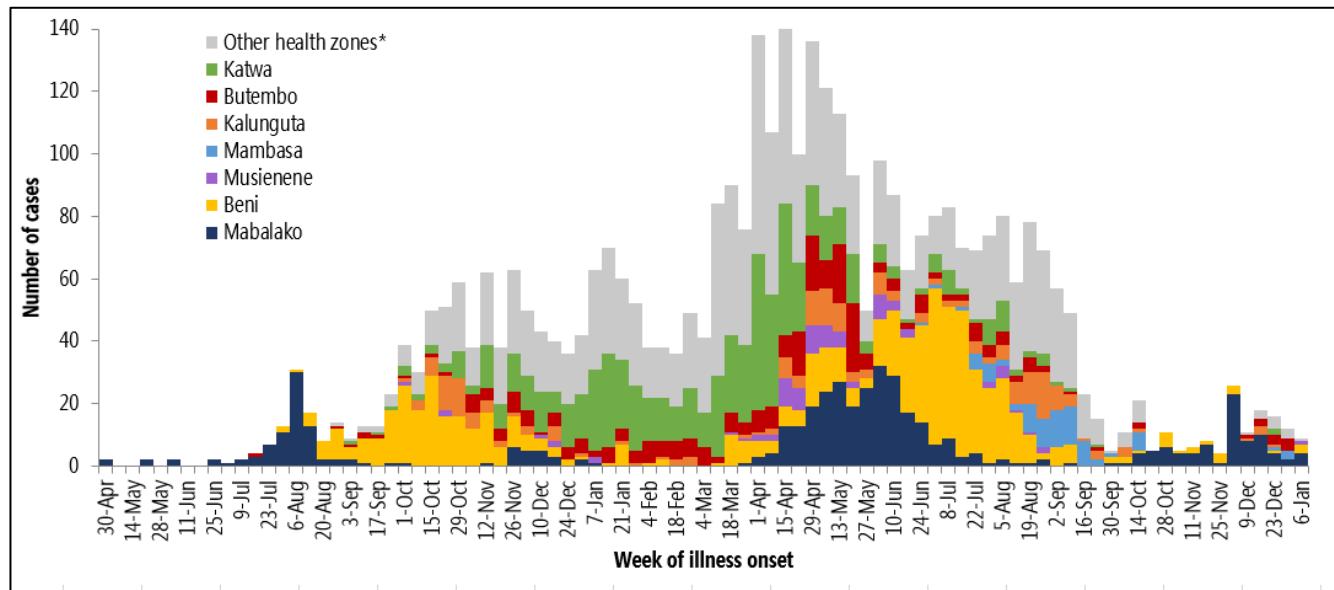
Cases	Deaths
3398	2235

From 6 to 12 January 2020, eight new confirmed cases of Ebola virus disease (EVD) were reported from Mabalako, Beni, and Musienene Health Zones in North Kivu Province in the Democratic Republic of the Congo. Of these cases, three were reported in Beni Health Zone, where no cases had been reported for 29 days, and one was reported in Musienene Health Zone, where no cases had been reported for 132 days. These four cases are linked to the transmission chain that originated in Aloya Health Area, Mabalako Health Zone, and were not unexpected given known links between Mabalako and Beni.

In the past 21 days (23 December 2019 to 12 January 2020), 36 confirmed cases were reported from 14 of the 87 health areas in seven active health zones in North Kivu and Ituri Provinces (Figure 2, Table 1): Mabalako (36%; $n=13$), Butembo (22%; $n=8$), Beni (8%; $n=3$), Kalunguta (14%; $n=5$), Katwa (6%; $n=2$), Musienene (3%; $n=1$) Health Zones in North Kivu Province and Mambasa (11%; $n=4$) Health Zone in Ituri Province. Almost half (17/36) of these cases were isolated three or more days after symptom onset (including three community deaths), none of whom were known or being followed as contacts.

As of 12 January 2020, a total of 3398 EVD cases, including 3280 confirmed and 118 probable cases have been reported, of which 2235 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1907) were female, 28% (959) were children aged less than 18 years, and 5% (169) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 12 January 2020



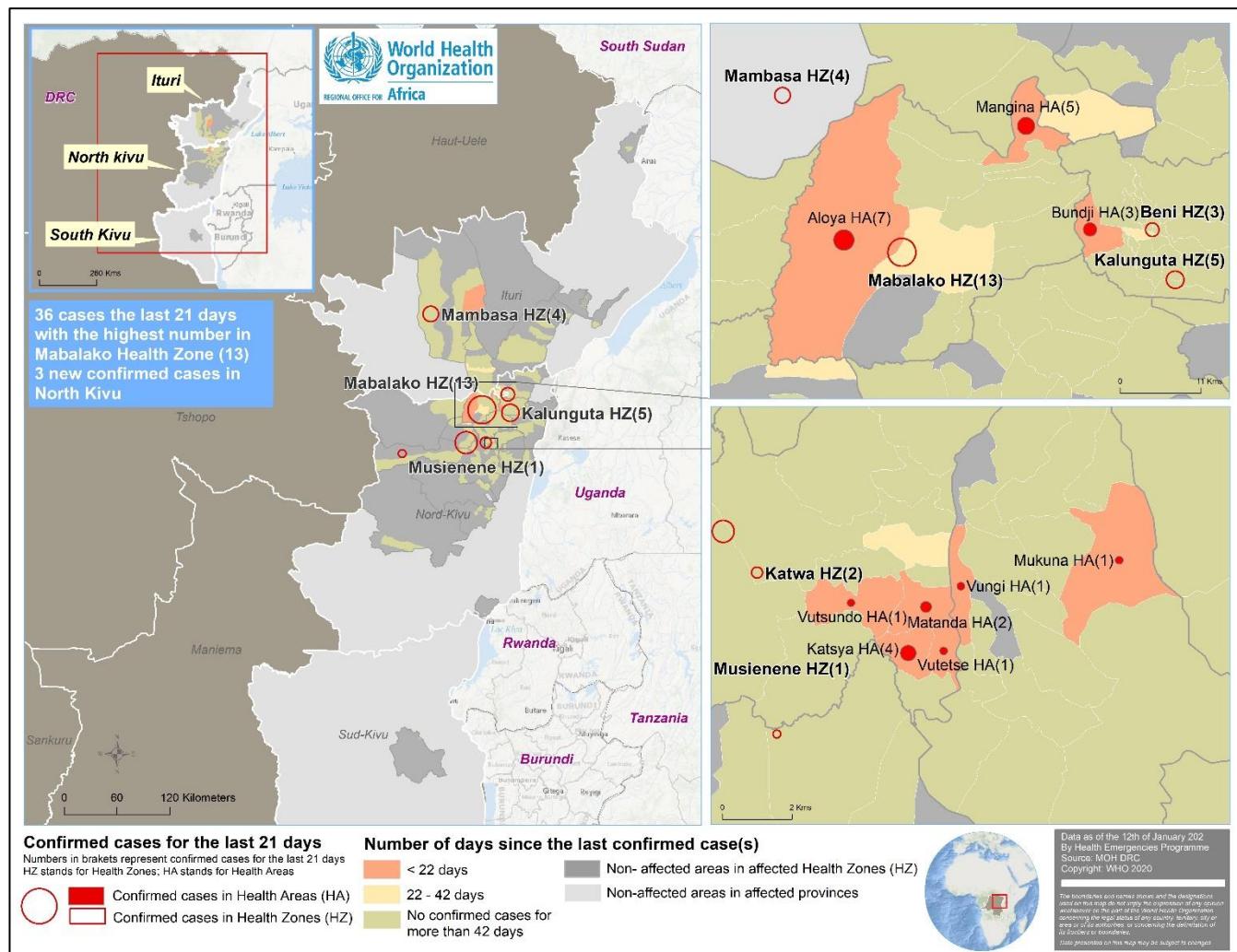
*3398 confirmed and probable cases, reported as of 12 January 2020. Excludes n=173 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Bienia, Bunia, Goma, Kayna, Komanda, Kyondo, Lolwa, Lubero, Mandima, Manguredjipa, Masereka, 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 12 January 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			Cumulative deaths
				Confirmed cases	Probable cases	Total cases	
South Kivu	Mwenga	0/18	0	6	0	6	3
North Kivu	Alimbongo	0/20	0	5	0	5	2
	Beni	1/18	3	698	9	707	453
	Biena	0/16	0	19	2	21	12
	Butembo	4/15	8	295	3	298	353
	Goma	0/10	0	1	0	1	1
	Kalunguta	1/18	5	198	19	217	71
	Katwa	2/18	2	653	23	676	471
	Kayna	0/21	0	28	0	28	8
	Kyondo	0/22	0	25	4	29	15
	Lubero	0/19	0	31	2	33	4
	Mabalako	3/12	13	456	17	473	333
	Manguredjipa	0/10	0	18	0	18	12
	Masereka	0/16	0	50	6	56	17
	Musienene	1/20	1	85	1	86	33
	Mutwanga	0/19	0	32	0	32	12
	Nyiragongo	0/10	0	3	0	3	1
	Oicha	0/26	0	65	0	65	30
	Pinga	0/18	0	1	0	1	0
	Vuhovi	0/12	0	103	14	117	37
Ituri	Ariwara	0/21	0	1	0	1	1
	Bunia	0/20	0	4	0	4	4
	Komanda	0/15	0	56	10	66	44
	Lolwa	0/8	0	6	0	6	1
	Mambasa	2/17	4	82	3	85	27
	Mandima	0/15	0	347	5	352	166
	Nyakunde	0/12	0	2	0	2	1
	Rwampara	0/13	0	8	0	8	3
	Tchomia	0/12	0	2	0	2	2
Total		14/471	36	3280	118	3398	2117
2235							

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, 12 January 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 246 000 contacts have been registered to date, and 3670 were under surveillance as of 12 January 2020. On average, 89% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 4968 alerts were reported per day over the past seven days, of which 4181 (97%) were investigated within 24 hours of reporting.

Vaccines

- From 8 August 2018 to 12 January 2020, 265 309 people were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- Vaccination with the Ad26.ZEBOV/MVA-BN-Filo vaccine continued in Karisimbi Health Zone, with 5684 people vaccinated since its introduction on 14 November 2019.

Case management

- There are currently 11 operational Ebola treatment centres (ETCs) and 25 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri.

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

- During the last three weeks, 826 healthcare facilities were assessed in 21 health zones using the IPC “scorecard”, which consists of 12 IPC standards: the mean IPC score was 65% (the target is 80%). Hand hygiene was the best performing indicator (81%), whereas sterilization (39%) and isolation capacity (45%) remained the lowest scoring indicators. Gaps were identified, and improvement action plans were written in collaboration with IPC focal persons at the facility, IPC supervisors, and partners, where present.
- In the last seven days, the cumulative number of infections among health care workers is 169 with no new reported infections.
- In the last seven days, there has been one possible nosocomial infection linked to a traditional practitioner centre in Beni Health Zone. The IPC team responded by performing decontamination, IPC kit donation, health care workers’ risk assessment evaluation, facility evaluation (score of 64%), and temporary closure of the facility to allow time to address gaps identified.

- This week in the hotspots of Mangina and Mambasa Health Zones, IPC training was conducted 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). To date, approximately 1718 healthcare workers have been trained on the IPC toolkit.
- Water, sanitation and hygiene (WASH) activities continue, with six health facilities evaluated in Beni and Mabalako Health Zones and IPC kits donated, while 23 health facilities were monitored in Oicha, Mabalako, and Mambasa Health Zones as of 11 January 2020.

Points of Entry (PoE)

- From 6 to 12 January 2020, 3 049 994 screenings were performed, bringing the cumulative number of screenings to over 139 million since the beginning of the outbreak. A total of 219 alerts were notified, of which 109 (50%) were validated as suspect cases following investigation; none were subsequently confirmed as EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) remains at 30. The average number of PoEs and PoCs reporting daily screening has remained unchanged at 105 this week.
- Four high risk contacts on the move were intercepted at Maboya PoC, of which two were identified on 6 January. All contacts are linked to a confirmed EVD case reported in Aloya Health Area, Mabalako Health Zone. The contacts intercepted were asymptomatic and were assisted to go back to Aloya Health Zone for follow up.
- WHO and the PoE Commission mapped alternative routes connecting Aloya Health Area with Butembo and Beni Health Zones this week and assessed population movement trends passing through these routes. Based on this mapping exercise, new mobile PoCs will be set up and/or existing PoCs will be repositioned, to ensure that traveller screening takes place in the most strategic locations in Mabalako, Bienna, Kalunguta, and Butembo Health Zones.
- A joint assessment was carried out by the National Programme of Hygiene at Borders (PNHF) and the International Organization for Migration (IOM) from 7 to 10 January 2020 in Komanda to explore the possibility of installing a mobile PoC around a detour located 5 km prior to entering the PoC of Foner, where many travellers deviate without being checked at the main PoC. It was recommended that a supplementary mobile PoC be considered.
- All four PoCs, namely Foner Komanda, Pont Loya, Luna, and Pont Ituri now have well trained secondary investigators for alerts. Another training is planned in the coming days to enhance visual observation skills at PoCs in Komanda.

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https://www.yunbaogao.cn/report/index/report?reportId=5_24849

