

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



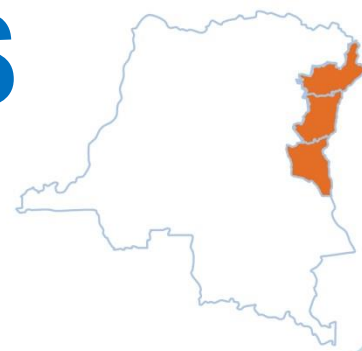
External Situation Report 68



World Health
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EBOLA VIRUS DISEASE

Democratic Republic of the Congo External Situation Report 68



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1. Situation update



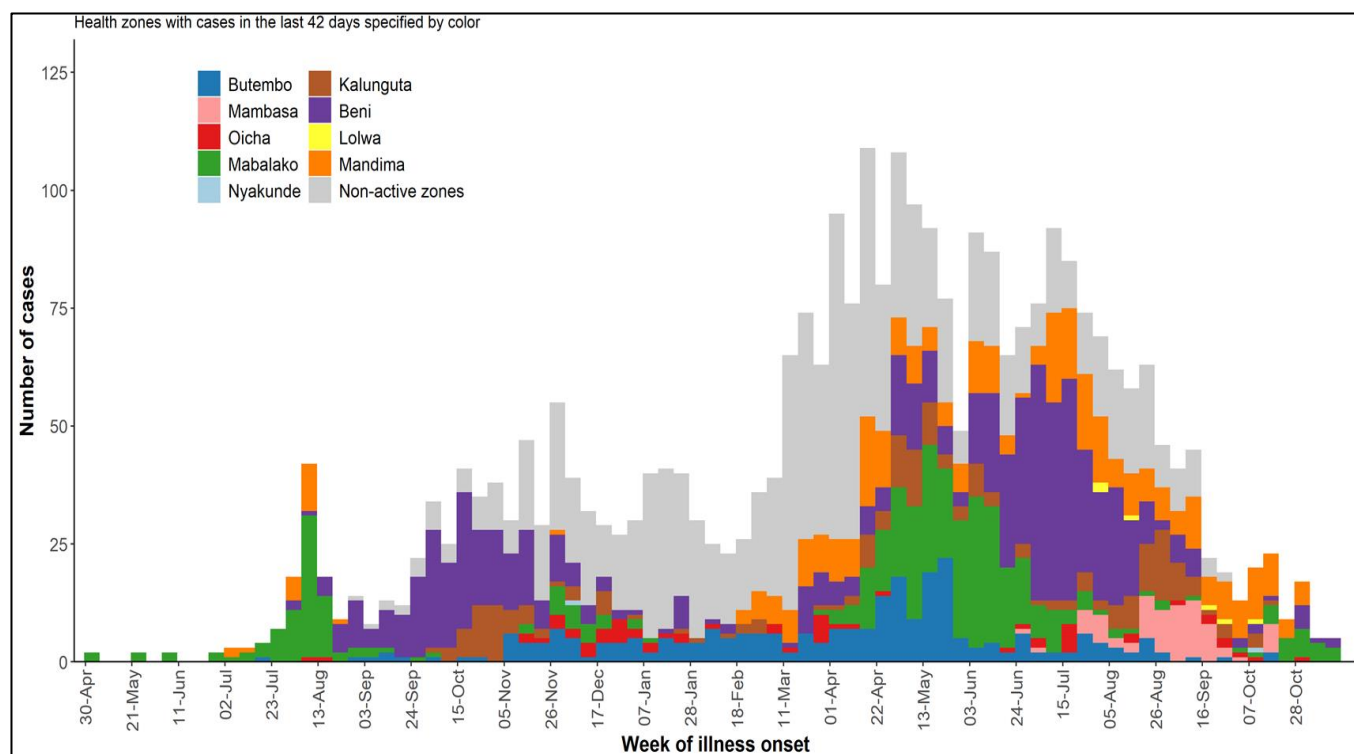
Over the last three months, there has been a steady decrease in the incidence of confirmed Ebola Virus Disease (EVD) cases in Democratic Republic of the Congo (DRC). In the week of 11 to 17 November 2019, nine new confirmed EVD cases were reported from three health zones in two affected provinces, compared to 126 cases reported at the peak of the epidemic in the last week of April 2019. No cases were reported from both Mandima and Mambasa health zones. After over 30 days with no new cases, Oicha Health Zone reported a new confirmed community death with links to Kalunguta, Oicha and Mandima health zones. Following initial resistance from family members and the community, a multidisciplinary team has now commenced investigations around this case. So far, the source of exposure is yet to be identified. All other cases reported in Beni and Mabalako health zones in the past week have been linked to known chains of transmission.

Although the number of weekly reported cases is decreasing, it is expected that the outbreak response will encounter more complex circumstances as some transmission continues within rural and hard to reach communities. Multidisciplinary response teams are building on sustained progress by enhancing efforts to thoroughly engage with the community in order to investigate all new cases, to improve contact tracing and access to vaccination and consequently break the remaining transmission chains.

In the 21 days from 28 October to 17 November 2019, 12 health areas and five health zones have reported cases (Table 1, Figure 2). During this period, a total of 31 confirmed cases were reported, with Mabalako (45%; $n=14$ cases), Beni (29%; $n=9$) and Mandima (19%; $n=6$) cases as the principal hot spots.

As of 17 November 2019, a total of 3296 EVD cases were reported, including 3178 confirmed and 118 probable cases, of which 2196 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1854) were female, 30% (996) were children aged less than 18 years, and 5% (162) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 17 November 2019



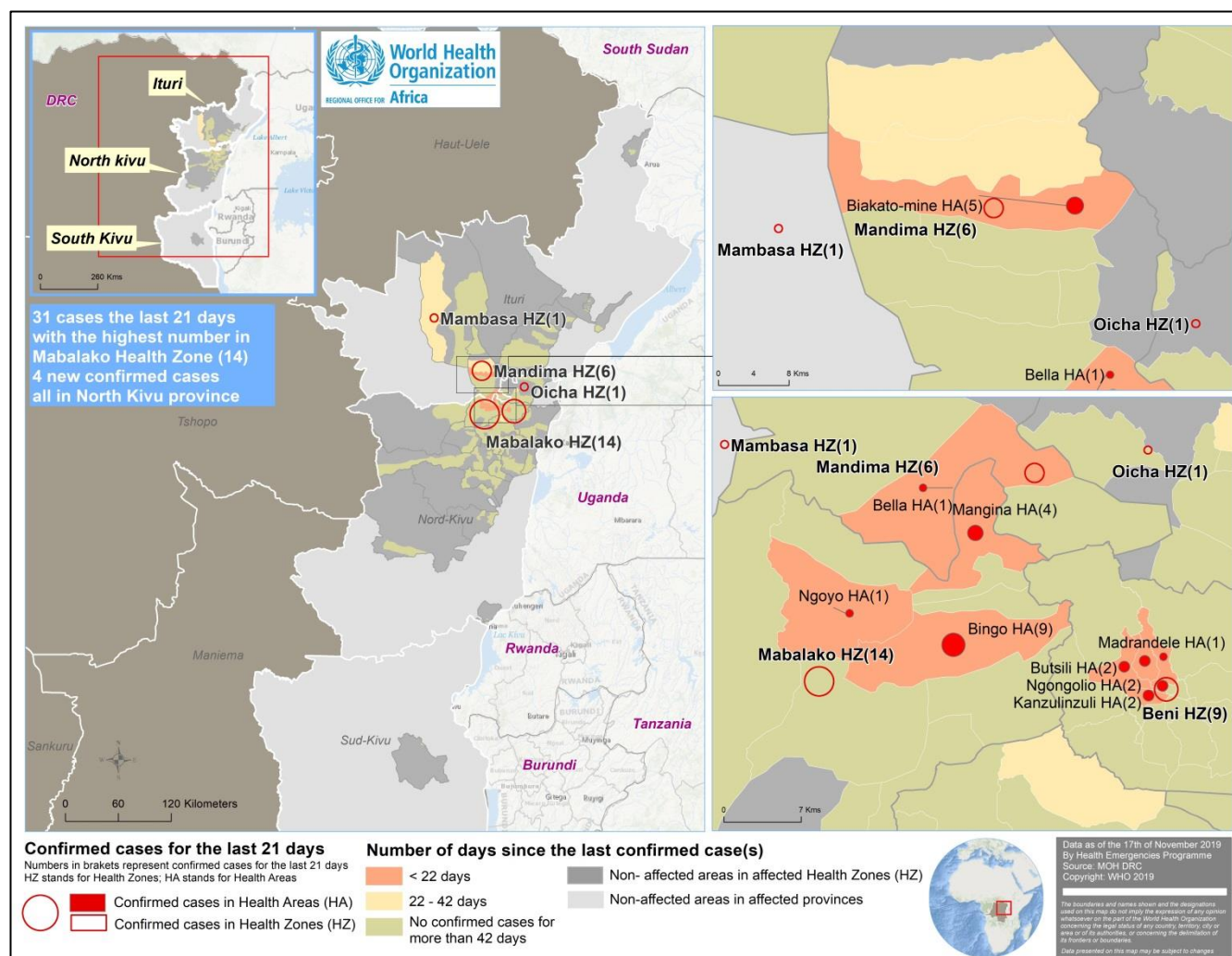
**Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, Masereka, Musienene, Mutwanga, Mwenga, Nyankunde, 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 17 November 2019

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	5/18	9	688	9	697	449	458
	Biena	0/16	0	18	2	20	12	14
	Butembo	0/15	0	285	3	288	350	353
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	193	19	212	71	90
	Katwa	0/18	0	651	23	674	470	493
	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	3/12	14	397	17	414	309	326
	Manguredjipa	0/10	0	18	0	18	12	12
	Masereka	0/16	0	50	6	56	17	23
	Musienene	0/20	0	84	1	85	33	34
	Mutwanga	0/19	0	32	0	32	12	12
	Nyiragongo	0/10	0	3	0	3	1	1
	Oicha	1/26	1	63	0	63	29	29
	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	1/17	1	78	3	81	27	30
	Mandima	2/15	6	339	5	344	160	165
	Nyankunde	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		12/471	31	3178	118	3296	2078	2196

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, 17 November 2019



**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 234 000 contacts have been registered to date, and 4823 are currently under surveillance as of 17 November 2019. On average, 90% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 4290 alerts were received per day over the past seven days, of which 4217 (98%) were investigated within 24 hours of reporting.
- ➔ There are 11 field laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Beni, Biakato, Butembo, Bukavu, Bunia, Goma, Kasindi, Katwa, Komanda, Mambasa, and Mangina. All the laboratories are using GeneXpert as the primary diagnostic tool. Central laboratory support is provided by the Institute of Biomedical Research (INRB) laboratory in Kinshasa.
- ➔ Capacity to sequence whole virus genome has been established in Katwa field laboratory to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.
- ➔ The Institut National Pour la Recherche Biomedicale (INRB) laboratory tested 4208 samples from 11 to 17 November 2019. The number of samples tested in this time period decreased by 4% compared to the previous week and the proportion of positive cases among new samples is less than 1%”

Vaccines

- ➔ From 8 August 2018 to 16 November 2019, 253 545 persons were vaccinated.
- ➔ 3191 persons were vaccinated in the week of 11 to 17 November 2019, compared to 3530 during the week of 4 to 10 November 2019.
- ➔ Vaccination with the Johnson & Johnson vaccine (Ad26.ZEBOV/MVA-BN-Filo) continued in the Krisimbi Health Zone, with 54 people vaccinated on 16 November 2019, bringing the cumulative total of people vaccinated with this vaccine to 147 since its introduction on 14 November 2019.

Case management

- ➔ There are currently 11 operational Ebola treatment centres (ETCs) and 24 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri. Three transit centres are in the development phase: Kalunguta HGR, Mukulya and Mambasa.
- ➔ The current intra-ETC mortality remains around 35%.

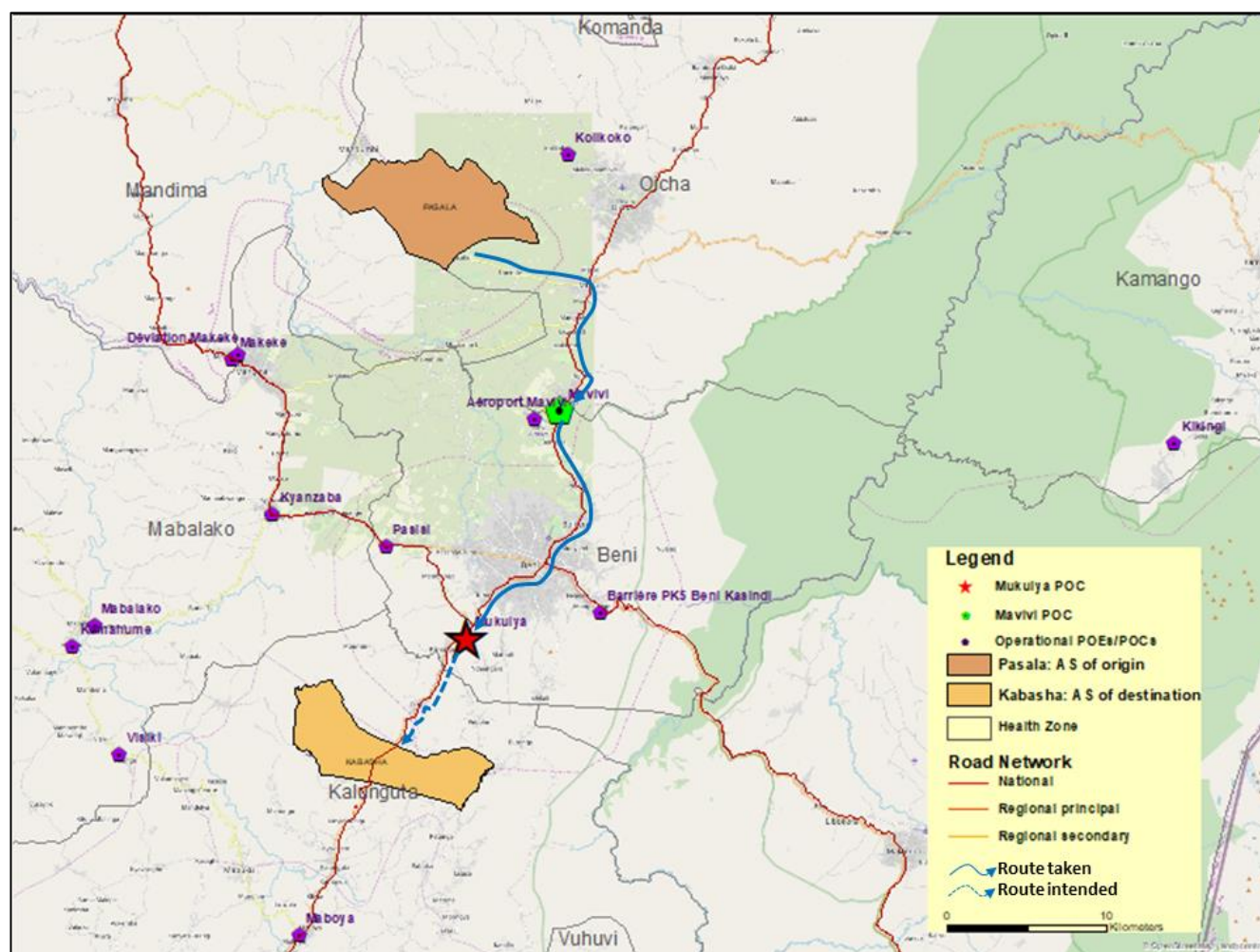
Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- ➔ IPC and WASH activities continue in health facilities and in Ebola-affected communities. Activities in health facilities include facility assessments, training and briefing health workers on basic and EVD-specific IPC principles, decontamination when necessary, providing supplies, evaluating adherence to key IPC indicators (e.g. EVD screening, PPE availability, isolation, and referral), developing improvement action plans based on gaps identified and followed-up by supportive supervision and mentorship.
- ➔ A standardized IPC/WASH package phased rollout training is ongoing; at national level with 65 IPC specialists trained, across all of the target sub-commissions (Goma, Butembo, Beni, Bunia, Komanda, Mambasa and Mangina) 294 IPC supervisors trained, ongoing training this week at Biakato. The next level which targets facility-based IPC focal persons, is being planned across most of the sub-commissions, with a minimum target of 800 IPC participants. The National IPC/WASH package will strengthen the quality of IPC/WASH interventions throughout the Ebola Response as well as addressing nosocomial infections, through standardization of training modules, SOPS, and tools through implementation of evidence-based best practices. Meanwhile, the Phase 4 pilot, which aims to train supervisors on supportive supervision and mentorship, has been completed in Goma and is undergoing revision prior to the planned rollout to the target sub-commissions.
- ➔ The cumulative probable nosocomial infection rate is 16% (529/3296 - this includes 162 healthcare workers infections)

Points of Entry (PoE)

- ➔ During the week ending 17 November 2019, 2 596 211 screenings were performed, bringing the cumulative total to over 119 million. This week, a total of 289 alerts were notified, of which 113 (39%) were validated as suspect following investigation; one was subsequently confirmed with EVD following laboratory testing. This brings the cumulative number of alerts to 4181 with 1842 validated as suspect, and 30 subsequently confirmed with EVD following laboratory testing.
- ➔ On 17 November 2019, a group of travellers in a car and motorbikes passed through PoC Mavivi refusing health screening; they were moving southward. PoC Mavivi staff alerted other PoCs around Beni, and the convoy was subsequently stopped at PoC Mukulya. The convoy included a deceased 35-year old male, who died in Oicha. His family had the intention of burying him in Kabasha, where the family lives. The body was confirmed with EVD. Following negotiations with the family, a safe and dignified burial was performed in Kabasha.

Figure 3: Travel itinerary of EVD case (M, 35 (†)) from Pasala to Kabasha through POC Mavisi and POC Mukulya



- ➔ Three contacts of EVD cases were also identified at two PoCs this week: on 13 November 2019, two contacts were identified at PoC Kanyabanyonga on their way to Goma, and on 14 November, one contact who was lost to follow up for 17 days was identified at PoC PK5 between Beni and Kasindi, on her way to Nzanga in the Mutwanga Health Zone.

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_24951

