

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 67



World Health  
Organization  
REGIONAL OFFICE FOR  
Africa

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Data as reported by: 10 November 2019

### 1. Situation update



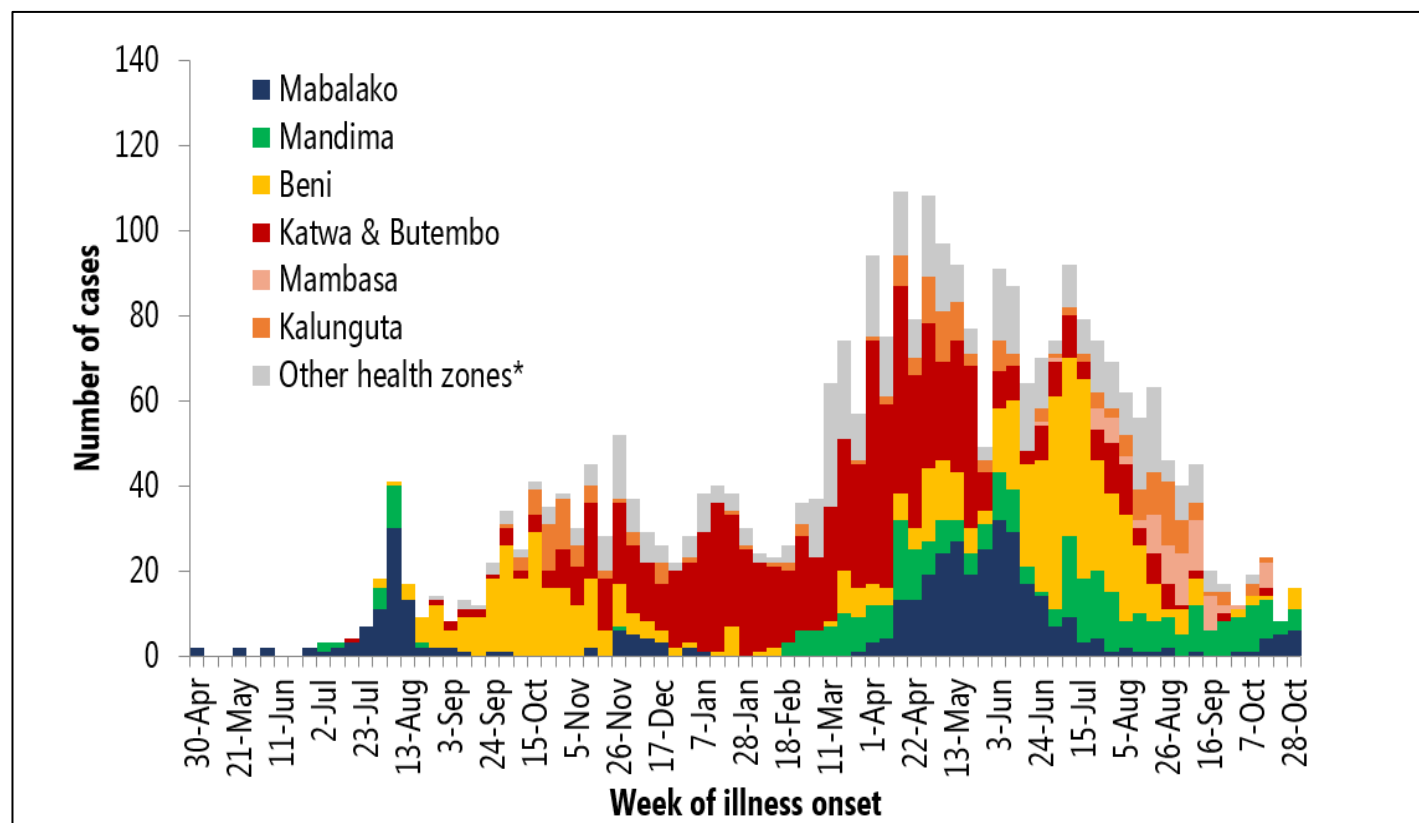
Over the last three months, there has been a steady decrease in confirmed cases of Ebola Virus Disease (EVD) in the Democratic Republic of the Congo. At the peak of the epidemic in the last week of April 2019, 120 cases were reported. In the week of 4 to 10 November 2019 only 12 cases were reported. Teams are building on this progress by enhancing efforts to thoroughly investigate all new cases and improving contact tracing in order to break the remaining transmission chains.

All cases in the past week had linkages to Biakato Mine Health Area in Mandima Health Zone, though only one case was reported from this health area. Of the 11 cases reported outside of Biakato Mine Health Area, over half of these cases ( $n=7$ ) were the result of local transmission after reintroduction of cases from Biakato and the remaining four were a result of movement to or from the area. In the past week, five (41%) of the cases were linked to nosocomial transmission, with four of these linked to a case imported in Beni Health Zone from Biakato Mines Health Area. Of the confirmed cases in the past week, all but one were known contacts prior to being linked to a confirmed case. Follow-up of contacts had temporarily declined in certain areas, particularly in Beni and Mabalako Health Zones. In Beni, registered contacts under surveillance decreased from 98% to 78% between 29 October to 6 November 2019. This is the result of a sudden increase in the number of contacts listed around newly reported cases. Follow up of contacts has improved in recent days to 86% on 10 November 2019 due to scaling up of contact tracing efforts in the health zone.

In the 21 days from 21 October to 10 November 2019, 15 health areas and five health zones have reported cases (Table 1, Figure 2). During this period, a total of 42 confirmed cases were reported, with Mabalako (38%;  $n=16$  cases), Mandima (36%;  $n=15$  cases), and Beni (14%;  $n=6$ ) as the principal hot spots.

As of 10 November 2019, a total of 3287 EVD cases were reported, including 3169 confirmed and 118 probable cases, of which 2193 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1854) were female, 28% (929) were children aged less than 18 years, and 5% (163) were healthcare workers.

**Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 10 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.

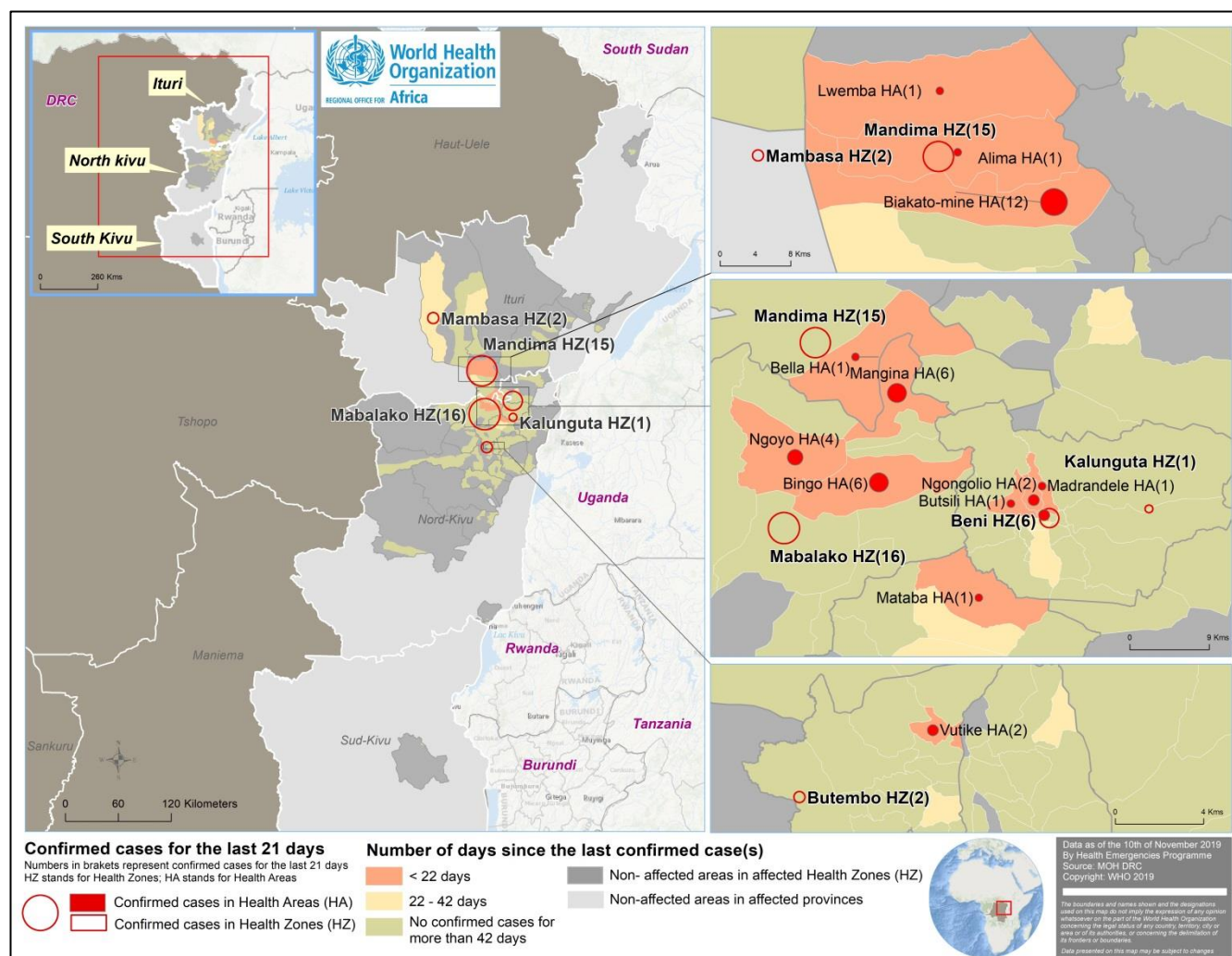
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 10 November 2019**

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	4/18	6	685	9	694	448	457
	Biena	0/16	0	18	2	20	12	14
	Butembo	1/15	2	285	3	288	350	353
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	1/18	1	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	16	392	17	409	308	325
	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	0/26	0	62	0	62	28	28
	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	2/17	2	78	3	81	27	30
	Mandima	4/15	15	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
<b>Total</b>		<b>15/471</b>	<b>42</b>	<b>3169</b>	<b>118</b>	<b>3287</b>	<b>2075</b>	<b>2193</b>

*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, 10 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 233 000 contacts have been registered to date, and 5871 are currently under surveillance as of 10 November 2019. On average, 87% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 4275 alerts were received per day over the past seven days, of which 4143 (97%) 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 INRB laboratory tested 4403 samples from 04 to 10 November 2019. The number of samples tested in this time period increased by 8% compared to the previous week and the proportion of positive cases among new samples is less than 1%”

### Vaccines

- ➔ From 8 August 2018 to 10 November 2019, 249 914 persons were vaccinated.
- ➔ 3497 persons were vaccinated in the week of 4 to 10 November 2019, compared to 2 885 during the week of 28 October to 3 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. Increasing engagement with IPC implementing partners working in both healthcare facilities and in the community is being prioritized.
- A standardized IPC/WASH training package was completed, known as Phase 1 training, with 65 IPC specialists trained. These trainers have now rolled out the IPC package, known as Phase 2, across all of the target sub-commissions (Goma, Butembo, Beni, Bunia, Komanda, Mambasa and Mangina), with 294 IPC supervisors trained. Phase 3, which targets facility-based IPC focal persons, is already being planned across most of the sub-commissions, with a minimum target of 800 people trained. The National IPC/WASH package will help to 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.
- During this outbreak, 162 healthcare worker (HCW) infections were reported – 5% of total infections (162/3287). There have been no HCW infections reported over the last 3 weeks.
- From 1 January 2019 through 10 November 2019, 17% (450/2679) of EVD infections are thought to represent possible nosocomial infection (NI). In the last week, 42% (5/12) of EVD infections were possible NI. In the last 21 days, Beni, Oicha, Mabalako and Mandima (Biakato areas) reported possible NIs (24%, 10/42).

## Points of Entry (PoE)

- During the week ending 10 November 2019, 2 796 598 screenings were performed, bringing the cumulative total to over 116 million. This week, a total of 215 alerts were notified, of which 119 (55%) were validated as suspect following investigation; one was subsequently confirmed with EVD following laboratory testing. This brings the cumulative number of alerts to 3892 with 1729 validated as suspect, and 29 subsequently confirmed with EVD following laboratory testing.

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\\_24958](https://www.yunbaogao.cn/report/index/report?reportId=5_24958)

