

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 66



World Health
Organization
REGIONAL OFFICE FOR
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1. Situation update



In the past week, from 28 October to 3 November 2019, 10 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo. Though the number of new confirmed EVD cases reported is lower this week, compared to the 20 cases reported last week, security issues and poor access continue to slow response activities in certain health zones. This can prevent the detection of cases in these hard to reach areas.

Violence this week in Lwemba Health Area in the Mandima Health Zone, caused the death of an Ebola response community health worker, and left his spouse critically injured with multiple wounds. [WHO and partners condemn](#)ed the attack, adding that acts of violence against individuals involved with the response are unacceptable and compromise the ability of health workers to provide assistance to communities impacted by the devastating effects of Ebola.

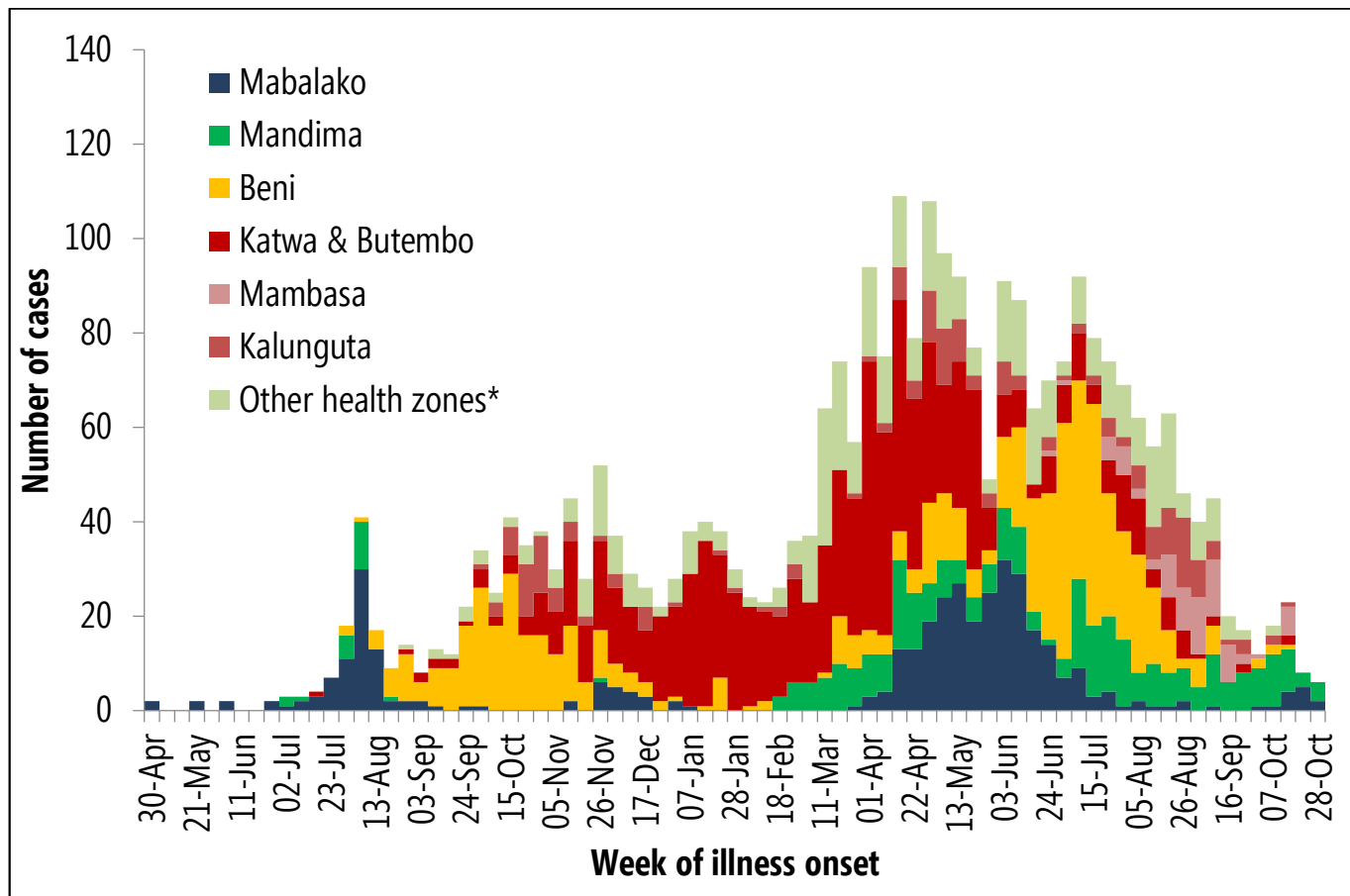
In Biakato Mines, strengthening of community engagement through community dialogue between local leaders and youth groups may have contributed to the improvement of response activities.

The majority (90%) of newly confirmed cases are still being linked back to chains of transmission in Biakato Mine Health Area, and 80% of confirmed cases were registered as contacts. Cases with a history of travel through or a stay in Biakato Mines have been reported in other health areas of Mandima health zone, as well as other health zones, such as Mabalako and Beni. Secondary transmission in these health zones can be expected in the coming weeks. With evidence of population movement eastward from Mambasa to Komanda and towards Bunia, and southward between Mambasa and Mangina, and further south-east through Beni all the way to Kasindi into Uganda, the importance of remaining vigilant and enhancing screening along these major transit roadways and border points is essential.

In the 21 days from 14 October to 3 November 2019, the number of affected health areas has fallen slightly, with 14 health areas and seven health zones reporting cases (Table 1, Figure 2). During this period, a total of 51 confirmed cases were reported, with the majority coming from the health zones of Mandima (51%; $n=26$ cases), Mabalako (25%; $n=13$ cases) and Mambasa (12%; $n=6$ cases)). Nyankunde Health Zone cleared 21 days without a new confirmed case of EVD.

As of 3 November 2019, a total of 3274 EVD cases were reported, including 3157 confirmed and 117 probable cases, of which 2185 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1843) were female, 28% (927) 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 3 November 2019



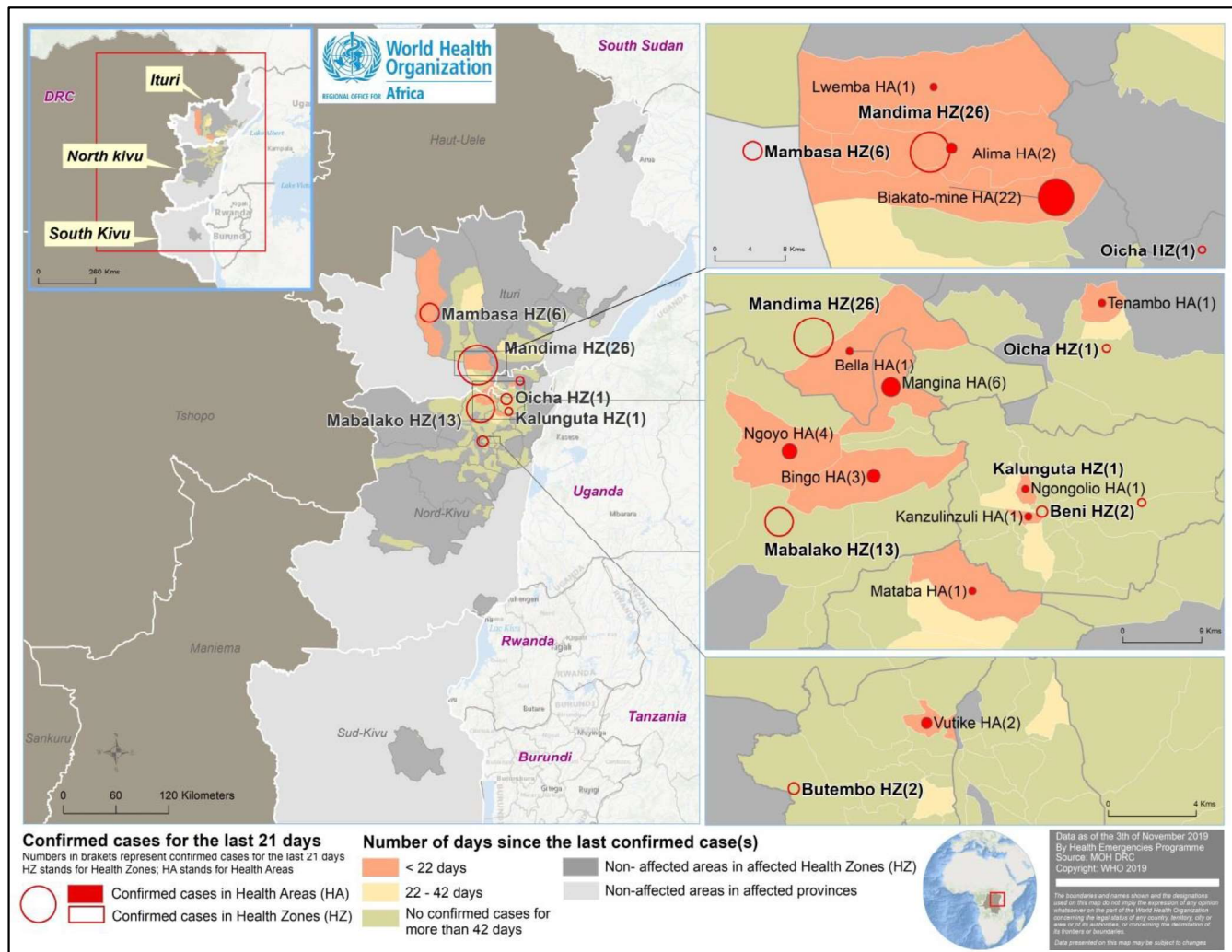
*Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, 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 3 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	2/18	2	680	9	689	444	453
	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	18	211	71	89
	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	13	386	17	403	305	322
	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	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	3/17	6	78	3	81	27	30
	Mandima	4/15	26	338	5	343	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		15/471	51	3157	117	3274	2068	2185

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, 3 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 231 000 contacts have been registered to date, and 6335 are currently under surveillance as of 3 November 2019. On average, 84% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 4213 alerts were received per day over the past seven days, of which 4092 (97%) were investigated within 24 hours of reporting.
- ➔ There are 10 field laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Beni, 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 4065 samples from 28 October to 3 November 2019. The number of samples tested in this time period increased by 2% compared to the previous week and the proportion of positive cases among new samples is 1%.

Case management

- ➔ There are currently 11 operational Ebola treatment centres (CTEs) and 24 Ebola transit centres (CTs) located in the provinces of North Kivu, South Kivu and Ituri. Three transit centres continue in development phase: Kalunguta HGR, Mukulya, and Mambasa.
- ➔ Current intra-CTE mortality remains around 35%.
- ➔ The Pamoja Tulinde Maisha (PALM [together save lives]) randomized, controlled trial and Monitored Emergency Use of Unregistered and Investigational Interventions framework continue to enroll EVD confirmed patients, total patients thus far are 912 and 799, respectively as of 04 November 2019.

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 Ebola-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 the community is being prioritized.

- ➔ The IPC/WASH package training to IPC supervisors, known as Phase 2, has been rolled out across multiple sub-commissions including Goma, Butembo, Beni, Bunia, Komanda and Mambasa with 301 IPC supervisors trained. The sub-commission of Mangina plans to proceed with the Phase 2 training this week. Phase 3 rollout, 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, Phase 4 pilot, which has started in Goma, aims to train supervisors on supportive supervision and mentorship.

Points of Entry (PoE)

- ➔ During the week ending 3 November 2019, 2 796 598 screenings were performed, bringing the cumulative total to over 113 million screenings. 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.
- ➔ On 31 October 2019, at around 21:00 local time, a man travelling as a passenger on a motorbike was screened at PoC Bella, at the perimeter of Biakato in Mandima Health Zone. He had fever and reported diarrhoea and vomiting. He was on his way to Butembo for healthcare. The PoC team reported the alert, which was validated and the man was subsequently confirmed to have EVD at ETC Mangina on 1 November 2019. PoC Bella was established on 29 October 2019, following discussions with local authorities and communities on population movement patterns coming from, going into and passing through Biakato Mine. Additionally, on 3 November 2019, a high-risk contact was intercepted at Kiwandja PoC in Rutshuru. The woman was travelling to Goma from Oicha.
- ➔ Analysis of screening patterns from the week prior to this reporting period shows that population movement is more pronounced eastward from Mambasa to Komanda and towards Bunia, and southward between Mambasa and Mangina, and further south-east through Beni all the way to Kasindi into Uganda. Some 5000 screenings are done daily around Mambasa, and over 7000 around Komanda. More than 10 000 screenings are undertaken daily around Beni and at the Kasindi border. The number is lower southward towards Butembo and Goma (2000-3000 screenings daily), but increases again on the road leaving Goma to the west (more than 15 000 screenings daily) and at the Petite Barrière and Grande Barrière PoE in Goma reaching up to some 40 000 screenings daily.

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_24973

