

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 65



World Health
Organization

REGIONAL OFFICE FOR
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1. Situation update



In the past week, from 21 to 27 October, 20 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo. The incidence of new confirmed EVD cases remains steady as response teams are being strengthened in hotspot areas (Figure 1, Figure 2).

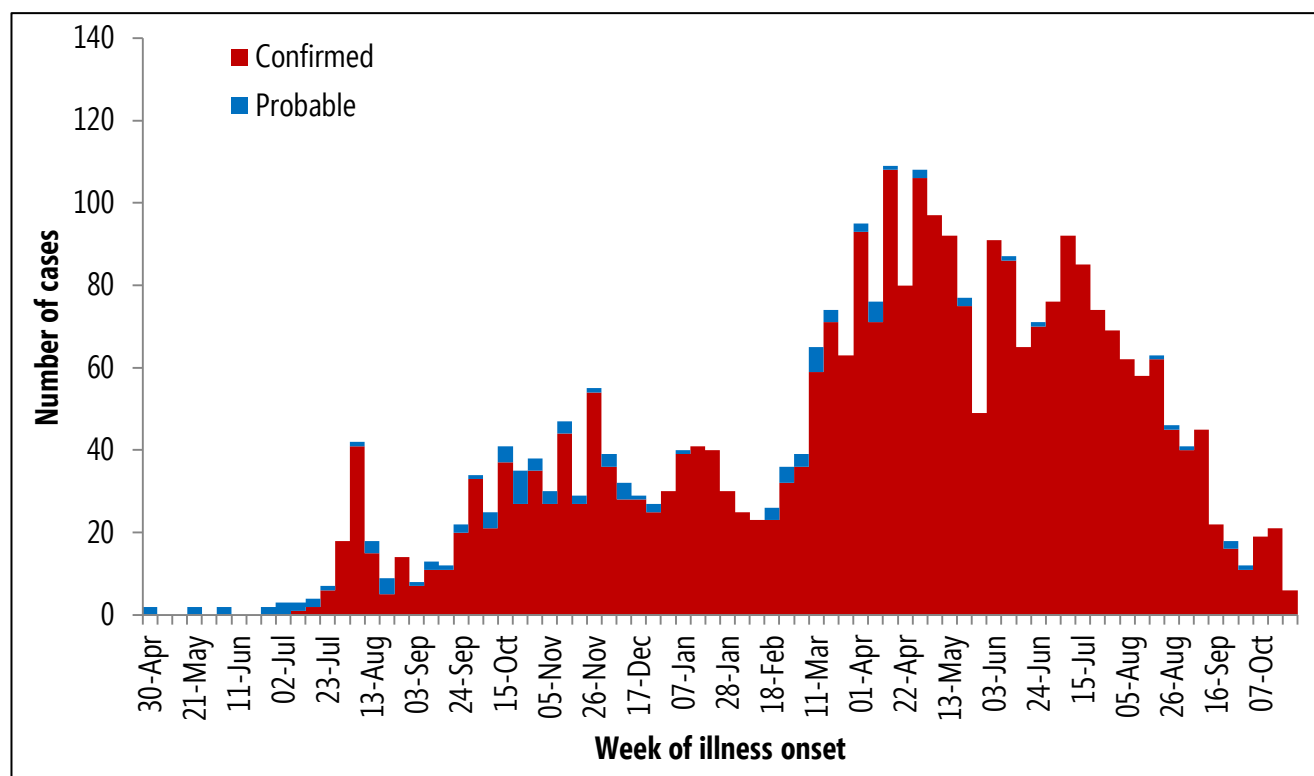
The majority (75%) of newly confirmed cases this past week continue to be reported from or linked to Biakato Mine Health Area, Mandima Health Zone, including four new cases detected outside of Mandima in individuals who recently travelled to Biakato. However, within three health zones beyond Mandima, local transmission was observed. In Mabalako, seven new cases were reported, of which three were linked to Biakato, one case reported local family contact, and one case was a co-patient of a confirmed case within a local health facility, suggesting possible nosocomial exposure; investigations are ongoing for the remaining two cases. Kalunguta Health Zone reported two confirmed cases this week, one of which traveled from Biakato to be seek treatment. In Mambasa Health Zone, a chain of transmission linked to the burial of a probable case persists, with one additional case reported in the past week after reporting five cases in the week before.

After over 22 days with no cases reported, Butembo Health Zone reported two new confirmed case. These cases were resident in Kalunguta Health Zone, and similarly exposed in Biakato. Thus far, there is no evidence of onward transmission in Butembo; nonetheless, these events demonstrate the high risk of reintroduction to previously cleared health zones.

In the 21 days from 7 to 27 October 2019, the number of affected health areas has remained the same, with 16 health areas and nine health zones reporting cases (Table 1, Figure 3). During this period, a total of 56 confirmed cases were reported, with the majority coming from the health zones of Mandima (54%; $n=30$ cases) and Mabalako (18%; $n=10$ cases). As of 27 October 2019, a total of 3264 EVD cases were reported, including 3147 confirmed and 117 probable cases, of which 2181 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1838) were female, 28% (926) were children aged less than 18 years, and 5% (163) were healthcare workers.

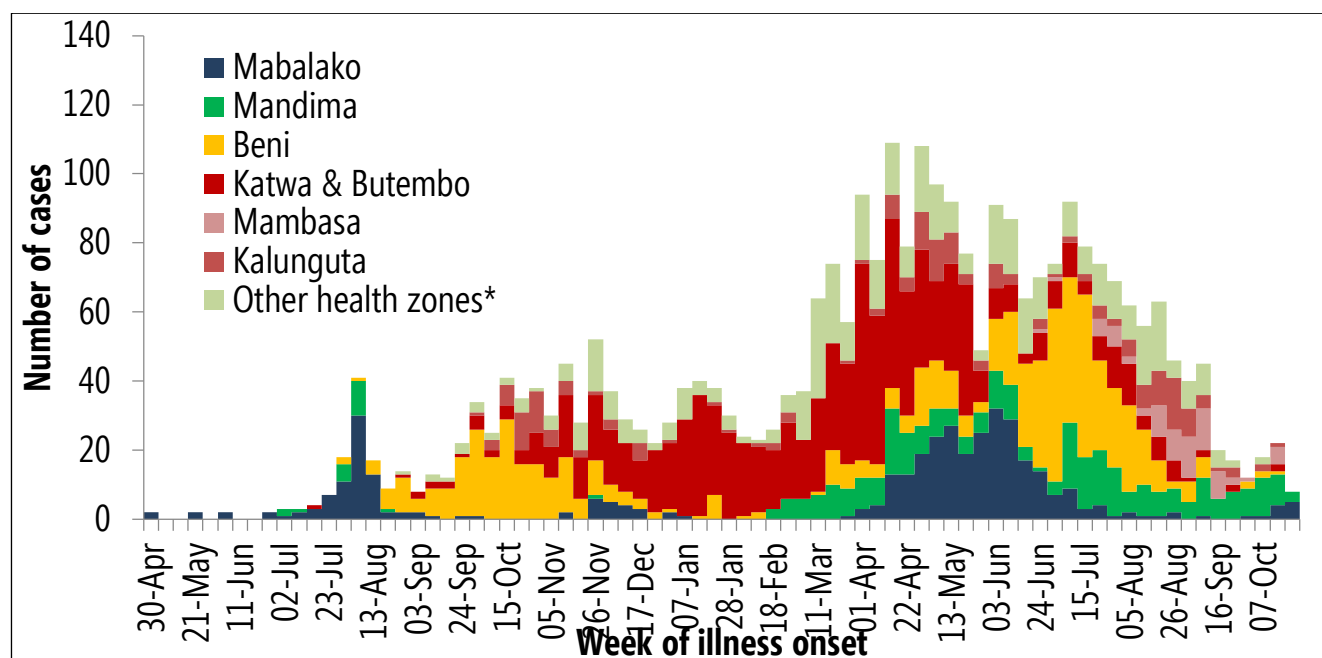
Under [Pillar 1, the public health pillar of the Strategic Response Plan](#), the estimated funding requirement for all partners for the period July to December 2019 is US\$ 287 million, including US\$ 140 million for WHO. As of 28 October 2019, US\$ 69.5 million has been received by WHO, with additional funds committed or pledged. Further resources are needed to fully fund the response through to December 2019 and into Q1 2020. Under Pillar 5, the [Regional Preparedness](#) pillar, the funding requirement for all partners is US\$ 66 million, of which WHO requires US\$ 21 million. As of 28 October 2019, WHO has received US\$ 4.3 million. While some additional pledges are in the pipeline, increased funding for preparedness in neighbouring countries is urgently needed. WHO is appealing to donors to provide generous support. A summary of funding received by WHO since the start of this outbreak can be found [here](#).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 27 October 2019



**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Figure 2: Health zone of reported Ebola virus disease cases by week of illness onset, as of 27 October 2019



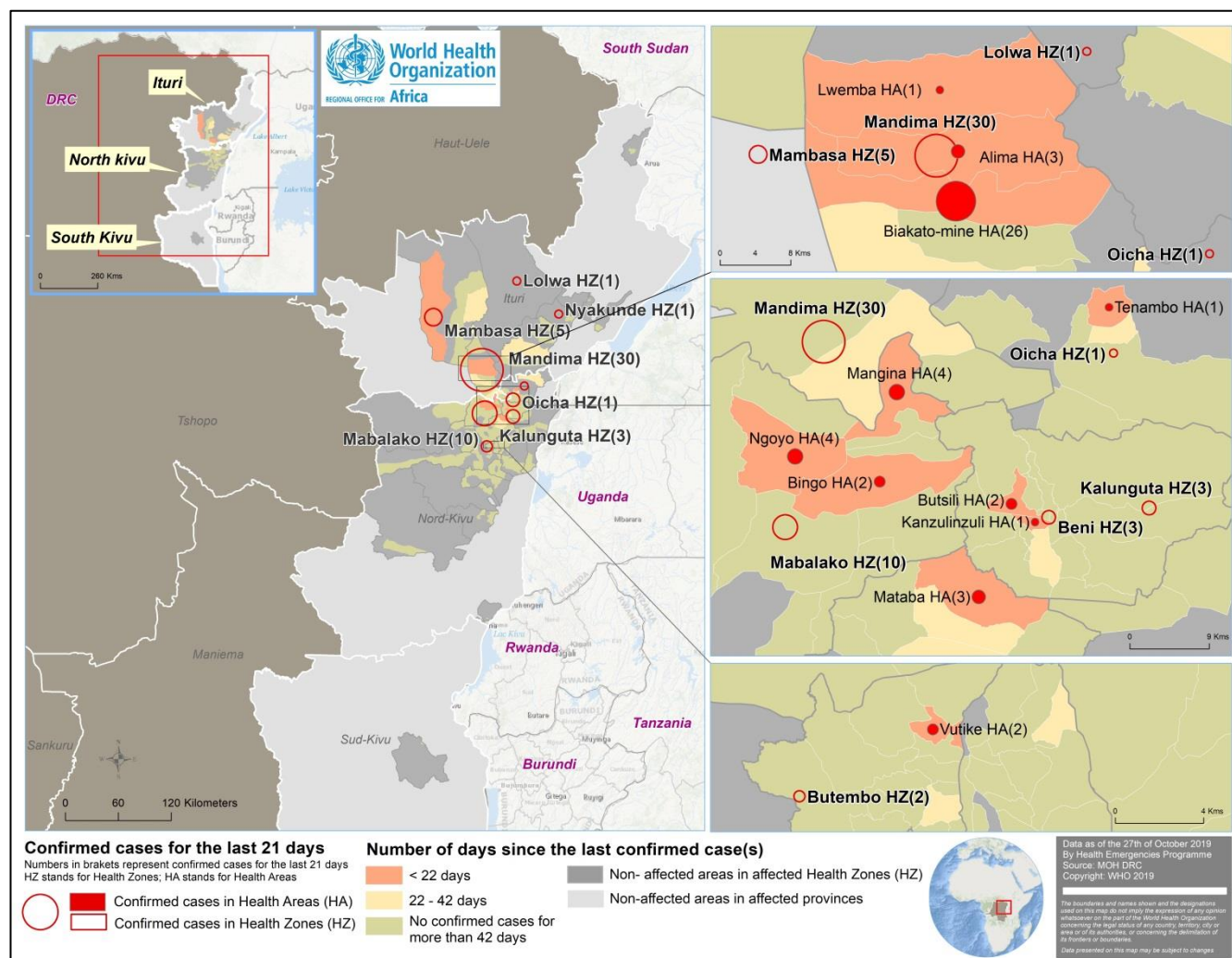
**Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Biena, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, 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 27 October 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	3	679	9	688	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	3	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	10	383	17	400	302	319
	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	1/8	1	6	0	6	1	1
	Mambasa	3/17	5	77	3	80	26	29
	Mandima	3/15	30	333	5	338	160	165
	Nyankunde	1/12	1	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		16/471	56	3147	117	3264	2064	2181

Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 27 October 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 228 000 contacts have been registered to date, and 3613 are currently under surveillance as of 27 October 2019. On average, 82% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 3887 alerts were received per day over the past seven days, of which 3749 (96%) 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, Butembo, Bukavu, Bunia, Goma, Katwa, Komanda, Mambasa, Mangina and Mwenga. 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) labs tested 3990 samples from **21 to 27 October 2019**. The number of samples tested in this time period increased by 6% compared to the previous week and the proportion of positive cases among new samples is 1%.

Case management

- ➔ There are currently 10 operational Ebola treatment centres and 24 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri. Three Transit Centres (CTs) continue in development phase: Kalunguta HGR, and 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 882 and 797, respectively as of 16 October 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.

- In Biakato, to control the last remaining active EVD foci, one hygiene committee has been implemented. A baseline assessment of all health facilities was performed and detected gaps that underpin the improvement plan of Biakato. Most of the deficits revolve around sterilization, waste segregation and elimination, and healthcare worker training. An intensive campaign has started in health facilities around hand hygiene (and within communities), use of medical gloves and standard IPC precautions in general. Meanwhile, we constituted six teams and trained them on safe and dignified burial (SDB). Difficulty of access to 10 of 14 health areas due to insecurity and dense forests impede optimal implementation of activities, which is the major challenge.
- 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 Mangima 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.
- From 1 January 2019 through 28 October 2019, 17% (445/2655) of EVD infections are thought to represent possible nosocomial infection (NI). During this outbreak, 162 healthcare worker (HCW) infections were reported – 4% of total infections (108/2655) since 1 January 2019. There have been no HCW infections reported over the last 2 weeks. In the last 21 days, Beni, Oicha, Mabalako and mostly Mandima (Biakato areas) reported the suspicions of nosocomial infections (18%, 10/56 MVE), essentially from health facilities with limited access (community resistance or insecure areas).
- IPC and WASH activities continue in health facilities and in Ebola-affected communities. Activities in health facilities currently 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.
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- Thus far 163 healthcare worker (HCW) infections have been reported, 5% (163/3243) of all confirmed/probable cases. In the last 21 days, Beni, Kalunguta, Oicha and Mandima reported the majority of suspicions of nosocomial infections (19%, 10/52 MVE), mainly from health facilities with limited access (community resistance or insecure areas).

Points of Entry (PoE)

- ➔ During the week ending 27 October 2019, 2 508 274 screenings were performed, bringing the cumulative total to close to 111 million. This week, a total of 208 alerts were notified, of which 99 were validated as suspect following investigation, including 21 dead bodies; there were no confirmed cases. This brings the cumulative number of alerts to 3679 with 1610 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. This week, 6 PoCs in South Kivu were deactivated, bringing the total number of operational PoEs and PoCs to 106; from which an average of 99 PoEs and PoCs reported screening daily.
- ➔ In addition to routine supervision and physical upgrades to PoEs and PoCs, within efforts to reinforce measures aimed at preventing the reintroduction of Ebola cases in Goma, a refresher training for 38 PoC personnel was carried out in Kiwandja from 24 to 26 October. Kiwandja is situated on the Rutshuru transportation axis, north of Goma,
- ➔ Following the notification of 3 confirmed cases on 21 and 23 October 2019 in Kalunguta Health Zone, health screening was reinforced at PoC Maboya, located in Kalunguta Health Zone on the Beni-Butembo transportation axis. Active search of displaced and missing contacts from Kalunguta HZ is also strengthened; on 24 October, 2 individuals were identified and referred to the contact tracing team.
- ➔ Frontline workers at PoC Mangina were trained on case investigation, to enable this team to validate its alerts on-site, in order to reduce the time required from alert notification to isolation and transfer of suspect cases.
- ➔ More than 2000 people were reached by risk communication and community engagement activities, including door-to-door visits to households within the PoE/PoC locations, sensitization sessions with students and military personnel, and dialogue with community leaders.
- ➔ A Ministerial meeting was held on 21 October 2019 to develop a framework for cross-border collaboration for EVD response. The meeting involved participants from Ministries of Health from the Democratic Republic of the Congo and its nine neighbours including ministers, senior health and immigration officials and partners. A joint framework to strengthen cross-border collaboration on preparedness and response to Ebola virus and other disease outbreaks was endorsed <https://www.afro.who.int/news/ten-african-countries-endorse-cross-border-collaboration-framework-ebola-outbreak-preparedness>.

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