

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 64



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Data as reported by: 20 October 2019

1. Situation update

Cases	Deaths
 3243	 2171

In the past week, from 14 to 20 October, 21 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 substantial in parts of North Kivu and Ituri provinces – in particular in the Biakato Mine Health Area, Mandima Health, with the majority (76%) of newly confirmed cases linked to this health area.

The deployment of additional support to the Biakato Mine Health Area has led to improvements in response efforts. The proportion of confirmed cases listed as contacts has increased in the past week from 13% to 57%. This increase was similarly witnessed in confirmed cases with a known epidemiological link to a case which augmented from 47% to 90% in the past week. While this is encouraging, there remain notable challenges in accessing and mounting the full range of public health activities in some areas.

In the 21 days from 30 September to 20 October, the number of affected health areas has decreased, with 20 health areas and nine health zones reporting new cases (Table 1, Figure 2). During this period, a total of 50 confirmed cases were reported, with the majority coming from the health zones of Mandima (54%; $n=27$ cases) and Mambasa (10%; $n=5$ cases). While many cases detected outside of these zones have travelled from these hotspots, onward local transmission has been observed in Kalunguta and Mabalako health zones, highlighting the high risk of resurgence and redispersion of cases.

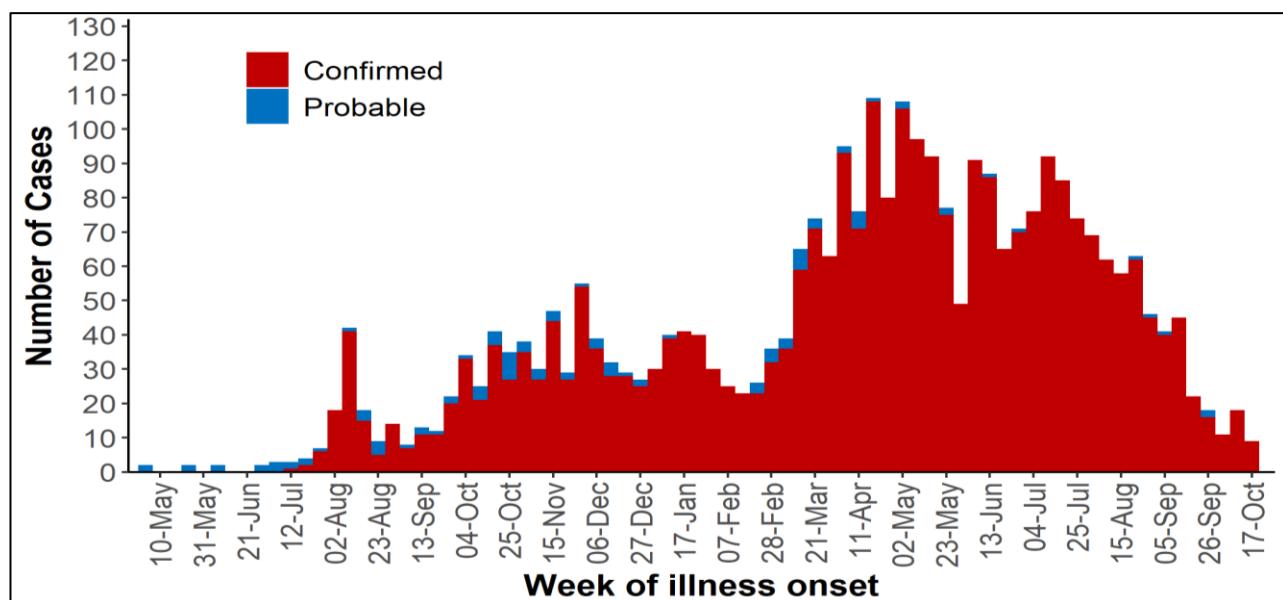
As of 20 October 2019, a total of 3243 EVD cases were reported, including 3127 confirmed and 116 probable cases, of which 2171 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1821) were female, 28% (923) were children aged less than 18 years, and 5% (163) were healthcare workers.

On 18 October, the Director-General reconvened the Emergency Committee under the International Health Regulations (IHR). The Committee reviewed progress in the implementation of the Temporary Recommendations issued by the Director-General on 17 July 2019. Updates on the outbreak were provided by representatives of the Democratic Republic of the Congo, as well as the UN Ebola Emergency Response Coordinator and the WHO Secretariat. Updates on preparedness in the neighbouring countries were provided by the United Republic of Tanzania, Republic of Uganda and the WHO Regional Office for Africa. It was the view of the Committee that this event still constitutes a public health emergency of international concern (PHEIC) under the IHR. The Committee provided this advice to the Director-General, who issued [revised Temporary Recommendations under the IHR](#).

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 21 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 21 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 20 October 2019



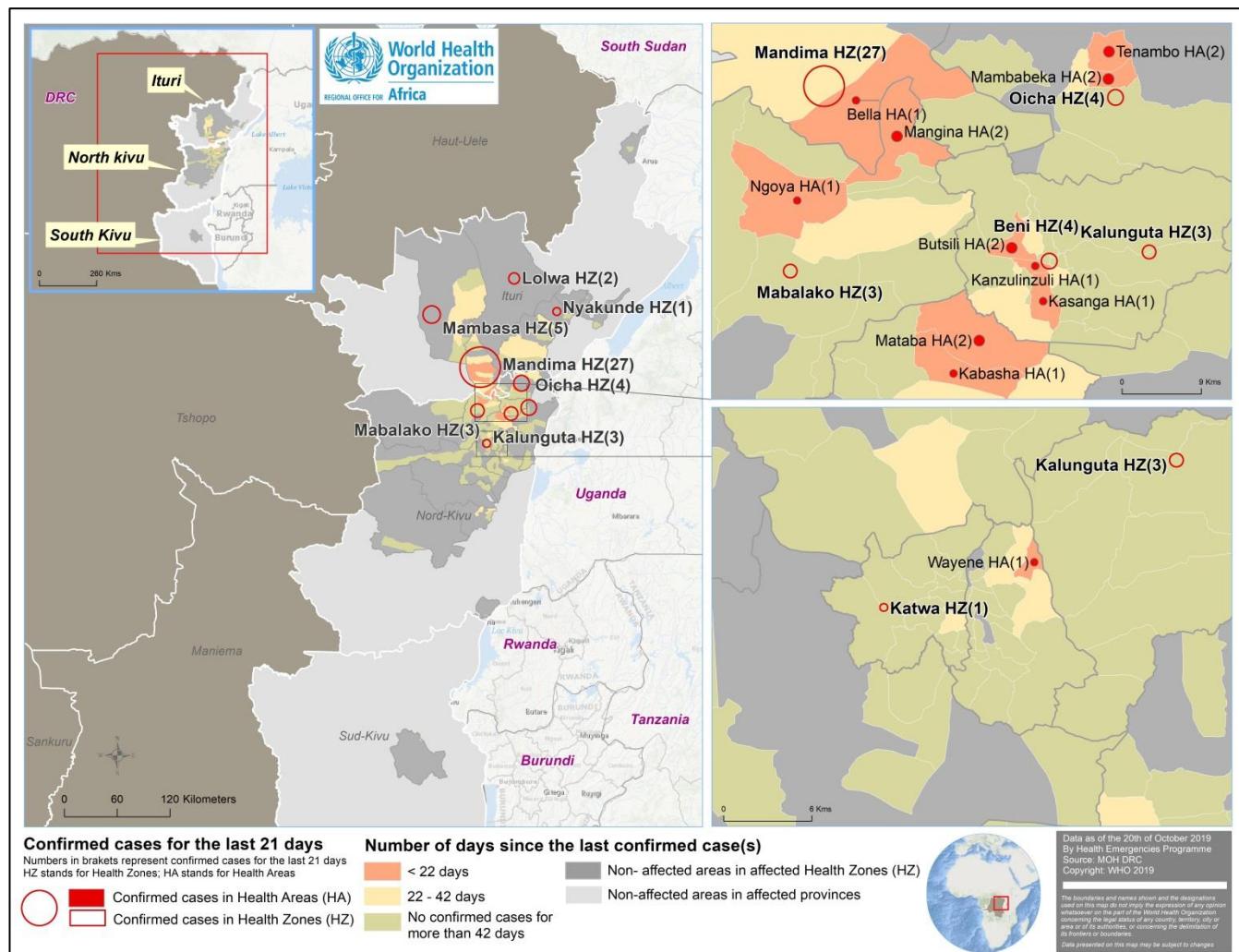
*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 20 October 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / total number of health areas	Cumulative cases by classification			Cumulative deaths		
			Confirmed cases in the last 21 days	Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	
South Kivu	Mwenga	0/18	0	6	0	6	3	3
	Alimbongo	0/20	0	5	0	5	2	2
	Beni	3/18	4	679	9	688	443	452
	Biena	0/16	0	18	2	20	12	14
	Butembo	0/15	0	283	3	286	349	352
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	2/18	3	192	18	210	71	89
	Katwa	1/18	1	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	2/12	3	376	17	393	298	315
	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
North Kivu	Oicha	2/26	4	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	2/8	2	6	0	6	1	1
	Mambasa	3/17	5	76	3	79	25	28
	Mandima	4/15	27	324	4	328	158	162
	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		20/471	50	3127	116	3243	2055	2171

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, 20 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 260 000 contacts have been registered to date, and 5326 are currently under surveillance as of 20 October 2019. On average, 85% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➲ An average of 3618 alerts were received per day over the past seven days, of which 3498 (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, 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 Democratic Republic of the Congo INRB Labs tested 3779 samples from 14 to 20 October 2019. The number of samples tested in this time period increased by 10% 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: Kalanguta 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 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.

- 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 next week. Phase 3 rollout which targets facility-based IPC focal persons is already being planned across most of sub commissions with a minimum target of 800 people trained. The National IPC/WASH package will help 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.
- 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 20 October 2019, 2 620 904 screenings were performed, bringing the cumulative total to over 108 million screenings. This week, a total of 181 alerts were notified, of which 87 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3 494 with 1 537 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. An average of 106 PoEs and PoCs reported screening daily out of the 112 operational PoEs and PoCs
- This week, following epidemiological evolution of the outbreak, reinforcements were made to the 7 PoCs located along the Mambasa-Mangina road axis, going through Biakato Mine. Additionally, joint supervision activities were carried out to reinforce traveler screening at PoEs and PoCs located in and around Goma: Goma International Airport, PoE Petite Barrière, PoC OPRP and PoC Mubambiro.
- A Ministerial meeting was held on 21 October to develop a framework for cross-border collaboration for EVD response. The meeting involved participants from Ministries of Health from the Democratic Republic of 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>

SOUTH SUDAN

- During the reporting period, 24 041 travellers were screened for EVD exposure and symptoms from all 15 IOM PoE EVD screening sites making the cumulative total screened to 873 083 inbound travellers, with no alert reported.
- Challenges include difficult access due to security and poor communication system in a few areas.
- The IOM South Sudan EVD weekly report (week 41) is available at the following link:
<https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-41-07-13-october-2019>

UGANDA

- IOM team and the Japanese Embassy envoy conducted a joint field mission to the South Western district of Kisoro, including two official PoE visits, to review their EVD preparedness efforts.

Safe and Dignified Burials (SDB)

- As of 20 October 2019, there have been a total of 15 507 SDB alerts notified through the Red Cross SDB database, of which 12 888 (83%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 20 October 2019, there were 523 SDB alerts recorded in 34 health zones. Of these, 490 (94%) were responded to successfully.
- In week 42, among the 9 confirmed community deaths, all were safely buried.
- During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts, n=11), health zones falling above and below the 70% success benchmark:

$\geq 70\%$ success	$< 70\%$ success
Beni, Bunia, Goma, Katwa, Komanda, Mabalako, Mambasa, Mandima, Mutwanga, Oïcha, Rustshuru	

Implementation of ring vaccination protocol

- As of 20 October 2019, 240 824 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine.
- The Democratic Republic of the Congo health authorities have endorsed the use of a second investigational Ebola vaccine, manufactured by Johnson & Johnson. This vaccine, which is administered as a two-dose course, 56 days apart, will be circulated in at-risk populations in areas that do not have active EVD transmission. Regular vaccination activities in EVD-affected areas will continue. The Merck/MSD vaccine will continue to be provided to all people at high risk of Ebola infection including those who have been in contact with a person confirmed to have Ebola, all contacts of contacts, and others determined to be at high risk of contracting Ebola

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https://www.yunbaogao.cn/report/index/report?reportId=5_24994

