

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 63

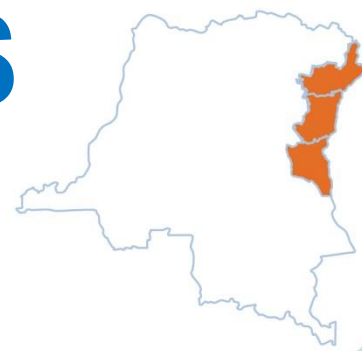


World Health
Organization
REGIONAL OFFICE FOR Africa

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Date of issue: 15 October 2019

Data as reported by: 13 October 2019

1. Situation update



In the past week, from 7 to 13 October, 15 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo. While it is encouraging to see another week of relatively low numbers of newly confirmed cases (Figure 1), these are occurring in a concentrated area where limited access and insecurity pose challenges for the response. In such environments, risks of resurgence remain very high, as do the risks of re-dispersion of cases. For example, this past week, several people who were eventually confirmed as positive for EVD sought healthcare in health zones which are no longer experiencing ongoing transmission, such as Beni.

The proportion of confirmed cases listed as contacts has decreased in the past week from 57% to 13%, the lowest since mid-January. The majority (87%) of confirmed cases in the past week had links to the Biakato Mines Health Area in the Mandima Health Zone, with the remaining confirmed cases linked to the Mambasa Health Zone. Insecure environments in both Mandima and Mambasa Health Zones can diminish response activities related to disrupting transmission chains such as contact tracing, linkage of cases, safe and dignified burials, decontamination of affected residences, and vaccination rings.

In the 21 days from 23 September to 13 October, the number of affected health areas has decreased, with 22 health areas and 10 health zones reporting new cases (Table 1, Figure 2). During this period, a total of 49 confirmed cases were reported, with the majority coming from the health zones of Mandima (43%; $n=21$ cases), Mambasa (12%; $n=6$ cases) and Oicha (12%; $n=6$ cases).

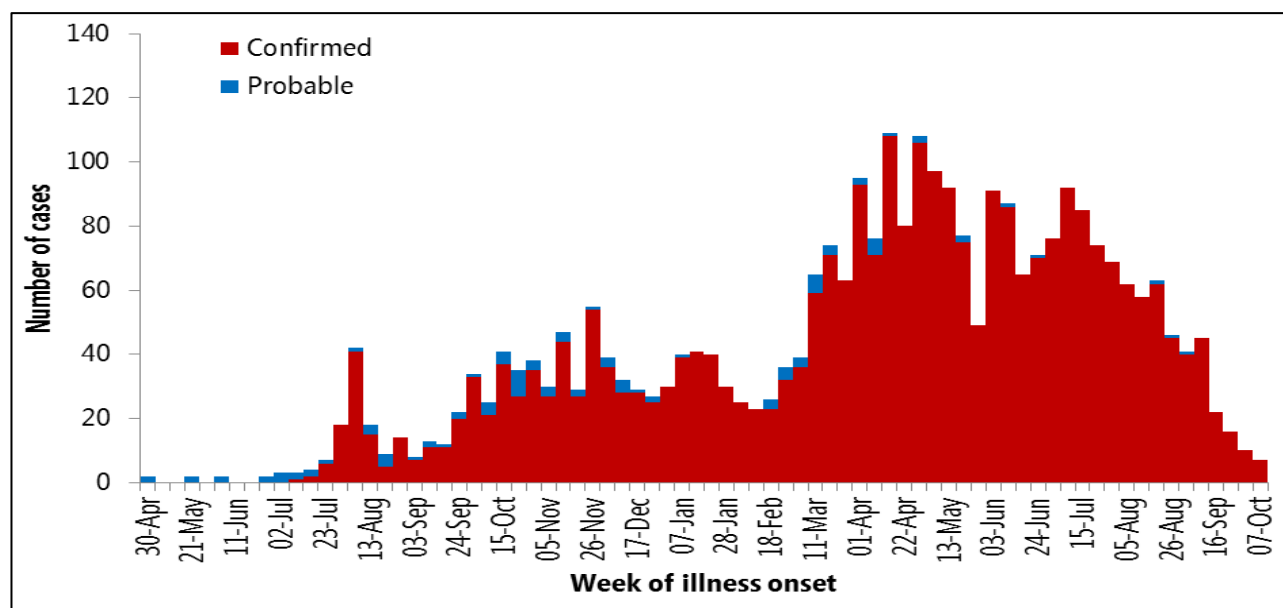
As of 13 October 2019, a total of 3220 EVD cases were reported, including 3106 confirmed and 114 probable cases, of which 2150 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases, 56% (1806) were female, 28% (915) were children aged less than 18 years, and 5% (162) were healthcare workers.

Following the declaration of the Ebola outbreak in the Democratic Republic of the Congo as a public health emergency of international concern (PHEIC) on 17 July 2019, the Director-General will reconvene the Emergency Committee under the International Health Regulations (IHR) on 18 October to review and potentially update the Temporary Recommendations made, and determine if the event still constitutes a PHEIC.

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 15 October 2019, US\$ 65.8 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 15 October 2019, WHO has received US\$ 3.8 million. While some additional pledges are in the pipeline, increased funding for preparedness in neighboring 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 13 October 2019



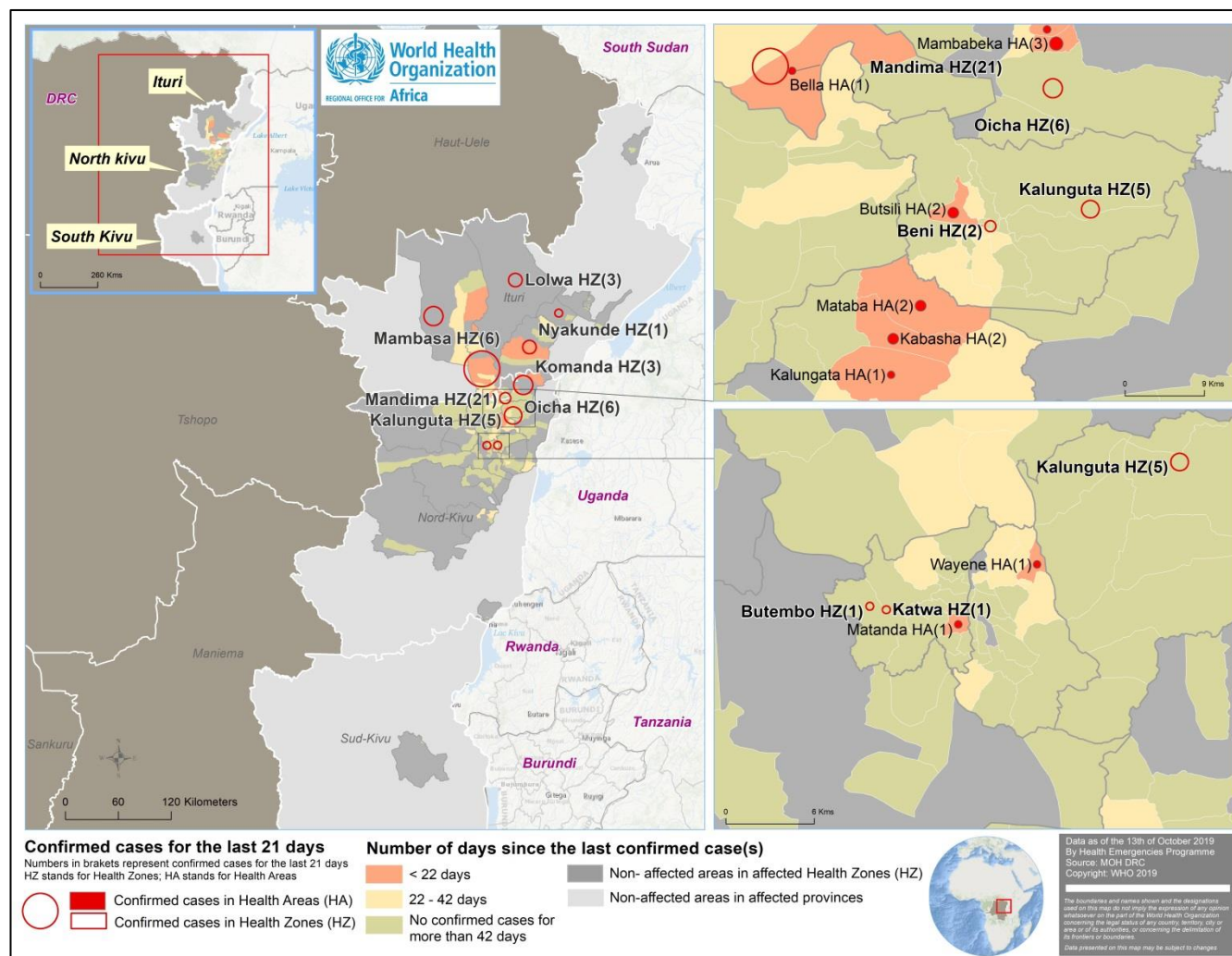
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 13 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	1/18	2	677	9	686	441	450
	Biena	0/16	0	18	2	20	12	14
	Butembo	1/15	1	283	3	286	349	352
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	3/18	5	192	17	209	71	88
	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	0/12	0	373	17	390	291	308
	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	4/26	6	62	0	62	27	27
	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	2/15	3	56	10	66	43	53
	Lolwa	2/8	3	6	0	6	1	1
	Mambasa	2/17	6	72	2	74	23	25
	Mandima	5/15	21	312	4	316	152	156
	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		22/471	49	3106	114	3220	2036	2150

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, 13 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 224 000 contacts have been registered to date, and 5916 are currently under surveillance as of 13 October 2019. On average, 88% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 3388 alerts were received per day over the past seven days, of which 3219 (95%) 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, 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 3433 samples from 7 to 14 October 2019. The number of samples tested in this time period increased by 5% 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 N Kivu, S Kivu and Ituri. Three Transit Centres (CTs) are in development phase: Kalanguta HGR, and Mukulya, and Mambasa. CTs of Musinene and Kyondo are now open.
- ➔ Current intra-CTE mortality remains around 35%.
- ➔ The 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 879 and 797, respectively as of 9 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 validated and standardized national IPC/WASH package Training of Trainers (TOT) took place in Goma (18-21 September 2019) with nearly 70 participants. The next phase of the IPC/WASH package rollout, known as Phase 2, has been rolled out across several sub-commissions including Goma, Beni and Butembo with 151 IPC supervisors trained. The remaining sub-commissions include Bunia, Mambasa, Komanda and Mangima in the affected areas. Once this is completed, Phase 3 rollout will take place which will be training of the facility-based IPC focal persons. 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.
- ➔ From 1 January 2019 through 15 October 2019, 15% (436/2610) of EVD infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (27%, 134/436). During this same period, 117 healthcare worker (HCW) infections were reported – 4% of total infections (11/2561). Overall, Katwa HZ has reported the majority of HCW infections (32%, 37/117).

Points of Entry (PoE)

- ➔ During the week ending 13 October 2019, 2 673 356 screenings were performed, bringing the cumulative total to over 105 million screenings. This week, a total of 140 alerts were notified, of which 61 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3 313 with 1 450 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. An average of 106 PoEs and PoCs reported screening on a daily basis out of the 112 operational PoEs and PoCs.
- ➔ A Cross Border technical meeting between the Democratic Republic of Congo and Burundi was held from 6 to 9 October 2019, in which a roadmap for cross border coordination activities between these two countries was elaborated. This will be discussed during a high-level summit meeting of the Democratic Republic of Congo and 9 neighbouring countries, scheduled from 21 to 22 October 2019 in Goma.
- ➔ The Ministry of Health, the Centers for Disease Control and Prevention and WHO are working on the preparation of a simulation exercise at Njili International airport, aiming at evaluating logistics for isolation, and the rehabilitation of Ebola Treatment Centre in Kinkole as well as enhancement of capacities for detection, isolation and EVD case referral in 5 major health centres in Kinshasa.
- ➔ IOM supported 4 Points of Control (PoC) in Bunia for strengthening contact tracing capacities for both exit and entry travellers by providing software training, such as Go-Data and other materials.
- ➔ IOM and local partner (DMP) conducted various Risk Communication and Community Engagement (RCCE) activities in 20 of the 36 health zones containing PoE/PoCs, including sensitization of 101 motorbike drivers at a public market in Goma on detection and visual observation of Ebola signs and symptoms, capacity building workshop for 76 local population in and around POCs in Komanda and sensitization sessions with military during the military parade at Rughenda camp in Katwa Health Zone.
- ➔ Security concerns around Mambasa is hindering the plan to establish a new Mayuwano POC, despite the high-level mission for the general coordination for EVD response enhancement in Mambasa since 9 October 2019.

Safe and Dignified Burials (SDB)

- ➔ As of 13 October 2019, there have been a total of 14 814 SDB alerts notified through the Red Cross SDB database, of which 12 222 (83%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending 13 October 2019, there were 387 SDB alerts recorded in 15 health zones. Of these, 329 (85%) were responded to successfully.
- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Katwa, Goma, Karisimbi, Nyiragongo, , Bunia, Mabalako, Oicha, Mandima, Beni, Rwampara, Komanda,	Nyankunde, Mutwanga, Mambasa

Implementation of ring vaccination protocol

- ➔ As of 13 October 2019, 273 956 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.

Risk communication, social mobilization and community engagement

- A total of 61 people who were associated with the two confirmed cases in Mandima were targeted for response activities.
- There was a visit to the Bambute in Nyangwe village, Mahombo for a discussion with the autochthonous peoples.

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<https://www.yunbaogao.cn/report/index/report?reportId=525003>

