

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 61



World Health  
Organization  
REGIONAL OFFICE FOR Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 61



Date of issue: 1 October 2019

Data as reported by: 29 September 2019

#### 1. Situation update



In the past week, from 23 to 29 September, 20 new confirmed Ebola virus disease (EVD) cases, with an additional 12 deaths and an additional three probable cases validated from late August/early September, have been reported from seven health zones in two affected provinces in the Democratic Republic of the Congo. This perceived decrease in the number of cases should be interpreted with caution, as operational and security challenges in certain health zones make it difficult to undertake case detection and response functions. An increase in the number of reported cases is expected in the coming weeks once response activities resume in full.

The security situation in the overall operational areas of the EVD response is reported calm with no major security incidents affecting operations between the period between 26 to 29 September 2019. Some isolated incidents of community resistance were reported, and dangerous road condition due to heavy rain, prevented EVD teams from accessing certain operational areas, with delays of several hours reported. The Mambasa Health Zone has reported about a third of community incidents since August 2019. To strengthen the participation and engagement of local communities in this area, a WHO team of experts was set up to implement the Strategic Response Plan 4 (SRP4) approach and strategy, together with La Commission Communication de Risque et Engagement Communautaire (CREC) sub-commission. Despite work by the government security forces to attempt to gain control of the Lwemba area, in Mandima Health Zone, after a major security incident, response activities have been halted for over two weeks. Limited access to Lwemba can contribute to further spread in areas where the situation is improving.

Both Mambasa and Mandima Health Zone pose operational challenges but also offer opportunities. These zones are less densely populated than Butembo, Katwa, Beni and surrounding zones. This results in issues in terms of accessibility and logistical challenges in reaching affected villages. An opportunity that arises from these more rural setting is limited potential for nosocomial transmission in healthcare facilities. In the past 21 days we have seen that 63% of transmissions occur in social network vs 7% due to possible nosocomial transmission.

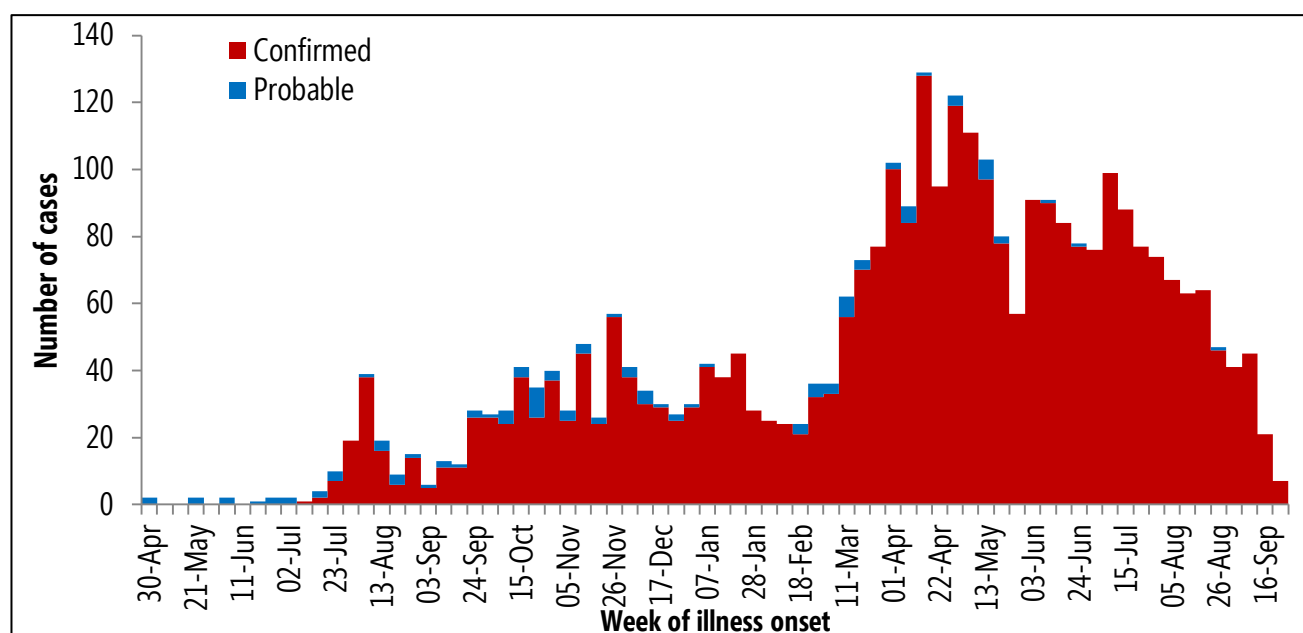
In Mambasa delays in scaling up EVD awareness activities and effective involvement of the community and civil society in the response have led to community resistance. While in Lwemba, poor EVD awareness, compounded by armed conflict, has led to heightened community resistance. This has resulted in difficulties in investigating and testing community deaths, probably leading to under reporting of community deaths in this area.

In the 21 days from 9 to 29 September 2019, 34 health areas in 13 health zones (out of 29 affected so far) reported new cases (Table 1, Figure 2). During this period, a total of 110 confirmed cases were reported, with the majority coming from the health zones of Mambasa (27%;  $n=30$  cases), Mandima (23%;  $n=25$  cases), Kalunguta (14%;  $n=15$  cases) and Komanda (12%;  $n=13$  cases).

As of 29 September 2019, a total of 3191 EVD cases were reported, including 3077 confirmed and 114 probable cases, of which 2133 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age data, 56% (1788) were female, 28% (906) were children aged less than 18 years, and 5% (161) were healthcare workers. A total of 984 survivors have been reported so far.

Under Pillar 1 of the current Strategic Response Plan, the estimated funding requirement for all partners for the period July to December 2019 is US\$ 287 million, including US\$ 120-140 million for WHO. As of 1 October 2019, close to US\$ 60 million have been received by WHO, with further funds committed or pledged. Currently available funds will close the financing gap up until the end of October 2019. Further resources are needed to fund the response through to December 2019, and 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 29 September 2019**



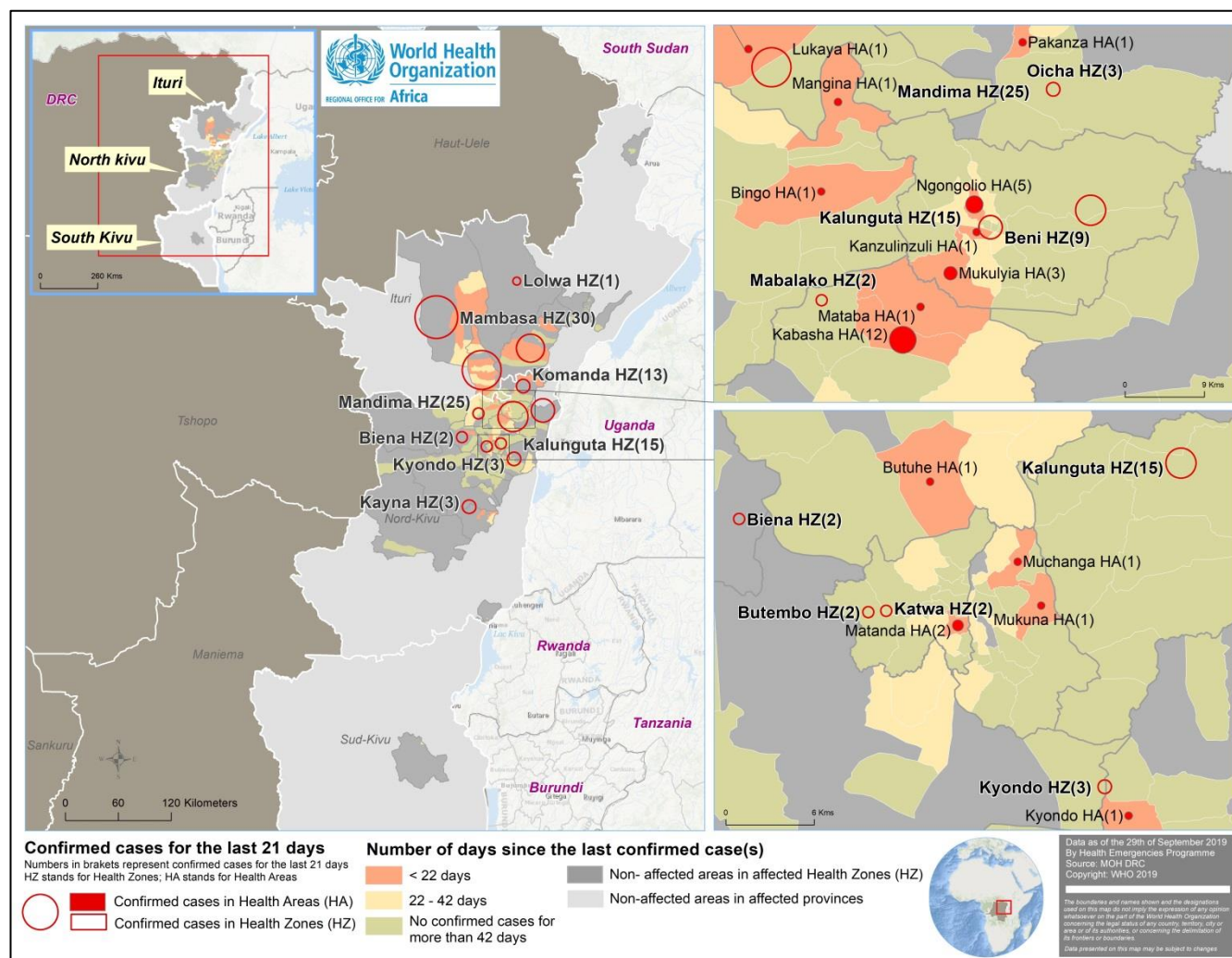
*\*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 29 September 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	Total deaths	
South Kivu	Mwenga	0/18	6	0	6	3	3	0
North Kivu	Alimbongo	0/20	5	0	5	2	2	0
	Beni	3/18	675	9	684	438	447	9
	Biena	1/16	18	2	20	12	14	2
	Butembo	1/15	283	3	286	349	352	2
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	4/18	189	17	206	69	86	15
	Katwa	2/18	650	23	673	470	493	2
	Kayna	2/21	28	0	28	8	8	3
	Kyondo	2/22	25	4	29	15	19	3
	Lubero	0/19	31	2	33	4	6	0
	Mabalako	2/12	373	17	390	286	303	2
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	0/16	50	6	56	17	23	0
	Musienene	0/20	84	1	85	33	34	0
	Mutwanga	0/19	32	0	32	12	12	0
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	3/26	58	0	58	25	25	3
	Pinga	0/18	1	0	1	0	0	0
	Vuhovi	0/12	103	14	117	37	51	0
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	56	9	66	42	52	13
	Lolwa	1/8	4	0	4	1	1	1
	Mambasa	4/17	71	0	73	23	25	30
	Mandima	6/15	297	4	301	148	152	25
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/13	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
<b>Total</b>		<b>34/471 (7%)</b>	<b>3077</b>	<b>114</b>	<b>3191</b>	<b>2019</b>	<b>2133</b>	<b>110</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, 29 September 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 220 000 contacts have been registered to date, and 6507 are currently under surveillance as of 29 September 2019. On average, 90% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 2900 alerts were received per day over the past seven days, of which 2505 (93%) were investigated within 24 hours of reporting.
- ➔ There are ten laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Mambasa, Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia, and Kinshasa. All the laboratories are using GeneXpert as the primary diagnostic tool.
- ➔ A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

### Case management

- ➔ There are currently ten operational Ebola treatment centers and 22 Ebola transit centers located in the provinces of N Kivu, S Kivu and Ituri. Four other Transit Centers (CTs) are in development phase: Kalanguta HGR, Mukulya, Musinene, Kyondo and Mambasa.
- ➔ 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 857 and 761, respectively as of 24 September 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 includes, 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.

- ➔ Nearly 70 participants attended the training of trainers on the National IPC/WASH package in Goma (18-21 September, 2019). The training consisted of didactic, practical, and discussion sessions. It will be followed at the sub-commission level for IPC supervisors, implementing partners, and 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 address nosocomial infections, through standardization of expectations, tools, and best practices.
- ➔ From 1 January 2019 through 23 September 2019, 14% (362/2561) 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 (30%, 110/362). During this same period, 105 healthcare worker (HCW) infections were reported – 4% of total infections (106/2561). Overall, Katwa HZ has reported the majority of HCW infections (32%, 34/106).

## Points of Entry (PoE)

During the week ending 29 September 2019, 2 540 056 screenings were performed, bringing the cumulative total to over 100 million screenings. This week, a total of 143 alerts were notified, of which 58 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3035 with 1325 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. An average of 111 PoEs and PoCs reported screenings daily this week, out of 117 functioning points (95%).

This week, another multi-sectorial visit took place to Kiwandja PoC as a follow-up to last week's visit. Efforts are ongoing to restructure and strengthen this PoC, which is located very strategically along the Butembo-Goma transportation route. Additionally, the Forner Kasinsi PoC was relocated to an area called Kambo, following reports of large numbers of travellers by-passing the PoC and using alternative roads. Operational constraints continue to be reported from various PoEs/PoCs, most of them related to insecurity, with 4 PoCs affected this week.

Risk awareness sessions on health measures at PoEs/PoCs targeting local communities surrounding PoEs/PoCs continue to be implemented by IOM and its partner this week, reaching 2 730 individuals (1 742 males and 988 females) in seven health zones: Butembo, Katwa, Lubero, Kayna, Mambasa, Komanda, and Tchomia.

## South Sudan

- ➔ Active screening is ongoing in 15 active IOM-supported PoE sites. During the reporting period, 23 880 inbound travellers to South Sudan were screened for EVD exposure, signs and symptoms, with no suspected or alert cases. Insecurity, lack of communication network, and worsening road conditions due to the rainy season continue to present operational challenges to screening activities. The IOM South Sudan EVD weekly report (week 37) is available at the following link: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-38-16-22-september-2019>.

## Uganda

- ➔ The Ministry of Health and District health and task force team along with its partners (IOM, Uganda Red Cross, Medical teams international and UNICEF) conducted a monitoring visit to 47 PoEs in 9 border districts in the South Western region of Uganda: Ntoroko, Kasese, Kanungu, Rukunguri, Kisoro, Rubirizi, Bundibugyo, Hoima and Kikube. The purpose of was to monitor the effectiveness of border surveillance, identify challenges, as well as provide technical support to the border personnel conducting surveillance including screening at the points of entry.
- ➔ The Ministry of Health with the support of IOM successfully held a two-day Democratic Republic of Congo-Uganda cross border meeting on 25 and 26 September in Kampala. Participants of the meeting included representatives from the MOH of both countries, officials of the Office of the Prime Minister,

the Ugandan police, the People's Defense Force, local authorities of eight border districts in South Western Uganda, partners and donors. A total of 107 participants attended the meeting. The key recommendation that came out of this meeting was the need to establish joint working committees to strengthen the coordination of cross border activities including fast-tracking the signing of the MoU between Uganda and day Democratic Republic of Congo, harmonize standard operating procedures for both countries, strengthen information sharing, establish one-stop border points.

## Safe and Dignified Burials (SDB)

- ➔ As of 30 September 2019, there have been a total of 13 882 SDB alerts notified through the Red Cross SDB database, of which 11 381 (82%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending 30 September 2019, there were 522 SDB alerts recorded in 29 health zones. Of these, 469 (90%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts):

ZS	Alerts
Bunia	13%
Beni	11%
Goma	9%
Katwa	8%
Rutshuru	8%
Komanda	7%
Mabalako	6%
Oicha	5%

- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Rutshuru, Mabalako, Butembo, Vuhovi, Pinga, Manguredjipa, Alimbongo, Kyondo, Masereka, Biena, Buhumba, Katwa, Oicha, Rwampara, Bunia, Mandima, Kalunguta, Kayna, Goma, Lubero, Beni, Komanda, Karisimbi, Musienene, Mambasa, Nyiragongo, Mutwanga	Ariwara, Nyankunde

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\\_25027](https://www.yunbaogao.cn/report/index/report?reportId=5_25027)

