

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 60



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Date of issue: 24 September 2019

Data as reported by: 22 September 2019



### 1. Situation update

Cases	Deaths
 3168	 2118

In the past week, from 16 to 22 September, 39 new confirmed Ebola virus disease (EVD) cases, with an additional 22 deaths, have been reported from nine health zones in three affected provinces in the Democratic Republic of the Congo.

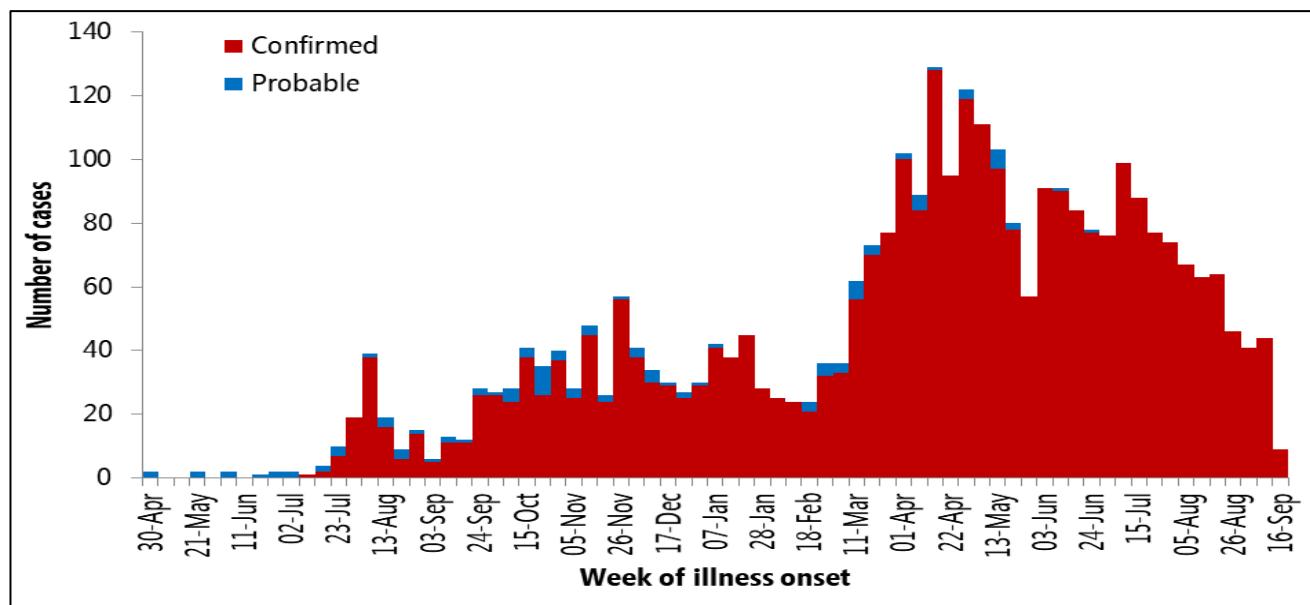
Pockets of insecurity in the affected areas, along with localised security incidents, continue to hinder response activities, including safe and dignified burials (SDB), vaccination, contact tracing and case reporting. For instance, a recent major security incident in Lwemba, within Mandima health zone is still preventing response activities in this area. Overall, these incidents underscore the need for continued and proactive engagement and sensitizing of local communities, especially in the high risk areas that may not currently be affected. In the 21 days from 2 to 22 September 2019, 45 health areas in 13 health zones reported new cases (Table 1, Figure 2). During this period, a total of 129 confirmed cases were reported, with the majority coming from the health zones of Mambasa (25%,  $n=32$  cases), Mandima (19%,  $n=25$  cases), Kalunguta (17%,  $n=22$  cases) and Beni (11%,  $n=14$  cases).

As of 22 September 2019, a total of 3168 EVD cases were reported, including 3057 confirmed and 111 probable cases, of which 2118 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age data, 56% (1772) were female, 28% (900) were children aged less than 18 years, and 5% (160) were healthcare workers.

The Democratic Republic of the Congo health authorities have endorsed the use of a second investigational Ebola vaccine with at-risk populations in areas that do not have active EVD transmission. Regular vaccination activities in EVD-affected areas will continue. See the full update here (<https://www.who.int/news-room/detail/23-09-2019-second-ebola-vaccine-to-complement-ring-vaccination-given-green-light-in-drc>)

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 24 September 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 22 September 2019**



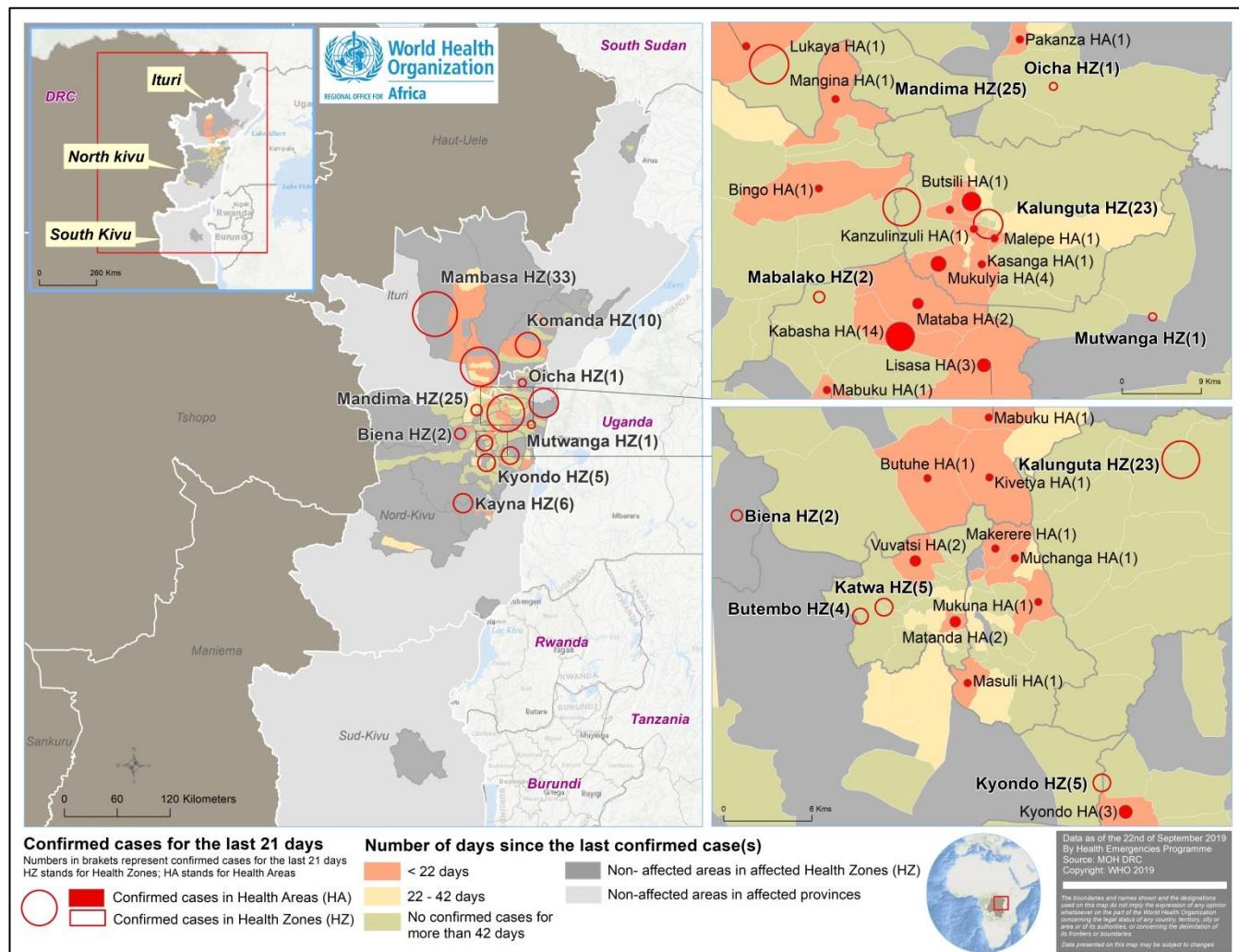
\*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 22 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
	Alimbongo	0/20	5	0	5	2	2	0
	Beni	6/18	675	9	684	436	445	14
	Biena	1/16	18	2	20	12	14	2
	Butembo	2/15	282	3	285	349	352	4
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	6/18	187	17	204	69	86	22
	Katwa	5/18	650	23	673	468	491	5
	Kayna	3/21	28	0	28	8	8	6
	Kyondo	2/22	25	4	29	15	19	5
	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	1/19	32	0	32	12	12	1
	Nyiragongo	0/10	3	0	3	1	1	0
North Kivu	Oicha	1/26	56	0	56	25	25	1
	Pinga	0/18	1	0	1	0	0	0
	Vuhovi	0/12	103	14	117	37	51	0
	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	53	9	62	39	48	10
	Lolwa	0/8	3	0	3	1	1	0
	Mambasa	5/17	66	0	66	20	20	32
	Mandima	8/15	291	4	295	146	150	25
	Nyakunde	0/12	1	0	1	1	1	0
Ituri	Rwampara	0/13	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
	<b>Total</b>	<b>45/471 (10%)</b>	<b>3057</b>	<b>111</b>	<b>3168</b>	<b>2007</b>	<b>2118</b>	<b>129</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, 22 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 218 000 contacts have been registered to date, and 10 765 are currently under surveillance as of 22 September 2019. On average, 90% of contacts were followed daily in the last seven days in health zones with continued operations.
- ⇒ An average of 2393 alerts were received per day over the past seven days, of which 2284 (95%) 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 centres and 22 Ebola transit centres. Four other Transit Centres (CTs) are in development phase: Kalanguta HGR, Mukulya, Musinene, and Kyondo.

### 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.
- ⇒ 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 22 September 2019, 2 546 148 screenings were performed, bringing the cumulative total to over 98 million screenings. This week, a total of 127 alerts were notified, of which 39 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 2 892 with 1 267 validated as suspect, and 26 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%).
- On 19 September, the General Coordination, along with WHO, IOM, the US CDC and ECHO jointly visited the Rwindi and Kiwandja PoC to assess control measures along the Butembo-Goma movement axis. Concrete recommendations were developed to strengthen traveller screening at these two PoCs, and actions have been immediately taken.
- Risk awareness sessions on health measures at PoEs/PoCs targeting local communities surrounding PoEs/PoCs were implemented by IOM and its partner this week, reaching 120 community leaders, as well as 360 students and teachers in five health zones: Mangina, Mambasa, Komanda, Ariwara and Rutshuru.

## South Sudan

- Active screening is ongoing in 15 active IOM-supported PoE sites. During the reporting period, 23 882 inbound travellers to South Sudan were screened for EVD exposure, signs and symptoms, with no suspected or alert cases.
- 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-37-09-15-september-2019>

## Rwanda

- IOM continues to support preparedness activities in Rwanda; this week, the focus of the work was risk communication and distribution of PPE kits to UNHCR-managed refugee Transit Centres.

## Safe and Dignified Burials (SDB)

- As of 23 September 2019, there have been a total of 13 296 SDB alerts notified through the Red Cross SDB database, of which 10 814 (81%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 23 September 2019, there were 479 SDB alerts recorded in 26 health zones. Of these, 419 (87%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% or more of SDB alerts):

ZS	Alerts
Bunia	14%
Beni	12%
Katwa	10%
Goma	7%
Rutshuru	7%
Oicha	7%
Mabalako	5%
Mandima	5%

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

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

## Implementation of ring vaccination protocol

- ↗ As of 23 September 2019, 225 719 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 55 801 are contacts and 154 689 contacts-of-contacts. The total number of vaccines includes 47 533 HCWs/FLWs.
- ↗ 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

During week 38:

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\\_25040](https://www.yunbaogao.cn/report/index/report?reportId=5_25040)

