EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 59

World Health Organization

REGIONAL OFFICE FOR **Africa**

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1. Situation update
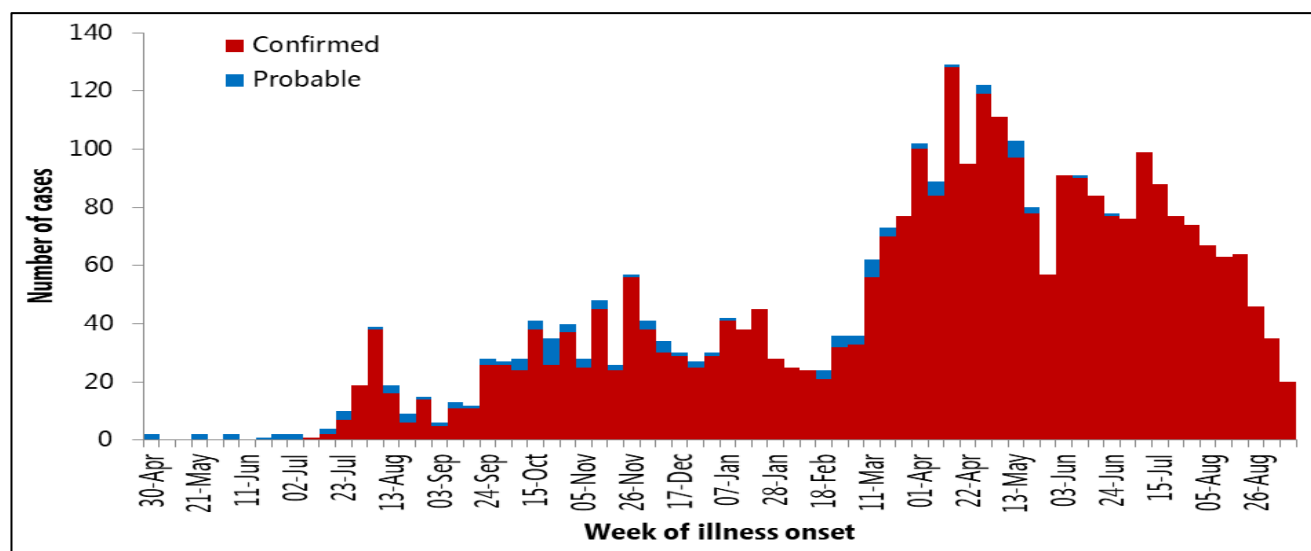
Cases **3129**

Deaths **2096**

In the past week, from 9 to 15 September, 51 new confirmed Ebola virus disease (EVD) cases, with an additional 26 deaths, have been reported from nine health zones in three affected provinces in the Democratic Republic of the Congo. Throughout the week, localised, minor security incidents have impacted the response, including burial and vaccination activities in Mambasa and Komanda. In addition, there was a major security incident in Lwemba, within Mandima health zone from 14-16 September 2019. The event was in response to the recent death of a local healthcare worker from EVD. Due to the violence and vandalism that occurred during the incident, all activities have been suspended in the area until further notice. In addition to seriously impacting the response activities on the ground, this could lead to gaps or delays in the reporting of new EVD cases in this hotspot 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 26 August to 15 September 2019, 52 health areas in 15 health zones reported new cases, (Table 1, Figure 2). During this period, a total of 149 confirmed cases were reported, with the majority coming from the health zones of Mambasa (19%, *n*=29), Kalunguta (19%, *n*=28), Mandima (19%, *n*=28), and Beni (10%, *n*=15). Fourteen health zones that have previously reported cases of EVD since the beginning of the outbreak have not reported a case in more than 21 days.

As of 15 September 2019, a total of 3129 EVD cases were reported, including 3018 confirmed and 111 probable cases, of which 2096 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 56% (1755) were female, 29% (893) were children aged less than 18 years, and 5% (159) were healthcare workers.

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 17 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.

Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.
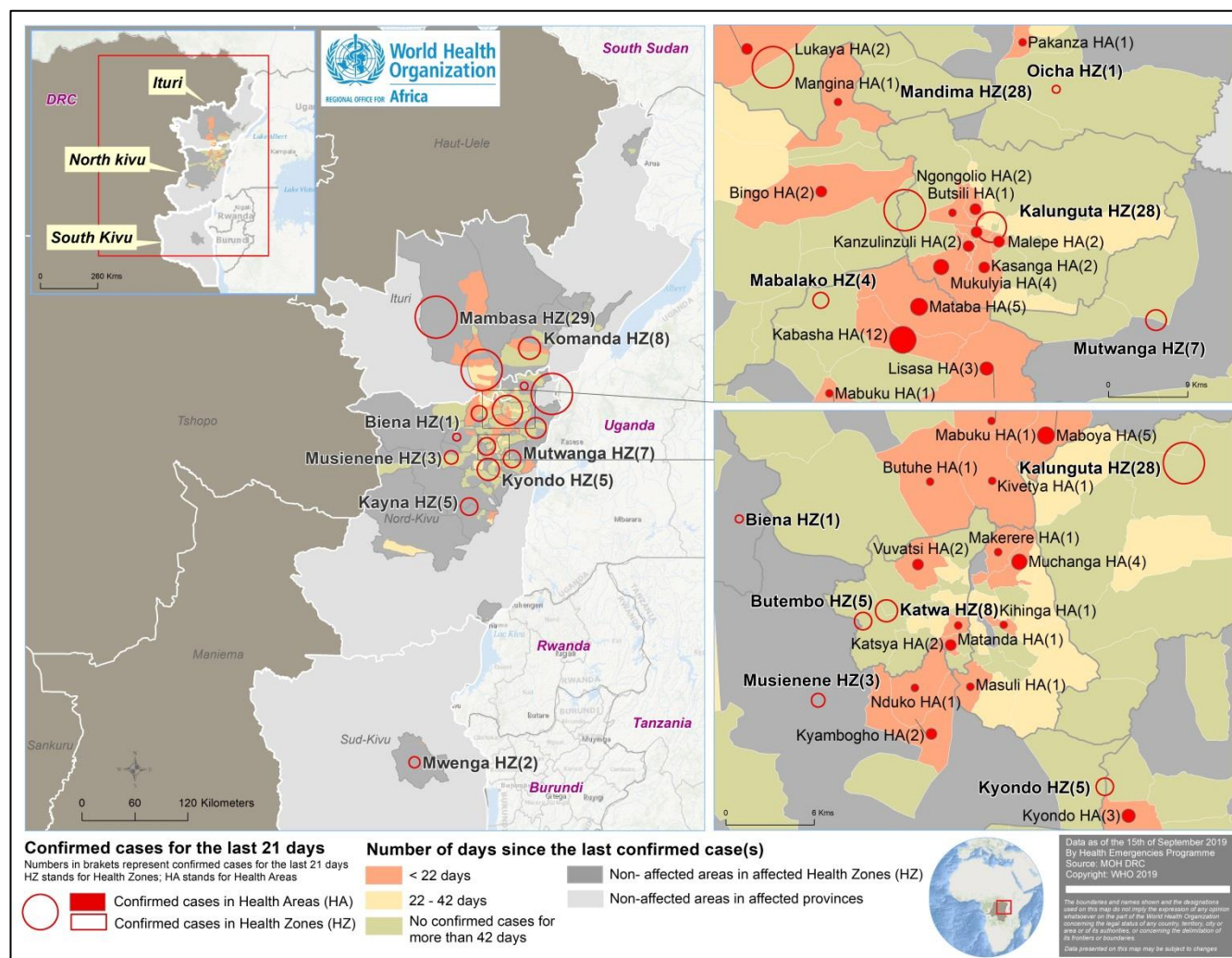
Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 15 September 2019

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	1/18	6	0	6	3	3	2
North Kivu	Alimbongo	0/20	5	0	5	2	2	0
	Beni	7/18	669	9	678	433	442	15
	Biena	1/16	17	2	19	12	14	1
	Butembo	3/15	281	3	284	346	349	5
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	7/18	183	17	200	68	85	28
	Katwa	5/18	649	23	672	466	489	8
	Kayna	2/21	27	0	27	8	8	5
	Kyondo	2/22	25	4	29	15	19	5
	Lubero	0/19	31	2	33	4	6	0
	Mabalako	3/12	373	17	390	284	301	4
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	0/16	50	6	56	17	23	0
	Musienene	2/20	84	1	85	33	34	3
	Mutwanga	2/19	32	0	32	12	12	7
	Nyiragongo	0/10	3	0	3	1	1	0
	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
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	49	9	58	34	43	8
	Lolwa	0/8	3	0	3	1	1	0
	Mambasa	7/17	50	0	50	15	15	29
	Mandima	6/15	286	4	290	145	149	28
	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
Total		51/471 (10.8%)	3018	111	3129	1985	2096	149

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

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 210 000 contacts have been registered to date, and 12 844 are currently under surveillance as of 17 September 2019. On average, 86% of contacts were followed daily in the last seven days in health zones with continued operations.

- An average of 2728 alerts were received per day over the past seven days, of which 2626 (96%) were investigated within 24 hours of reporting.

- There are eight 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 nine operational Ebola treatment centres and 20 Ebola transit centres. A new treatment centre is scheduled to open today (15 September 2019) in Mambasa, and a new transit centre opened in Kasindi.

- On 24 November 2018, MoH announced the launch of the Pamoja Tulinde Maisha(PALM) (together saves lives) randomized control trial (RCT) for Ebola therapeutics. On 9 August 2019, the PALM RCT Data and Safety Monitoring Board (DSMB) reviewed interim results from the first 499 study participants and recommended the study be stopped. All patients are now being randomized to receive either REGN-EB3 or mAb114 in addition to optimized supportive care (oSOC) in an extended phase protocol.

- Patients in all other treatment centres in Democratic Republic of the Congo will also be eligible to receive one of the two treatments, under the Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI) framework in addition to oSOC. Over 750 patients have been enrolled in MEURI thus far.

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.

- Training on the recently finalized National IPC/WASH package will be rolled out this week in Goma (18-21 September, 2019) and then 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. A crosswalk highlighting updates and changes contained in the package has been finalized.

- From 1 January 2019 through 15 September 2019, 14% (360/2521) 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 (31%; 110/360). During this same period, 105 healthcare worker (HCW) infections were reported – 4% of total infections (105/2521). Overall, Katwa HZ has reported the majority of HCW infections (31%: 33/105).

Points of Entry (PoE)

- During the week ending 15 September 2019, 2 562 674 screenings were performed, bringing the cumulative total to over 96 million screenings. This week, a total of 141 alerts were notified, of which 47 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 2765 with 1228 validated as suspect, and 26 subsequently confirmed with EVD following laboratory testing. An average of 109 PoEs and PoCs reported screenings daily this week, out of 117 functioning points (93%).

- WHO has supported the revision of data collection to integrate contact tracking activities as well as holding discussions with Congolese technology researchers to explore innovative ways to track missing and displaced contacts.

- The preparation of joint cross border missions with Democratic Republic of the Congo and three priority countries (South Sudan, Burundi and Uganda) for the development of joint cross border road