

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 58



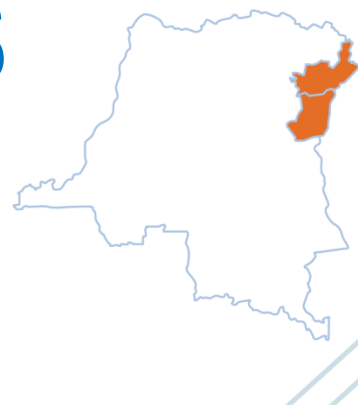
World Health
Organization

REGIONAL OFFICE FOR
Africa

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Date of issue: 10 September 2019

Data as reported by: 8 September 2019

1. Situation update



In the past week, from 2 to 8 September, 45 new confirmed Ebola virus disease (EVD) cases, with an additional 35 deaths, have been reported from five health zones in three affected provinces in the Democratic Republic of the Congo.

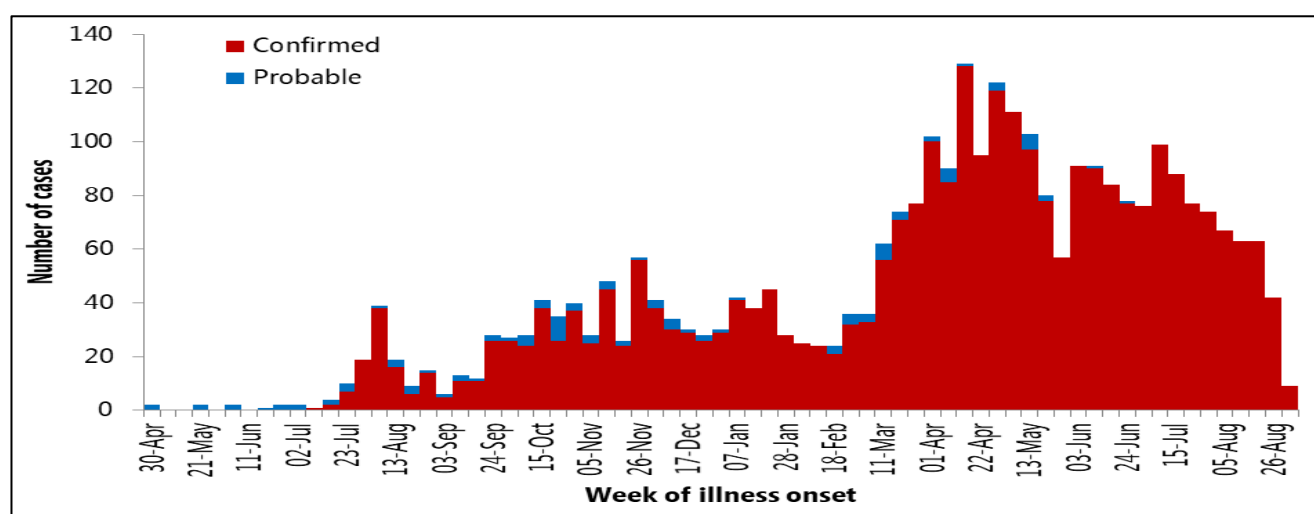
In the 21 days from 19 August to 8 September 2019, 57 health areas in 17 health zones reported new cases, (Table 1, Figure 2). During this period, a total of 175 confirmed cases were reported, with the majority coming from the health zones of Kalunguta (17%; $n=30$), Beni (17%; $n=29$), Mambasa (13%; $n=23$), and Mandima (13%; $n=22$). Twelve health areas that have previously been reporting cases of EVD since the beginning of the outbreak have not reported a case in more than 21 days.

While the intensity of the outbreak shows signs of easing in some areas and total case numbers are decreasing, it is too soon to tell if this trend will continue. The continued risk of response efforts being slowed down or stalled by security events remains high. Slight declines in case numbers have been observed previously in this outbreak and have ultimately not been an indication of a substantial decline in transmission intensity or a sign of the end of the outbreak. The response will continue to focus on stopping the outbreak in the hotspot areas, such as Kalunguta, Beni, Mambasa, and Mandima through early case detection and thorough investigation, strong contact identification and follow up, and engagement with the local communities.

As of 8 September 2019, a total of 3081 EVD cases were reported, including 2970 confirmed and 111 probable cases, of which 2070 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 58% (1782) were female, and 28% (871) were children aged less than 18 years. 5% (157) of reported cases 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 10 September 2019, US\$ 54.9 million have been received by WHO, with further funds committed or pledged. Current available funds will close the financing gap up until the end of September 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 8 September 2019



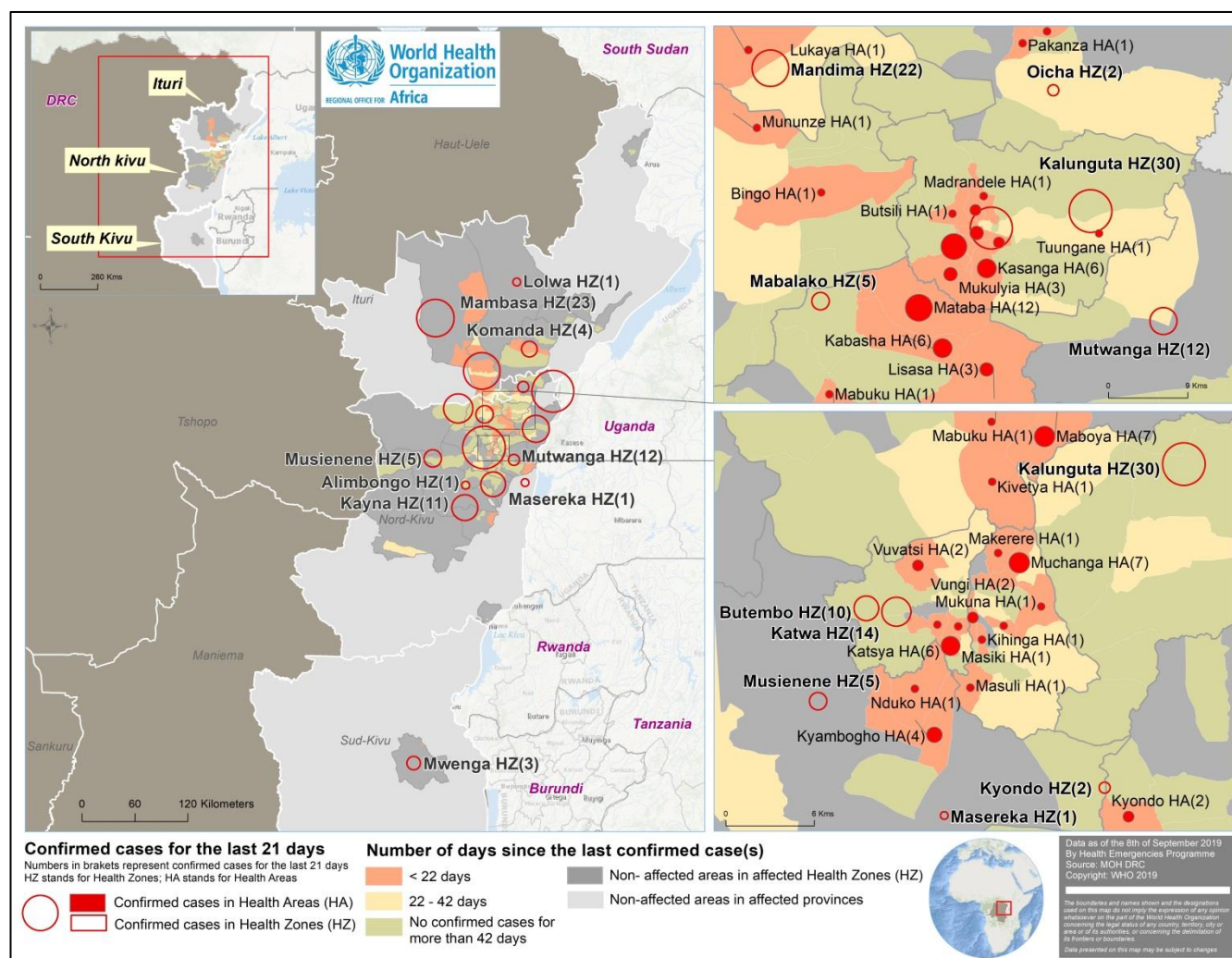
*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 8 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	3
North Kivu	Alimbongo	1/20	5	0	5	2	2	1
	Beni	8/18	666	9	675	431	440	29
	Biena	0/16	16	2	18	12	14	0
	Butembo	4/15	282	3	285	340	343	10
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	6/18	174	17	191	68	85	30
	Katwa	7/18	650	23	673	463	486	14
	Kayna	3/21	25	0	25	8	8	11
	Kyondo	1/22	22	4	26	14	18	2
	Lubero	0/19	31	2	33	4	6	0
	Mabalako	3/12	371	17	388	280	297	5
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	1/16	50	6	56	17	23	1
	Musienene	2/20	84	1	85	33	34	5
	Mutwanga	3/19	32	0	32	12	12	12
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	2/26	55	0	55	24	24	2
	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	2/15	43	9	52	27	36	4
	Lolwa	1/8	3	0	3	1	1	1
	Mambasa	5/17	41	0	41	15	15	23
	Mandima	7/15	272	4	276	143	147	22
	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		57/471 (12%)	2970	111	3081	1959	2070	175

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, 8 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 209 000 contacts have been registered to date, and 14 126 are currently under surveillance as of 8 September 2019. On average, 84% of contacts were followed daily in the last seven days in health zones with continued operations.
- ➔ An average of 2389 alerts were received per day over the past seven days, of which 2311 (97%) 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 and 18 Ebola transit centres (TC and decentralized TC). Two new treatment centres located in South Kivu Province opened last month, located in Bukavu and Chowe (Mwenga health zone).
- ➔ 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) met when 681 of the targeted 725 patients had been enrolled at Ebola Treatment Centres in Beni, Butembo, Katwa and Mangina. The DSMB reviewed interim results from the first 499 study participants and recommended the study be stopped. Future patients would be randomized to receive either REGN-EB3 or mAb114 in addition to optimized supportive care (oSOC), through the randomized 'extension phase' of the study that already had been approved by the National Institute of Allergy and Infectious Disease Institutional Review Board (NIAID IRB) and by the National Ethics Committee.
- ➔ 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.

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 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 official launch for the recently finalized National IPC/WASH package was held in Kinshasa on 5 September 2019, which will be followed by a series of trainings in Goma (18-21 September 2019) and 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 is being finalized.
- ➔ From 1 January 2019 through 8 September 2019, 14% (353/2473) 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%; 110/353). During this same period, 101 healthcare worker (HCW) infections were reported – 4% of total infections (102/2473). Overall, Katwa HZ has reported the majority of HCW infections (32%: 33/102).

Points of Entry (PoE)

- ➔ During the week ending 8 September 2019, 2 396 669 screenings were performed, bringing the cumulative total to over 93 million screenings. This week, a total of 161 alerts were notified, of which 61 were validated as suspect following investigation, with one confirmed case. This brings the cumulative number of alerts to 2624 with 1181 validated as suspect, and 26 subsequently confirmed with EVD following laboratory testing. An average of 105 PoEs and PoCs reported screenings daily this week, out of 117 functioning points (90%).
- ➔ During week 36, five high-risk contacts were found during the missing contact searching activity at PoE/PoC: 1 at PoC Kangote, 1 at PoC Kanyabayonga and 3 at PoC Kiwanja. The contacts were referred to the surveillance team for follow-up until the completion of the 21 days.

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_25064

