

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 57



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1. Situation update

Cases	Deaths
 3036	 2035

In the past week, from 26 August to 1 September, 59 new confirmed Ebola virus disease (EVD) cases, with an additional 45 deaths, have been reported from seven health zones in three affected provinces in Democratic Republic of the Congo (DRC).

In the 21 days from 12 August to 1 September 2019, 58 health areas in 17 health zones reported new cases, (Table 1, Figure 2). During this period, a total of 193 confirmed cases were reported, with the majority coming from the health zones of Beni (20%, $n=39$), Kalunguta (15%, $n=28$), and Mandima (12%, $n=23$). The incidence of new cases in Beni Health Zone has improved, with seven new cases reported in the last week, compared to up to 48 new cases per week observed five weeks ago.

Mambasa Health Zone, however, continues to show signs of an emerging hotspot, with 19 reported cases in the past 21 days in five health areas. In addition, sustained local transmission has been observed in Mutwanga Health Zone, with 13 cases reported in the last 21 days (Table 1). This health zone borders Uganda's Kasese District and the shores of Lake Edward, posing added risks of spread within the region.

This risk was highlighted this week by the confirmation of a case in Uganda on 29 August 2019. The case was a young child who was exposed and developed symptoms in Mutwanga Health Zone, before she was identified at the Mpondwe-Kasindi border point of entry (PoE) when travelling with her mother to seek medical care. The case was immediately transported to an Ebola Treatment Centre (ETC) in Bwera, Uganda. While a limited number of potential contacts are currently under surveillance, there have not been any further cases confirmed in Uganda to date.

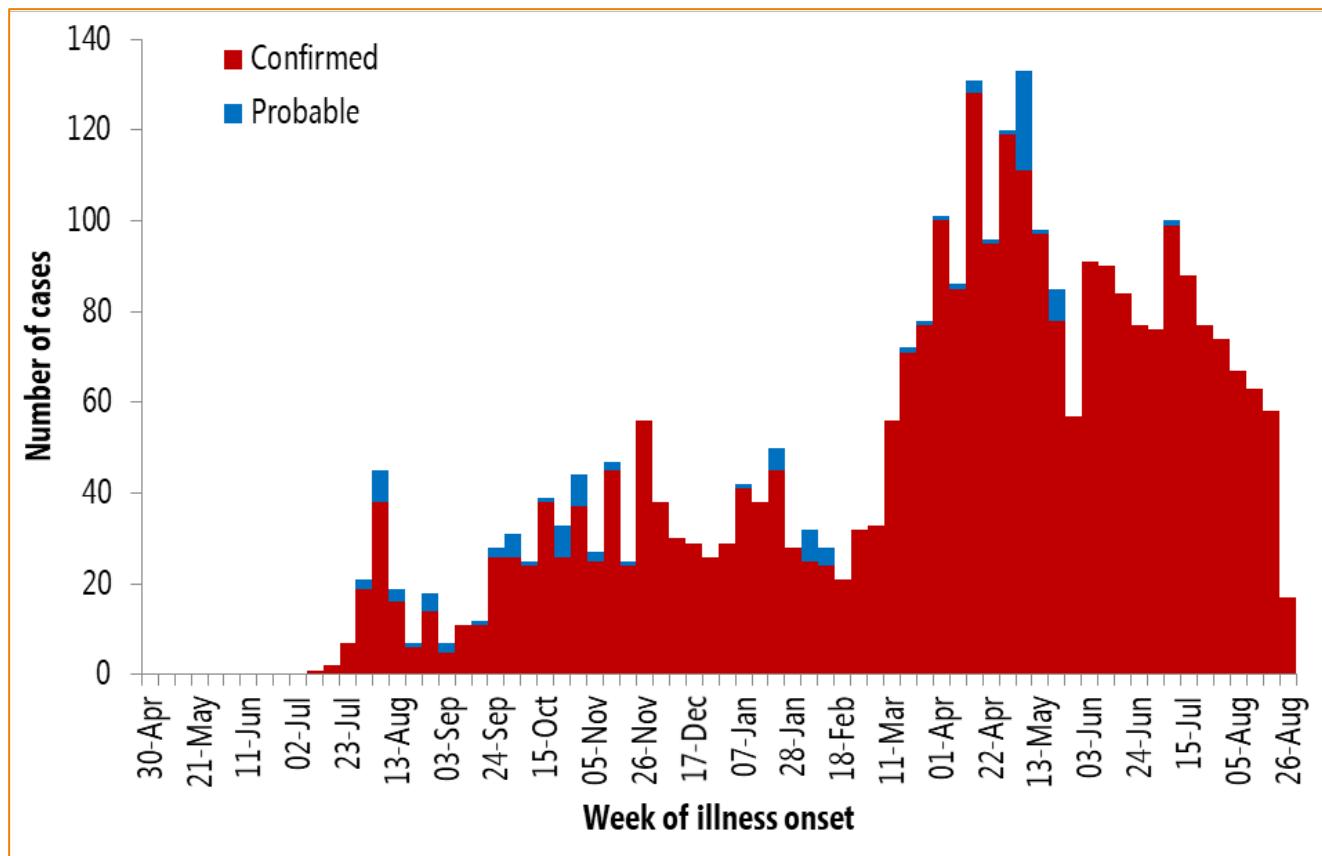
Two additional cases have been reported in South Kivu's Mwenga Health Zone, bringing the total to six confirmed cases since 15 August 2019. These new cases were from individuals who were under surveillance, and they were able to quickly receive care when they became ill.

As of 1 September 2019, a total of 3036 EVD cases were reported, including 2931 confirmed and 105 probable cases, of which 2035 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 58% (1763) were female, and 28% (857) were children aged less than 18 years, and 5% (156) 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 27 August 2019, US\$ 45.3 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 1 September 2019



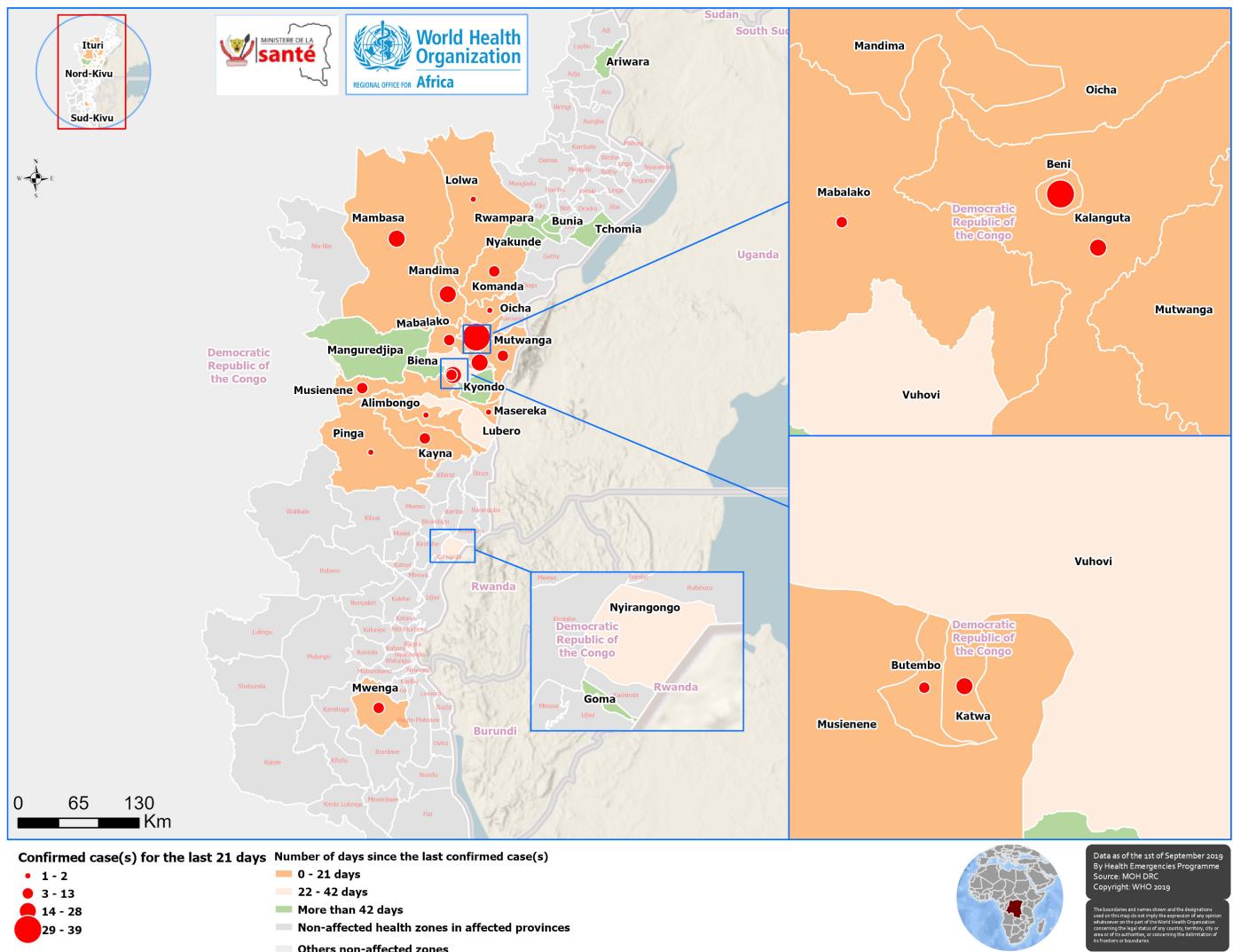
*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 1 September 2019

		Cumulative classification	cases by			Cumulative deaths		Confirmed cases in the last 21 days
Province	Health Zone		Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
South Kivu	Mwenga	1/18	6	0	6	3	3	6
North Kivu	Alimbongo	1/20	5	0	5	2	2	1
	Beni	9/18	661	9	670	427	436	39
	Biena	0/16	16	1	17	12	13	0
	Butembo	3/15	279	0	279	337	337	10
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	6/18	165	15	180	65	80	28
	Katwa	7/18	647	23	670	455	478	16
	Kayna	2/21	22	0	22	8	8	12
	Kyondo	0/22	20	4	24	13	17	0
	Lubero	0/19	31	2	33	4	6	0
	Mabalako	3/12	371	17	388	276	293	5
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	1/16	50	6	56	17	23	1
	Musienene	4/20	84	1	85	33	34	8
	Mutwanga	2/19	31	0	31	12	12	13
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	2/26	55	0	55	24	24	2
	Pinga	1/18	1	0	1	0	0	1
	Vuhovi	0/12	103	14	117	37	51	0
Ituri	Ariwara	0/20	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	2/15	43	9	52	27	36	7
	Lolwa	1/8	3	0	3	1	1	2
	Mambasa	5/17	34	0	34	12	12	19
	Mandima	8/15	266	4	270	140	144	23
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
Total		58/471 (12%)	2931	105	3036	1930	2035	193

Note: Attributions of cases notified in recent days to a health zone are subject 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, 1 September 2019



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 203 000 contacts have been registered to date, and 14 532 are currently under surveillance as of 1 September 2019. Follow-up rates in the last 7 days remained high (88-90% overall) in health zones with continued operations.
- ⇒ An average of 1646 alerts were received per day over the past seven days, of which 1540 (95%) 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 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.
- ⇒ There are currently 14 operational treatment and transit centres (TC).

Case management

- ⇒ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT enrolled and treated patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- ⇒ In an extension of the original trial, patients in the four treatment centres that participated in the RCT will now be randomized either to REGN-EB3 or mAb114.
- ⇒ Patients in all other treatment centres in the Democratic Republic of the Congo will also be eligible to receive one of the two treatments, despite the fact that they are not yet licensed; this is possible due to a framework called Monitored Emergency Use of Unregistered and Investigational Interventions, developed by WHO.

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 roll-out for the recently finalized National IPC/WASH package is planned to start in September 2019 with an official launch in Kinshasa on 5 September 2019, followed by a series of trainings in Goma (17-20 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.
- ⇒ From 1 January 2019 through 1 September 2019, 14% (342/2430) 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 (32%; 109/342); however, from July 2019, Beni HZ reported the majority (33%; 33/101). During this same period, 101 healthcare worker (HCW) infections were reported – 4% of total infections (101/2430). Overall, Katwa HZ has reported the majority of HCW infections (33%; 33/101). Since July 2019, the highest number of HCW infections were reported from Beni with 6 HCW infections (24%; 6/25) and Mandima with 6 infections (24%; 6/25).

Points of Entry (PoE)

- ⇒ During the week ending 1 September 2019, 2 300 572 screenings were performed, bringing the cumulative total to over 91 million screenings. This week, a total of 140 alerts were notified, of which 47 were validated as suspect following investigation, with one confirmed case. This brings the cumulative number of alerts to 2463 with 1120 validated as suspect, and 25 subsequently confirmed with EVD following laboratory testing. An average of 96 PoEs and PoCs reported screenings daily this week, out of 106 functioning points (91%).
- ⇒ WHO provided support to the 3 days' workshops for the development of the sub-coordination Operational Action Plan including the PoE Component as well as supervision of the PoEs at Goma for the maintenance of the thermal Camera.
- ⇒ IOM continues to strengthen the capacity of the frontline workers to improve surveillance at PoE/PoCs. This week, 90 key staff from all the government departments working at the Ndjili international airport in Kinshasa were trained with the support of Japan International Cooperation Agency (JICA) as well as 34 to be deployed to Beni. IOM is also engaged in EVD response operations in South Kivu Province, where a total of 14 PoE/PoCs are functional and are situated in remote-hard to reach areas.

South Sudan

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_25075

