

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 56



World Health
Organization

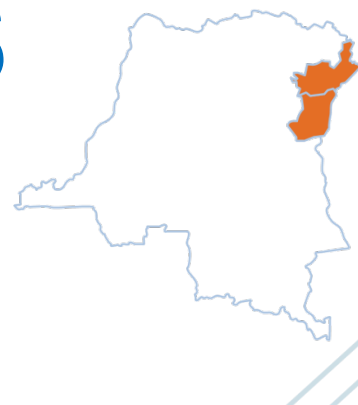
REGIONAL OFFICE FOR

Africa

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Date of issue: 27 August 2019

Data as reported by: 25 August 2019

1. Situation update



In the past week, from 19 August to 25 August, 77 new confirmed Ebola virus disease (EVD) cases, with an additional 54 deaths, have been reported from nine health zones in three affected provinces in the Democratic Republic of the Congo (DRC).

In the 21 days from 5 August to 25 August 2019, 60 health areas in 18 health zones reported new cases, (Table 1, Figure 2). During this period, a total of 201 confirmed cases were reported, with the majority coming from the health zones of Beni (30%, $n=61$), Mandima (13%, $n=26$), and Kalunguta (10%, $n=20$). Four confirmed cases have been reported in Mwenga, including the father of the child that was previously confirmed positive and a co-patient in a community health facility where the first case initially sought care.

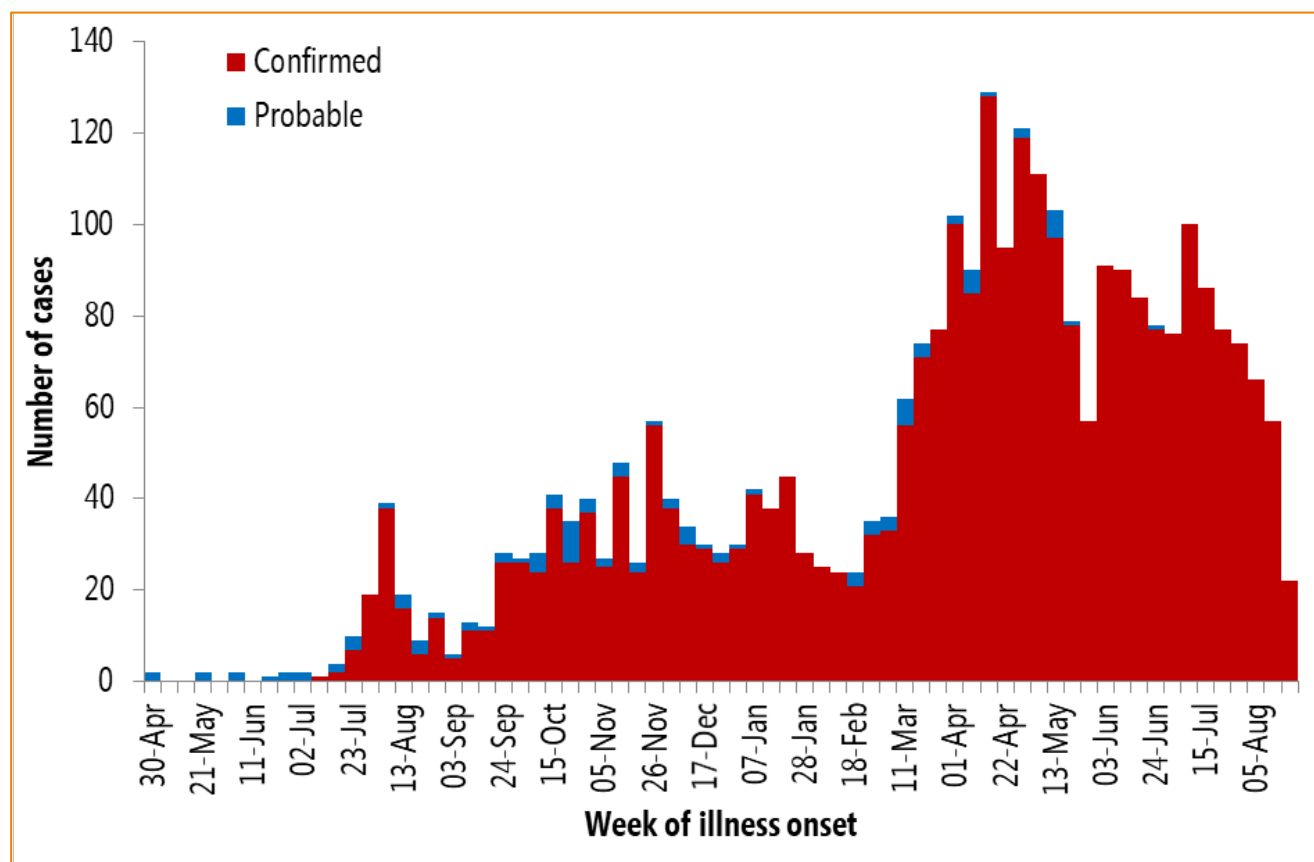
On 19 August 2019, 11 additional probable cases were validated. These were cases who died in Katwa, Kyondo, Vuhovi, and Mabalako health zones during March through June 2019 with epidemiological links to the outbreak, but who could not be sampled for laboratory testing to confirm/exclude EVD.

On 22 August 2019, Nyiragongo Health Zone (which includes suburbs of Goma city) passed 21 days without additional confirmed cases detected, and all contacts completed the 21-day follow-up period. Surveillance and response activities within Goma city and surrounding areas will continue, as risks of further introduction of EVD from active areas remain high.

As of 25 August 2019, a total of 2976 EVD cases were reported, including 2871 confirmed and 105 probable cases, of which 1990 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 58% (1727) were female, and 28% (838) were children aged less than 18 years. Cases continue to be reported among health workers, with the cumulative number infected rising to 155 (5% of all confirmed and probable cases).

Pillar 1 of the fourth Strategic Response Plan (SRP4) for the control of the EVD outbreak in the Democratic Republic of the Congo is available [on the WHO website](#). Pillar 1 covers the core public health response to the outbreak. The current 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 25 August 2019



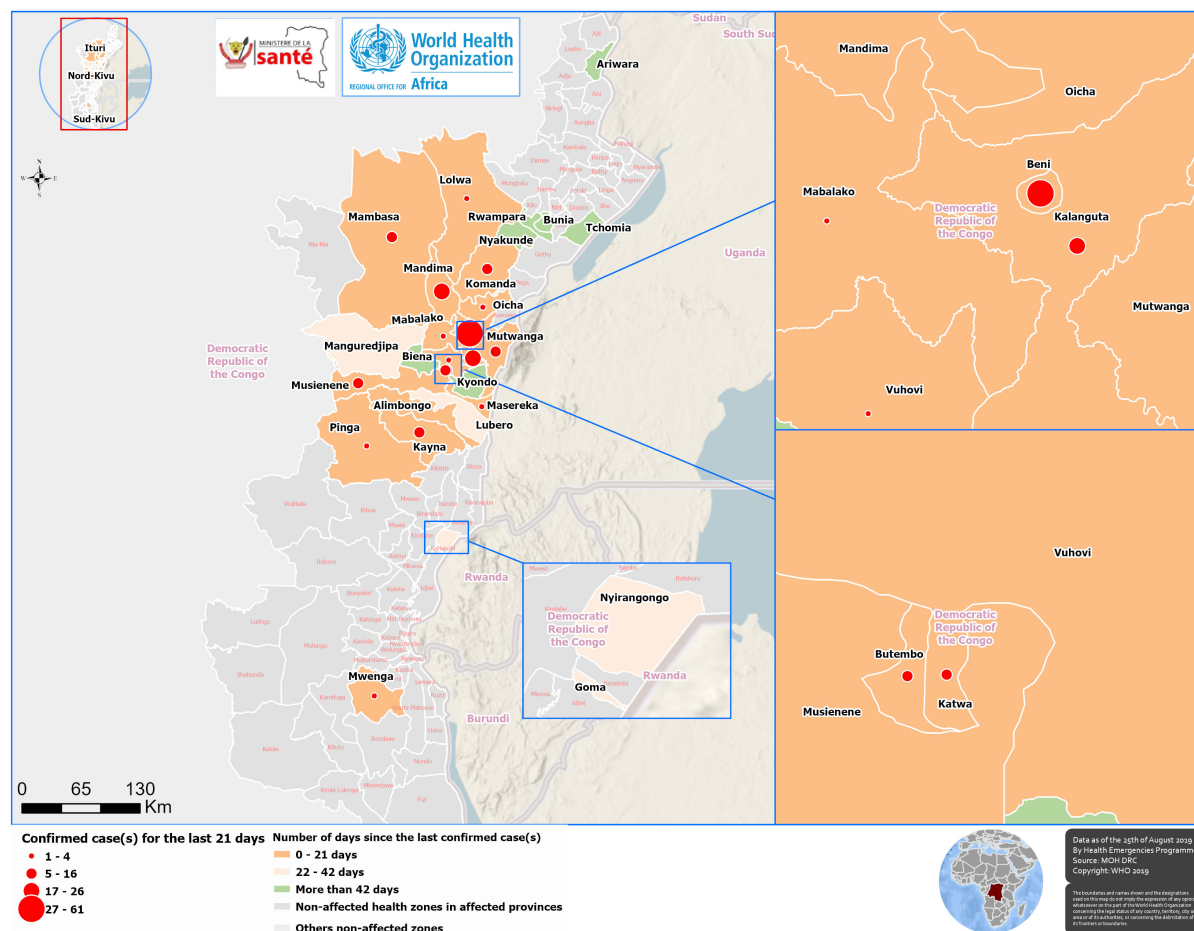
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 25 August 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	4	0	4	2	2	4
North Kivu	Alimbongo	1/20	5	0	5	2	2	1
	Beni	9/18	654	9	663	413	422	61
	Biena	0/16	16	1	17	12	13	0
	Butembo	4/15	277	0	277	329	329	12
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	6/18	155	15	170	64	79	20
	Katwa	8/18	643	23	666	449	472	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	369	17	386	275	292	4
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	1/16	50	6	56	17	23	1
	Musienene	5/20	81	1	82	33	34	7
	Mutwanga	2/19	25	0	25	10	10	9
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	2/26	54	0	54	24	24	2
	Pinga	1/18	1	0	1	0	0	1
	Vuhovi	2/12	103	14	117	37	51	2
Ituri	Ariwara	0/20	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	2/15	41	9	50	24	33	6
	Lolwa	1/8	3	0	3	1	1	3
	Mambasa	4/17	21	0	21	8	8	14
	Mandima	6/15	258	4	262	135	139	26
	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		60/471 (13%)	2871	105	2976	1885	1990	201

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, 25 August 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 200 000 contacts have been registered to date and 16 978 are currently under surveillance as of 25 August 2019. Follow-up rates in the last 7 days remained high (84-89% overall) in health zones with continued operations.
- ➔ An average of 2073 alerts were received per day over the past seven days, of which 1973 (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 (September 17-20 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 25 August 2019, 11% (321/1952) 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%; 104/321); however, from July 2019, Beni HZ reported the majority (38%: 33/88). During this same period, 100 healthcare worker (HCW) infections were reported – 5% of total infections (100/1952). Overall, Katwa HZ has reported the majority of HCW infections (33%: 33/100). Since July 2019, the highest number of HCW infections were reported from Beni with 7 HCW infections (28%; 7/25) and Mandima with 6 infections (24%; 6/25).
- ➔ Analysis of possible nosocomial infections has shown association with facility bed-size, with the smallest facilities more likely to be associated with possible nosocomial infection. The DRC IPC Commission is working to establish a system to investigate and address any identified IPC issues at healthcare facilities associated with possible nosocomial infections.

Points of Entry (PoE)

- ➔ During the week ending 25 August 2019, 2 01 951 screenings were performed, bringing the cumulative total close to 89 million screenings. This week, a total of 110 alerts were notified, of which 47 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 2323 with 1073 validated as suspect, and 24 subsequently confirmed with EVD following laboratory testing. An average of 97 PoEs and PoCs reported screenings daily this week, out of 106 functioning points (92%).
- ➔ IOM continues to strengthen the capacity of the frontline workers to improve surveillance at PoE/PoOCs. This week, a total of 224 frontline workers were trained; a total of 130 frontline workers in South Kivu and 94 frontline workers (male 67, female 27) from Kasindi area near border of Democratic Republic of the Congo with Uganda.

Burundi

- ➔ IOM has coordinated with UNICEF to organize a cross border community awareness campaigns for EVD surveillance and risk communication with the funds from the EU “Resilience” project as well as the Japanese Supplementary Budget, to be rolled out in Cibitoke, Buzanza, Bujumbura Rural, and Rumonge in the coming month.

South Sudan

- ➔ A total of 24 285 inbound travellers to South Sudan were screened for EVD exposure and symptoms during the reporting week, with no alert at 15 active IOM-supported PoE sites.
- ➔ Traffic from Democratic Republic of the Congo to South Sudan at the nearby border in Lasu is still limited due to continuing road closure in the Democratic Republic of the Congo side because of reported insecurity in the area.
- ➔ The IOM South Sudan EVD weekly report (week 33) is available at the following link: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-33-12-%E2%80%9318-august-2019>

Uganda

- ➔ Over the last two weeks, IOM conducted a Health Border Mobility Management Training in the districts of Kisoro, Kanungu, Rukungiri and Rubirizi with a total of 90 participants. The topics covered Migration Health and Humanitarian Border Management, Public Health Emergencies of International Concern, and EVD preparedness. In addition, the MOH presented their long-term plans for border health surveillance.

Safe and Dignified Burials (SDB)

- ➔ As of 26 August 2019, there have been a total of 11 106 SDB alerts notified through the Red Cross SDB database, of which 8 883 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending in 25 August, there were 441 SDB alerts recorded in 26 health zones. Of these, 374 (85%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts):

Beni	17%
Mabalako	10%
Bunia	10%
Goma	8%
Mandima	7%
Oicha	7%
Komanda	6%
Rutshuru	5%
Mutwanga	5%

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

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

Implementation of ring vaccination protocol

- ➔ As of 24 August 2019, 204 730 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 52 168 are contacts and 141 775 contacts-of-contacts. The total number of vaccinees includes 41 892 HCWs/ELWs and 66 600 children 1-17 years of age

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_25087

