

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 54

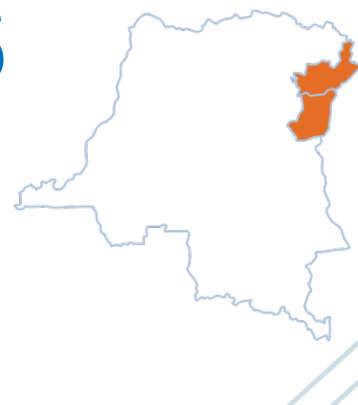


World Health
Organization
REGIONAL OFFICE FOR Africa

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Date of issue: 13 August 2019

Data as reported by: 11 August 2019

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo (DRC) continues. In the past week, 68 new confirmed EVD cases with an additional 43 deaths have been reported from 13 health zones across the two affected provinces. Most (59%) of the new cases reported in the past seven days were from Beni ($n=29$) and Mandima ($n=11$) Health Zones.

Data from a randomized clinical trial were announced this week. The data show, for the first time, that Ebola treatments improve survival rates. Two of the four drugs trialled were found to have the most efficacy, and as a result, changes have been made to the treatment of Ebola patients in the Democratic Republic of the Congo. This should encourage communities to seek care early and is an important step to finding an effective treatment for Ebola. More information is available in the following article, ["Update on Ebola drug trial: two strong performers identified"](#).

No new confirmed cases have been reported in Goma city since our last report, with a total of four confirmed cases reported from Goma ($n=1$) and Nyiragongo ($n=3$) health zones to date. The two remaining cases in Goma city, who were infected via direct contact with the case reported on 30 July, are being discharged from the hospital today. A total of 232 contacts (including 114 high risk contacts) of the Nyiragongo cases remain under surveillance. Ongoing vaccination activities have reached the majority (98%) of eligible contacts, and 1314 contacts, contacts-of-contacts and frontline workers have been vaccinated to date.

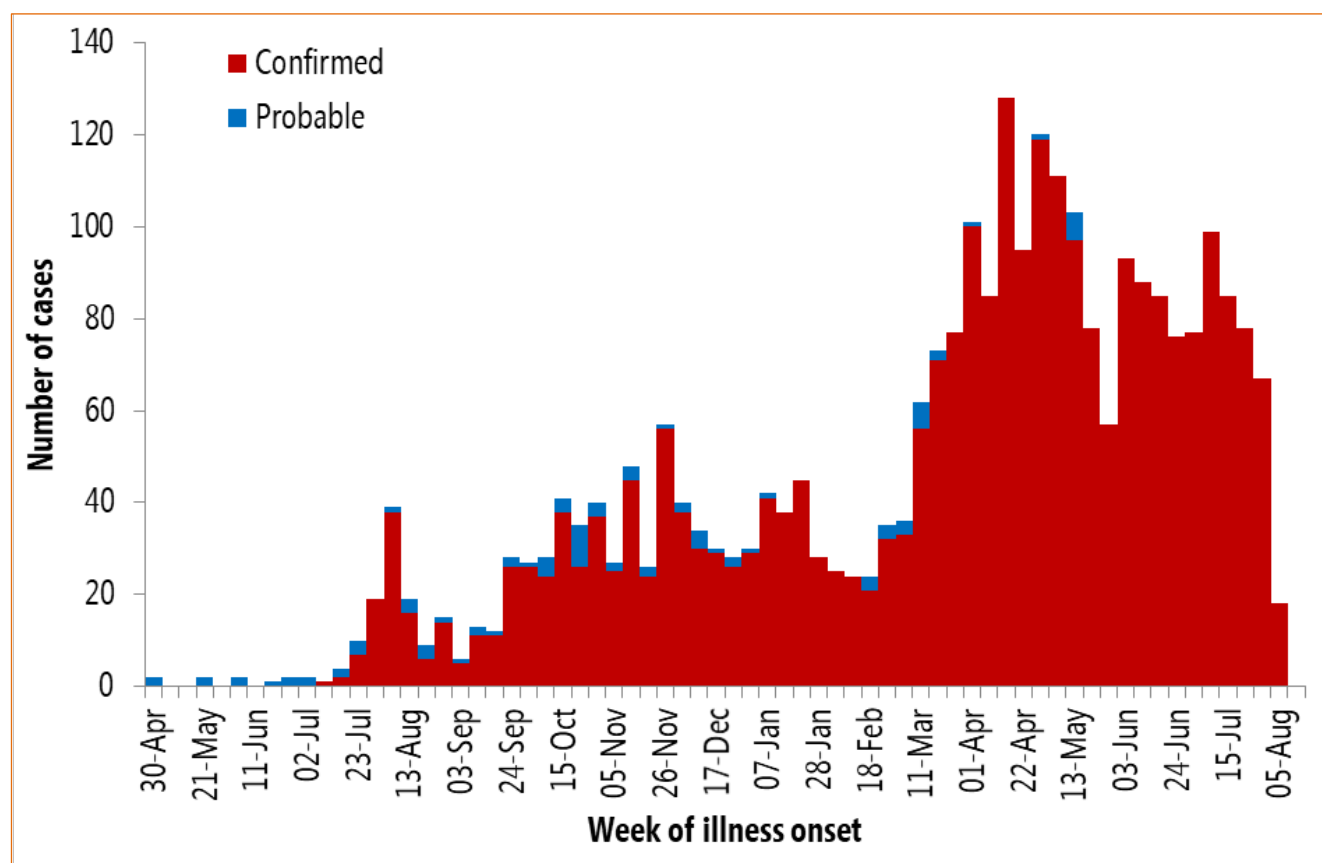
A case was confirmed in the Lolwa Health Zone, which is the first confirmed case in that Health Zone to date, bringing the total number of affected health zones over the course of the outbreak to 27. The case-patient travelled from Mandima to Lolwa, where symptoms started. Currently, there is no evidence of local transmission of EVD in this health zone. Close follow up and identification of contacts is ongoing to minimize the chance of local transmission.

Of the eight cases reported in Mambasa Health Zone in the past 21 days, the majority have epidemiological links to Somé Health Area, with limited local transmission in Mambasa thus far. On 10 August 2019, a case was detected in Butembo Health Zone who had a protracted travel history from Mongwalu Health Zone, via Beni. If the date of onset and symptoms is confirmed, this would be the first instance of a case originating from this Health Zone. In depth investigations are ongoing to establish any epidemiological links to this case that can reveal more detail as how and where the case-patient became infected.

In the 21 days from 22 July through 11 August 2019, 69 health areas within 17 health zones reported new cases, representing 10% of the 664 health areas within North Kivu and Ituri provinces (Table 1, Figure 2). During this period, a total of 237 confirmed cases were reported, with the majority coming from the health zones of Beni (43%, $n=103$) and Mandima (21%, $n=50$).

As of 11 August 2019, a total of 2831 EVD cases were reported, including 2737 confirmed and 94 probable cases, of which 1892 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 57% (1601) were female, and 29% (810) were children aged less than 18 years. Cases continue to be reported among health workers, with the cumulative number infected rising to 151 (5% of all confirmed and probable cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 11 August 2019



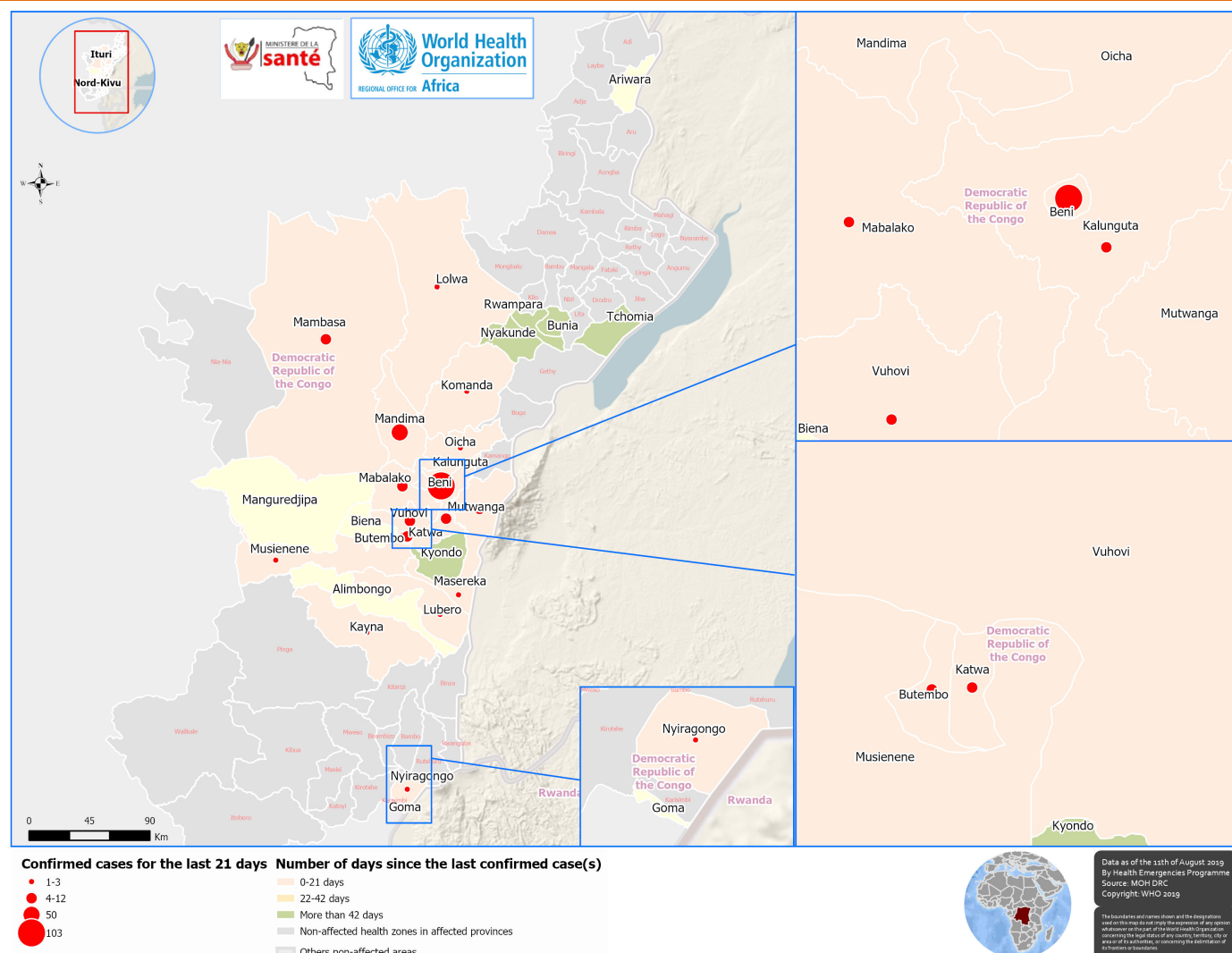
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 11 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	
North Kivu	Alimbongo	0/20	5	0	5	2	2	0
	Beni	14/18	623	9	632	390	399	103
	Biena	0/14	16	1	17	12	13	0
	Butembo	7/15	269	0	270	315	316	12
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	4/18	137	15	151	57	71	10
	Katwa	7/18	631	16	647	436	452	9
	Kayna	2/18	10	0	10	6	6	2
	Kyondo	0/22	20	2	22	13	15	0
	Lubero	2/18	31	2	33	4	6	2
	Mabalako	4/12	366	16	382	268	284	9
	Manguredjipa	0/9	18	0	18	12	12	0
	Masereka	2/16	49	6	55	16	22	2
	Musienene	2/20	75	1	76	30	31	2
	Mutwanga	4/19	18	0	18	8	8	5
	Nyiragongo	2/8	3	0	3	1	1	3
	Oicha	1/25	51	0	51	24	24	1
	Vuhovi	2/12	103	13	116	37	50	11
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	37	9	46	20	29	3
	Lolwa	1/8	1	0	1	0	0	1
	Mambasa	3/16	15	0	15	7	7	12
	Mandima	9/15	242	4	246	128	132	50
	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		69/435 (16%)	2737	94	2831	1798	1892	237

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 zone, North Kivu and Ituri provinces, Democratic Republic of the Congo, 11 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 187 000 contacts have been registered to date and 16 328 are currently under surveillance as of 11 August 2019. Follow-up rates in the last 7 days remained very high (82-86% overall) in health zones with continued operations.

- ➔ An average of 1633 alerts were received per day over the past seven days, of which 1361 (93%) 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.

Case management

- ➔ There are currently 14 operational treatment and transit centres (TC).
- ➔ 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.
- ➔ The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs also receive optimized supportive care.
- ➔ The Mangina ETC/TC has expanded its bed capacity to 90, in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA.

Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on briefing of healthcare workers (HCW) on basic and Ebola-specific IPC principles, evaluation of EBV screening-isolation-and referral, decontamination when indicated, and provision of supplies. In communities, teams are helping to educate impacted communities, providing supplies, and supporting decontamination of households when indicated.
- ➔ The Democratic Republic of the Congo Ministry of Health together with UNICEF, WHO, CDC and IPC operational partners has finalized a standardized National IPC/WASH package including standard operating procedures, training/reference materials, monitoring tools, and terms of reference for key IPC personnel. This package of materials will be launched in the coming weeks followed by supported implementation activities.
- ➔ From August 2018 through 11 August 2019, 11% (303/2817) of EBV infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (35%; 105/303); however, from July 2019, Beni HZ reported the majority (49%: 29/59). Additionally, 147 healthcare worker (HCW) infections, 5% (147/2817) of all cases, have been reported since August 2018. Overall, Katwa HZ has reported the majority of HCW infections (29%: 42/147). From July 2019, however, the highest number of HCW infections were reported from Beni and Mandima with 6 (30%; 6/20) reported from each.

Points of Entry (PoE)

- ➔ By the end of the week ending 11 August 2019, close to 84.5 million screenings were performed, including 2 358 692 screenings during this last week. This week, a total of 123 alerts were notified, of which 49 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 2063, with 986 validated as suspect cases, and 24 subsequently confirmed with EVD following laboratory testing. An average of 95 PoEs and PoCs reported screenings daily this week, out of 106 functioning points (94%).
- ➔ A meeting on the cross-border coordination between Rwanda and Democratic Republic of the Congo was held in Rubavu in Rwanda on 6 August 2019 with the participation of MOHs from both countries, WHO and IOM. The two governments issued a joint communiqué, mentioning the high-level commitment from both countries to fight against EVD in Democratic Republic of the Congo and to reduce the risk of spread into the two countries. It was followed by a two-day meeting to develop a joint road map. WHO continues to monitor the implementation of the joint communiqué.
- ➔ An EVD cross-border meeting for Priority-1 countries and Democratic Republic of the Congo is taking place from 14-15 August in Goma, Democratic Republic of the Congo, with the participation of the representatives from the governments and partners (WHO, IOM, OCHA and CDC) from Democratic Republic of the Congo, South Sudan, Uganda, Rwanda and Burundi to enhance cross-border collaboration on emergency preparedness and response.
- ➔ WHO supports the MOH of Democratic Republic of the Congo, with the support of JICA, to set up a thermal camera at the border post of Grande Barrière in order to enhance capacity for early detection of sick travellers between DRC and Rwanda.
- ➔ A new Rwindi Strategic Point of Control was established in the Virunga National Park in Kibirizi Health Zone, in the Butembo-Goma axis, with the support of International Centre for the Conservation of Nature (ICCN) and IOM. This is one of the major parks that attract international and domestic tourists and has a direct connection to Butembo and Goma, which are hotspots of the Ebola outbreak.
- ➔ To increase EVD surveillance in the neighbouring provinces, two new PoCs were established this week around Mambasa, which is one of the current hotspot locations. The two include Bavalakani PoC on the axis of Mambasa - Kisangani (Tshopo Province) and Epulu Park PoC on the axis of Mambasa - Isiro (Haute Uele Province). A total of 10 frontline workers were trained and deployed to these PoCs.
- ➔ To improve on contact tracing and information retention, IOM provided Beni and Butembo sub-coordinations with tablets, modems and power banks that will be distributed to various PoE/PoCs within Beni Hubs. The tablets will also be used for data collection at the PoEs/PoCs.
- ➔ IOM organized risk communication training for local community leaders around the PoCs in the city of Bunia. The training, held on Thursday 8 August 2019, was attended by 24 community leaders (13 males; 11 females), with the objective of sensitizing the local leadership on Ebola risks so that they can effectively contribute to addressing the current community resistance to Ebola response.
- ➔ Three security incidents were reported in week 32, affecting three PoE/PoCs. On 6 August 2019, at Kamahume PoC in Mabalako Health Zone, unknown people stole shelves. On 7 August 2019, at Mavivi barrier PoC in Beni, handwashing stations were destroyed by protestors demanding return to peace in Beni territory. PoC activities were suspended before noon until 1600. On 8 August 2019, at PK5 PoC in Beni, the PoC activities were interrupted

from 10:45 until the closure of the barrier, following demonstrations by the protesters against killings of civilians alleged to be perpetrated by ADF, during the night of 7 August 2019 in the Mbau village.

Burundi

- On 6 August 2019 at the EVD Preparedness Oversight Committee, IOM presented its Population Mobility Mapping featuring Priority 1 provinces at risk for cross-border EVD transmission. The maps are useful in illustrating priority areas for intervention for EVD preparedness for all partners. The finalized maps will be published online shortly.
- IOM met with the Head of Health District for Bubanza to discuss harmonization of their microplan with sensitization activities planned under the EVD project funded by the Government of Japan. Activities will be conducted in coordination with UNICEF as lead agency for Risk Communications for EVD Preparedness. Similar harmonization meetings are planned with the heads of the health districts of Cibitoke, Bujumbura Rural and Rumonge.

South Sudan

- IOM screened 26 842 inbound travellers to South Sudan for EVD exposure and symptoms with no alert cases at 15 PoE sites in Yei River State; 105 travellers with fever underwent secondary screening and those that persisted were subsequently referred to nearby health facilities and treated for malaria and other non-EVD conditions.
- A slight increase in total of number of screened travellers was observed compared to the previous week, which can be attributed to Pure PoE where an activity in the primary school resulted in more people passing the border several times in the week. Lasu PoE did not screen travellers during the reporting period due to the road closure in the nearby border from the Democratic Republic of the Congo side due to insecurity, as reported in the previous week.
- Remote monitoring was done for Lasu and Tokori due to access issues. The poor mobile network makes communication from Yei Town to Lasu and Tokori more challenging. Access challenge in some areas in Lujulu still remains.
- The latest sitrep for IOM South Sudan (29 July-4 August) can be found [here](#).

Uganda

- IOM has finalized a joint mentorship and monitoring exercise in the south western Uganda districts of Kanungu, Hoima, Kasese, Rubirizi, Ntoroko, Kikube, Rukungiri, Kisoro and Bundibugyo, together with District Health Teams, Ministry of Health officials and partners. The main purpose of this exercise was to assess all PoEs supported by IOM for gaps and also share with health workers and screeners updates regarding best practice at the PoEs

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