

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 52



REGIONAL OFFICE FOR

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Organization

Africa

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Data as reported by: 28 July 2019

#### 1. Situation update



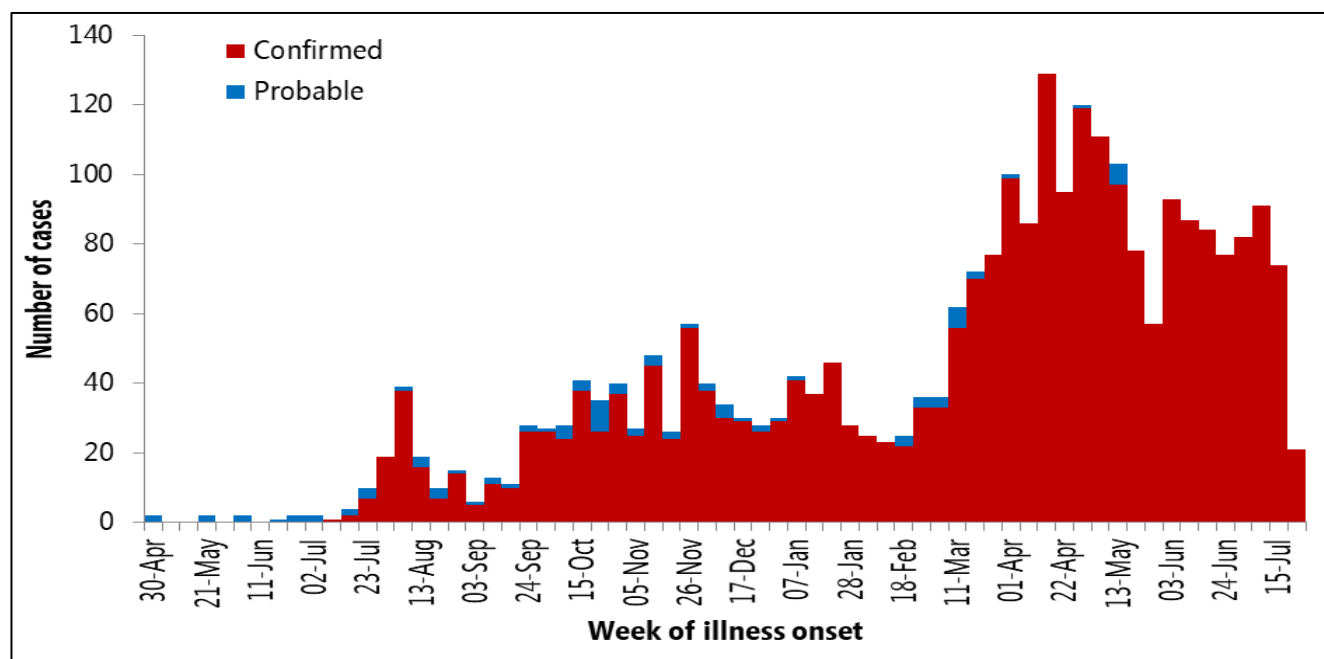
The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues. Since our last external situation report, with data reported up to 21 July 2019, 79 new confirmed EVD cases with an additional 47 deaths have been reported across the two affected provinces. Sustained transmission continues to occur in Beni Health Zone, which accounts for 61% of the new cases reported in the last seven days, as well as a number of cases and contacts that travelled to other health zones. The 1 August 2019 will mark one year since the declaration of the outbreak. WHO continues to adapt and accelerate our response.

With support from an international consortium of partners working on the response, the Ministry of Health of Democratic Republic of the Congo has developed the first pillar of the fourth Strategic Response Plan (SRP4) for the control of the EVD outbreak. The first pillar covers the core public health response to the outbreak in the Democratic Republic of the Congo. Other pillars of the plan are being finalized and will be progressively released.

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 8-28 July 2019, 65 health areas within 17 health zones reported new cases, representing 16% of the 406 affected health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 253 confirmed cases were reported, the majority of which were from the health zones of Beni (57%,  $n=145$ ), and Mandima (12%,  $n=30$ ), which are the main active areas of the outbreak. Most (67%) of the cases reported in Mandima Health Zone came from Some Health Area to the North, and this health area has seeded cases to Mambasa in recent weeks. The response has poor access to this health area due to community resistance, and this leads to more cases. There are currently no confirmed cases of EVD outside of the Democratic Republic of the Congo.

As of 28 July 2019, a total of 2671 EVD cases, including 2577 confirmed and 94 probable cases, were reported. A total of 1790 deaths were reported (overall case fatality ratio 67%), including 1696 deaths among confirmed cases. Of the 2671 confirmed and probable cases with known age and sex, 56% (1500) were female, and 28% (758) were children aged less than 18 years. The cumulative number of health workers affected is 146 (5.5% of total cases).

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 28 July 2019**

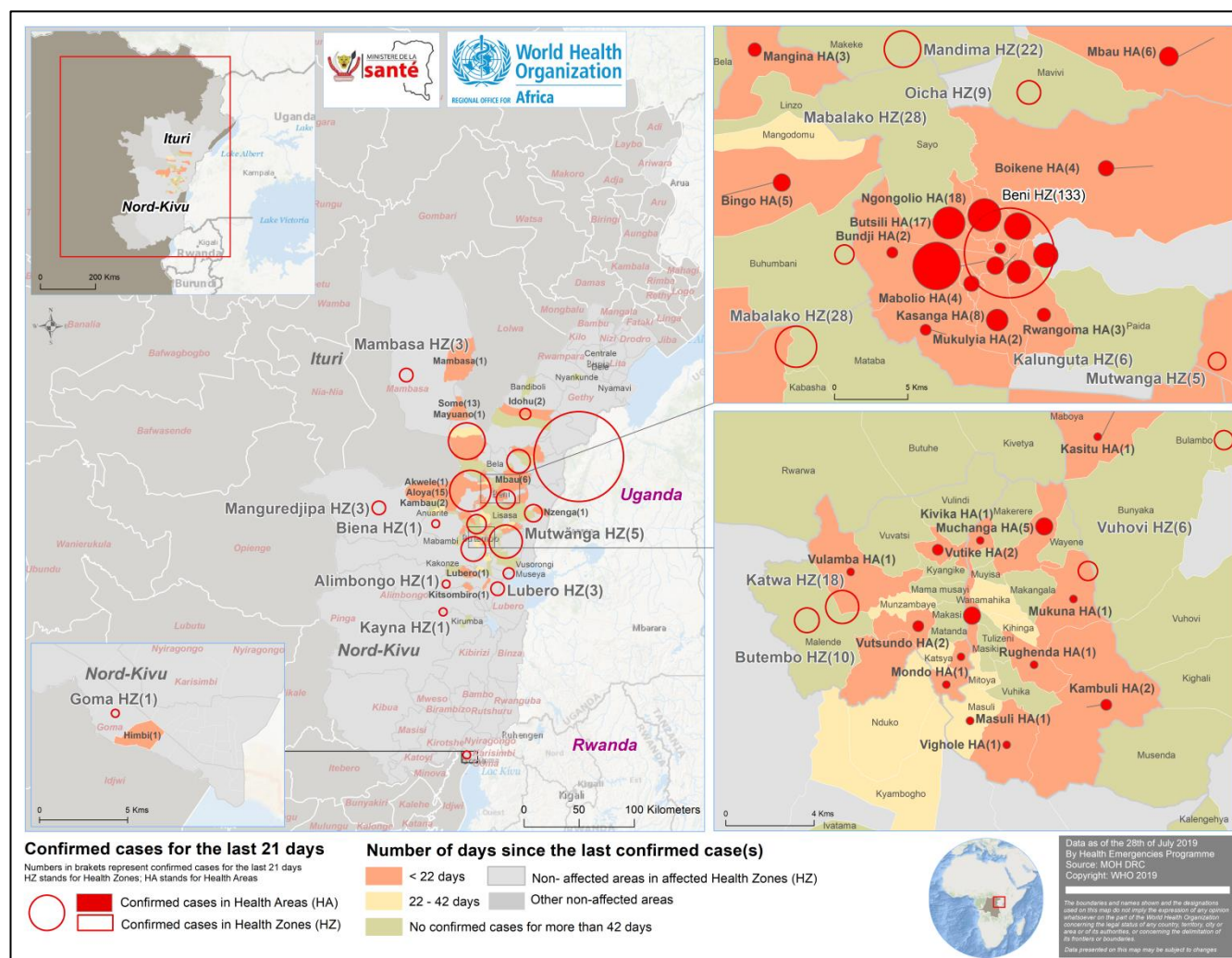


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 28 July 2019**

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	1/20	4	0	4	2	2	1
	Beni	16/18	565	9	574	352	361	145
	Biena	0/14	15	1	16	12	13	0
	Butembo	4/15	259	0	259	299	299	5
	Goma	1/10	1	0	1	1	1	1
	Kalunguta	5/18	132	15	147	54	69	7
	Katwa	7/18	623	16	639	434	450	15
	Kayna	1/18	10	0	10	5	5	1
	Kyondo	0/22	22	2	24	13	15	0
	Lubero	2/18	31	2	33	4	6	3
	Mabalako	5/12	354	16	370	254	270	15
	Manguredjipa	2/9	20	0	20	12	12	2
	Masereka	2/16	49	6	55	16	22	2
	Musienene	0/20	71	1	72	29	30	0
	Mutwanga	3/19	14	0	14	8	8	4
	Oicha	3/25	50	0	50	24	24	8
	Vuhovi	2/12	95	13	108	35	48	6
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	34	9	43	14	23	3
	Mambasa	1/16	5	0	5	3	3	5
	Mandima	7/15	207	4	211	114	118	30
	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
<b>Total</b>		<b>65/406 (16%)</b>	<b>2577</b>	<b>94</b>	<b>2671</b>	<b>1696</b>	<b>1790</b>	<b>253</b>

*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, 28 July 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 Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing several 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 140 000 contacts have been registered to date and 20 669 are currently under surveillance as of 21 July 2019. Follow-up rates remained very high (85-88% overall) in health zones with continued operations.
- ➔ An average of 1972 alerts were received per day over the past seven days, of which 1818 (92%) 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 is now enrolling and treating patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- ➔ 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.
- ➔ The ETC in Goma has been fully operational since February 2019.

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers (HCW) on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed and provision of supplies.
- ➔ Since August 2018, 288 nosocomial infections (NI) were reported, representing 10.8% (288/2673) of all cases. Katwa Health Zone (HZ) reported the highest number with 104, however, Beni HZ reported the most cases, 29, since June 2019. Additionally, 146 healthcare worker (HCW) infections, or 5.5% (146/2671) all cases, occurred since August 2018. Katwa HZ reported the most cases with 44, however, Mabalako reported the highest number since June 2019 with 12 cases.

## Points of Entry (PoE)

- ➔ By the end of the week ending 28 July 2019, over 79 million screenings were performed, including 2 194 838 screenings during this last week. This week, a total of 99 alerts were notified, of which 46 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 819, with 885 validated as suspect cases, and 23 subsequently confirmed with EVD following laboratory testing. 93% of all functional PoEs and PoCs reported screenings daily this week.
- ➔ This week, 12 new PoEs/PoCs were established in response to the geographical expansion of the outbreak in Ariwara Health Zone. The locations of these new PoEs/PoCs were identified through the participatory population movement mapping implemented in the previous week. By the end of the week, 97 PoEs/PoCs are operational, with 89 of them reporting screening on 28 July 2019. There have not been any new cases in the Ariwara Health Zone, but this work was undertaken as a preventative measure.
- ➔ Programme Nationale d'Hygiène aux Frontières (PNHF), WHO, and IOM met with authorities of the Goma Public Port to raise awareness on Ebola and to discuss measures to be set up at the quays and in boats, as well as ways to improve traveller data management. WHO subsequently established four teams at the Goma Public Port to support the identification of moving contacts.
- ➔ PNHF, WHO, IOM, the US CDC and the Goma Airport authorities established an EVD Response Committee at the Goma International Airport on 22 July 2019. This committee is composed of 10 members representing the multiple agencies managing the airport, including Immigration, aviation authorities, and representations of the commercial, military and humanitarian sectors. A plan of action was developed and further consultations will be conducted to monitor its implementation.
- ➔ IOM has started distributing IT equipment to PoEs/PoCs to facilitate the identification of contacts on the move, as well as improve overall data collection. Additionally, 38 PoE/PoC frontline workers (19 men and 19 women) were trained in Beni and Butembo to improve the quality of their traveller health screening. IOM also organized various community dialogues and sensitization meetings with community leaders in Beni for communities around Pasisi PoC and in Mabalako for communities around the new PoCs of Visiki and Kamahune. A total of 131 community leaders (97 male, 34 female) participated, including ward chiefs, religious leaders, youth association chair, bikers chair, civil society chair and women's association representative.

