

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 51



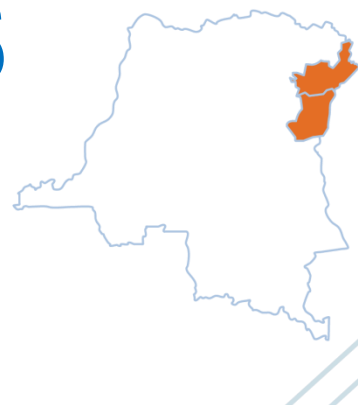
World Health
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REGIONAL OFFICE FOR
Africa

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Date of issue: 23 July 2019

Data as reported by: 21 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 (data reported by 14 July 2019), 91 new confirmed EVD cases with an additional 75 deaths have been reported across the two affected provinces. We continue to observe sustained local transmission with a large number of cases in Beni Health Zone. In addition, cases continue to be exported from Beni to other health zones via the movement of cases and their contacts.

Intensive follow-up of contacts of the [confirmed case](#) who arrived in Goma on 14 July continues. Nineteen health workers were deployed from other posts to Goma to provide support in the response to this case. Rumours of contacts travelling to Bukavu and South Kivu have been investigated and ruled out by response teams. No new cases have been reported in Goma to date. There are currently no confirmed cases of EVD outside of the Democratic Republic of the Congo.

On 17 July 2019, the Director-General convened the Emergency Committee under the International Health Regulations (IHR) to review the situation on the Ebola outbreak in the Democratic Republic of the Congo (DRC). It was the fourth time the Director-General convened the Committee for this event since the declaration of the outbreak in August 2018 (previous meetings were held in October 2018, April 2019, and June 2019). The Director-General accepted the Emergency Committee's recommendation that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC). The decision was based on the recent developments in the outbreak, including the geographical expansion of the virus. The declaration of the PHEIC is not a reflection on the performance of the response team but rather a measure that recognizes the possible increased national and regional risks and the need for intensified and coordinated action to manage them. The Committee and WHO do not recommend any restrictions on travel or trade, which can hamper the fight against Ebola by affecting the movement of people and supplies. Further information is available in the [Statement on the Emergency Committee meeting](#), and [WHO recommendations for international traffic related to the EVD outbreak](#).

Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In last 21 days, 65 health areas within 18 health zones reported new cases, representing 16% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 254 confirmed cases were reported, the majority of which were from the health zones of Beni (52%, $n=133$), Mabalako (11%, $n=28$), Mandima (9%, $n=22$) and Katwa (7%, $n=18$) which are the main active areas in the outbreak.

As of 21 July 2019, a total of 2592 EVD cases, including 2498 confirmed and 94 probable cases, were reported. A total of 1743 death were reported (overall case fatality ratio 67%), including 1649 deaths among confirmed cases. Of the 2501 confirmed and probable cases with known age and sex, 56% (1458) were female, and 28% (737) were children aged less than 18 years. The cumulative number of health workers affected is 140 (5% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 21 July 2019

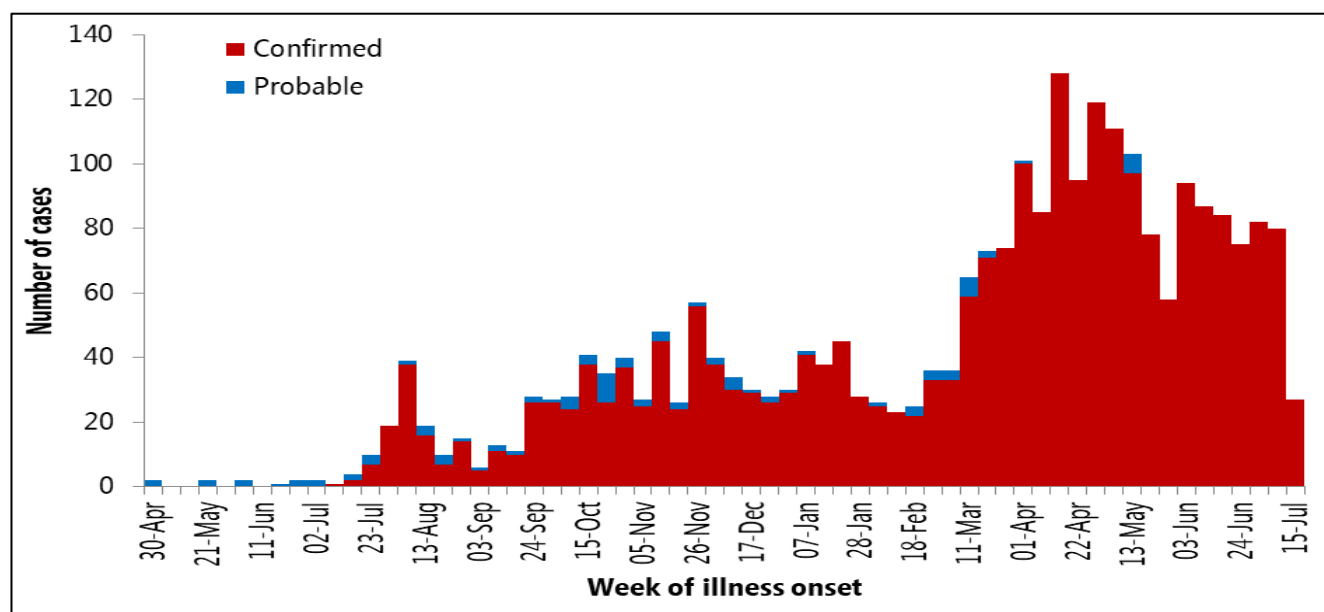
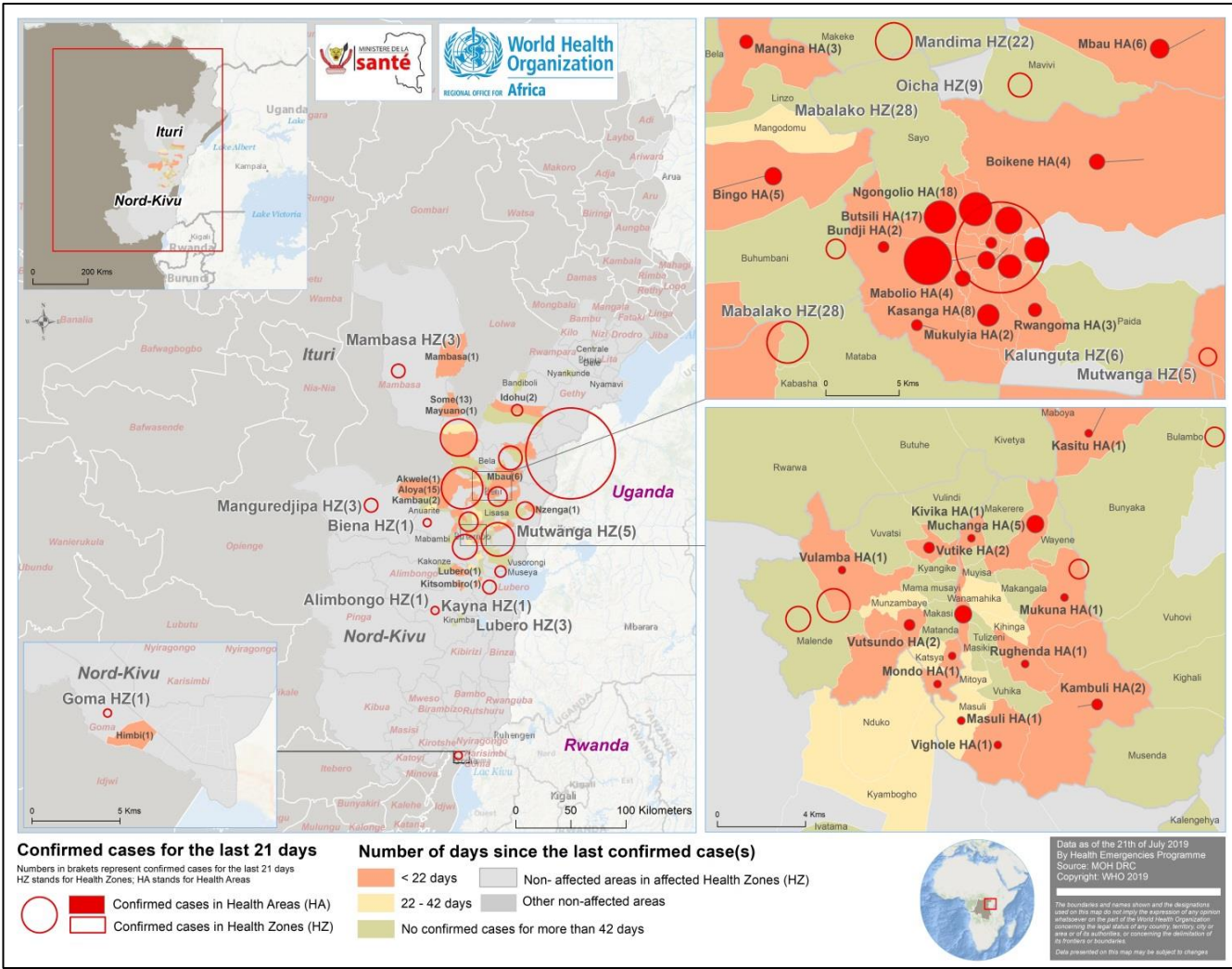


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 21 July 2019

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	517	9	526	328	337	133
	Biena	1/14	15	1	16	12	13	1
	Butembo	6/15	258	0	258	295	295	10
	Goma	1/10	1	0	1	1	1	1
	Kalunguta	3/18	128	15	143	54	69	6
	Katwa	8/18	622	16	638	431	447	18
	Kayna	1/18	9	0	9	5	5	1
	Kyondo	0/22	22	2	24	13	15	0
	Lubero	2/18	29	2	31	4	6	3
	Mabalako	6/12	353	16	369	250	266	28
	Manguredjip a	2/9	20	0	20	12	12	3
	Masereka	1/16	48	6	54	16	22	2
	Musienene	0/20	71	1	72	29	30	0
	Mutwanga	4/19	13	0	13	7	7	5
	Oicha	4/25	51	0	51	24	24	9
	Vuhovi	2/12	93	13	106	34	47	6
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	1/15	32	9	41	13	22	2
	Mambasa	1/16	3	0	3	2	2	3
	Mandima	5/15	193	4	197	106	110	22
	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		65/406 (16%)	2498	94	2592	1649	1743	254

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, 21 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.

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

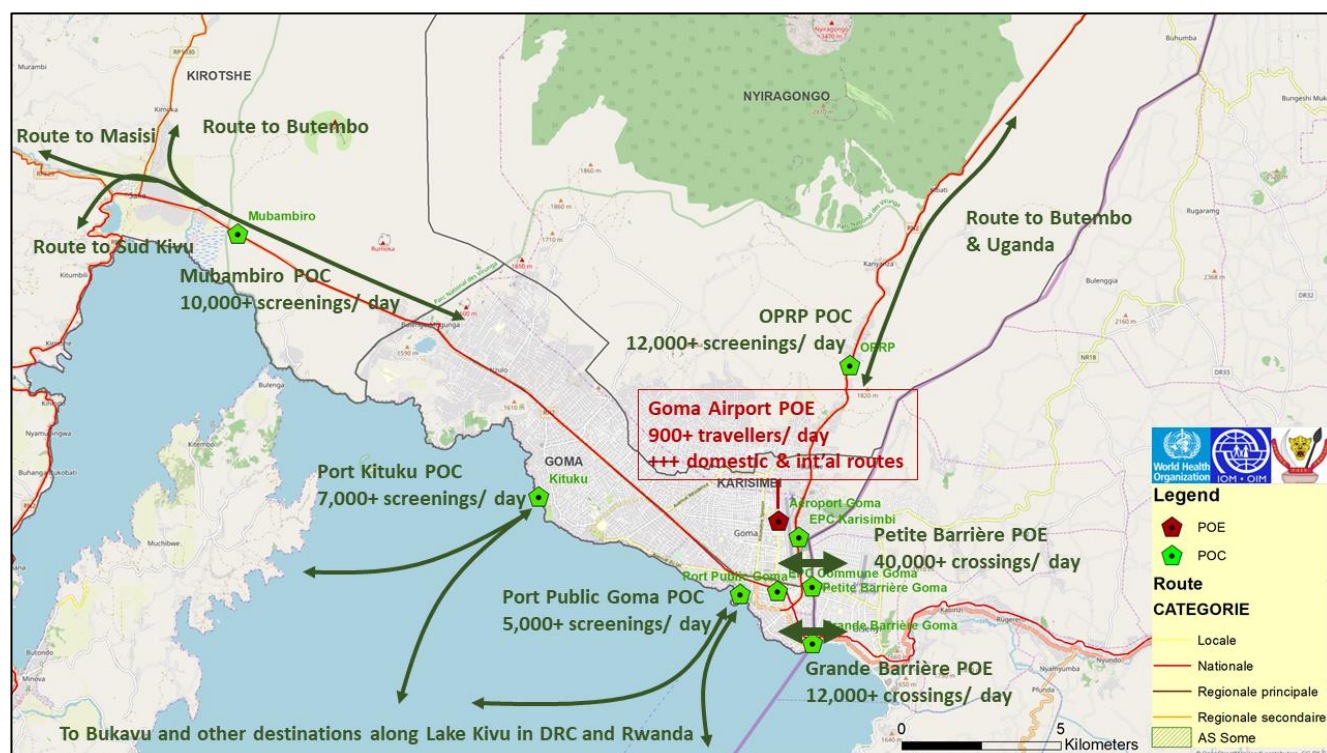
- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers (HCW) on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed and provision of supplies.

- ➔ Since August 2018, 10% (28/273) of nosocomial infections have occurred in Mabalako and 12% (33/273) in Beni. Of the 28 nosocomial infections in Mabalako, 93% have occurred since 1 April 2019. Of the 33 nosocomial infections in Beni, 70% have occurred since 1 April 2019. Additionally, 20% (27/134) of healthcare worker cases occurred in Mabalako and 16% (21/134) in Beni. Of the 27 HCW cases in Mabalako, 48% have been reported since 1 April 2019. Of the 21 HCW cases in Beni, 33% have been reported since 1 April 2019.

Points of Entry (PoE)

- ➔ By the end of week 29 (week ending 21 July 2019), over 77 million screenings were performed, including 2 224 828 screenings during this last week. This week, a total of 117 alerts were notified, of which 48 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 720, with 786 validated as suspect cases, and 22 subsequently confirmed with EVD following laboratory testing. An average of 79 of the 85 functional PoEs and PoCs reported screenings daily this week (93%).
- ➔ Following the recent reporting of EVD cases in Ariwara, Mambasa and Goma, the PoE sub-commission is evaluating and tightening the quality of screening at PoEs and PoCs along the major transportation axes. Joint supervision missions were organized, and staff were re-trained on how to conduct health screening, manage alerts, provide risk communication, implement basic IPC, as well as manage the POE/POC environment.
- ➔ A delegation for the overall coordination of the response (MSP, WHO and IOM) visited the PoEs of the Goma Small Port and Large Barriers in order to monitor the screening process as part of monitoring with the PoE in Rwanda.
- ➔ On 15 July 2019, a 24-year-old man presenting with fever was screened at POC Mavivi, in the northern perimeter of Beni. He came from Idohu, in the Komanda Health Zone of Ituri, and was on his way to Butembo. He was subsequently referred to the ETC and tested for Ebola, and the result came back positive. Investigations revealed that he had a history of exposure to the body of a confirmed EVD case but was not listed as a contact. All people who travelled with him were identified and listed as contacts for monitoring.
- ➔ This week, the National Programme for Border Health (PNHF) and partners continue to strengthen the quality of screening at all PoEs and PoCs around Goma. Sixteen high-risk contacts of the confirmed case in Goma were identified this week at various PoCs, including 13 individuals at PoC OPRP in the northern perimeter of Goma. Among them was the moto taxi driver who transported the case from Kibumba to Goma. Two co-travellers were identified at PoC Kanyabanyonga and one contact who had been lost for 19 days was identified at PoC Kiwandja.

Figure 3: POEs and POCs in the perimeter of Goma and the number of travellers screened per day



- ➔ Twenty medical personnel (10 nurses and 10 doctors) who will be integrated to various PoE/PoCs in Goma were trained on health screening. An evaluation was carried out at the PoEs of Grande Barrière, Petite Barrière and Goma Airport, and immediate remedial actions were taken to improve the quality of health screening, including through the redeployment of experienced clinicians as health screeners.
- ➔ A consultative meeting with all government agencies and service providers working at Goma international airport including immigration department (DGM), Provincial Health Inspectorate, civil aviation, Police and MONUSCO was also organized to strengthen traveller screening at the airport. Locations were identified and secured for the performance of secondary screening and temporary isolation.
- ➔ WHO deployed four teams to the Public Port of Goma to screen travellers traveling to and coming from Bukavu.
- ➔ PNHF and IOM conducted a micro level Participatory Population Mapping Exercise (PME) at Ariwara on 18 July 2019 with the technical support of WHO, to assess the movement patterns, volumes and characteristics of

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