

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 50



World Health  
Organization  
REGIONAL OFFICE FOR Africa

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### External Situation Report 50



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Data as reported by: 14 July 2019

#### 1. Situation update



The outbreak of Ebola virus disease (EVD) in North Kivu and Ituri provinces, Democratic Republic of the Congo (DRC) continued this past week with an overall similar transmission intensity compared to recent weeks.

On 14 July 2019, a confirmed case of EVD was reported in Goma, a city of two million inhabitants close to the Rwandan border. The case was a man who had travelled to the city from Butembo by bus and visited a healthcare centre with fever. He was initially admitted at an Ebola Treatment Centre (ETC) in Goma and died while being transferred to the ETC in Butembo. The case's full travel history is known, and all contacts are being identified and followed-up. Vaccination of high-risk contacts commenced on 15 July 2019. The confirmation of a case in the city of Goma has long been anticipated, and there has been intensive preparation work for the past six months. At the time of this report's publication, approximately 3000 health workers had been vaccinated, and healthcare centres were provided with intensive training and personal protective equipment to improve infection prevention and control (IPC), while surveillance teams continue with enhanced alert investigations and contact tracing efforts.

On 9 July 2019, an EVD case was reported from Mambasa. The case was a known contact whose mother died in Beni in mid-June 2019. He started experiencing symptoms while traveling from Beni to Mandima with a family member on 4 July 2019. The case was admitted to a healthcare centre in Mandima before being transferred to the regional hospital in Mambasa where he subsequently died. In response to this case, vaccinations have been completed for at least 140 individuals at this time, including 60 contacts, and 15 frontline workers.

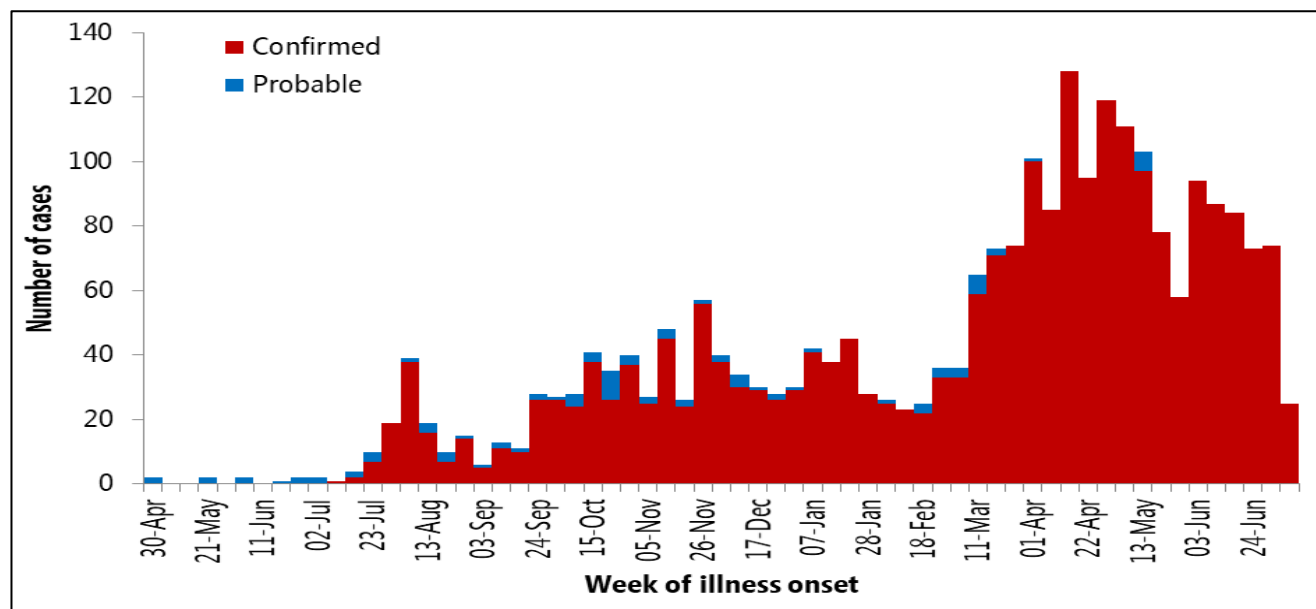
Overall, EVD case incidence rates remained largely unchanged in the past week (Figure 1). In the 21 days between 24 June to 14 July 2019, 73 health areas within 22 health zones reported new cases, representing 11% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 254 confirmed cases were reported, the majority of which were from the health zones of Beni (48%,  $n=121$ ) and Mabalako (16%,  $n=41$ ), which are the main active areas in the outbreak.

As of 14 July 2019, a total of 2501 EVD cases, including 2407 confirmed and 94 probable cases, were reported. A total of 1668 deaths were reported (overall case fatality ratio 67%), including 1574 deaths among confirmed cases. Of the 2501 confirmed and probable cases with known age and sex, 57% (1419) were female, and 29% (718) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 135 (5% of total cases).

The spread of EVD into new geographical areas further contributes to the general increase in security incidents. Two DRC nationals involved in the outbreak response, a community leader and local volunteer, were killed in separate locations in Beni, reportedly by local armed militia. The underlying motive and possible relationship between these two killings in separate locations remain unknown at this time. Security forces are currently conducting an investigation into these two fatalities.

The Director-General will convene the Emergency Committee under the International Health Regulations (IHR) to review the situation on the Ebola outbreak in the Democratic Republic of the Congo. This is the fourth time the Director-General convenes the Committee for this event since the start of the outbreak in August 2018 (previous meetings were held in October 2018, April 2019, and June 2019). The committee will discuss whether the event constitutes a public health emergency of international concern (PHEIC), and if yes, propose Temporary Recommendations under the IHR.

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 14 July 2019**

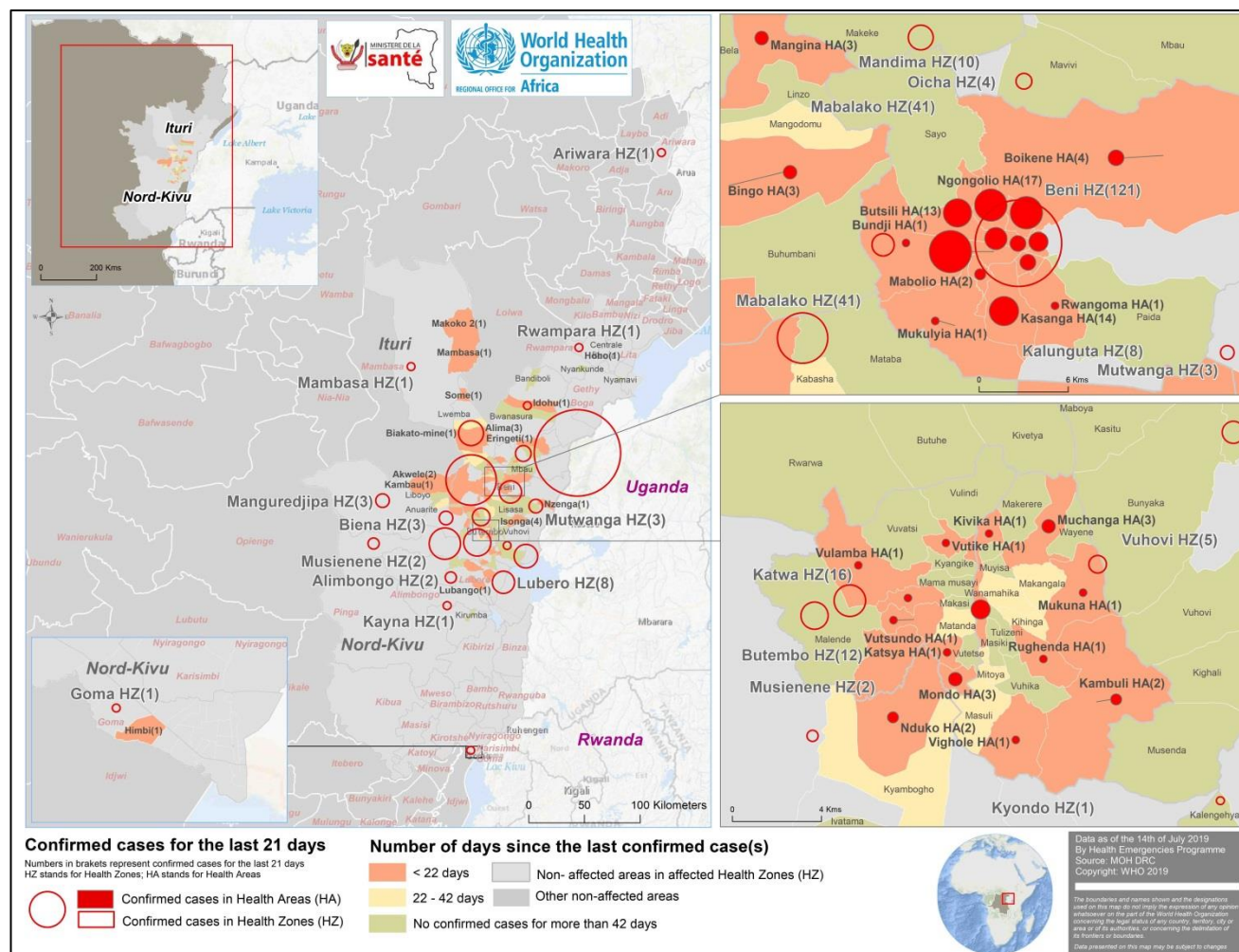


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 14 July 2019**

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	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	Confirmed cases in the last 21 days
North Kivu	Alimbongo	2/20	4	0	4	2	2	2
	Beni	15/18	470	9	479	287	296	121
	Biena	3/14	15	1	16	12	13	3
	Butembo	7/15	255	0	255	290	290	12
	Goma	1/10	1	0	1	0	0	1
	Kalunguta	4/18	128	15	143	54	69	8
	Katwa	7/18	619	16	635	425	441	16
	Kayna	1/18	9	0	9	5	5	1
	Kyondo	1/22	22	2	24	13	15	1
	Lubero	4/18	28	2	30	4	6	8
	Mabalako	6/12	346	16	362	240	256	41
	Manguredjipa	2/9	19	0	19	11	11	3
	Masereka	3/16	47	6	53	15	21	9
	Musienene	1/20	71	1	72	29	30	2
	Mutwanga	2/19	11	0	11	6	6	3
	Oicha	4/25	45	0	45	24	24	4
	Vuhovi	2/12	90	13	103	33	46	5
Ituri	Ariwara	1/21	1	0	1	1	1	1
	Bunia	0/20	4	0	4	4	4	0
	Mambasa	1/16	31	9	40	13	22	1
	Komanda	1/15	1	0	1	1	1	1
	Mandima	4/15	179	4	183	99	103	10
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	8	0	8	3	3	1
	Tchomia	0/12	2	0	2	2	2	0
<b>Total</b>		<b>73/406 (18%)</b>	<b>2407</b>	<b>94</b>	<b>2501</b>	<b>1574</b>	<b>1668</b>	<b>254</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, 14 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 18 805 are currently under surveillance as of 14 July 2019. Follow-up rates remained very high (85-89% overall) in health zones with continued operations.
- ➔ An average of 1722 alerts were received per day over the past seven days, of which 1605 (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

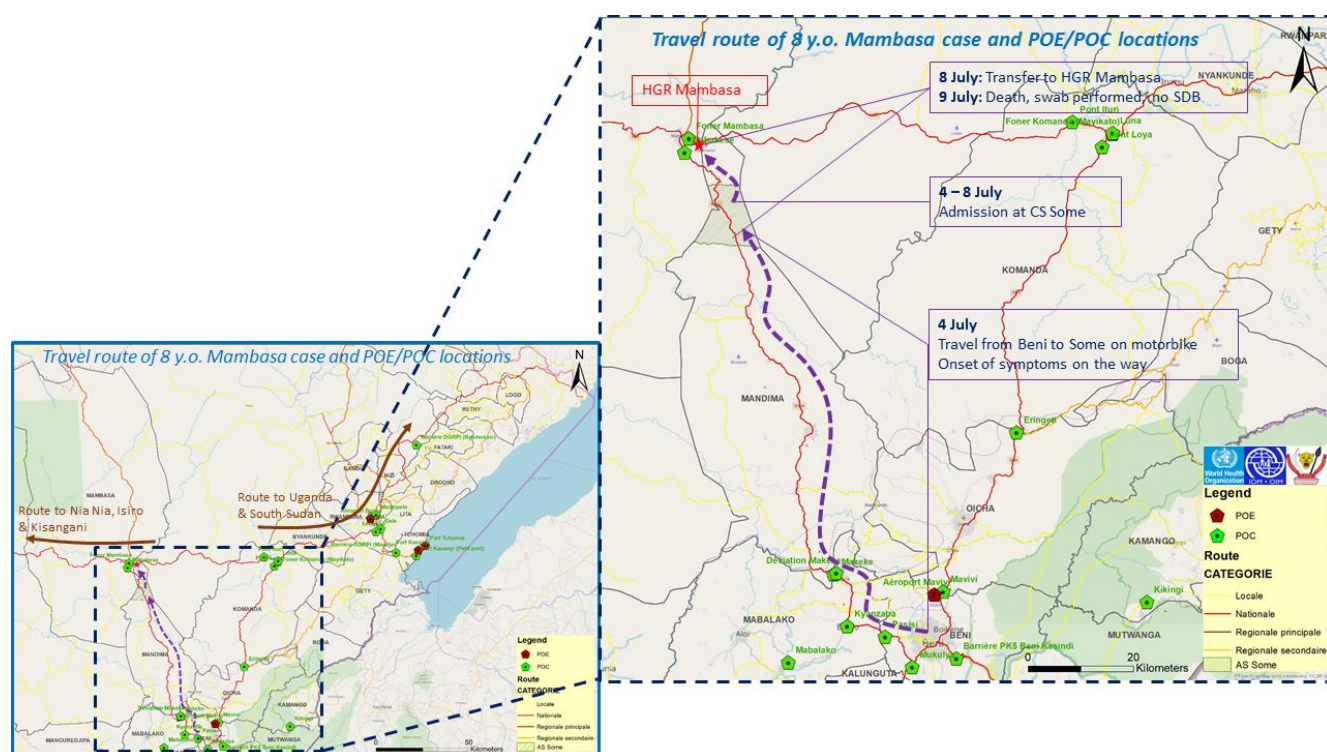
- ➔ There are currently 14 operational treatment and transit centres (TC).
- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT is now enrolling and treating patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- ➔ 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, and that is where the current case is being treated.

- ➔ 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, 11% (28/259) of nosocomial infections have occurred in Mabalako and 9% (26/259) in Beni. Of the 28 nosocomial infections in Mabalako, 93% have occurred since 1 April 2019. Of the 26 nosocomial infections in Beni, 62% have occurred since 1 April 2019. Additionally, 20% (27/132) of healthcare worker cases occurred in Mabalako and 16% (21/132) 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.
- ➔ Infection, prevention and control activities have started in Ariwara Health Zone, including evaluation of the IPC capabilities of three health facilities, briefing of health workers on specimen collection and preservation, preparation of an isolation room and the start of formation of 59 core IPC focal points on the Aloya, Mabalako and Ngazi axes.

## Points of Entry (PoE)

- ➔ By the end of week 28 (week ending 14 July 2019), over 75 million screenings were performed, including 2 172 738 screenings during this last week. This week, a total of 78 alerts were notified, of which 30 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 603, with 669 validated as suspect cases, and 21 subsequently confirmed with EVD following laboratory testing. An average of 79 of the 85 functional PoEs and PoCs reported screenings daily this week (93%).
- ➔ Four high-risk contact were intercepted at various PoE/PoCs this week. On 10 July, at Kiwanja PoC, two boys aged 4 years and 6 years from Kayna were intercepted travelling to Goma accompanied by their father. They had been lost to follow up for 19 days. On the same day, a 23-year-old woman was intercepted at the same PoC; she was a known high-risk contact, linked to the confirmed case in Komanda on 1 July 2019 and never seen. On 14 July, another 23-year-old woman high risk contact, lost to follow up for 12 days, was intercepted at Kanyabayonga PoC travelling from Beni to Goma. All the intercepted contacts were unvaccinated. Upon interception, they were rerouted back to their origin, together with the persons accompanying them.
- ➔ 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.

**Figure 3: Estimated travel route of case detected in Mambasa Health Zone, Ituri Province, on 9 July 2019 and PoEs/PoCs around the route**



- ➔ This week, the Sub-Commission also placed additional teams at Goma International Airport to perform health screening for travellers arriving at night from affected zones.
- ➔ IOM continues to strengthen the capacity of PoE/PoC frontline workers to improve the quality of surveillance at PoE/PoCs; this week the focus was Butembo and Goma. A total of 105 frontline workers (60 men, 45 women) were trained.

### South Sudan

- ➔ IOM screened 24,370 inbound travellers to South Sudan for EVD exposure and symptoms with no alert cases at 15 PoE sites; 31 travellers with fever underwent secondary screening and were subsequently referred and treated for malaria, pneumonia or respiratory tract infection. The screening includes a newly established PoE in Isebi, Morobo County. Training on EVD screening and all the SOPs on EVD surveillance for the 10 recruited screeners/volunteers in the newly operational Isebi PoE was completed. The active IOM-supported PoE sites are Lasu, Yei Airport, Yei SSRRC, Tokori, Kaya, Bazi, Salia Musala, Okaba, Kor Kaya (along Busia, Uganda border) and Isebi in Morobo County, Pure, Kerwa, Khorijo, Bori in Kajokeji and Birjio in Lainya County.

The latest sitrep for IOM South Sudan (1-7 July 2019) can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-27-01-07-july-2019>.

## Uganda

- ➔ IOM supported the Ministry of Health of Uganda in the organization of a three-day cross border meeting between DRC and Uganda for the joint review of current strategies and planning and as a means to strengthen coordination of EVD interventions across the border. The meeting was held in Kasese, with 7 participants from DRC and 36 from Uganda. The participants included Ministry of Health staff, WHO, UNICEF, Red Cross, Security, Immigration, customs, National NGOs, district task force and other partners from both countries.
- ➔ Following a Training-of-Trainers (ToT) for 14 officers from the Immigration, Office of the Prime Minister, Ministry of Health, Customs, Agriculture, and Police, IOM conducted a cascade training on Health, Border and Mobility Management for 19 persons in the district of Kasese. The objective of the integrated training was to strengthen the Government of Uganda's capacities, especially the border management agencies' capacity to address challenges at the onset of humanitarian and health crises. This training's major focus aims to bridge public health, mobility tracking and border management to improve prevention, detection and response to the spread of disease along the mobility continuum.

## Safe and Dignified Burials (SDB)

- ➔ As of 15 July 2019, there have been a total of 8566 SDB alerts notified through the Red Cross SDB database, of which 6875 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During epi week 28, there were 468 SDB alerts recorded in 22 health zones. Of these, 378 (81%) were responded to successfully. During this period, Beni Health Zone accounted for 13% of alerts (of which 87% were successful), followed by 12% in Bunia (67% success) 11% in Katwa (94% success), and 7% in Butembo (94% success).
- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Beni, Biena, Butembo, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lubero, Mabalako, Mandima, Masereka, Oicha, Vuhovi	Bunia, Goma, Kiotshe, Manguredjipa, Musinene, Mutwanga, Nyiragongo, Rwanpara

## Implementation of ring vaccination protocol

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\\_25137](https://www.yunbaogao.cn/report/index/report?reportId=5_25137)

