

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 46



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Date of issue: 18 June 2019

Data as reported by: 16 June 2019

### 1. Situation update

Cases	Deaths
2168	1449

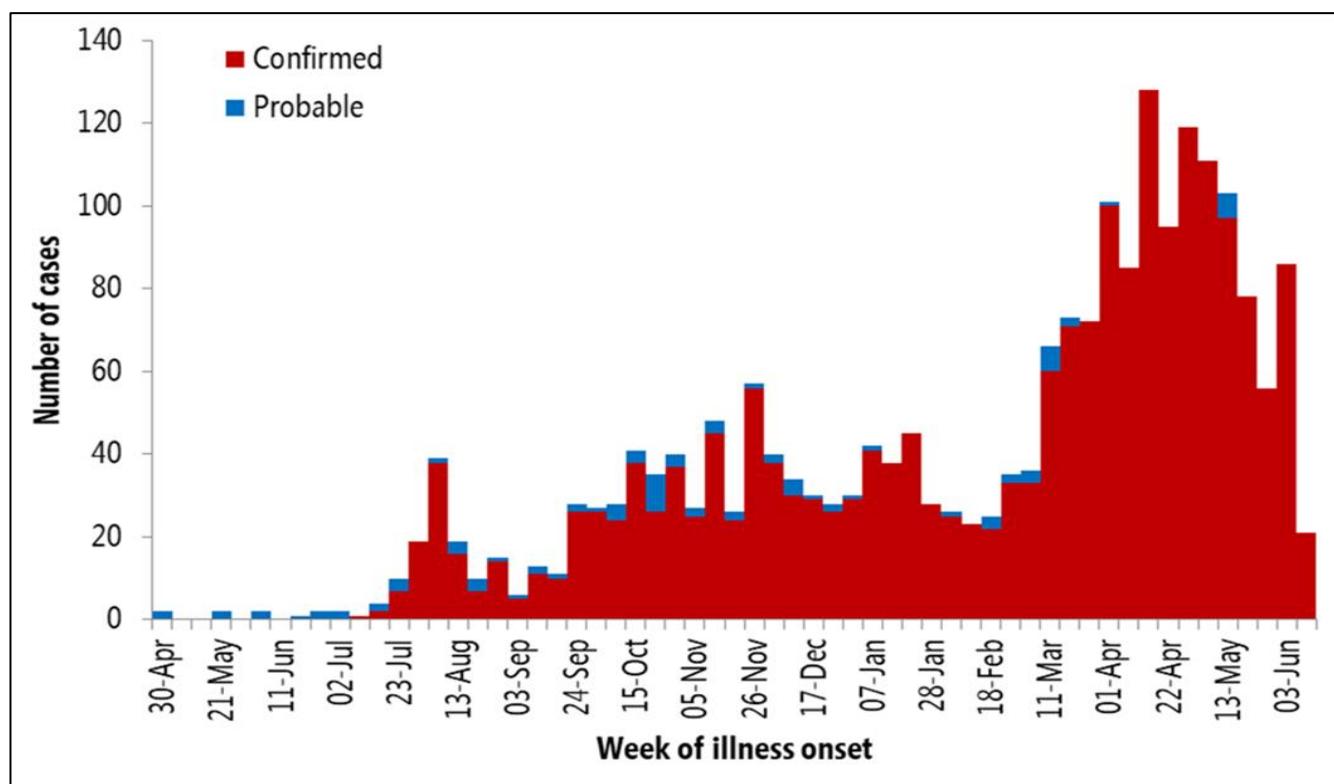
The number of new Ebola virus disease (EVD) cases has continued to decrease in recent weeks in Katwa and Butembo, with a total of eight cases reported in these two health zones combined in the past week. On the other hand, case incidence in Mabalako, especially in Aloya Health Area, has grown substantially. In this area, in addition to transmission within community and social settings, an increased number of healthcare worker (HCW) and potential nosocomial infections have been reported, highlighting the ongoing need for further improvement in protecting HCWs and patients in health facilities in these emerging areas. Reintroduction events were also detected in Lubero, Komanda and Rwampara health zones in recent weeks, pointing to the ongoing risk of spread associated with the outbreak in the Democratic Republic of the Congo. These events are also a strain on limited resources available to support operations, including the security required to maintain access across multiple geographical areas.

Overall, case incidence has slightly increased in the past week (Figure 1). In the 21 days between 27 May to 16 June 2019, 64 health areas within 17 health zones reported new cases, representing 10% of the 664 health areas within North Kivu and Ituri provinces (Table 1 and Figure 2). During this period, a total of 248 confirmed cases were reported, the majority of which were from the health zones of Mabalako (38%,  $n=93$ ), Katwa (12%,  $n=30$ ), Mandima (11%,  $n=27$ ), Butembo (10%,  $n=26$ ) and Beni (10%,  $n=24$ ). As of 16 June 2019, a total of 2168 EVD cases, including 2074 confirmed and 94 probable cases, were reported. A total of 1449 deaths were reported (overall case fatality ratio 67%), including 1355 deaths among confirmed cases. Of the 2168 confirmed and probable cases with known age and sex, 57% (1226) were female, and 29% (632) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected increasing to 121 (6% of total cases).

On 14 June 2019, a meeting of the Emergency Committee was convened by the WHO Director-General under the International Health Regulations (IHR). The Committee expressed its deep concern about the ongoing outbreak, which, despite some positive epidemiological trends, especially in the epicentres of Butembo and Katwa, shows that the extension and/or reinfection of disease in other areas like Mabalako, presents, once again, challenges around community acceptance and security. In addition, the response continues to be hampered by a lack of adequate funding and strained human resources. It was noted that the cluster of cases in Uganda is not unexpected, and the rapid response and initial containment is a testament to the importance of preparedness in neighbouring countries. It was the view of the Committee that the outbreak is a health emergency in the Democratic Republic of the Congo and the region but does not meet all the criteria for a Public Health Emergency of International Concern (PHEIC). The Committee provided public health advice, which it strongly urged countries and responding partners to heed. For the full statement and further details, please [click here](#).



**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 16 June 2019**

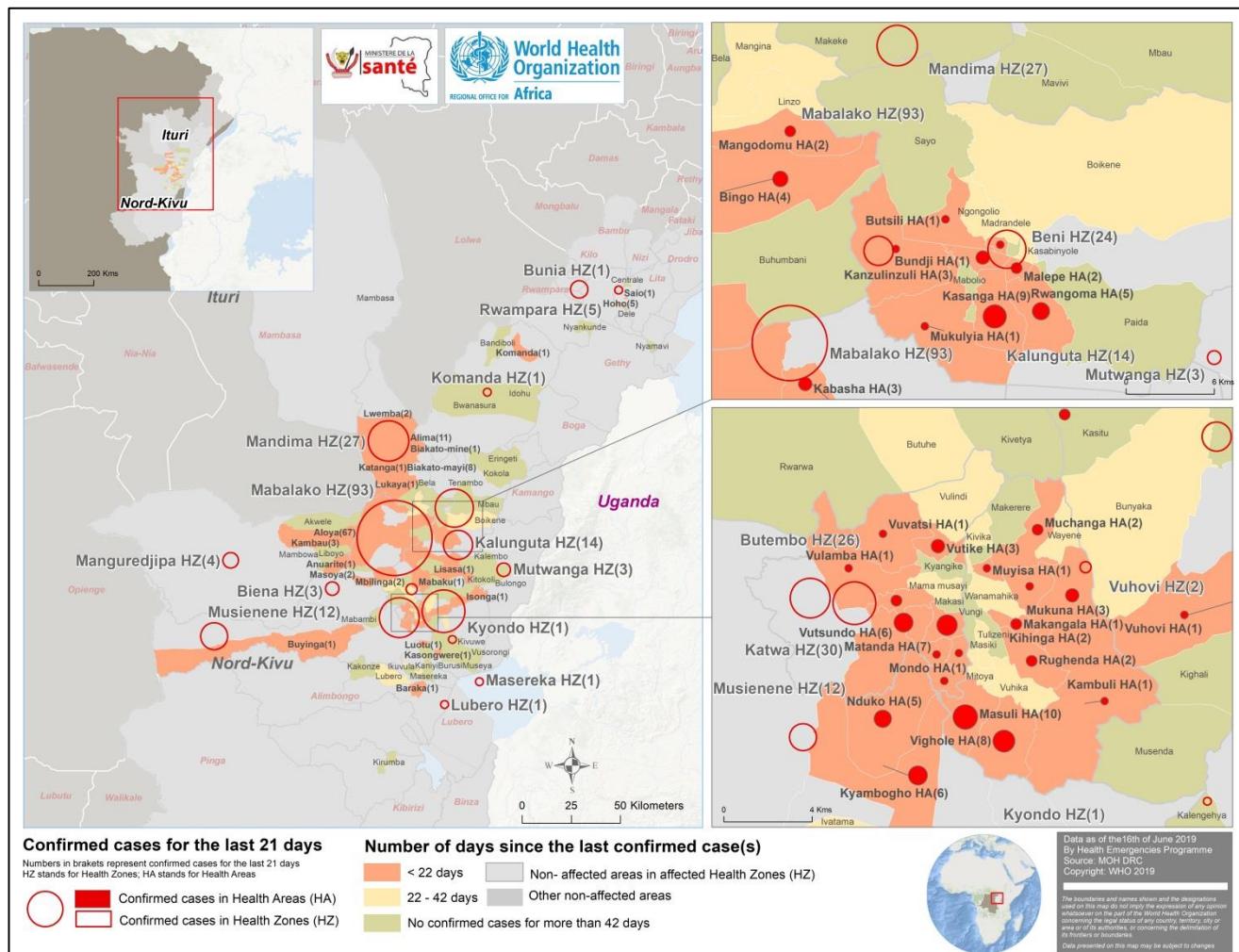


**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 16 June 2019**

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	1	0	1	0	0	0
	Beni	8/18	329	9	338	194	203	24
	Biena	2/14	11	1	12	10	11	3
	Butembo	11/15	241	0	241	261	261	26
	Kalunguta	8/18	115	15	130	51	66	14
	Katwa	9/18	600	16	616	402	418	30
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	1/22	20	2	22	13	15	1
	Lubero	1/18	12	2	14	3	5	1
	Mabalako	7/12	285	16	301	197	213	93
	Manguredjipa	1/9	15	0	15	7	7	4
	Masereka	1/16	38	6	44	15	21	1
	Musienene	4/20	67	1	68	29	30	12
	Mutwanga	0/19	8	0	8	6	6	3
	Oicha	0/25	41	0	41	20	20	0
Ituri	Vuhovi	2/12	85	13	98	31	44	2
	Bunia	1/20	2	0	2	2	2	1
	Komanda	1/15	29	9	38	12	21	1
	Mandima	6/15	158	4	162	92	96	27
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	1/11	6	0	6	2	2	5
Total		64/359 (17.8%)	2074	94	2168	1355	1449	248

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, 16 June 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

- Approximately 127 900 contacts have been registered to date and 16 054 are currently under surveillance as of 16 June 2019. Follow-up rates remained very high (89% overall) in health zones with continued operations.
- An average of 1515 alerts were received per day over the past seven days, of which 1393 (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 and Butembo. The ETCs in Mangina, Komanda and Katwa continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in CTEs are also receive optimized supportive care.
- The Mangina ETC/TC has expanded its bed capacity to 65 in order to manage the increased number of suspect and confirmed cases.

### 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 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.

- An IPC team who were decontaminating after a confirmed case in Hoho, Rwampara Health Zone were attacked by motor cyclists, but were protected by police; no-one was injured, and their work continued.

## Points of Entry (PoE)

- By the end of week 24 (week ending 15 June 2019), 1 877 827 screenings were performed, giving a total over 66 million cumulative screenings. This week, a total of 62 alerts were notified, of which 19 were validated as suspect cases following investigation; none were returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1 214, with 467 validated as suspect cases, and 11 subsequently confirmed with EVD following laboratory testing. An average of 92% PoEs and PoCs reported screenings daily this week.
- A PoE checkpoint at Mudzipela, Ituri, was burnt by arsonists on the nights of 15-16 June 2019.
- The African Nations Cup will be held in Egypt from 22 to 30 June 2019. For this purpose, the Surveillance Commission is working closely with the Congolese National Football Federation to identify contacts among supporters of the Congolese team intending to travel to Egypt.
- With regards to the Hajj pilgrimage, discussions thus far suggest that pilgrims from North Kivu will be allowed to attend the pilgrimage. One travel agency has been identified to organize the pilgrims' travel, which to date has not received any sign of potential denial of entry by the Saudi government.
- This week, IOM trained 50 frontline workers (male 33; female 17) drawn from various PoC/PoEs in Bunia; the focus of the training was on EVD surveillance and PoE Standard Operating Procedures (SOPs) using the newly developed training modules for frontline workers. IOM also organized training of 25 communicators/peer educators together with the Communication Commission and PNHF to strengthen risk communication and community engagement activities at PoE/PoCs. After the training, the communicators organized an awareness raising event jointly with IOM during which a total of 100 persons including travel agency managers, bus drivers' associations and motorcyclists were reached/sensitized about the risks associated with EVD and mobility.
- A total of 139 frontline workers (male 88; female 51) from Bunia were paid. Payments for the frontline workers in other areas are planned to take place in the following weeks. Furthermore, IOM continued to equip the PoE/PoCs with essential equipment and materials to strengthen surveillance capacity. The focus for the week was the Kasindi area, near the border of DRC and Uganda, as well as Rutshuru, which is an insecurity-prone territory.

### Burundi

- On 28-31 May 2019, IOM conducted a joint assessment with the Ministry of Health and the Fight Against AIDs and the Department of Immigration, covering nine PoEs in four border provinces where Burundi shares a border with the Democratic Republic of Congo. The aim of the assessment was to evaluate the capacity needs (basic equipment and material as well as training needs) at the PoEs with the aim of supporting EVD preparedness efforts in the country.

### South Sudan

- IOM screened 21 367 inbound travellers from Democratic Republic of the Congo to South Sudan, of whom 69 presented with fever and went through secondary screening; zero alerts were raised at 14 PoE sites, namely: Yei airstrip, Yei SSRR, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia Uganda Border) in Morobo County, Pure, Kerwa, Khorijo, Birigo in Lainya County and Bori.
- Access to Lujulu remains a challenge due to insecurity, while remote monitoring was conducted for Lasu and Tokori due to access issues (reports for the week have not yet been received from Tokori).

## Uganda

- IOM held stakeholders' meetings in the Districts of Kisoro and Kanungu to review progress in preparedness, identify gaps and areas of synergy as well as areas requiring strategizing. Participants (37 in Kisoro and 36 in Kanungu) included the District Health Team, district leadership, implementing partners including Save the Children, Uganda Red Cross Society, WHO, UNICEF, MTI, health workers, village health teams, security personnel, local leaders from POE communities and screeners.
- IOM has continued to conduct flow monitoring at six flow monitoring points at the border between Uganda and South Sudan and eight flow monitoring points at the border between Uganda and DRC.

## Safe and Dignified Burials (SDB)

- As of 16 June 2019, there have been a total of 7110 SDB alerts, of which 5722 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During week 24, there were 334 SDB alerts received through the IFRC SDB alerts database. Of these, 260 (78%) were responded to successfully. During this period, Beni Health Zone accounted for 17% of alerts (of which 89% were successful), followed by 12% each in Butembo (95% success), Oicha (78% success), Katwa (95% success). Mabalako accounted for 7% of alerts, with 84% of those 25 alerts successfully buried.

## Implementation of ring vaccination protocol

- As of 16 June 2019, 135 887 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 37 373 are contacts and 67 756 contacts-of-contacts. The total number of vaccines includes 31 016 HCWs/FLWs and 34 522 children 1-17 years of age.
- From the 9-15 June 2019 62 new rings were opened around 89 confirmed cases registered during this period, which is 70% of all registered confirmed cases.
- Despite the challenges in the field and considering the cases reported between 30 April 2019 and 20 May 2019, only 31/337 (9.2%) of the cases do not have a ring defined and their contacts and contacts-of-contacts vaccinated. For 113/337 (33.5%) of the cases the ring vaccination was completed and for 193/337 (57.2%) ring vaccination was ongoing at the time of writing this report. This important progress is the result of the use of innovative delivery strategies (i.e. pop-up vaccination and targeted geographic vaccination) and strong community negotiations and engagement.

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\\_25182](https://www.yunbaogao.cn/report/index/report?reportId=5_25182)

