

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 44



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Date of issue: 4 June 2019

Data as reported by: 2 June 2019



1. Situation update

Cases	Deaths
 2008	 1346

As the Ebola virus disease (EVD) outbreak surpasses the 2000 case mark, indicators over the past two weeks provide early signs of an easing of the transmission intensity. This follows a period of improved security and therefore access to communities, allowing response teams to operate more freely. A total of 88 confirmed cases were reported each week for the past two weeks, down from a peak of 126 cases per week observed in April 2019. Declines in the incidence of new cases have been most apparent in hotspots such as Katwa, Mandima and Beni health zones. Concurrently, improvements in the proportion of cases among contacts registered prior to onset (up from 30% three weeks ago to 55% last week), and a lower proportion of cases resulting from transmission within community health facilities (from 31% during the first week of April 2019 to 9% during the last week of May 2019), are encouraging, although both indicators are below where we would aim to be. The outbreak continues to be contained to 13 active health zones in North Kivu and Ituri provinces. However, substantive rates of transmission continue within affected communities, and further waves of the outbreak would be expected. An increase in the incidence of new cases has been reported from Mabalako Health Zone this past week, and high infection rates continue within Butembo metropolitan. Times between detecting, reporting and admission of cases at Ebola treatment/transit centres (ETCs) remain too long (median 6 days, interquartile range 49 days in the past 3 weeks), with about a third (34% in the past 3 weeks) of cases dying outside ETCs. Collectively these indicators highlight that the risks associated with this outbreak remain very high.

In the 21 days between 13 May to 2 June 2019, 82 health areas within 13 health zones reported new cases, representing 46% of the 179 health areas affected to date (Table 1 and Figure 2). During this period, a total of 297 confirmed cases were reported, the majority of which were from the health zones of Mabalako (27%, $n=79$), Butembo (22%, $n=64$), Katwa (15%, $n=46$) and Beni (12%, $n=35$).

As of 2 June 2019, a total of 2008 EVD cases, including 1914 confirmed and 94 probable cases, were reported. A total of 1346 deaths were reported (overall case fatality ratio 67%), including 1252 deaths among confirmed cases. Of the 2008 confirmed and probable cases with known age and sex, 58% (1159) were female, and 29% (585) were children aged less than 18 years. Cases continue to rise among health workers, with the cumulative number infected rising to 110 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 02 June 2019

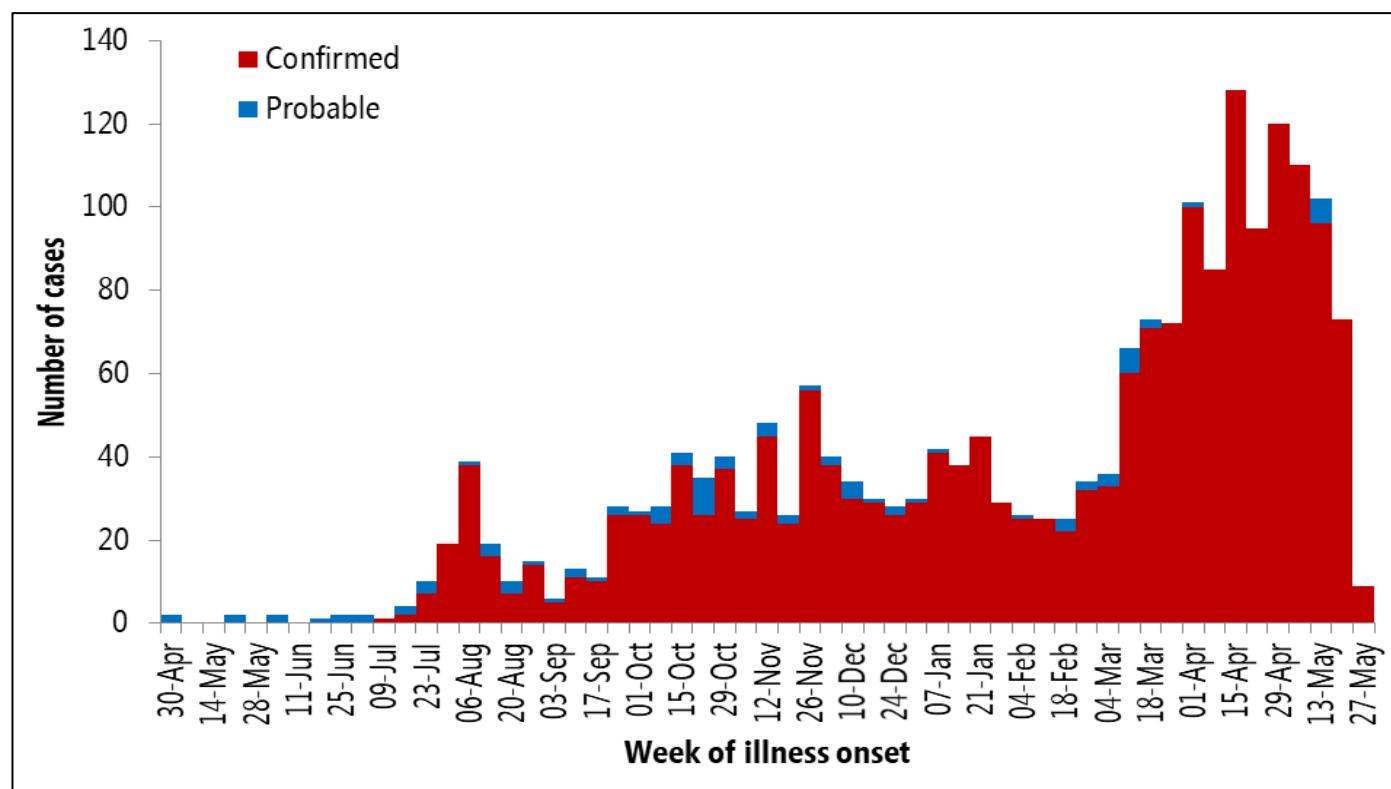
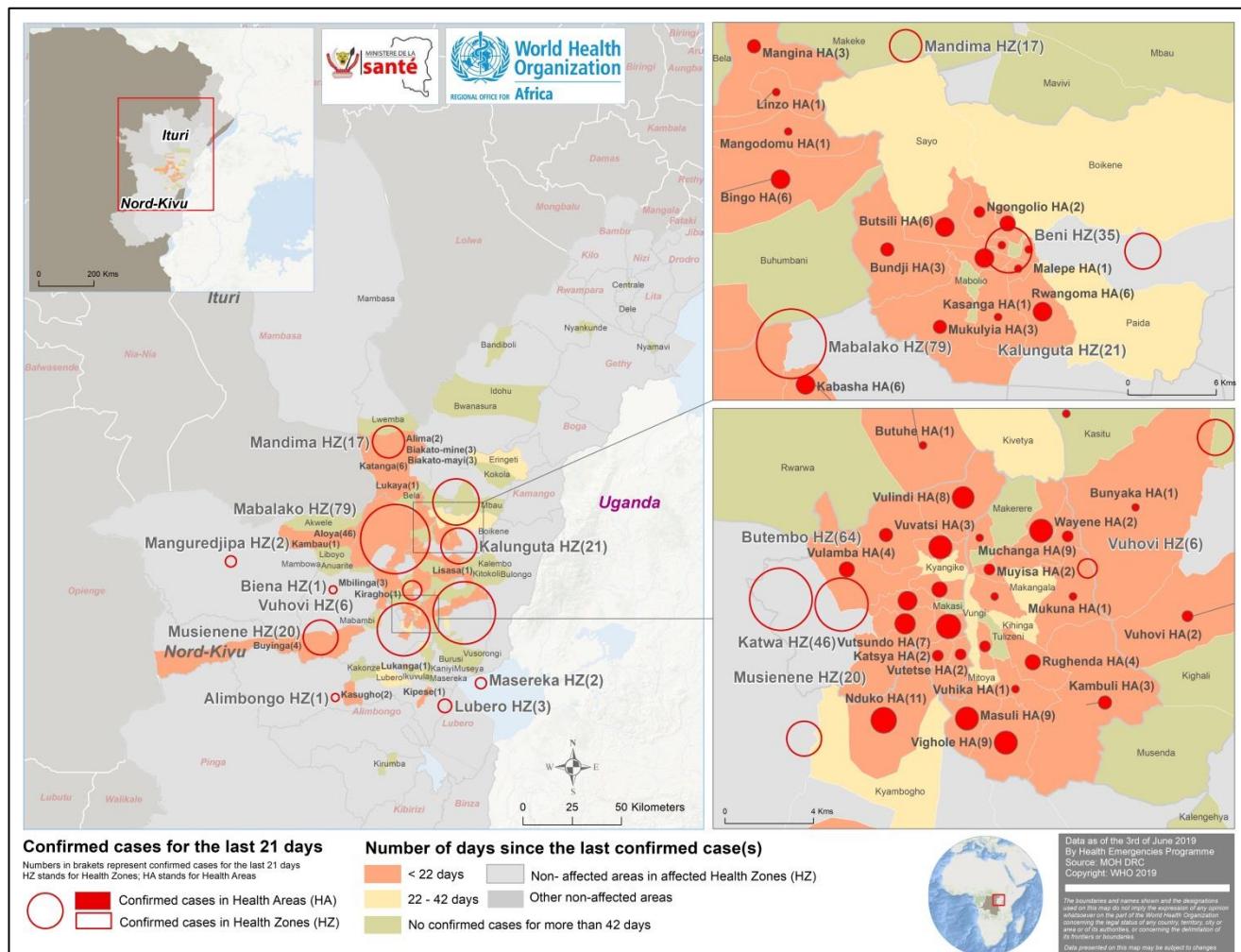


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, , as of 02 June 2019

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	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	Confirmed cases in the last 21 days
North Kivu	Alimbongo	1/20	1	0	1	0	0	0
	Beni	12/18	314	9	323	181	190	181
	Biena	1/14	8	1	9	8	9	8
	Butembo	15/15	231	0	231	248	248	248
	Kalunguta	12/18	106	15	121	48	63	48
	Katwa	12/18	587	16	603	392	408	392
	Kayna	0/18	8	0	8	5	5	5
	Kyondo	0/22	19	2	21	13	15	13
	Lubero	2/18	11	2	13	2	4	2
	Mabalako	12/12	221	16	237	158	174	158
	Manguredjipa	1/9	12	0	12	6	6	6
	Masereka	2/16	38	6	44	15	21	15
	Musienene	4/20	58	1	59	25	26	25
	Mutwanga	0/19	5	0	5	3	3	3
	Oicha	0/25	41	0	41	20	20	20
	Vuhovi	3/12	85	13	98	31	44	31
Ituri	Bunia	0/20	1	0	1	1	1	1
	Komanda	0/15	28	9	37	10	19	10
	Mandima	5/15	136	4	140	82	86	82
	Nyakunde	0/12	1	0	1	1	1	1
	Rwampara	0/11	1	0	1	1	1	1
	Tchomia	0/12	2	0	2	2	2	2
Total		82/359 (22.8%)	1914	94	2008	1252	1346	1252

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, 02 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 117 000 contacts have been registered to date and 15 502 are currently under surveillance as of 2 June 2019. Follow-up rates remained very high (84% overall) in health zones with continued operations.
- ⇒ An average of 1346 alerts were received per day over the past seven days, of which 1256 (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 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 teams in Butembo are implementing activities for an Ebola Response Accelerator Challenge grant awarded by the Paul Allen Family Foundation. The project was launched on 9 May 2019 with an initial length of four months. To date, 52 medical students from the University of Butembo have been trained in IPC. These medical students will become IPC supervisors to be based at specified health facilities on a day-to-day basis.

- ⇒ 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.
- ⇒ Water, sanitation and hygiene (WASH) activities continue where possible, but continue to be disrupted in some areas, with part of the Hodari dispensary, Rwangoma, Beni, set on fire by unknown individuals; two health centres and 12 households were decontaminated in Beni, Katwa, Butembo and Kalunguta health zones.

Points of Entry (PoE)

- ⇒ From 27 May to 2 June 2019, 1 903 262 screenings were performed, giving a total over 62 million cumulative screenings. This week, a total of 90 alerts were notified, of which 34 were validated as suspect cases following investigation, and 2 came back positive with EVD after laboratory testing. This brings the cumulative number of alerts to 1152, with 484 validated as suspect cases, and 11 subsequently confirmed with Ebola following laboratory testing. An average of 92% PoEs and PoCs reported screenings daily this week.
- ⇒ In week 22, two positive cases were notified:
 - At PoC CUGEKI in BUTEMBO, the dead body of a 30-year-old man from the KALUNGUTA/AS DE KABASHA ZS was intercepted on 29 May 2019 in a vehicle going to KYONDO Health Zone for burial. The result was positive. The four people in the car together with the dead body were listed as contacts for follow up.
 - At PoC MAKEKEKE1 in MANGINA, a 12-year-old girl from BENI HZ going to MAKUMO Health Area in Mandima Health Zone presented with fever at 38.9°C, asthenia and diarrhoea. The result of the sample was positive.
- ⇒ From 28 to 31 May 2019, training for PoE/PoC local providers focused on alert investigation techniques and validation with the WHO's technical and financial support. A total of 27 participants from 13 PoE/PoCs from Goma Sub Coordination (OPRP, Goma Airport, Petite Barriere Grande Barriere, Goma Port, kituku Port, Mubambiyo, Bunagana, Ishasha, Kibumba, Kiwanja, Munyaga, Vitshumbi, Kitagoma) were trained. They will be acting as alert investigators in their respective PoE/PoC to reduce the time from the notification of the alert and the arrival of the investigator from the nearest health facilities or the local response head quarter.
- ⇒ IOM conducted participatory mobility mapping (PMM) in Mabalako Health Zone (North Kivu Province), where a total of 61 cases (confirmed and probable) were reported between 6 and 26 May 2019. This PMM is expected to guide the ongoing response activities and especially reinforcement of

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