

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 43



World Health  
Organization

REGIONAL OFFICE FOR

Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 43



Date of issue: 28 May 2019

Data as reported by: 26 May 2019

#### 1. Situation update

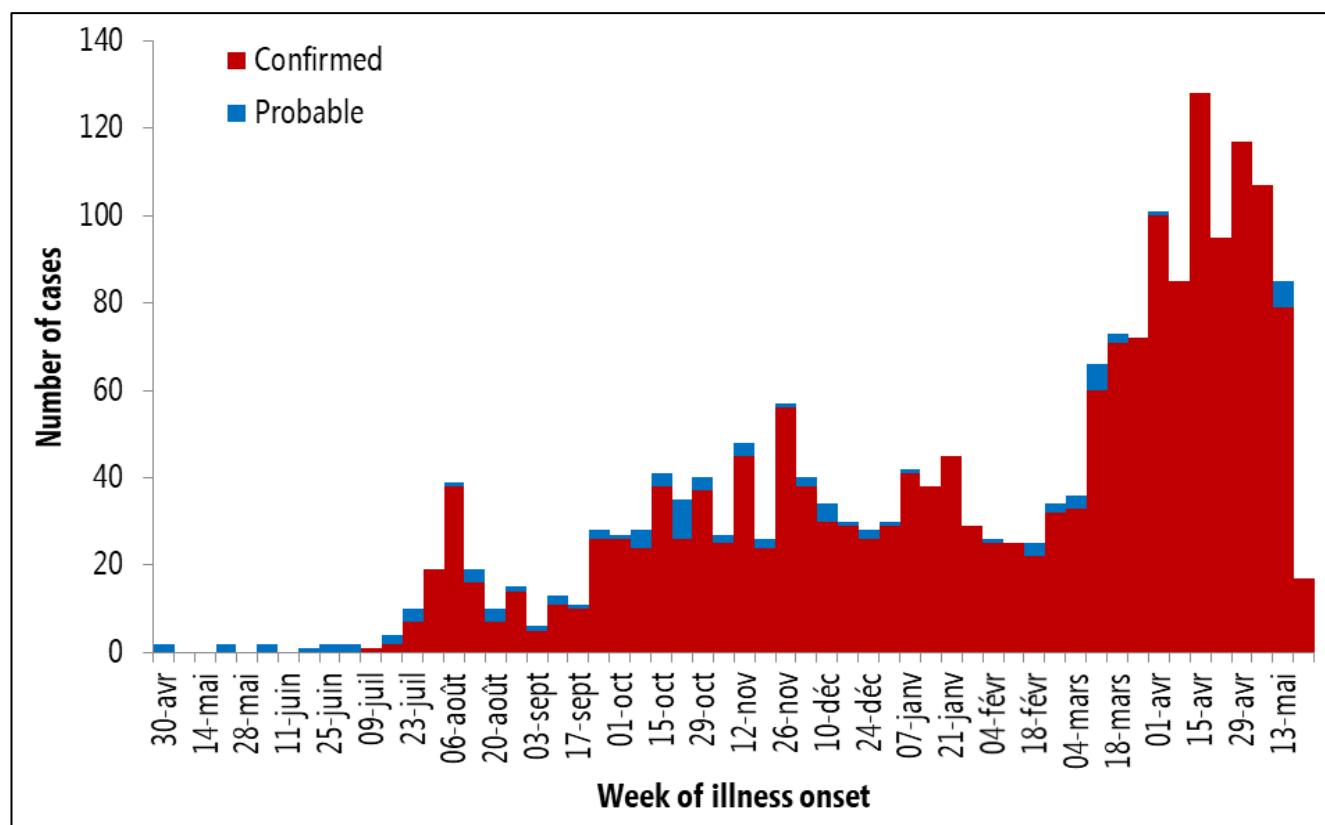


Weekly numbers of confirmed Ebola virus disease (EVD) cases have slightly decreased in past weeks. Over the past seven days, a total of 88 new confirmed cases were reported compared to the previous week where 121 new confirmed cases were reported. Katwa, one of epicentres of the outbreak, reported fewer cases this week, while other health zones such as Mabalako, Kalunguta and Mandima have seen an increase in case reporting. Active transmission was reported in 14 of the 22 health zones that have been affected to date. Other initial encouraging findings such as a lower proportion of reported nosocomial infections, a lower proportion of community deaths and a higher proportion of registered contacts at case detection have also been reported. However, this decrease in the number of reported cases should be interpreted with extreme caution given the complex operating environment and fragility of the security situation. Weekly fluctuations in these indicators have been reported in the past and uncertainties remain with regards to the ability of the surveillance system to identify all new cases in areas faced with ongoing insecurity. Operations are still regularly hampered by security issues, and the risk of national and regional spread remains very high.

Mabalako reported 23% (73/320) of the new confirmed cases in the past 21 days. Nine out of the 12 Mabalako health areas have reported new confirmed cases during this period. In the 21 days between 6 to 26 May 2019, 88 health areas within 14 health zones reported new cases, representing 49% of the 179 health areas affected to date (Table 1 and Figure 2). During this period, a total of 320 confirmed cases were reported, the majority of which were from the health zones of Mabalako (23%,  $n=73$ ), Butembo (19%,  $n=61$ ), Katwa (14%,  $n=45$ ), Kalunguta (12%,  $n=37$ ), Beni (11%,  $n=35$ ), Musienene (7%,  $n=23$ ) and Mandima (7%,  $n=22$ ).

As of 26 May 2019, a total of 1920 EVD cases, including 1826 confirmed and 94 probable cases, were reported. A total of 1281 deaths were reported (overall case fatality ratio 67%), including 1187 deaths among confirmed cases. Of the 1920 confirmed and probable cases with known age and sex, 58% (1113) were female, and 29% (565) were children aged less than 18 years. The number of healthcare workers affected has risen to 105 (6% of total cases).

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 26 May 2019**



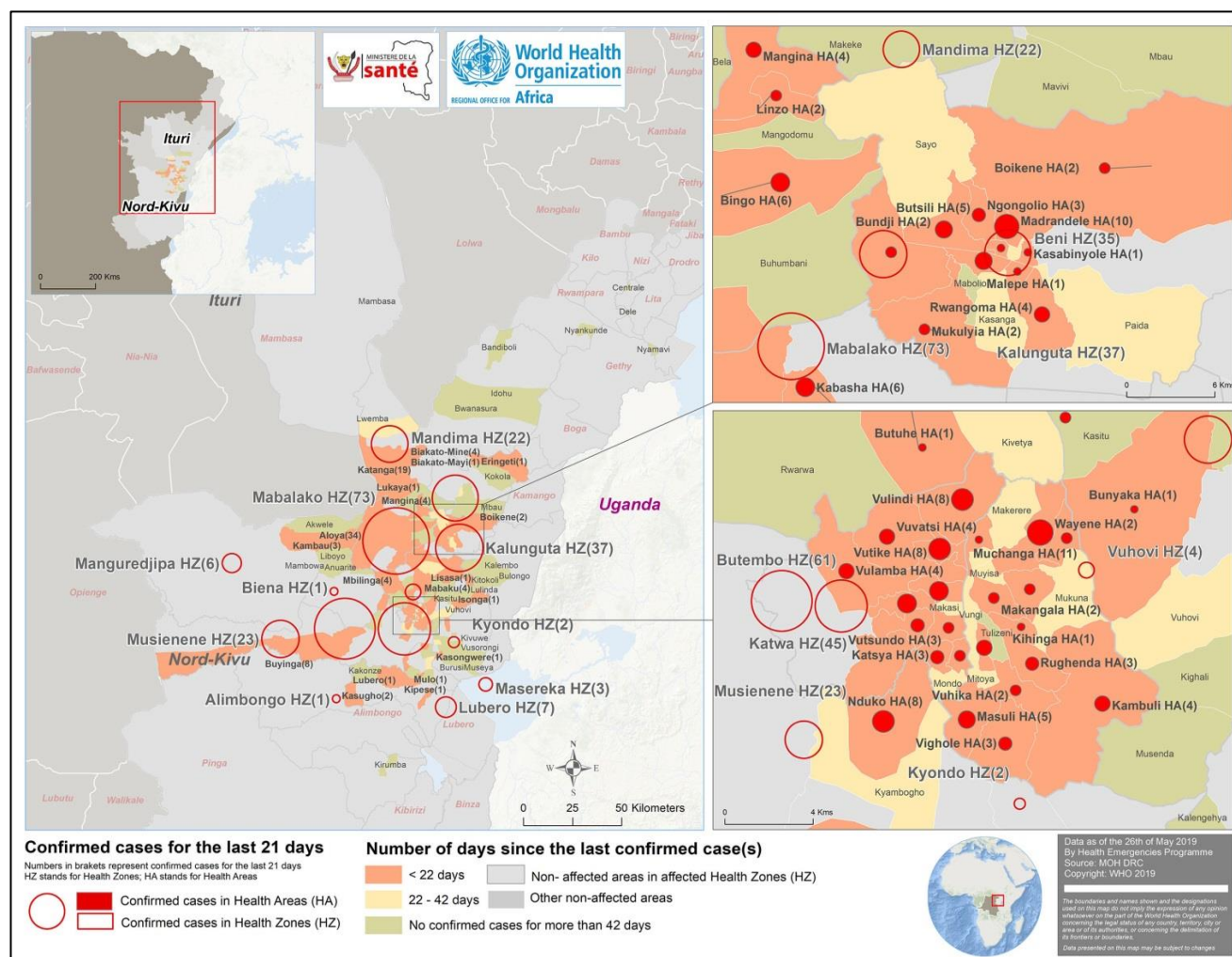
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 26 May 2019**

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	1	0	1	0	0	1
	Beni	11/18	306	9	314	175	184	35
	Biena	1/14	8	1	9	9	10	1
	Butembo	13/15	213	3	215	230	230	61
	Kalunguta	16/18	101	15	116	46	61	37
	Katwa	13/18	571	16	586	384	400	45
	Kayna	0/18	8	0	8	5	5	0
	Kyondo	2/22	19	2	21	13	15	2
	Lubero	5/18	11	2	13	2	4	7
	Mabalako	9/12	191	16	208	135	151	73
	Manguredjipa	1/9	11	0	11	5	5	6
	Masereka	3/16	37	3	43	14	20	3
	Musienene	5/20	55	1	56	24	25	23
	Mutwanga	0/19	5	0	5	3	3	0
	Oicha	0/25	41	0	41	20	20	0
	Vuhovi	3/12	83	13	96	29	42	4
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	0/15	28	9	37	10	19	0
	Mandima	5/15	132	4	135	78	82	22
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	1	0	1	1	1	0
	Tchomia	0/12	2	0	2	2	2	0
<b>Total</b>		<b>88/359 (24.5%)</b>	<b>1826</b>	<b>94</b>	<b>1920</b>	<b>1187</b>	<b>1281</b>	<b>320</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, 26 May 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 110 000 contacts have been registered to date and 20 121 are currently under surveillance as of 26 May 2019. Follow-up rates remained very high (89% overall) in health zones with continued operations.
- ➔ An average of 1406 alerts were received per day over the past seven days, of which 1311 (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 increase number of suspect and confirmed cases.

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

- ➔ A targeted IPC campaign took place in Butembo from 20-26 May 2019, with the objective of raising awareness among healthcare providers and healthcare workers, including traditional practitioners, to reduce nosocomial infections. Activities included an orientation on injection safety, including maintenance of intravenous lines, donation of personal-sized alcohol-based hand rub and sharps safety boxes, and promotion activities at healthcare facilities.

- ➔ 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.

### Points of Entry (PoE)

- ➔ From 20 to 26 May 2019, 1 957 073 screenings were performed, giving a total over 61 million cumulative screenings. This week, a total of 57 alerts were notified, of which 14 were validated as suspect cases following investigation, and none came back positive with EVD after laboratory testing. This brings the cumulative number of alerts to 1 062, with 414 validated as suspect cases, and nine subsequently confirmed with Ebola following laboratory testing. An average of 73 PoEs and PoCs reported screenings daily this week, representing 92% of all functioning screening sites.
- ➔ This week, the PoE commission, with the support of WHO and IOM, carried out a situation analysis of reasons for health screening and handwashing refusals by travellers. The analysis was based on qualitative information from key informants: PoE/PoC personnel and supervisors. The main reasons for health screening refusals were, among others: the absence of physical structures to guide travellers to the screening points, gaps in crowd control and security support, inadequate risk communication, absence of (psycho) social assistance accompanying screening activities, and travel delays. The main reason for handwashing refusal was the misperception of chlorinated water. Recommendations were subsequently proposed by the PoE Commission, for which their implementation will be closely monitored.
- ➔ A review of training materials was carried out and terms of references developed for the upcoming training of 28 epi investigators at PoEs and PoCs, which will be done jointly by the PoE Commission, the Surveillance Commission and WHO. This training will start on 28 May 2019 in Goma.
- ➔ This week, IOM supported rehabilitation of three PoCs (PoC Mabalako, Makeke and Deviation Makeke) in Beni to improve the working conditions and flow management at PoE/PoCs. IOM also supported the rehabilitation of handwashing stations at Chayi and Dele PoCs in Ituri Province.

### South Sudan

- ➔ IOM screened 20 971 inbound travellers to South Sudan with no alert cases at 14 PoE sites, namely: Yei airstrip, Yei SSRRC, 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 is challenged by security; inaccessibility due to insecurity and poor network connections in Tokori remain a challenge for supervision.

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\\_25223](https://www.yunbaogao.cn/report/index/report?reportId=5_25223)

