

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 41



World Health
Organization

REGIONAL OFFICE FOR

Africa

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Date of issue: 14 May 2019

Data as reported by: 12 May 2019

1. Situation update



Following several major security incidents in recent weeks, there has been a continued steady increase in number of cases reported during the current Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. The increase is due to responders being unable to access communities while movements were restricted for security reasons. Particularly in Butembo and Katwa, response has been reduced to a “stop and go” pattern, where a day or two of activity is followed by a day or two of suspended or limited activity. Meanwhile, security measures have been strengthened at many healthcare facilities to aid the resumption of critical healthcare services. Community engagement efforts aimed at better integrating a range of response activities into communities, restoring trust between response workers and community members, and encouraging suspected cases to seek medical attention earlier to help improve their chances of survival, remain ongoing. A total of 110 new confirmed cases were reported this week; these numbers are likely to continue to increase due to a backlog, resulting from the interruption to the response activities. Most of these cases originated from hotspot areas within the Katwa, Mandima, Mabalako, Butembo, and Kalunguta health zones.

In the 21 days between 22 April – 12 May 2019, 90 health areas within 17 health zones reported new cases, representing 52% of the 173 health areas affected to date (Table 1 and Figure 2). During this period, a total of 343 confirmed cases were reported, the majority of which were from the health zones of Katwa (30%, $n=102$), Mabalako (13%, $n=45$), Mandima (13%, $n=45$), Butembo (12%, $n=40$), Kalunguta (9%, $n=31$), Musienene (8%, $n=29$), and Beni (7%, $n=25$).

As of 12 May 2019, a total of 1705 EVD cases, including 1617 confirmed and 88 probable cases, were reported. A total of 1124 deaths were reported (overall case fatality ratio 66%), including 1036 deaths among confirmed cases. Of the 1705 confirmed and probable cases with known age and sex, 56% (951) were female, and 29% (502) were children aged less than 18 years. The number of healthcare workers affected has risen to 101 (6% of total cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 12 May 2019

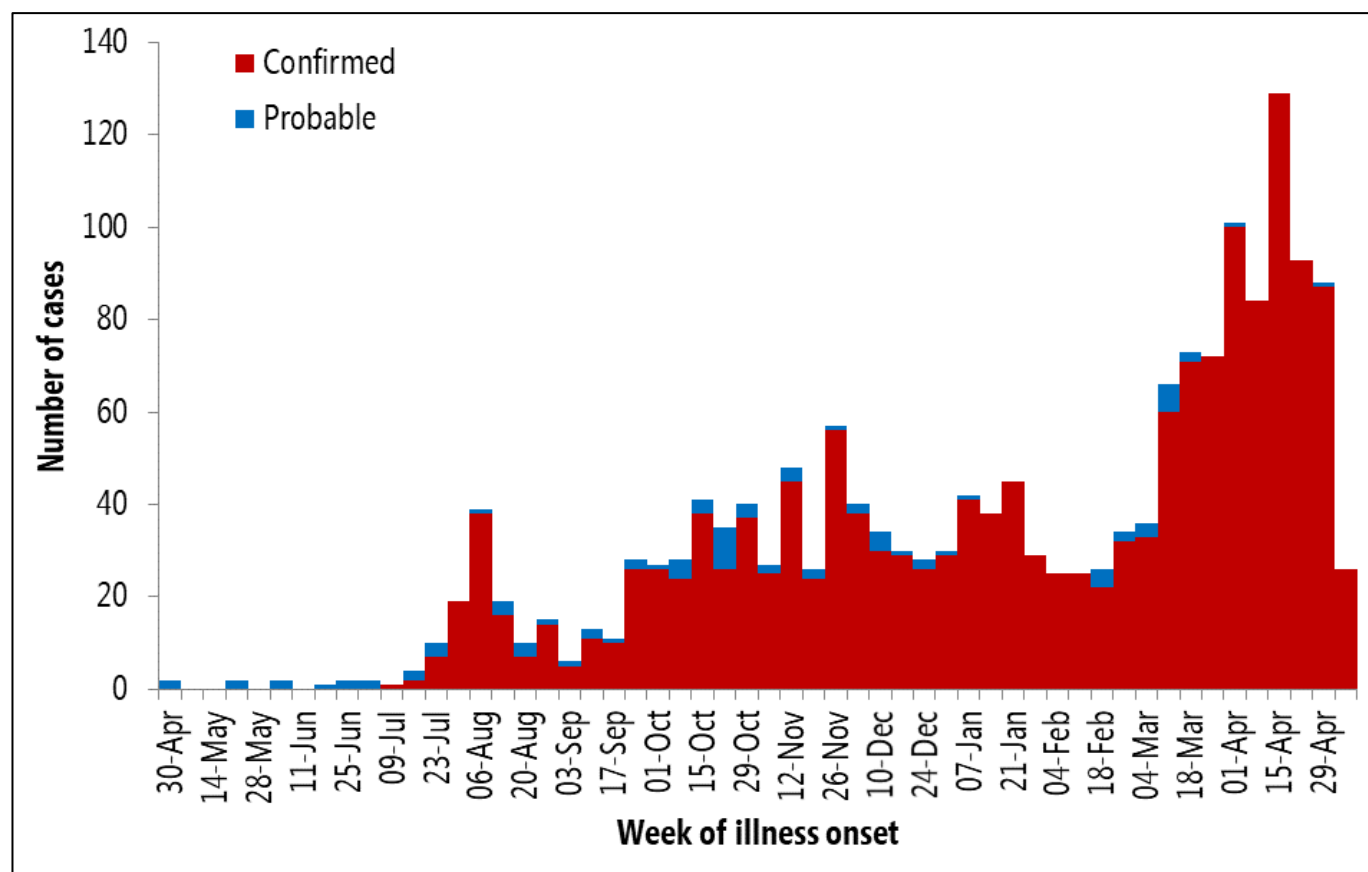
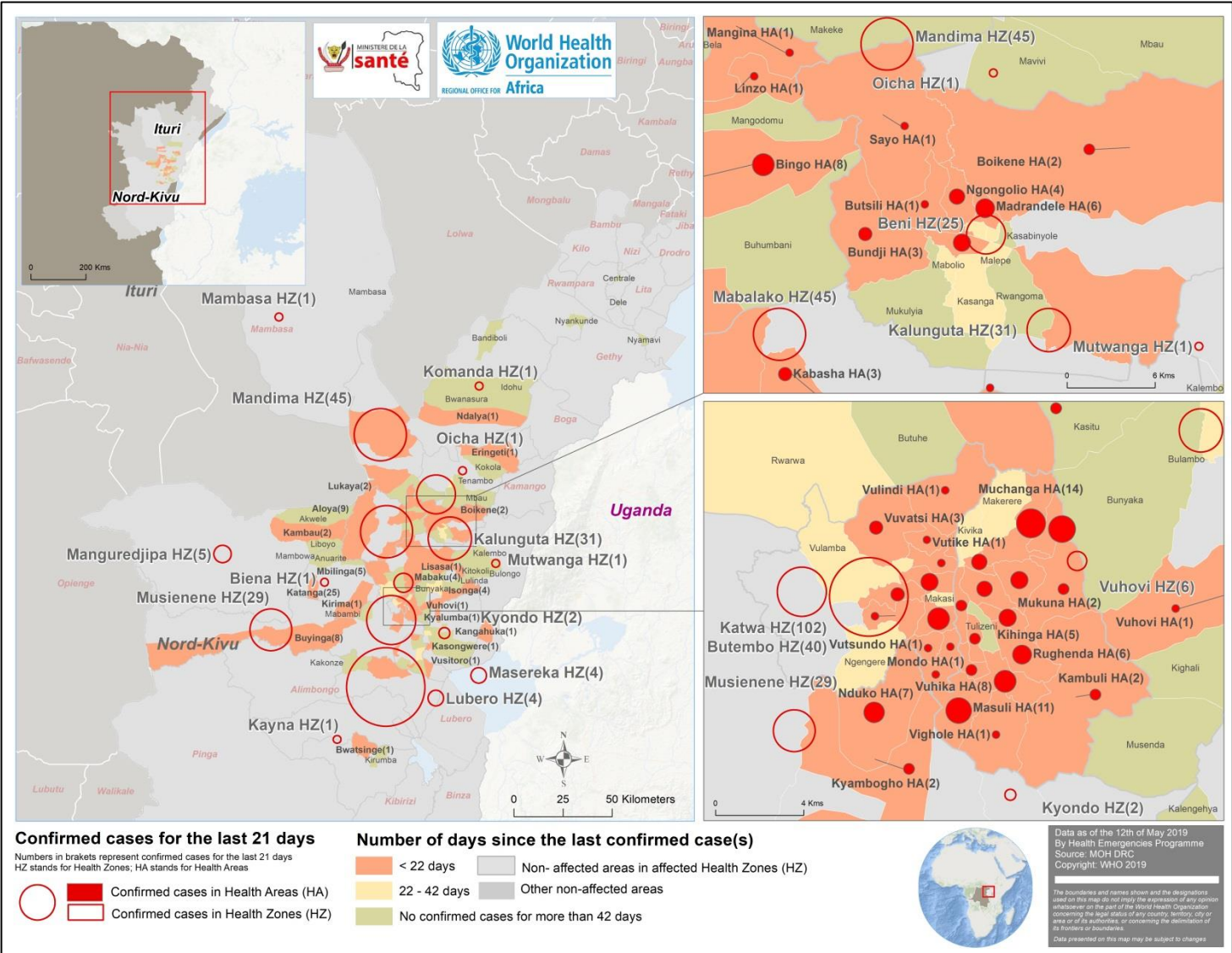


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 12 May 2019

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	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	Confirmed cases in the last 21 days
North Kivu	Beni	9/18	279	9	288	151	160	25
	Biena	1/14	7	1	8	8	9	1
	Butembo	13/15	167	0	167	183	183	40
	Kalunguta	12/18	85	15	100	40	55	31
	Katwa	16/18	541	14	555	362	376	102
	Kayna	1/18	8	0	8	4	4	1
	Kyondo	2/22	19	2	21	13	15	2
	Lubero	3/18	8	2	10	2	4	4
	Mabalako	9/12	142	16	158	97	113	45
	Manguredjipa	1/9	10	0	10	4	4	5
	Masereka	4/16	36	3	39	14	17	4
	Musienene	7/20	38	1	39	19	20	29
	Mutwanga	1/19	5	0	5	3	3	1
	Oicha	1/25	41	0	41	20	20	1
	Vuhovi	2/12	79	13	92	28	41	6
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	1/15	28	9	37	10	19	1
	Mandima	7/15	119	3	122	73	76	45
	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
Total		90/339 (26.6%)	1617	88	1705	1036	1124	343

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, 12 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 93 400 contacts have been registered to date and 14 459 are currently under surveillance as of 12 May 2019. Follow-up rates remained very high (84% overall) in health zones with continued operations.
- ➔ An average of 1069 alerts were received per day over the past seven days, of which 1012 (95%) 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 12 operational treatment and transit centres.
- ➔ 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 ETC sites in Katwa, Beni and Butembo. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- ➔ The Mangina ETC and the Beni transit centre are at more than 100% of capacity.

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

- ➔ IPC and WASH activities have been suspended on several occasions in Butembo and Katwa following ongoing security incidents, limiting access to healthcare facilities that require key IPC interventions.
- ➔ IPC and risk communication/community engagement teams, in conjunction with partners, launched an IPC campaign in communities and health facilities in Goma, Beni, and Butembo in conjunction with WHO Global Hand Hygiene Day on 5 May 2019. The campaign initially focuses on the importance of safe injection practices and hand hygiene, with additional topics to be added in the future.

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of health care 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 6 to 12 May 2019, 1 859 335 screenings were performed, giving a total over 57 million cumulative screenings. A cumulative total of 949 alerts were notified, of which 375 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, a total of 53 alerts were notified, of which 21 were validated as suspect cases following investigation. An average of 72 PoEs/PoC reported screenings on a daily basis. This week, the 53 alerts reported came from 18 PoE and PoCs. 13 alerts, of which 6 were validated, came from Kiwandja PoC, a recently strengthened PoC located north of Goma, in the Nyiragongo Health Zone.
- ➔ On 5 May 2019, a 37-year-old male, known as a contact of an EVD case, travelled from Beni to Kampala via Kasindi for healthcare; he was on his seventh day of follow-up. He was subsequently located in Uganda, and he agreed to return to and stay in Beni until his follow-up is completed. He was handed over to PNHF personnel at Kasindi PoE on 8 May 2019, who referred him back to the contact tracing team in Beni. He has remained asymptomatic.
- ➔ PNHF, WHO and the Data Management Cell of the Response Coordination met in Goma on 9 May 2019 to discuss and harmonise indicators of performance of PoE/PoC operations, in relation with SRP 3. WHO and IOM continue to analyse movement patterns of confirmed cases as a way of informing PoE/PoC activities.
- ➔ In light of security deterioration and the likelihood of increased forced displacement as a consequence, WHO is working with OCHA in monitoring displacement flows through the established multi-partner alert system. This information will be shared with the various response commissions for prevention and mitigation actions.
- ➔ The Governor of Ituri Province inaugurated the newly relocated PoC Lengabo/Chai. IOM provided an assortment of essential equipment and supplies to this and other PoE/PoCs within Bunia to strengthen surveillance capacity. This came as heightened vigilance continues in the area as it has been more than 21 days since the last confirmed case.
- ➔ IOM, WHO and MOH jointly identified actions, currently undergoing validation, for strengthening PoC/PoE surveillance in the triangle of BIAKATO – BENI – BUTEMBO, which has been identified by the

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