

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 40



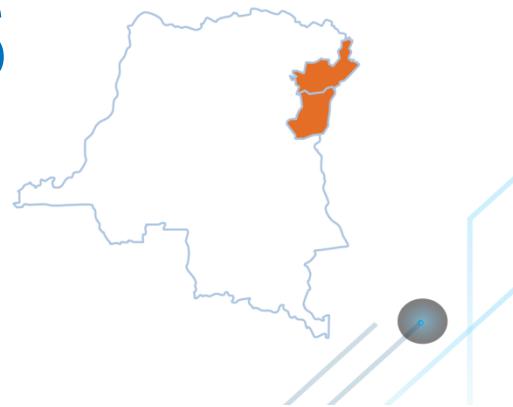
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Date of issue: 7 May 2019

Data as reported by: 5 May 2019



1. Situation update

Cases	Deaths
1572	1045

The escalation of Ebola virus disease (EVD) transmission in the North Kivu and Ituri provinces of the Democratic Republic of the Congo continued this past week, with a total of 106 new confirmed cases reported. The majority of these cases originated primarily from hotspot areas within Katwa, Mandima, Butembo, Musienene, Beni, and Mabalako health zones.

In the 21 days between 15 April – 5 May 2019, 76 health areas within 14 health zones reported new cases, representing 47% of the 163 health areas affected to date (Table 1 and Figure 2). During this period, a total of 298 confirmed cases were reported, the majority of which were from the health zones of Katwa (40%, n=120), Mandima (13%, n=40), Butembo (13%, n=38), Musienene (8%, n=25), Mabalako (8%, n=24), and Beni (6%, n=19).

As of 5 May 2019, a total of 1572 EVD cases, including 1506 confirmed and 66 probable cases, were reported. A total of 1045 deaths were reported (overall case fatality ratio 66%), including 979 deaths among confirmed cases. Of the 1572 confirmed and probable cases with known age and sex, 55% (870) were female, and 28% (445) were children aged less than 18 years. The number of healthcare workers affected has risen to 95 (6% of total cases), including 34 deaths.

The past week showed a continued deterioration of the security situation in Butembo city. Response activities were temporarily suspended in Butembo and neighbouring health zones from 4-5 May 2019 following a civil demonstration by members of a local moto-taxi drivers union. Although response operations later resumed following negotiations with community leaders, threats of attacks persisted against some healthcare facilities and healthcare providers. In a separate event, on 3 May 2019, a safe and dignified burial (SDB) team in Katwa was also attacked after conducting a SDB of a confirmed case.

In Butembo, current efforts aim to enhance security measures collectively through the UN Security Management System. Efforts included updating security risk management processes by addressing procedural, operational and physical security measures.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 5 May 2019

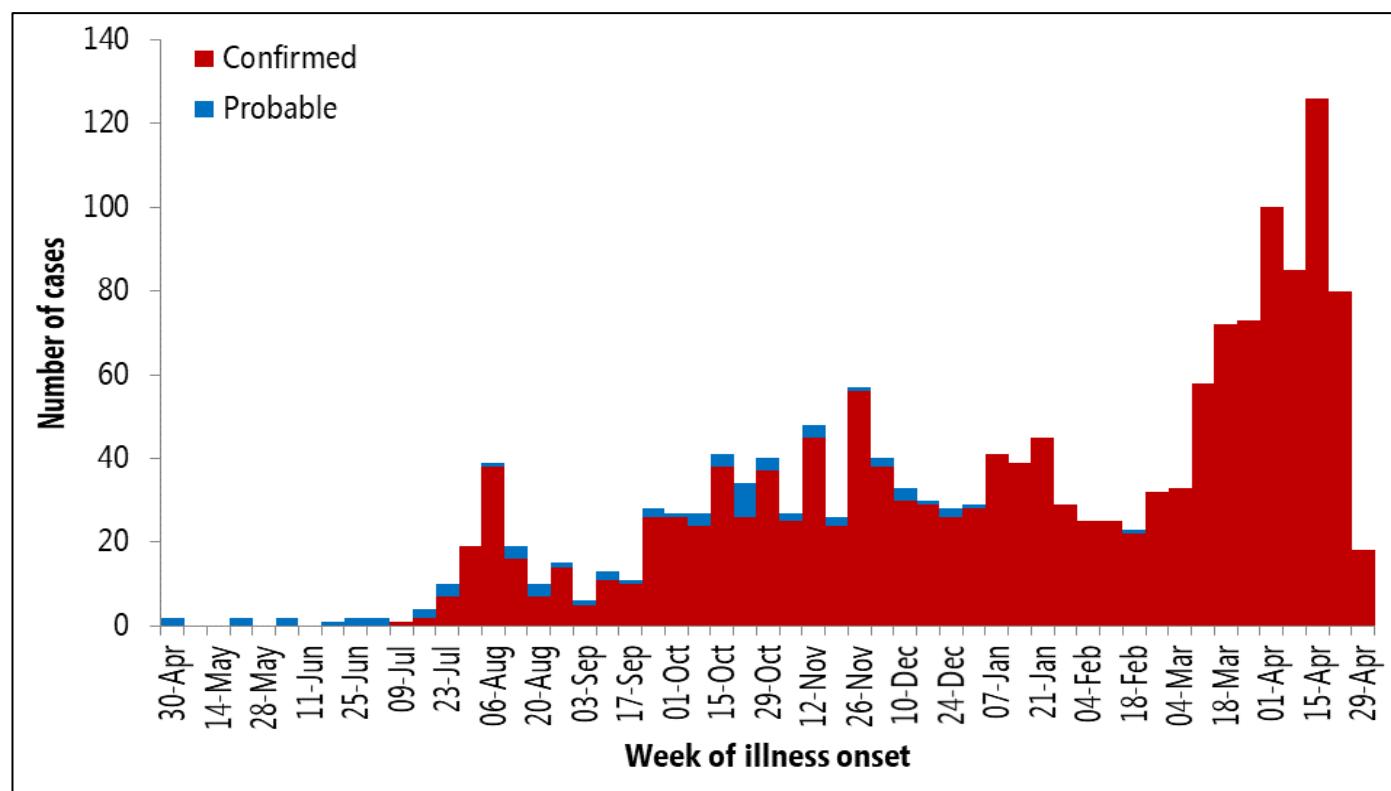
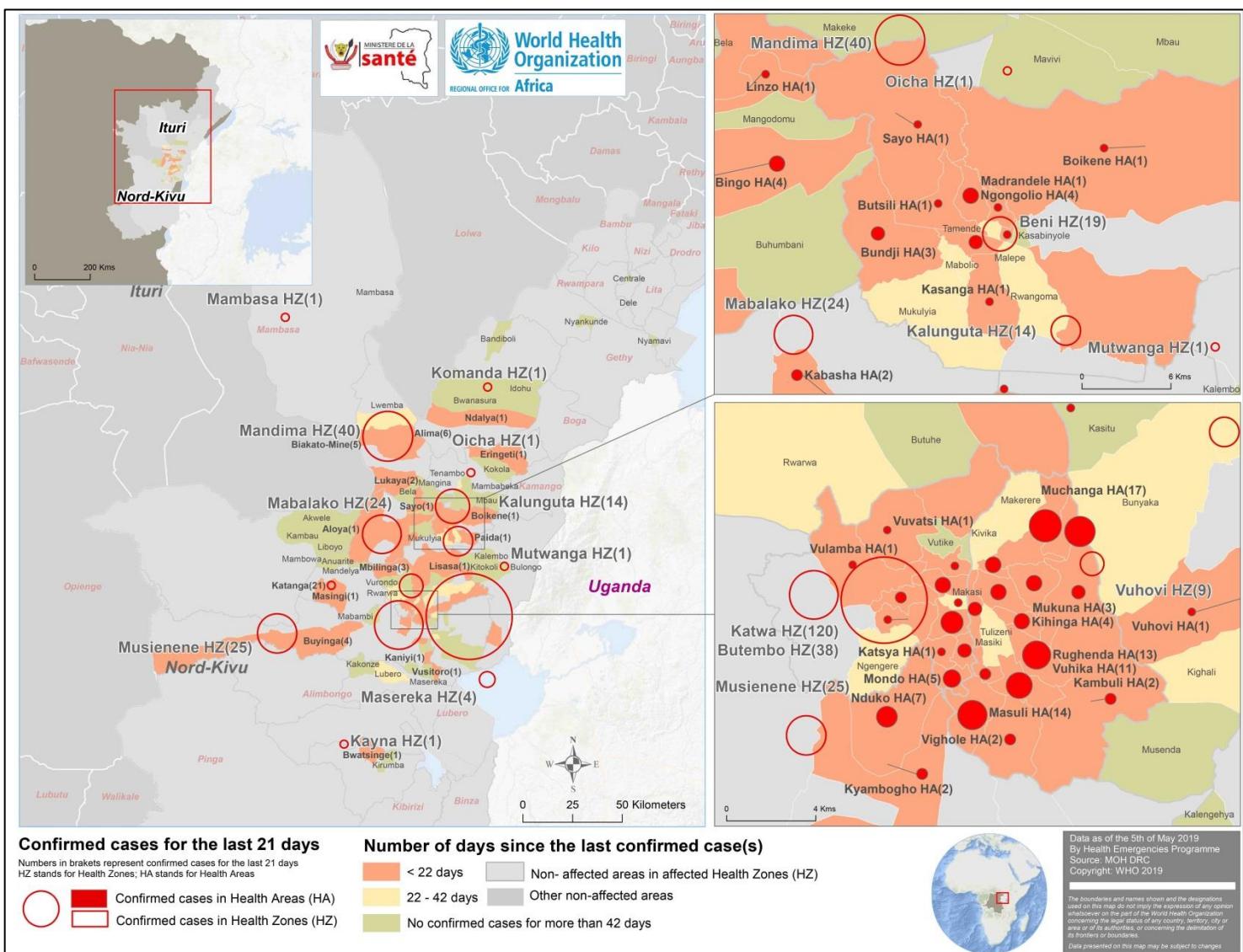


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 5 May 2019

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	Beni	10/18	270	9	279	145	154	19
	Biena	1/14	7	0	7	9	9	1
	Butembo	11/15	154	0	154	174	174	38
	Kalunguta	8/18	64	13	77	29	42	14
	Katwa	15/18	525	11	536	356	367	120
	Kayna	1/18	8	0	8	4	4	1
	Kyondo	0/22	17	2	19	12	14	0
	Lubero	0/18	4	0	4	1	1	0
	Mabalako	8/12	119	16	135	79	95	24
	Manguredjipa	0/9	5	0	5	4	4	0
	Masereka	4/16	34	1	35	13	14	4
	Musienene	6/20	32	1	33	17	18	25
	Mutwanga	1/19	5	0	5	3	3	1
	Oicha	1/25	41	0	41	20	20	1
Ituri	Vuhovi	2/12	79	0	79	28	28	9
	Bunia	0/20	1	0	1	1	1	0
	Komanda	1/15	28	9	37	10	19	1
	Mandima	7/15	109	4	113	70	74	40
	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		76/339 (22.4%)	1506	66	1572	979	1045	298

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, 5 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 87 750 contacts have been registered to date and 12 777 are currently under surveillance as of 5 May 2019. Follow-up rates remained very high (80% overall) in health zones with continued operations.
- ⇒ An average of 1055 alerts were received per day over the past seven days, of which 967 (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 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 is operating at 100% 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 29 April to 5 May 2019 1 901 466 screenings were performed, giving a total over 55 million cumulative screenings. A cumulative total of 896 alerts were notified, of which 354 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ⇒ This week, a total of 72 alerts were notified, of which 20 were validated as suspect cases following investigation. An average of 73 PoEs/PoC reported screenings on a daily basis. 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. Unfortunately, the information on his missing status reached the Kasindi PoE after he had crossed the border. An investigation is ongoing in Kampala to locate and monitor the health status of this person.
- ⇒ A work session was held on 29 April by WHO and PNHF with personnel of the Goma International Airport for the organization of traveller screening for evening/night flights. Additional supervision support was delivered at PoCs surrounding Goma (OPRP and Mubambiyo), as well as assistance with a traveller corridor set up for screening activities, and water supply management.
- ⇒ WHO is supporting PoE data analysis to better understand routes taken by EVD cases; this information will then serve to increase the effectiveness of PoE/PoC activities. WHO is also working with UNHCR to assess changing trends in refugee flows into Uganda and Rwanda as a result of continuous insecurity and the evolution of the EVD outbreak.
- ⇒ IOM's operations have resumed in Beni, following improvement in staff security. This week, IOM completed the rehabilitation of eight PoCs in Beni, including Mukulya, PK5, Pasisi and Mavivi PoCs. It is also reinforcing the operations of three PoCs in Bunia with more frontline workers and strengthening supervision.
- ⇒ Insecurity continues to impair PoE/PoC operations. This week, PoCs in Butembo and Mabalako experienced some interruptions.

South Sudan

- ⇒ At 13 POEs, 21 046 travellers were screened this week (304 807 cumulatively), with zero alerts. Screening is ongoing at the following sites: Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia

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