

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 39



World Health
Organization

REGIONAL OFFICE FOR

Africa

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1. Situation update



This past week saw a continued increase in the number of new Ebola virus disease (EVD) cases reported in the North Kivu and Ituri provinces of the Democratic Republic of the Congo, with a total of 126 new confirmed cases reported. Most of these cases originated primarily from several geographically-limited, hotspot areas within Katwa, Mandima, Butembo, Mabalako and Musienene health zones. During the last 21 days (8-28 April 2019), a total of 297 confirmed cases were reported from: Katwa (141), Butembo (33), Mandima (33), Vuhovi (23), Mabalako (19), Beni (14), Musienene (14), Kalunguta (10), Masereka (5), Biena (1), Kyondo (1), Mutwanga (1), Oicha (1), and Komanda (1). During this period, 70 health areas in 14 health zones reported new cases; 45% of the 156 health areas affected to date (Table 1 and Figure 2).

As of 28 April 2019, a total of 1466 EVD cases, including 1400 confirmed and 66 probable cases, were reported. A total of 957 deaths were reported (overall case fatality ratio 65%), including 891 deaths among confirmed cases. Of the 1466 confirmed and probable cases with known age and sex, 56% (815) were female, and 28% (416) were children aged less than 18 years. The number of healthcare workers affected has risen to 92, including 33 deaths.

Risk Communication and Community Engagement (RCCE) teams on the ground have been working closely with Infection Prevention and Control (IPC) teams this week in support of the Safe Injection Campaign, an initiative aimed at encouraging the safer use of needles and injections in homes as a means of reducing EVD transmission risks. The campaign will commence on 5 May 2019, alongside activities for the World Hand Hygiene Day. As part of the continued efforts to empower communities to be more actively engaged in the EVD response, requests received from the numerous dialogues with local residents are being reviewed to aid the transfer of the response ownership back to the community. Further plans are currently being drafted on who will deliver these feedback to the communities in a timely manner. Lastly, RCCE teams are also working closely with other WHO partners to bring about a new mass communications campaign to comprehensively promote key messages to the affected communities from all outbreak response pillars.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 28 April 2019

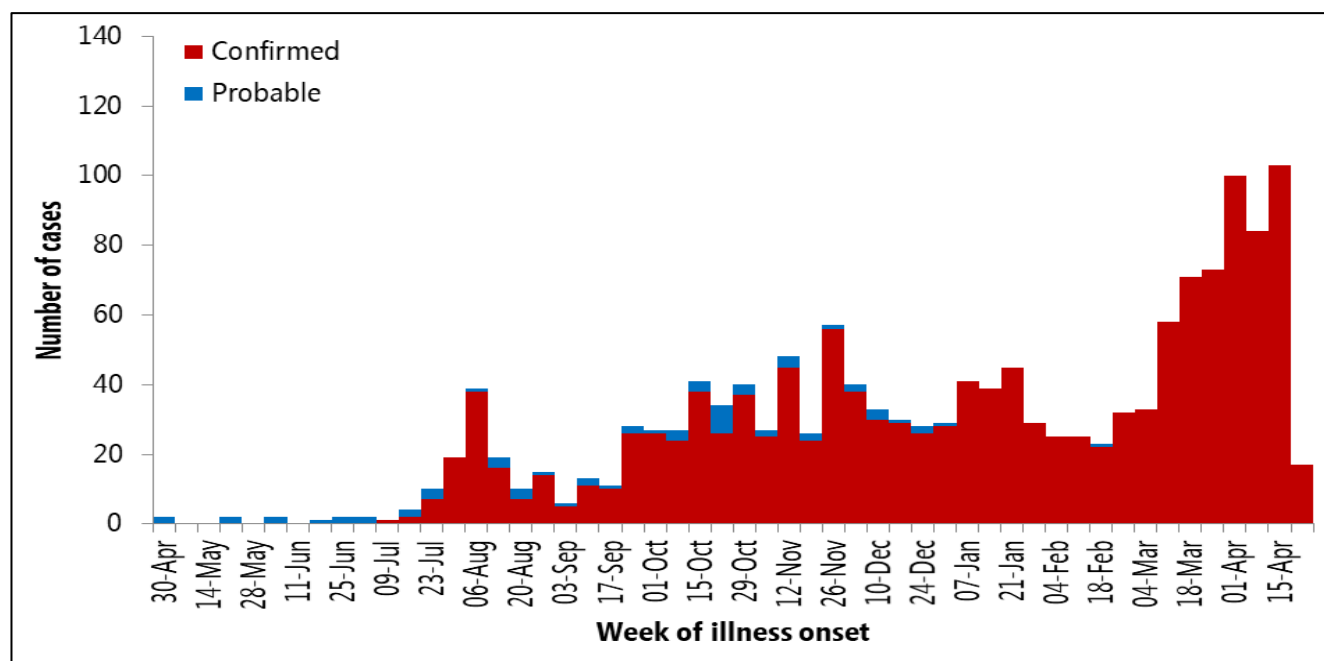
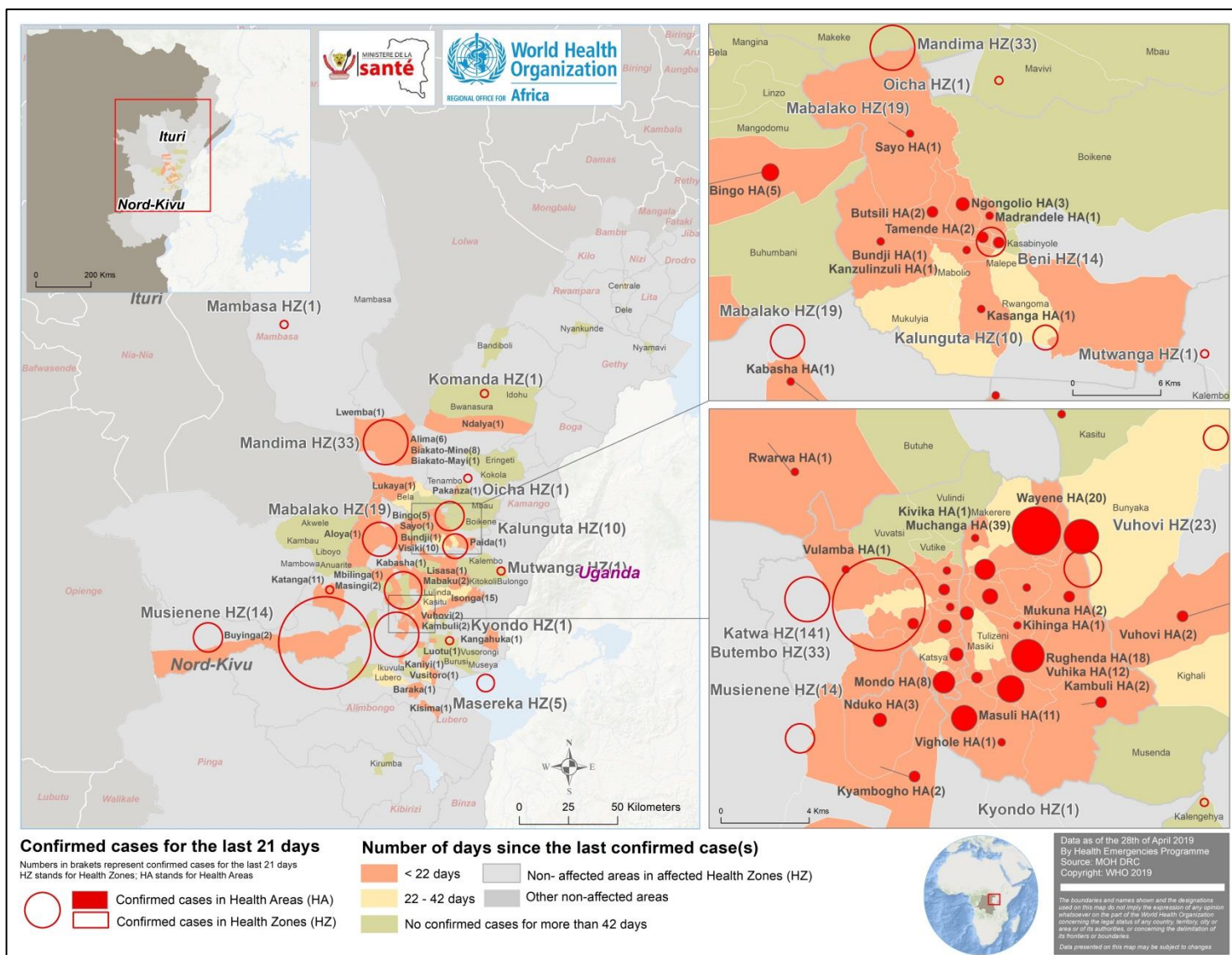


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 28 April 2019

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	260	9	269	138	147	14
	Biena	1/14	7	0	7	7	7	1
	Butembo	9/15	143	0	143	152	152	33
	Kalunguta	7/18	59	13	72	28	41	10
	Katwa	15/18	485	11	496	329	340	141
	Kayna	0/18	7	0	7	3	3	0
	Kyondo	1/22	17	2	19	12	14	1
	Lubero	0/18	4	0	4	1	1	0
	Mabalako	5/12	110	16	126	65	81	19
	Manguredjipa	0/9	5	0	5	4	4	0
	Masereka	4/16	33	1	34	12	13	5
	Musienene	5/20	20	1	21	10	11	14
	Mutwanga	1/19	5	0	5	3	3	1
	Oicha	1/25	40	0	40	20	20	1
	Vuhovi	3/12	78	0	78	28	28	23
Ituri	Bunia	0/20	1	0	1	1	1	0
	Komanda	1/15	28	9	37	10	19	1
	Mandima	7/15	94	4	98	64	68	33
	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		70/339 (21%)	1400	66	1466	891	957	297

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, 28 April 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, WHO, and partners are implementing several outbreak control interventions in North Kivu and Ituri provinces, Democratic Republic of the Congo, 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 81 900 contacts have been registered to date and 12 506 are currently under surveillance as of 28 April 2019. Follow-up rates remained very high (>80% overall) in health zones with continued operations.
- ➔ An average of 883 alerts were received per day over the past seven days, of which an average of 820 (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 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 Katwa ETC is still operating at more than 80% of capacity following the recent spate of insecurity.

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

- ➔ IPC and risk communication/community engagement teams, in conjunction with partners, are finalizing plans and materials for campaigns in communities and health facilities focusing on injection safety and hand hygiene in Butembo and Katwa to align with WHO Global Hand Hygiene Day on 5 May 2019.
- ➔ Healthcare worker infections and nosocomial transmission continue to drive transmission in health facilities. IPC teams are following up at health facilities associated with these infections to identify causes of transmission and provide supportive supervision to health facility staff.

Points of Entry (PoE)

- ➔ From 15 to 28 April 2019, 1 811 533 screenings were performed, giving a total 53 858 449 cumulative screenings. A cumulative total of 824 alerts were notified, of which 334 were validated, nine which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, 13 PoEs/PoCs notified a total of 54 alerts, of which 14 were validated as suspect cases following investigation.
- ➔ This week, WHO continued to support the formative supervision of the Petite Barrière PoE and the international airport in Goma on the proper usage of the thermographic camera and its maintenance. A joint training was also conducted by IOM and PNHF for the PoE/Cs team leaders in Bunia on case detection and alert management.
- ➔ PNHF, WHO and IOM carried out a joint supervision mission in Kiwanja to strengthen screening activities. It was noted that some of these remote PoCs need trained investigators onsite to reduce the amount of time travellers need to wait, to know whether they need to be referred for EVD testing, or if they can proceed with their travel. Kiwanja PoC reported 11 alerts this week.
- ➔ The revised PoE data collection tools were validated and approved by the MOH. Rollout planned to start from 1 May 2019.
- ➔ Operational support provided to PoE Bunagana and Kitagoma on the border with Uganda, including construction of flow management corridors and briefing of service providers on SOP.
- ➔ The Mukulya PoC in Beni, which was damaged by strong winds/rains, has been rehabilitated.
- ➔ IOM's activities in Beni were reduced due to security reasons.

Burundi

- ➔ IOM Burundi trained 11 enumerators to be deployed to 3 PoEs at the borders between Burundi and Democratic Republic of the Congo to collect flow monitoring information that includes where the travelers are coming from and going to. IOM also collected GIS coordinates of these PoEs as well as 22 sites of congregation near the PoEs, such as markets, schools, hospitals, health centres, parking lots, pubs, cinema halls and cemeteries.
- ➔ IOM met with the government authorities at the central level to discuss about procurement of additional equipment for selected PoEs, mainly in EVD priority one provinces of Cibitoke, Bubanza and

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