EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 37

World Health Organization
REGIONAL OFFICE FOR Africa

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Date of issue: 16 April 2019
Data as reported by: 14 April 2019

1. Situation update

Cases 1264 | Deaths 814

This past week saw the continued rise in the number of Ebola virus disease (EVD) cases in the North Kivu and Ituri provinces of the Democratic Republic of the Congo, with a total of 110 new confirmed cases. Documented transmission, however, remains geographically confined, with the majority of recent cases reported from the health zones of Katwa, Mandima, Butembo, and Vuhovi. During the last 21 days (25 March to 14 April 2019), 55 health areas within 11 health zones reported new cases; 38% of the 144 health areas affected to date (Table 1 and Figure 2). During this period, a total of 238 confirmed and probable cases were reported from Katwa (119), Vuhovi (41), Mandima (27), Beni (20), Butembo (14), Oicha (7), Mabalako (5), Kalunguta (1), Masereka (1), Musienene (1), and Lubero (1).

As of 14 April 2019, a total of 1264 EVD cases, including 1198 confirmed and 66 probable cases, were reported. A total of 814 deaths were reported (overall case fatality ratio 64%), including 748 deaths among confirmed cases. Of the 1264 confirmed and probable cases with reported age and sex, 56% (712) were female, and 28% (355) were children aged less than 18 years. The number of healthcare workers affected has risen to 89, including 32 deaths, with four new health workers confirmed in the last week; all from community health centres within hotspot areas.

On 12 April 2019, the WHO Director-General convened the International Health Regulation (IHR) Emergency Committee on the EVD outbreak in the Democratic Republic of the Congo. The IHR Emergency Committee commended the efforts of frontline responders from the government of the Democratic Republic of the Congo, WHO, and partners to contain the outbreak in a complex and difficult setting. However, they expressed deep concern about the recent increase in transmission in specific areas and the potential risk of spread to neighbouring countries. The Emergency Committee also provided public health advice to accelerate case detection and contact follow up, to prevent nosocomial transmission and shorten the time between onset of disease and access to high standards of care and therapeutics, strengthen and broaden community acceptance, accelerate preparedness in neighbouring countries including vaccination of health care workers and front-line workers, and strengthen cross-border collaboration, including mapping of population movements and understanding social networks. The Committee has also re-iterated its advice against any travel or trade restrictions in relation to this outbreak and strongly emphasized the need for substantial, immediate, and sustained additional financial support for both preparedness and response efforts. At this time, the Emergency Committee does not believe that the ongoing Ebola outbreak in North Kivu and Ituri provinces of the Democratic Republic of the Congo constitutes a Public Health Emergency of International Concern (PHEIC). Based on the advice of the Emergency Committee, reports made by the affected State Party, and the currently available epidemiological information, the Director-General did not declare the EVD outbreak in the Democratic Republic of the Congo to be a PHEIC. For the complete WHO statement concerning the 12 April IHR Emergency Committee meeting, please see here.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 14 April 2019

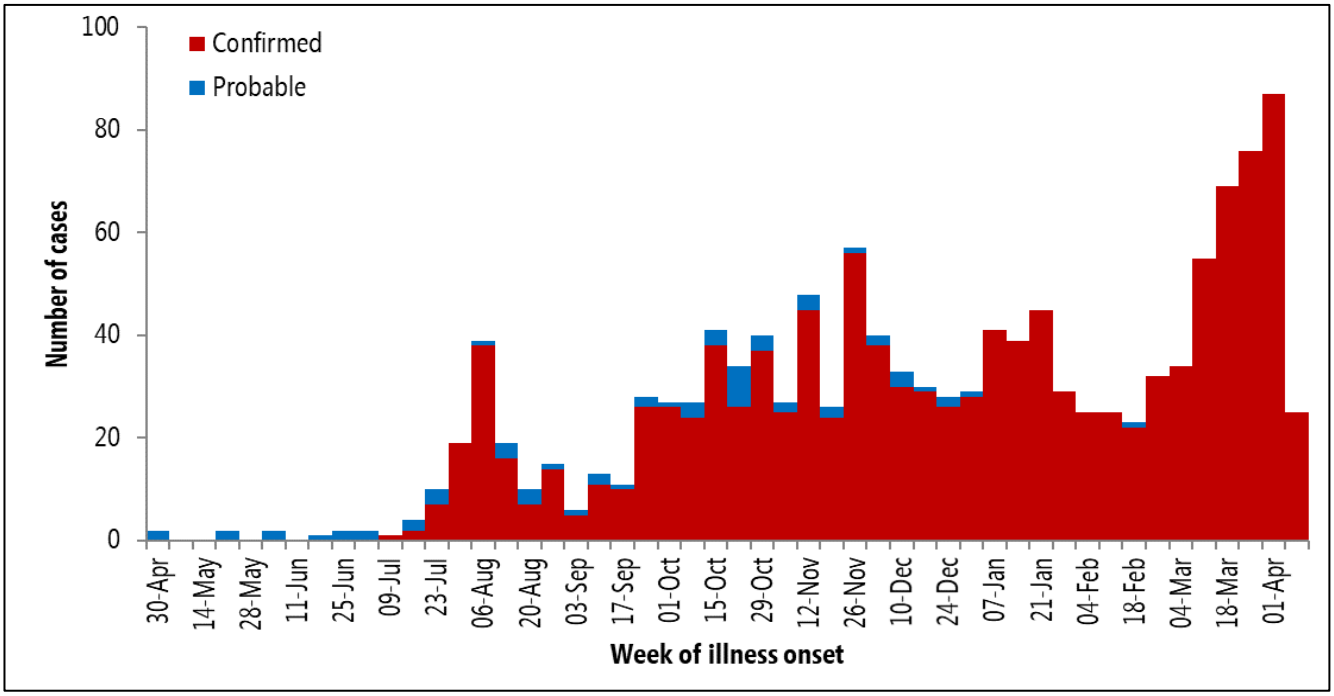
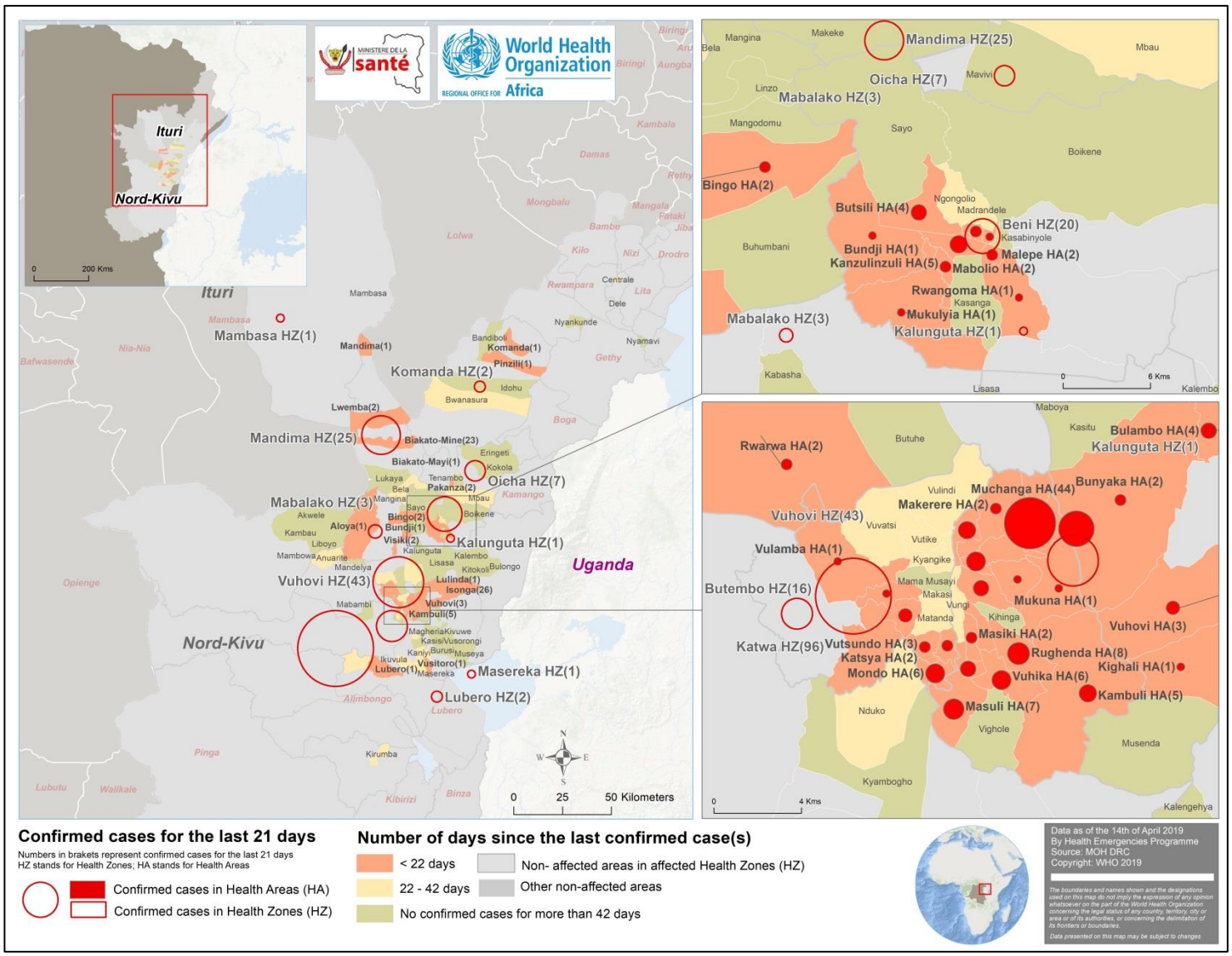


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 14 April 2019

			Cumulative cases by classification			Cumulative deaths	
Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	10/18	250	9	259	135	144
	Biena	0/14	6	0	6	6	6
	Butembo	6/15	113	0	113	116	116
	Kalunguta	1/18	49	13	62	22	35
	Katwa	16/18	404	11	415	271	282
	Kayna	0/18	7	0	7	3	3
	Kyondo	0/22	16	2	18	12	14
	Lubero	1/18	4	0	4	1	1
	Mabalako	3/12	95	16	111	59	75
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	1/16	29	1	30	10	11
	Musienene	1/20	7	1	8	3	4
	Mutwanga	0/19	4	0	4	3	3
	Oicha	3/25	40	0	40	20	20
	Vuhovi	9/12	70	1	71	25	26
Ituri	Bunia	0/20	1	0	1	0	0
	Komanda	0/15	27	9	36	10	19
	Mandima	4/15	67	3	70	44	47
	Nyakunde	0/12	1	0	1	1	1
	Rwampara	0/11	1	0	1	1	1
	Tchomia	0/12	2	0	2	2	2
Total		**55/338 (16.3%)**	**1198**	**66**	**1264**	**748**	**814**

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, 14 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 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

- An average of 1065 alerts were received per day over the past seven days, of which an average of 917 (86%) were investigated within 24 hours of reporting.
- Over 73 500 contacts have been registered to date and 10 979 are currently under surveillance as of 14 April 2019. Of those, between 83-89% have been followed in the past seven days.
- 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.

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

- A revised IPC strategy with an operational work plan for February to May 2019 period has been endorsed by MoH. The strategy and work plan are intended to guide the national coordination activities of the Ebola response's IPC Task Force, and the implementation of activities by the IPC commissions and partners at the subnational level.
- 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 investigate potential causes of transmission and provide supportive supervision to health facility staff.

Points of Entry (PoE)

- From 8 to 14 April, 1 703 901 screenings were performed, giving a total of 50 123 300 cumulative screenings. A cumulative total of 694 alerts were notified, with 300 validated, eight of which were subsequently confirmed to be EVD following laboratory testing.

- This week, 36 alerts were notified, of which 23 were validated as suspect cases following investigation. None were positive for EVD.

- Two thermal cameras were installed at Goma International Airport at the departure and the arrival of the domestic and international terminal.

- The Entry Point Commission contributed to the development of the operational action plan for the EVD Strategic Response Plan (SRP 3) during the workshop held from 10 to 12 April 2019.

- A national workshop for the development of the multi-sectoral protocol for the activation and deactivation of the entry and exit screening at Goma at the Airport took place from 10 to 12 April 2019. The recommendations according to the different scenarios were given for the reinforcement of screening at departure and arrival. The protocol is being finalized to submit to the senior managers of the various agencies for comment, validation and signature.

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- On 14 April 2019, a dead body was intercepted at the POC Komba in Butembo and tested positive, bringing the total of positive cases detected at POE/POC to eight since August 2018.

- On 10 April 2019, a medical doctor died in Beni from EVD and has generated around 534 contacts. Among them were two prestataires working at the Mukulya PoC. Those two prestataires have been listed by the surveillance commission and follow up commenced.

- There were two confirmed cases among workers at Butembo airport. IOM is working with PNHF and airport authorities to strengthen surveillance and sensitize workers.

- IOM together with CDC organized a workshop to develop a protocol and action plan to reinforce screening at Goma airport (10-12 April 2019).

- The presence of an armed group in Visiki village in Beni (around Mabalako PoC) has been reported during the last week. No serious impact on PoC activities has been noted, but community surveillance has been impacted (reduced).

- IOM is working with the POE Sub-Commission and MoH to finalize payments of front-line workers for February and March 2019. Payments for January 2019 by PDSS are still pending.

South Sudan

- IOM officially opened two new PoE screening sites established in Lasu and Birigo, bringing IOM's total active PoE screening sites to 13.

- IOM trained 30 PoE staff (including the new PoE staff) on EVD screening.

- IOM screened 19 146 inbound travellers to South Sudan, with no case alerts (data pending from one site).

- The latest sitrep for IOM South Sudan (1-7 April 2019) can be found here.

Uganda

- On 11 and 12 April 2019, IOM participated in the SIMEX; specifically, IOM covered infection prevention and control aspects in the Entebbe airport simulation exercise.

- IOM finalized the second gap assessment report, on the scoping mission assessing preparedness and information management for EVD surveillance, which took place from February to March 2019, covering 41 PoEs in Kasese, Bundibugyo, Ntoroko, Kagadi, Kikuube and Hoima.

Safe and Dignified Burials (SDB)

- As of 15 April 2019, there have been 4429 SDB alerts, of which 3513 (79%) have been successfully responded to by Red Cross and Civil Protection SDB teams, including 73 alerts and 62 successful burials (85%) by community emergency harm reduction burial (CEHRBU) teams in inaccessible areas of Kalunguta, Katwa, and Komanda.

- During epi week 15 (8-14 April 2019), 270 SDB alerts were received – 2% fewer than the previous week and the same as the average for the previous three epi weeks. Of these alerts, 219 (81%) were responded to successfully, 11% higher than the average success rate of the previous three weeks; 36% of these alerts were for community deaths, 54% for non-ETC health facilities, and 10% for ETCs.

- 54 (20%) alerts came from Katwa Health Zone while 54 alerts came from Beni, followed by Komanda (39), Bunia (32), and Oicha (27).

Implementation of ring vaccination protocol

- As of 16 April 2019, 101 195 contacts and contacts of contacts have been vaccinated. Of those 26 613 were contacts and 74 367 contacts of contacts. The vaccinated people at risk included 29 688 HCWs/FLWs, and 26 361 children 1-6 years old. Detailed micro-plans are also in use to monitor the progress and number of cases with and without rings. Table 2 provides an overview of the status as of 15 April 2019.

- Between 2-4 April 2019, Strategic Advisory Group of Experts (SAGE) convened a meeting to review epidemiological data from North Kivu for children below 1 year of age and for lactating women. Although clinical data on the safety and efficacy of the rVSV-ZEBOV-GP Ebola vaccine for these two specific groups are absent, SAGE considers that the high attack rates and high case fatality ratios for these groups, together with the accumulating data on vaccine safety and efficacy for other groups, justify inclusion of children who are above the age of 6 months and of lactating women in the ongoing ring vaccination efforts in North Kivu. SAGE strongly urged the implementation of studies to evaluate additional Ebola candidate vaccines, including where possible in pregnant and lactating women and in infants. (Please see here for a summary of the SAGE meeting highlights)