

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 34



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Date of issue: 26 March 2019

Data as reported by: 24 March 2019

1. Situation update

Cases	1016
Deaths	634

The ongoing Ebola virus disease (EVD) outbreak in the North Kivu and Ituri provinces saw a rise in the number of new cases this past week across several areas. Currently response teams are facing daily challenges in ensuring timely and thorough identification and investigation of all cases amidst a backdrop of sporadic violence from armed groups and pockets of mistrust in some affected communities. Despite this, progress is being made, with areas recently emerging with clusters of cases such as Mandima, Masereka, and Vuhovi gradually becoming accessible to response teams and accepting of proven interventions to break chains of transmission.

During the last 21 days (4-24 March 2019), 50 health areas within 13 health zones reported new cases; 38% of the 133 health areas affected to date (Table 1 and Figure 2). During this period, a total of 115 confirmed cases were reported from Katwa (31), Masereka (19), Mandima (17), Vuhovi (15), Butembo (14), Kalunguta (4), Beni (4), Kayna (3), Lubero (3), Oicha (2), Bunia (1), Biena (1), and Kyondo (1).

As of 24 March 2019, a total of 1016 EVD cases, including 951 confirmed and 65 probable cases, were reported. This includes 634 deaths (overall case fatality ratio 62%), including 569 deaths among confirmed cases. Of 1015 confirmed and probable cases with reported age and sex, 57% (575) were female, and 30% (304) were children aged less than 18 years. The number of healthcare workers affected has risen to 78, including 27 deaths.

The WHO response is continuing to step up collaboration with communities to increase community acceptance on the ground. Community engagement efforts to encourage greater participation and ownership of the outbreak response is ongoing and has yielded some success in certain health zones/areas. Notable strides have also been made in improving Infection, Prevention and Control (IPC) capacities in health facilities. Since January, IPC field teams have decontaminated over 250 health facilities and households, provided over 100 supply kits, and trained over 3000 healthcare workers in IPC. A recent National IPC workshop has been completed to aid the implementation of new IPC strategies, while the establishment of an IPC task force has further improved partner communication and coordination at all levels. The work is however ongoing and IPC teams continue to respond to new instances of nosocomial transmission with the emergence of clusters in previously unaffected communities and health facilities.

Security remains a major challenge for ongoing outbreak response efforts. Though successes have been reported from the field, notably in the 10-day lull prior to this past weekend, the overall situation remains fragile. WHO and partners have recently established operational analysis and coordination centres to both gain a more holistic understanding of how communities can be engaged more effectively, as well as to increase awareness of the day-to-day operations to ensure the safety of frontline healthcare workers and the communities they are aiding. WHO and partners have also strengthened physical security in the treatment centres as well as in healthcare workers accommodation.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 24 March 2019

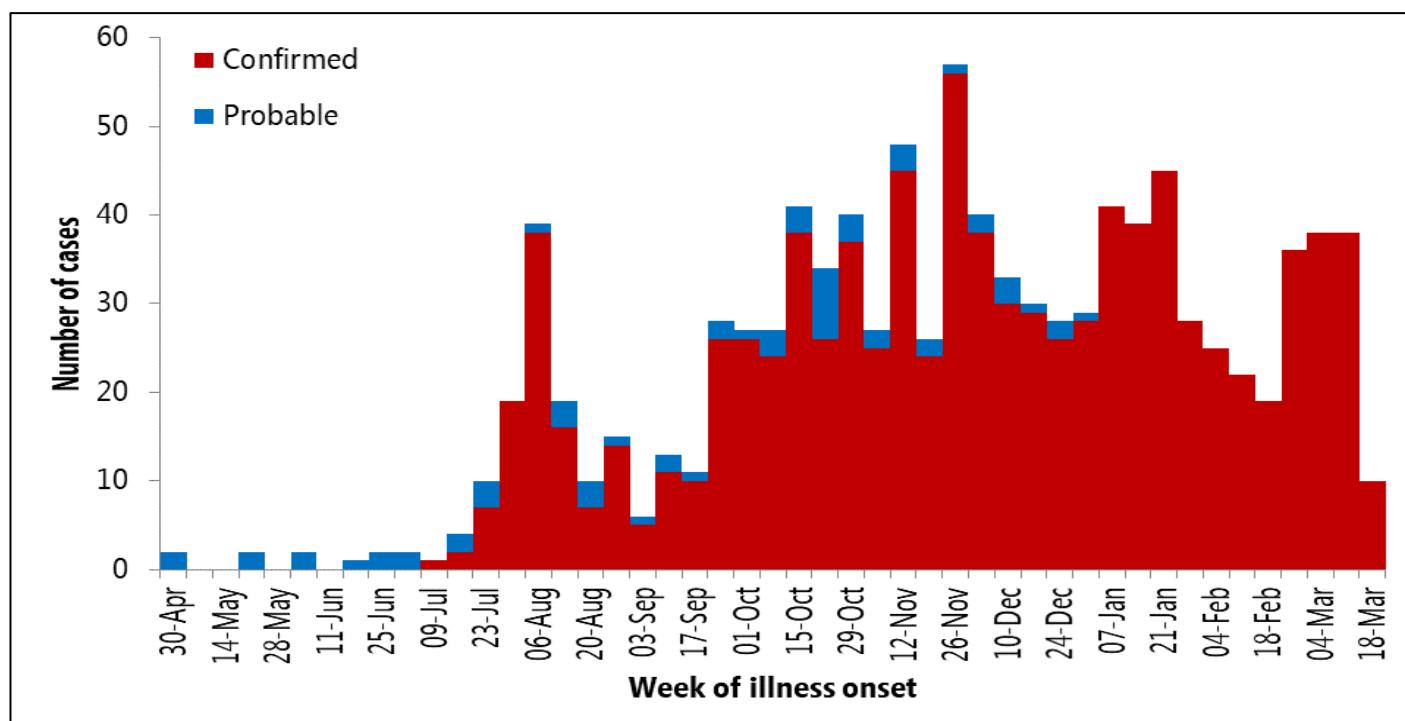
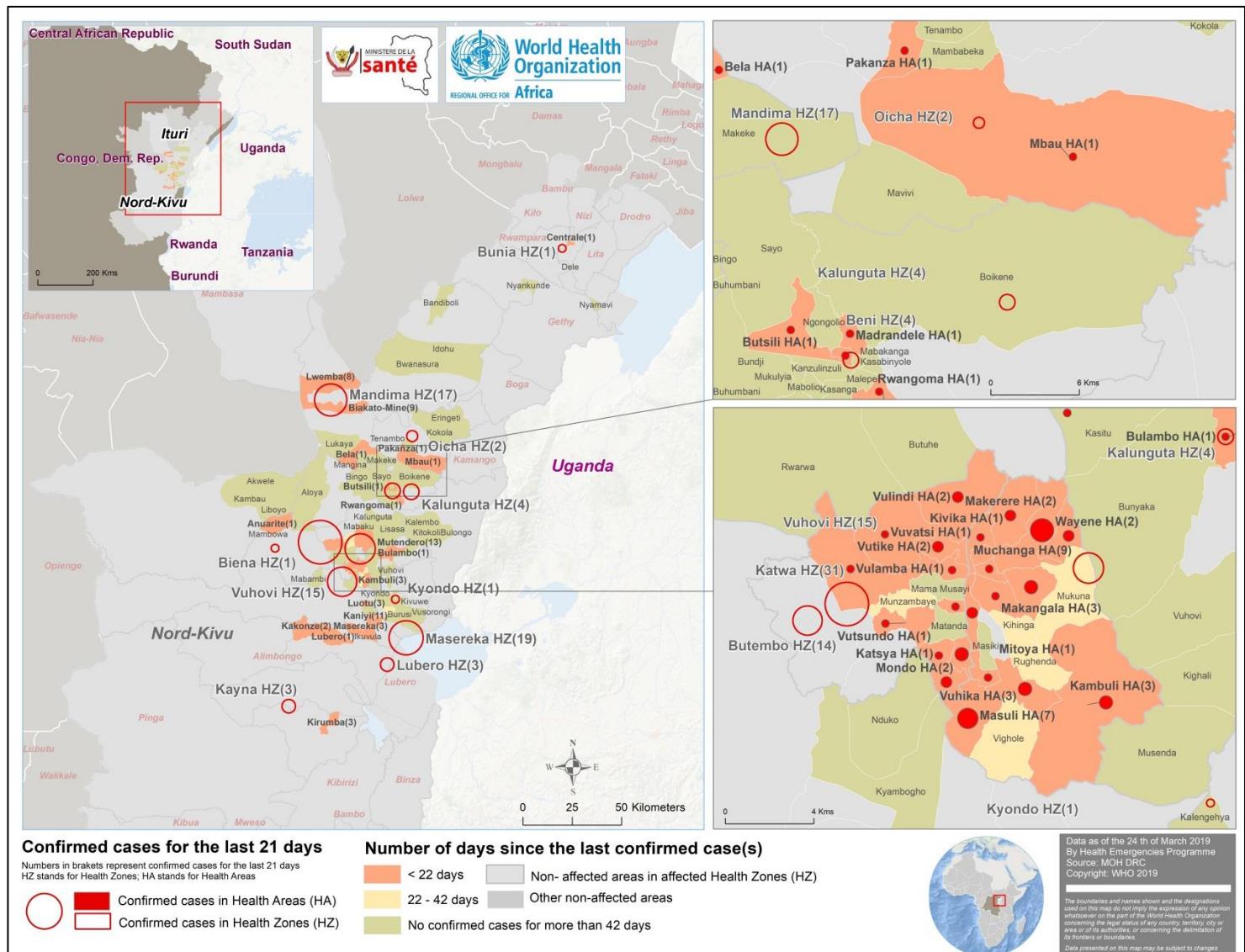


Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 24 March 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Case classification			Deaths	
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	4/18	230	9	239	119	128
	Biena	1/14	6	0	6	6	6
	Butembo	10/15	97	0	97	74	74
	Kalunguta	3/18	48	13	61	22	35
	Katwa	13/18	281	11	292	192	203
	Kayna	2/18	8	0	8	3	3
	Kyondo	1/22	15	2	17	12	14
	Lubero	2/18	3	0	3	1	1
	Mabalako	0/12	90	16	106	54	70
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	6/16	28	1	29	8	9
	Musienene	0/20	6	1	7	2	3
	Mutwanga	0/19	4	0	4	3	3
	Oicha	2/25	33	0	33	20	20
	Vuhovi	2/12	27	0	27	12	12
Ituri	Bunia	1/20	1	0	1	1	1
	Komanda	0/15	27	9	36	9	18
	Mandima	3/15	38	3	41	23	26
	Nyakunde	0/12	1	0	1	1	1
	Tchomia	0/12	2	0	2	2	2
	Rwampara	0/11	1	0	1	1	1
Total		50/339 (14.8%)	951	65	1016	569	634

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, 24 March 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 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 807 alerts were received per day over the past seven days, of which an average of 771 (96%) were investigated within 24 hours of reporting.
- ⇒ 62 042 contacts have been registered to date and 5024 are currently under surveillance as of 24 March 2019. Of those between 79-89% 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 automated polymerase chain reaction (Cepheid Xpert Ebola) 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

- ⇒ Extension work on the Katwa treatment centre continues to increase the number of beds to 22.
- ⇒ 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 the 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.
- ⇒ Since January, IPC field teams have decontaminated over 250 health facilities and households, provided over 100 supply kits, and trained over 3000 healthcare workers in IPC.
- ⇒ A National IPC Workshop to aid the implementation of new IPC strategies was convened in Goma from March 21-23. The workshop brought together Ministry of Health, WHO, UNICEF, and implementing partners to discuss implementation of the revised IPC strategy.
- ⇒ Training of 24 supervisors and members of project steering committees PIRC/FOSA was launched.

Points of Entry (PoE)

- ➔ From 18 to 24 March, 1 785 792 screenings were performed, bringing the cumulative number of screenings to close to 46 million. A cumulative total of 543 alerts were notified, with 238 validated and seven of which were subsequently confirmed to be EVD following laboratory testing.
- ➔ This week, 55 alerts were raised, of which 22 were validated as suspect cases following investigation. None were positive for EVD.
- ➔ While progress has been made in the payment of PoE personnel, incentives for personnel based in Ituri have still not been paid.
- ➔ Personnel from the Congolese National Police (PNC) were deployed to the Port of Goma PoC and Bunia PoCs to ensure the safety of workers, travellers, and service providers. A compromise was found between the mayor of Bulengera, IOM, PNC, PNHF and representatives from the local population, to allow PoC Mutsanga to re-operate at a different location. This happened following a week of interruption due to persisting threat against the PoC personnel. PoC Vulindi has remained non-functional this week.
- ➔ Awareness raising activities were implemented around PoC Kanyabayonga (Kayna Health Zone), PoCs Karuruma, Kyavinyonge Port and Barrier (Kyondo Health Zone), PoC Lubero (Lubero Health Zone), and PoC Cugeki (Katwa Health Zone) to engage surrounding communities as well as increase vigilance on Ebola.
- ➔ Rehabilitation of PoC structures is ongoing in Beni and Butembo following damages caused by heavy rains. PoC Kanyabayonga also received a large batch of materials from WHO.
- ➔ A field assessment was conducted in and around Biakato (in Mandima health zone; 50 km from Mangina) after a confirmed case was reported in the area last week. IOM is supporting implementation of the assessment recommendations which includes setting up a 30-day mobile PoC and strengthening existing PoCs in the Byakato axis towards Beni and Butembo.
- ➔ Frontline screeners and their supervisors in Goma and Beni were trained by IOM and WHO on the use of new POE data collection tools, with plans for piloting the tools in the field in the coming week. The revised data collection tools are expected to reduce the collection of unnecessary information, improve accuracy in recording and provide further details on alerts identified at PoEs and PoCs.

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