

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 32



World Health  
Organization

REGIONAL OFFICE FOR  
Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 32



Date of issue: 12 March 2019

Data as reported by: 10 March 2019

#### 1. Situation update

Cases



923

Deaths



582

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo is continuing with moderate intensity. Katwa and Butembo remain the major health zones of concern. Simultaneously, relatively small clusters of cases have been observed in other areas of North Kivu and Ituri provinces, which stem from chains of transmission in Katwa and Butembo, but these clusters have largely been contained to limited local transmissions.

Over the last 21 days, no new cases have been detected in 11 of the 20 health zones affected to date, and within the recently affected health zones, transmission has been limited to 34 out of 154 health areas. The response has had traction in these places, despite the challenges of community mistrust engendered by the years of conflict they have endured. The risk of further chains of transmission and spread, however, remain high, as demonstrated by the recent spread to Lubero Health Zone and the reintroduction to Biena Health Zone following a prolonged period without new cases. These events highlight the importance of the response teams remaining active and vigilant across all areas, including those with lower case incidence, to rapidly detect new cases and prevent onward transmission.

As of 10 March 2019, a total of 923 EVD cases, including 858 confirmed and 65 probable cases, were reported from 20 health zones in the North Kivu and Ituri provinces (Table 1). Overall, cases have been reported from 125 of 319 health areas across 20 health zones. A total of 582 deaths were reported (overall case fatality ratio 63%), including 517 deaths among confirmed cases. Of confirmed and probable cases with reported age and sex, 57% (523/922) were female, and 30% (279/923) were children aged less than 18 years. The cumulative total of confirmed and probable cases among health workers is 74, including 26 deaths.

Nine of the 20 health zones (45%) that have reported at least one case of EVD to date have active virus transmission, reporting at least one confirmed case in the last 21 days (18 February to 10 March 2019) (Table 1 and Figure 1). Conversely, there are 11 health zones (55%) where no cases of EVD have been reported in the last 21 days. In total thirty-four (22%) health areas in the 9 zones reported one or more cases.

A total of 80 confirmed cases were reported from Katwa (45), Butembo (18), Mandima (7), Kalunguta (3), Kyondo (2), Masereka (2), Lubero (1), Beni (1) and Biena (1). Most cases were reported in Katwa and Butembo, accounting for 79% (63/80) of cases reported in the last three weeks (Figure 1 and Figure 2). A new health zone, Lubero, has reported a confirmed case for the first time, with links to a confirmed case in Butembo.

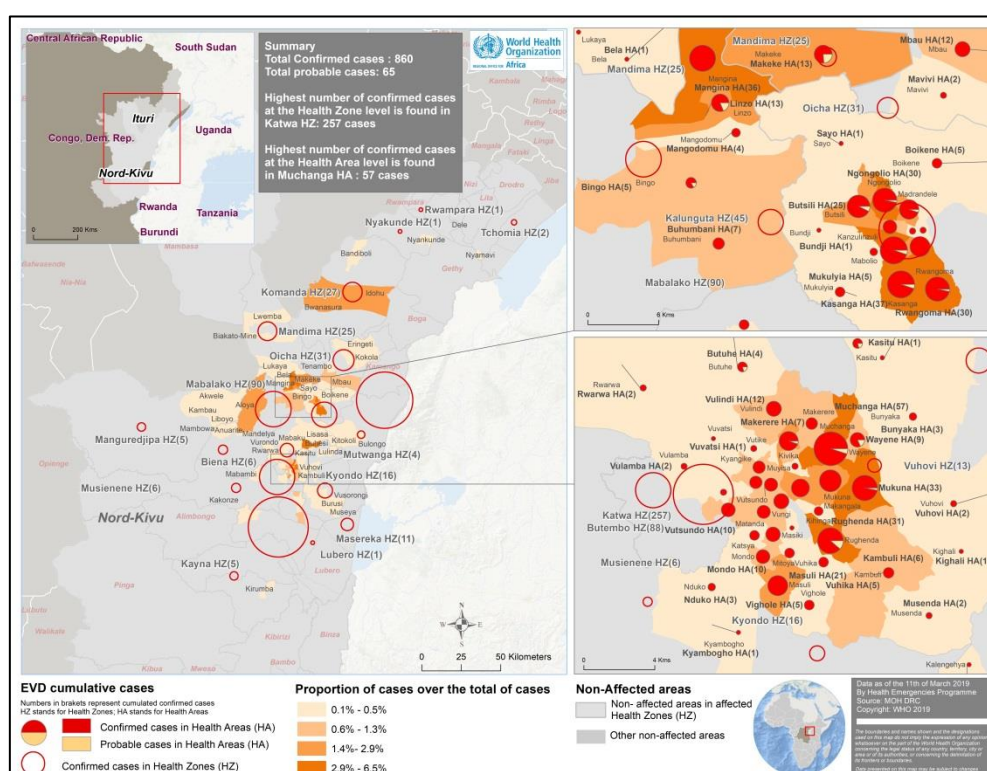
The Ministry of Health (MoH), WHO and partners continue to monitor and investigate all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. To date, all reported alerts outside the outbreak affected areas have been investigated or laboratory tested to rule out EVD.

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 10 March 2019**

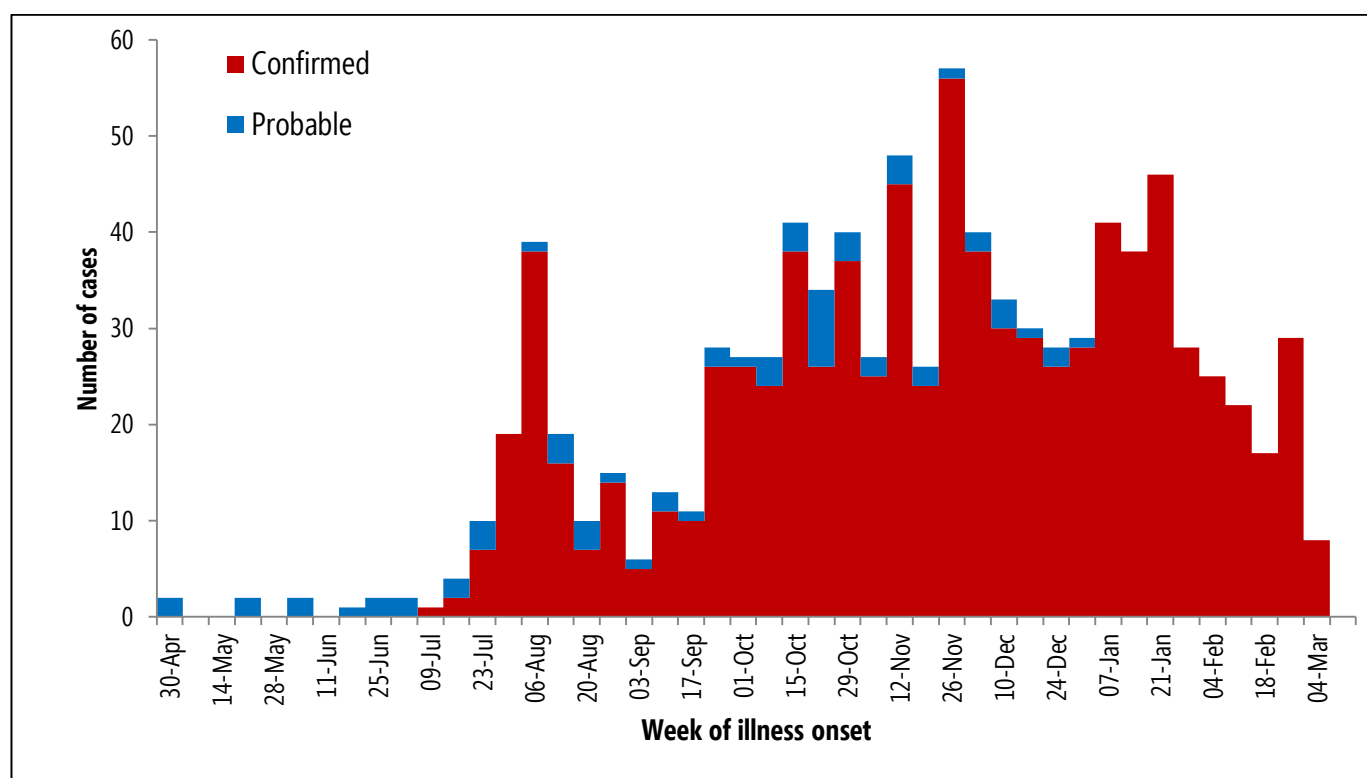
Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Case classification			Deaths	
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
North Kivu	Beni	1/18	226	9	235	118	127
	Biena	1/14	6	0	6	5	5
	Butembo	7/15	88	0	88	53	53
	Kalunguta	3/18	45	13	58	20	33
	Katwa	14/18	257	11	268	182	193
	Kayna	0/18	5	0	5	3	3
	Kyondo	2/22	16	2	18	12	14
	Lubero	1/18	1	0	1	1	1
	Mabalako	0/12	90	16	106	54	70
	Manguredjipa	0/9	5	0	5	4	4
	Masereka	2/16	10	1	11	5	6
	Musienene	0/19	6	1	7	2	3
	Mutwanga	0/19	4	0	4	3	3
	Oicha	0/25	31	0	31	19	19
	Vuhovi	0/12	13	0	13	10	10
Ituri	Komanda	0/15	27	9	36	9	18
	Mandima	3/15	24	3	27	13	16
	Nyakunde	0/12	1	0	1	1	1
	Tchomia	0/12	2	0	2	2	2
	Rwampara	0/11	1	0	1	1	1
<b>Total</b>		<b>34/319 (11%)</b>	<b>858</b>	<b>65</b>	<b>923</b>	<b>517</b>	<b>582</b>

*Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations*

**Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 10 March 2019**



**Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 10 March 2019 ( $n=927$ )\***



*\*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. Teams in the surrounding north-eastern provinces are taking measures to ensure that they are response ready.

On 9 March 2019, WHO Director-General, Dr Tedros Adhanom Ghebreyesus visited the Ebola treatment centre in Butembo that was attacked by armed groups last week and again earlier on Saturday. The visit came as he concluded a three-day mission to the country, along with senior US officials and other members of the WHO leadership. They met with the President, government officials, partner organizations and local responders involved in the outbreak response.

An overview of key activities is summarized below:

### Surveillance and Laboratory

- An average of 762 alerts were received per day over the past seven days, of which an average of 724 (95%) were investigated within 24 hours of reporting.
- 58 000 contacts have been registered to date and 4715 are currently under surveillance as of 10 March 2019. Of those between 84-86% have been followed in the past seven days.



- ➔ Additional resources are being put in place to improve the coverage of daily contact monitoring, including mobilizing local leaders and conducting community dialogues.
- ➔ There are eight laboratories with Ebola virus diagnostic capacity operational in Democratic Republic of the Congo (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 new laboratory is being deployed to Kayna to serve the ETC there.
- ➔ The number of tests performed per week reached 1500 during the past week. Additional GeneXpert instruments have been shipped to Democratic Republic of the Congo to augment the number of tests that can be performed. A stock supply of over 9000 Xpert Ebola cartridges has been established.
- ➔ A laboratory with the capacity to sequence whole virus genome in eight samples/day has been established in Katwa to support virus transmission chain analysis.

### Case management

- ➔ Extension work on the Katwa TC is underway, with the number of beds increased from 10 to 22.
- ➔ Insecurity continues, with incidents at the Kalunguta, Butembo and Katwa vaccination 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. To date, 66 patients have been enrolled in the RCT and 334 patients have received therapy under the compassion use protocol.
- ➔ Among the 11 treatment centres and transit centres, the Beni ETC has a bed occupancy of 85% (51/60) and the Katwa ETC is over-capacity with 105% (23/22) bed occupancy.

### 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.
- ➔ Extensive IPC activities are ongoing in affected areas, which include but are not limited to: decontamination of households and health facilities with confirmed cases; briefings and training of healthcare providers, including those working in private healthcare facilities and tradi-modern facilities, and distribution of IPC kits, which include consumable items such as personal protective equipment.

### Points of Entry (PoE)

- ➔ Point of Entry/Point of Control (PoE/PoC) screening continues, with 182 314 travellers screened on 10 March 2019, bringing the cumulative number of screenings to 42.2 million. A cumulative total of 453 alerts were notified, with 200 validated and 6 confirmed following laboratory testing.

- ➔ From 4 to 10 March 2019, 1 772 685 screenings were performed, of which 34 alerts were notified and investigated, 11 subsequently validated and all the validated alerts were EVD negative after the laboratory test.
- ➔ Insecurity continues to be a challenge for the implementation of activities at PoEs and PoCs. Operations at the PoCs of Mutsanga and Kyaghala in Katwa, and the PoC of Vulindi in Butembo were seriously impacted this week.
- ➔ The late payment of PoE and PoC personnel continues to impair operations.
- ➔ WHO, IOM and PNHF continues to work on streamlining PoE and PoC data. The three organizations met during the reporting week to discuss the strategic coordination of activities from Goma, including the setting up of two-way information and communication SOPs.
- ➔ Routine supervision is ongoing, despite security challenges. This week, the PNHF national supervisors completed an equipment and supplies inventory of selected PoEs and PoCs.
- ➔ IOM conducted an assessment of Byakato, given the recent cases reported from the area. The establishment of two PoCs has been recommended to screen travellers passing through the area.
- ➔ Delays in funding under SRP 3 continues to hinder PoE/PoC activities – IOM funds were exhausted in January 2019 and current activities in Democratic Republic of the Congo are being conducted using a loan.

#### South Sudan

- ➔ IOM continues to support active screening at nine Points of Entry: Yei airport, Yei SSRRC, Tokori, Kaya, Okaba, Khorijo, Pure, Salia Musala and Bazi with 11,491 travelers screened in the last week while zero suspected or confirmed cases were reported. WASH assistance is also being provided to three health facilities. IOM is also currently constructing two additional screening points at the Busia and Kerwa PoEs.
- ➔ Vaccination of PoE frontline staff at Okaba, Bazi and Kaya PoEs has been completed, while the teams in Salia Musala will be vaccinated this coming week..
- ➔ See latest sitrep from IOM South Sudan for 25 February to 3 March 2019:  
<https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-9-25-february—3-march>.

#### Uganda

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_25335](https://www.yunbaogao.cn/report/index/report?reportId=5_25335)

