

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



## External Situation Report 31



REGIONAL OFFICE FOR

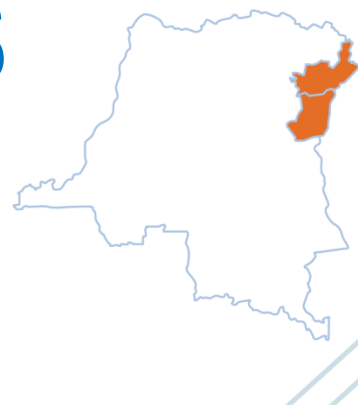
World Health  
Organization

Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 31



Date of issue: 5 March 2019

Data as reported by: 3 March 2019

#### 1. Situation update

Cases



897

Deaths



563

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, as does the complex environment. Two Ebola treatment centres (ETCs) in Katwa and Butembo were successively attacked and burnt down during the week. These attacks, indicating a shift in insecurity, were the first such large-scale and organized attacks directly targeting the Ebola response. Patients from the destroyed ETCs have been temporarily transferred to the Katwa Transit Centre, managed by the Ministry of Health. The Butembo ETC was quickly rehabilitated to receive patients again.

Since the last report on 26 February 2019, 25 new confirmed cases have been reported, with 15 additional deaths. As of 3 March 2019, a total of 897 EVD cases, including 832 confirmed and 65 probable cases, were reported from 19 health zones in the North Kivu and Ituri provinces (Table 1). Overall, cases have been reported from 119 of 301 health areas across 19 health zones. A total of 563 deaths were reported (overall case fatality ratio 63%), including 498 deaths among confirmed cases. Of confirmed and probable cases with reported age and sex, 57% (510/896) were female, and 30% (271/896) were children aged less than 18 years. Three new cases among health workers were reported during the week, bringing the number of health workers infected with Ebola virus to 72, with 24 deaths.

Thirty health areas in eight of the 19 health zones affected to date have active virus transmission, reporting at least one confirmed case in the last 21 days (11 February to 3 March 2019) (Figure 1). Over this period, a total of 73 confirmed cases were reported from Katwa (44), Butembo (19), Kyondo (1), Vuhovi (1), Kalunguta (2), Beni (1), Mandima (4) and Rwampara (1)<sup>1</sup>. Trends in case incidence reflect that the outbreak is continuing, with most recent cases reported in the major urban centres of Katwa and Butembo, accounting for 86% (63/73) of cases reported in the last three weeks (Figure 1, Figure 2).

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.

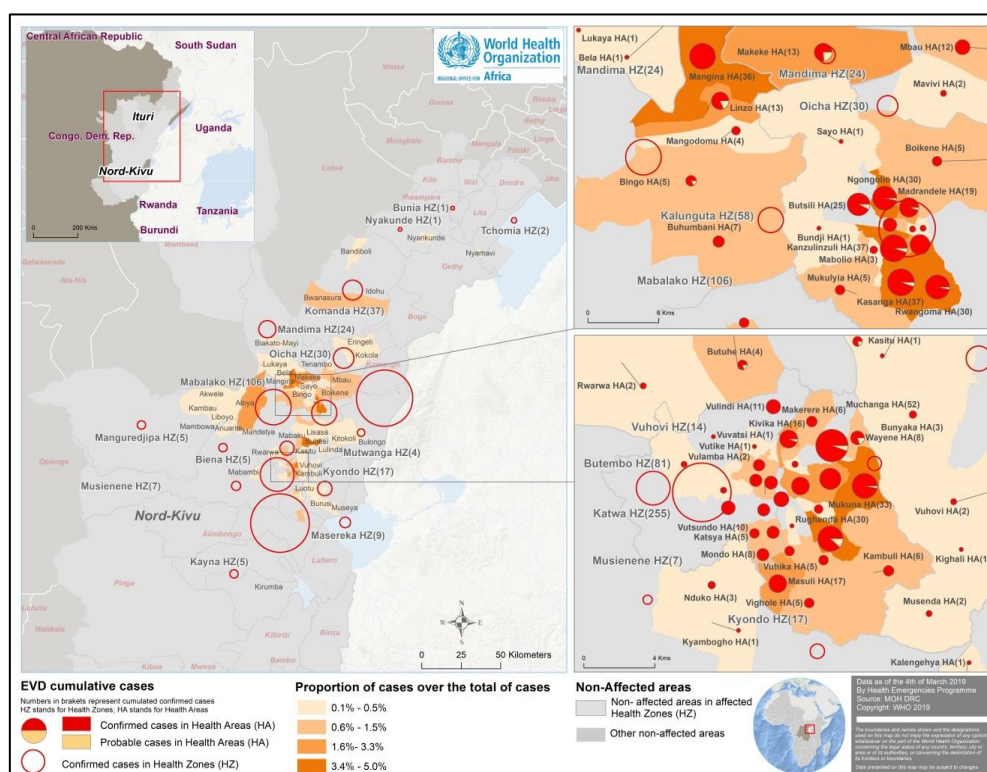
<sup>1</sup>The case reported in Bunia on 13 February 2019 has been reclassified to Rwampara.

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 3 March 2019**

| Province     | Health Zone  | Case classification |                |             | Deaths                    |              |
|--------------|--------------|---------------------|----------------|-------------|---------------------------|--------------|
|              |              | Confirmed cases     | Probable cases | Total cases | Deaths in confirmed cases | Total deaths |
| North Kivu   | Beni         | 226                 | 9              | 235         | 118                       | 127          |
|              | Biena        | 5                   | 0              | 5           | 5                         | 5            |
|              | Butembo      | 83                  | 0              | 83          | 43                        | 43           |
|              | Kalunguta    | 44                  | 13             | 57          | 19                        | 32           |
|              | Katwa        | 245                 | 11             | 256         | 181                       | 192          |
|              | Kayna        | 5                   | 0              | 5           | 3                         | 3            |
|              | Kyondo       | 15                  | 2              | 17          | 11                        | 13           |
|              | Mabalako     | 90                  | 16             | 106         | 54                        | 70           |
|              | Manguredjipa | 5                   | 0              | 5           | 4                         | 4            |
|              | Masereka     | 8                   | 1              | 9           | 3                         | 4            |
|              | Musienene    | 6                   | 1              | 7           | 2                         | 3            |
|              | Mutwanga     | 4                   | 0              | 4           | 3                         | 3            |
|              | Oicha        | 31                  | 0              | 31          | 19                        | 19           |
|              | Vuhovi       | 13                  | 0              | 13          | 10                        | 10           |
| Ituri        | Komanda      | 27                  | 9              | 36          | 9                         | 18           |
|              | Mandima      | 21                  | 3              | 24          | 10                        | 13           |
|              | Nyakunde     | 1                   | 0              | 1           | 1                         | 1            |
|              | Tchomia      | 2                   | 0              | 2           | 2                         | 2            |
|              | Rwampara     | 1                   | 0              | 1           | 1                         | 1            |
| <b>Total</b> |              | <b>832</b>          | <b>65</b>      | <b>897</b>  | <b>498</b>                | <b>563</b>   |

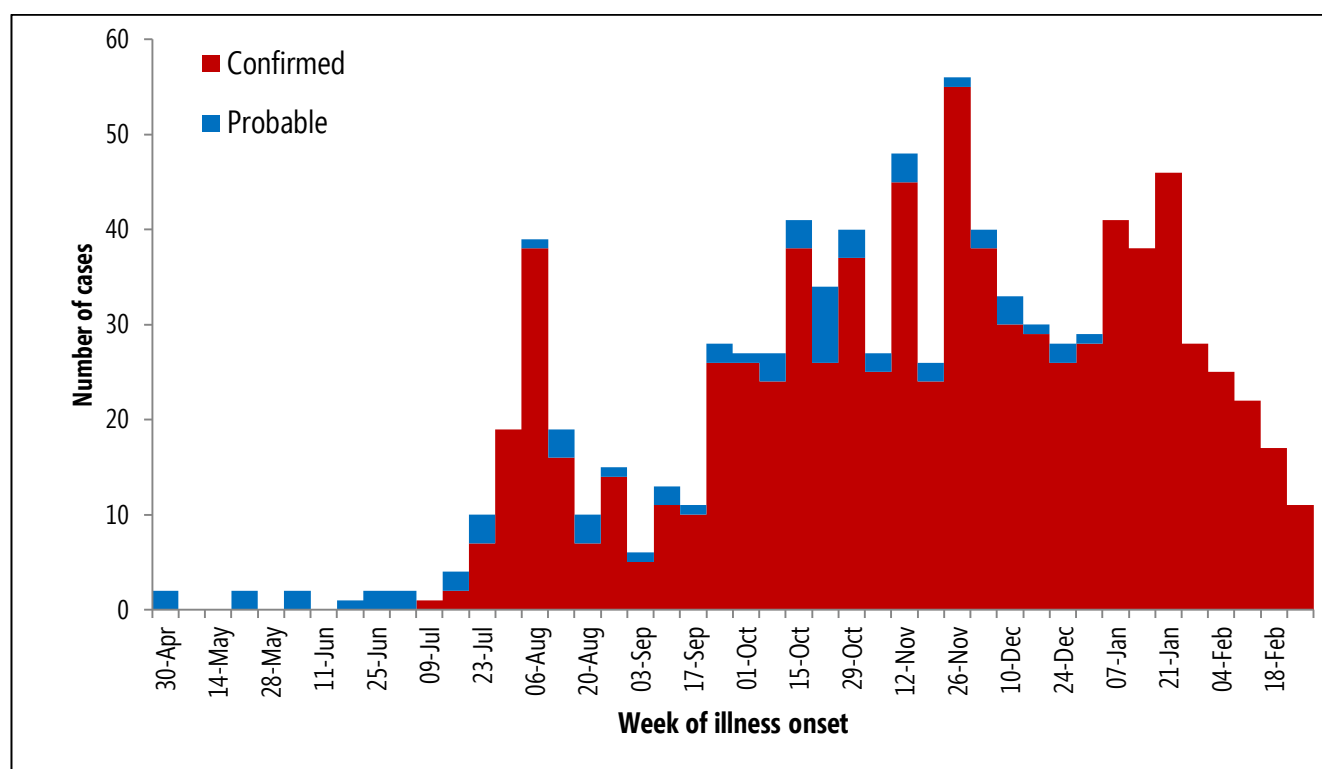
Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

**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, 3 March 2019**





**Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 3 March 2019 ( $n=897$ )\***



*\*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 being response ready. Some of the latest activities are summarized below:

### Surveillance and Laboratory

- ➔ Field and laboratory activities in many areas of Katwa were disrupted this week following insecurity. Nevertheless, response teams remain in the place, and wherever possible, continue to intensify active case finding in health facilities and communities, line listing and follow-up of contacts in health zones with recently reported confirmed cases
- ➔ Approximately 57 000 contacts have been registered to date and 5433 are currently under surveillance as of 3 March 2019, of whom between 81-85% have been followed in the past seven days. Additional resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring and overcome the challenging security situation and community non-engagement.

- ➔ An average of 710 alerts were received per day over the past seven days, of which an average of 673 (95%) were investigated within 24 hours of reporting.
- ➔ There are currently 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

- ➔ 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.
- ➔ Care was re-started at the Butembo ETC with 12 confirmed and 2 suspected cases transferred from the Katwa Transit Centre (TC) to the Butembo ETC.
- ➔ Extension work on the Katwa TC is underway, with the number of beds increased from 10 to 22.

## 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 211 743 travellers screened on 3 March 2019, bringing the cumulative number of screenings to 40.4 million. A cumulative total of 499 alerts were notified, with 189 validated, among which 6 cases were laboratory confirmed.
- ➔ From 25 February to 03 March 2019, 1 727 318 screenings were performed, of which 23 alerts were notified and investigated, four subsequently validated and all the validated alerts were EVD negative after the laboratory test.

- Routine supervision of day to day PoE/PoC operations continued in Goma, Beni, Bunia and Butembo. PNHF national supervision were deployed to Beni this week, to enhance supervision and continue the training of front-line workers.
- The security situation continues to deteriorate around Butembo and Katwa. The local screeners were threatened, and screening activities disrupted by vandals on 3 March 2019. This resulted in the interruption of screening at these PoCs. Furthermore, in Beni, there was an attack at Mavivi PoC on 25 February 2019 by armed men who destroyed the water tank.
- WHO, IOM and PNHF are updating the data collection tools to streamline the revised SOPs to integrate contact tracing at priorities PoEs and PoCs.
- Frontline workers at PoC/PoEs are becoming impatient due to delay in payments, with several workers in various territories of North Kivu and Ituri provinces going on strike from the 1 February 2019. Delay in funding under the Strategic Response Plan 3 continues to hinder PoE/PoC activities – IOM funds were exhausted in January 2019 and current activities are being conducted using a loan.

#### South Sudan

- IOM continues to support active screening at nine PoEs: Yei airport, Yei SSRRC, Tokori, Kaya, Okaba, Khorijo, Pure, Bazi and Salia Musala (newly added) with approximately 11 500 screenings performed this reporting week. There have been no alerts for EVD in the reporting period. Fever was the primary symptom identified at screening. Travelers with fever were referred to the local health facilities for further assessment (in many cases, malaria was diagnosed). IOM plans to support additional nine PoEs; assessment and preliminary works are underway.
- See latest sitrep from IOM South Sudan for 11-17 February 2019: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-evd-preparedness-update-8-18-24-feb>

#### Uganda

- On the Uganda-DRC border, there was a significant drop in movements recorded at IOM Population Flow Monitoring points between 10-12 February 2019 due to an increase in the immigration fee required by the border authorities in Democratic Republic of the Congo, which was quickly readjusted. Travellers coming from Beni into Uganda are mostly passing through Busunga, Madepo and Mpondwe on the Ugandan side.
- From 01-15 February 2019, most of movements observed at IOM Population Flow Monitoring points on Uganda-South Sudan border were short term movements of one day to a week (70% of all movements observed), mostly due to economic reasons and purchase of goods. Elegu observed high flows of population fleeing conflict in Jonglei and Bahr el-ghazal in South Sudan. The reopening of the

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