

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 26



REGIONAL OFFICE FOR

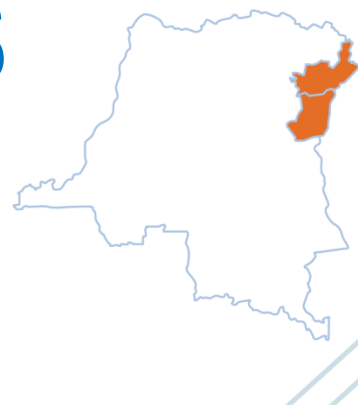
World Health
Organization

Africa

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Date of issue: 30 January 2019

Data as reported by: 28 January 2019

1. Situation update

| Cases | Deaths |
|---|--|
|  743 |  461 |

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to present challenges in response, with continuing security incidents and community resistance to response measures. Since our last report on 23 January 2019, 44 additional confirmed and five new probable EVD cases have been reported, including 28 deaths. The five probable cases (all deceased), were reported retrospectively from Komanda following a case classification update. The numbers of cases in Katwa and Butembo areas continue to increase rapidly.

From the beginning of the outbreak to 28 January 2019, a total of 743 EVD cases, including 689 confirmed and 54 probable cases (Table 1), were reported from 18 health zones in the provinces of North Kivu and Ituri (Figure 1). Eleven of the 18 affected health zones have ongoing active transmission, reporting at least one confirmed case in the last 21 days (8-28 January 2019). Over this period, a total of 114 confirmed and probable cases were reported, with 63% (72/114) reported from Katwa Health Zone alone. Overall, the majority of the cases occurred in urban centres and towns including Katwa (72), Beni (8), Butembo (7), Komanda (6), Kayna (5), Oicha (4), Manguredjipa (4), Biena (3), Kyondo (2), Musienene (2), and Vuhovi (1). Trends in case incidence reflect the continuation of the outbreak across a geographically widely dispersed area (Figure 1, Figure 2). Weekly reported cases have increased over the past three weeks, mostly driven by the outbreak in Katwa. After several weeks of declining case numbers in Beni, six cases were reported over the past seven days, all linked to known transmission chains.

As of 28 January 2019, a total of 461 deaths were reported, including 407 among confirmed cases. The case fatality ratio among confirmed cases is 59% (407/689). Two new confirmed healthcare workers were reported since the last report. Since the beginning of the outbreak, 63 healthcare workers have been infected, with 21 deaths. Since 1 December 2018, 67% (189/281) of the cases visited or worked in a healthcare facility before or after their onset of illness. Of those, 18% (51/281) reported contact with a healthcare facility before their onset of illness, suggesting possible nosocomial transmission. Healthcare facilities with possible nosocomial transmissions have been identified and response teams are following up to address gaps around triage, case detection and infection prevention and control measures.

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 alerts outside the outbreak affected areas have been ruled out for 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 28 January 2019

| Province | Health zone | Case classification | | | Deaths | |
|--------------|--------------|---------------------|----------------|-------------|---------------------------|--------------|
| | | Confirmed cases | Probable cases | Total cases | Deaths in confirmed cases | Total deaths |
| North Kivu | Beni | 224 | 9 | 233 | 137 | 146 |
| | Biena | 4 | 0 | 4 | 2 | 2 |
| | Butembo | 53 | 0 | 53 | 45 | 45 |
| | Goma | 0 | 0 | 0 | 0 | 0 |
| | Kalunguta | 40 | 13 | 53 | 21 | 34 |
| | Katwa | 160 | 4 | 164 | 94 | 98 |
| | Kayna | 5 | 0 | 5 | 2 | 2 |
| | Kyondo | 10 | 2 | 12 | 4 | 6 |
| | Lubero | 0 | 0 | 0 | 0 | 0 |
| | Mabalako | 88 | 16 | 104 | 54 | 70 |
| | Manguredjipa | 4 | 0 | 4 | 3 | 3 |
| | Masereka | 7 | 1 | 8 | 2 | 3 |
| | Musienene | 6 | 1 | 7 | 2 | 3 |
| | Mutwanga | 3 | 0 | 3 | 2 | 2 |
| | Oicha | 29 | 0 | 29 | 7 | 7 |
| | Vuhovi | 9 | 0 | 9 | 3 | 3 |
| Ituri | Komanda | 27 | 5 | 32 | 16 | 21 |
| | Mandima | 17 | 3 | 20 | 10 | 13 |
| | Nyakunde | 1 | 0 | 1 | 1 | 1 |
| | Tchomia | 2 | 0 | 2 | 2 | 2 |
| Total | | 689 | 54 | 743 | 407 | 461 |

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 in North Kivu and Ituri provinces, Democratic Republic of the Congo, 28 January 2019 ($n=743$)

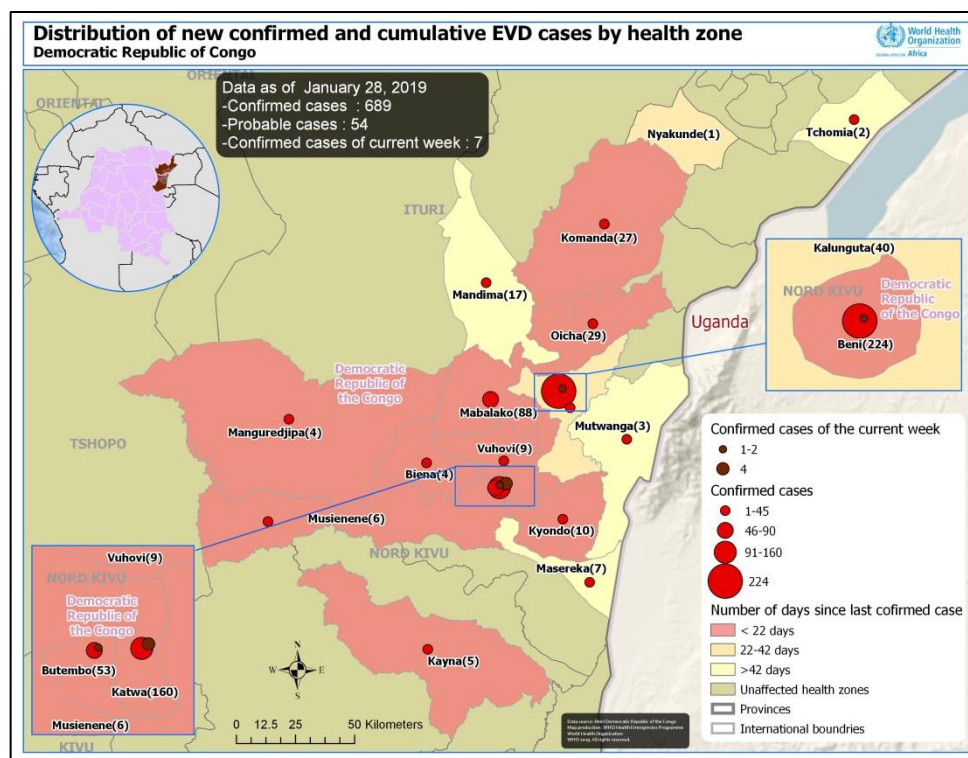
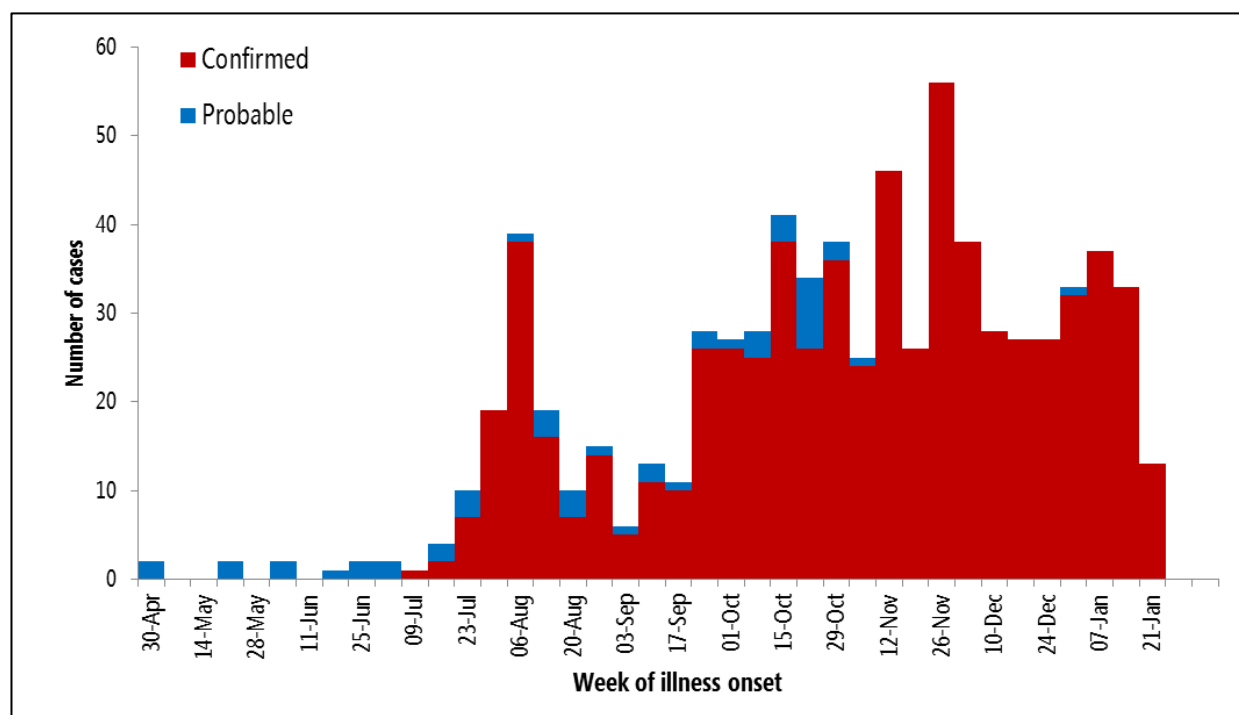


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 28 January 2019 ($n=743$)*



**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

- ➔ There is intensified active case finding in health facilities and communities, as well as line listing and follow-up of contacts in health zones with recently reported confirmed cases. Response operations in two areas of Komanda were not accessible in the past few days as a result of insecurity. Community leaders from Aloya were briefed on surveillance.
- ➔ A response cell has been established in Oicha, integrating surveillance, infection prevention and control, communication and vaccination.
- ➔ Contact tracing continues with 44 689 contacts registered to date and 6 437 currently under surveillance, of whom between 82-88% have been followed in the past seven days. More resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring despite the challenging security situation and community non-engagement.
- ➔ WHO continues to monitor alerts from outbreak-affected areas. In the last week, an average of 460 alerts were received per day, of which an average of 435 (94.5%) were investigated. Field teams are reviewing and reinforcing active case finding across all areas to ensure new cases are detected as quickly as possible.

Case management

- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial for Ebola therapeutics. This is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- ➔ As of 28 January 2018, 200 patients were admitted to eight Ebola transit and treatment centres (60% of available 332 beds occupied). The bed occupancy was high in Butembo and Katwa ETCs, and Beni CT, 91%, 106%, and 110%, respectively.
- ➔ MSF has been requested to construct a 10-bed tent for suspected cases in Beni and an isolation unit is to be established in Oicha.

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

- ➔ Extensive IPC activities are ongoing throughout the Democratic Republic of the Congo, 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. Distributions of IPC kits, which include consumables items such as personal protective equipment, are ongoing in healthcare facilities. There was community resistance to decontamination of a hospital where a confirmed case had died in Rughend, Katwa Health Zone last week.

- ➔ Hygiene kits were received in Butembo, the construction of an incinerator was finalized at Okapi, Beni Health Zone; materials and equipment were sent to the hospital at Masereka and construction started on an ash pit at the Carl Becker facility in Beni.

Points of Entry (PoE)

- ➔ As of 27 January 2019, 29 947 674 traveller screenings were carried out at 78 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and their surroundings. Of these screenings, 198 alerts were notified. A total of 94 of the 198 alerts were validated as suspect cases after investigation, and five were positive for Ebola virus following laboratory test.
- ➔ During this reporting period, 27 alerts were notified, of which 13 were validated and subsequently none were confirmed as Ebola cases.
- ➔ Following the spread of the outbreak into Kayna, capacitating PoEs and PoCs surrounding Goma continue to be a top priority. A training on travellers' health screening was implemented from 24 through 26 January 2019 in Kiwanja (North of Goma). Twenty PoE frontline health screeners based at the Kiwanja, Ishasha, Bunagana, Vishumbi, Kitagoma, and Munyaga PoE/PoC participated in the training. Systematic screening and registration of all travellers at OPRD was also enhanced. A similar training was facilitated by IOM, reaching 128 field personnel in Aru and Mahagi (strategic sites because of their proximity to Uganda).
- ➔ Joint supervision missions by MoH, IOM and WHO continue at the PoCs of Petite Barrière, Mavivi and Pasisi, and rehabilitation works were completed for the PoCs of Foner Komanda, Dele and Mudzipela.

Safe and Dignified Burials (SDB)

- ➔ As of 27 January, a total of 1 790 SDB alerts have been received of which 1 461 were responded to successfully (82%) by Red Cross and Civil Protection SDB teams.
- ➔ From 20 through 26 January 2019 (week 4), 219 SDB alerts were received, 39% more than in the previous week (week 3) and 121% more than in the week prior to the election turmoil in 2018 (week 50).
- ➔ 49 (22%) alerts came from Beni Health Zone, followed by Katwa (46), Butembo (37), Komanda (21), Oicha (16), Mabalako (13), Goma (9), Kyondo (7), Kalunguta (4), Mandima (4), Musienne (4), Kayna (3), Bunia (2) and Kibirizi (1).

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