

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 24



REGIONAL OFFICE FOR

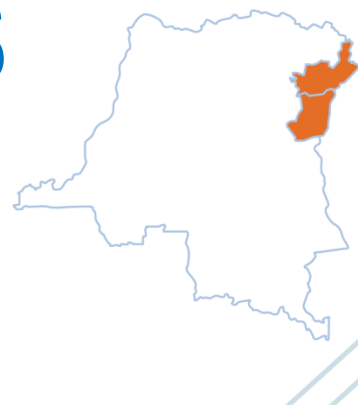
World Health  
Organization

Africa

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## Democratic Republic of the Congo

### External Situation Report 24



Date of issue: 16 January 2019

Data as reported by: 14 January 2019

#### 1. Situation update

Cases	Deaths
 <b>658</b>	 <b>402</b>

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo persists and continues to be closely monitored. Since our last report on 8 January 2019, 33 additional EVD cases (32 confirmed and 1 probable) and 25 deaths have been reported.

From the beginning of the outbreak to 14 January 2019, a total of 658 EVD cases, including 609 confirmed and 49 probable cases (Table 1), were reported from 17 health zones in the provinces of North Kivu and Ituri (Figure 1). Twelve of these health zones reported at least one confirmed case in the last 21 days (25 December 2018 – 14 January 2019). Over this period, a total of 72 confirmed and probable cases were reported, with the majority of the cases occurring in major urban centres and towns in Katwa (33), Butembo (13), Oicha (9), Beni (4), Kalunguta (3), Komanda (3), Mabalako (2), Biena (1), Kyondo (1), Musienene (1), Vuhovi (1), and Mangurujipa (1) – a newly affected health zone. Trends in case incidence reflect the continuation of the outbreak across these geographically dispersed areas (Figure 2). The decline in case incidence in Beni has continued, with the last case reported on 1 January 2019. However, these trends must be interpreted cautiously, as delayed detection of cases is expected following recent temporary disruption in response activities. A high number of cases is currently being reported from Katwa, though the outbreak remains active across all areas listed above.

As of 14 January 2019, a cumulative total of 402 deaths were reported, including 353 deaths among confirmed cases. The case fatality ratio among confirmed cases is 58% (353/609). Since 1 December 2018, 36% (72/202) of cases have occurred in children <15 years of age. Of these, 16 cases were <1 year of age. A total of 29 pregnant women have been reported so far. To date, 57 infected healthcare workers (including 20 deaths) have been reported, with an additional laboratory worker and a nurse identified retrospectively during the last reporting week. On 14 January 2019, one death among a healthcare worker occurred in Katwa Health Zone.

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. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo, Uganda, and South Sudan. To date, all alerts outside the above-mentioned outbreak affected areas have been ruled out for EVD. Alerts for international travellers who may have potentially been exposed to the virus are also being followed up. A doctor who returned to the United States of America after providing

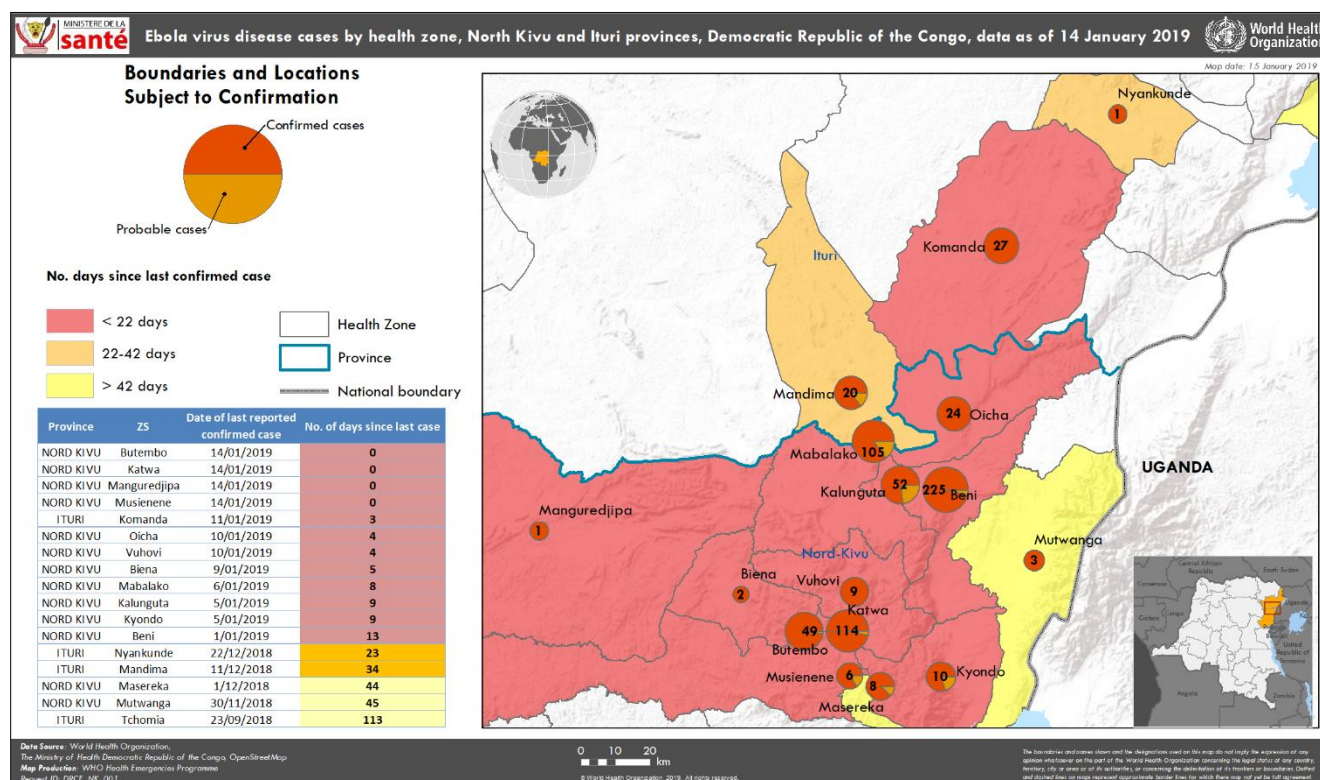
medical assistance in the Democratic Republic of the Congo, mentioned in the previous report, has completed 21 days monitoring period without showing any symptoms.

**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 January 2019**

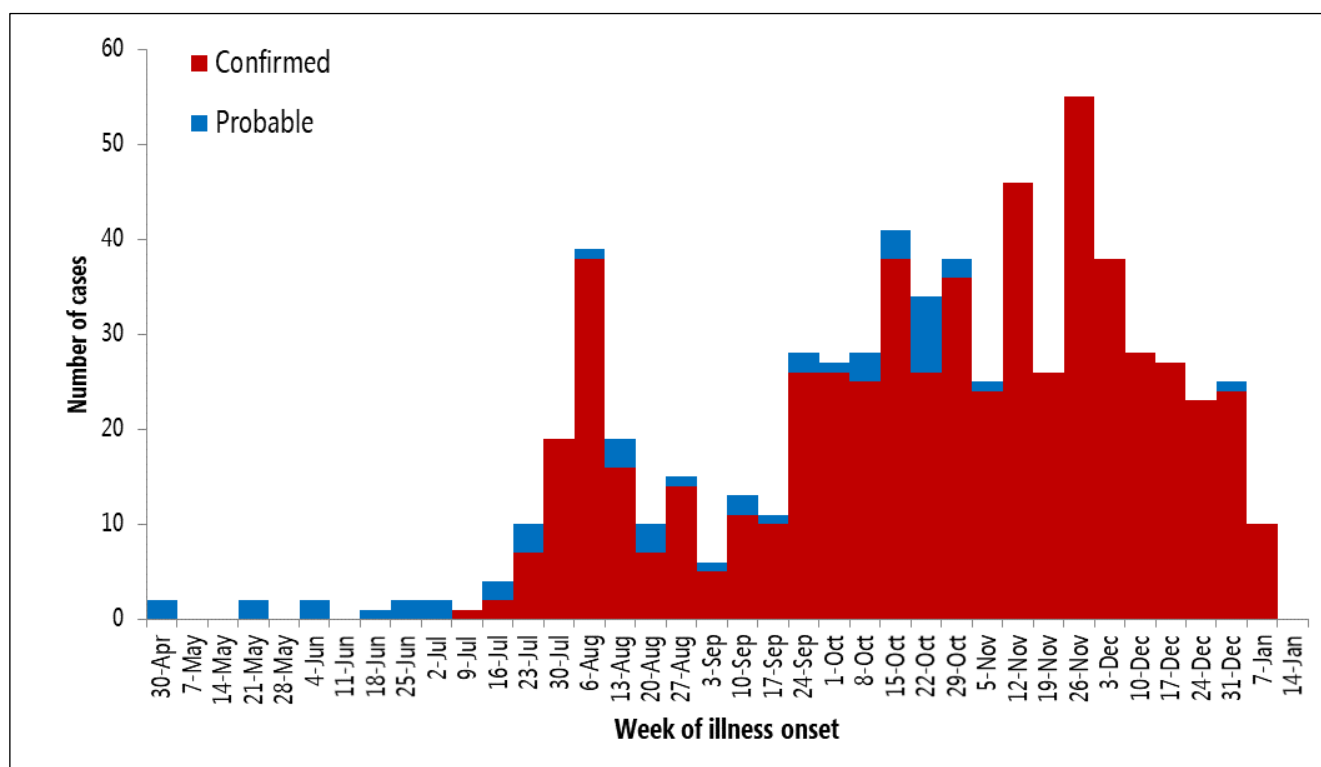
Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	216	9	225	132	141
	Biena	2	0	2	1	1
	Butembo	48	1	49	34	35
	Kalunguta	40	12	52	21	33
	Katwa	110	4	114	64	68
	Kyondo	8	2	10	3	5
	Mabalako	89	16	105	53	69
	Manguredjipa	1	0	1	1	1
	Masereka	7	1	8	2	3
	Musienene	5	1	6	2	3
	Mutwanga	3	0	3	2	2
	Oicha	24	0	24	6	6
Ituri	Vuhovi	9	0	9	3	3
	Komanda	27	0	27	16	16
	Mandima	17	3	20	10	13
	Nyakunde	1	0	1	1	1
Total	Tchomia	2	0	2	2	2
		<b>609</b>	<b>49</b>	<b>658</b>	<b>353</b>	<b>402</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 in North Kivu and Ituri provinces, Democratic Republic of the Congo, 14 January 2019 (n=658)**



**Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 14 January 2019 (n=657)\***



*\*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*



## Current risk assessment

This outbreak of EVD is affecting two provinces in north-eastern Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include: transportation links between the affected areas, the rest of the country, and neighbouring countries; internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. Additionally, the security situation in North Kivu and Ituri continues to hinder the implementation of response activities. On 28 September 2018, based on the worsening security situation, WHO revised its risk assessment for the outbreak, elevating the risk nationally and regionally from high to very high. The risk globally remains low. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

Given the context, including the volatile security situation, sporadic incidents of community reluctance, refusal or resistance, continued reporting of confirmed cases, and the risk of spread to neighbouring countries, an International Health Regulations (IHR) Emergency Committee (EC) on the EVD outbreak in North Kivu, Democratic Republic of the Congo, was convened on 17 October 2018. The EC advised that the EVD outbreak does not constitute a public health emergency of international concern. The EC did, however, express their deep concern emphasising the need to intensify response activities and strengthen vigilance whilst noting the challenging security situation and providing a series of public health recommendations to further strengthen the response. The EC commended the Government of the Democratic Republic of the Congo, WHO, and all response partners for the progress made under difficult circumstances.

## Strategic approach to the prevention, detection and control of EVD

WHO recommends implementation of strategies for the prevention and control EVD outbreaks. These include (i) strengthening multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, confirmation of cases by laboratory testing, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (vi) adapting safe and dignified burials approach to the context with the support of anthropologists, (vii) adapting and enhancing risk communication, social mobilization and community engagement strategies, (viii) enhancing psychosocial support to the affected population, (ix) improving coverage of risk groups by the ring vaccination, (x) adapting strategies to the context of insecurity and high community resistances.

## 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. Active case finding, which had been disrupted in Beni and Butembo since 26 December 2018, is gradually resuming.
- ➔ Contact tracing activities continue, with over 39 000 contacts registered to date. As of 14 January 2019, 4 634 contacts remain under surveillance including 3 723 (80%) contacts seen over the past 24 hours. The field team is intensifying community engagement and case investigation to ensure all (100%) of high risk contacts are identified timeously and followed-up daily.
- ➔ WHO continues to monitor alerts from outbreak-affected areas. In the last week, on average of 267 alerts were received per day, of which an average of 259 (97%) per day could be 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 first-ever multi-drug randomized control trial within an outbreak setting is an important step towards finding an effective evidence-based treatment for Ebola. The trial is coordinated by WHO and led and sponsored by the Democratic Republic of the Congo's National Institute for Biomedical Research (INRB) which is the principal investigator. The trial has begun in the Alliance for International Medical Action (ALIMA) ETC in Beni, where patients are enrolled in the study after obtaining voluntary informed consent. MSF treatment centres are also preparing to launch the trial at their sites in the near future.
- ➔ Until other ETCs are ready to launch the trial, they will continue to provide therapeutics under the Monitored Emergency Use of Unregistered Interventions (MEURI) (compassionate use) protocol, in collaboration with the MoH and the INRB, together with supportive care measures. WHO continues to provide technical clinical expertise on-site at all treatment centres. UNICEF is providing nutritional treatment and psychological support for all hospitalized patients.
- ➔ As of 13 January 2019, bed occupancy remains above 50% in Beni (67%), Katwa (63%), Butembo (58%) ETCs, and in Beni transit centre (52%).

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