

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 23



World Health  
Organization  
REGIONAL OFFICE FOR Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 23



Date of issue: 8 January 2019

Data as reported by: 6 January 2019

#### 1. Situation update

Cases	Deaths
 <b>625</b>	 <b>377</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 1 January 2019, 17 newly confirmed cases have been reported.

From the beginning of the outbreak through 6 January 2019, a total of 625 EVD cases, including 577 confirmed and 48 probable cases (Table 1), were reported from 16 health zones in the two neighbouring provinces of North Kivu and Ituri (Figure 1), of which ten health zones reported at least one confirmed case in the last 21 days (17 December 2018 – 6 January 2019). Over this period, 80 confirmed cases were reported from ten health zones, the majority of which were concentrated in major urban centres and towns in Beni (12), Butembo (15), Kalunguta (6), Katwa (19), Komanda (4), Kyondo (1), Mabalako (9), Musienene (1), Nyankunde (1), and Oicha (12).

Trends in case incidence (Figure 2) reflect the continuation of the outbreak across these geographically dispersed areas. The reported number of cases in epidemiological week 1 (31 December 2018 - 6 January 2019) has increased with 27 new confirmed cases compared to 19 new confirmed cases in week 52 (24 - 30 December 2018).

During week 1, the number of reported deaths among confirmed cases was 13, of which three (23%) were community deaths. Promising declines in case incidence in areas such as Beni have continued. However, here and elsewhere, these trends must be interpreted cautiously, as delayed detection of cases is expected following recent temporary disruption in response activities due to insecurity. The outbreak remains highly active across all areas listed above. Hard-earned progress could still be lost from prolonged periods of insecurity hampering containment efforts.

As of 6 January 2018, a cumulative total of 377 deaths were reported, including 329 deaths among confirmed cases. The case fatality ratio among confirmed cases is 57% (329/577). An additional health worker was identified retrospectively among the cases, and the number of healthcare workers infected to date is now 55, with 18 deaths.

The 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, South Sudan, and a traveller returning from Burundi to Sweden. To date, EVD has been ruled out in all alerts outside the above-mentioned outbreak affected areas. International travellers who may have come into contact with the virus, including a doctor who returned to the United States of America after providing medical assistance in the Democratic Republic of the Congo, are also being followed closely; all remain asymptomatic to date.

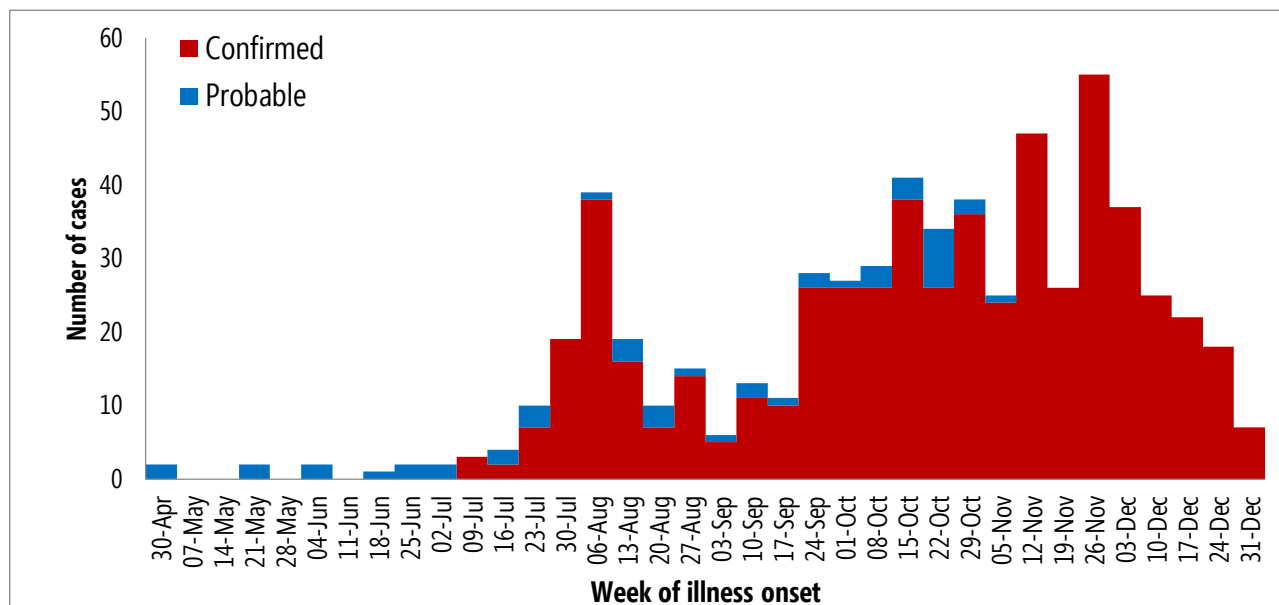
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 6 January 2019**

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	218	9	227	130	139
	Biena	1	0	1	0	0
	Butembo	46	0	46	27	27
	Kalunguta	40	12	52	17	29
	Katwa	87	4	91	56	60
	Kyondo	8	2	10	3	5
	Mabalako	89	16	105	52	68
	Masereka	7	1	8	2	3
	Musienene	4	1	5	2	3
	Mutwanga	3	0	3	2	2
	Oicha	23	0	23	6	6
	Vuhovi	8	0	8	3	3
Ituri	Komanda	23	0	23	16	16
	Mandima	17	3	20	10	13
	Tchomia	2	0	2	2	2
	Nyakunde	1	0	1	1	1
<b>Total</b>		<b>577</b>	<b>48</b>	<b>625</b>	<b>329</b>	<b>377</b>

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

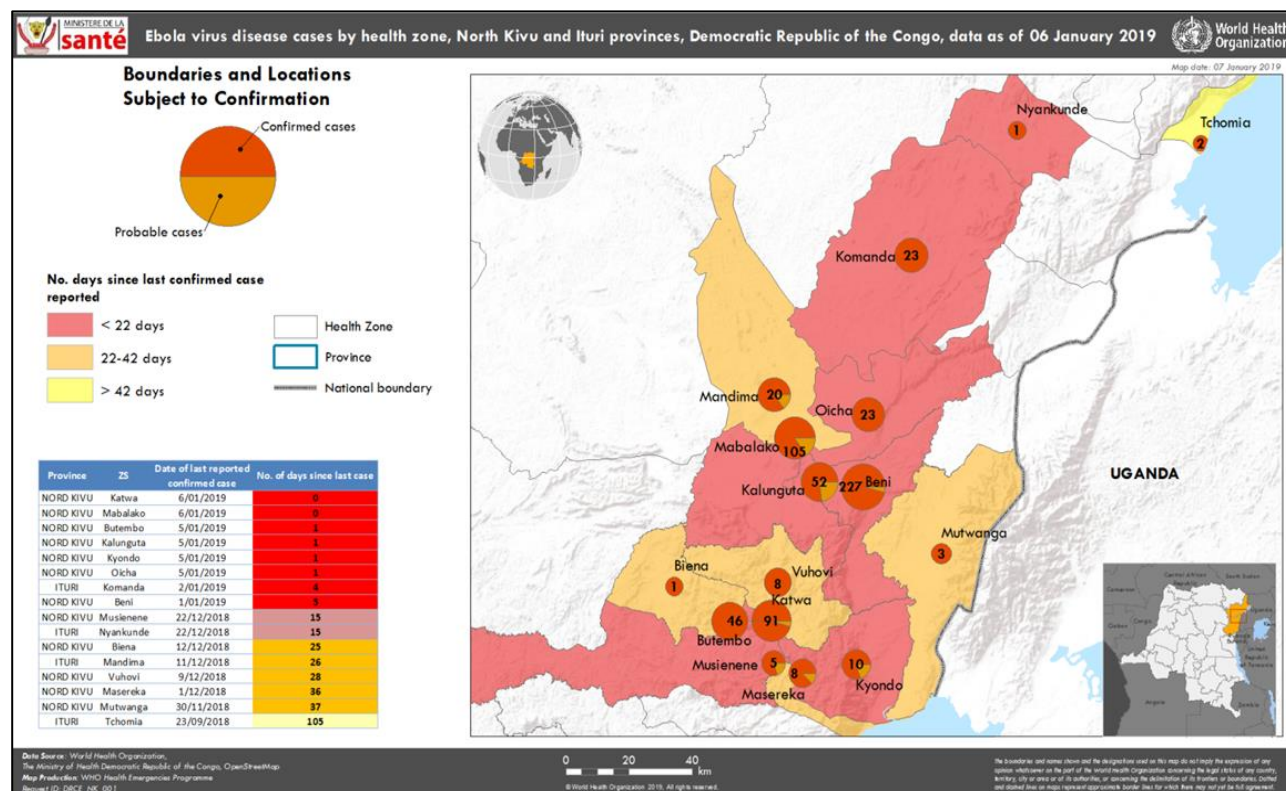


**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 6 January 2019 (n=625)\***



\*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

**Figure 2. Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 6 January 2019 (n=625)**



## Current risk assessment

This outbreak of EVD is affecting north-eastern provinces of the 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. However, active case finding has been disrupted in Beni and Butembo since 26 December 2018 and is gradually resumed.
- ➔ Contact tracing activities continues, with over 35 000 contacts registered to date. As of 6 January 2019, 4 350 contacts remain under surveillance including 4 058 (93%) contacts seen over the past 24 hours.
- ➔ 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 activities to ensure surveillance is maintained across areas, and new cases are detected as quickly as possible.
- ➔ As of 6 January 2019, 141 samples were analysed, with 128 negative and 13 positive for EVD.

## 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 6 January 2019, a total of 151 patients are hospitalized in ETCs, of which 29 are confirmed cases, receiving compassionate therapy.

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