

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 18



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Date of issue: 5 December 2018

Data as reported by: 3 December 2018

#### 1. Situation update



The Ministry of Health (MoH), WHO and partners continue to respond to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo, and remain confident that the outbreak can be contained, despite ongoing challenges. During the reporting period (27 November – 3 December 2018), 31 new confirmed cases and one new probable case were detected. The cases were reported from eight health zones in North Kivu Province: Beni (n=8), Katwa (n=8), Vuhovi (n=3), Kalunguta (n=2), Butembo (n=1), Masereka (n=1), Mutwanga (n=1) and Mabalako (n=1), as well as Komanda Health Zone (n=7) in Ituri Province. A total of 27 deaths occurred during the reporting period.

As of 3 December 2018, a total of 453 EVD cases, including 405 confirmed and 48 probable cases (Table 1), have been reported from 14 health zones in the two neighbouring provinces of North Kivu and Ituri (Figure 2). The health zones of Komanda, Masereka and Mabalako have reported one new confirmed case each, respectively 61 days, 48 days and 56 days after confirmation of previously confirmed cases, and investigations are ongoing regarding links and travel history from other areas to these cases. Over the last 21 days (13 November to 3 December 2018), 110 confirmed and probable cases were reported from 11 health zones. The majority were reported from Beni (n=35), Katwa (n=34), Kalunguta (n=15) and Butembo (n=10). The other affected health zones were Komanda, Kyondo, Mabalako, Masereka, Mutwanga, Oicha and Vuhovi. Of the 453 cases, 268 died (case fatality rate 59%), including 220 among confirmed cases. Females account for 59% of all confirmed and probable cases. Two health workers were among the new confirmed cases, bringing the total number of health workers infected to 44, including 12 deaths.

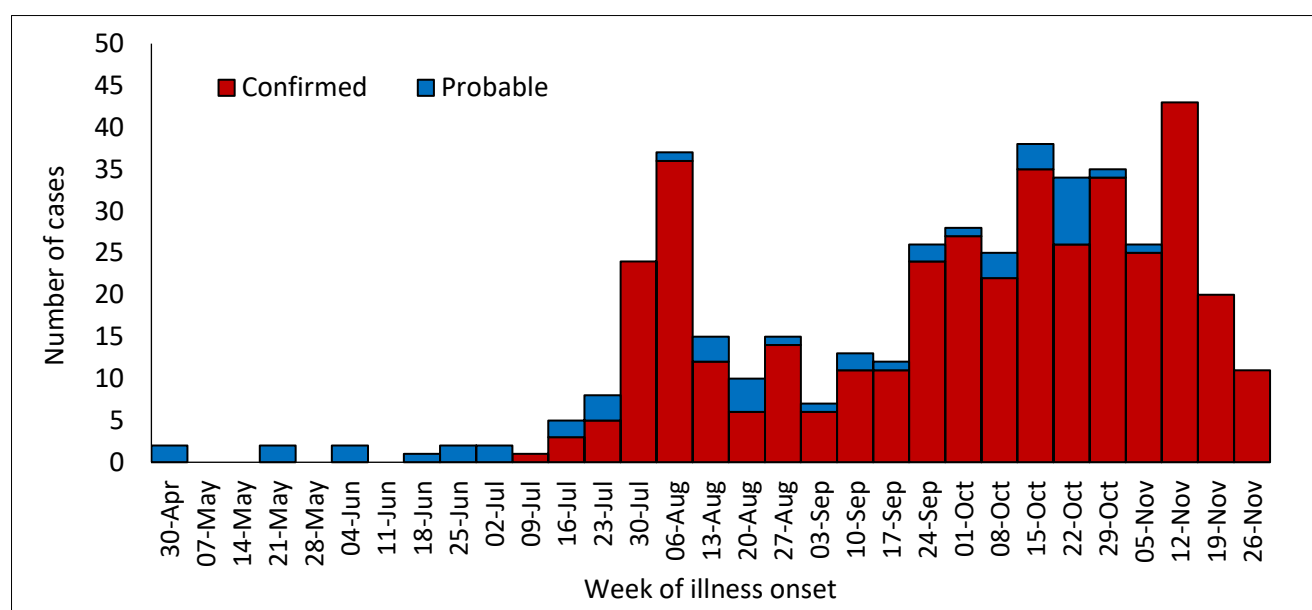
As of 3 December 2018, 144 confirmed cases have recovered and been discharged from Ebola Treatment Centres (ETCs). On this day, 114 patients were hospitalised in transit centres and ETCs, of which 35 were laboratory confirmed and are receiving compassionate therapy under the monitored emergency use of unregistered and experimental interventions (MEURI) guidelines.

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 as well as in South Sudan and Uganda. To date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

**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 December 2018**

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths confirmed cases in	Total deaths
North Kivu	Beni	188	9	197	107	116
	Butembo	18	0	18	18	18
	Katwa	46	4	50	24	28
	Kalunguta	35	12	47	12	24
	Kyondo	3	2	5	1	3
	Mabalako	68	16	84	37	53
	Masereka	7	1	8	1	2
	Musienene	2	1	3	2	3
	Mutwanga	3	0	3	1	1
	Oicha	4	0	4	1	1
	Vuhovi	5	0	5	1	1
Ituri	Komanda	8	0	8	4	4
	Mandima	16	3	19	9	12
	Tchomia	2	0	2	2	2
<b>Total</b>		<b>405</b>	<b>48</b>	<b>453</b>	<b>220</b>	<b>268</b>

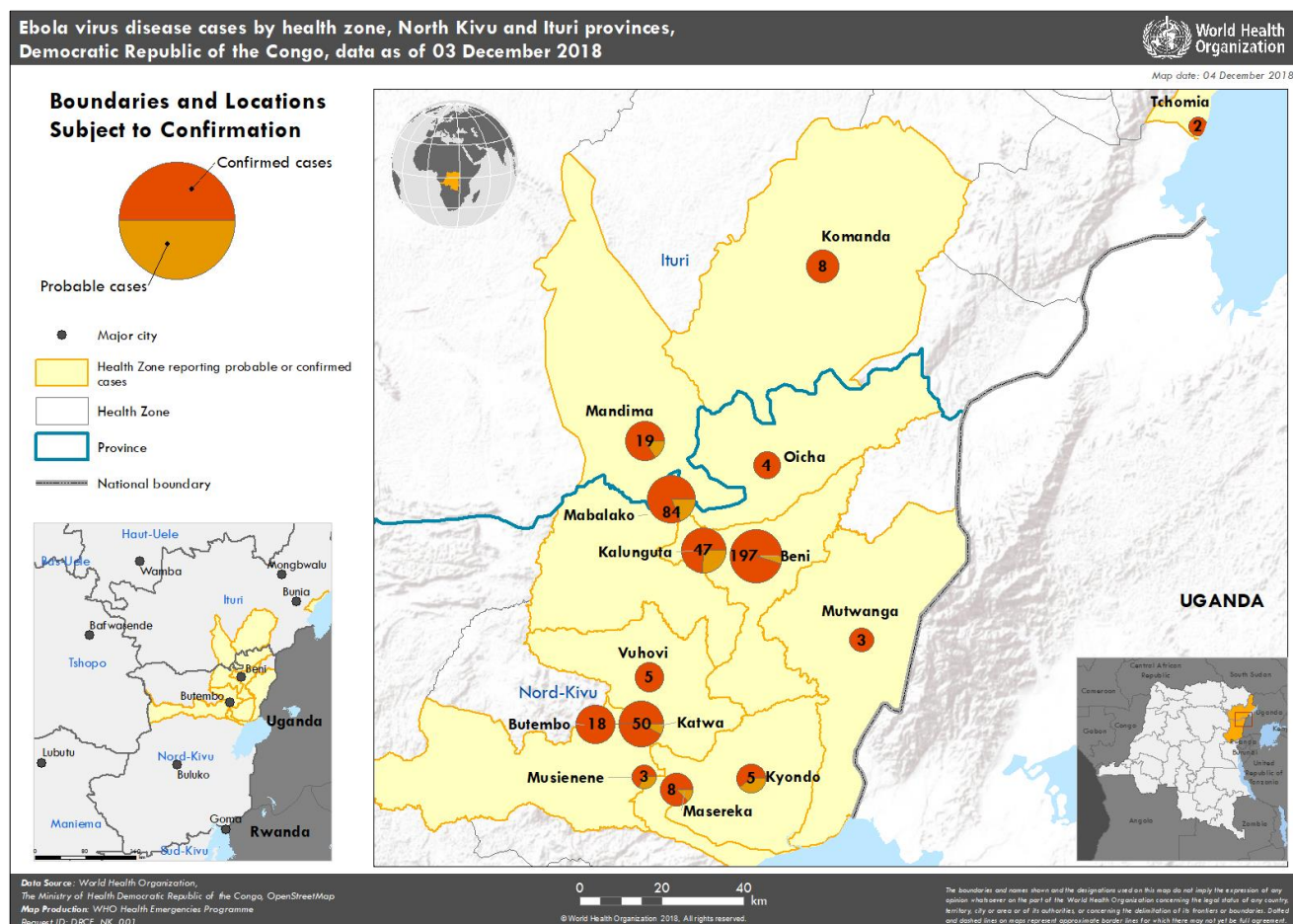
**Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, as of 2 December 2018 (n=444)\***



\* Case counts in recent weeks may be incomplete due to reporting delays.



**Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 3 December 2018 (n=453)**



## Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. The provinces are affected by intense insecurity and a worsening humanitarian context, with over one million internally displaced people and continuous movement of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. The Democratic Republic of the Congo is concurrently responding to multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongala, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox across the country.

## 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), including adapting strategies to the context of insecurity and high community resistances (iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (v) adapting safe and dignified burials approach to the context with the support of anthropologists, (vi) adapting and enhancing risk communication, social mobilization and community engagement strategies, (vii) enhancing psychosocial support to the affected population (viii) improving coverage of risk groups by the ring vaccination.

## 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 action 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.
- ➔ Contact tracing activities continue in 10 affected health zones with over 24 000 contacts registered to date. Of these, 5 335 contacts remain under surveillance as of 3 December 2018. The daily follow-up rates among listed contacts ranged from 90-95% over the past week. Surveillance teams continue to enhance processes of identifying case contacts and resolve potential gaps.
- ➔ The general upward trend in the number of alerts reported continues, with the intensification of surveillance activities across affected areas. On average, 212 (range 127-280) alerts per day were reported during the past week, of which 64 (52-77) per day were validated as suspected cases for further investigation.

## Case management

- ➔ Since the beginning of the response, 5 649 samples have been tested (including repeat samples).
- ➔ The ETCs continue to provide therapeutics under the MEURI protocol, in collaboration with the MoH and the Institut National de Recherche Biomédicale (INRB), together with supportive care measures. WHO is providing technical clinical expertise on-site and is assisting with the creation of a data safety management board.
- ➔ New patients continue to be treated in ETCs. As of 3 December 2018, 144 confirmed cases have recovered and been discharged. Bed occupancy was 63% in Beni ETC, 75% in Beni transit centre and 56% in Butembo ETC. All confirmed cases are being treated with a therapeutic under the MEURI framework after evaluation by clinical expert committee. All hospitalized patients receive food and psychological support.

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

- ➔ Additional capacity is being put into place to support IPC activities including, but not limited to, the deployment of additional experts to provide support to existing teams and review current strategies, review and enhance training materials and review key messaging for consistency with WHO recommendations.
- ➔ The IPC teams continue with decontamination of households of confirmed cases and health facilities; distribution of personal protective equipment to health facilities; briefing of health workers; and follow-up to check the functioning of handwashing points.
- ➔ The IPC teams in Goma continue with the identification of priority health care facilities in which several activities will be conducted, including: selecting IPC focal points, conducting facility assessments and trainings on triage and screening, case definition, personal protective equipment, and waste and sharps management.

## Points of Entry (PoE)

- ➔ As of 2 December 2018, over 18 million travellers have been screened, 127 alerts notified, and 40 alerts validated at PoEs/PoCs, of which 2 have been confirmed.
- ➔ As of 2 December 2018, over 16 million travellers washed their hands and more than 15 million have been sensitized at PoEs/PoCs.
- ➔ There was a joint WHO/ PNHF / IOM field visit at Petite Barriere in Goma to assess the area for the establishment of a new traveller screening pathway to shape it with the new PoEs building that will start holding PoEs services and traveller screening in the week of 3 December 2018.
- ➔ Following the Grande Barriere and the Petite Barriere visits, WHO recommends that these 2 PoEs be equipped with a thermal camera for optimal surveillance of fever rather than thermo-flash, which is more labour intensive and time consuming.
- ➔ A DRC/Uganda Ministerial Cross Border Meeting is planned on 5 December 2018 in Goma. The meeting agenda includes updates on the Ebola situation and response, PoE activities and cross-border cooperation mechanisms (Ebola surveillance zone, sharing information, weekly meetings at local level (health district), standard operating procedures for cross border collaboration) as a follow-up to the Entebbe Bilateral Meeting on Disease Surveillance from 2-4 October 2018.

## Safe and Dignified Burials (SDB)

- ➔ As of 3 December 2018, a total of 738 SDB alerts have been received of which 630 were responded to successfully (85%) by Red Cross and Civil Protection SDB teams.
- ➔ Between 25 November and 3 December 2018, a total of 86 SDB alerts were received, of which 46 (53%) came from Beni health zone followed by Mabalako (25), Butembo (11), Katwa (1), Mandima (2) and Oicha (1).
- ➔ The three teams trained in the community-based approach for safer burials are now operational in Kalunguta, Kayinjunga and Buthuhe.
- ➔ Reinforcement and scale up of SDB in Butembo area has resulted in 50 additional volunteers (25 in

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