

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 14



World Health  
Organization

REGIONAL OFFICE FOR

Africa

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Date of issue: 6 November 2018

Data as reported by: 4 November 2018

#### 1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored by the Ministry of Health (MoH), WHO and partners. Since WHO's last situation report issued on 30 October 2018 ([External Situation Report 13](#)) reporting on data as of 28 October, an additional 26 new confirmed EVD cases and 12 new deaths have been reported. Cases were reported from Beni (n=16), Butembo (n=6), Mabalako (n=2), Kalunguta (n=1) and Vuhovi (n=1) – a health zone between Beni and Butembo. The two cases reported in Mabalako are a mother and her new-born, residing and identified in Beni, who were transferred to the Mabalako Ebola treatment centre (ETC). Among the new confirmed cases from Beni were two nurses, thus bringing the number of affected health workers to 27, including 26 confirmed and three deaths. Among the 12 deaths reported, six occurred in ETCs and six occurred outside of ETCs (4 in Beni, 1 in Butembo, 1 in Vuhovi).

As of 4 November 2018, a total of 300 EVD cases, including 265 confirmed and 35 probable cases, have been reported (Table 1). The cases have been reported from eight health zones in North Kivu Province and three health zones in Ituri Province (Figure 3). Among the 300 cases, 186 deaths have been reported among confirmed cases (n=151) and probable cases (n=35) – a case fatality ratio (CFR) of 62% (186/300). Among the 295 cases with known age and sex, 59% (n=175) were female, and adults aged 15-44 accounted for 59% (n=174) of cases (Figure 2).

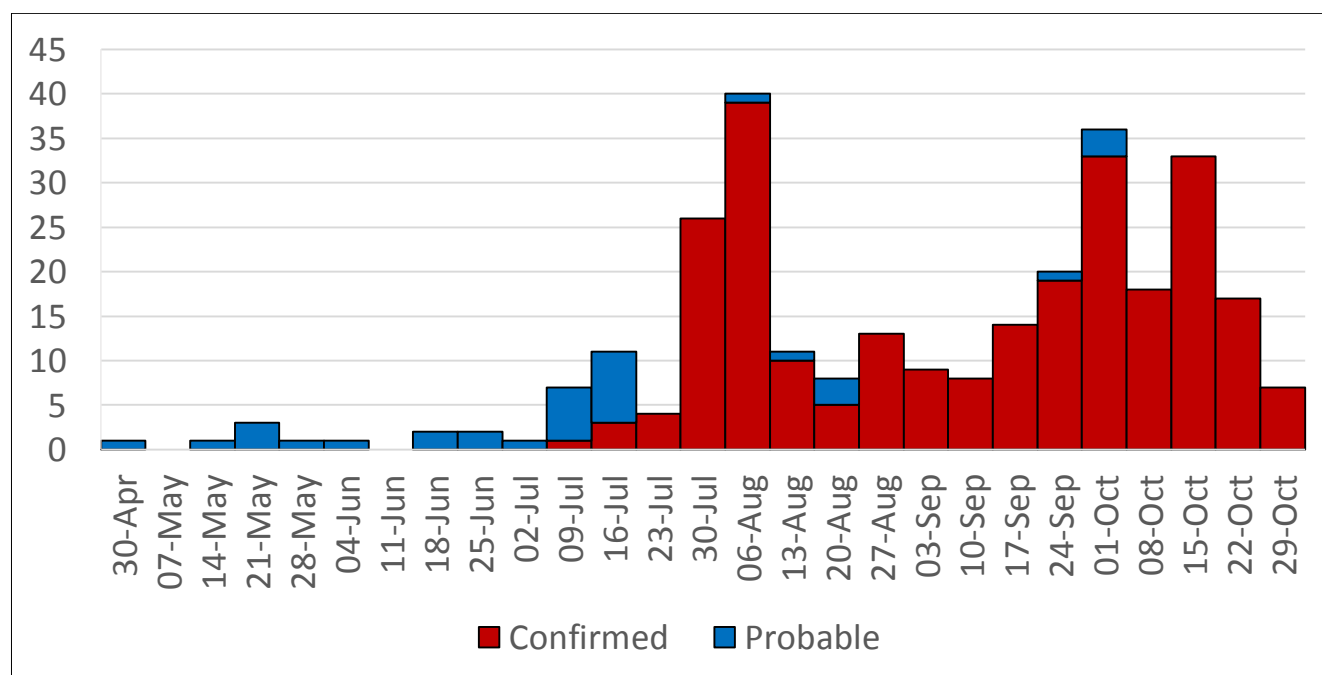
Fifteen additional cases have recovered and been discharged this past week; 14 from Beni ETC and one from Butembo ETC. As of 4 November 2018, 88 cases have recovered. On 4 November 2018, 91 patients (61 suspected and 30 confirmed cases) remained hospitalized at the ETCs.

The MoH, WHO and partners are monitoring and investigating 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, Uganda and Yemen. 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 4 November 2018**

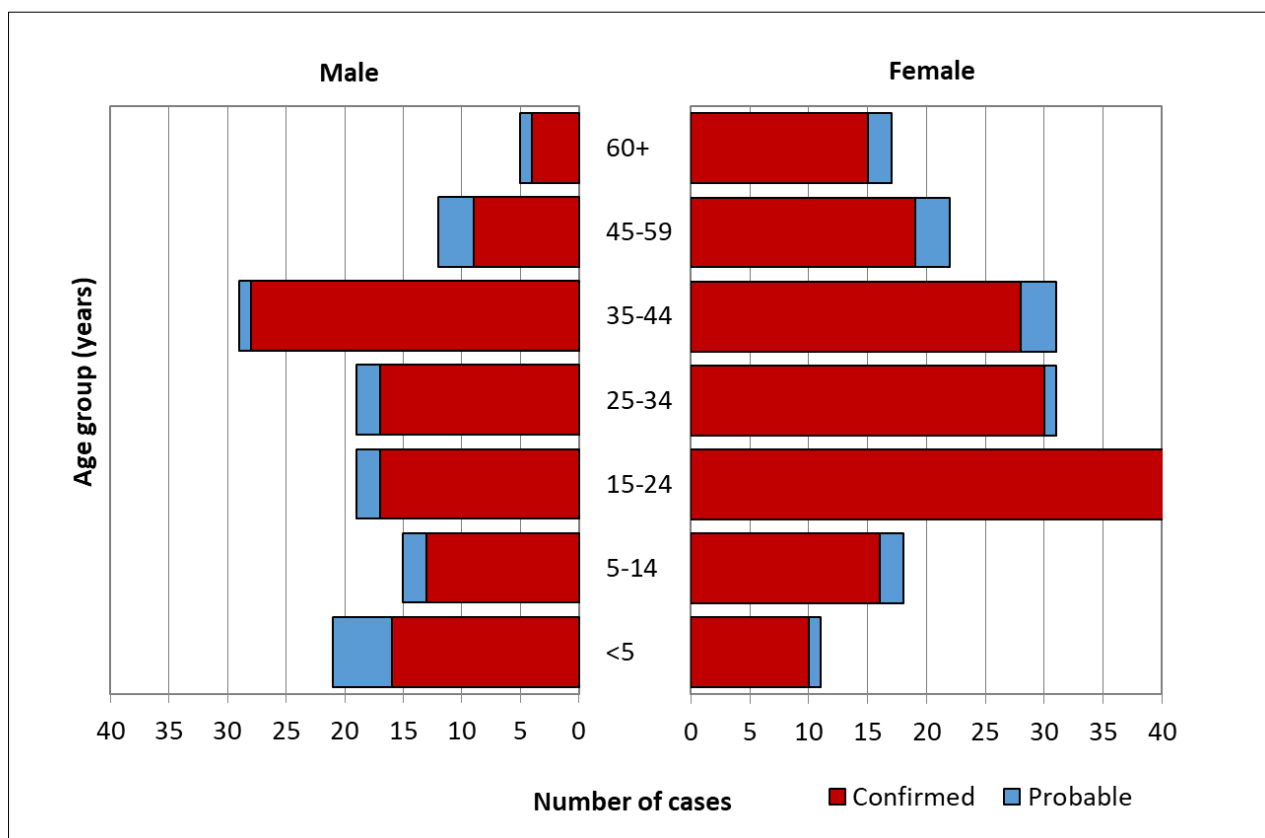
Case classification/ status	North Kivu								Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Vuhovi	Komanda	Mandima	Tchomia	
Probable	8	2	1	21	1	0	0	0	0	2	0	35
Confirmed	140	30	2	73	0	4	3	1	1	9	2	265
Total confirmed and probable	148	32	3	94	1	4	3	1	1	11	2	300
Suspected cases currently under investigation	22	7	0	3	1	1	1	1	0	0	2	38
Deaths												
Total deaths	91	18	1	67	1	1	1	1	0	3	2	186
Deaths in confirmed cases	83	16	0	46	0	1	1	1	0	1	2	151

**Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 4 November 2018 (n=294)\***



\*Week of onset is currently unknown for n=6 cases. Case counts in recent weeks may be incomplete due to reporting delays.

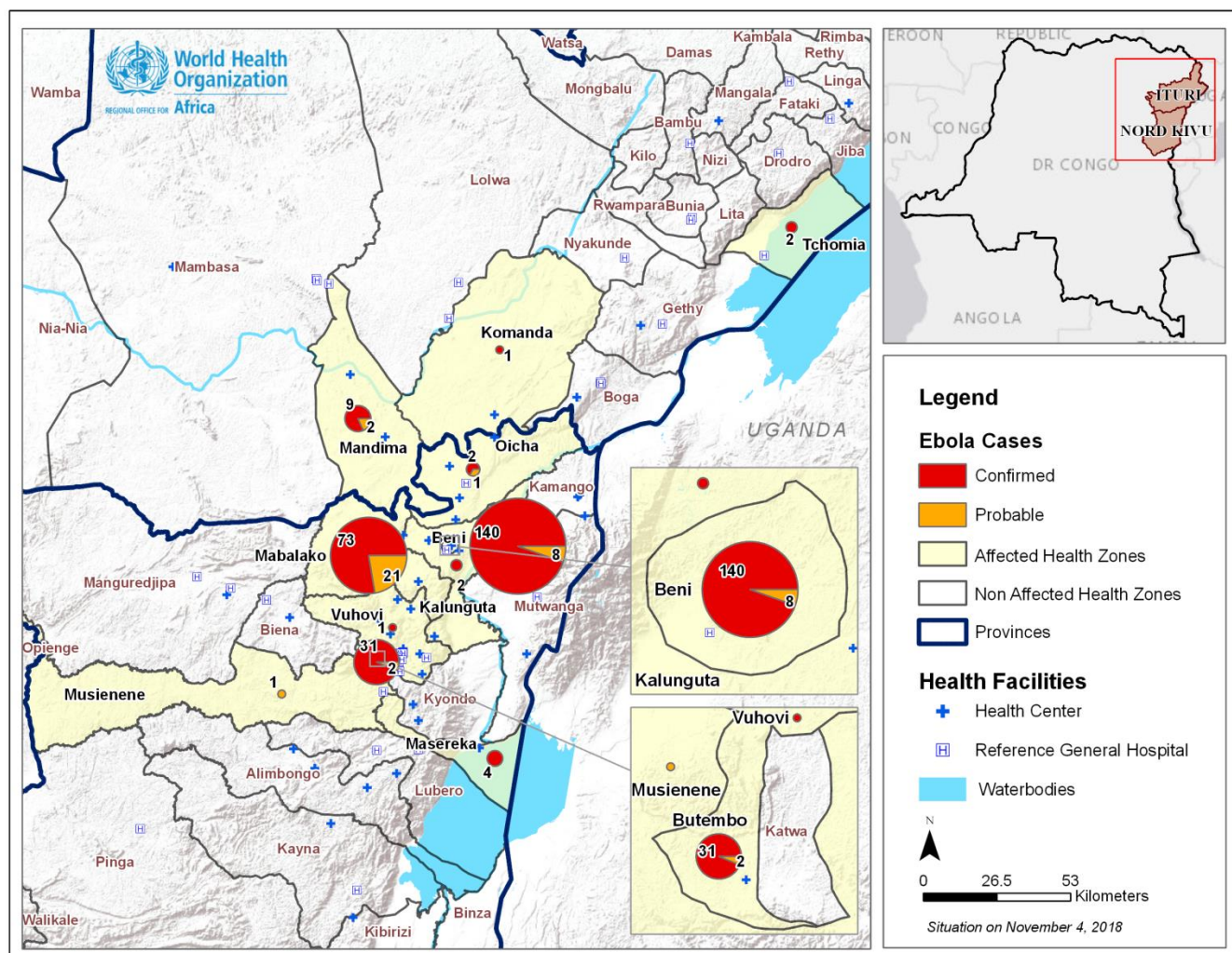
**Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 4 November 2018 (*n*=295)**



\*Age/sex is currently unknown for *n*=5 cases.



**Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 4 November 2018 (n=300)**



## Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. North Kivu shares borders with Uganda and Rwanda. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, 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 also experiencing multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongola, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox spread 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: the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis, measles, and monkeypox), and a long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri may 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 at national and regional levels from high to very high. The risk remains low globally. 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 current context around the outbreak, including the volatile security situation, community resistance, the continued reporting of confirmed cases, and the risk of spread of the outbreak to neighbouring countries, the first International Health Regulation (IHR) Emergency Committee on the Ebola Virus Disease (EVD) outbreak in North Kivu, Democratic Republic of the Congo (DRC), was convened on 17 October 2018. At the end of the meeting, the Emergency Committee decided that the current EVD outbreak does not constitute a public health emergency of international concern at this time; although the outbreak is still deeply concerning and the risk of spread to neighbouring countries remains very high. The Emergency Committee has made a series of recommendations to address this situation. This will require additional resources to be made available immediately not only for the intensification of the response, but also for preparedness in surrounding provinces and countries. The committee also recognized that the complex security situation, including mistrust of some of the population, is a severe complicating factor for the response. The Committee commended the government of the DRC, WHO, and all response partners for the progress made under difficult circumstances.

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

WHO recommends the implementation of proven strategies for the prevention and control EVD outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, 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, (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.

## 2. Actions to date

An updated response plan was launched by the MoH of the Democratic Republic of the Congo on 18 October 2018. The plan lays out the approach for the response over coming months, with a greater focus on building local capacity to manage the response.

### Surveillance

- Over 16 000 contacts have been registered to date, of which 4971 remained under surveillance as of 4 November 2018. Over the past week, high contact follow-up rates were achieved (ranging 90-92% per day). However, a large proportion of newly identified cases continue to be detected among individuals who were not previously identified as contacts. Surveillance and vaccination teams are continuing to enhance the processes of identifying case contacts, and identify potential gaps, to overcome this challenge.
- The number of alerts reported daily continues to increase with the enhancement of case detection and active case searching at community and health facility levels. On average during the past week, investigators responded to 161 (range: 139-187) alerts reported per day, of which an average of 52 (range: 39-59) were validated as suspected cases for further investigation and testing.

### Case management

- ETCs continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (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. All confirmed cases managed at ETC level, have received an investigational therapeutic after evaluation by clinical expert committee, unless they died soon

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