

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 13



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Data as reported by: 28 October 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. Of concern is the increased incidence of confirmed cases reported in the past four weeks, most notably in the city of Beni and communities around Butembo. Security remains the biggest challenge faced by the response teams in Beni and Butembo, undermining the response activities. Continued security incidents severely impact both civilians and frontline workers, forcing suspension of EVD response activities and increasing the risk that the virus will continue to spread. Moreover, with heightened transmission of the virus in outbreak affected areas, the risk of exportation of cases to neighbouring provinces and countries is increased. Neighbouring countries need to be ready in case the outbreak spreads beyond the Democratic Republic of the Congo.

Since WHO's last situation report issued on 23 October 2018 (*External Situation Report 12*), an additional 36 new confirmed EVD cases and 19 new deaths have been reported. As of 28 October 2018, a total of 274 confirmed and probable EVD cases, including 174 deaths, have been reported – a case fatality ratio (CFR) of 63.5%. Among the 274 cases, 239 are confirmed and 35 are probable cases. Of the 174 deaths reported since the beginning of the outbreak, 139 were among confirmed cases and 35 among probable cases. The proportion of deaths among confirmed cases is 58.2% (139/239). On 28 October, 32 new suspected cases were under investigation in Beni (22), Mabalako (3), Butembo (3), Mandima (2), Masereka (1) and Kalunguta (1).

As of 28 October 2018, 73 cases have recovered, been discharged from Ebola treatment centres (ETCs), and re-integrated into their communities. On 28 October, 32 new patients were admitted to ETCs, bringing the total of hospitalized patients to 77 (45 suspected cases and 32 confirmed cases). On that day, the ETCs in Beni and Butembo recorded a bed occupancy rate of 85% (51/60) and 70% (13/30), respectively.

Among the 271 cases with known age and sex, 56% (n=153) are female, and adults aged 15-44 account for 57% (n=155) (Figure 2). Four new confirmed cases have been reported among healthcare providers (one doctor and 3 nurses) working at various community health centres around Beni, bringing the total health workers affected to 25, including 24 confirmed and three deaths.

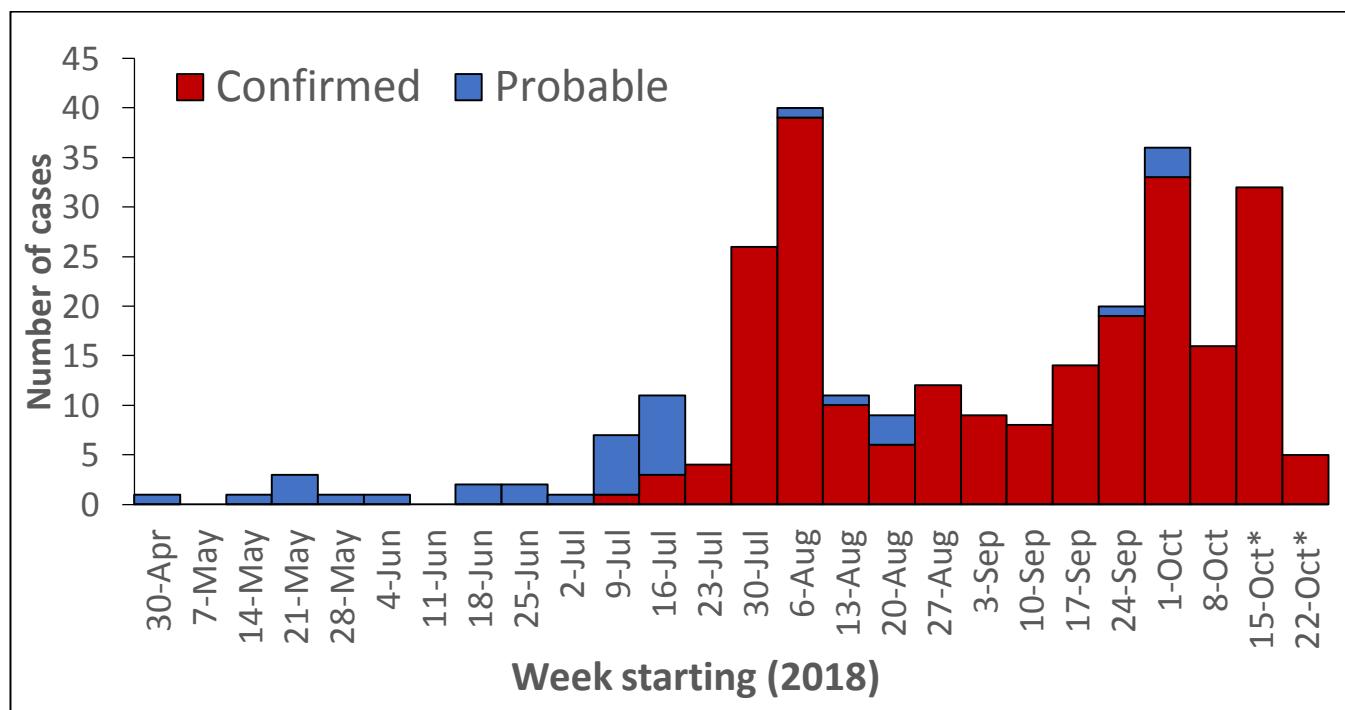
The confirmed cases were reported from six health zones in North Kivu Province: Beni (124), Mabalako (71), Butembo (24), Masereka (4), Kalunguta (2), and Oicha (2); and three health zones in Ituri Province: Mandima (9), Tchomia (2) and Komanda (1). Beni has surpassed Mabalako in terms of cumulative number of confirmed cases.

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 the Gambia, South Sudan, Tanzania, 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 28 October 2018

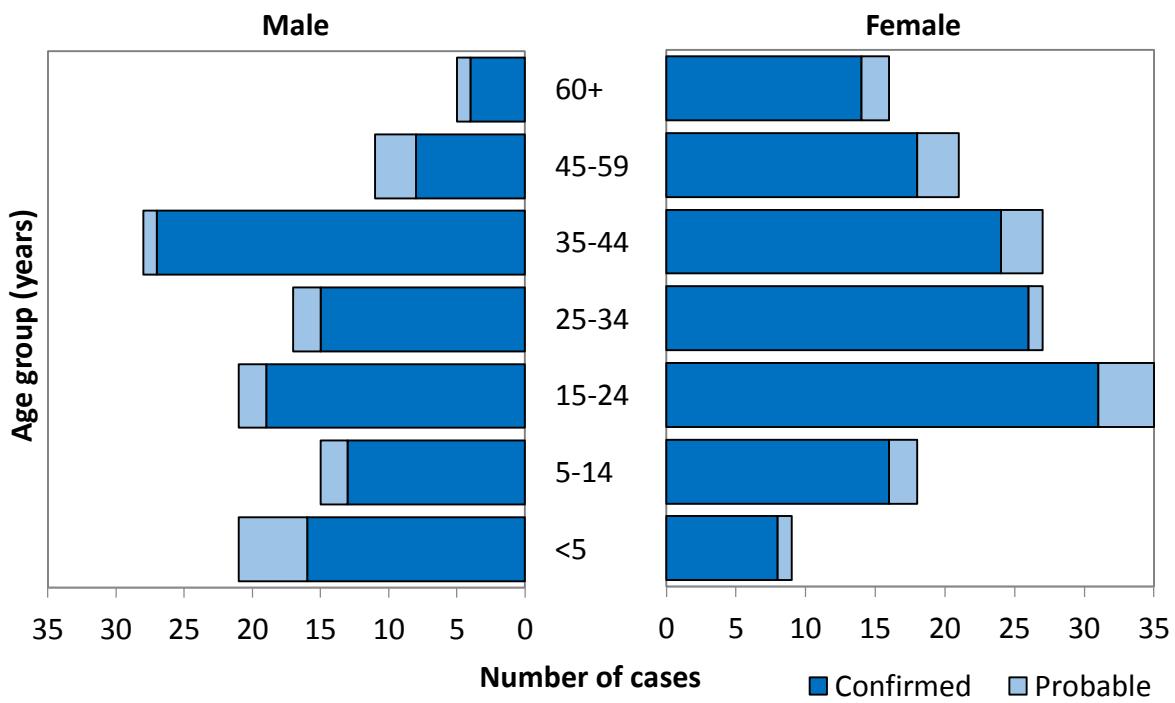
Case classification/ status	North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia	
Probable	8	2	1	21	1	0	0	0	2	0	35
Confirmed	124	24	2	71	0	4	2	1	9	2	239
Total confirmed and probable	132	26	3	92	1	4	2	1	11	2	274
Suspected cases currently under investigation	22	3	0	3	0	1	1	0	2	0	32
Deaths											
Total deaths	84	14	1	67	1	1	1	0	3	2	174
Deaths in confirmed cases	76	12	0	46	0	1	1	0	1	2	139

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 28 October 2018 (n=272)*



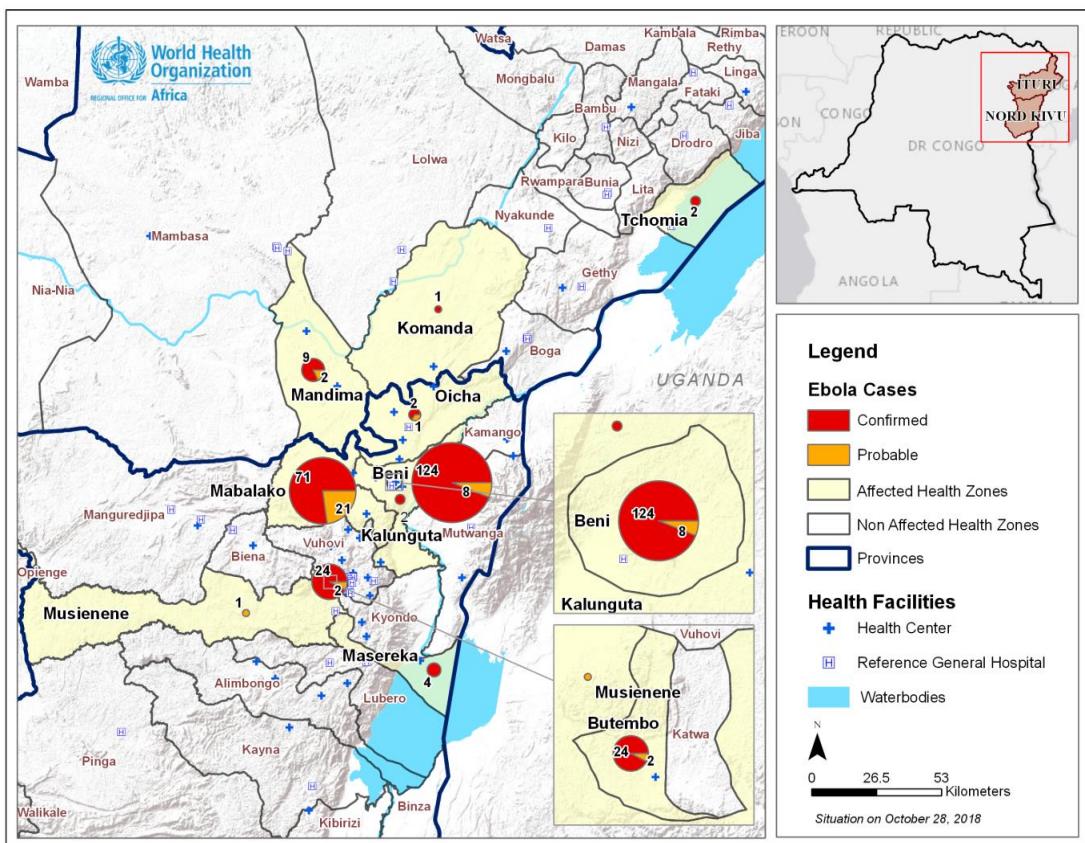
*Week of onset is currently unknown for n=2 cases. Case counts in recent weeks may be incomplete due to reporting delays.

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 28 October 2018 (n=271)



*Age/sex is currently unknown for n=3 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 28 October 2018 (n=274)



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), 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 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, (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

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

- A review of surveillance activities highlighted a number of challenges in case and contact detection and investigation, as well as in data management. WHO is working closely with the MoH at the field level, with remote analytical support provided by the WHO Regional Office for Africa and headquarters to address these. At the field level, strategies and standard operation procedures (SOPs) are being revised and staff retrained, to optimise systems and processes, better integrate activities of contact tracing and vaccination teams, enhance active case searching, and improve data management. Investigations continue around the latest confirmed cases not originating from known transmission chains.
- Over 15 000 contacts have been registered to date, of which 5991 contacts are under surveillance on 28 October 2018. The daily proportion of contacts successfully followed over the past week was 92% for all health zones. For Beni health zone only, the daily proportion of contacts successfully followed over the past week was 91%.
- 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 155 (range: 136-210) alerts reported per day, of which an average of 47 (range: 37-59) 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 after arrival. All hospitalized patients received food and psychological support. A total of 109 patients have received treatment thus far.
- The Beni ETC managed by ALIMA has been expanded to a total of 60 beds. The ETC Butembo was expanded to 30 beds.

- There is reinforcement of the support for health structures in the implementation of infection, prevention and control (IPC) measures in Beni, with 10 IPC-WASH kits distributed in Beni (8), Butembo (1) and Komanda (1).
- Decontamination of health facilities as well as households continue to be performed where new cases are identified, along with supervision of IPC activities in health structures in Beni (9) and Mabalako (4).
- Four households, (3 in Beni and 1 in Butembo) have been decontaminated in connection with the last confirmed cases.
- Training of healthcare providers on IPC measures is continuing and IPC kits have been provided to health structures.
- IPC training and PPE kit distribution has also started to include practitioners in private FOSAs and traditional facilities.

Points of Entry

- Monitoring and sanitary control continues at entry points. On 28 October 2018, 62 of the 65 Points of Entry (PoEs) were functional with 162 794 travellers screened; a total of 11.5 million travellers have been screened since the beginning of the outbreak.
- The Kangote Butembo Health Checkpoint was disrupted by security incidents on the evening of 26 October.
- As of 28 October, 89 alerts have been reported from PoEs; 10 were sent for laboratory testing and all were negative for EVD.
- Joint supervision by Department of Cross-border health, MoH and IOM started at the PoEs in Pasisi and Mukulia in Beni.
- A new PoE in Ksangani and a new Point of Control in Mangina were installed with the support of UNICEF.
- In follow-up with the East African Union Cross-border meeting from 3-4 October 2018, a partners'

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