

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 12



World Health
Organization

REGIONAL OFFICE FOR

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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 Beni. 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 case 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 17 October 2018 ([External Situation Report 11](#)), an additional 22 new confirmed EVD cases, from Beni (19) and Butembo (3), and 16 new deaths have been reported. As of 21 October 2018, a total of 238 confirmed and probable EVD cases, including 155 deaths, have been reported, resulting in a case fatality ratio (CFR) of 65%. Among the 238 cases, 203 are confirmed and 35 are probable cases. Of the 155 deaths reported since the beginning of the outbreak, 120 were among confirmed cases and 35 among probable cases. The proportion of deaths among confirmed cases was 59% (120/203). On 21 October, 14 new suspected cases were under investigation in Beni (8), Mabalako (1), Butembo (2) and Mandima (3).

As of 21 October 2018, 63 cases have recovered, been discharged from ETCs, and re-integrated into their communities. On 21 October, a total of 60 cases remained hospitalized in four ETCs in Beni (38), Butembo (19), Mangina (two) and Makeke (one). On that day, the treatment centres in Beni and Butembo recorded an occupancy rate of 93% (38/41) and 79% (19/24) respectively.

Among the 235 cases with known age and sex, 55% (n=129) are female, and adults aged 15-44 account for 56% (n=134) (Figure 2). Recent cases in Beni include a disproportionate number of cases in children aged ≤16 years; 43% (n=30) of 70 cases reported since 1 October 2018, including 13 cases in infants and young children aged <5 years. Investigations are ongoing to elucidate the source(s) of infection in children to interrupt transmission. A health worker from Beni was confirmed positive to Ebola virus disease on 20 October, raising the total number of health workers affected in this outbreak to 21, including 20 confirmed. Three health workers have died from the disease.

The confirmed cases were reported from six health zones in North Kivu Province: Beni (96), Mabalako (71), Butembo (16), 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.

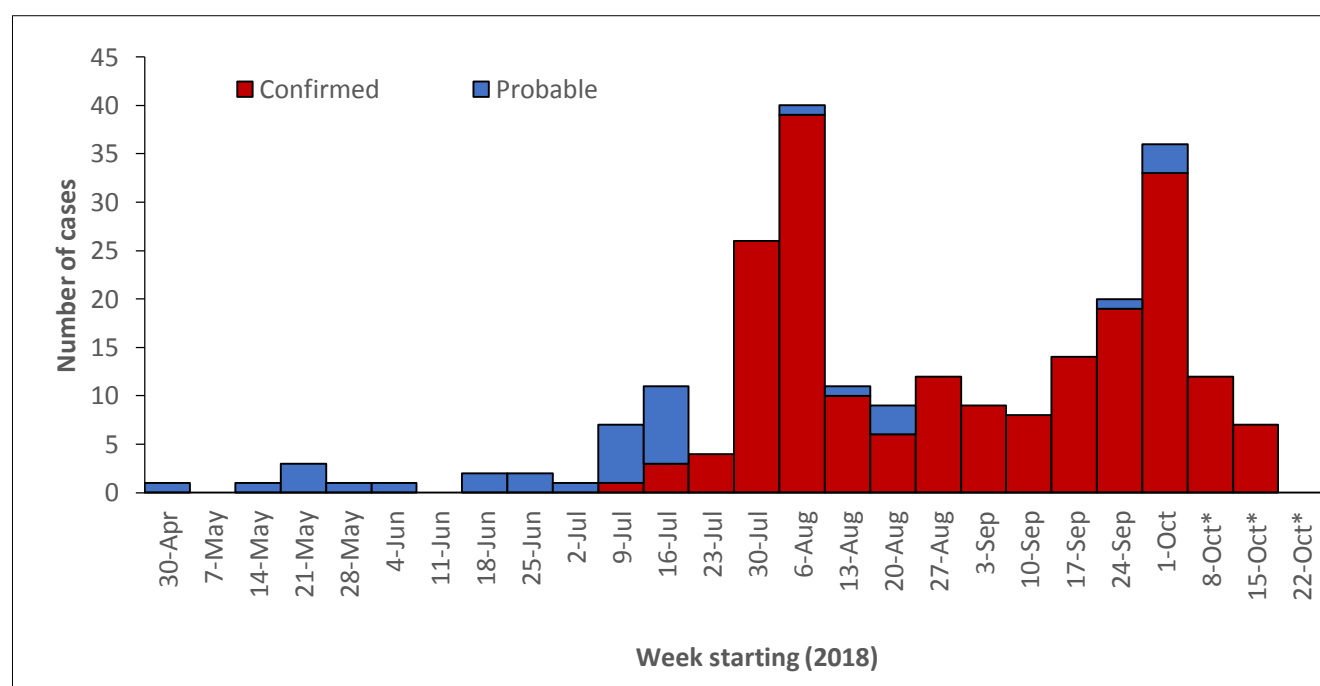
The Ministry of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. Since the last report was published, alerts were investigated in several provinces of the Democratic 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 21 October 2018

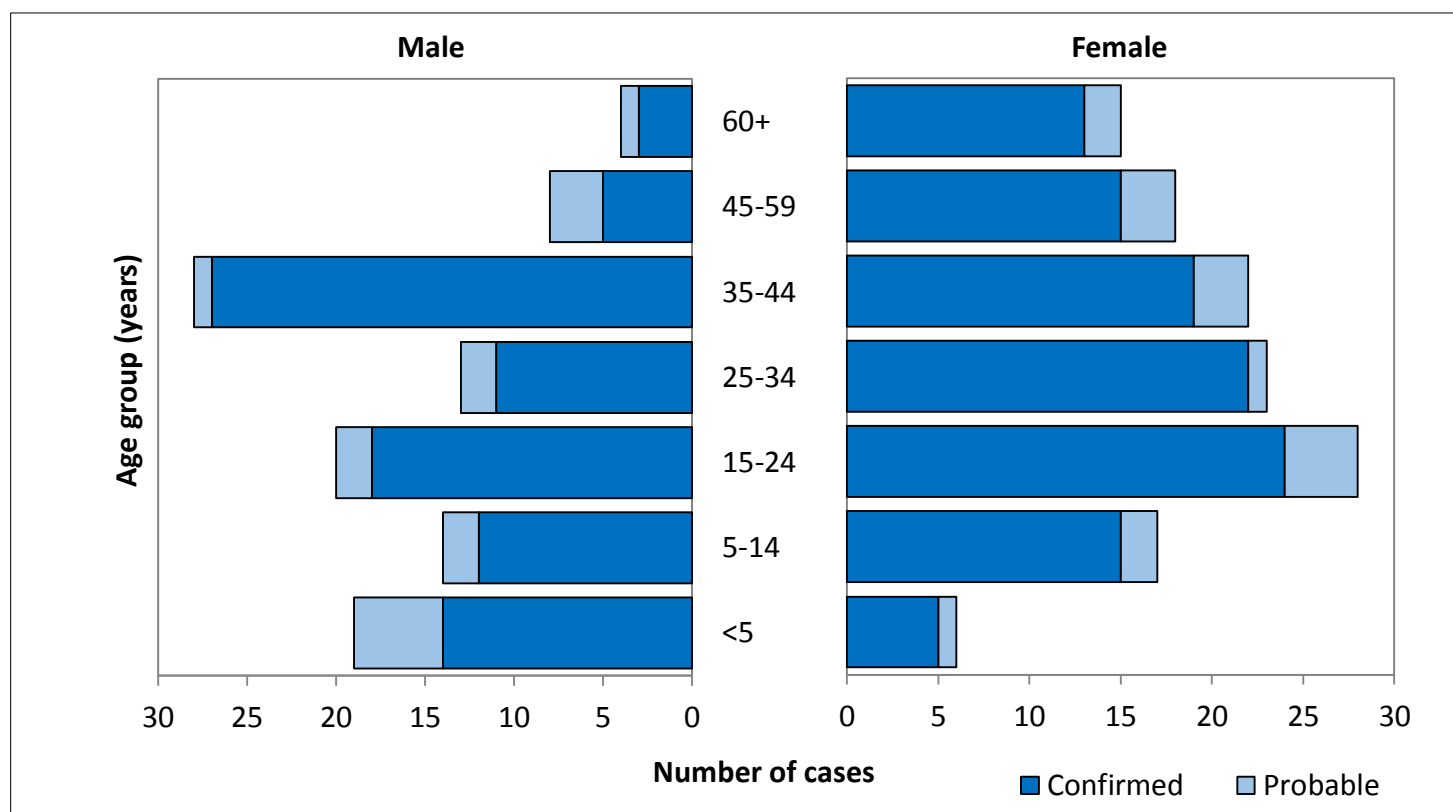
Case classification/ status	North Kivu							Ituri		Tchomia	Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima		
Probable	8	2	1	21	1	0	0	0	2	0	35
Confirmed	96	16	2	71	0	4	2	1	9	2	203
Total confirmed and probable	104	18	3	92	1	4	2	1	11	2	238
Suspected cases currently under investigation	8	2	0	1	0	0	0	0	3	0	14
Deaths											
Total deaths	70	9	1	67	1	1	1	0	3	2	155
Deaths in confirmed cases	62	7	0	46	0	1	1	0	1	2	120

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 21 October 2018 (n=238)*



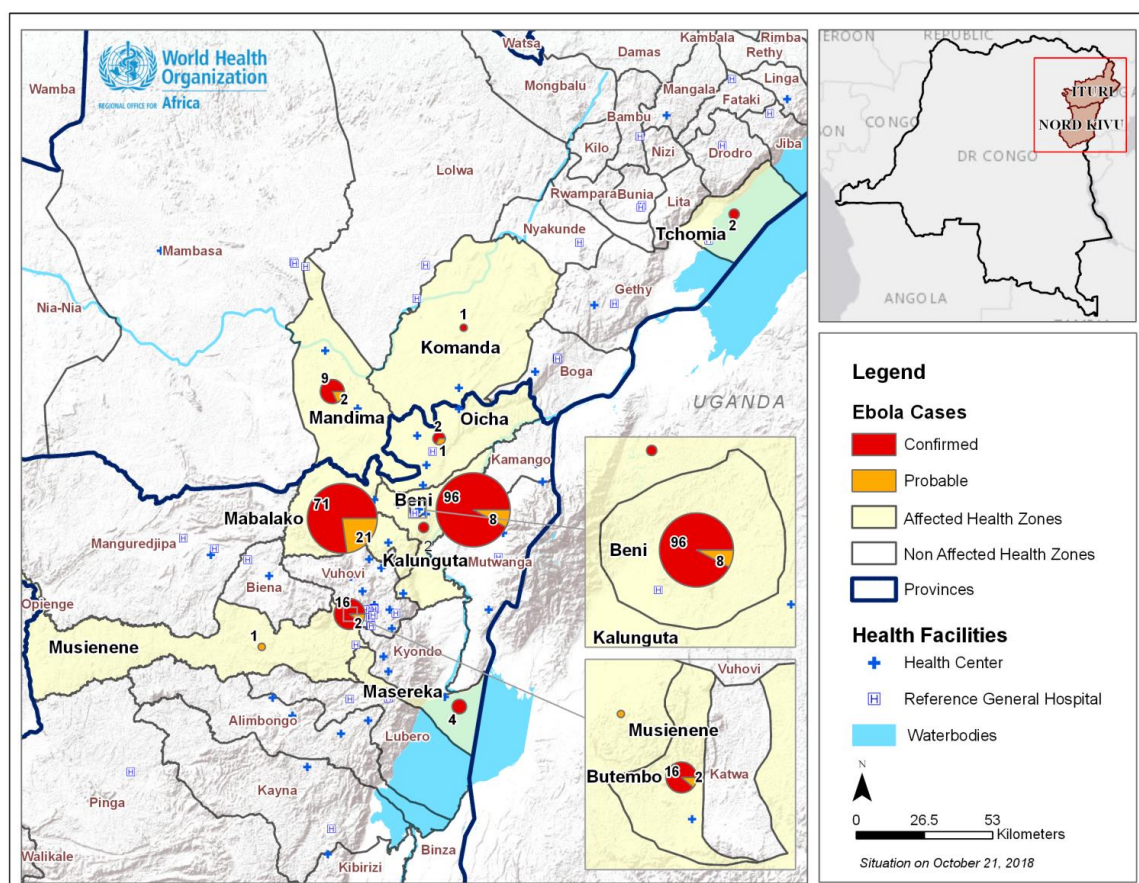
*Case counts in recent weeks may be incomplete due to reporting delays.

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 21 October 2018 (n=235)



*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, 21 October 2018 (n=237)



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 neighboring 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 Ministry of Health 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

- ➔ On 21 October 2018, 5341 contacts were under surveillance, of which 4792 were seen.
- ➔ There are continued investigations around the latest confirmed cases not originating from known transmission chains.
- ➔ Monitoring and sanitary control continues at entry points. As of 21 October 2018, out of a total of 64 Points of Entry (PoEs), 55 were functional with 159 085 screened travellers; a total of 10.3 million travellers have been screened since the beginning of the outbreak.
- ➔ Since the beginning of October, the daily number of alerts notified has been increasing, from 37 received on 1 October to 97 received on 21 October.

Case management

- ➔ Ebola Treatment Centres (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, with the exception of three patients in the Beni ETC, whose eligibility is being evaluated by the scientific committee, benefitted from compassionate therapy. All hospitalized patients received food.
- ➔ The Beni ETC managed by ALIMA has been expanded to a total of 41 beds. Two triage units were implemented in Beni (1) and in Butembo (1) on 18 October 2018.

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

- The MoH and partners have met on the subject of strengthening triage and IPC at Beni General Hospital. Multiple IPC activities are ongoing at this site.
- Decontamination of health facilities as well as households continue to be performed where new cases are identified.
- Training of healthcare providers on infection prevention and control (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 tradi-modern facilities.

Safe and Dignified Burials (SDB)

- Security remains a concern in Beni and Butembo, with consequences for SDB activities.
- In Beni RC and CP teams are working in close coordination to ensure sufficient operational coverage for SDB. The current daily operational capacity in Beni is planned to be seven teams. Due to the continuing fragile security situation in Butembo, the Red Cross has not fully resumed its SDB activities since the security incident on 2 October 2018.
- As of 22 October 2018, a total of 314 SDB requests were received. Of these, 262 were successfully responded to and 39 were not conducted due to community refusals or burials conducted by the community prior to the SDB team's arrival on-site. Six requests were incompletely conducted due to family/community refusal to the SDB team conduct the burial. Seven SDB requests had not been responded to due to security concerns.

Implementation of ring vaccination protocol

- On 20 October 2018, vaccination continued in 10 rings (eight in Beni, one in Mutwanga and one in Katwa) reaching a total of 560 people on the reporting day, and bringing the total number of people vaccinated since the 8 August 2018 to 20 789. Vaccination activities could not be conducted in Beni on 21 October 2018, due to community demonstrations following the attacks of 20 October 2018.
- The current vaccine stock in Beni is 1 660 doses.

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