

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 11



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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. Significant improvements have been made over the past weeks, including strong performances by field teams conducting vaccinations and improved community engagement and risk communication in priority areas. However, as new cases continue to emerge from both Beni and near Kasenyi, which is in a security 'red zone' and close to internally displaced person (IDP) camps, it is clear that risks remain and that strong response measures need to be maintained. This is largely due to security conditions that severely impact both civilians and frontline workers, at times forcing suspension of EVD response activities and increasing the risk that the virus will continue to spread. There is evidence of ongoing transmission within communities, particularly in Beni. For more than half of new cases, investigations are ongoing to establish epidemiological links. Neighbouring countries continue to receive support to improve their readiness capacities for potential threats of EVD. Additional resources are necessary to both expand the response in the Democratic Republic of the Congo and increase preparedness in border nations. The MoH, WHO and partners continue to rapidly adapt to these challenging circumstances, with over 250 staff on the ground scaling up all pillars of the response – surveillance, contact tracing, community engagement, lab testing, infection prevention and control, safe and dignified burials, vaccination, and therapeutics.

Since WHO's last situation report on 9 October 2018 (*External Situation Report 10*), an additional 35 new confirmed EVD cases and 24 new deaths have been reported. As of 15 October 2018, a total of 216 confirmed and probable EVD cases, including 139 deaths, have been reported, resulting in a global case fatality ratio (CFR) of 64% (Table 1). Among the 216 cases, 181 are confirmed and 35 are probable. Among the 139 deaths, 104 are among confirmed cases and 35 among probable cases. The CFR among confirmed cases was 57% (104/181). On 15 October, a total of 32 new suspected cases are under investigation in Beni (21), Mabalako (6), Butembo (3), Tchomia (1) and Mandima (1).

As of 15 October 2018, 57 cases have recovered, been discharged from ETCs, and re-integrated into their communities. A total of 43 cases (20 confirmed and 23 suspected) remain hospitalized in the ETCs. The treatment centres in Beni and Butembo recorded an occupancy rate of 76% (31/41) and 42% (10/24) respectively.

Among the 207 cases with known age and sex, 54% (n=111) are female and adults aged 15-44 account for 60% (n=124). Recent cases in Beni include a disproportional number of cases in children aged ≤ 16 years; 47% (n=20) of 43 total cases reported since 1 October 2018, including 9 cases in infants and young children aged < 5 years. Investigation teams are intensively reviewing potential sources of the recent increase in cases among children. To date, the total number of health workers affected in this outbreak is 20, including 19 confirmed. Three health workers have died from the disease. One case confirmed on 7 October 2018 is a MONUSCO civilian staffer working in Beni, who is currently hospitalized at the Beni ETC.

The confirmed cases were reported from six health zones in North Kivu Province: Beni (77), Mabalako (71), Butembo (13), Masereka (4), Kalunguta (2), and Oicha (2); and three health zones in Ituri Province: Mandima

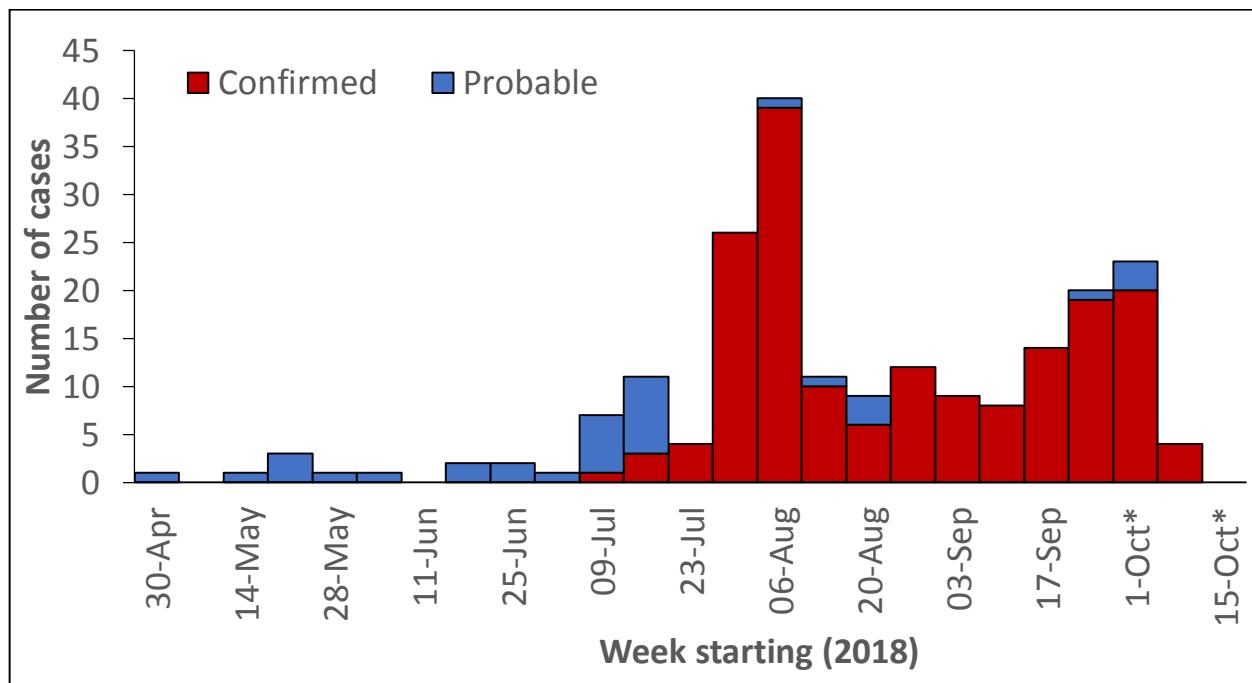
(9), Tchomia (2) and Komanda (1). The epicentres of the outbreak remain Beni and Mabalako Health Zones in North Kivu Province, reporting 39% (n=85) and 43% (n=92) of all confirmed and probable cases respectively. Beni, Butembo, Masereka and Mabalako continue to report an increasing number of new cases, indicating the persistence of Ebola virus transmission in these areas. The Beni Health Zone has reported 71% of all cases reported since September 2018. Of the total deaths reported to date, 48% (n=67) were from Mabalako, while 40% (n=55) were from Beni.

The Ministries 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 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 15 October 2018

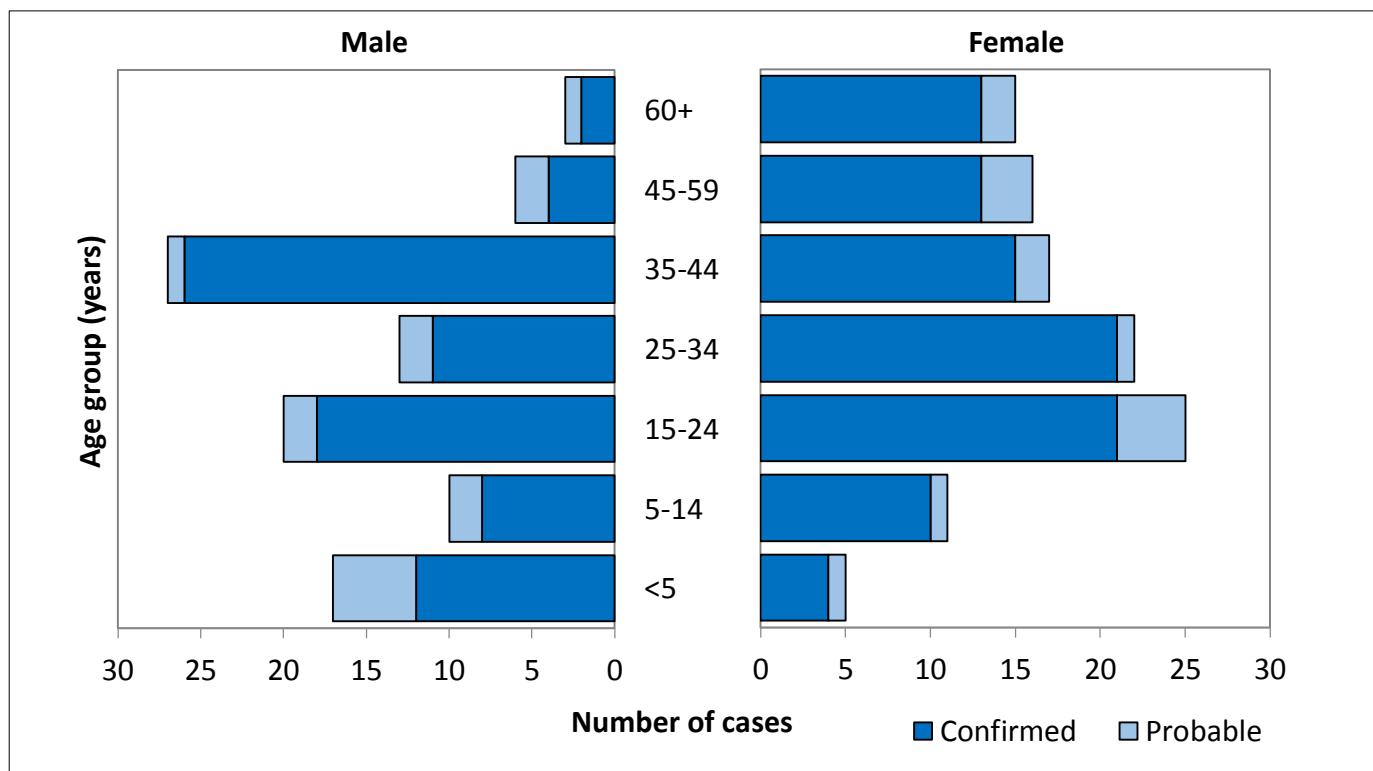
Case classification/ status			North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia			
Probable	8	2	1	21	1	0	0	0	2	0			35
Confirmed	77	13	2	71	0	4	2	1	9	2			181
Total confirmed and probable	85	15	3	92	1	4	2	1	11	2			216
Suspected cases currently under investigation	21	3	0	6	0	0	0	0	1	1			32
Deaths													
Total deaths	55	8	1	67	1	1	1	0	3	2			139
Deaths in confirmed cases	47	6	0	46	0	1	1	0	1	2			104

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 15 October 2018 (n=210)*



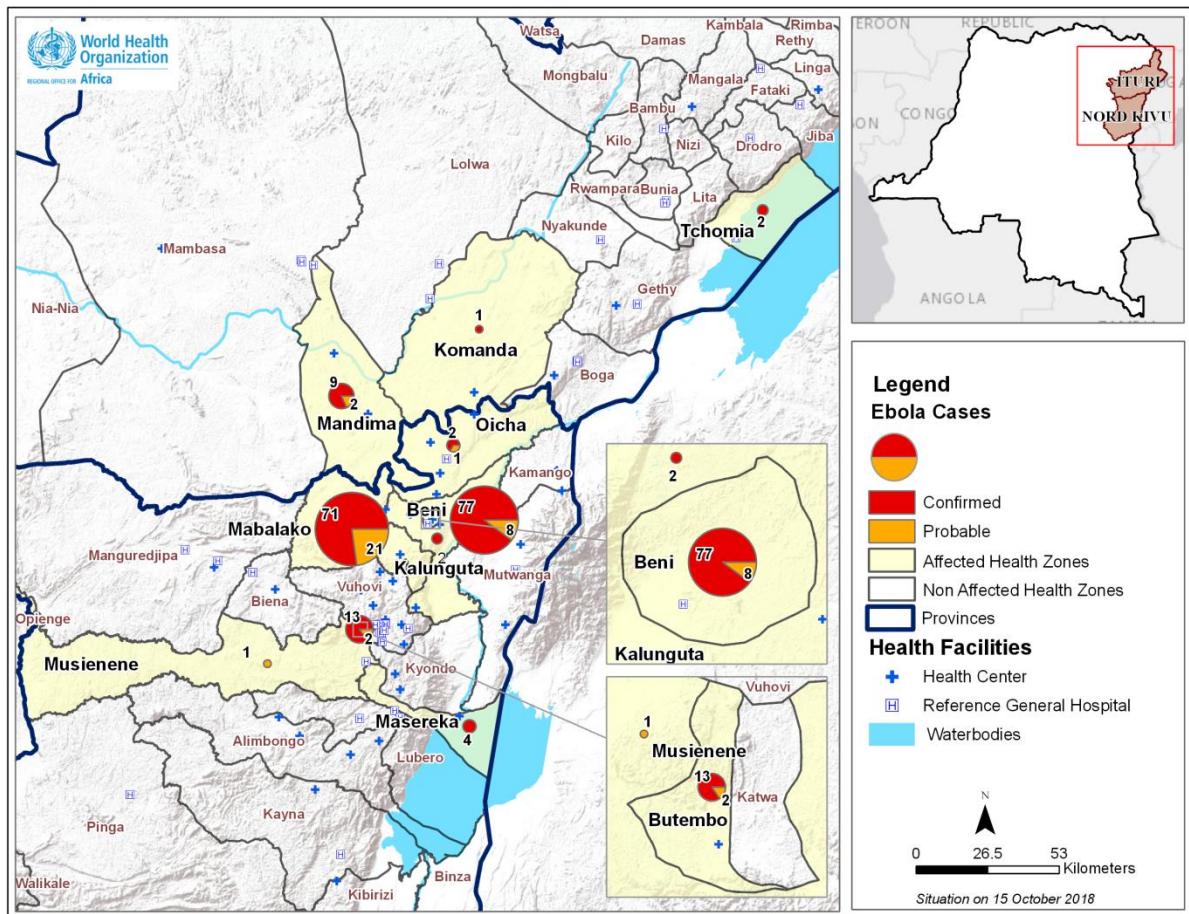
*Case counts in recent weeks may be incomplete due to reporting delays.

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 15 October 2018 (n=207)



*Age/sex is currently unknown for n=9 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 15 October 2018 (n=216)



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, Mongala, 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. WHO assesses the risk at national and regional levels as 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 of EVD outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhanced surveillance, including active case finding, case investigation, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) risk communication, social mobilization and community engagement, (vii) psychosocial care (viii) vaccination of risk groups (ix) research and ix) operational support and logistics.

2. Actions to date

Surveillance

- The overall contact tracing performance during last seven days varied between 52% to 87%. Contact tracing in Beni, which accounts for majority of contacts under surveillance, was severely affected by insecurity, resulting in relatively lower performance. Of the 4 707 contacts to follow on 15 October, 1 040 (22%) were not seen, most of which were recorded in Beni (n=1 007, 97%). A total of 574 new contacts were identified on 15 October 2018, of which 541 were in Beni, 20 in Butembo, and 13 in Musienene.
- There are continued investigations around the latest confirmed cases who are not originating from known transmission chains. In addition, there is on-going search for lost contacts in Beni and Komanda health zones.

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). WHO is providing technical clinical expertise onsite and is assisting with the creation of a data safety management board.
- Twenty new patients were admitted to ETCs on 15 October 2018.
- The Beni ETC managed by Alima has been expanded to a total of 41 beds. The MoH and partners have met about strengthening triage and IPC at Beni General Hospital.

Infection Prevention and Control (IPC)

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