

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

External Situation Report 09



# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 9

Date of issue: 4 October 2018

Data as reported by: 2 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, with the Ministry of Health, WHO and partners making progress in response to the outbreak. Recent trends (Figure 1) suggest that control measures are largely working, although these trends must be interpreted with caution. The outbreak remains active in Beni Health Zone, and additional risks remain following the confirmation of two EVD cases in Tchomia and one case in Komanda, both health zones in Ituri province. This is the first time that confirmed cases have been reported in Tchomia Health Zone, which borders Uganda, and in Komanda Health Zone. All of these cases have been linked to the ongoing transmission chain in Ndindi health area, Beni Health Zone.

Since WHO's last situation report on 25 September 2018 (*External Situation Report 8*), an additional 12 new confirmed EVD cases and six new deaths have been reported. A total of 17 new suspected cases are under investigation in Mabalako (8), Beni (7), Mandima (1) and Tchomia (1).

As of 2 October 2018, a total of 162 confirmed and probable EVD cases, including 106 deaths, have been reported - resulting in a global case fatality ratio (CFR) of 65.4%. Among the 162 cases, 130 are confirmed and 32 are probable. The CFR among confirmed cases only was 56.9% (74/130). The confirmed cases were reported from nine health zones: Mabalako (69), Beni (38), Oicha (2), Masereka (1), Butembo (7), Kalunguta (1), Mandima (9) Tchomia (2) and Komanda (1). Cumulatively, 19 health workers have been affected, of whom 18 are confirmed cases; three health workers have died. All health workers' exposures occurred in health facilities outside the dedicated Ebola treatment centres (ETCs).

Among the 155 cases with known age and sex, 55% (n=86) are female. Among females, the most affected age group is 15-24 years, while among men the most affected age group is 35-44 years (Figure 2).

As of 2 October 2018, 46 cases have recovered, been discharged from ETCs, and re-integrated into their communities. A total of 27 cases (10 confirmed and 17 suspected) remain hospitalized in the ETCs.

The epicentres of the outbreak remain Mabalako and Beni Health Zones in North Kivu Province, reporting 56% (n=90) and 27% (n=43) of all confirmed and probable cases respectively. Beni is reporting an increasing number of all new cases, indicating the persistence of Ebola virus transmission in this area. The Beni Health Zone has reported 60% of all cases reported since early September 2018. Of the total deaths reported to date, 61.3% (n=65) were from Mabalako, while 27.4% (n=29) were from Beni. Additionally, five other health zones in North Kivu Province and three in Ituri Province have reported confirmed and probable cases (Table 1 and Figure 3).

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 (including Kisangani and Tshopo provinces) 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 Uganda and South Sudan and to date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

On 25 September 2018, three refugees from the Democratic Republic of the Congo reported to be contacts of an EVD-confirmed case that died on 20 September 2018 in Tchomia Health Zone, Ituri Province arrived at the Sebagoro point of entry in Hoima District in Uganda, and are currently being monitored.

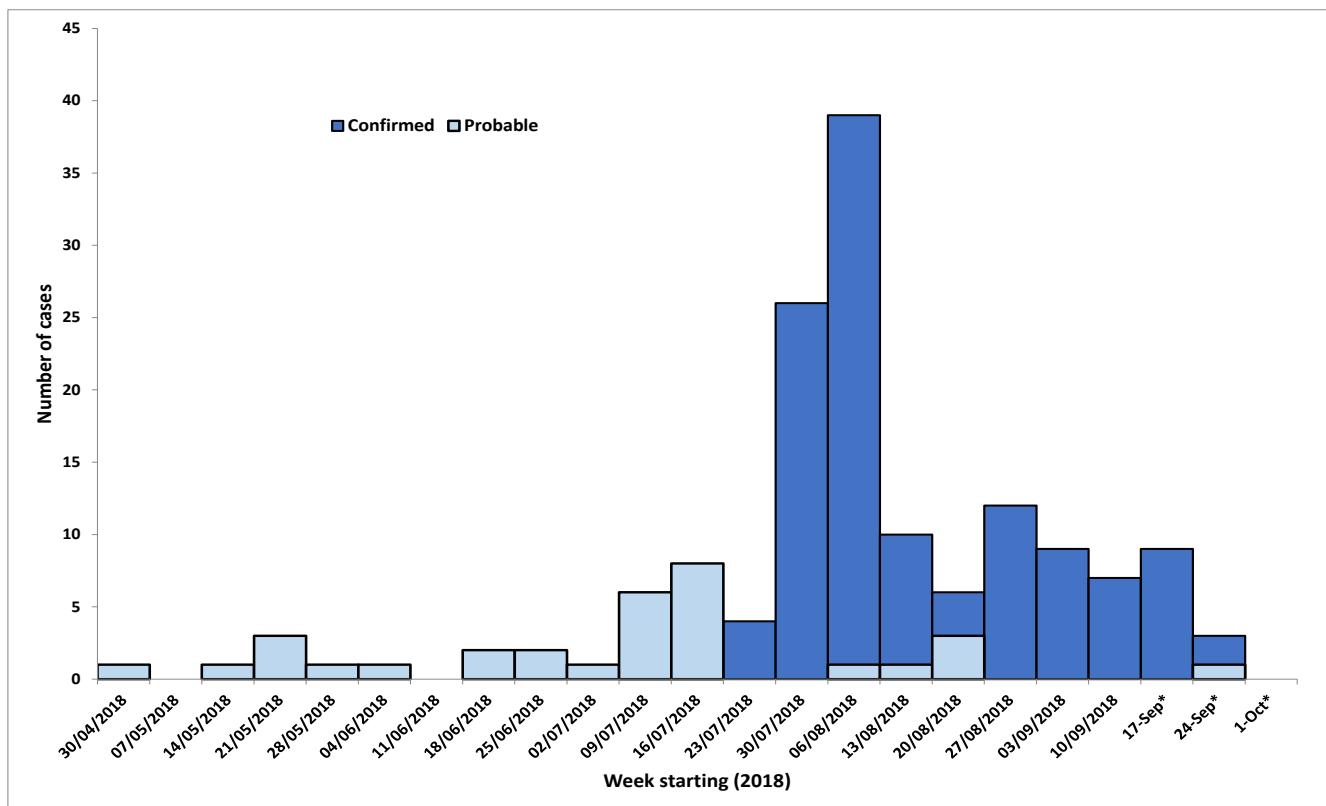
Field activities were severely limited in Beni during the week of 24 September 2018 following a community-led declaration of “*ville morte*”, a community-enforced general strike on all local activity. The declaration followed clashes between rebels and the Congolese armed forces, which took place on 22 September 2018. In solidarity with Beni, community leaders in Butembo and Mabalako Health Zones also declared a *ville morte* that severely limited Ebola response activities in those health zones. Consequently, the proportion of contacts followed-up in Beni fell to a low of 20% on the 23 September 2018. Activities resumed on 26 September 2018, but movement remained restricted in the city. As of 30 September 2018, a total of 1463 contacts remain under surveillance and 1355 (93%) have been followed.

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 2 October 2018**

Case classification/ status	North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia	
Probable*	5	2	1	21	1	0	0	0	2	0	32
Confirmed	38	7	2	69	0	1	1	1	9	2	130
Total confirmed and probable	43	9	3	90	1	1	1	1	11	2	162
Suspected cases currently under investigation	7	0	0	8	0	0	0	0	1	1	17
Deaths											
Total deaths	29	5	1	65	1	1	0	0	3	1	106
Deaths in confirmed cases	24	3	0	44	0	1	0	0	1	1	74

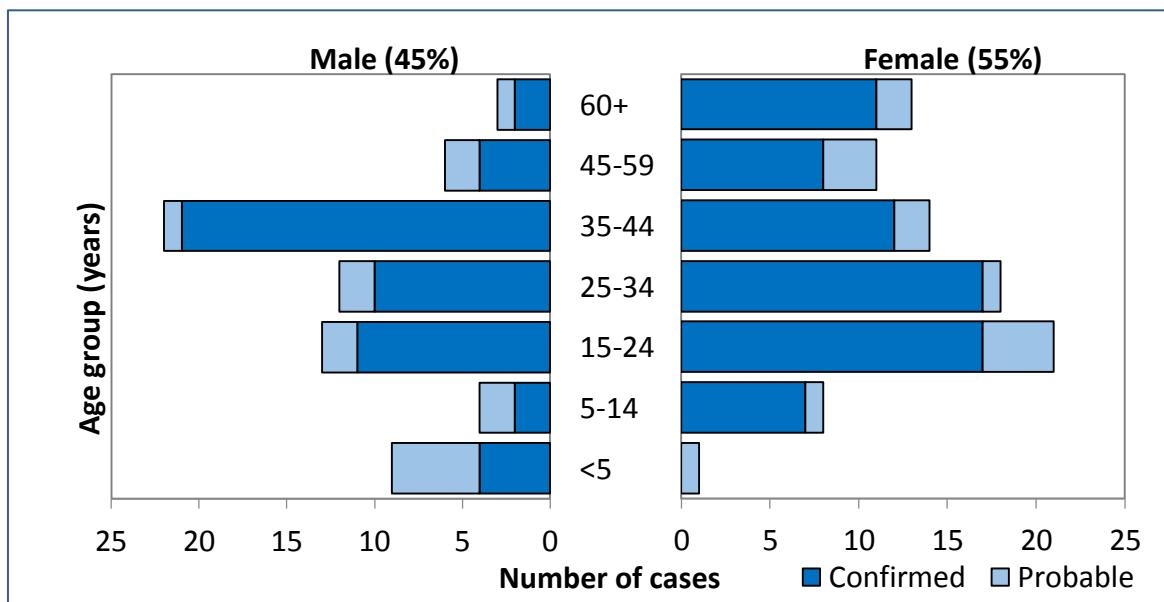
\*Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.

**Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 30 September 2018 (n=161)\***



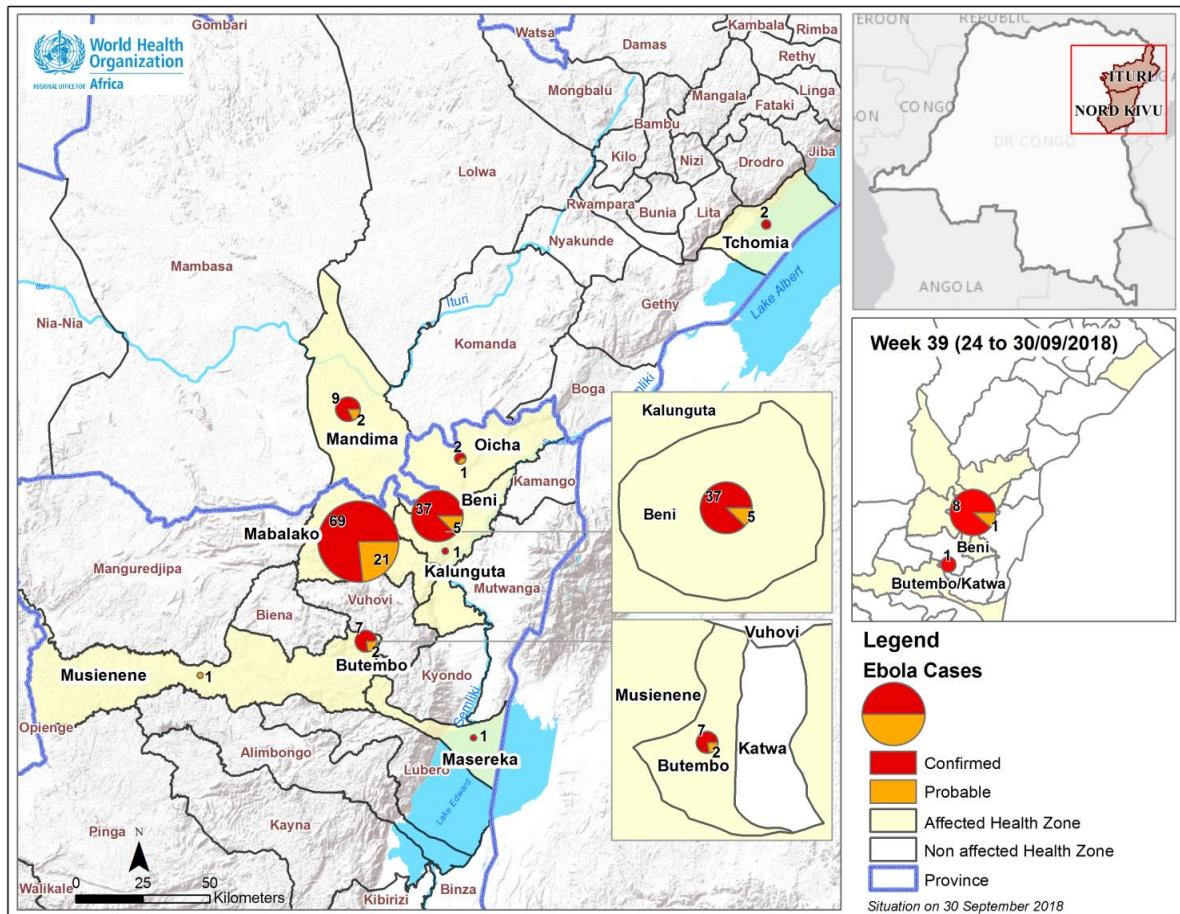
\*Case counts in recent weeks may be incomplete due to reporting delays.

**Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 30 September 2018 (n=155)**



\*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, 30 September 2018 (n=161)**



## 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 borders 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.

As the risk of national and regional spread remains very high, it is important for neighbouring provinces and countries to continue to enhance surveillance and preparedness activities. WHO continues to work with neighbouring countries and partners to ensure that health authorities are alerted and operationally prepared to respond.

## 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) 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

### Coordination of the response

- An advocacy mission was conducted to local authorities to secure the village of Tagba in Tchomia Health Zone, which was attacked by FRPI militia last weekend to allow resumption of response activities.

### Surveillance

- As of 30 September 2018, a total of 1463 contacts remain under surveillance. Following the end of *ville morte*, there has been a significant improvement in the proportion of follow-up contacts, with the proportion rising to 93% (1354/1463) from 77% (1422/1851) seven days previously. A total of 183 new contacts have been identified, all from Beni. Most contacts are currently within Beni and Mabalako health zones, with 50% (732/1463) and 20% (298/1463) respectively. Beni Health Zone has the largest number of unseen contacts (n=647) as a result of the deteriorating security situation.
- There are continued investigations around the last five confirmed cases (4 in Beni and 1 in Mabalako) to determine the source of infection.
- Joint actions of the Commissions Surveillance, Communication and Psychosocial care, with the support of Civil Protection continue to search for the confirmed case who left the Beni treatment centre.
- Close to 6.5 million travellers have been screened at 53 Points of Entry since the beginning of the outbreak.

### Laboratory

- Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma and Mangina to facilitate rapid diagnosis of suspected cases.

### Case management

- An isolation unit is being developed from existing facilities in Tchomia.
- Development of a proposal for a 1-year Ebola survivor programme, including clinical management of complications associated with Ebola illness, screening, and prevention of secondary sexual transmission, and psychosocial support.

- 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.
- As of 1 October 2018, 47 patients have received investigational Ebola therapeutics, 26 treated with mAb 114, 10 with Remdesivir and 8 with Zmapp. A new molecule, Regeneron, has been used for the first time in three patients in Beni.

## Infection prevention and control and water, sanitation and hygiene (IPC and WASH)

- Training of health workers in infection, prevention and control (IPC) and triage is ongoing in affected areas including Beni, Butembo, Kisangani, Komanda, Butsili, Mabolio and Mangina.
- Routine water, sanitation and hygiene (WASH) activities are ongoing; three health structures that had previously admitted confirmed cases were decontaminated in Tchomia, Mangina and Mandradelé.
- A total of 85 care providers have been trained in IPC protocols (45 in Beni and 40 in Goma); hygiene kits have been distributed to five schools in Goma, and two households have been decontaminated in Kanzulizuli, the Ngongolio sorting area and the centre of Kalinda, Tchomia Health Zone.
- A comprehensive plan to strengthen IPC in 200 health facilities, with WHO's support, aims to: train medical staff; provide IPC kits; and replace incinerated materials in health facilities and households.
- Current Safe and Dignified Burial (SDB) capacity, through Red Cross and Civil Protection units, is operational in Mangina, Beni, Butembo, Oicha and Tchomia. Further operational capacity is being built in Bunia. Trained SDB teams also in Mambasa and Goma are without full operational capacity at this point.
- As of 1 October 2018, a total of 194 SDB alerts were received; of these, 162 were responded to successfully, 25 unsuccessfully, six had not been responded to due to security concerns, and one alert response was pending.

## Implementation of ring vaccination protocol

As of 1 October 2018, 12,552 individuals have been ETCs treated, 5,000 individuals have been ring vaccinated and 1,220 individuals have been isolated.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_25577](https://www.yunbaogao.cn/report/index/report?reportId=5_25577)

