

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 07



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Date of issue: 18 September 2018

Data as reported by: 16 September 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 working, although these trends must be interpreted with caution. The outbreak remains ongoing in Beni, Mabalako and Mandima health zones, and additional risks remain following the movement of several cases from these areas to Butembo and Masereka in recent weeks.

Since our last situation report on 11 September 2018 (*External Situation Report 6*), an additional 10 new confirmed EVD cases and six deaths have been reported (Table 1). As of 16 September 2018, there are seven suspected cases under investigation, with five new confirmed cases in Beni, three in Butembo and two in Mabalako, with four new deaths in confirmed cases in Beni and two in Mabalako (Table 1). Two new cases in healthcare workers have been reported in the last week. Cumulatively, 19 health workers have been affected (18 confirmed and one probable), three of whom have died. All health workers' exposures occurred in health facilities outside the dedicated ETCs.

As of 16 September 2018, a total of 142 confirmed and probable EVD cases, including 97 deaths, have been reported. Among the 142 cases, 111 are confirmed and 31 are probable. Of the 97 deaths, 66 occurred in confirmed cases. Among the 135 cases with known age and sex, 56% (n=75) are female. Among females the most affected age group is 25-34 years, while among men the most affected age group is 35-44 years (Figure 2).

As of 16 September 2018, 38 cases have recovered and been discharged from Ebola treatment centres (ETCs). A total of 16 cases (10 confirmed and 6 suspected) remain hospitalized in Mangina (2), Beni (8) and Butembo (6). On this reporting date, there were nine new admissions to Ebola treatment centres in Beni (5), Butembo (3) and Mangina (1). Two patients were discharged on the same day, one a previously suspected case and one a previously confirmed case who has now recovered.

The epicentres of the outbreak remain Mabalako and Beni health zones in North Kivu Province, reporting 63% (n=89) and 20% (n=29) of all confirmed and probable cases, respectively. However, since late August 2018, most new cases have occurred in Beni or are related to a Beni transmission chain. Of the total deaths to date, 67% (n=65) are from Mabalako, while 24% (n=23) are from Beni (Table 1 and Figure 3). Additionally, six other health zones in North Kivu Province and one in Ituri Province have reported confirmed and probable cases (Table 1 and Figure 3).

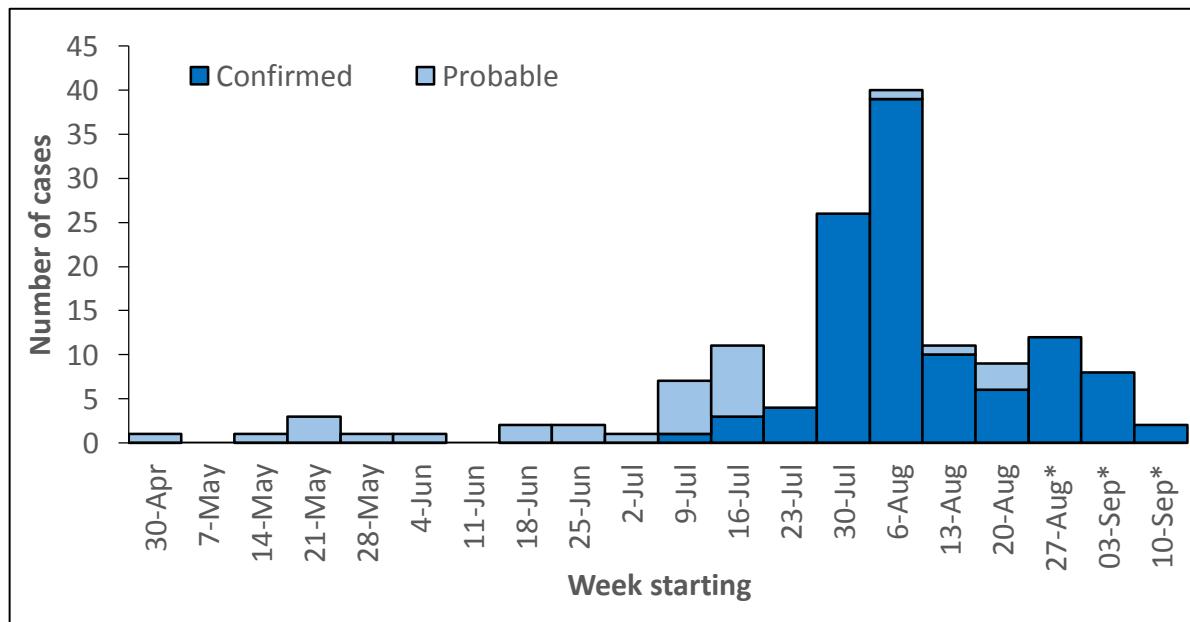
The Ministry of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas, in other provinces in the Democratic Republic of the Congo (including Kisangani and Tshopo provinces) and in neighbouring countries. As of 16 September 2018, seven suspected cases are awaiting laboratory testing within outbreak affected areas (Table 1). 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.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 16 September 2018

Case classification/ status	North Kivu							Ituri		Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	
Probable*	4	2	1	21	1	0	0	0	2	31
Confirmed	25	5	2	68	0	1	1	0	9	111
Total confirmed and probable	29	7	3	89	1	1	1	0	11	142
Suspected cases currently under investigation	1	1	2	1	0	1	0	1	0	7
Deaths										
Total deaths	23	3	1	65	1	1	0	0	3	97
Deaths in confirmed cases	19	1	0	44	0	1	0	0	1	60

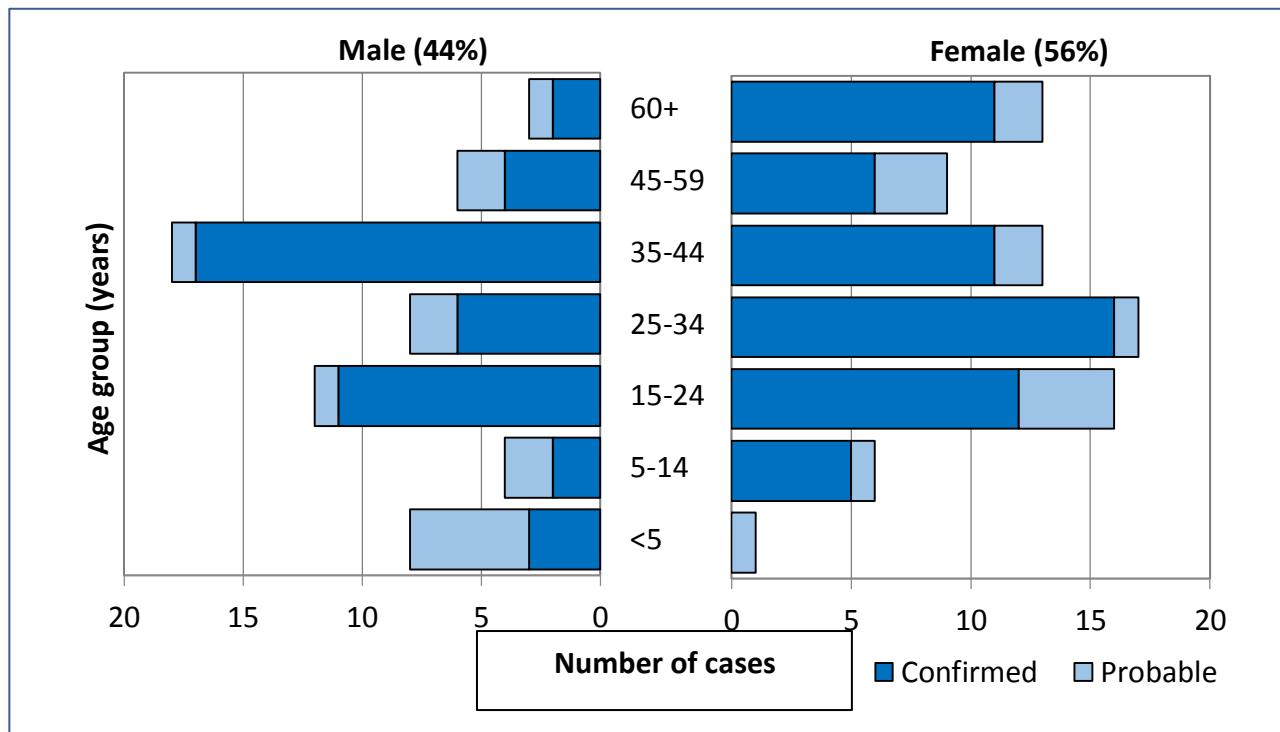
*Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 16 September 2018 (n=142)*



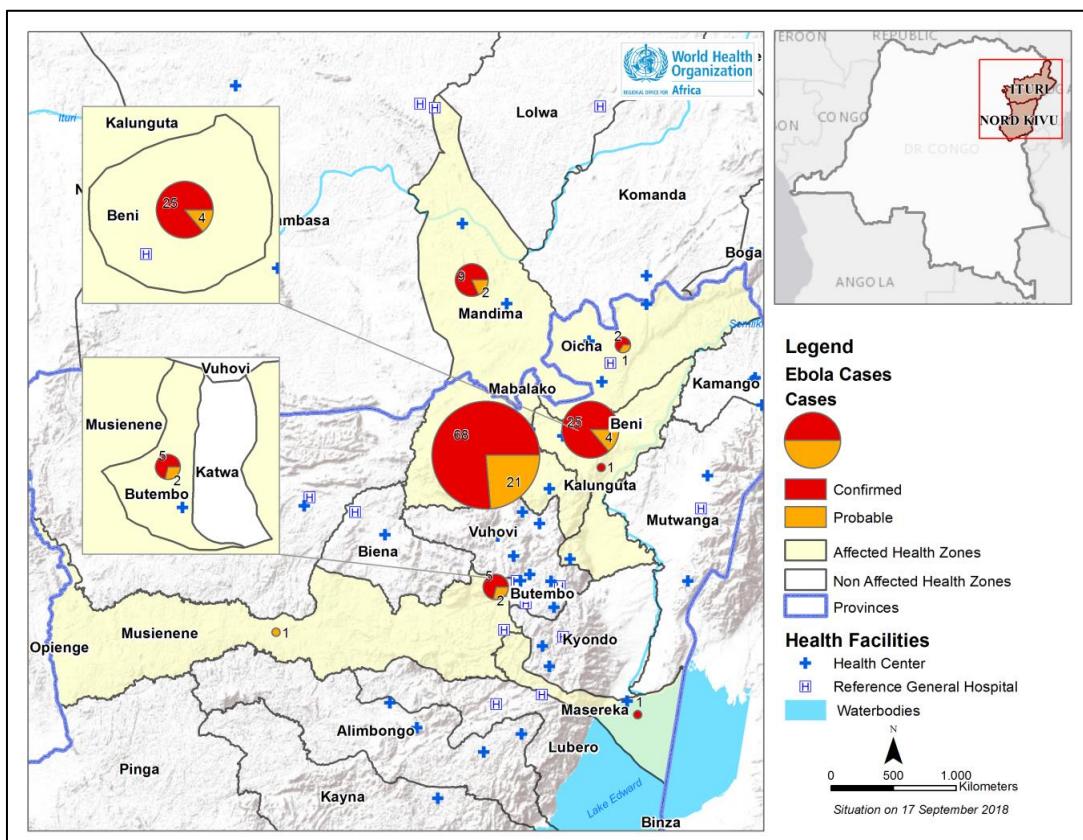
*Case counts in recent weeks may be incomplete due to reporting details. All trends should be interpreted with caution.

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 16 September 2018 (n=134)



*Age/sex is currently unknown for n=8 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 16 September 2018 (n=142)



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 a 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. Based on this context, the public health risk was assessed to be high at the national and regional levels, and low globally.

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

- As of 17 September, 208 experts have been deployed through WHO to support response activities including logisticians, epidemiologists, laboratory experts, communicators, clinical care specialists,

community engagement specialists, and emergency coordinators. Global Outbreak Alert and Response Network (GOARN) partner institutions continue to support the response as well as readiness and preparedness activities in non-affected provinces and in neighbouring countries.

- A joint coordination mission, in partnership with WHO, took place to support the Komanda health structures for implementation of IPC measures in health facilities.

Surveillance

- Surveillance teams continue to enhance active case search, case investigation and contact tracing activities across the affected and neighbouring areas. In-depth reviews are being undertaken of all confirmed and probable cases to elucidate the chains of transmission and identify risks and potential gaps in response for improving interventions.
- On 14 September 2018 a team was deployed in Bwana Sura, Komanda and Ituri to conduct a thorough investigation of the confirmed case that developed initial signs in that location.
- Contact tracing activities continue. Over 5088 contacts have been registered to date, of which 1797 remain under surveillance as of 16 September 2018. Of these, 85–94% were followed-up daily during the past week.
- Health screening has been established at Points of Entry (PoE) with health declaration forms, temperature checking, hand washing and risk communications. Close to four million travellers have been screened at these PoEs since the beginning of screening during this outbreak.
- Screening equipment is being installed at border points into Goma with the support of WHO and Japan International Cooperation Agency (JICA).
- Following the one-month review of Ebola response activities at PoE, held in Beni, risk communication and community sensitization around PoE were identified as an area of enhancement. MoH is working with IOM, WHO, UNICEF and NGOs to scale up behaviour change communication.
- IOM and MoH organized a one day briefing in South Kivu on PoE surveillance for the Ebola response. Fifty-one PNHF staff from key POEs (Ruzizil, Ruszizill, Kamanyuora, Kanvumu airport, Kamanyola and Kavimvira) attended and were trained with a standard operating procedure on PoE surveillance, IPC, risk communication, and data management (data collection and analysis for planning).

Laboratory

- Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma and Mangina to facilitate rapid diagnosis of suspected cases.
- The US CDC and other partners are providing technical assistance and training for laboratory testing for Ebola in neighbouring countries.

Case management

- ETCs are operational in Beni and Mangina with support from The Alliance for International Medical Action (ALIMA) and Médecins Sans Frontières (MSF) respectively. In Makeke (Ituri Province) an ETC supported by International Medical Corps (IMC) is due to be operational this week. Samaritan's Purse continue to support the isolation unit in Nyankunde with IPC and isolation training.
- MSF Switzerland and the MoH have a 12-bed temporary treatment centre in Butembo which is expected to be operational next week.
- 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 16 September 2018, 35 patients have received investigational Ebola therapeutics, including: mAb114 (19 patients), Remdesivir (9 patients) and ZMapp (7 patients). Of these patients, 16 have been discharged, 11 are still under treatment and 8 have died. All the deaths were among patients with advanced disease, including organ failure, on admission.

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

- Routine water, sanitation and hygiene (WASH) teams are continuing activities in all areas: supplying water for hand hygiene, providing chlorination points, and installing and monitoring the operation of hand hygiene devices.
- Three health structures that have previously admitted confirmed cases were decontaminated (Kyavisme, Vutsumdu and Malépé).
- A total of 21 health workers were trained in personal protection protocols and triage in Beni.
- Personal protective equipment and other supplies were provided for six health facilities, including two in Butembo and four in Beni.

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