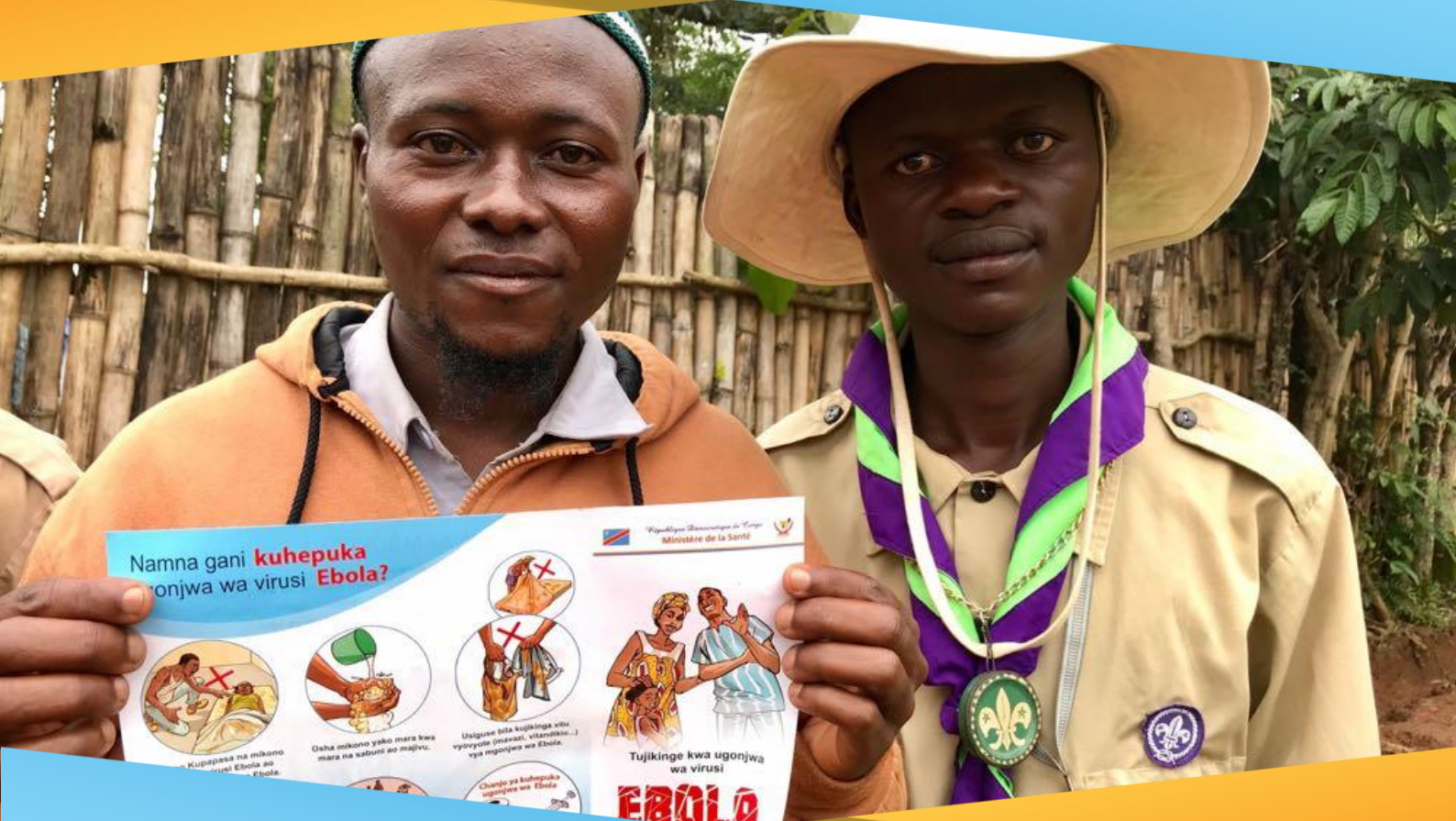


# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 06



World Health  
Organization

REGIONAL OFFICE FOR

Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 6

Date of issue: 11 September 2018

Data as reported by: 9 September 2018

#### 1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve. However, the Ministry of Health, WHO and partners have made progress in response to the outbreak. Recent trends (Figure 1) suggest that control measures are working; however, these trends must be interpreted with caution. The outbreak remains active 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 4 September 2018 ([External situation report 5](#)), an additional 10 new confirmed or probable EVD cases have been reported from Butembo (2), Beni (5) Mabalako (1), Mandima (1), and Masereka (1) and nine new deaths. Currently there are nine suspected cases under investigation (Table 1).

As of 9 September 2018, a total of 132 confirmed and probable EVD cases, including 91 deaths and 36 cases who have recovered, have been reported. Among the 132 cases, 101 are confirmed and 31 are probable. Of the 91 deaths, 60 occurred in confirmed cases.

Among the 123 cases with known age and sex, 58% (71/123) are female and 59% (56/95) of confirmed cases and females aged 44 years were most affected. Among men, the most affected age group is also 35-44 years (Figure 2). The data available for age and sex among deaths are limited. However, where known ( $n=38$ ) the distribution is similar to known cases.

A total of 17 health workers (16 confirmed and 1 probable) have been affected, three of whom have died. All health workers' exposures occurred in health facilities outside the dedicated Ebola treatment centres (ETCs).

The epicentres of the outbreak remain Mabalako Health Zone and Beni Health Zone in North Kivu Province, reporting 67.46% ( $n=87/13229$ ) and 18% ( $n=24$ ) of all confirmed and probable cases, respectively and 70.769% (63/8991) deaths, including 66 confirmed and 21 probable cases (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 2).

Since the 17 August 2018, a cumulative total of 5306 contact contacts have been listed. Over the past week, 75-97% of contacts were followed-up daily. Response teams are addressing a delay in establishing fully functional contact tracing activities in Butembo and Masereka, which has resulted in a dip in contact tracing performance in the past two days. Several challenges faced by the teams have been overcome and it is anticipated that contact performance will return to high rates in the coming days.

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

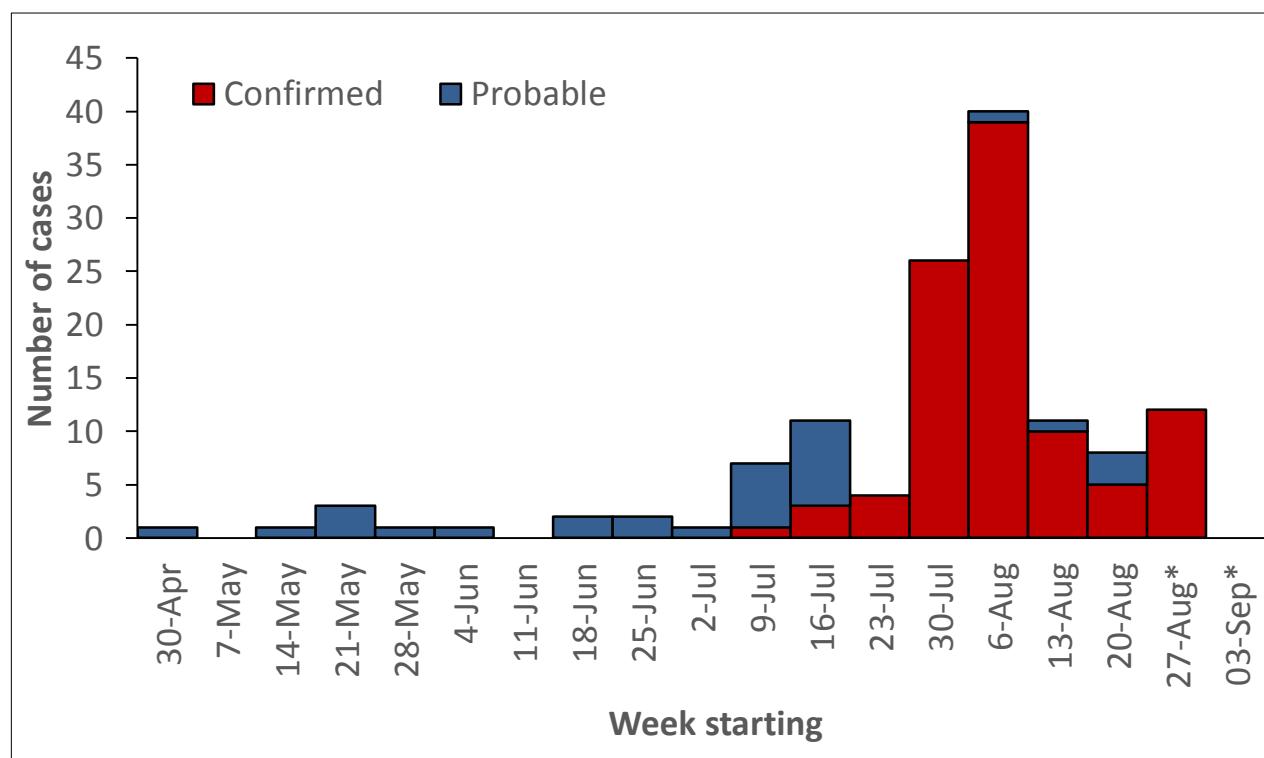
the Democratic Republic of the Congo as well as in Uganda, Rwanda and the Central African Republic; and to date, EVD has been ruled out in all alerts from neighboring provinces and countries

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 9 September 2018**

Case classification / status	North Kivu							Ituri	Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Mandima	
Probable*	4	2	1	21	1	0	0	2	31
Confirmed	20	2	2	66	0	1	1	9	101
Total confirmed and probable	24	4	3	87	1	1	1	11	132
Suspected cases currently under investigation	1	5	1	1	0	0	0	1	9
Deaths									
Total deaths	19	3	1	63	1	1	0	3	91
Deaths in confirmed cases	15	1	0	42	0	1	0	1	60

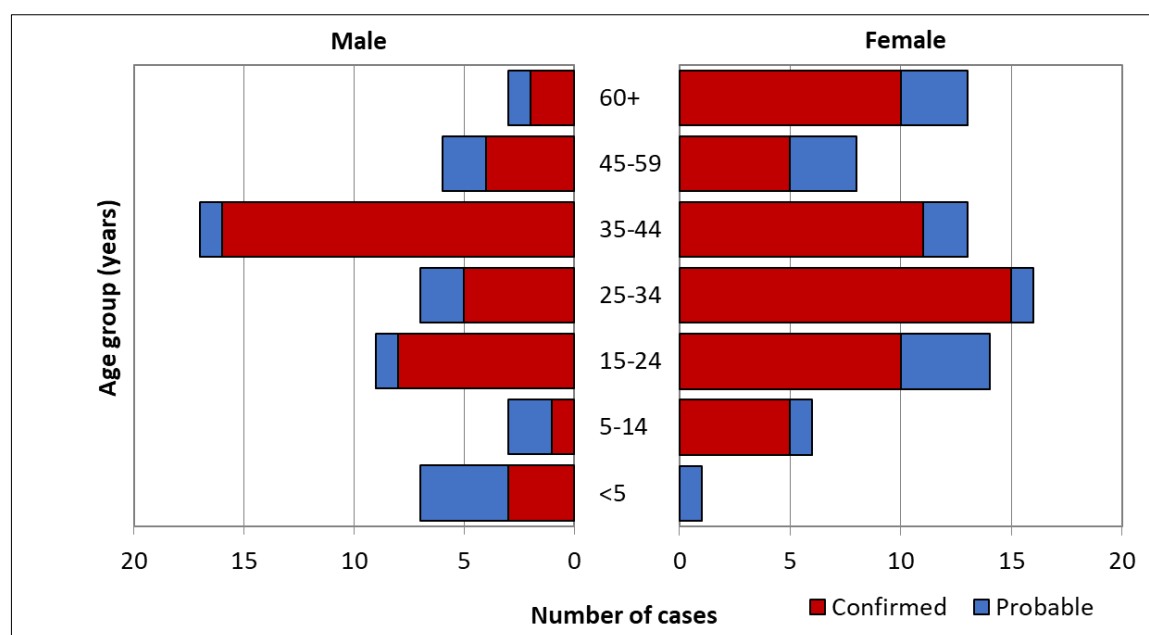
*\*Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.*

**Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 9 September 2018 (*n*=131)\***



*\*Illness onset is currently unknown for *n*=1 cases. Case counts in recent weeks may be incomplete due to reporting details. All trends should be interpreted with caution.*

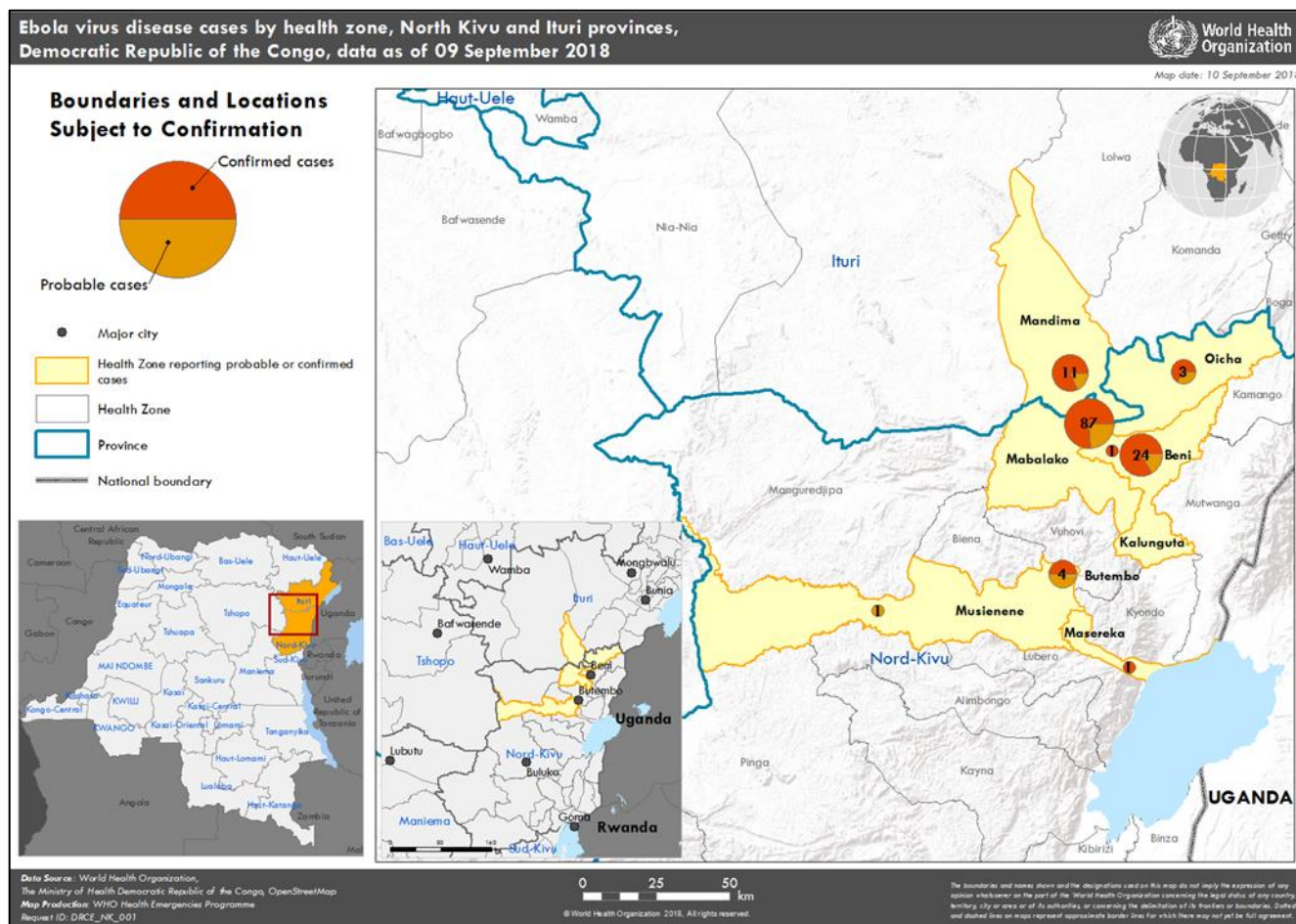
**Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 6 September 2018 (*n*=123)**



*\*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, 9 September 2018 ( $n=132$ )**



## 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 efflux 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 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 and (ix) research, and ix) operational support and logistics.

## 2. Actions to date

### Coordination of the response

- ➡ The sub-national Health Cluster Coordinator originally deployed in Kananga through the Standby Partner (SBP) with NORCAP, has been reassigned to North Kivu to support the EVD response. Efforts are ongoing to backfill positions through additional SBP deployments. SBPs are also prepared to support and deploy health professionals for EVD preparedness and response activities.
- ➡ As of 10 September, 166 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.

## 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 (such as delays in ETC referral of newly identified suspected cases, unsafe burials, etc.).
- ➔ This past week, surveillance capacities were extended to Butembo and Masereka health zones, where teams continue to strengthen operations.
- ➔ Systematic monitoring and rapid investigation of all alerts continues in all provinces of the Democratic Republic of the Congo, and in neighbouring countries. This past week between 16–26 alerts per day were investigated in the outbreak affected areas. In addition, Burundi, the Central African Republic, Rwanda and Uganda detected, investigated and ruled out EVD in alert and suspected viral haemorrhagic fever cases; a strong sign that surveillance systems are working.
- ➔ There is continued strengthening of surveillance through training health personnel on EVD and the early warning system, as well as community contact relay training and supervision.
- ➔ Health screening has been established at 45 Points of Entry (PoE) with health declaration forms, temperature checking, hand washing and risk communications. More than two million travellers have been screened at these PoEs since the beginning of screening during this outbreak .
- ➔ A committee for Points of Entry at Beni is being established to conduct a mid-term review of their response so far with partners including International Organization for Migration (IOM), Japan International Cooperation Agency (JICA) and CDC.

## 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

- ➔ Ebola Treatment Centres (ETC) are fully operational in Beni and Mangina with support from The Alliance for International Medical Action (ALIMA) and Médecins sans Frontières (MSF) respectively. In Beni, ALIMA are planning to expand treatment capacity over the next two weeks. An ETC is being constructed in Makeke (Ituri Province) with the support of International Medical Corps (IMC), which is expected to be operational this week. A seven bed MSF transit centre is already operational in Makeke. Samaritan's Purse continue to support the isolation unit in Nyankunde with infection, IPC and isolation training.

- 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 6 September 2018, 29 patients have received investigational Ebola therapeutics, including: mAb114 (14 patients), Remdesivir (9 patients) and ZMapp (6 patients). Of the 20 patients, 14 have been discharged and nine have died. All the deaths were among patients with advanced organ failure on admission.
- Médecines sans Frontières (MSF) Swiss and the Ministry of Health are building a 10 bed ETC in Butembo, which is expected to be operational by the end of this week.

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

- A team of IPC specialists is holding daily training with healthcare and frontline workers, assessing and decontaminating facilities, and providing essential hand hygiene solutions and personal protective equipment.
- A team of experts deployed by WHO are supplementing local capacity, working with dozens of healthcare centres to see where there are gaps, and providing training and supplies as needed. They are assisting the health centres to set up triage to ensure that patients with suspected EVD can be separated and treated away from other patients, to decrease transmission risks.
- WHO, CDC, and other partners are working with the Ministry of Health staff to conduct healthcare facility assessments and training on IPC in neighbouring countries.
- Red Cross IPC activities are progressing well in six health facilities in Tamende health area (Beni Health Zone). This includes training of healthcare workers in infection control practices, providing support to improve WASH mechanisms and processes in targeted health facilities and supporting waste management measures at the health facilities.
- 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.

## Safe and Dignified Burials

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\\_25625](https://www.yunbaogao.cn/report/index/report?reportId=5_25625)

