EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 05

World Health Organization
REGIONAL OFFICE FOR Africa

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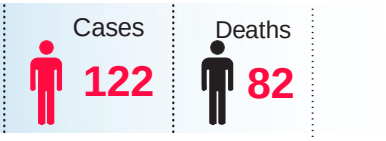
1. Situation update



The 1 September 2018 marks one month since the declaration of the Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo. The Ministry of Health, WHO and partners have made progress in response to the outbreak during this time. Recent trends (Figure 1) suggest that control measures are working; however, these trends must be interpreted with caution.

Since our last situation report on 28 August 2018 (*External situation report 4*), an additional 11 new EVD cases (8 confirmed and 3 probable) and seven new deaths have been reported. Nine other suspected cases are currently under investigation to confirm or exclude EVD.

As of 2 September 2018, a total of 122 confirmed and probable EVD cases, including 82 deaths, have been reported. Of the 122 cases, 91 are confirmed and 31 are probable. Of the 82 deaths, 51 occurred in confirmed cases. Of the 113 confirmed and probable cases with known age and sex, females account for 55% (n=62), and the largest proportion (26%, n=29) of cases were aged 35-44 years (Figure 2). A total of 16 health workers (15 confirmed and 1 probable) have been affected, of which one has died. All health workers' exposures occurred in health facilities outside the dedicated Ebola Treatment Centres (ETCs). As of 1 September 2018, 15 patients were being managed at Mangina ETC (6 confirmed cases and 4 suspected) and in Beni (5 confirmed cases).

The epicentre of the outbreak remains Mabalako Health Zone in North Kivu Province, reporting 70% (86/122) of all cases and 76% (62/82) deaths, including 65 confirmed and 21 probable cases (Figure 3). Additionally, four other health zones in North Kivu Province and one in Ituri Province have reported confirmed and probable cases (Table 1 and Figure 2). Of concern is an apparent increase in transmission in Beni Health Zone, where the number of confirmed and probable cases has increased from eight on 23 August 2018 to 19 cases on 2 September 2018.

Since the beginning of the outbreak, a cumulative total of 4296 contacts have been listed, of which 2512 (58.5%) remain under surveillance as of 2 September 2018. During the past seven days, daily follow-up was completed for 92-97% of these contacts.

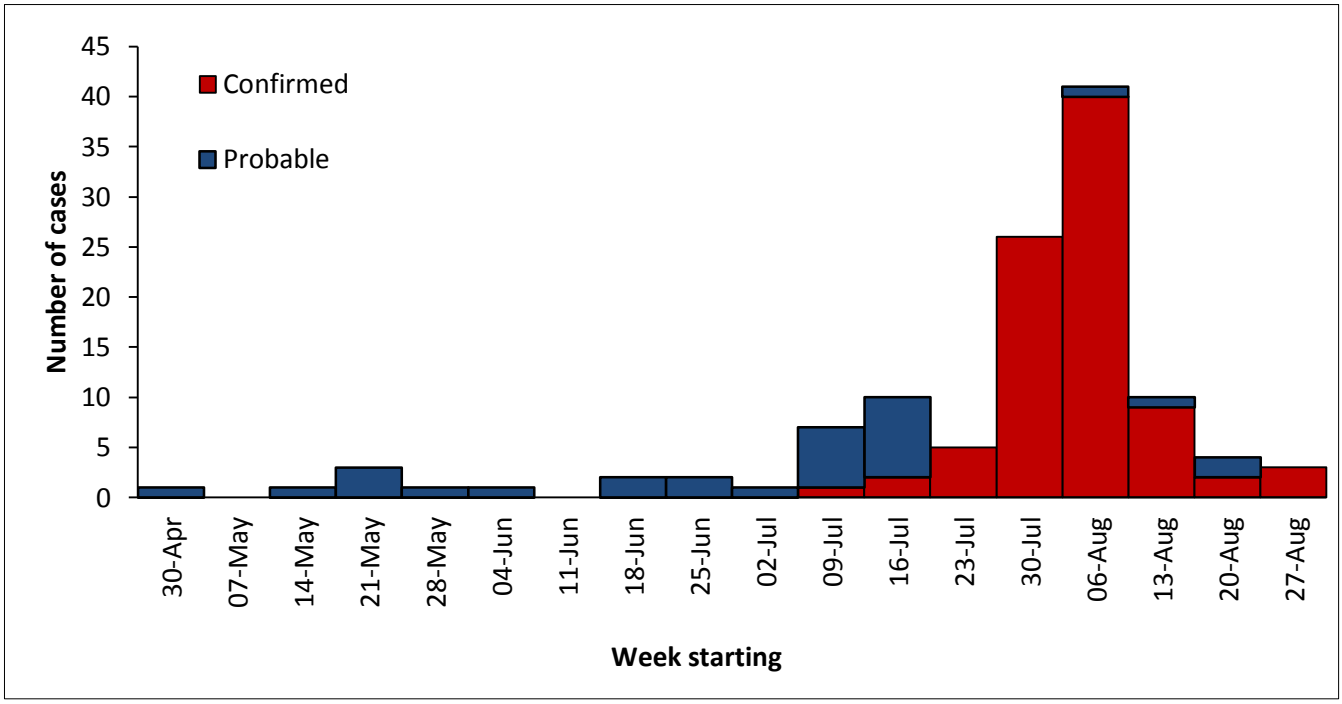
The Ministry of Health, WHO and partners are monitoring and investigating alerts in other provinces in the Democratic Republic of the Congo and in neighbouring countries. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in Uganda, Rwanda and the Central African Republic, and, to date, EVD has been ruled out in all these alerts.

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 September 2018

Case classification / status	North Kivu						Ituri	Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Kalunguta	Mandima	
Probable*	4	2	1	21	1	0	2	**31**
Confirmed	15	0	2	65	0	1	8	**91**
Total confirmed and probable	**19**	**2**	**3**	**86**	**1**	**1**	**10**	**122**
Suspected cases currently under investigation	**3**	**0**	**0**	**6**	**0**	**0**	**0**	**9**
Deaths								
Total deaths	**13**	**2**	**1**	**62**	**1**	**0**	**3**	**82**
Deaths in confirmed cases	9	0	0	41	0	0	1	**51**

**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 2 September 2018 (n=118)*



**Illness onset is currently unknown for n=4 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, 26 August 2018 (n=113)

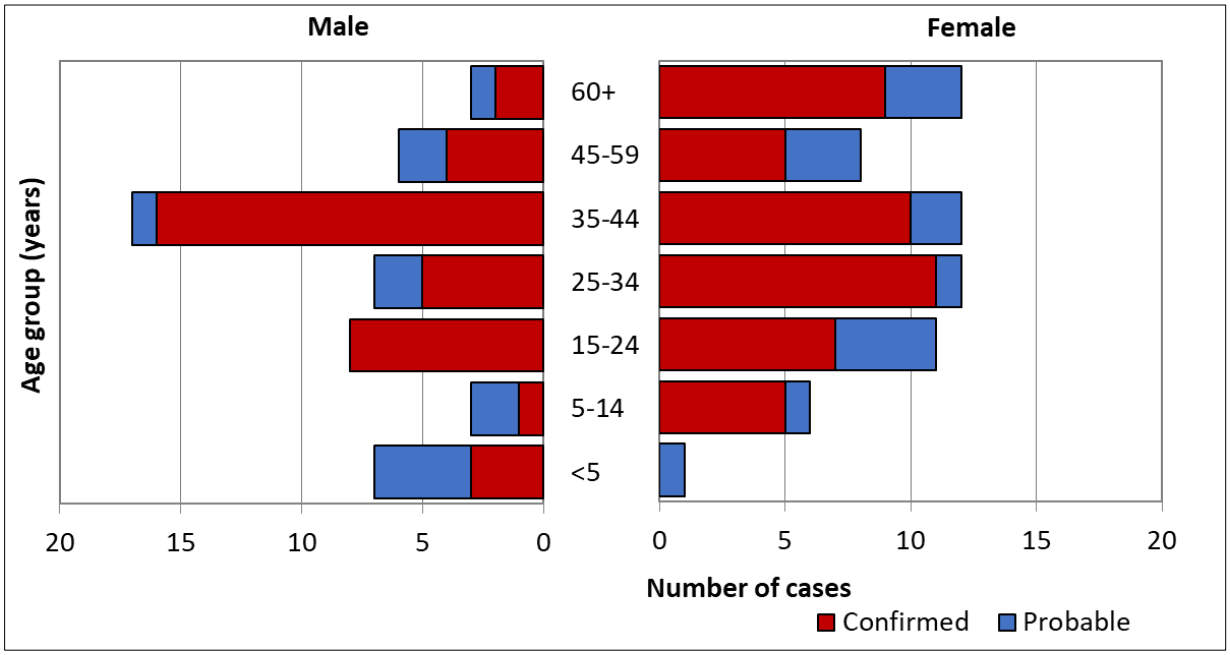
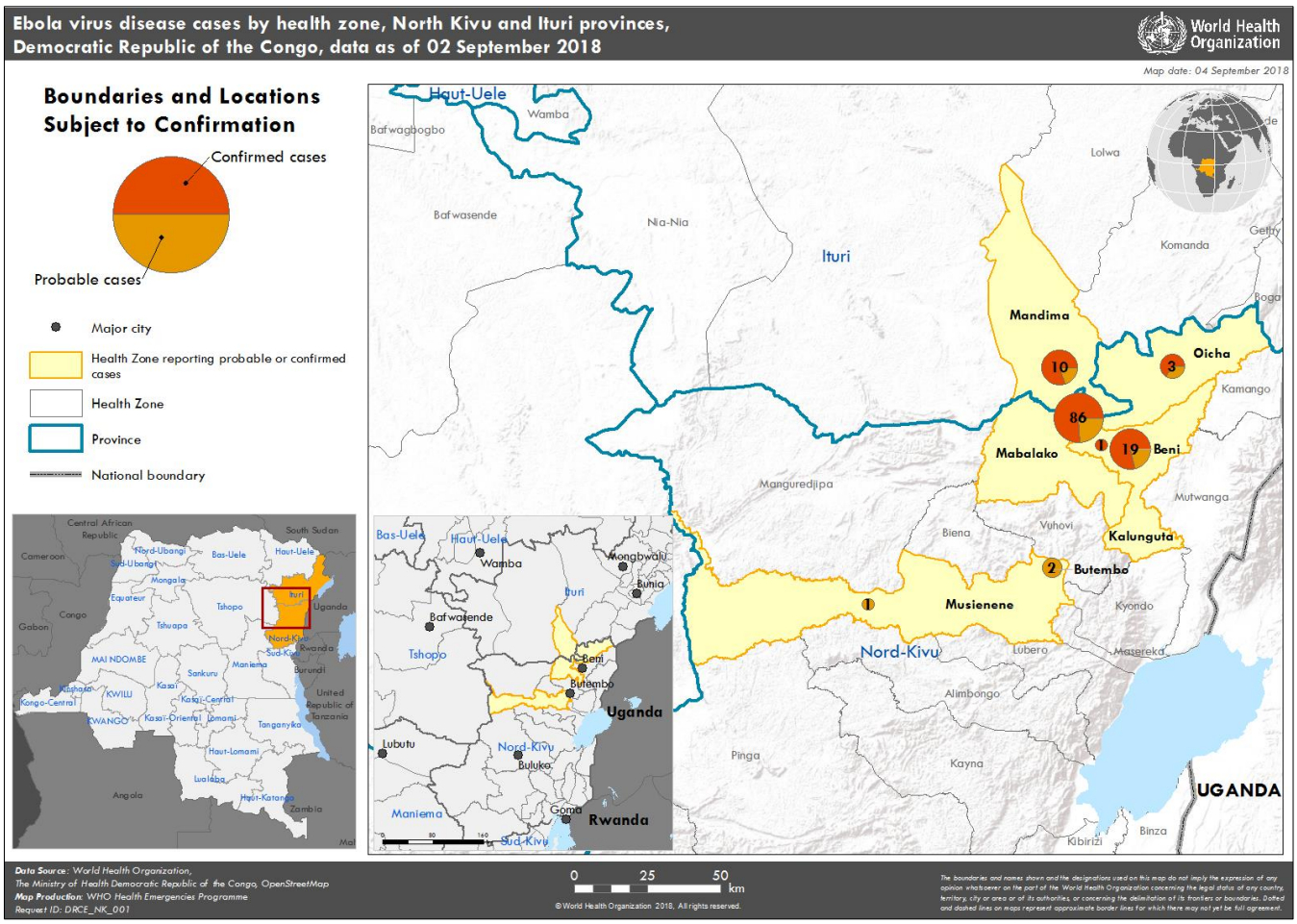


Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 4 September 2018 (n=122)



Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo, with estimated populations of 6.7 million and 4.3 million, respectively. 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 new outbreak of EVD is affecting north eastern provinces of the Democratic Republic of the Congo, which border Uganda. The ongoing EVD outbreak is not linked to the previous one that occurred in Equateur Province and ended on 24 July 2018. Potential risk factors for transmission of EVD at national and regional levels include the transport links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and displacement of Congolese refugees to neighbouring countries and a long-term humanitarian crisis. Additionally, the security situation in North Kivu may hinder the implementation of response activities. Based on this context, the public health risk is considered high at the national and regional levels and low globally. WHO recommends against the application of any travel or trade restrictions in relation to this outbreak.

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 research; and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- The Prime Minister and the Minister of Health of the Democratic Republic of the Congo visited various points of entry (PoEs) in Goma where health measures to screen travellers are being implemented.

- On 17 August 2018, the National Minister of Public Health visited patients admitted to treatment centres in Beni and Mangina, accompanied by a delegation from US Government agencies (CDC Atlanta, USAID, US Embassy in the Democratic Republic of the Congo).

- The Provincial Coordination authorities in Mangina have been deployed to Makeke in Mandima Health Zone to resolve the community resistance to contact follow up.

- The Ministry of Health, with technical and operations support of WHO and partners, has activated a multi-partner, multi-agency Incident Management System and Emergency Operations Centre to coordinate the response. The main coordination centre is based in Beni while field technical coordination is at Mangina.

- The Ministry of Health, WHO and partners have deployed Rapid Response Teams to the affected health zones to implement response activities. As of 3 September 2018, WHO has deployed a total of 193 experts in the various response pillars, of which 156 are based in Beni and Mangina. WHO has activated country, regional and global coordination mechanisms to assess risk and respond to the outbreak accordingly.

- Global Outbreak Alert and Response Network (GOARN) partner institutions continue to support the response, as well as urgent readiness and preparedness activities in non-affected provinces of the Democratic Republic of the Congo, and in bordering countries, particularly Rwanda and Uganda.

- An incident management team has been established in the Democratic Republic of the Congo and support teams have been reactivated at the WHO Regional Office for Africa and at Headquarters.

- The Sub-National Health Cluster Coordinator deployed through the Standby Partner (SBP), NORCAP, in Kananga, has been re-assigned to North Kivu to support EVD response. Efforts are on to backfill all non-Ebola positions through Standby Partner (SBP) deployments. Meanwhile, all SBPs are also keen to support and deploy health professionals for EVD preparedness and response, as may be required.

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 gaps for improving interventions (such as delays in ETC referral of newly identified suspected cases, unsafe burials, etc.).

- 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 in Oicha.

- As at 2 September, 37 points of entry in Democratic Republic of the Congo are functional for health screening. Since the beginning of the screening, over 2 million travellers have been screened, and 35 alerts were reported, of which seven were validated. Activities to strengthen PoE capacity in neighbouring countries as part of preparedness are on-going in collaboration with partners.

Laboratory

- Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma and Mangina to facilitate rapid diagnosis of suspected cases.
- From the start of the outbreak to 31 August 2018, a total of 510 samples were tested in three laboratories.
- The US CDC and other partners are providing technical assistance and training for laboratory testing for Ebola in neighbouring countries.

Case management

- The Ethics Committee in the Democratic Republic of the Congo has approved five experimental therapeutics (ZMapp, Remdesivir, mAb 114, Favipiravir, and REGN3470-3471-3479) to be used under the Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI) framework for EBV.
- As of 2 September, 23 patients have received mAb 114 (13), Remdesivir (6) or ZMapp (4). Nine of these patients have been discharged.
- Bed capacity in the ETC run by MSF in Mangina has increased to 74, while bed capacity in the ETC run by ALIMA in Beni has increased to 13 with the ability to surge to 25.
- A 50-bed ETC is being constructed in Ituri Province to be run by International Medical Corps, which is expected to be operational within one week.
- A medical evacuation (Medevac) support team from Norway arrived in Goma to provide specialized training on Medevac procedures and handling of equipment using the already existing facilities (EpiShuttles and isolation bubbles) donated by Norway.

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

- The infection prevention and control (IPC) teams have started decontamination of the Nyankunde Hospital Centre and the Victory Clinic in Beni Health Zone.
- Red Cross IPC technical team started implementation of support (IPC and triage) to 6 health facilities in Tamende health areas.

- Water storage devices have been installed and are being monitored in Beni and Mangina, with the support of PPSSP, CBCA, and SOS Waters and Forests, along with installation and monitoring of chlorination points and hand washing facilities in Beni, Mabalako, Mandima and Mutwanga, with the support of Oxfam, UNICEF, Care International and PPSSP. PPSSP have provided 7425 litres and 4343 litres of water for handwashing in Beni and Goma, respectively.

- Red Cross Safe and Dignified burial (SDB) teams are operational in Beni (3), Mangina (4) and Butembo (2). Initial training for SDB teams in Bunia (1) and Mambasa (1) has been conducted. As of 4 September 2018, these teams have responded to a total of 111 SDBs alerts and successfully completed 103 SDB. There is continuing work on strengthening the community engagement approach within the SDB, along with increased efforts to increase community acceptance and support. The SDB sub-commission is meeting daily to strengthen coordination.

- 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.

- 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.

- The International Rescue Committee (IRC) is working on triage, IPC and WASH at 37 health facilities in Mabalako (6), Beni (27), and Oicha (4) health zones, where they have trained 15 staff from 11 partner NGOs on improving IPC.

- IRC has initiated IPC and WASH assessments, delivered training, distributed thermometers, chlorine, buckets, sprayers, and personal protective equipment (PPE) at assigned health facilities.

- IRC has been assigned to improve IPC and WASH at the Beni General Hospital. This will include building an isolation unit and a proper waste management zone.

- Routine activities of the WASH cluster include water supply, installation and monitoring of the operation of hand washing devices (75 in Beni, Mabalako and Oicha) and chlorination points (39 in Mabalako), disinfection of a health facility in Beni and 10 households in Beni and Mabalako, along with briefing of 88 providers on personal protection and distribution of hygiene kits in 81 schools in Beni and Mabalako.

- WHO, CDC, and other partners are working with the Ministry of Health staff to conduct healthcare facility assessments and training in infection prevention and control in neighbouring countries.

- UNICEF is scaling up in education, health and water, sanitation, and hygiene programmes to assist