EBOLA VIRUS DISEASE

Democratic Republic of the Congo

World Health Organization

REGIONAL OFFICE FOR **Africa**

EBOLA VIRUS DISEASE
Democratic Republic of the Congo
External Situation Report 4

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Data as reported by: 26 August 2018

1. Situation update

Cases **111**   Deaths **75**

The Ministry of Health in the Democratic Republic of the Congo, World Health Organization (WHO) and partners continue to respond to the Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces since 1 August 2018. Since our last situation report on 22 August 2018 (*External situation report 3*), an additional nine new confirmed EVD cases and 16 new deaths have been reported. Fourteen other suspected cases were under investigation to confirm or exclude EVD. On 26 August 2018, no new confirmed EVD cases were recorded; three deaths among confirmed cases were reported, one in Béni and two in Mabalako; and there were 25 case-patients admitted in the Ebola treatment centres (ETCs) in Mangina (20), Béni (3) and Goma (2).

As of 26 August 2018, a total of 111 confirmed and probable EVD cases, including 75 deaths (case fatality ratio 67.6%), have been reported. Of the 111 cases, 83 are confirmed and 28 are probable. Of the 75 deaths, 47 occurred in confirmed cases. A total of 15 healthcare workers have been affected, of which 14 are confirmed and one has died. Since the onset of the outbreak, 18 case-patients have recovered from the disease, were discharged and re-integrated into their communities. Among 107 out of 111 confirmed and probable cases for which age and sex information is known, the age group 30–44 accounted for 25% (27/107) of all cases, with women accounting for 55% of cases (59/107).

Mabalako Health Zone in North Kivu Province remains the epicentre of the outbreak, accounting for 77% (85/111) of all cases, including 64 confirmed and 21 probable cases. Additionally, four other health zones in North Kivu Province and one in Ituri Province have reported confirmed and probable cases (Table 1).

As of 26 August 2018, a total of 2 445 contacts were under follow up, of which 1 903 (79%) were seen on the reporting day. Over the past two days, the contact tracing exercise was affected by some community resistance, especially in Bingo health area in Mabalako Health Zone and Botsuli health area in Béni Health Zone, as well as by insecurity in Oicha Health Zone.

Alerts have been reported and investigated in several provinces of the Democratic Republic of the Congo as well as its neighbouring countries, namely Burundi, Central African Republic, Rwanda, and Uganda, and to date, EVD has been ruled out in all these alerts.

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 circulating vaccine-derived poliovirus type 2, cholera, measles, monkeypox, etc.

Table 1: Confirmed, probable and suspected Ebola virus disease cases by health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 26 August 2018

| Description	North Kivu					Ituri	Total
Cumulative cases	Béni	Butembo	Oicha	Mabalako	Musienene	Mandima	
Probable*	1	2	1	21	1	2	**28**
Confirmed	10	0	2	64	0	7	**83**
Total	**11**	**2**	**3**	**85**	**1**	**9**	**111**
Cases under investigation							
Suspected cases under investigation	3	0	0	6	0	1	**10**
Deaths							
Total deaths	8	2	1	60	1	3	75
Deaths in confirmed cases	7	0	0	39	0	1	**47**

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

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 26 August 2018

Ebola virus disease cases by health zone, North Kivu and Ituri provinces, Democratic Republic of the Congo, data as of 26 August 2018
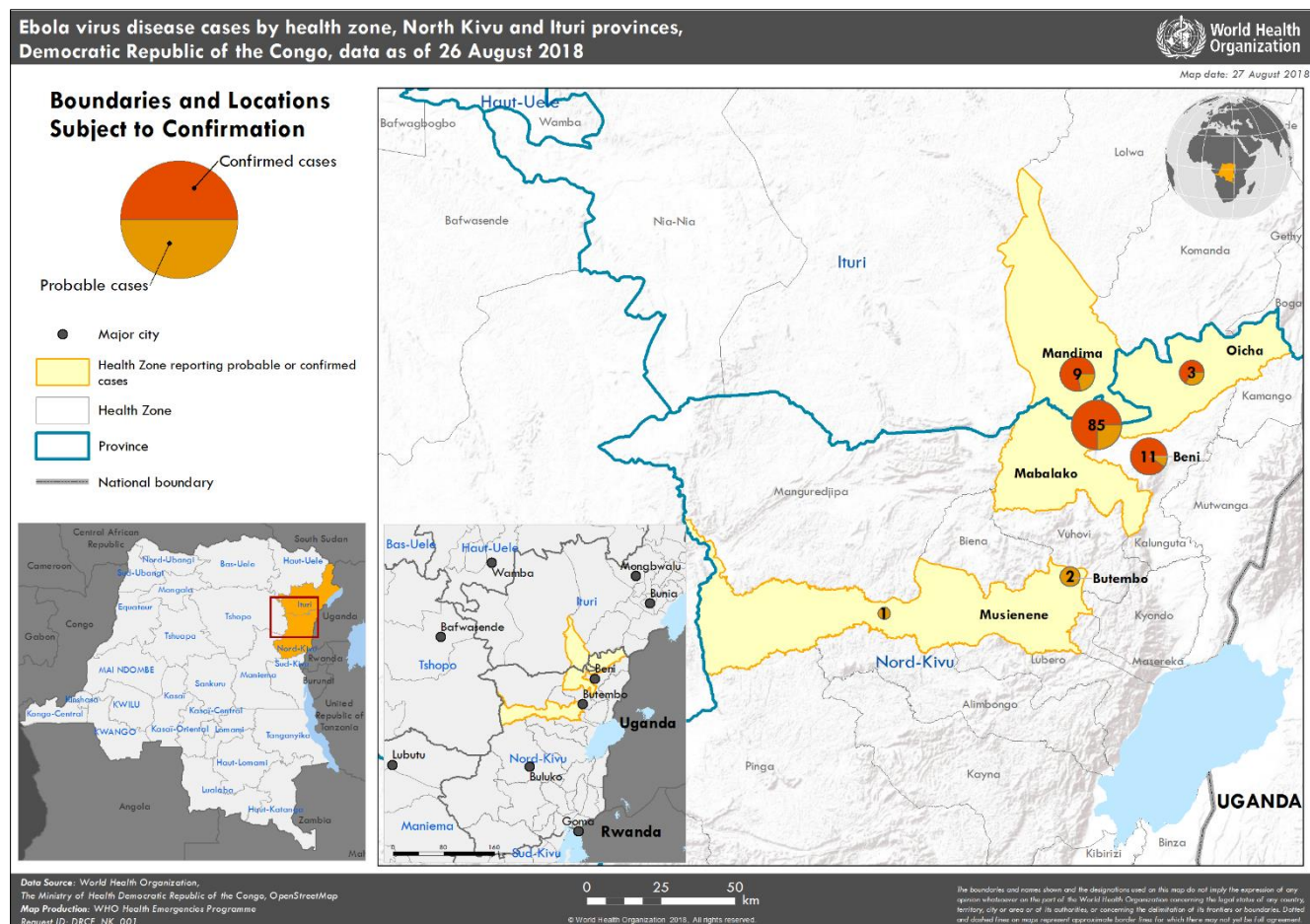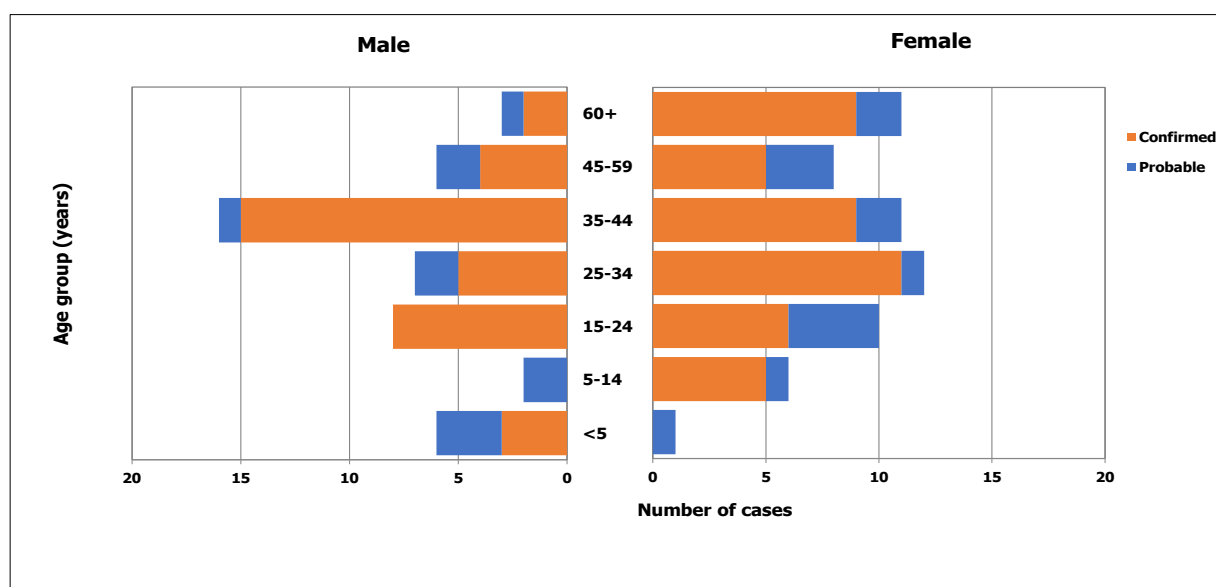
Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, North Kivu and Ituri provinces, Democratic Republic of the Congo, 26 August 2018 (n=111)
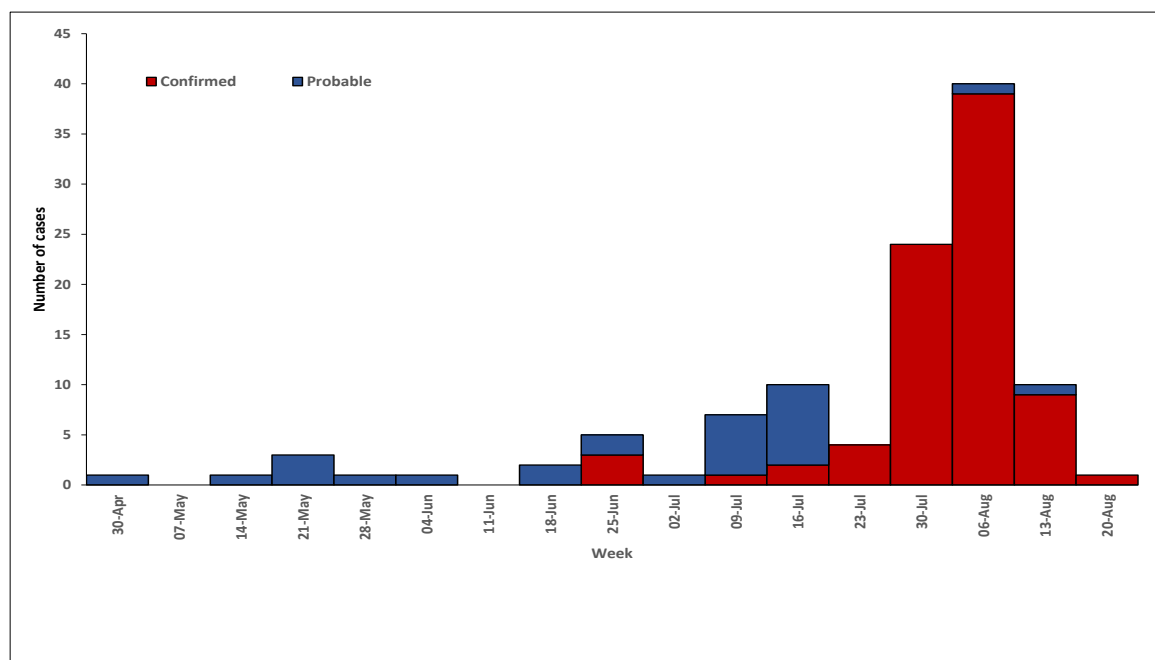
Figure 3: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, 26 August 2018 (n=107)

Current risk assessment

This new outbreak of Ebola virus disease is affecting north eastern provinces of the Democratic Republic of the Congo, which border Uganda and Rwanda. 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 laboratory 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 Ministry of Health, with technical and operations support of WHO and partners, has activated a multi-partner, multi-agency Incident Management System (IMS) and Emergency Operations Centre (EOC) to coordinate the response. The main coordination centre is based in Béni while field technical coordination is at Mangina.

- 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 nine bordering countries, particularly Rwanda and Uganda.

- As of 27 August 2018, WHO has deployed 172 multidisciplinary specialists to support response activities, including logisticians, epidemiologists, laboratory experts, communicators, clinical care specialists, community engagement specialists, and emergency coordinators.

Surveillance

- Active surveillance, including alert management, field investigation of suspected cases and alerts, active case search, contact tracing, and data management, has been established in the affected and non-affected areas, as well as at the points of Entry (PoEs).

- All confirmed and probable cases continue to be investigated to establish chains of transmission, and identify contacts for follow-up and response interventions. Of 14 confirmed cases reported in the past seven days, nine (64%) cases were known contacts; an indicator that is steadily improving with time. Nonetheless, this result suggests that there are still potential undocumented chains of transmission in the affected communities.

- The Congolese Ministry of Health Border Health Programme, with support from WHO, IOM and US CDC, have mapped 34 PoEs, 28 of which have functional checkpoints, representing 82% coverage. Since the start of the outbreak, 841 602 travellers have been controlled at these checkpoints. These partners are also working with the Ministries of Health in the nine neighbouring countries on border screening.

- As part of community based surveillance and alert management in the field, the Early Warning, Alert and Response System (EWARS) has been established in 171 health facilities in Béni (24), Butembo (42), Mambasa (15), Mandima (15), Musienne (19), Oicha (28) and Mabalako (28). This system will allow real-time information sharing on alerts, and rapid alert verification. Two hotlines have been established for community reporting to EVD response teams.

- Neighbouring countries, including Rwanda and Uganda, are implementing heightened surveillance and have significantly strengthened the readiness capacity for detection and response to any suspected viral haemorrhagic fever cases as well as other outbreaks. The ongoing effort in these countries is contributing to enhancing the International Health Regulations (IHR 2005) core capacities.

Laboratory

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

- From the start of the outbreak to 18 August 2018, a total of 322 samples were tested at the various sites, which led to the confirmation of 75 EVD cases.

- The 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 the use of five experimental medicines, namely: ZMapp, Remdesivir, Favipiravir, Regn3450 - 3471 – 3479, and mAb114, to be used by the medical and research teams.

- Bed capacity in the ETC run by MSF in Maninga has increased to 74, while bed capacity in the ETC run by ALIMA in Béni has increased to 17 and will be further expanded to 25 by the end of the week.

- A 50 bed ETC is being constructed in Ituri Province to be run by International Medical Corps, which is expected to be operational within two weeks.

- 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) team have started decontamination of the Nyankunde Hospital Centre and the Victory Clinic in Béni Health Zone.

- A Red Cross IPC technical team was deployed in Béni to support 18 health facilities in Mangina and Tamende health areas.

- Water storage devices have been installed and are being monitored in Béni 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 Béni, Mabalako, Mandima and Mutwanga, with the support of Oxfam, UNICEF, Care International and PPSSP. PPSSP have provided 7 425 litres and 4 343 litres of water for handwashing in Béni and Goma, respectively.

- Red Cross safe and dignified burial (SDB) teams have been trained and are operational in Béni (2), Mangina (4), Butembo (2), Bunia (1) and Mambasa (1). Teams have responded to a total of 74 SDBs alerts. The teams are currently strengthening the community engagement approach within the SDB work to address growing resistance and ensure increased community acceptance and support. The Red Cross has supported three SDBs in Mabalako.

- 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 handwashing, providing chlorination points, and installing and monitoring the operation of handwashing devices.

- The International Rescue Committee (IRC) is working on triage, IPC and WASH at 37 health facilities in Mabalako (6), Béni (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 Béni General Hospital. This will include building an isolation unit and proper waste management zone.

Implementation of ring vaccination protocol

- Since the beginning of the vaccination exercise on 8 August 2018, a total of 4 130 people have been vaccinated, as of 27 August 2018. The current vaccine stock in Béni stands at 5 070 doses.