

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 01



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1. Situation update



On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo notified WHO of a new outbreak of Ebola virus disease (EVD) in North Kivu Province, in the eastern part of the country. The event was initially reported by the North Kivu Provincial Health authority on 28 July 2018 when a cluster of 26 cases of acute haemorrhagic fever, including 20 deaths (mostly in the community), occurred in Mabalako Health Zone during mid-late July 2018. Local health officials additionally identified sporadic, antecedent deaths in the community since May 2018 (tentatively classified as probable cases), which are subject to ongoing investigations to determine if they are related to the current outbreak.

Blood specimens collected from six hospitalized case-patients on 31 August 2018 were shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa. On 1 August 2018, four of the six blood specimens tested positive for *Ebolavirus* by GeneXpert automated-polymerase chain reaction (PCR). The Ministry of Health Officially declared the outbreak on 1 August 2018. Further laboratory testing by INRB confirmed *Ebolavirus* in three of the initial six specimens using conventional PCR. The result of the genetic analysis by INRB confirmed Ebola Zaire strain, but not linked to the Équateur outbreak strain, meaning that we are dealing with a new outbreak.

As of 5 August 2018, a total of 43 EVD cases, including 34 deaths, have been reported. Between 3 and 4 August 2018, 12 specimens tested positive at the field-based laboratory in Beni City, bringing the total number of confirmed cases to 16. A total of 27 cases are classified as probable. Of the 34 deaths, seven occurred in confirmed cases. Two healthcare workers have been affected, of which one died. An additional 31 suspected cases are currently being investigated and awaiting laboratory results to confirm or exclude EVD.

Six health zones in two provinces have reported confirmed and probable EVD cases, including Mabalako, Beni, Butembo, Oicha, and Musienene health zones in North Kivu Province and Mandina Health Zone in Ituri Province (Figure 1).

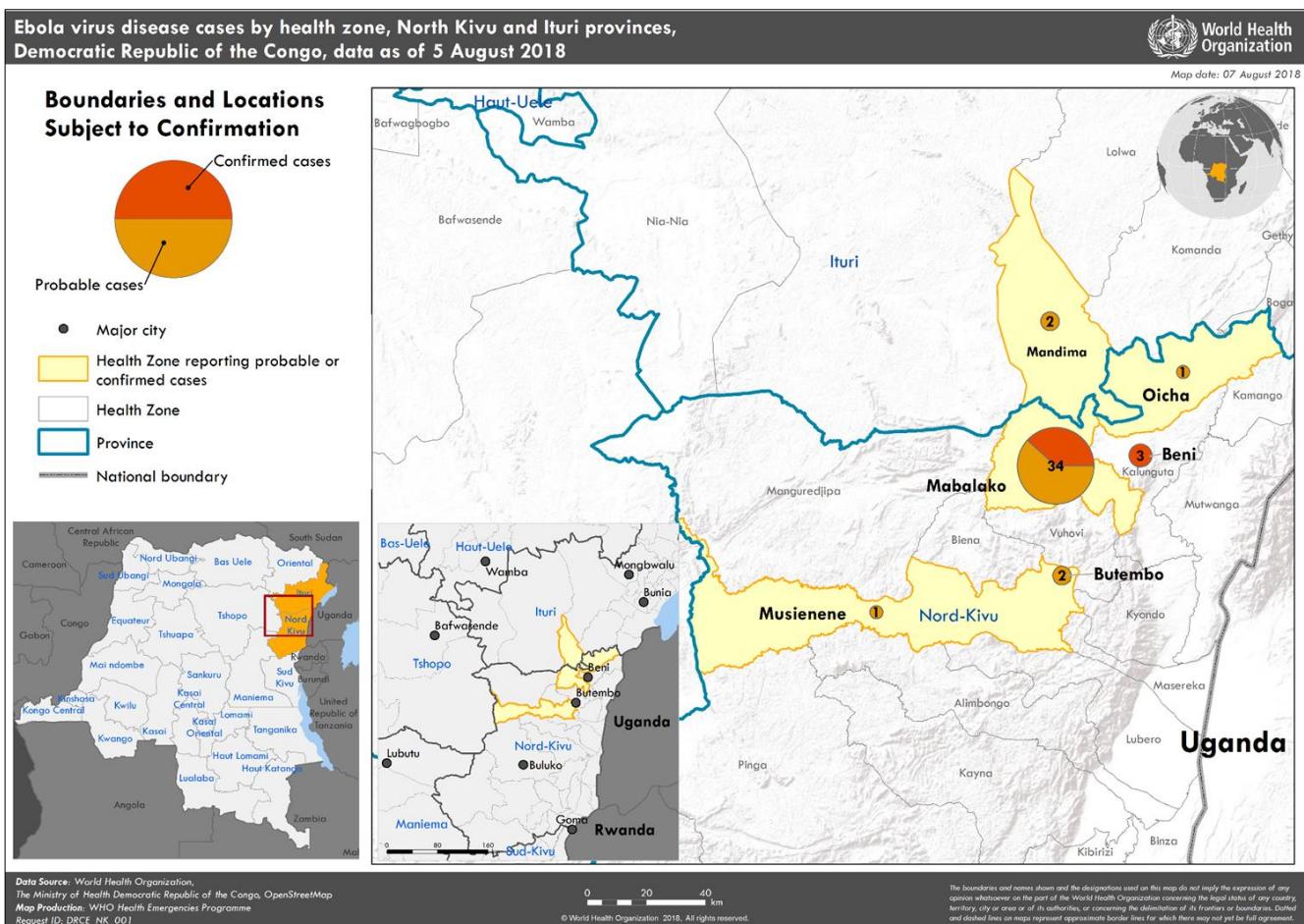
Context

The province of North Kivu is among the most populated provinces, with eight million inhabitants. It shares borders with four other provinces (Ituri, South Kivu, Maniema and Tshopo) as well as with Uganda and Rwanda. The subregion has been experiencing intense insecurity and worsening humanitarian crisis, with over one million internally displaced people and a continuous efflux of refugees to the neighbouring countries, including Uganda, Burundi and Tanzania.

Table 1: Confirmed and probable Ebola virus disease cases by health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 5 August 2018

Description	North Kivu					Ituri	Total
Cumulative cases	Mabalako	Beni	Butembo	Oicha	Musienene	Mandima	
Total probable	21	0	2	1	1	2	27
Total confirmed	13	3	0	0	0	0	16
Total number of cases	34	3	2	1	1	2	43
Deaths							
Deaths in probable cases	21	0	2	1	1	2	27
Deaths in confirmed cases	7	0	0	0	0	0	7
Total deaths	28	0	2	1	1	2	34

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 5 August 2018



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. 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. The country is concurrently experiencing several epidemics 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.

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) immunization of risk groups and research response, and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- ⇒ On 2 August 2018, the Minister of Health of the Democratic Republic of the Congo, the WHO Representative and representatives of different partner agencies, including UNICEF, the World Bank and MONUSCO, visited Mangina health area (the epicenter of the outbreak) and Béni (the provincial capital of North Kivu) to conduct on-the-spot assessment and support local response. The mission held meetings with local political and civic leaders, including healthcare officials.
- ⇒ The Ministry of Health and WHO have deployed Rapid Response Teams to the affected health zones to initiate response activities, and WHO has activated country, regional and global coordination mechanisms to assess risk and respond accordingly.
- ⇒ 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.
- ⇒ Coordination meetings were held on 1 August 2018 to establish immediate logistical capabilities and needs and to develop a full response plan.
- ⇒ WHO has provided technical and operations support to the Ministry of Health and partners in the activation of a multi-partner, multi-agency Emergency Operations Centre to coordinate the response.

Surveillance

- ➔ WHO is providing support to the Ministry of Health to rapidly establish and implement surveillance activities for this event. This includes active and passive detection of cases, including at the points of entry/exit (PoE); alert management system and systematic investigation of alerts and suspected cases using standardized protocols; identification, tracing and daily follow-up of contacts of cases; establishing and maintaining systems for case and contact management and performance monitoring; and regular epidemiological analysis, interpretation and reporting to guide response activities.
- ➔ A contact follow-up programme started on 4 August 2018, following training of Community Action Committees and Community Relay teams. As of 5 August 2018, 966 contacts were registered.
- ➔ There is ongoing development of the epidemiological surveillance work plan in North Kivu and Ituri and briefing on EVD surveillance and response to 40 healthcare providers from the two affected provinces, who have been provided with case definitions, contact registration forms and contact tracking forms.
- ➔ A total of 28 key points of entry have been identified to strengthen surveillance capacity to rapidly detect and respond to potential new Ebola cases (visual observation, temperature measurement, health form, medical referral), and to engage communities on border areas to improve knowledge of EVD and its prevention.

Laboratory

- ➔ The INRB is coordinating the laboratory activities related to Ebola diagnostics on the ground and further analysis in Kinshasa.
- ➔ On 3 August 2018, a mobile laboratory with two GeneXpert machines was established in Beni to facilitate timely diagnosis of suspected cases. Establishment of additional laboratory facilities elsewhere are being explored including additional GeneXpert machines in Mangina, Goma and other areas as needed.
- ➔ The INRB is working to deploy additional diagnostic capacities to the mobile laboratory, including conventional RT-PCR, serology, haematology and biochemistry.
- ➔ As of 6 August 2018, 65 samples were tested in the Beni field-based laboratory, of which 16 were positive.

Case management

- ➔ As of 5 August 2018, 11 confirmed EVD cases were hospitalized, including three in an Ebola Treatment Centre (ETC) in Beni and eight at the transient treatment center in Mangina health centre.
- ➔ A triage tent has been set up by MSF at Mangina and Beni and the temporary isolation unit at Mangina is being evaluated by ALIMA in order to change it into a treatment centre.

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

- Three providers were briefed on WASH tasks and the organization of dignified and safe burials.
- The water supply in health facilities in Beni and Mangina is being chlorinated.

Vaccination

- A joint WHO-EPI meeting was held to evaluate potential vaccination strategies in the affected provinces.
- There are 3 220 doses of vaccine available in Kinshasa and the Ministry of Health plans to start vaccination of contacts and front-line workers on 8 August 2018.
- A team of vaccination experts from Guinea will be deployed to support vaccination (once strain confirmed). Draft SAGE recommendations and a revised protocol are expected on 6 August 2018 to take into account the geographic targeting in areas of high security risk. A clinical team with therapeutics are arriving on 7 August 2018.
- On 5 August 2018, an ultra-cold chain will arrive in Beni and become operational as of 7 August 2018.

Psychosocial care

- A psychological assessment session was held with health staff and the community at the Mangina health centre following misinformation on EVD spread by rumours in the community.
- Follow up support is being provided to two families who lost family members to EVD on 1 August 2018.

Risk communication, social mobilization and risk communication

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https://www.yunbaogao.cn/report/index/report?reportId=5_25678

