

2018



Risk Communication and Community Engagement (RCCE) Considerations: Ebola Response in the Democratic Republic of the Congo



**World Health
Organization**

WHO Health Emergencies Programme

WHO

May 2018

Risk communication and community engagement (RCCE) considerations: Ebola response in the Democratic Republic of the Congo

ISBN 978-92-4-151421-7

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Printed in Switzerland

This document was developed by the World Health Organization's Health Emergencies Programme as a resource for the response to the Ebola Virus Disease (Ebola) outbreak in the Democratic Republic of the Congo in May 2018.

It is intended to be used to guide risk communication and community engagement (RCCE) work which is central to stopping the outbreak and preventing its further amplification. Unlike other areas of response, RCCE draws heavily on volunteers, frontline personnel and on people without prior training in this area. As such, the document provides basic background information, scopes the socio-economic and cultural aspects (that are known at the time of publication), and provides the latest evidence-based advice and approaches based on WHO's Guideline: Communicating Risk in Public Health Emergencies, 2018.

The document also annexes a checklist for RCCE considerations in all pillars of the response, from surveillance and contact tracing to clinical care and safe and dignified burials.

The document was developed during the response by Dr Gaya Gamhewage, Manager, Support for Response, Ms Aphaluck Bhatiasevi, Technical Officer, Risk Communication and Community Engagement for WHO's Health Emergencies Programme, Ms Mara Frigo, Technical Officer, Ms Melissa Attias, Consultant, and Ms Shalini Singaravelu, Consultant.

EBOLA VIRUS DISEASE OUTBREAK - DEMOCRATIC REPUBLIC OF THE CONGO, MAY 2018

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I. WHAT YOU NEED TO KNOW ABOUT EBOLA

Ebola is a serious and often fatal disease. It has no specific treatment, but a range of interventions can bring the outbreak under control and significantly increase patients' chances of survival.

1. What is Ebola?

The Ebola virus causes an acute, serious illness which is often fatal if untreated. The virus is transmitted to people from wild animals and then spreads in the human population through human-to-human transmission.

The average Ebola case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks. Early supportive care with rehydration and treatment of symptoms improves survival.

Ebola virus disease (EVD) first appeared in 1976 in two simultaneous outbreaks, one in present day Nzara, South Sudan, and the other in Yambuku, Democratic Republic of the Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name.

Five species of Ebola virus have been identified. Among them, Bundibugyo ebolavirus, Zaïre ebolavirus and Sudan ebolavirus have been associated with large outbreaks in Africa. The virus causing the 2014–2016 West African outbreak belongs to the Zaïre ebolavirus species.

The origin of the virus is unknown, but current evidence suggests that fruit bats (Pteropodidae) may be a host.

2. How is it transmitted?

People become infected with Ebola either through contact with infected live or dead animals (usually following butchering, cooking or eating) or through contact with the bodily fluids of infected humans. Most cases are caused by human-to-human transmission which occurs when blood or other bodily fluids or secretions (stool, urine, semen) of infected people enter a person's body through broken skin or mucous membranes.

Infection can also occur if the broken skin or the mucous membranes of a person come into contact with items or environments contaminated with bodily fluids from an infected person. These may include soiled clothing, bed linen, gloves, protective equipment and medical waste, such as used hypodermic syringes.

During an outbreak, those at higher risk of infection are:

- health workers
- family members or others in close contact with infected people
- mourners who have direct contact with bodies during burial rituals.

Health-care workers are at greater risk of infection if they are not wearing correct personal protective equipment (PPE) or are not applying infection prevention and control (IPC) measures when caring for patients. All health-care providers working at all levels of the health system – hospitals, clinics and health posts – should be fully informed about the disease and its mode of transmission and should follow recommended precautions strictly.

Levels of Ebola virus in body fluids remain high after death. Bodies of those who have died from Ebola virus disease must be handled only by people wearing appropriate personal protective equipment and buried as soon as possible as agreed upon by the family and/or community. WHO advises that bodies of people who may have died from Ebola virus disease should be handled only by trained burial teams, who are equipped to properly bury the deceased, safely, and with dignity.

Sexual transmission of the Ebola virus, from males who recovered from Ebola to their partner has been documented in rare instances. Less probable, but theoretically possible, is female to male transmission. More surveillance data and research is needed on the risks of sexual transmission, and particularly on the prevalence of viable and transmissible virus in semen over time. WHO recommends that male survivors of Ebola virus disease are provided with counselling at ETC discharge and practice safer sex and hygiene for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus.

3. Signs and symptoms?

Ebola symptoms vary but sudden onset of fever, intense weakness, muscle pain, headache and sore throat are commonly experienced at the beginning of the disease (“the dry phase”). As the disease progresses, people commonly develop vomiting and diarrhoea (“the wet phase”), rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

The incubation period, or the time interval from infection to onset of symptoms, is from 2 to 21 days. People are not contagious until they develop symptoms.

Ebola virus disease infections can only be confirmed through laboratory testing. It can be difficult to clinically distinguish EVD from other infectious diseases such as malaria, typhoid fever and meningitis.

A person with Ebola-like symptoms who has been in contact with living or dead people suspected to have had Ebola or has travelled to an area known to have cases of Ebola virus disease should seek medical care immediately.

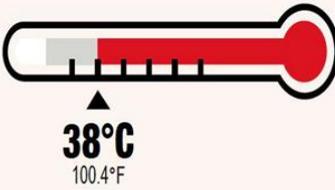
4. How is it treated?

Supportive care – rehydration with oral or intravenous fluids – and treatment of specific symptoms improves survival. There is as yet no proven treatment available for EVD. However, a range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated.

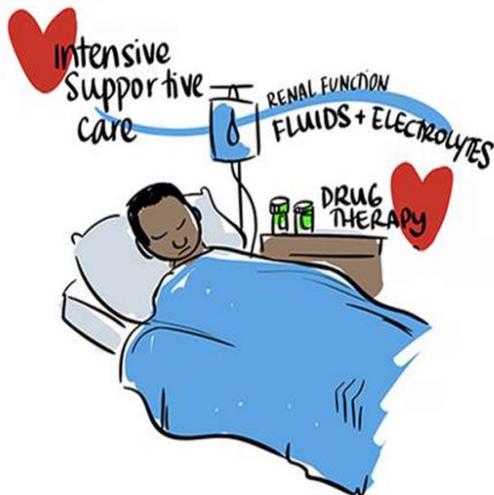
FACTS TO KNOW ABOUT EBOLA 

SYMPTOMS

 Fever, weakness, muscle pain, headache and sore throat, followed by vomiting, diarrhoea, and bleeding

 **38°C**
100.4°F





WHO does not advise families or communities to care for individuals with symptoms of Ebola virus disease at home. People with such symptoms should seek treatment in a hospital or treatment centre staffed by doctors and nurses equipped to treat Ebola virus disease.

5. The package of interventions needed to control Ebola

Good outbreak control relies on applying a package of interventions, namely case management, surveillance and contact tracing, functional laboratory services, safe and dignified burials, and

social mobilization. Community engagement is key to successfully controlling outbreaks. Raising awareness of risk factors for Ebola infection and protective measures (including vaccination) that individuals can take is an effective way to reduce human transmission. Risk reduction messaging should focus on several factors and should be adapted to the needs of the outbreak response:

- **Reducing the risk of wildlife-to-human transmission** from contact with infected fruit bats or monkeys/apes and the consumption of their raw meat. Animals should be handled with gloves and other appropriate protective clothing. Animal products (blood and meat) should be thoroughly cooked before consumption.
- **Reducing the risk of human-to-human transmission** from direct or close contact with people with Ebola symptoms, particularly with their bodily fluids. Gloves and appropriate personal protective equipment should be worn when taking care of ill patients at home. Regular handwashing is required after visiting patients in a hospital, as well as after taking care of patients at home.
- **Reducing the risk of possible sexual transmission.** WHO recommends that male survivors of Ebola virus disease practice safer sex and hygiene for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus. Contact with bodily fluids should be avoided and washing with soap and water is recommended. WHO does not recommend isolation of male or female convalescent patients whose blood has been tested negative for Ebola virus.
- **Outbreak containment measures**, including prompt and safe burial of the dead, identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, separating the healthy from the sick to prevent further spread, good hygiene and maintaining a clean environment.

6. Prevention

People can protect themselves from infection with Ebola virus following specific infection prevention and control measures. These include handwashing, avoiding contact with the bodily fluids of individuals who are suspected of or confirmed to have Ebola, and refraining from handling or preparing bodies of persons who are suspected of or confirmed to have died from Ebola.

An investigational Ebola vaccine has shown to be highly protective against Ebola. The rVSV-ZEBOV vaccine was studied in several trials that involved more than 16 000 volunteers in Europe, Africa and the United States, and it was found to be safe and protective against the Ebola virus.

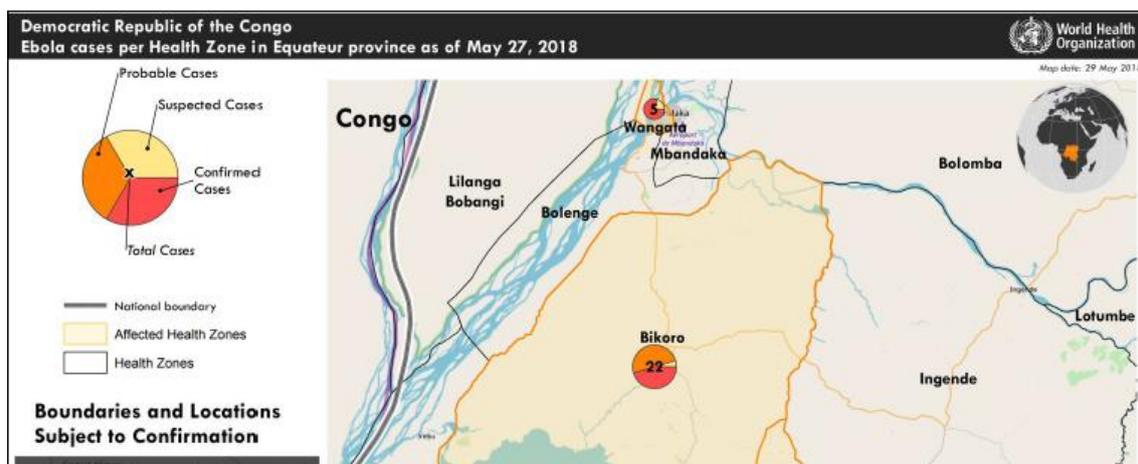
II. WHAT YOU NEED TO KNOW ABOUT THIS EBOLA VIRUS DISEASE OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO

This is the ninth Ebola virus disease outbreak in DRC.

1. The situation update

On 8 May 2018, the Government of the Democratic Republic of the Congo declared a new outbreak of Ebola virus disease in Bikoro health zone in Equateur Province. The declaration occurred after two out of five samples collected from five patients tested positive for EVD at the Institut National de Recherche Biomédicale (INRB) in Kinshasa.

From 4 April through 27 May 2018, a total of 54 suspected Ebola virus disease cases have been reported, including 25 deaths (case fatality rate = 46.3%). Cases have been reported from three health zones – 60% (21) of the confirmed cases came from Iboko, followed by Bikoro (10 cases, 29%) and Wangata (4). As of 26 May, 906 contacts have been identified and are being closely monitored by field teams for early signs of EVD.¹ Response teams on the ground are verifying information on reported cases.



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