

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 24



World Health
Organization

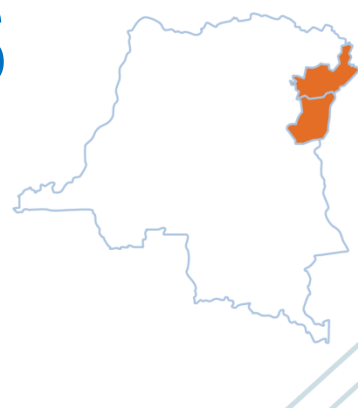
REGIONAL OFFICE FOR

Africa

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 24



Date of issue: 16 January 2019

Data as reported by: 14 January 2019

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo persists and continues to be closely monitored. Since our last report on 8 January 2019, 33 additional EVD cases (32 confirmed and 1 probable) and 25 deaths have been reported.

From the beginning of the outbreak to 14 January 2019, a total of 658 EVD cases, including 609 confirmed and 49 probable cases (Table 1), were reported from 17 health zones in the provinces of North Kivu and Ituri (Figure 1). Twelve of these health zones reported at least one confirmed case in the last 21 days (25 December 2018 – 14 January 2019). Over this period, a total of 72 confirmed and probable cases were reported, with the majority of the cases occurring in major urban centres and towns in Katwa (33), Butembo (13), Oicha (9), Beni (4), Kalunguta (3), Komanda (3), Mabalako (2), Biena (1), Kyondo (1), Musienene (1), Vuhovi (1), and Mangurujipa (1) – a newly affected health zone. Trends in case incidence reflect the continuation of the outbreak across these geographically dispersed areas (Figure 2). The decline in case incidence in Beni has continued, with the last case reported on 1 January 2019. However, these trends must be interpreted cautiously, as delayed detection of cases is expected following recent temporary disruption in response activities. A high number of cases is currently being reported from Katwa, though the outbreak remains active across all areas listed above.

As of 14 January 2019, a cumulative total of 402 deaths were reported, including 353 deaths among confirmed cases. The case fatality ratio among confirmed cases is 58% (353/609). Since 1 December 2018, 36% (72/202) of cases have occurred in children <15 years of age. Of these, 16 cases were <1 year of age. A total of 29 pregnant women have been reported so far. To date, 57 infected healthcare workers (including 20 deaths) have been reported, with an additional laboratory worker and a nurse identified retrospectively during the last reporting week. On 14 January 2019, one death among a healthcare worker occurred in Katwa Health Zone.

The Ministry of Health (MoH), WHO and partners continue to monitor and investigate all alerts in affected areas, 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, Uganda, and South Sudan. To date, all alerts outside the above-mentioned outbreak affected areas have been ruled out for EVD. Alerts for international travellers who may have potentially been exposed to the virus are also being followed up. A doctor who returned to the United States of America after providing

medical assistance in the Democratic Republic of the Congo, mentioned in the previous report, has completed 21 days monitoring period without showing any symptoms.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 14 January 2019

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	216	9	225	132	141
	Biena	2	0	2	1	1
	Butembo	48	1	49	34	35
	Kalunguta	40	12	52	21	33
	Katwa	110	4	114	64	68
	Kyondo	8	2	10	3	5
	Mabalako	89	16	105	53	69
	Manguredjipa	1	0	1	1	1
	Masereka	7	1	8	2	3
	Musienene	5	1	6	2	3
	Mutwanga	3	0	3	2	2
	Oicha	24	0	24	6	6
Vuhovi	9	0	9	3	3	
Ituri	Komanda	27	0	27	16	16
	Mandima	17	3	20	10	13
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
Total		609	49	658	353	402

Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 14 January 2019 (n=658)

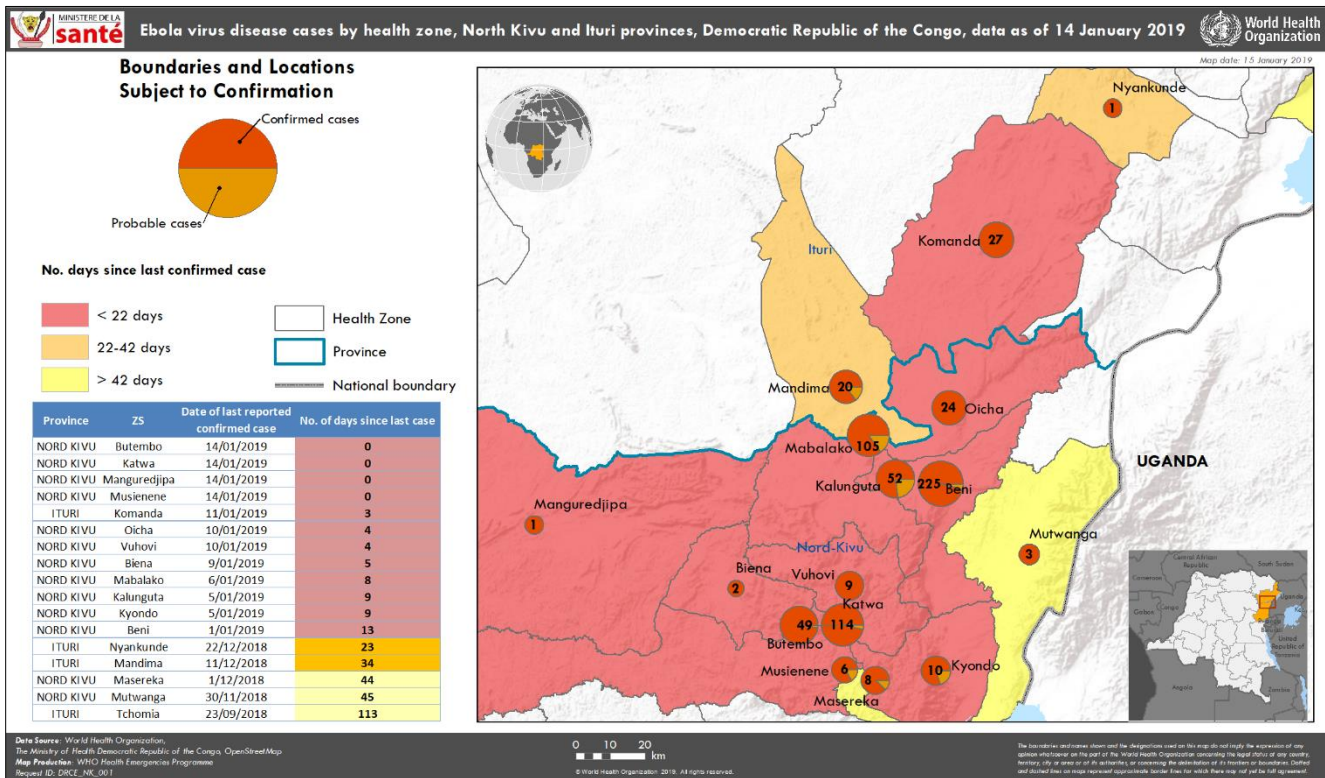
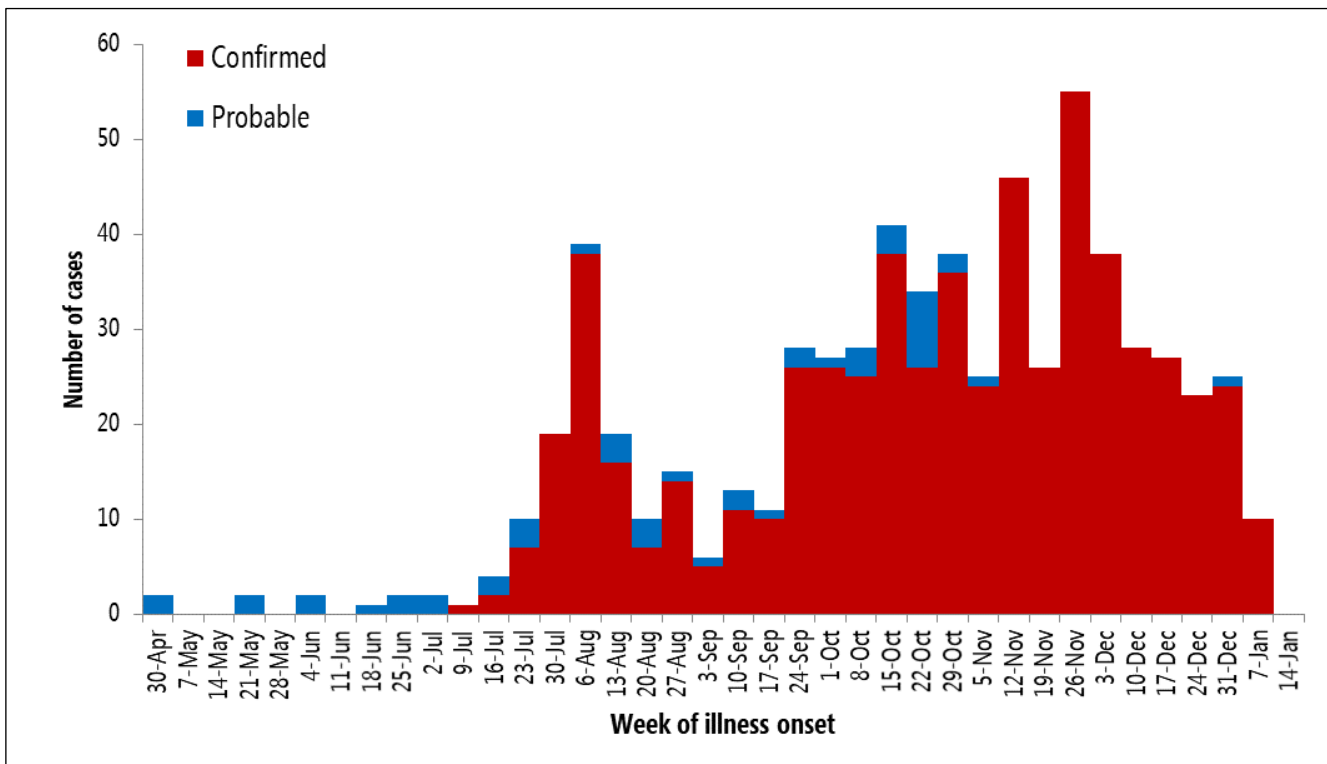


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 14 January 2019 (n=657)*



**Data are subject to delays in case confirmation and reporting, as well as ongoing data cleaning and reclassification – trends during recent weeks should be interpreted cautiously*

Current risk assessment

This outbreak of EVD is affecting two provinces in north-eastern 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: transportation links between the affected areas, the rest of the country, and neighbouring countries; internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. Additionally, the security situation in North Kivu and Ituri continues to hinder the implementation of response activities. On 28 September 2018, based on the worsening security situation, WHO revised its risk assessment for the outbreak, elevating the risk nationally and regionally from high to very high. The risk globally remains low. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

Given the context, including the volatile security situation, sporadic incidents of community reluctance, refusal or resistance, continued reporting of confirmed cases, and the risk of spread to neighbouring countries, an International Health Regulations (IHR) Emergency Committee (EC) on the EVD outbreak in North Kivu, Democratic Republic of the Congo, was convened on 17 October 2018. The EC advised that the EVD outbreak does not constitute a public health emergency of international concern. The EC did, however, express their deep concern emphasising the need to intensify response activities and strengthen vigilance whilst noting the challenging security situation and providing a series of public health recommendations to further strengthen the response. The EC commended the Government of the Democratic Republic of the Congo, WHO, and all response partners for the progress made under difficult circumstances.

Strategic approach to the prevention, detection and control of EVD

WHO recommends implementation of strategies for the prevention and control EVD outbreaks. These include (i) strengthening multi-sectoral coordination of the response, (ii) enhancing surveillance, including active case finding, case investigation, confirmation of cases by laboratory testing, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) improving the effectiveness of case management, (v) scaling up infection prevention and control support to health facilities and communities, (vi) adapting safe and dignified burials approach to the context with the support of anthropologists, (vii) adapting and enhancing risk communication, social mobilization and community engagement strategies, (viii) enhancing psychosocial support to the affected population, (ix) improving coverage of risk groups by the ring vaccination, (ix) adapting strategies to the context of insecurity and high community resistances.

2. Actions to date

The MoH and other national authorities in the Democratic Republic of the Congo, WHO and partners are implementing several outbreak control interventions. Teams in the surrounding north-eastern provinces are taking measures to being response ready. Some of the latest activities are summarized below:

Surveillance and Laboratory

- ➔ There is intensified active case finding in health facilities and communities, as well as line listing and follow-up of contacts in health zones with recently reported confirmed cases. Active case finding, which had been disrupted in Beni and Butembo since 26 December 2018, is gradually resuming.
- ➔ Contact tracing activities continue, with over 39 000 contacts registered to date. As of 14 January 2019, 4 634 contacts remain under surveillance including 3 723 (80%) contacts seen over the past 24 hours. The field team is intensifying community engagement and case investigation to ensure all (100%) of high risk contacts are identified timeously and followed-up daily.
- ➔ WHO continues to monitor alerts from outbreak-affected areas. In the last week, on average of 267 alerts were received per day, of which an average of 259 (97%) per day could be investigated. Field teams are reviewing and reinforcing active case finding across all areas to ensure new cases are detected as quickly as possible.

Case management

- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial for Ebola therapeutics. This first-ever multi-drug randomized control trial within an outbreak setting is an important step towards finding an effective evidence-based treatment for Ebola. The trial is coordinated by WHO and led and sponsored by the Democratic Republic of the Congo's National Institute for Biomedical Research (INRB) which is the principal investigator. The trial has begun in the Alliance for International Medical Action (ALIMA) ETC in Beni, where patients are enrolled in the study after obtaining voluntary informed consent. MSF treatment centres are also preparing to launch the trial at their sites in the near future.
- ➔ Until other ETCs are ready to launch the trial, they will continue to provide therapeutics under the Monitored Emergency Use of Unregistered Interventions (MEURI) (compassionate use) protocol, in collaboration with the MoH and the INRB, together with supportive care measures. WHO continues to provide technical clinical expertise on-site at all treatment centres. UNICEF is providing nutritional treatment and psychological support for all hospitalized patients.
- ➔ As of 13 January 2019, bed occupancy remains above 50% in Beni (67%), Katwa (63%), Butembo (58%) ETCs, and in Beni transit centre (52%).

Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- ➔ The United Nations Children's Fund (UNICEF) supports hygiene and sanitation in more than 400 facilities in all affected areas, including IPC training.
- ➔ Extensive IPC activities are ongoing throughout the Democratic Republic of the Congo, which include but are not limited to: decontamination of households and health facilities with confirmed cases; briefings and training of healthcare providers, including those working in private healthcare facilities and tradi-modern facilities. Distribution of IPC kits, which include consumables items such as personal protective equipment, are ongoing in healthcare facilities. IPC activities are gradually resuming in health facilities where confirmed cases were reported, along with training and provision of IPC kits and the resumption of healthcare activities.

- ➔ Destruction of some health facilities interrupted WASH and IPC activities in some areas during recent protest actions.

Points of Entry (PoE)

- ➔ Seven priority PoEs and Points of Control (PoCs) were selected for enhanced measures due to their strategic locations: Kanyabayonga, OPRP, Mukulya, Kasindi Foner, Pont Ituri, Gombe Nyama, and Komanda. These seven PoEs/PoCs will be operational 24 hours a day, implementing health screening, basic IPC, and risk communication. As of this reporting period, three of them (Mukulya, Kasindi Foner and Kanyabayonga) are already fully operational and delivering reports with the support of the Congolese National Police. National PNHF supervisors are also deployed at Mukulya and Kasindi, but not yet at Kanyabayonga. With the support of IOM, training of new personnel and police was completed in Kanyabayonga (6 personnel and 5 police), Mukulya (9 personnel and 6 police), and Kasindi Frontier (8 personnel and 6 police).
- ➔ As of 13 January 2019, 26 041 392 travellers have been screened at 76 PoE/PoC. On 10 January 2019, five alerts were notified, with four investigated and subsequently validated. On 11 January 2019, three alerts were notified, all of which were investigated and validated. On 14 January 2019, one alert was notified at OPRP in Goma. It was later validated, and the patient was referred to the Goma ETU where results are still pending.
- ➔ The EVD Response Coordination has put in place a Coordination Unit for Monitoring and Analysis of Missing Contacts. The unit, comprised of UNPOL, WHO, ANR, Congolese Police, PNHF and IOM, has started sharing the list of missing contacts with PoEs/PoCs supervisors to support the search.
- ➔ Traveller screening activities have fully resumed in Butembo PoCs and construction of PoC shelters is ongoing. The supervision plan for Lubero and Kanyabayonga is pending the security commission approval.
- ➔ PoE/PoC activities continue to be strengthened around Goma. OPRD has launched the registration of all travellers coming from Ebola-affected health zones. The construction of a new shelter to enhance the working conditions of the staff at this PoC has been completed. Two new PoEs (Vishumbi at the shore of Lake Edward and Muyaga in Rutshuru Health Zone at the border with Uganda) have been activated in response to increased risks of Ebola spread into the provincial capital and Uganda through travel and trade channels.
- ➔ In Ituri, IOM trained 30 personnel that will be deployed to priority PoEs/PoCs (10 in Komanda and 10 in Bunia). Supervision visits continued in Foner Komanda, Pont Ituri, Pont Loya, Foner Mambassa and Mabakese PoCs. Police personnel have not yet been deployed full time in Ituri PoCs due to the lack of human resources in the zones where the PoCs are located. IOM is coordinating with the Ministry of Health and Police on this matter.
- ➔ IOM conducted joint supervision visit at Kyaghala POC with PNHF and needs assessment of all PoEs/PoCs in Butembo, Lubero and Kanyabonga, to plan for adequate human resources, training and equipment provision in coming weeks. Rehabilitation of PoC Parking Victoire and Njiapanda, which were destroyed in recent events in Butembo, was completed.

Safe and Dignified Burials (SDB)

- ➔ As of 14 January, a total of 1 396 SDB alerts have been received of which 1 144 were responded to successfully (82%) by Red Cross and Civil Protection SDB teams.
- ➔ Between 7 December and 14 of January, a total of 134 SDB alerts were received, of which 55 (41%) came from Beni Health Zone followed by Katwa (27), Komanda (19), Butembo (15), Mabalako (8), Oicha (5), Mandima (4) and Mutwanga (1).
- ➔ Scale up of the Community Emergency Harm Reduction Burials (CEHRBU) Strategy: Two teams trained and operational for Vighole and Vuhika in Katwa Health Zone since 1 January 2019. The scale up plan includes training 3 teams in Mabalako (two in Aloya Health Areas) and 5 in Komanda.
- ➔ Community reluctance and access restriction remain the main challenges facing the SDB teams.

Implementation of ring vaccination protocol

- ➔ As of 14 January 2019, a total of 60 460 individuals have been vaccinated since the start of the outbreak.

Risk communication, social mobilization and community engagement

- ➔ Risk communication, social mobilization and community engagement field activities have now resumed with meetings with community leaders and community dialogue recommencing in Beni and Oicha.
- ➔ Community feedback is systematically collected and analysed to address community concerns and needs.
- ➔ The monitoring and evaluation work undertaken by the communication team working in Musienene is ongoing to improve risk communication and community engagement in the area.

Preparedness and Operations Readiness

Operational readiness continues in 10 high-risk provinces in the Democratic Republic of the Congo:

- ➔ 42/165 (25%) of unaffected health zones in 10 provinces have been covered by a minimum standard package of EVD operational readiness activities.
- ➔ Readiness teams in each high-risk province have established: coordination mechanisms, Rapid Response Teams, case detection and IPC training in healthcare facilities, active Point of Entry screening, laboratory sample transport, Isolation Units, Safe and Dignified Burial Teams and Risk Communication and Community Engagement activities.
- ➔ A Joint Assessment Mission was completed in the Democratic Republic of the Congo. The final report is pending.

Operational readiness activities continue in countries neighbouring the Democratic Republic of the Congo:

- ➔ South Sudan is set to join Uganda in vaccinating most at-risk healthcare and frontline workers. Uganda has vaccinated over 2 600 workers.

- ➔ Joint Assessment Missions have been conducted to date in South Sudan, Burundi, Uganda and Congo. They are ongoing in Rwanda and Tanzania currently and will continue next week in the Central African Republic and are in discussion in Angola and Zambia.
- ➔ OCHA announced an early action CERF award of US\$ 10 million which will be allocated to Priority 1 countries including Burundi, Rwanda, South Sudan and Uganda for priority preparedness activities

Operational partnerships

- ➔ Under the overall leadership of the MoH, WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral and multidisciplinary national, regional and global partners and stakeholders for EVD response, research and preparedness.
- ➔ Various international organizations and UN agencies, specialized agencies and non-governmental organizations are involved in response and preparedness activities; the organizations and their specific contributions have been previously reported. See this [link](#).
- ➔ WHO continues to engage the Global Outbreak Alert and Response Network (GOARN), Emerging and Dangerous Pathogens Laboratory Network (EDPLN), Emerging Disease Clinical Assessment and Response Network (EDCARN), and the Emergency Medical Team (EMT) initiative – as well as regional operational partners and collaboration centres in Africa – to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries.

WHO encourages wider coverage of partner operations via this report in response to demand from our planning teams. If you would like to see the activities of your agency or organization appears in the report, please send an email to goarn@who.int.

IHR travel measures and cross border health

- ➔ WHO advises against any restriction of travel and trade to the Democratic Republic of the Congo based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.
- ➔ Preparedness activities continue in neighbouring countries. South Sudan is set to join Uganda in vaccinating most at-risk health care and frontline workers.

3. Conclusion

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo is in a critical phase as it is in its sixth month since the declaration of the outbreak. The outbreak continues to evolve in a particularly complex and challenging environment, marked by a volatile security context, which continues to hinder the implementation of key response activities. The persistence of insecurity threatens to reverse recent progress achieved around disease hotspots such as Beni and Butembo. Nevertheless, WHO and partners, under the government's leadership, continue to respond to the EVD outbreak and remain committed to ending it. The progressive resumption of key response activities following recent security challenges is encouraging; however, it is vital to ensure their continuation and intensification.