

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 54



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1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo (DRC) continues. In the past week, 68 new confirmed EVD cases with an additional 43 deaths have been reported from 13 health zones across the two affected provinces. Most (59%) of the new cases reported in the past seven days were from Beni ($n=29$) and Mandima ($n=11$) Health Zones.

Data from a randomized clinical trial were announced this week. The data show, for the first time, that Ebola treatments improve survival rates. Two of the four drugs trialled were found to have the most efficacy, and as a result, changes have been made to the treatment of Ebola patients in the Democratic Republic of the Congo. This should encourage communities to seek care early and is an important step to finding an effective treatment for Ebola. More information is available in the following article, "[Update on Ebola drug trial: two strong performers identified](#)".

No new confirmed cases have been reported in Goma city since our last report, with a total of four confirmed cases reported from Goma ($n=1$) and Nyiragongo ($n=3$) health zones to date. The two remaining cases in Goma city, who were infected via direct contact with the case reported on 30 July, are being discharged from the hospital today. A total of 232 contacts (including 114 high risk contacts) of the Nyiragongo cases remain under surveillance. Ongoing vaccination activities have reached the majority (98%) of eligible contacts, and 1314 contacts, contacts-of-contacts and frontline workers have been vaccinated to date.

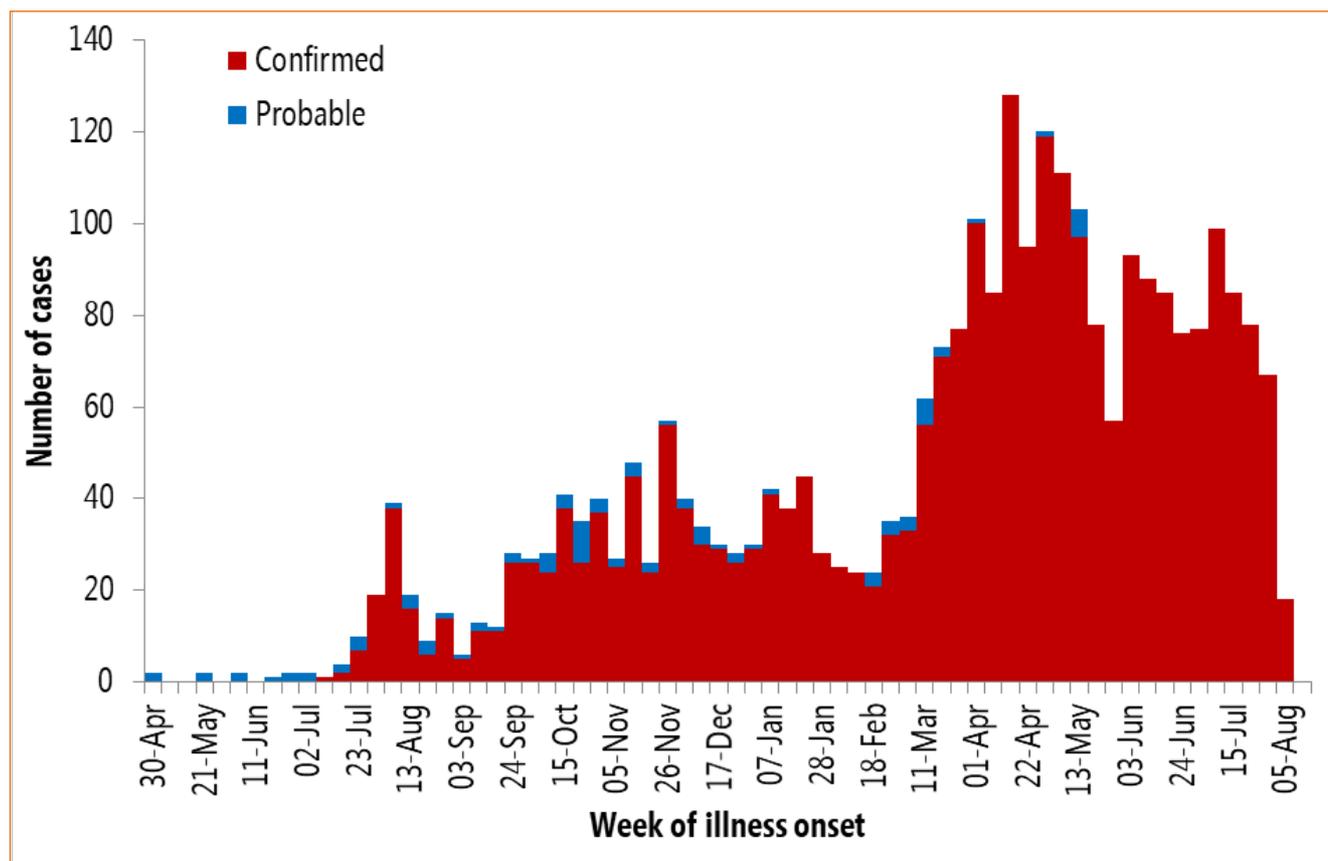
A case was confirmed in the Lolwa Health Zone, which is the first confirmed case in that Health Zone to date, bringing the total number of affected health zones over the course of the outbreak to 27. The case-patient travelled from Mandima to Lolwa, where symptoms started. Currently, there is no evidence of local transmission of EVD in this health zone. Close follow up and identification of contacts is ongoing to minimize the chance of local transmission.

Of the eight cases reported in Mambasa Health Zone in the past 21 days, the majority have epidemiological links to Somé Health Area, with limited local transmission in Mambasa thus far. On 10 August 2019, a case was detected in Butembo Health Zone who had a protracted travel history from Mongwalu Health Zone, via Beni. If the date of onset and symptoms is confirmed, this would be the first instance of a case originating from this Health Zone. In depth investigations are ongoing to establish any epidemiological links to this case that can reveal more detail as how and where the case-patient became infected.

In the 21 days from 22 July through 11 August 2019, 69 health areas within 17 health zones reported new cases, representing 10% of the 664 health areas within North Kivu and Ituri provinces (Table 1, Figure 2). During this period, a total of 237 confirmed cases were reported, with the majority coming from the health zones of Beni (43%, $n=103$) and Mandima (21%, $n=50$).

As of 11 August 2019, a total of 2831 EVD cases were reported, including 2737 confirmed and 94 probable cases, of which 1892 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 57% (1601) were female, and 29% (810) were children aged less than 18 years. Cases continue to be reported among health workers, with the cumulative number infected rising to 151 (5% of all confirmed and probable cases).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 11 August 2019



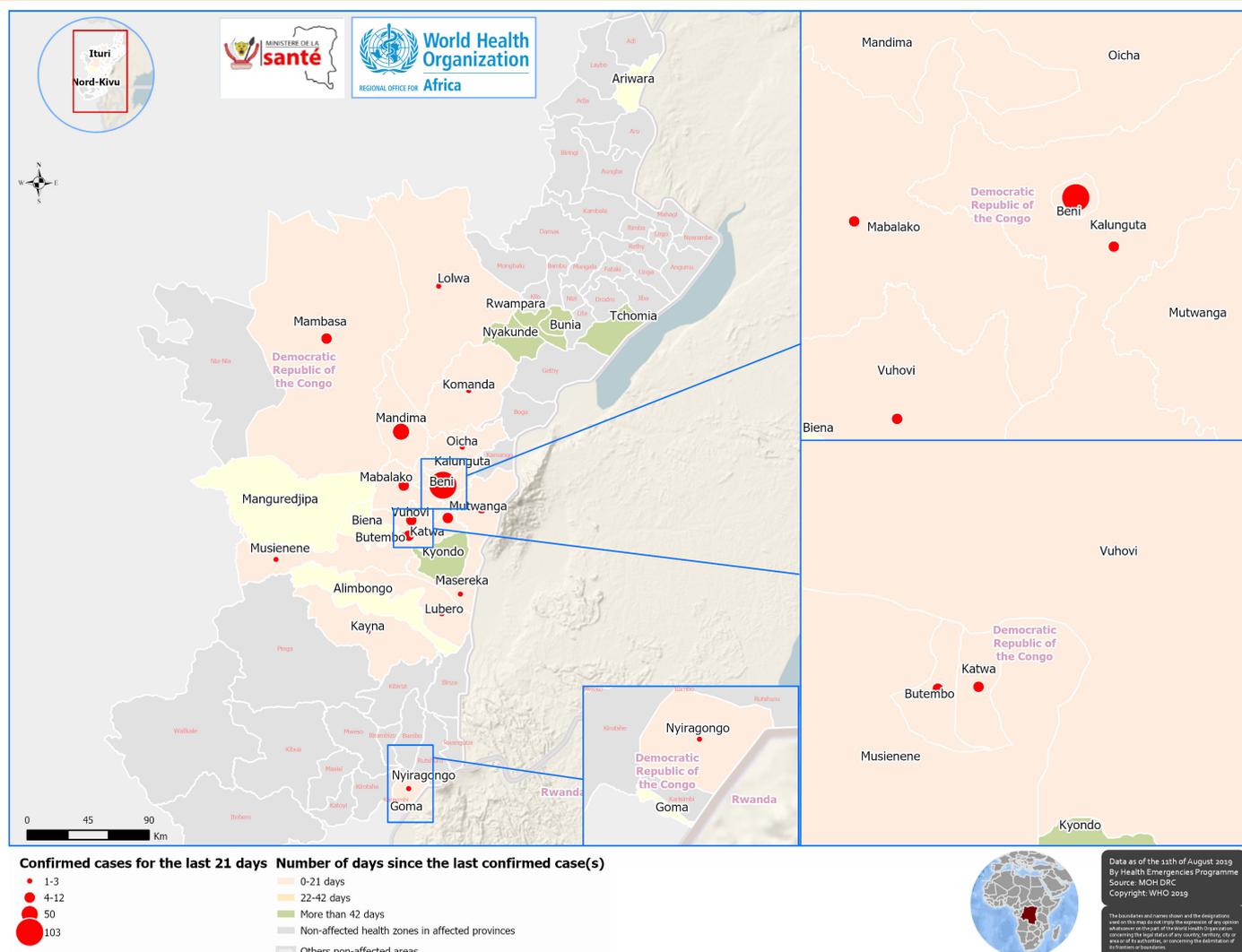
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 11 August 2019

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Cumulative cases by classification			Cumulative deaths		Confirmed cases in the last 21 days
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
North Kivu	Alimbongo	0/20	5	0	5	2	2	0
	Beni	14/18	623	9	632	390	399	103
	Biena	0/14	16	1	17	12	13	0
	Butembo	7/15	269	0	270	315	316	12
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	4/18	137	15	151	57	71	10
	Katwa	7/18	631	16	647	436	452	9
	Kayna	2/18	10	0	10	6	6	2
	Kyondo	0/22	20	2	22	13	15	0
	Lubero	2/18	31	2	33	4	6	2
	Mabalako	4/12	366	16	382	268	284	9
	Manguredjipa	0/9	18	0	18	12	12	0
	Masereka	2/16	49	6	55	16	22	2
	Musienene	2/20	75	1	76	30	31	2
	Mutwanga	4/19	18	0	18	8	8	5
	Nyiragongo	2/8	3	0	3	1	1	3
	Oicha	1/25	51	0	51	24	24	1
Vuhovi	2/12	103	13	116	37	50	11	
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	37	9	46	20	29	3
	Lolwa	1/8	1	0	1	0	0	1
	Mambasa	3/16	15	0	15	7	7	12
	Mandima	9/15	242	4	246	128	132	50
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	8	0	8	3	3	0
Tchomia	0/12	2	0	2	2	2	0	
Total		69/435 (16%)	2737	94	2831	1798	1892	237

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

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health zone, North Kivu and Ituri provinces, Democratic Republic of the Congo, 11 August 2019



2. Actions to date

The Government and the Ministry of Health (MoH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing outbreak control interventions together with teams in the surrounding provinces, who are taking measures to ensure that they are response-ready.

An overview of key activities is summarized below:

Surveillance and Laboratory

- Over 187 000 contacts have been registered to date and 16 328 are currently under surveillance as of 11 August 2019. Follow-up rates in the last 7 days remained very high (82-86% overall) in health zones with continued operations.

- ➔ An average of 1633 alerts were received per day over the past seven days, of which 1361 (93%) were investigated within 24 hours of reporting.
- ➔ There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia, and Kinshasa. All the laboratories are using GeneXpert as the primary diagnostic tool.
- ➔ A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

Case management

- ➔ There are currently 14 operational treatment and transit centres (TC).
- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT enrolled and treated patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina. In an extension of the original trial, patients in the four treatment centres that participated in the RCT will now be randomized either to REGN-EB3 or mAb114.
- ➔ Patients in all other treatment centres in the Democratic Republic of the Congo will also be eligible to receive one of the two treatments, despite the fact that they are not yet licensed; this is possible due to a framework called Monitored Emergency Use of Unregistered and Investigational Interventions, developed by WHO.
- ➔ The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs also receive optimized supportive care.
- ➔ The Mangina ETC/TC has expanded its bed capacity to 90, in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA.

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

- ➔ IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on briefing of healthcare workers (HCW) on basic and Ebola-specific IPC principles, evaluation of EBV screening-isolation-and referral, decontamination when indicated, and provision of supplies. In communities, teams are helping to educate impacted communities, providing supplies, and supporting decontamination of households when indicated.
- ➔ The Democratic Republic of the Congo Ministry of Health together with UNICEF, WHO, CDC and IPC operational partners has finalized a standardized National IPC/WASH package including standard operating procedures, training/reference materials, monitoring tools, and terms of reference for key IPC personnel. This package of materials will be launched in the coming weeks followed by supported implementation activities.
- ➔ From August 2018 through 11 August 2019, 11% (303/2817) of EBV infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (35%; 105/303); however, from July 2019, Beni HZ reported the majority (49%: 29/59). Additionally, 147 healthcare worker (HCW) infections, 5% (147/2817) of all cases, have been reported since August 2018. Overall, Katwa HZ has reported the majority of HCW infections (29%: 42/147). From July 2019, however, the highest number of HCW infections were reported from Beni and Mandima with 6 (30%; 6/20) reported from each.

Points of Entry (PoE)

- ➔ By the end of the week ending 11 August 2019, close to 84.5 million screenings were performed, including 2 358 692 screenings during this last week. This week, a total of 123 alerts were notified, of which 49 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 2063, with 986 validated as suspect cases, and 24 subsequently confirmed with EVD following laboratory testing. An average of 95 PoEs and PoCs reported screenings daily this week, out of 106 functioning points (94%).
- ➔ A meeting on the cross-border coordination between Rwanda and Democratic Republic of the Congo was held in Rubavu in Rwanda on 6 August 2019 with the participation of MOHs from both countries, WHO and IOM. The two governments issued a joint communiqué, mentioning the high-level commitment from both countries to fight against EVD in Democratic Republic of the Congo and to reduce the risk of spread into the two countries. It was followed by a two-day meeting to develop a joint road map. WHO continues to monitor the implementation of the joint communiqué.
- ➔ An EVD cross-border meeting for Priority-1 countries and Democratic Republic of the Congo is taking place from 14-15 August in Goma, Democratic Republic of the Congo, with the participation of the representatives from the governments and partners (WHO, IOM, OCHA and CDC) from Democratic Republic of the Congo, South Sudan, Uganda, Rwanda and Burundi to enhance cross-border collaboration on emergency preparedness and response.
- ➔ WHO supports the MOH of Democratic Republic of the Congo, with the support of JICA, to set up a thermal camera at the border post of Grande Barrière in order to enhance capacity for early detection of sick travellers between DRC and Rwanda.
- ➔ A new Rwindi Strategic Point of Control was established in the Virunga National Park in Kibirizi Health Zone, in the Butembo-Goma axis, with the support of International Centre for the Conservation of Nature (ICCN) and IOM. This is one of the major parks that attract international and domestic tourists and has a direct connection to Butembo and Goma, which are hotspots of the Ebola outbreak.
- ➔ To increase EVD surveillance in the neighbouring provinces, two new PoCs were established this week around Mambasa, which is one of the current hotspot locations. The two include Bavalakani PoC on the axis of Mambasa - Kisangani (Tshopo Province) and Epulu Park PoC on the axis of Mambasa - Isiro (Haute Uele Province). A total of 10 frontline workers were trained and deployed to these PoCs.
- ➔ To improve on contact tracing and information retention, IOM provided Beni and Butembo sub-coordinations with tablets, modems and power banks that will be distributed to various PoE/PoCs within Beni Hubs. The tablets will also be used for data collection at the PoEs/PoCs.
- ➔ IOM organized risk communication training for local community leaders around the PoCs in the city of Bunia. The training, held on Thursday 8 August 2019, was attended by 24 community leaders (13 males; 11 females), with the objective of sensitizing the local leadership on Ebola risks so that they can effectively contribute to addressing the current community resistance to Ebola response.
- ➔ Three security incidents were reported in week 32, affecting three PoE/PoCs. On 6 August 2019, at Kamahume PoC in Mabalako Health Zone, unknown people stole shelves. On 7 August 2019, at Mavivi barrier PoC in Beni, handwashing stations were destroyed by protestors demanding return to peace in Beni territory. PoC activities were suspended before noon until 1600. On 8 August 2019, at PK5 PoC in Beni, the PoC activities were interrupted

from 10:45 until the closure of the barrier, following demonstrations by the protesters against killings of civilians alleged to be perpetrated by ADF, during the night of 7 August 2019 in the Mbau village.

Burundi

- On 6 August 2019 at the EVD Preparedness Oversight Committee, IOM presented its Population Mobility Mapping featuring Priority 1 provinces at risk for cross-border EVD transmission. The maps are useful in illustrating priority areas for intervention for EVD preparedness for all partners. The finalized maps will be published online shortly.
- IOM met with the Head of Health District for Bubanza to discuss harmonization of their microplan with sensitization activities planned under the EVD project funded by the Government of Japan. Activities will be conducted in coordination with UNICEF as lead agency for Risk Communications for EVD Preparedness. Similar harmonization meetings are planned with the heads of the health districts of Cibitoke, Bujumbura Rural and Rumonge.

South Sudan

- IOM screened 26 842 inbound travellers to South Sudan for EVD exposure and symptoms with no alert cases at 15 PoE sites in Yei River State; 105 travellers with fever underwent secondary screening and those that persisted were subsequently referred to nearby health facilities and treated for malaria and other non-EVD conditions.
- A slight increase in total of number of screened travellers was observed compared to the previous week, which can be attributed to Pure PoE where an activity in the primary school resulted in more people passing the border several times in the week. Lasu PoE did not screen travellers during the reporting period due to the road closure in the nearby border from the Democratic Republic of the Congo side due to insecurity, as reported in the previous week.
- Remote monitoring was done for Lasu and Tokori due to access issues. The poor mobile network makes communication from Yei Town to Lasu and Tokori more challenging. Access challenge in some areas in Lujulu still remains.
- The latest sitrep for IOM South Sudan (29 July-4 August) can be found [here](#).

Uganda

- IOM has finalized a joint mentorship and monitoring exercise in the south western Uganda districts of Kanungu, Hoima, Kasese, Rubirizi, Ntoroko, Kikube, Rukungiri, Kisoro and Bundibugyo, together with District Health Teams, Ministry of Health officials and partners. The main purpose of this exercise was to assess all PoEs supported by IOM for gaps and also share with health workers and screeners updates regarding best practice at the PoEs.
- IOM will conduct Health, Border and Mobility Management (HBMM) training in four of these districts for the next two weeks to build capacity of border officials on national/regional/international legal frameworks of humanitarian management as well as detection and protection of vulnerable migrants/basic health emergency management in the context of EVD and other disease outbreaks.

Safe and Dignified Burials (SDB)

- As of 5 August 2019, there have been a total of 9915 SDB alerts notified through the Red Cross SDB database, of which 7905 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending in 4 August, there were 402 SDB alerts recorded in 22 health zones. Of these, 318 (79%) were responded to successfully. During this period, Beni Health Zone accounted for 21% of alerts, followed by 9% in Bunia, 7% each in Butembo, Oicha and Mutwanga, and 5% in each of Goma, Kalunguta, Katwa, Kayna and Mabalako.
- Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Butembo, Katwa, Kyondo, Manguredjipa, Oicha, Rwampara, Vuhovi, Mandima, Bunia, Musienene, Beni, Masereka, Kalunguta, Kayna, Mabalako, Nyiragongo	Lubero, Biena, Mutwanga, Goma, Karisimbi

Implementation of ring vaccination protocol

- As of 12 August 2019, 192 257 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 49 451 are contacts and 134 934 contacts-of-contacts. The total number of vaccinees includes 40 256 HCWs/FLWs and 62 004 children 1-17 years of age.

Risk communication, social mobilization and community engagement

- In Mandima, leaders of the local committee of the Mayuwano-Somé axis benefited from capacity building to continue community dialogue initiated by the local provincial deputies.
- In Mabalako, the Mangina communication sub-commission continued preparations for communication and prevention actions with the organizers of the Yira cultural conference, scheduled to take place from 10-17 August 2019.
- In Goma, heads of higher education institutions and universities, teachers and students were briefed in order to obtain their commitment to support response activities; in Butembo a mobilization march was organized by the Church of Christ in Congo to support community engagement in EVD response.

Preparedness and Operational Readiness

Operational readiness in North Kivu and Ituri Provinces in the Democratic Republic of the Congo:

- Currently a risk analysis of the non-affected provinces bordering north Kivu is being undertaken and resources will be assigned according to those risks.
- The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a centre of excellence on EVD outbreak management.
- Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams have rolled out a standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces.

Currently the readiness teams are working with local governments in training frontline health workers in IPC.

- Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.

Operational readiness activities continue in priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo:

Priority 1 countries

- **Burundi**

Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population. There have been no confirmed cases of EVD reported from Burundi to date.

- **Rwanda**

Rwanda shares its full western border with the Democratic Republic of the Congo, and it has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the Democratic Republic of the Congo. An Ebola Treatment Centre has been set up in Rwanda and 23 isolation units are being prepared in hospitals in 15 priority districts. Ebola response simulation exercises have been conducted in Kanombe Military Hospital, Gihundwe District Hospital, Kamembe International Airport, and Rugerero Ebola Treatment Centre to test Rwanda's preparedness in response to a case, which will include Emergency Operations Centre activation, active surveillance, case management and laboratory testing. About 3000 health workers in high-risk areas have been vaccinated as a preventative measure, including more than 1100 in Gisenyi. There have been no confirmed cases of EVD reported from Rwanda to date.

- **The Republic of South Sudan**

To date 2554 frontline workers have been vaccinated and no serious adverse effects have been reported. NTF published a second National EVD Preparedness Plan, April-September 2019 aimed at optimizing EVD preparedness and response by identifying prioritized activities.

Since August 2018, 25 screening sites at border entry points have been established; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points. In response to the EVD outbreak declared by the MoH in Uganda on 11 June 2019 Uganda, WHO South Sudan supported the Ministry of Health and partners to review the situation, re-assess the country risk, brainstorm on how to accelerate ongoing preparedness efforts and ensure full readiness for any potential outbreak in South Sudan. There have been no confirmed cases of EVD reported from South Sudan to date.

- **Uganda**

Uganda continues focusing on preparedness activities in all districts, including the 30 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing

by the Uganda Virus Research Institute (UVRI). Since August 2018, Uganda has reported and investigated over 6000 alerts. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda, followed by a second round of vaccination that commenced on 15 June 2019 for contacts of the two confirmed cases in Kasese district. Challenges in funding continue. There are currently no confirmed cases of EVD in Uganda.

Priority 2 Countries

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the Democratic Republic of the Congo outbreak to date. However, financial support for implementing emergency preparedness activities in these countries remains insufficient to allow them to reach optimal IHR core compliance. WHO is currently providing technical support for preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

Operational partnerships

- Under the overall leadership of the Government of the Democratic Republic of the Congo and in support of the Ministry of Health, WHO is supporting public health operations and regional preparedness as outlined in the Strategic Response Plan. 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 [‘Who is doing what, where’](#) for week 25 (17 to 23 June).
- 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.
- SONAR-global conducted an exercise “Mapping social sciences research for the Ebola response in Democratic Republic of the Congo and neighbouring countries.” See link: <http://sonar-global.eu/mapping-social-sciences-research-for-the-ebola-response-in-drc-and-neighborng-countries/>

- WHO advises against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on the currently available information. There is currently no licensed vaccine to protect people from the Ebola virus. Therefore, any requirements for certificates of Ebola vaccination are not a reasonable basis for restricting movement across borders or the issuance of visas for travellers to/from the affected countries. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event. Currently, no country has implemented travel measures that significantly interfere with international traffic to and from the Democratic Republic of the Congo. Travellers should seek medical advice before travel and should practice good hygiene. Further information is available in the [WHO recommendations for international traffic related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo](#).

3. Conclusion

The response to the EVD outbreak in Democratic Republic of the Congo remains challenged by continued insecurity and pockets of community resistance. The occurrence of a new confirmed case in a new health zone in Ituri Province typifies the increased risk of geographical spread associated with high rates of population movement from outbreak-affected areas to other parts of the Democratic Republic of the Congo, and across porous borders to neighbouring countries. While response strategies keep evolving to adapt to the local context, capacities for operational readiness and preparedness should continue to be enhanced and sustained in non-outbreak affected areas including neighbouring countries.