EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 58

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3081 Deaths 2070

In the past week, from 2 to 8 September, 45 new confirmed Ebola virus disease (EVD) cases, with an additional 35 deaths, have been reported from five health zones in three affected provinces in the Democratic Republic of the Congo.

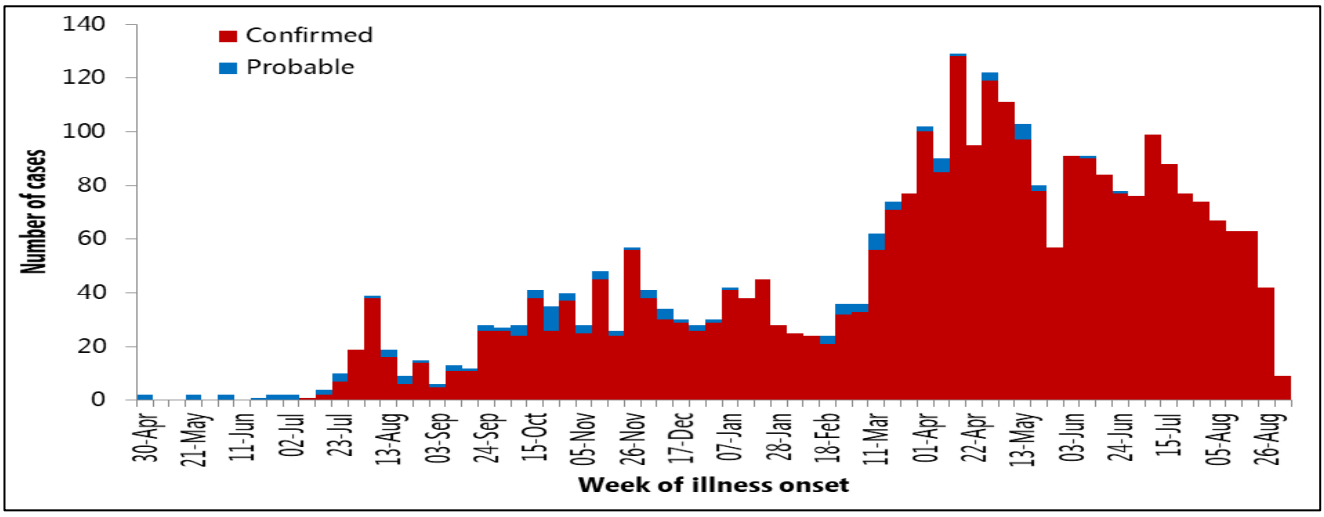
In the 21 days from 19 August to 8 September 2019, 57 health areas in 17 health zones reported new cases, (Table 1, Figure 2). During this period, a total of 175 confirmed cases were reported, with the majority coming from the health zones of Kalunguta (17%; *n*=30), Beni (17%; *n*=29), Mambasa (13%; *n*=23), and Mandima (13%; *n*=22). Twelve health areas that have previously been reporting cases of EVD since the beginning of the outbreak have not reported a case in more than 21 days.

While the intensity of the outbreak shows signs of easing in some areas and total case numbers are decreasing, it is too soon to tell if this trend will continue. The continued risk of response efforts being slowed down or stalled by security events remains high. Slight declines in case numbers have been observed previously in this outbreak and have ultimately not been an indication of a substantial decline in transmission intensity or a sign of the end of the outbreak. The response will continue to focus on stopping the outbreak in the hotspot areas, such as Kalunguta, Beni, Mambasa, and Mandima through early case detection and thorough investigation, strong contact identification and follow up, and engagement with the local communities.

As of 8 September 2019, a total of 3081 EVD cases were reported, including 2970 confirmed and 111 probable cases, of which 2070 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 58% (1782) were female, and 28% (871) were children aged less than 18 years. 5% (157) of reported cases were healthcare workers.

Under Pillar 1 of the current Strategic Response Plan, the estimated funding requirement for all partners for the period July to December 2019 is US$ 287 million, including US$ 120-140 million for WHO. As of 10 September 2019, US$ 54.9 million have been received by WHO, with further funds committed or pledged. Current available funds will close the financing gap up until the end of September 2019. Further resources are needed to fund the response through to December 2019, and WHO is appealing to donors to provide generous support. A summary of funding received by WHO since the start of this outbreak can be found here.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 8 September 2019



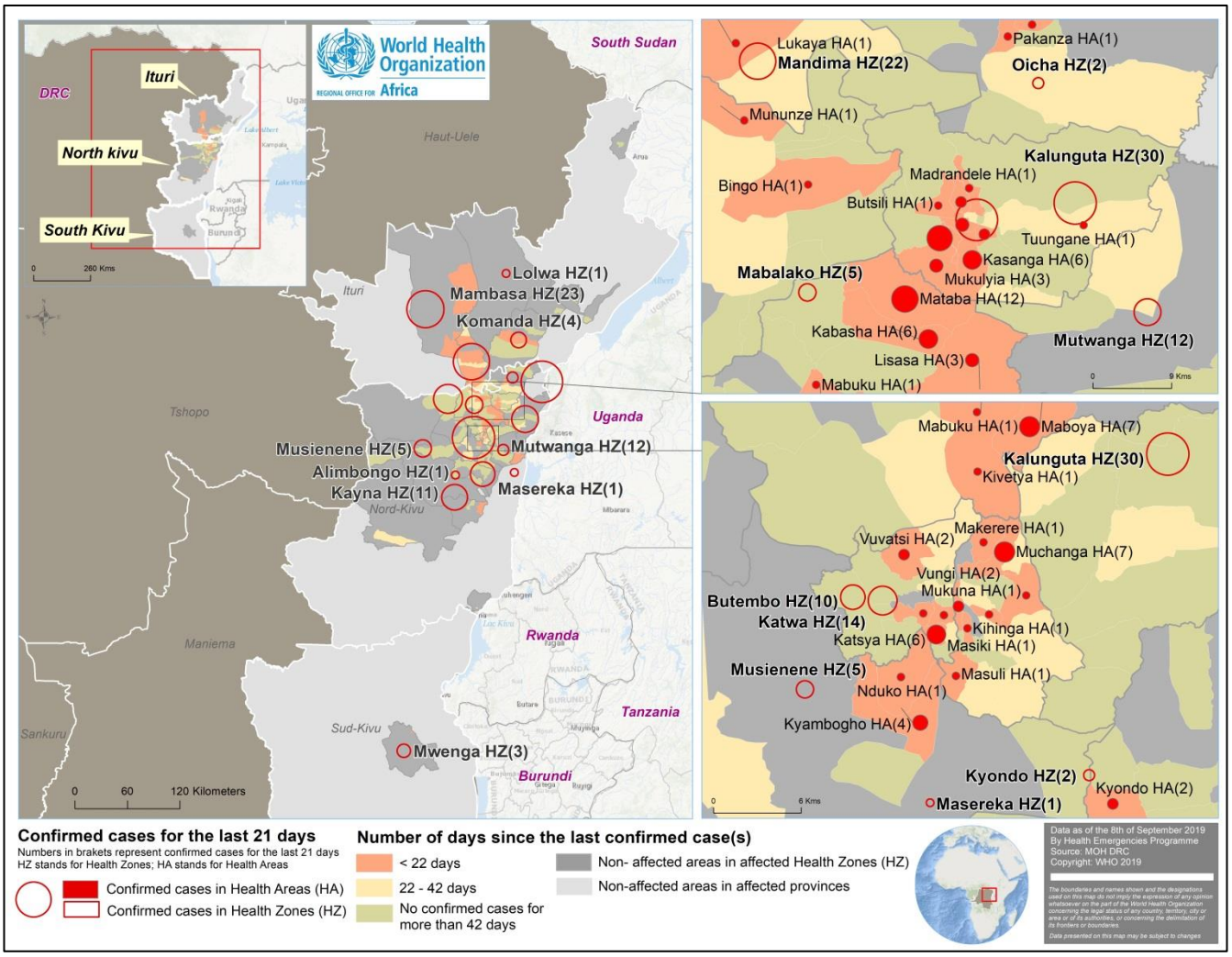
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 8 September 2019

			Cumulative cases by classification			Cumulative deaths		
Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	Confirmed cases in the last 21 days
South Kivu	Mwenga	1/18	6	0	6	3	3	3
North Kivu	Alimbongo	1/20	5	0	5	2	2	1
	Beni	8/18	666	9	675	431	440	29
	Biena	0/16	16	2	18	12	14	0
	Butembo	4/15	282	3	285	340	343	10
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	6/18	174	17	191	68	85	30
	Katwa	7/18	650	23	673	463	486	14
	Kayna	3/21	25	0	25	8	8	11
	Kyondo	1/22	22	4	26	14	18	2
	Lubero	0/19	31	2	33	4	6	0
	Mabalako	3/12	371	17	388	280	297	5
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	1/16	50	6	56	17	23	1
	Musienene	2/20	84	1	85	33	34	5
	Mutwanga	3/19	32	0	32	12	12	12
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	2/26	55	0	55	24	24	2
	Pinga	0/18	1	0	1	0	0	0
	Vuhovi	0/12	103	14	117	37	51	0
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	2/15	43	9	52	27	36	4
	Lolwa	1/8	3	0	3	1	1	1
	Mambasa	5/17	41	0	41	15	15	23
	Mandima	7/15	272	4	276	143	147	22
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/13	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
Total		**57/471 (12%)**	**2970**	**111**	**3081**	**1959**	**2070**	**175**

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

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 8 September 2019



**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.*

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 209 000 contacts have been registered to date, and 14 126 are currently under surveillance as of 8 September 2019. On average, 84% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 2389 alerts were received per day over the past seven days, of which 2311 (97%) 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 Mambasa, 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 nine operational Ebola treatment and 18 Ebola transit centres (TC and decentralized TC). Two new treatment centres located in South Kivu Province opened last month, located in Bukavu and Chowe (Mwenga health zone).
- On 24 November 2018, MoH announced the launch of the Pamoja Tulinde Maisha(PALM) (together saves lives) randomized control trial (RCT) for Ebola therapeutics. On 9 August 2019, the PALM RCT Data and Safety Monitoring Board (DSMB) met when 681 of the targeted 725 patients had been enrolled at Ebola Treatment Centres in Beni, Butembo, Katwa and Mangina. The DSMB reviewed interim results from the first 499 study participants and recommended the study be stopped. Future patients would be randomized to receive either REGN-EB3 or mAb114 in addition to optimized supportive care (oSOC), through the randomized 'extension phase' of the study that already had been approved by the National Institute of Allergy and Infectious Disease Institutional Review Board (NIAID IRB) and by the National Ethics Committee.
- Patients in all other treatment centres in Democratic Republic of the Congo will also be eligible to receive one of the two treatments, under the Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI) framework in addition to oSOC.

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

- IPC and WASH activities continue in health facilities and in Ebola-affected communities. Activities in health facilities currently includes briefing health workers on basic and Ebola-specific IPC principles, decontamination when necessary, providing supplies, evaluating adherence to key IPC indicators (e.g., EVD screening, PPE availability, isolation, and referral), developing improvement action plans based on gaps identified and followed-up by supportive supervision and mentorship. Increasing engagement with IPC implementing partners working in both healthcare facilities and the community is being prioritized.

- The official launch for the recently finalized National IPC/WASH package was held in Kinshasa on 5 September 2019, which will be followed by a series of trainings in Goma (18-21 September 2019) and at the sub-commission level for IPC supervisors, implementing partners, and facility-based IPC focal persons. The National IPC/WASH package will help strengthen the quality of IPC/WASH interventions throughout the Ebola Response as well as address nosocomial infections, through standardization of expectations, tools, and best practices. A crosswalk highlighting updates and changes contained in the package is being finalized.

- From 1 January 2019 through 8 September 2019, 14% (353/2473) of EVD infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (31%; 110/353). During this same period, 101 healthcare worker (HCW) infections were reported – 4% of total infections (102/2473). Overall, Katwa HZ has reported the majority of HCW infections (32%: 33/102).

Points of Entry (PoE)

- During the week ending 8 September 2019, 2 396 669 screenings were performed, bringing the cumulative total to over 93 million screenings. This week, a total of 161 alerts were notified, of which 61 were validated as suspect following investigation, with one confirmed case. This brings the cumulative number of alerts to 2624 with 1181 validated as suspect, and 26 subsequently confirmed with EVD following laboratory testing. An average of 105 PoEs and PoCs reported screenings daily this week, out of 117 functioning points (90%).

- During week 36, five high-risk contacts were found during the missing contact searching activity at PoE/PoC: 1 at PoC Kangote, 1 at PoC Kanyabayonga and 3 at PoC Kiwanja. The contacts were referred to the surveillance team for follow-up until the completion of the 21 days.

- A workshop for PoE/PoC staff was conducted for harmonizing data collection tools with the support of CDC/Atlanta, IOM and WHO in Goma on the 6 September 2019.

- IOM continued to strengthen Risk Communication and Community Engagement (RCCE) activities in the areas affected by Ebola Virus disease. This week the focus was on Butembo, Katwa, and Mambasa.

South Sudan

- Active screening is ongoing in 15 active IOM-supported PoE sites. During the reporting period, 22 260 inbound travellers to South Sudan were screened for EVD exposure and symptoms with no suspected or alert cases.

- Border Health and PoE Technical Working Group (TWG), including IOM and CDC-Atlanta, reviewed the current Standard Operating Procedures (SOPs) for Border Health and PoEs, and conducted a joint functionality assessment at the Juba International Airport (JIA).

- The IOM South Sudan EVD weekly report (week 35) is available at the following link: https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-35-26-august-01-september

Uganda

- A 2-day meeting was conducted with the participation of MoH officials, Infectious Disease Institute, IOM and other partners to review training modules for response to public health events at PoE and develop training curriculum and facilitators manual.

- A coordination meeting was held with MoH officials, UN agencies and implementing partners focusing on the need to step up risk communication and community engagement. IOM will continue supporting PoE activities in the south western region, including the provision of PPE.

- A stakeholders meeting was held in Kisoro district with 40 participants from district teams, agencies and partners to identify strengths and gaps during the response for further improvement.

Burundi

- IOM Burundi is developing a roadmap with OCHA, WHO and MOH based on the recommendations from a regional cross border meeting held in Goma, Democratic Republic of the Congo on the 14-15 August 2019. The final document will be validated by MoH and put into immediate operation.

- Flow monitoring data collection is ongoing at three PoEs, updated maps will be published by 15 September 2019.

- IOM and four priority districts had a meeting to make risk communication strategies on EVD in cross border communes in these districts.

Safe and Dignified Burials (SDB)

- As of 8 September 2019, there have been a total of 11 747 SDB alerts notified through the Red Cross SDB database, of which 9 464 (81%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

- During the week ending 8 September 2019, there were 234 SDB alerts recorded in 17 health zones. Of these, 205 (88%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts):

Health Zones	% alerts
Beni	14%
Katwa	13%
Oicha	10%
Komanda	10%
Mutwanga	7%
Rutshuru	6%

- Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Katwa, Rutshuru, Mandima, Kayna, Goma, Butembo, Musienene, Mabalako, Masereka, Biena, Alimbongo, Oicha, Vuhovi, Beni, Karisimbi, Nyiragongo, Komanda, Lubero	Mambasa, Kalunguta, Mutwanga, Manguredjipa

Implementation of ring vaccination protocol

- As of 9 September 2019, 217 172 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 54 159 are contacts and 149 837 contacts-of-contacts. The total number of vaccines includes 44 899 HCWs/FLWs and 70 709 children 1-17 years of age.

Risk communication, social mobilization and community engagement

During week 36:

- A strategic shift is being made to proactively communicate about care and treatment for Ebola patients and the benefits of vaccination for high risk contacts and contacts of contacts of Ebola confirmed cases. The focus of this shift is to encourage community members to recognise early signs and symptoms of Ebola and to seek treatment as soon as they develop mild symptoms and suspect that they may have been in close contact with an Ebola patient or a person who may have died of the disease.

- In some areas where access an insecurity is still the main challenge, like Mambasa in Ituri province, proactive engagement and dialogues are occurring with multiple stakeholders, including local tribal leaders, youth leaders, religious leaders, local community representatives, transport and taxi associations, mining administrators and other public and private sector groups to urge for their corporation and engagement in the Ebola response.

- A forum was held in Mataba health area in Kalunguta to engage the youth in strengthening community collaboration with EVD response teams.

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.

- 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-neighboring-countries/

IHR travel measures and cross border health

- 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

Although there are possible early signs of the outbreak easing, including the decrease in numbers of new confirmed cases in Beni and Mandima, these must be interpreted with caution and it is too soon to know if this is an indication of a decrease in transmission intensity of EVD. The outlook of the outbreak remains fragile due to the volatile context of the response. Local authorities and partners need to continue their robust response to the disease, using both novel and proven public health measures to ensure that there is no further geographical spread of the disease.