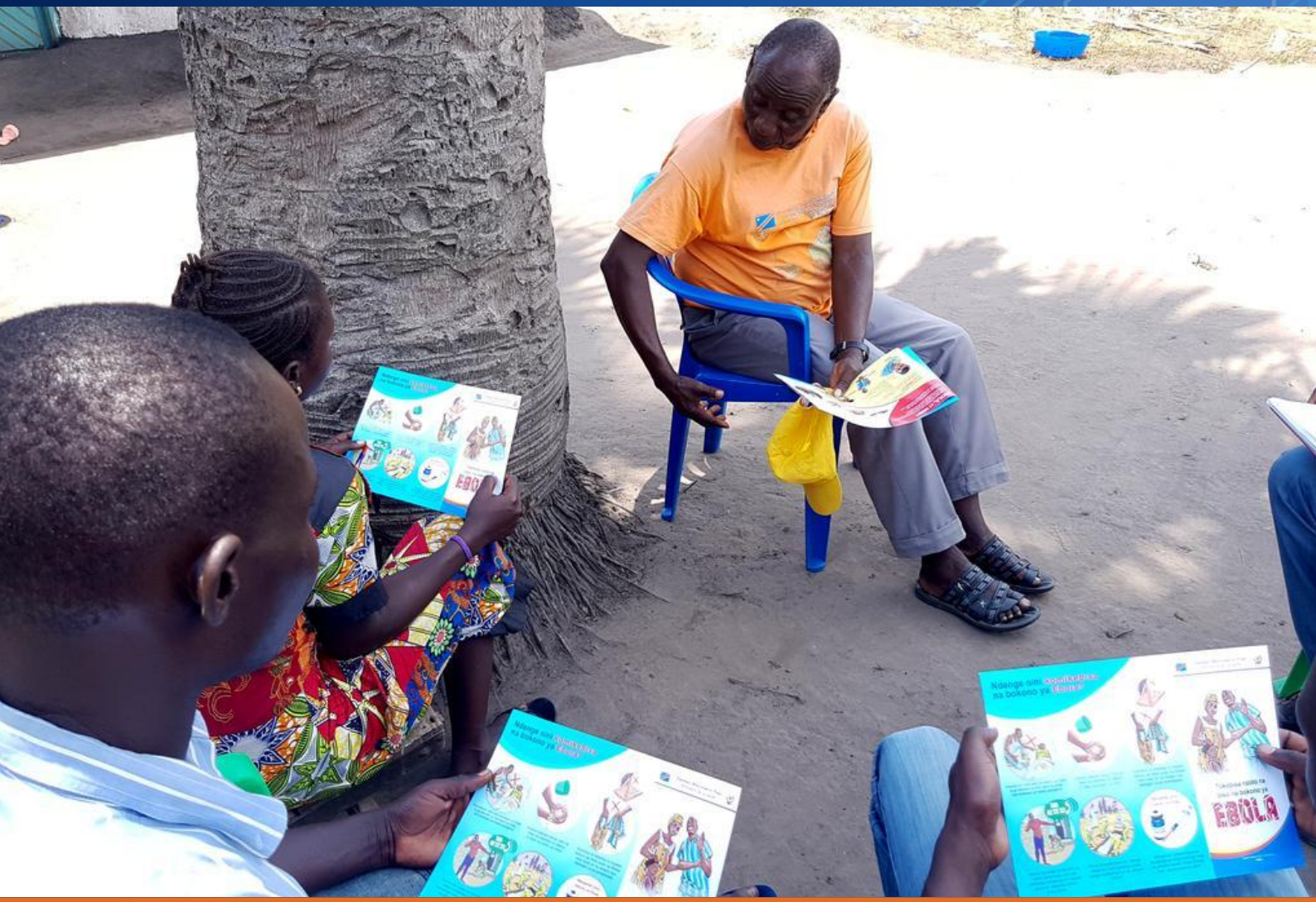
EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 74



World Health Organization
REGIONAL OFFICE FOR Africa

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 74

Date of issue: 7 January 2020
Data as reported by: 5 January 2020

1. Situation update

Cases 3390 Deaths 2233

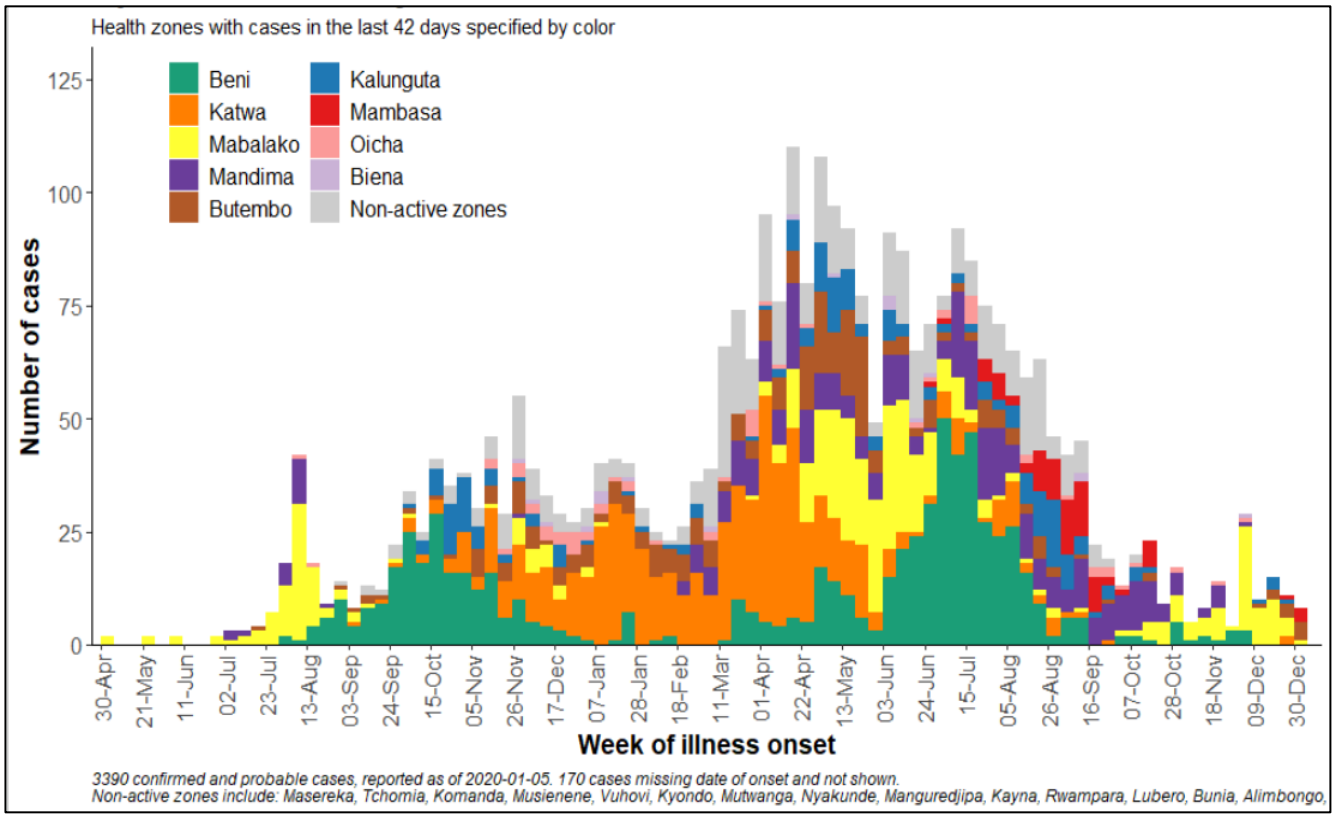
Since the last Situation Report 73 issued on 24 December 2019, 28 new confirmed Ebola virus disease (EVD) cases were reported from five health zones in two affected provinces in the Democratic Republic of the Congo between 23 December 2019 to 5 January 2020. The new confirmed cases in the past 14 days are from Butembo, Katwa, Kalunguta, Mabalako and Mambasa. The source of exposure for the four new cases reported from Mambasa Health Zone, Ituri Province is currently under investigation. Mambasa Health Zone had previously not had a confirmed case for 66 days. Similarly, the source of exposure of the initial case reported in Kalunguta at the end of December is still under investigation.

Eight of the ten cases reported in Butembo and Katwa in the past 14 days are linked to a transmission chain of more than 50 people that originated in Aloya Health Area, Mabalako Health Zone.

In the past 21 days (16 December 2019 to 5 January 2020), 42 confirmed cases were reported from 13 of the 87 health areas within five active health zones in North Kivu and Ituri provinces (Figure 2, Table 1): Mabalako (50%; *n*=21 cases), Butembo (24%; *n*=10 cases), Kalunguta (12%; *n*=5), Katwa (5%; *n*=2) in North Kivu province and Mambasa (10%; *n*=4) in Ituri Province.

As of 5 January 2020, a total of 3390 EVD cases, including 3272 confirmed and 118 probable cases have been reported, of which 2233 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1903) were female, 28% (956) were children aged less than 18 years, and 5% (168) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 5 January 2020



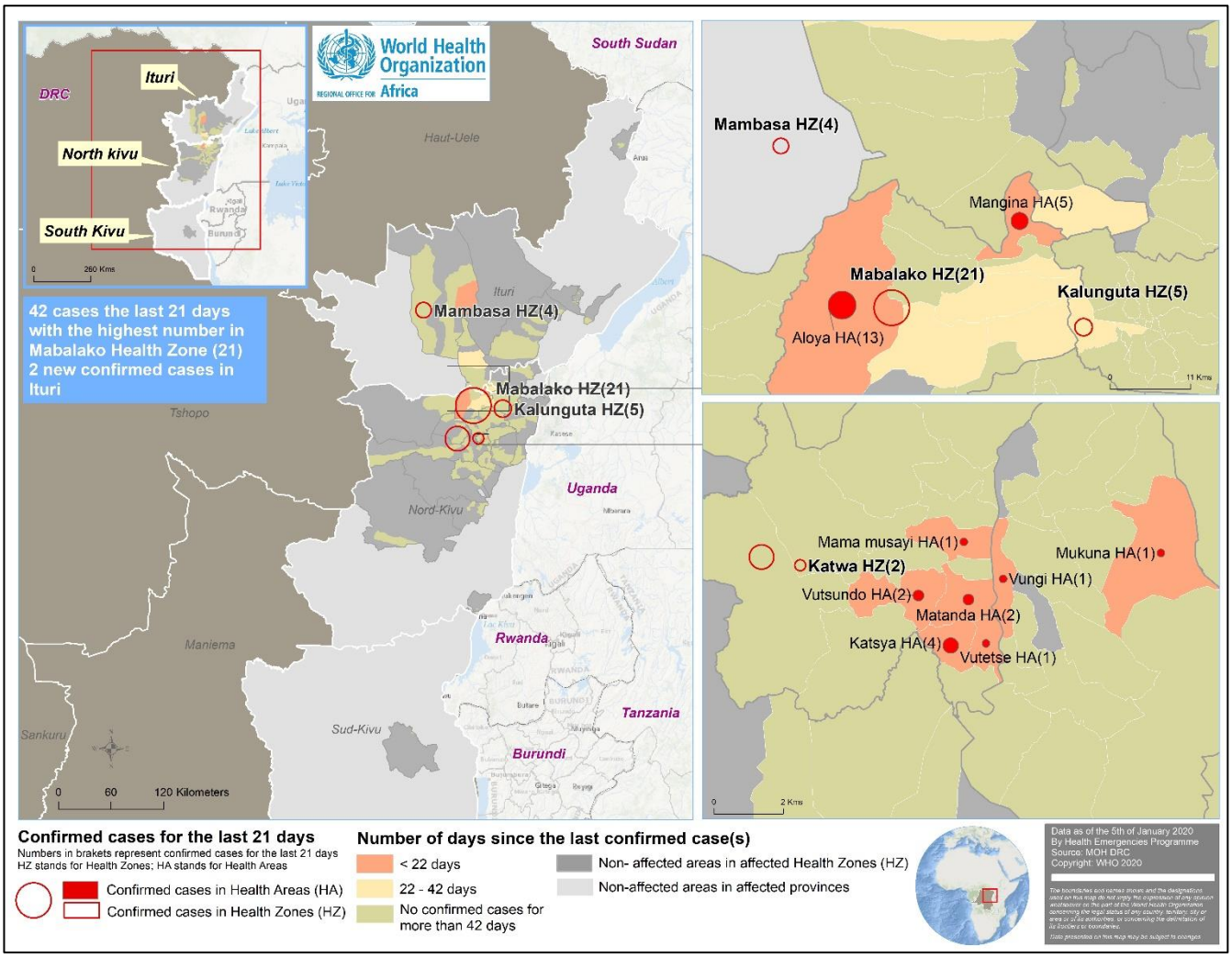
**3390 confirmed and probable cases, reported as of 5 January 2020. Excludes n=173 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Beni, Biena, Bunia, Goma, Kayna, Komanda, Kyondo, Lolwa, Lubero, Mandima,, Manguredjipa, Masereka, Musienene, Mutwanga, Mwenga, Nyakunde, Nyiragongo, Oicha, Pinga, Rwampara, Tchomia, and Vuhovi.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 5 January 2020

				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 in the last 21 days	Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
South Kivu	Mwenga	0/18	0	6	0	6	3	3
North Kivu	Alimbongo	0/20	0	5	0	5	2	2
	Beni	0/18	0	695	9	704	452	461
	Biena	0/16	0	19	2	21	12	14
	Butembo	5/15	10	295	3	298	353	356
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	1/18	5	198	19	217	71	90
	Katwa	2/18	2	653	23	676	471	494
	Kayna	0/21	0	28	0	28	8	8
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	3/12	21	452	17	469	332	349
	Manguredjipa	0/10	0	18	0	18	12	12
	Masereka	0/16	0	50	6	56	17	23
	Musienene	0/20	0	84	1	85	33	34
	Mutwanga	0/19	0	32	0	32	12	12
	Nyiragongo	0/10	0	3	0	3	1	1
	Oicha	0/26	0	65	0	65	30	30
	Pinga	0/18	0	1	0	1	0	0
	Vuhovi	0/12	0	103	14	117	37	51
Ituri	Ariwara	0/21	0	1	0	1	1	1
	Bunia	0/20	0	4	0	4	4	4
	Komanda	0/15	0	56	10	66	44	54
	Lolwa	0/8	0	6	0	6	1	1
	Mambasa	2/17	4	82	3	85	27	30
	Mandima	0/15	0	347	5	352	166	171
	Nyakunde	0/12	0	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		13/471	42	3272	118	3390	2115	2233

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, 5 January 2020



**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 244 000 contacts have been registered to date, and 4089 are currently under surveillance as of 5 January 2020. On average, 87% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 4563 alerts were reported per day over the past seven days, of which 4454 (98%) were investigated within 24 hours of reporting.

Vaccines

- From 8 August 2018 to 4 January 2020, 261 285 persons were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- Vaccination with the Ad26.ZEBOV/MVA-BN-Filo (Johnson & Johnson) vaccine continued in Karisimbi Health Zone, with 4802 people vaccinated since its introduction on 14 November 2019.

Case management

- There are currently 11 operational Ebola treatment centres (ETCs) and 25 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri.

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

- Water, sanitation and hygiene (WASH) activities continue, with 17 health facilities evaluated in Mabalako and Butembo health zones, while 321 health workers were briefed in Oicha, Mabalako, Butembo and Mambasa as of 4 January 2020.

Points of Entry (PoE)

- During the two weeks up to 4 January 2020, 4 784 512 screenings were performed, bringing the cumulative total to over 136 million. In these two weeks, 294 alerts were notified, of which 138 (46%) were validated as suspect following investigation; none was subsequently confirmed with EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) remains at 30.

- The average number of PoEs and PoCs reporting daily screening has remained unchanged at 103 during the two-week period.

- Three high risk contacts on the move were intercepted at Maboya PoC, two on 24 December and one on 26 December 2019. All contacts are linked to a confirmed EVD case reported in Aloya in Mabalako Health Zone. The contact intercepted on 26 December 2019 was subsequently referred to the Katwa ETC as a suspect case.

- In response to changing epidemiological trends and the recent geographical spread of the outbreak, three mobile PoCs were established in the Biena Health Zone, and traveller screening in surrounding areas reporting cases has been intensified. With the reintroduction of the virus in Butembo, PoCs on roads connecting Butembo and Goma are also receiving additional support and supervision. In collaboration with the Civil Aviation Authorities, the Ministry of Health and WHO carried out a Simulation Exercise (SIMEX) for EVD on 23 December 2019 at the Ndjili International Airport and Kinkole ETC in Kinshasa. The scenario involved a sick air traveller landing in Kinshasa, coming from the eastern part of the country. The exercise allowed particpcants to practice all actions starting from alert notification and initial case management at the airport, all the way to the transfer of the suspect case to Kinkole ETC for specimen collection and clinical management. Prior to the SIMEX, a series of trainings, physical upgrade of the airport isolation facility and risk communications to local populations living around the Kinkole ETC and the general population of Kinshasa were carried out. An evaluation of the SIMEX was conducted and a plan of action for strengthening traveller screening, alert and case management at, and referral from, the Ndjili Airport is under development and will be shared with all stakeholders.

Safe and Dignified Burials (SDB)

- As of 6 January, there have been a total of 21 840 SDB alerts notified through the Red Cross SDB database, of which 18 790 (86%) have been responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

- During the two weeks ending 6 January 2020, there were 797 SDB alerts recorded in 27 health zones. Of these, 753 (94%) were responded to successfully.

- During this period, three health zones fell below the 70% success benchmark: Nyankunde (0%), Lolwa (69%), Nyiragongo (67%).

Risk communication, social mobilization and community engagement

- Mambasa: the team continues supporting the CREC sub commission and transferring competencies to the MSP team.

- Work is concentrated around the new confirmed cases, supporting the strengthening of community engagement and risk communication activities in the affected areas. The chief of

the chiefdom of Mambasa was on the radio calling for calm in the community and for acceptance of the consignments provided by the teams responding to EVD.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- Readiness teams continue to implement activities without disruption in non-affected health zones (HZs) of North Kivu Province (6 HZs), Ituri Province (2 HZs), Tshopo Province (Kisangani plus 6 HZs) and South Kivu Province (Bukavu plus 3 HZs).

Priority 1 countries

There have been over 2 300 alerts investigated from 39 countries and EVD was systematically ruled out in all except Uganda. Four confirmed EVD cases have been imported from Democratic Republic of the Congo to Uganda since June 2019, with no transmission or secondary cases in Uganda. Uganda was successful in stopping the spread of Ebola and preventing outbreaks by investing USD 18 million in EVD preparedness efforts. A total of 14 600 health workers have been vaccinated in the four priority 1 countries (Burundi, Rwanda, South Sudan and Uganda).

In South Sudan, 64 776 inbound travellers were screened through the 16 PoEs supported by IOM. Three PoEs (Isebi, Tokori and Lasu) remain out of operation due to insecurity as the situation remains under close monitoring. The number of inbound travellers has slightly increased by 8.7% from the previous reporting week. The cumulative number of inbound travellers stands at 1 057 845 with no alert reported. In order to strengthen EVD surveillance and IPC in health facilities near the PoEs, IOM supports 4 health centres (Lasu, Khorijo, Kerwa and Kaya). The IOM South Sudan EVD weekly report (week 49) is available as follows: https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-49-02-08-december-2019.

In Uganda, IOM trained 30 border officials in Kasese from 9 to 11 December; these included Immigration officials, border security, members of the District Health Team, and members of the District Task Force on EVD. The training aimed at building the capacity of staff on surveillance. The IOM EVD Dash Boards from the districts Kisoro, Kanungu, Rukungiri, Kasese, Rubirizi, Bundibugyo and Ntoroko, for the month of November can be found here.

In Burundi, IOM supported the ministry of health to conduct a community sensitization on EVD in Gatumba (Bujumbura Rural province). The sensitization was held at the Ruzizi market and reached approximately 800 people (38% women; 13% children) The key messages were on EVD prevention.

Priority 2 countries

Angola, Central African Republic, Congo, Tanzania and Zambia have not reported any cases 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 investigational EVD vaccination approvals and training in priority 2 countries.

Finance

Under Pillar 1, the public health pillar of the Strategic Response Plan, the estimated funding requirement for all partners for the period July to December 2019 is US$ 287 million, including US$ 140 million for WHO. As of 5 January 2020, US$ 148 million have been received by WHO. We are grateful that donors fully funded WHO's response needs through to the end of 2019 and into early January 2020.

Under Pillar 5, the Regional Preparedness pillar, the funding requirement for all partners is US$ 66 million, of which WHO requires US$ 21 million. As of 17 December 2019, WHO has received US$ 7.5 million. WHO currently has no further pledges in the pipeline for preparedness. Increased funding for preparedness in neighbouring countries is urgently needed.

A summary of funding received by WHO since the start of this outbreak can be found here.

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. 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 to, and trade with, the Democratic Republic of the Congo based on the currently available information. 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. Travelers 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.

- In order to monitor the travel and trade situation around this event, a new dashboard Ebola outbreak in the Democratic Republic of the Congo: Travel and trade health measures has been established. The dashboard can also be accessed from Strategic Partnership for International Health Regulations (2005) and Health Security (SPH) page under ‘Resources’ tab, and then click on ‘IHR Travel and Trade Measures’ tab. The dashboard shows all countries where WHO is aware that travel and trade measures have been implemented, and the type of measure, and will be updated as and when any measure is confirmed to be in place.

3. Conclusion

New confirmed cases continue to be reported in Mabalako, Butembo, Katwa and Kalunguta in North Kivu Province and in Mambasa in Ituri Province and are linked to three chains of transmission. Two of these three chains have an unknown orgin to date and are still under investigation, including through the use of the genetic sequencing techniques. The new confirmed cases in Mambasa are of particular concern, since there had been no new confirmed cases in Ituri Province for 66 days.