

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 26



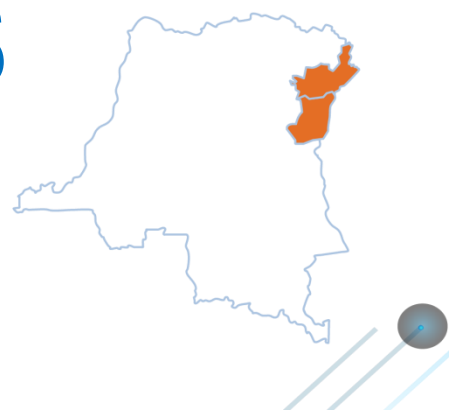
World Health
Organization

REGIONAL OFFICE FOR
Africa

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Date of issue: 30 January 2019

Data as reported by: 28 January 2019

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, continues to present challenges in response, with continuing security incidents and community resistance to response measures. Since our last report on 23 January 2019, 44 additional confirmed and five new probable EVD cases have been reported, including 28 deaths. The five probable cases (all deceased), were reported retrospectively from Komanda following a case classification update. The numbers of cases in Katwa and Butembo areas continue to increase rapidly.

From the beginning of the outbreak to 28 January 2019, a total of 743 EVD cases, including 689 confirmed and 54 probable cases (Table 1), were reported from 18 health zones in the provinces of North Kivu and Ituri (Figure 1). Eleven of the 18 affected health zones have ongoing active transmission, reporting at least one confirmed case in the last 21 days (8-28 January 2019). Over this period, a total of 114 confirmed and probable cases were reported, with 63% (72/114) reported from Katwa Health Zone alone. Overall, the majority of the cases occurred in urban centres and towns including Katwa (72), Beni (8), Butembo (7), Komanda (6), Kayna (5), Oicha (4), Manguredjipa (4), Biena (3), Kyondo (2), Musienene (2), and Vuhovi (1). Trends in case incidence reflect the continuation of the outbreak across a geographically widely dispersed area (Figure 1, Figure 2). Weekly reported cases have increased over the past three weeks, mostly driven by the outbreak in Katwa. After several weeks of declining case numbers in Beni, six cases were reported over the past seven days, all linked to known transmission chains.

As of 28 January 2019, a total of 461 deaths were reported, including 407 among confirmed cases. The case fatality ratio among confirmed cases is 59% (407/689). Two new confirmed healthcare workers were reported since the last report. Since the beginning of the outbreak, 63 healthcare workers have been infected, with 21 deaths. Since 1 December 2018, 67% (189/281) of the cases visited or worked in a healthcare facility before or after their onset of illness. Of those, 18% (51/281) reported contact with a healthcare facility before their onset of illness, suggesting possible nosocomial transmission. Healthcare facilities with possible nosocomial transmissions have been identified and response teams are following up to address gaps around triage, case detection and infection prevention and control measures.

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. To date, all alerts outside the outbreak affected areas have been ruled out for EVD.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 28 January 2019

Province	Health zone	Case classification			Deaths	
		Confirmed cases	Probable cases	Total cases	Deaths in confirmed cases	Total deaths
North Kivu	Beni	224	9	233	137	146
	Biena	4	0	4	2	2
	Butembo	53	0	53	45	45
	Goma	0	0	0	0	0
	Kalunguta	40	13	53	21	34
	Katwa	160	4	164	94	98
	Kayna	5	0	5	2	2
	Kyondo	10	2	12	4	6
	Lubero	0	0	0	0	0
	Mabalako	88	16	104	54	70
	Manguredjipa	4	0	4	3	3
	Masereka	7	1	8	2	3
	Musienene	6	1	7	2	3
	Mutwanga	3	0	3	2	2
	Oicha	29	0	29	7	7
Vuhovi	9	0	9	3	3	
Ituri	Komanda	27	5	32	16	21
	Mandima	17	3	20	10	13
	Nyakunde	1	0	1	1	1
	Tchomia	2	0	2	2	2
Total		689	54	743	407	461

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, 28 January 2019 (n=743)

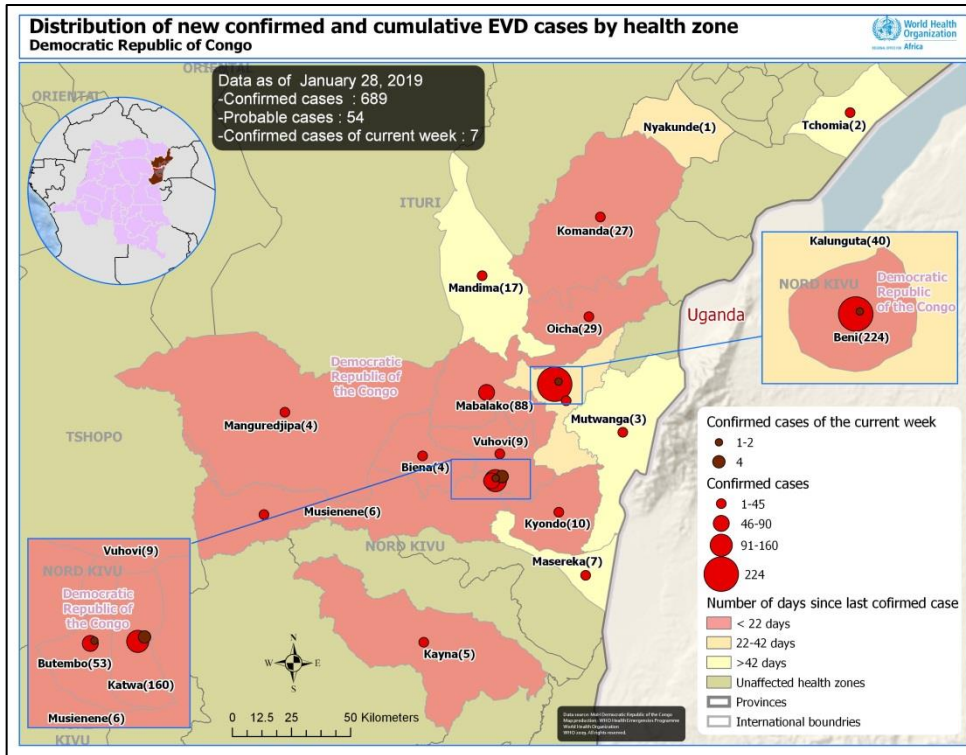
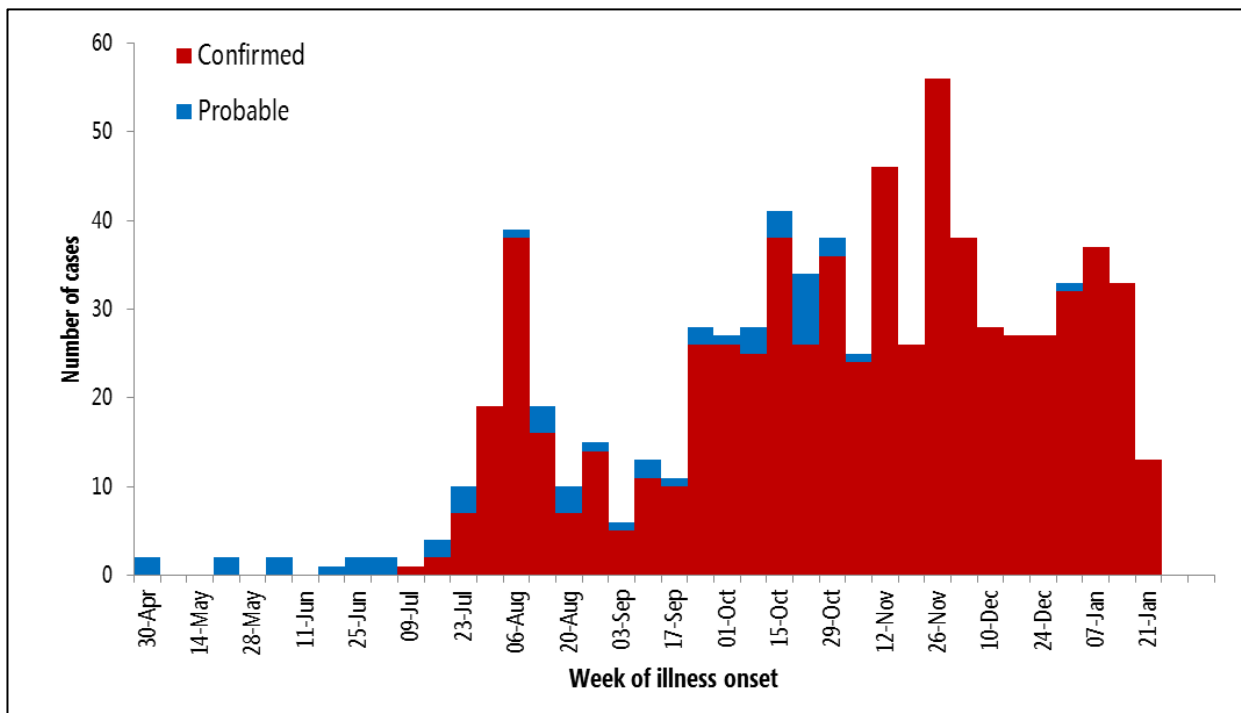


Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 28 January 2019 (n=743)*



**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 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. Response operations in two areas of Komanda were not accessible in the past few days as a result of insecurity. Community leaders from Aloya were briefed on surveillance.
- ➔ A response cell has been established in Oicha, integrating surveillance, infection prevention and control, communication and vaccination.
- ➔ Contact tracing continues with 44 689 contacts registered to date and 6 437 currently under surveillance, of whom between 82-88% have been followed in the past seven days. More resources are being put in place, including mobilizing local leaders, to improve the coverage of daily contact monitoring despite the challenging security situation and community non-engagement.
- ➔ WHO continues to monitor alerts from outbreak-affected areas. In the last week, an average of 460 alerts were received per day, of which an average of 435 (94.5%) were 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 is ongoing, with all confirmed cases in ETCs receiving therapy under the compassionate use protocol, together with supportive care.
- ➔ As of 28 January 2018, 200 patients were admitted to eight Ebola transit and treatment centres (60% of available 332 beds occupied). The bed occupancy was high in Butembo and Katwa ETCs, and Beni CT, 91%, 106%, and 110%, respectively.
- ➔ MSF has been requested to construct a 10-bed tent for suspected cases in Beni and an isolation unit is to be established in Oicha.

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

- ➔ 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. Distributions of IPC kits, which include consumables items such as personal protective equipment, are ongoing in healthcare facilities. There was community resistance to decontamination of a hospital were a confirmed case had died in Rughend, Katwa Health Zone last week.

- ➔ Hygiene kits were received in Butembo, the construction of an incinerator was finalized at Okapi, Beni Health Zone; materials and equipment were sent to the hospital at Masereka and construction started on an ash pit at the Carl Becker facility in Beni.

Points of Entry (PoE)

- ➔ As of 27 January 2019, 29 947 674 traveller screenings were carried out at 78 Points of Entry (PoEs) and Points of Control (PoCs) in EVD affected areas and their surroundings. Of these screenings, 198 alerts were notified. A total of 94 of the 198 alerts were validated as suspect cases after investigation, and five were positive for Ebola virus following laboratory test.
- ➔ During this reporting period, 27 alerts were notified, of which 13 were validated and subsequently none were confirmed as Ebola cases.
- ➔ Following the spread of the outbreak into Kayna, capacitating PoEs and PoCs surrounding Goma continue to be a top priority. A training on travellers' health screening was implemented from 24 through 26 January 2019 in Kiwanja (North of Goma). Twenty PoE frontline health screeners based at the Kiwanja, Ishasha, Bunagana, Vishumbi, Kitagoma, and Munyaga PoE/PoC participated in the training. Systematic screening and registration of all travellers at OPRD was also enhanced. A similar training was facilitated by IOM, reaching 128 field personnel in Aru and Mahagi (strategic sites because of their proximity to Uganda).
- ➔ Joint supervision missions by MoH, IOM and WHO continue at the PoCs of Petite Barrière, Mavivi and Pasisi, and rehabilitation works were completed for the PoCs of Foner Komanda, Dele and Mudzipela.

Safe and Dignified Burials (SDB)

- ➔ As of 27 January, a total of 1 790 SDB alerts have been received of which 1 461 were responded to successfully (82%) by Red Cross and Civil Protection SDB teams.
- ➔ From 20 through 26 January 2019 (week 4), 219 SDB alerts were received, 39% more than in the previous week (week 3) and 121% more than in the week prior to the election turmoil in 2018 (week 50).
- ➔ 49 (22%) alerts came from Beni Health Zone, followed by Katwa (46), Butembo (37), Komanda (21), Oicha (16), Mabalako (13), Goma (9), Kyondo (7), Kalunguta (4), Mandima (4), Musienne (4), Kayna (3), Bunia (2) and Kibirizi (1).
- ➔ Scale-up of the Community-Based approach (CEHRBU): planning of training of 17 teams: 5 in Lubero, 1 in Kirumba, 4 in Butembo and 7 in Mangina.
- ➔ The main challenges for the SDB teams include community resistance to SDB, community resistance to reporting community deaths, and limited access.

Implementation of ring vaccination protocol

- ➔ As of 28 January 2019, a cumulative total of 69 231 people 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 are enhanced, with community dialogue with the community groups in Butembo, Katwa, Mangina, Beni, Oicha and other health zones affected by the outbreak. The activities are led by the local health actors with support from WHO, UNICEF, the Red Cross and other partners.
- ➔ An evaluation was conducted on the effectiveness of ongoing communication with private health facilities in the Vighole Health Zone.
- ➔ An Ebola awareness campaign was carried out in schools in Beni. Theatre and videos were used to raise awareness on Ebola prevention.
- ➔ Training on raising awareness about Ebola was provided for women's associations in Katwa Health Zone.
- ➔ The Red Cross has started activities in Kiroumba, where 39 volunteers have been trained in Community Engagement and Accountability (CEA), household visits have started and community feedback collected. Activities in Mangina, Butembo, Katwa, Beni and Oicha are ongoing (sensitization activities and community feedback collection). Activities are being planned in Goma, including the training of 44 CEA volunteers.

Preparedness and Operations Readiness

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

- ➔ 42/200 (21%) of unaffected health zones in 10 provinces have been covered by a minimum standard package of EVD operational readiness activities.
- ➔ Readiness teams finalized tailored plans for the high-risk provinces for the period from February to July 2019, which are pending MoH review.

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

- ➔ Ongoing vaccination of frontline workers in Uganda; over 2 600 workers have been vaccinated. Vaccination commenced in South Sudan on 28 January 2019. Delay in obtaining FDA approval and import license has delayed vaccination in Rwanda; where a total 1 415 frontline workers are targeted for EVD vaccination.
- ➔ Joint Assessment Missions have been conducted to date in South Sudan, Burundi, Uganda, Congo, Rwanda, Central African Republic and Tanzania. There are ongoing discussions with the MOHs of Angola and Zambia to schedule Joint Assessment missions.
- ➔ 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 healthcare and frontline workers. The PoE toolkit was approved by the National Task Force of Uganda and shared for use by partners.
- From 1-15 January 2019, International Organization for Migration (IOM) performed a population movement study and counted 14 706 movements at six flow-monitoring points (FMPs) on the Democratic Republic of the Congo–Uganda border, with inflows from the Democratic Republic of the Congo peaking on the 9 January 2019. People travelling from Beni into Uganda represented the majority of the travellers (25%) observed across all entry points. People travelling from Beni crossed through Busunga and Mpondwe mostly for economic reasons and to re-join family. Beni was a destination for both circular travellers and for travellers departing from Bwamba in Uganda. Mpondwe was the busiest point of entry, recording 26% of the flows. Travellers seeking health services mostly transited through Mpondwe, Butogo and Busunga. IOM also continues to support screening at eight PoEs in South Sudan: Yei airport, Yei SSRRC, Tokori, Kaya, Okaba, Khorijo, Pure and Bazi, with no alerts in the reporting period.

3. Conclusion

The Ebola virus outbreak in the Democratic Republic of the Congo is in its sixth month since the declaration of the outbreak and as we look back, we can clearly see the strategies that have been successful in some of the affected areas such as Mangina, Béni, Komanda and Oicha. However in Butembo/Katwa, the outbreak continues to evolve in a particularly complex and challenging environment, characterized by a volatile security context, which continues to hinder the implementation of key response activities. The number of reported cases increased during recent weeks, most notably from Katwa Health Zone where response teams have faced pockets of community mistrust. Ongoing transmission was also reported in the newly affected Kayna Health Zone, a high security risk area, and in Manguredjipa Health Zone. Teams are working actively to build community trust and scale up response activities around these new clusters. WHO and partners, under the government's leadership, continue to respond to the EVD outbreak and remain committed to ending it.