Democratic Republic of Congo: Ebola update
May 2018

30 May 2018

Summary

Since the Ebola epidemic in Democratic Republic of Congo (DRC) was declared on 8 May 2018, 54 people who presented symptoms of haemorrhagic fever, including 35 confirmed Ebola cases, and 25 deaths (of whom 12 were confirmed as Ebola)*, have been notified by the national health authorities in the Equateur region, in the west of the country, where the outbreak started.

<table>
<thead>
<tr>
<th>Location</th>
<th>Suspect cases</th>
<th>Probable cases</th>
<th>Laboratory-confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mbandaka</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Bikoro</td>
<td>1</td>
<td>11</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Iboko</td>
<td>4</td>
<td>2</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>13</td>
<td>35</td>
<td>25</td>
</tr>
</tbody>
</table>

*Latest figures (source: DRC Ministry of Health) – date of info: 28 May 2018

Current situation

The outbreak is currently affecting the city of Mbandaka and the health zones of Bikoro (Bikoro and Ikoko villages), and Iboko (Itipo and Iboko villages). Bikoro, a small city where some Ebola cases have been detected, is approximately four hours’ drive from Mbandaka. Connections with Bikoro are also possible via Lake Tumba, which the local community uses to reach the Congo River.

This is the ninth Ebola outbreak in DRC in the last 40 years[1]. So far, most of the previous outbreaks have occurred in relatively remote and isolated areas, with little spread of the disease. The last Ebola outbreaks in DRC occurred in Likati district in May 2017, with eight people...
infected, of whom four died, and in Boende (Thsuapa region) in 2014, with 66 people, of whom 49 died.

Unlike in previous Ebola outbreaks in DRC, where cases have been concentrated in remote villages, patients have now been diagnosed in Mbandaka, a Congo River port city of more than one million inhabitants. While easy access to transport increases the risk of the virus spreading, surveillance is being reinforced, and as of 29 May 2018, only four lab confirmed patients have been identified in Mbandaka. For now, it’s important to emphasise that the epidemic has not spread widely within the city. With the correct intervention and careful monitoring of the situation, it is possible to limit the spread of the outbreak.

During the past few weeks, MSF has been working closely with the Congolese Ministry of Health (MoH) and with other organisations on the ground to coordinate the response. The response is based on the ‘six pillars’ of Ebola intervention:

1. Early care and isolation of people who present with symptoms
2. Tracing and following up patient contacts
3. Informing people about the disease, how to prevent it and where to seek care
4. Supporting existing healthcare structures
5. Temporarily adapting cultural behaviour to make funerals safe
6. Outreach activities (pro-active case finding)

If this intervention is well followed, an Ebola epidemic can often be contained in a relatively short period of time.

For all these activities, building a good understanding with local communities is vital. Medical and health promotion teams are working hard to explain to the population what the symptoms of Ebola are, how to avoid contamination, the importance of coming to health structures as quickly as possible if they suffer from symptoms, and the importance of isolation measures to contain the disease. If patients are admitted and receive medical care quickly, the sooner their families are protected and there is a greater chance of limiting the spread of the epidemic.

We have a lot of experience in working in Ebola epidemics and we currently have several teams working in four different locations – Mbandaka, Bikoro, Iboko and Itipo. Some of our most experienced staff is working on the ground.

MSF and our research unit, Epicentre, are working with the local health authorities and the World Health Organization (WHO) to participate in the implementation of the Ebola vaccine rVSVDG-ZEBOV-GP, which is being used as part of the overall strategy to control the Ebola outbreak. Rather than launch a mass vaccination campaign, vaccines will be targeted at the contacts of confirmed Ebola patients (as well as the contacts of these contacts), and Ebola health workers in Bikoro. The vaccinations are voluntary and free-of-charge. This vaccine has not yet been licensed and is therefore being implemented through a study protocol, which has been accepted by the national authorities and the ethical review board in Kinshasa, as well as MSF’s ethical review board.
EBOLA in Equateur Province, DRC

- **54 cases** of hemorrhagic fever (**25 deaths**)
  - 35 confirmed ebola cases
  - 13 probable
  - 6 suspects

- **42 beds for treatment & isolation**
  - 10 beds in the transit center in Itipo
  - 12 beds in the Ebola treatment centre in Mbandaka
  - 20 beds in the ETC in Bikoro

- **60 tons of supply material** sent to the affected area

Data MSF & DRC Ministry of Health
29.05.2018
Outbreak response

Summary

To tackle the Ebola epidemic and limit the spread of the virus, MSF is stepping up our response in the affected areas.

MSF emergency teams are present in four locations where suspect and confirmed patients have been identified, and we are working in collaboration with DRC’s Ministry of Health and WHO.

We currently operate two Ebola Treatment Centres (ETC), with a total of 32 beds in isolation, and one transit centre in Itipo. As of 29 May, we are currently caring for 19 patients.

Around 60 tonnes of supplies have been shipped to Kinshasa and dispatched to the affected areas since the beginning of the epidemic.

- **Patients treated** – date of info: 29 May 2018 (source: MSF)

<table>
<thead>
<tr>
<th>Where</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mbandaka (Wangata hospital –isolation zone)</td>
<td>0</td>
</tr>
<tr>
<td>Mbandaka (MSF ETC)</td>
<td>0</td>
</tr>
<tr>
<td>Bikoro (MSF ETC)</td>
<td>10 confirmed</td>
</tr>
<tr>
<td>Itipo (Ebola Transit and Treatment Centre)</td>
<td>6 suspects</td>
</tr>
<tr>
<td>Total</td>
<td>19 patients</td>
</tr>
</tbody>
</table>

- **Staff on the ground** - date of info: 28 May 2018

TOTAL: 60 international and 106 national staff are currently working in Equateur province in response to the Ebola outbreak.

- **Supply material** - date of info: 26 May 2018

Supply material includes: medical kits; protection and disinfection kits (isolation items such as gloves, boots and Personal Protective Equipment (PPE), etc.); logistic and hygiene kits (plastic sheets, jerry cans, water distribution kits, chlorine spray kits, water treatment kits, etc.); drugs; transport (cars and motorbikes); tents and construction material for building ETCs.

As part of MSF’s emergency preparedness in DRC, some supplies were already available in Kinshasa. These were sent to hotspot zones as soon as the outbreak started.
Sixty tonnes of supplies (sent from MSF supply centres in Europe) have been received in Kinshasa. A total 45 tonnes of supplies (medical and logistical supplies, including six vehicles and 10 motorbikes) have already been sent to Mbandaka and Bikoro, with more to be sent in the coming days.

Activities

MSF’s Ebola response in DRC started on 5 May, with an epidemiological alert in the Equateur region. A small team from MSF’s Congo Emergency Pool (PUC) assessed the situation, together with teams from the MoH and WHO. When the Ebola epidemic was officially declared on 8 May, experts from MSF’s emergency pools arrived in the field to deploy a rapid response in the Ebola hotspots. Among the MSF staff on the ground are some of our most experienced Ebola field workers, including medical personnel, experts in infection control, and logisticians.

Mbandaka

At the beginning of the outbreak, we set up an isolation zone with five beds in Mbandaka’s main hospital (Wangata hospital). An MSF ETC with 12 beds was also built, and has been operational since 28 May. The bed capacity in the ETC can be upgraded to 40 if needed. This will allow the main hospital to refocus on providing non-Ebola healthcare to the local population.

In addition to the treatment and isolation of suspected and confirmed Ebola cases, the focus of MSF’s response is on surveillance, investigation of new cases and contacts, infection control and prevention, health promotion and training activities.

Bikoro

The team is also working in Bikoro, where an MSF ETC with 20 beds has been built, and we continue to reinforce outreach activities including investigation on contact cases, monitoring and surveillance.

Itipo/Iboko

MSF teams are also present in the remote areas of Itipo and Iboko, where suspected and confirmed Ebola cases have been identified. In Itipo, a transit centre with isolation capacity is already functional. In this transit centre, suspected cases are isolated and cared for, and samples are taken to confirm diagnosis. If Ebola is confirmed, they are transferred to the Bikoro ETC.

In Iboko, an isolation area has been built in the main hospital and the team is constructing a further ETC.

Vaccination

MSF and our epidemiological research unit, Epicentre, are working closely with the MoH and WHO on the implementation of the Ebola vaccine rVSV-DG-ZEBOV-GP, as an additional measure to control the outbreak.