

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 24



**Date of information: 15 June 2017**

#### 1. Situation update

WHO, UN Agencies, international organizations, non-governmental organizations (NGOs) and partners continue to support the Ministry of Health (MoH) in the Democratic Republic of the Congo to rapidly investigate and respond to the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province in the north-east of the country.

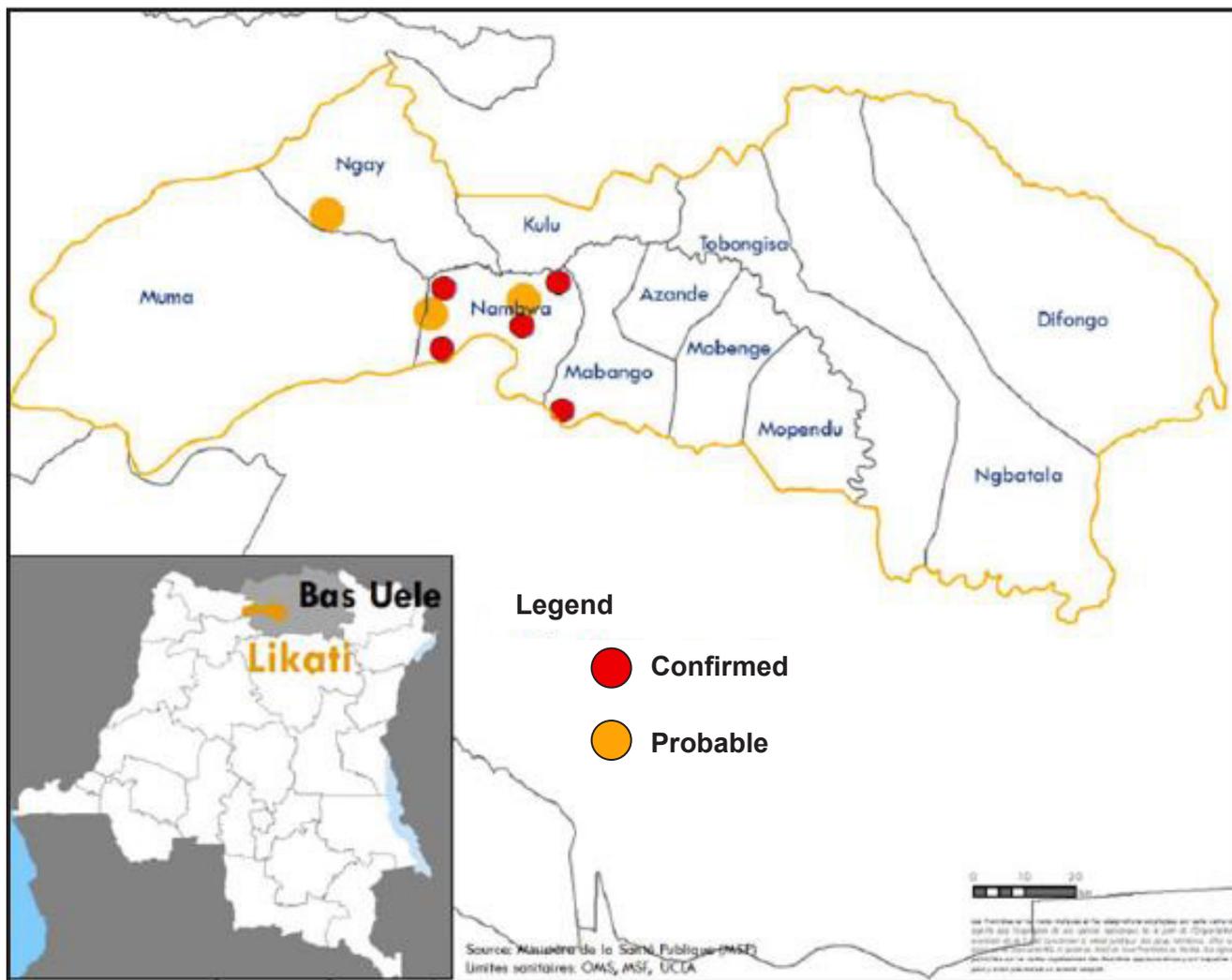
On 15 June 2017, no new confirmed or probable cases were reported. Since the last situation update on 13 June, 9 alerts have been reported and investigated of which two fulfilled the case definition as a suspected case. Both of these suspected cases were from Ngayi. Samples were collected and both tested negative by PCR for EVD. Therefore there are currently a total of five confirmed and three probable cases. The last confirmed case was isolated on 17 May 2017 and tested negative for EVD by PCR for the second time on 21 May 2017. Of the confirmed and probable cases, four survived and four died, resulting in a case fatality rate of 50%. The confirmed and probable cases were reported from Nambwa (four confirmed and two probable), Ngayi (one probable) and Mabongo (one confirmed).

Data modelling suggests that the risk of further cases is currently low but not negligible, and decreases with each day without new confirmed/probable cases. As of the reporting date, 95% of simulated scenarios predict no further cases in the next 30 days.

All seven response committees are maintaining functionality at the national level, namely monitoring, case management, water sanitation and hygiene (WASH) and biosafety, laboratory and research, psycho-social management, logistics, and communication. A response team will remain in the affected areas until the declaration of the end of the outbreak.

This EVD outbreak in the Democratic Republic of the Congo was notified to WHO by the MoH on 11 May 2017. The cluster of cases and deaths of previously unidentified illness had been reported since late April 2017. Likati Health Zone shares borders with two provinces in the Democratic Republic of the Congo and with the Central African Republic (Figure 1). The affected area is remote and hard to reach, with limited communication and transport infrastructure.

**Figure 1. Geographical distribution of cases in the current EVD outbreak in the Democratic Republic of the Congo as of 15 June 2017**



*As this is a rapidly changing situation, the reported number of cases and deaths, contacts being monitored and the laboratory results are subject to change due to enhanced surveillance, contact tracing activities, on-going laboratory investigations, reclassification, and case, contact and laboratory data consolidation.*

## Current risk assessment

The previous risk assessment undertaken on 16 May 2017 was re-evaluated on 6 June 2017 by WHO in light of the evolution of the outbreak and the available information.

- The overall risk at the national level has been revised to moderate due to the fact that a rapid response team was deployed, field investigation identified cases and contacts and all contacts completed their 21 day monitoring period. A response team remains in the field and treatment units are established.
- The risk at the regional and global level is low as no cases have been reported outside of Likati health zone and the area is remote with limited access and transport to/from the affected area.

WHO advises against the application of any travel or trade restrictions on the Democratic Republic of the Congo based on the currently available information. WHO continues to monitor reports of measures being implemented at points of entry.

## WHO's strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control of Ebola outbreaks. These strategies include (i) coordination of the response, (ii) enhanced surveillance, (iii) laboratory confirmation, (iv) contact identification and follow-up, (v) case management, (vi) infection prevention and control, (vii) safe and dignified burials, (viii) social mobilization and community engagement, (ix) logistics, (x) risk communication, (xi) vaccination, (xii) partner engagement, (xiii) research and (xiv) resource mobilization.

## 2. Actions to date

In support of the MoH and the other national authorities, an interagency rapid response team was deployed to Likati Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The interagency response team is coordinated by the MoH, and supported by WHO, Institut National de Recherche Biomédicale (INRB), Médecins Sans Frontières (MSF), United Nations Children's Fund (UNICEF), The Alliance For International Medical Action (ALIMA), International Federation of Red Cross and Red Crescent Societies (IFRC), World Food Programme (WFP), and United Nations Humanitarian Air Service (UNHAS) and other partners.

WHO continues to provide direct technical and operational support to the country, and is collaborating closely with partners to maintain a rapid and effective response to this outbreak.

## Coordination of the response

- Regular meetings of the Health Emergency Management Committee (COGUS) at all levels of the response operations continue in the Democratic Republic of the Congo at Health Zone, Provincial and National level, with MOH, and partners.
- Regular coordination meetings of WHO incident management teams in Kinshasa, Brazzaville, and Geneva continue across the 3-Levels of WHO.

## Surveillance

- Identification and investigation of alert cases and community deaths continues to be carried out through active search methods in the communities affected.
- Mapping of ground crossing points into Likati health zone has been undertaken with the support of the International Organization for Migration (IOM).

## Contact identification and follow-up

- There are currently no contacts under follow-up.

## Case management

- Newly identified suspected cases continue to be admitted to treatment centres.
- Support is being provided to the four survivors on prevention against potential sexual transmission of the virus. Certificates of discharge are given to survivors.
- In order to increase access to and use of quality primary health care services, free health care is now operational in Likati covering consultations and essential drugs provision to address the most common diseases in the health zone. An increase in utilisation has been observed, with an average of 250 patients presenting for consultations daily.
- MoH in partnership with WHO is exploring means to continue ensuring that the population of Likati health zone have access to free quality primary health services, thereby contributing to a quick recovery of the health system after the outbreak. A monthly subsidy of USD 300 per health facility per month has been proposed; a political decision is pending.

## Vaccination

- The protocol for a possible ring vaccination has been formally approved by the national regulatory authority and Ethics Review Board of the Democratic Republic of the Congo Vaccine. The government of the Democratic Republic of the Congo and MSF with support of WHO and other partners are working on detailed planning and readiness to offer access to the rVSV ZEBOV experimental/investigational vaccine, within the Expanded Access framework, with informed consent and in compliance with good clinical practice.
- International vaccine deployment and cold chain shipment to DRC is not advised at this point.

## Infection prevention and control (IPC) and WASH

- Handwashing stations have been distributed to churches in the area
- A hospital hygiene committee has been established at Likati General Hospital
- Toilets, a placenta pit and a locally made incinerator are being constructed at the Likati General Hospital
- Aquatabs continue to be distributed in affected communities.
- A review of the IPC component of the integrated training module for healthcare providers is being undertaken, it is proposed to broaden the content.
- Safe burials continue to be conducted for community deaths

## Social mobilization, community engagement and risk communications

- There is an observable improvement in community understanding of EVD. Community leaders are showing strong commitment and ownership, planning and conducted community EVD dialogue sessions themselves. In addition, there is an increasing number of alerts from the community.
- House to house sensitization on the signs and symptoms of EVD continues.
- Community video projections on EVD are being conducted.
- Mass sensitization through the use of megaphones and local radio continues in Mobenge, Tonbongisa and Azande
- A sensitization event for 77 communities leaders on EVD prevention has been conducted as well as in 23 schools, 19 churches and 6 market sites
- Daily radio spots are transmitted each morning and evening

## Logistics

- Since the beginning of the outbreak, WHO has set up and maintained an airlift between Kinshasa and the affected area, and provides logistic support to response activities. Three logistic bases in Kinshasa, Kisangani, and Likati are still operational and continue to assist with deployment of WHO staff and partner organizations (including UNICEF, MSF, ALIMA, and Red Cross), to and from the affected areas including transportation of over 10 metric tons of materials and equipment.
- WHO logistics team also support the distribution of donated drugs and hospital supplies to rest of the health areas in Likati as part of a temporary free medical care programme.
- A logistician and an assistant remain in Likati to support surveillance, laboratory and other activities while a further logistician supports the team from Kisangani and is managing the helicopter scheduling.

## Environmental investigations

- The unusually high mortality in the local pig population remains under investigation.
- Specimens from 12 pigs and 6 goats have initially tested negative for EVD by PCR.

## Emergency Public Communication

- A video demonstrating the importance of mobile laboratory testing in the affected zone has been posted on WHO Facebook, Twitter and Instagram. <https://www.facebook.com/WHO/videos/1495592203819491/>

## Resources mobilization

- WHO and partners are developing a strategic response plan to support national activities and frame and coordinate the support of international partners and stakeholders.
- The Minister of Public Health of the Democratic Republic of the Congo has requested WHO's support to strengthen the response to the outbreak, and coordinate the support of major UN, NGO and International Organizations, and partners in the Global Outbreak Alert and Response Network (GOARN).

## Partnership

- WHO and GOARN continue to mobilize partners to provide technical and logistical support to the country, and work closely together with UN Clusters, stakeholders and donors to ensure appropriate support for the response.
- GOARN Operational Support Team hosts weekly assessment and coordination teleconference for operational partners on current outbreaks of international concern, particularly the EVD outbreak in DRC.
- At the request of Dr Salama (Executive Director of the WHO Health Emergencies Programme) at WHO HQ convened a time-limited Ebola Inter-Agency Coordination Group with senior leadership from MSF, IFRC, UNICEF, US CDC and WFP, to provide agency updates about response actions and discuss any critical coordination issues.

## IHR travel measures

- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.
- As of 15 June 2017, nine countries have instituted entry screening at airports and ports of entry (Kenya, Malawi, Nigeria, Rwanda, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe), and one country has issued travel advisories to avoid unnecessary travel to the Democratic Republic of the Congo (Rwanda). Two countries (Kenya and Rwanda) implemented information checking on arrival for passengers with travel history from and through the Democratic Republic of the Congo. These measures are within the prerogative of the States Parties and do not qualify as additional health measures that significantly interfere with international traffic under Article 43 of the IHR (2005).

- In addition, Rwanda instituted denial of entry for passengers with fever travelling from the affected areas in the Democratic Republic of the Congo. WHO is currently working with Rwandan authorities to receive the public health rationale and scientific evidence for this measure, which significantly interferes with international traffic, in accordance with Article 43 of the IHR (2005).
- A request for verification is ongoing with Nigerian authorities in relation to denial of entry of human remains travelling from Democratic Republic of the Congo and potential sanctions against Kenyan Airlines in relation to this measure.
- Following requests for verification of media rumors with regards to border closure between South Sudan and the Democratic Republic of the Congo, the Ministry of Health South Sudan clarified that there has been no national government decision to close the border between DRC and South Sudan. On 26 May, Minister of Health and other senior personnel travelled to the bordering States to supervise preparedness activities and also to ensure that measures implemented were all in adherence with the IHR and the MoH Viral Hemorrhagic fever Control guidelines.

### 3. Summary of public health risks, needs and gaps

The most critical needs include active case search to ensure no suspected case is undetected, maintenance of laboratory capacity in the field to enable rapid confirmation of results, the need for differential diagnosis of those who remain sick but have tested negative for EVD, enhancement of IPC measures and planning for strengthening of the surveillance system post-response activities.

## Annex 1: Ebola virus disease outbreak epidemiological data in Likati, Democratic Republic of the Congo Situation as of 15 June 2017

	Date of data collection	Health area							Cumulative (since beginning of the outbreak)	Comments
		Nambwa	Muma	Ngayi	Azande	Ngabatala	Mogenbe	Mabongo		
<b>Cases</b>										
Suspected	14/6/17	0	0	2	0	0	0	0	2	
Probable	14/6/17	2	0	1	0	0	0	0	3	
Confirmed	14/6/17	4	0	0	0	0	0	1	5	
<i>Total cases</i>	<i>14/6/17</i>	<i>6</i>	<i>0</i>	<i>3</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>10</i>	<i>There is a total of 96 non-cases</i>
<b>Deaths</b>										
Deaths among suspected cases	14/6/17	0	0	0	0	0	0	0	0	
Deaths among probable cases	14/6/17	2	0	1	0	0	0	0	3	
Deaths among confirmed cases	14/6/17	1	0	0	0	0	0	0	1	
<i>Total deaths registered</i>	<i>14/6/17</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>4</i>	
<b>Contacts</b>										
Total contacts registered	14/6/17	197	116	180	11	10	6	63	583	
Contacts of non-cases no longer under follow-up	14/6/17	70	28	72	33	10	1	12	226	
Total contacts under follow-up	14/6/17	0	0	0	0	0	0	0	0	
Contacts seen	14/6/17									
Contacts who have completed 21 days follow-up	14/6/17	118	77	93	18	0	0	51	357	The latest date of follow-up completion is 6/06/17. As of 9/06/17, 15 contacts from Nambwa and 18 from Azande completed follow-up.
Contacts lost to follow-up	14/6/17									
<b>Laboratory</b>										
Cases with a positive result	14/6/17	4						1	5	3 cases were classified as positive following increasing IgG titres. The last confirmed patient tested PCR negative on 21/05/17 following recovery.
Animal samples	14/6/17	18								Samples were collected after unusually high number of deaths in pigs. As of 12/06/17, 12 pig and 6 goat samples initially tested Ebola PCR negative.

## Annex 2: Timelines of key activities during the EVD outbreak in Likati, Democratic Republic of the Congo

