

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 10



EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 10

Date of issue: 9 October 2018

Data as reported by: 7 October 2018

1. Situation update



The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored, with the Ministry of Health (MoH), WHO and partners making progress in response to the outbreak. A recent increase in the incidence of new cases (Figure 1) reflects the multitude of challenges faced by response teams in recent weeks. The outbreak remains active predominantly in Beni Health Zone, although additional risks remain following the confirmation of EVD cases in Butembo and Mabalako.

Since WHO's last situation report on 2 October 2018 ([External Situation Report 9](#)), an additional 19 new confirmed EVD cases and nine new deaths have been reported. A total of 21 new suspected cases are under investigation in Beni (13), Mabalako (4), Masereka (2) and Tchomia (1).

As of 7 October 2018, a total of 181 confirmed and probable EVD cases, including 115 deaths, have been reported – resulting in a global case fatality ratio (CFR) of 63.5%. Among the 181 cases, 146 are confirmed and 35 are probable. The CFR among confirmed cases only was 54.8% (80/146). As of 7 October 2018, 50 cases have recovered, been discharged from ETCs, and re-integrated into their communities. A total of 32 cases (14 confirmed and 18 suspected) remain hospitalized in the ETCs.

Among the 159 cases with known age and sex, 55% (n=87) are female. Among both males and females, the most affected age group is 35-44 years old (Figure 2). Cumulatively, 19 health workers have been affected, of whom 18 are confirmed cases; three health workers have died. All health workers' exposures occurred in health facilities outside the dedicated Ebola treatment centres (ETCs).

The confirmed cases were reported from nine health zones: Mabalako (70), Beni (49), Oicha (2), Masereka (1), Butembo (11), Kalunguta (1), Mandima (9), Tchomia (2), and Komanda (1). The epicentres of the outbreak remain Mabalako and Beni Health Zones in North Kivu Province, reporting 50.3% (n=91) and 31.5% (n=57) of all confirmed and probable cases respectively. Beni, Butembo and Mabalako continue to report an increasing number of new cases, indicating the persistence of Ebola virus transmission in these areas. The Beni Health Zone has reported 66% of all cases reported since September 2018. Of the total deaths reported to date, 56.5% (n=65) were from Mabalako, while 30.4% (n=35) were from Beni.

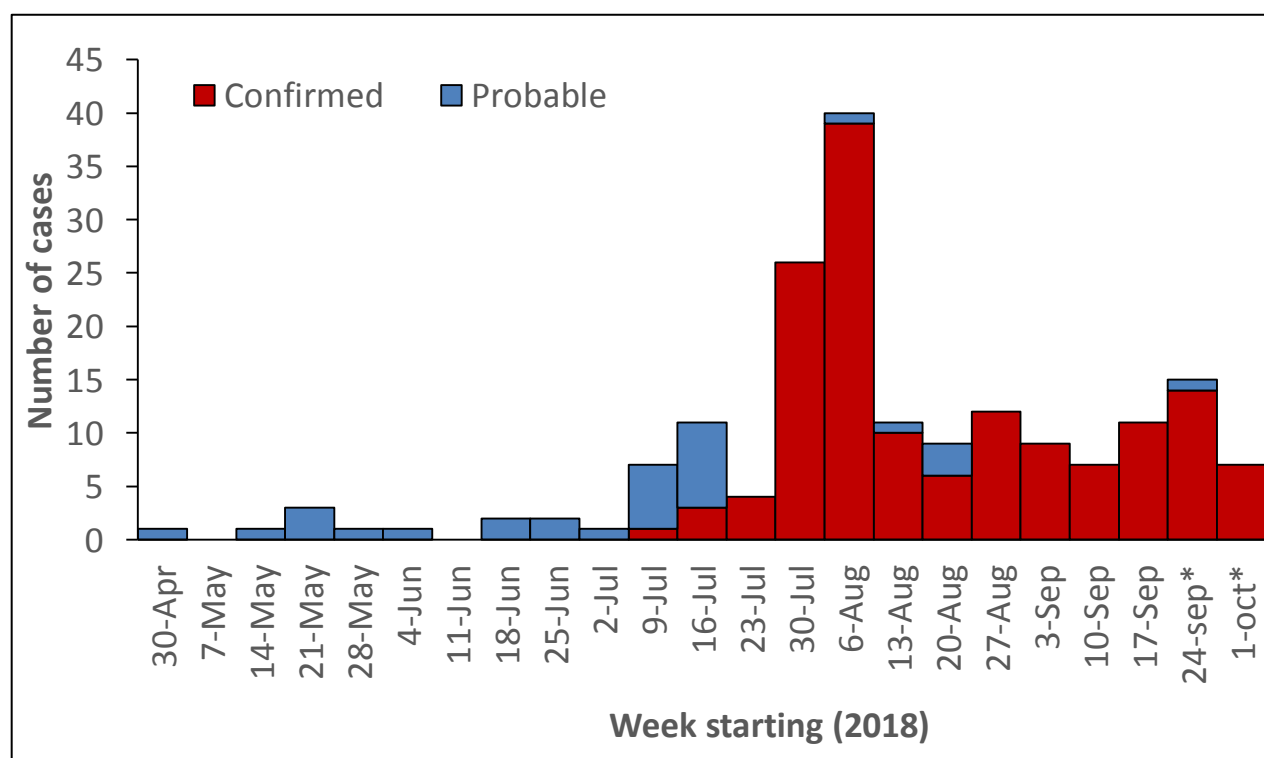
The Ministry of Health (MoH), WHO and partners are monitoring and investigating all alerts in affected areas, in other provinces in the Democratic Republic of the Congo and in neighbouring countries. Since the last report was published, alerts were investigated in several provinces of the Democratic Republic of the Congo as well as in Uganda. To date, EVD has been ruled out in all alerts from neighbouring provinces and countries.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 7 October 2018

Case classification/ status	North Kivu							Ituri			Total
	Beni	Butembo	Oicha	Mabalako	Musienene	Masereka	Kalunguta	Komanda	Mandima	Tchomia	
Probable*	8	2	1	21	1	0	0	0	2	0	35
Confirmed	49	11	2	70	0	1	1	1	9	2	146
Total confirmed and probable	57	13	3	91	1	1	1	1	11	2	181
Suspected cases currently under investigation	13	0	0	4	0	2	0	0	0	2	21
Deaths											
Total deaths	35	7	1	65	1	1	0	0	3	2	115
Deaths in confirmed cases	27	5	0	44	0	1	0	0	1	2	80

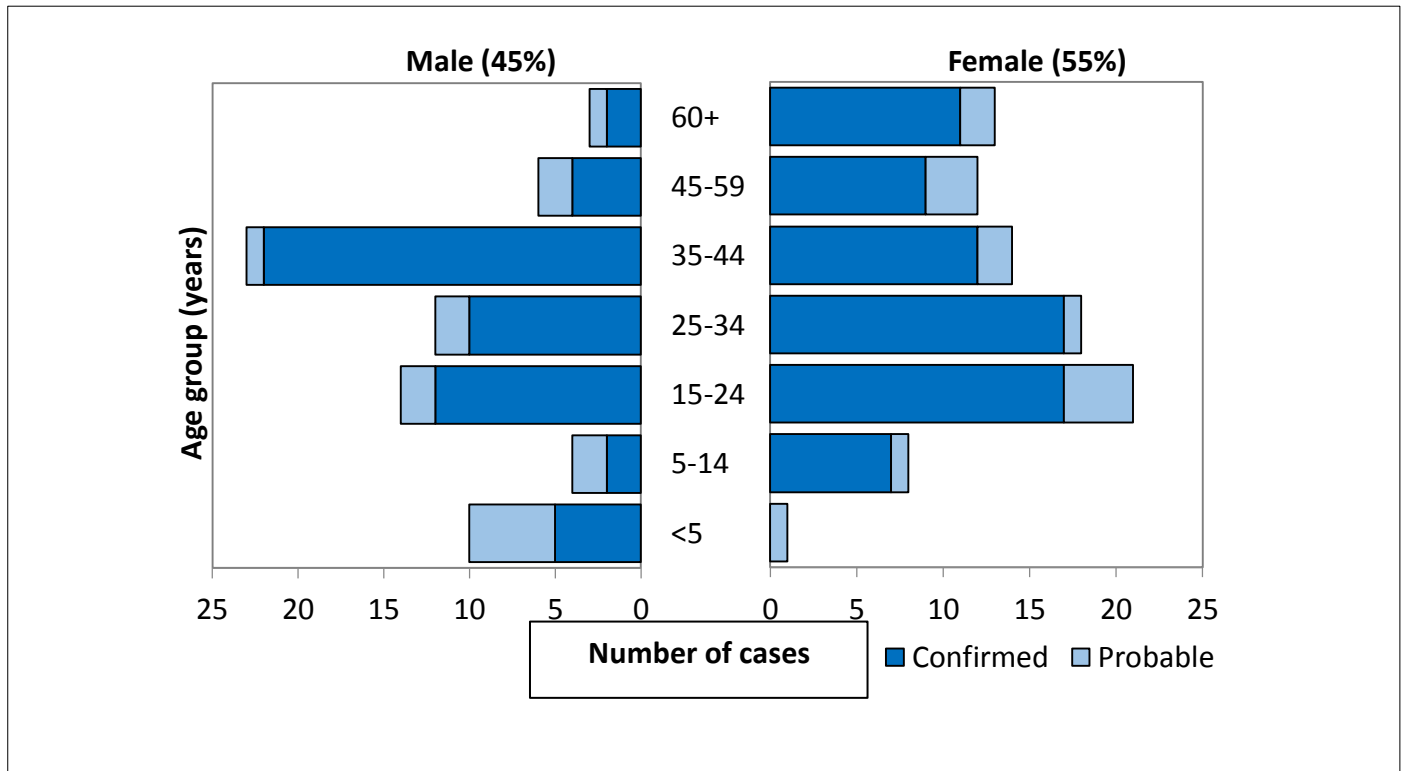
*Includes n=27 community deaths, retrospectively identified from clinical records, tentatively classified as probable cases pending further investigation.

Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 7 October 2018 (n=160)*



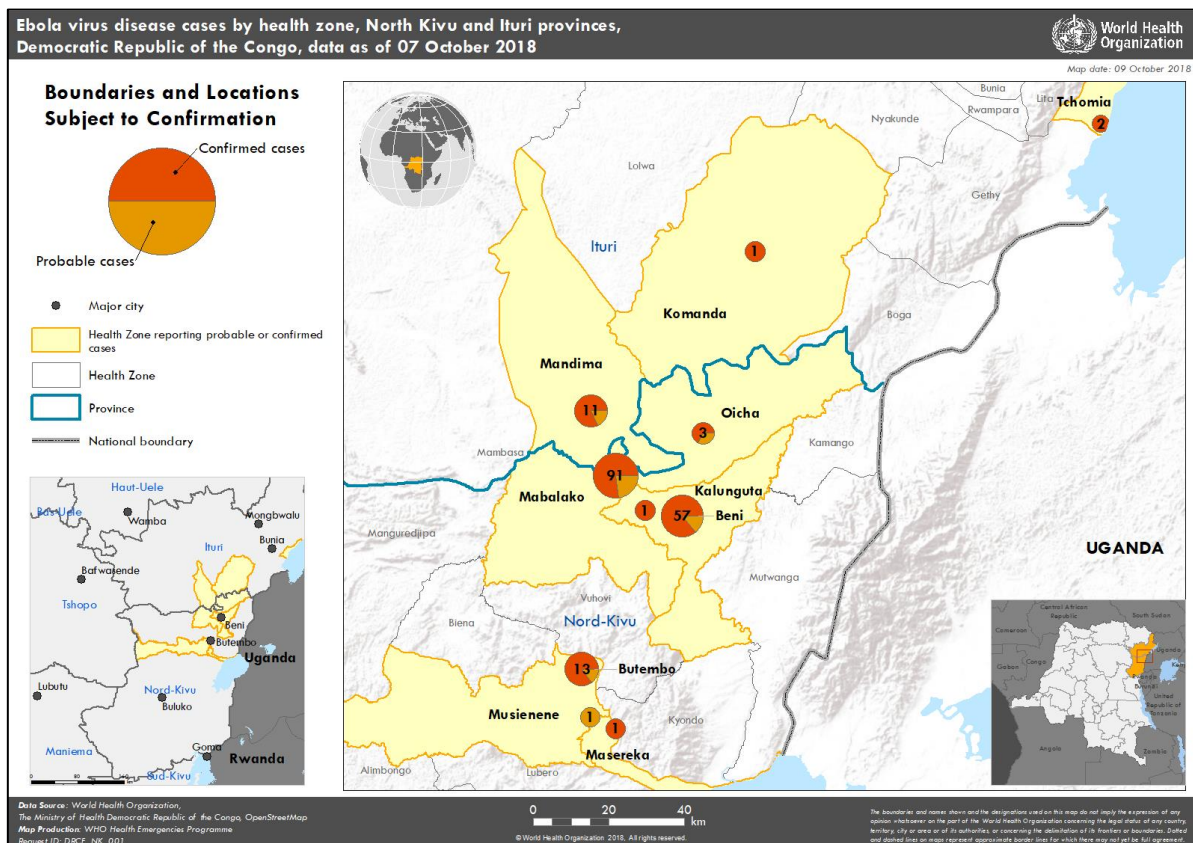
*Case counts in recent weeks may be incomplete due to reporting delays.

Figure 2: Confirmed and probable Ebola virus disease cases by age and sex, North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 7 October 2018 (n=159)



*Age/sex is currently unknown for n=22 cases.

Figure 3: Geographical distribution of confirmed and probable Ebola virus disease cases in North Kivu and Ituri provinces, Democratic Republic of the Congo, 7 October 2018 (n=181)



Context

North Kivu and Ituri are among the most populated provinces in the Democratic Republic of the Congo. North Kivu shares borders with Uganda and Rwanda. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, with over one million internally displaced people and continuous movement of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. The Democratic Republic of the Congo is also experiencing multiple disease outbreaks, including three separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the provinces of Ituri, Mongola, Maniema and Haut Lomami, Tanganyika and Haut Katanga, and outbreaks of cholera, measles and monkeypox spread across the country.

Current risk assessment

This outbreak of EVD is affecting north-eastern provinces of the Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include: the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis), and a long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri may hinder the implementation of response activities. On 28 September 2018, based on the worsening security situation, WHO revised its risk assessment for the outbreak, elevating the risk at national and regional levels from high to very high. The risk remains low globally. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

As the risk of national and regional spread remains very high, it is important for neighbouring provinces and countries to continue to enhance surveillance and preparedness activities. WHO continues to work with neighbouring countries and partners to ensure that health authorities are alerted and operationally prepared to respond.

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control EVD outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhanced surveillance, including active case finding, case investigation, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) risk communication, social mobilization and community engagement, (vii) psychosocial care (viii) vaccination of risk groups (ix) research and (ix) operational support and logistics.

2. Actions to date

Surveillance

- ➔ As of 7 October 2018, a total of 2115 contacts were being monitored, and on this date, 2013 (91%) were seen. Two hundred and two (202) contacts were not seen, of which 180 (89%) were registered in Beni. A total of 175 new contacts were identified and enrolled in Beni (99), Masereka (65) and Butembo (11). Forty (40) contacts were classified as 'lost to follow up', including 37 in Beni, two in Tchomia and one in Komanda.
- ➔ Renewed efforts to strengthen community-based surveillance in outbreak-affected areas have resulted in an increase in alerts from around 20 per day to over 70 per day. The majority of alerts continue to be successfully investigated within 24 hours of notification, with further measures and laboratory tests completed for all those that meet the suspected case definition.
- ➔ Uganda has intensified preparedness activities in all border and district surveillance teams in response to alert cases, which have so far tested negative. Community mobilization and sensitization are underway, with an emphasis on community engagement, along with preparations for vaccination.
- ➔ There are continuing epidemiological investigations around the latest confirmed cases not known as contacts in Beni and Butembo to establish the source of infection, along with continued search for lost contacts in the Beni, Tchomia and Komanda Health Zones.
- ➔ There is a continued search for the confirmed case in Beni who left a health treatment centre and went missing in an unsecured area of Kalunguta.
- ➔ Over 7.5 million travellers have been screened at 57 Points of Entry since the beginning of the outbreak.

Laboratory

- ➔ Laboratory testing capacity for Ebola has been established in hospital facilities in Beni, Goma, Mangina, Tchomia and Butembo to facilitate rapid diagnosis of suspected cases. The Central Laboratory in Kinshasa is conducting full genome sequencing to support the Ebola response.

Case management

- ➔ Eleven new patients were admitted in the Ebola treatment centres (ETCs) and transitional isolation units on 6 October 2018.
- ➔ The ETCs continue to provide therapeutics under the monitored emergency use of unregistered and experimental interventions (MEURI) protocol, in collaboration with the MoH and the Institut National de Recherche Biomédicale (INRB). WHO is providing technical clinical expertise onsite and is assisting with the creation of a data safety management board.

Infection prevention and control (IPC)

- ➔ Infrastructure and staff trainings are complete in Tamande health area, Beni Health Zone. There are unmet needs in Beni Health Zone; coordination mechanisms have identified five health areas requiring support.
- ➔ At Matanda Hospital in Butembo Health Zone, fine-tuning of IPC infrastructure is ongoing, with follow-up and supervision of pre-triage. Resistance is still observed among 1% of those visiting the hospital (approximately 10 out of an estimated 800 daily visitors). A sensitization poster has been designed to be put at the hospital's gates and is now awaiting approval; a similar poster will be proposed for Sainte Famille Hospital.
- ➔ At Sainte Famille Hospital in Butembo Health Zone, IPC construction has progressed well and is estimated to be 80% completed to date. Staff resistance to the establishment of a pre-triage area has been resolved, and training was conducted on 5 October 2018 regarding pre-triage and triage.
- ➔ Three additional structures have been identified in Butembo as needing pre-triage support.

Safe and Dignified Burials (SDB)

- ➔ Escalation of violence, including an attack on three Democratic Republic of the Congo Red Cross volunteers on 2 October 2018, has resulted in the cessation of SDB activities in Butembo until further notice. These Red Cross teams have faced incidents of violence from communities resisting safe and dignified burial protocols since the start of the Ebola outbreak in North Kivu province; however, the recent attack represents a new level of aggression. Security and psychosocial support (PSS) delegates were deployed to Butembo on 3 October 2018 to provide psychological first aid to those affected by the attack, and to gather critical incident information.
- ➔ Civil Protection teams are currently responding to SDB alerts in Butembo.
- ➔ Current Safe and Dignified Burial (SDB) capacity, through Red Cross and Civil Protection units, is operational in Mangina, Beni, Butembo, Oicha, and Bunia. Trained SDB teams in Mambasa and Goma are on stand-by.
- ➔ Two SDB teams are trained and equipped to support the Tchomia/Kasenyi/Tagba area, and teams have been operational since 3 October 2018; two vehicles have arrived, and an operational decontamination base has been constructed. In Bunia, a decontamination base location has been identified and work will begin the week of 15 October 2018.
- ➔ As of 8 October 2018, a total of 221 SDB alerts were received; of these, 184 were responded to successfully, with 30 unsuccessful due to community refusals or burials conducted by the community prior to the SDB teams' arrival on-site. Seven SDB alerts had not been responded to due to security concerns.
- ➔ SDB capacity in Beni is being strengthened due to an anticipated increase in alerts.
- ➔ Rapid diagnostic tests are being considered as part of validating hospital and community deaths.

Implementation of ring vaccination protocol

- ➔ As of 8 October 2018, **15 285 eligible and consented participants were vaccinated**, including **6256** health care or frontline workers and **3291** children.
- ➔ As 8 October 2018, 85 rings have been defined, plus 31 rings of healthcare workers and frontline workers, in nine belts (1 in Bunia, 1 in Mandima, 5 in Beni, 1 in Butembo and 1 in Katwa).
- ➔ Ring vaccination teams are active in health areas in North Kivu (Beni, Mabalako, Butembo) and Ituri (Mandima).

Psychosocial support (PSS)

- ➔ In Beni, the contracting process with the BETHESDA centre is being finalized. The Red Cross is recruiting local psychologists for Ebola response psychosocial support.
- ➔ In Butembo, psychological first aid and counselling has been provided to the two DRC Red Cross volunteers involved in the security incident on 2 October 2018. A speaking group session for 23 safe and dignified burial volunteers was provided as part of a debrief following the 2 October 2018 incident.
- ➔ In Mangina, the Psychosocial Support Coordinator visited the SDB base and interviewed the ten SDB volunteers regarding PSS activities. Once a week, each of the four teams at the SDB case will participate in a speaking group session as part of the ongoing emotional debriefing process.

Risk communication, social mobilization and community engagement

- ➔ As of 5 October 2018, door-to-door education and mass sensitisation has reached **163 722** individuals in Mangina, Beni, Oicha, Katwa, Musienene, Butembo and Mandima.
- ➔ In Beni, intensified community engagement strategy is in place, with emphasis on active community participation in the Ebola response, including contact tracing. Local leaders, religious leaders and community groups (such as women's and youth groups) are being engaged in these efforts.
- ➔ In Ndindi, following challenges in engaging the families of Ebola patients, a community response initiative has been generated with local community and religious leaders. Over weeks of intensified engagement, more active reporting on suspected Ebola cases, as well as better collaboration between local authorities, community focal points, and frontline community outreach workers, has been observed.
- ➔ In Butembo, community outreach volunteers continue door-to-door household visits. Civil society groups are actively participating in community engagement activities.

Resource mobilization

- ➔ Implementation of and resource mobilization for the joint strategic response plan, approved by the Minister of Health of the Democratic Republic of the Congo, is progressing well, in collaboration with the national authorities and all partners.
- ➔ Given the current context around the outbreak, including the volatile security situation, mistrust/community resistance and the continued reporting of confirmed cases and the risk of spread of the outbreak to neighbouring countries, the initial response planning will be adjusted and likely to be extended to next year. This will require additional funding, which will also cover preparedness related activities in neighbouring countries to ensure appropriate preparedness and readiness measures are implemented by the at-risk countries.

Operational partnerships

- ➔ Under the overall leadership of the Ministry of Health (MoH), WHO is supporting all major pillars of the EVD preparedness and response. WHO is working intensively with wide-ranging, multisectoral, and multidisciplinary regional and global partners and stakeholders for EVD response, research, and preparedness.
- ➔ Several international organizations and UN agencies are involved in response and preparedness activities; the organizations and specific contributions are noted below.
 - **European Civil Protection and Humanitarian Aid Operation (ECHO)**: MEDEVAC, logistics and operational support
 - **International Organization for Migration (IOM)**: cross-border preparedness
 - **UK Public Health Rapid Support Team**: supporting deployments through GOARN (see below)
 - **United Nations Children's Fund (UNICEF)**: community engagement and social mobilization; vaccination
 - **UN High Commission on Refugees (UNHCR)**: cross-border preparedness and PoE
 - **World Bank** and regional development banks: medical support
 - **World Food Programme (WFP)** and **UN Humanitarian Air Service (UNHAS)**: nutrition assistance; logistical and operational support
 - **UN mission**: logistical assistance and, together with **UN Department of Safety and Security (UNDSS)**, ensuring the safety of staff on the ground
 - Additional UN agencies include the **Inter-Agency Standing Commission**, the **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)**, and the **United Nations Population Fund (UNFPA)**
- ➔ WHO is engaging **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.

- ➔ Specialized agencies participating in Ebola response include:
 - Africa Centres for Disease Control: Deployment of health professionals (of various professional categories and seniority levels) to support surveillance and contact tracing, training of local health workers in Infection Protection and Control (IPC) and social mobilization activities; laboratory services; Central Coordination in Kinshasa; and support with laboratory diagnostic equipment.
 - US Centers for Disease Control (CDC): Supporting deployments via GOARN; supporting incident management operations through staff deployments.
 - UK Department for International Development (DFID): Supporting surveillance, infection control and prevention (IPC), risk communication, and community engagement.
 - United States Agency for International Development (USAID): Supporting surveillance, infection protection and control, risk communication and community engagement, safe and dignified burials, coordination.

- ➔ Nongovernmental organizations involved in Ebola response are:
 - **Adeco Federación (ADECO)**: Supporting infection prevention and control (IPC), risk communication, and community engagement.
 - **Association des femmes pour la nutrition à assise communautaire (AFNAC)**: Supporting infection prevention and control (IPC), risk communication, and community engagement.
 - **Alliance for International Medical Action (ALIMA)**: Supporting patient care and vaccination.
 - **CARITAS DRC**: Supporting vaccination, risk communication, and community engagement.
 - **CARE International**: Supporting surveillance, infection prevention and control (IPC), risk communication, and community engagement in DRC; CARE International is also supporting Ebola preparedness in Uganda.
 - **Centre de promotion socio-sanitaire (CEPROSSAN)**: Supporting surveillance, infection prevention and control, risk communication, and community engagement.
 - **Cooperazione Internazionale (COOPE)**: Supporting infection prevention and control, risk communication, and community engagement.
 - **Catholic Organization for Relief and Development Aid (CORDAID/PAP-DRC)**: Supporting infection prevention and control, risk communication, and community engagement.
 - **International Rescue Committee (IRC)**: Supporting infection prevention and control, risk communication, and community engagement.
 - **INTERSOS**: Supporting surveillance, and infection prevention and control.
 - **Le Programme national de l'hygiène aux frontières (PNHF)**: Supporting points of entry (PoE).
 - **MEDAIR**: Supporting surveillance, and infection prevention and control.
 - **Médecins Sans Frontières (MSF)**: Supporting infection prevention and control, and patient care.
 - **Oxfam International**: Supporting vaccination, community engagement and social mobilization, infection prevention and control, and patient care.
 - **Red Cross of the Democratic Republic of Congo**, with the support of the **International Federation of Red Cross and Red Crescent Societies (IFRC)** and **International Committee of the Red Cross (ICRC)**: Supporting infection prevention and control, safe and dignified burials, risk communication, and community engagement.
 - **Save the Children International (SCI)**: Supporting surveillance, infection prevention and control, risk communication, and community engagement.

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.

- 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.

3. Conclusion

The EVD outbreak in the Democratic Republic of the Congo remains at a critical juncture due to the prevailing security threats, community reluctance and increased geographical spread. Response teams continue to face challenges that require ongoing community engagement efforts, as well as the ability to adapt strategies according to context. Collectively, these challenges have contributed to an increase in the incidence of new cases observed in recent weeks. Continued strengthening of cross-border surveillance between the Democratic Republic of the Congo and Uganda is required.