EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 61

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3191 Deaths 2133

In the past week, from 23 to 29 September, 20 new confirmed Ebola virus disease (EVD) cases, with an additional 12 deaths and an additional three probable cases validated from late August/early September, have been reported from seven health zones in two affected provinces in the Democratic Republic of the Congo. This perceived decrease in the number of cases should be interpreted with caution, as operational and security challenges in certain health zones make it difficult to undertake case detection and response functions. An increase in the number of reported cases is expected in the coming weeks once response activities resume in full.

The security situation in the overall operational areas of the EVD response is reported calm with no major security incidents affecting operations between the period between 26 to 29 September 2019. Some isolated incidents of community resistance were reported, and dangerous road condition due to heavy rain, prevented EVD teams from accessing certain operational areas, with delays of several hours reported. The Mambasa Health Zone has reported about a third of community incidents since August 2019. To strengthen the participation and engagement of local communities in this area, a WHO team of experts was set up to implement the Strategic Response Plan 4 (SRP4) approach and strategy, together with La Commission Communication de Risque et Engagement Communautaire (CREC) sub-commission. Despite work by the government security forces to attempt to gain control of the Lwemba area, in Mandima Health Zone, after a major security incident, response activities have been halted for over two weeks. Limited access to Lwemba can contribute to further spread in areas where the situation is improving.

Both Mambasa and Mandima Health Zone pose operational challenges but also offer opportunities. These zones are less densely populated than Butembo, Katwa, Beni and surrounding zones. This results in issues in terms of accessibility and logistical challenges in reaching affected villages. An opportunity that arises from these more rural setting is limited potential for nosocomial transmission in healthcare facilities. In the past 21 days we have seen that 63% of transmissions occur in social network vs 7% due to possible nosocomial transmission.

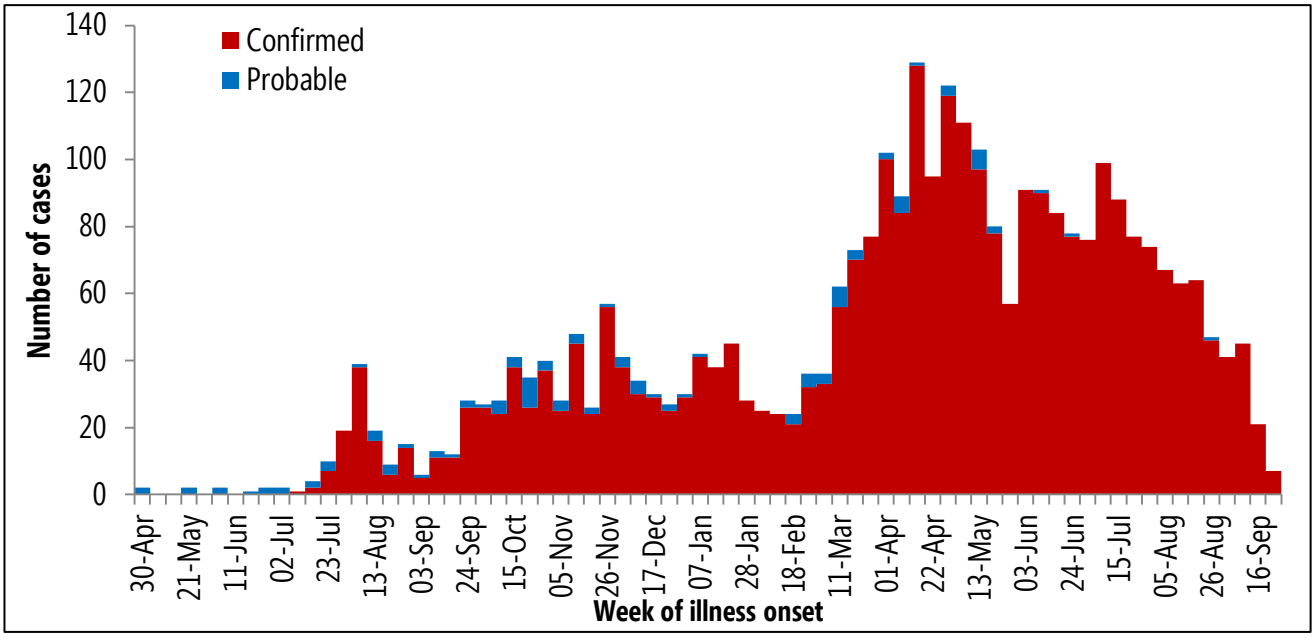
In Mambasa delays in scaling up EVD awareness activities and effective involvement of the community and civil society in the response have led to community resistance. While in Lwemba, poor EVD awareness, compounded by armed conflict, has led to heightened community resistance. This has resulted in difficulties in investigating and testing community deaths, probably leading to under reporting of community deaths in this area.

In the 21 days from 9 to 29 September 2019, 34 health areas in 13 health zones (out of 29 affected so far) reported new cases (Table 1, Figure 2). During this period, a total of 110 confirmed cases were reported, with the majority coming from the health zones of Mambasa (27%; *n*=30 cases), Mandima (23%; *n*=25 cases), Kalunguta (14%; *n*=15 cases) and Komanda (12%; *n*=13 cases).

As of 29 September 2019, a total of 3191 EVD cases were reported, including 3077 confirmed and 114 probable cases, of which 2133 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age data, 56% (1788) were female, 28% (906) were children aged less than 18 years, and 5% (161) were healthcare workers. A total of 984 survivors have been reported so far.

Under Pillar 1 of the current Strategic Response Plan, the estimated funding requirement for all partners for the period July to December 2019 is US$ 287 million, including US$ 120-140 million for WHO. As of 1 October 2019, close to US$ 60 million have been received by WHO, with further funds committed or pledged. Currently available funds will close the financing gap up until the end of October 2019. Further resources are needed to fund the response through to December 2019, and WHO is appealing to donors to provide generous support. A summary of funding received by WHO since the start of this outbreak can be found here.

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 29 September 2019



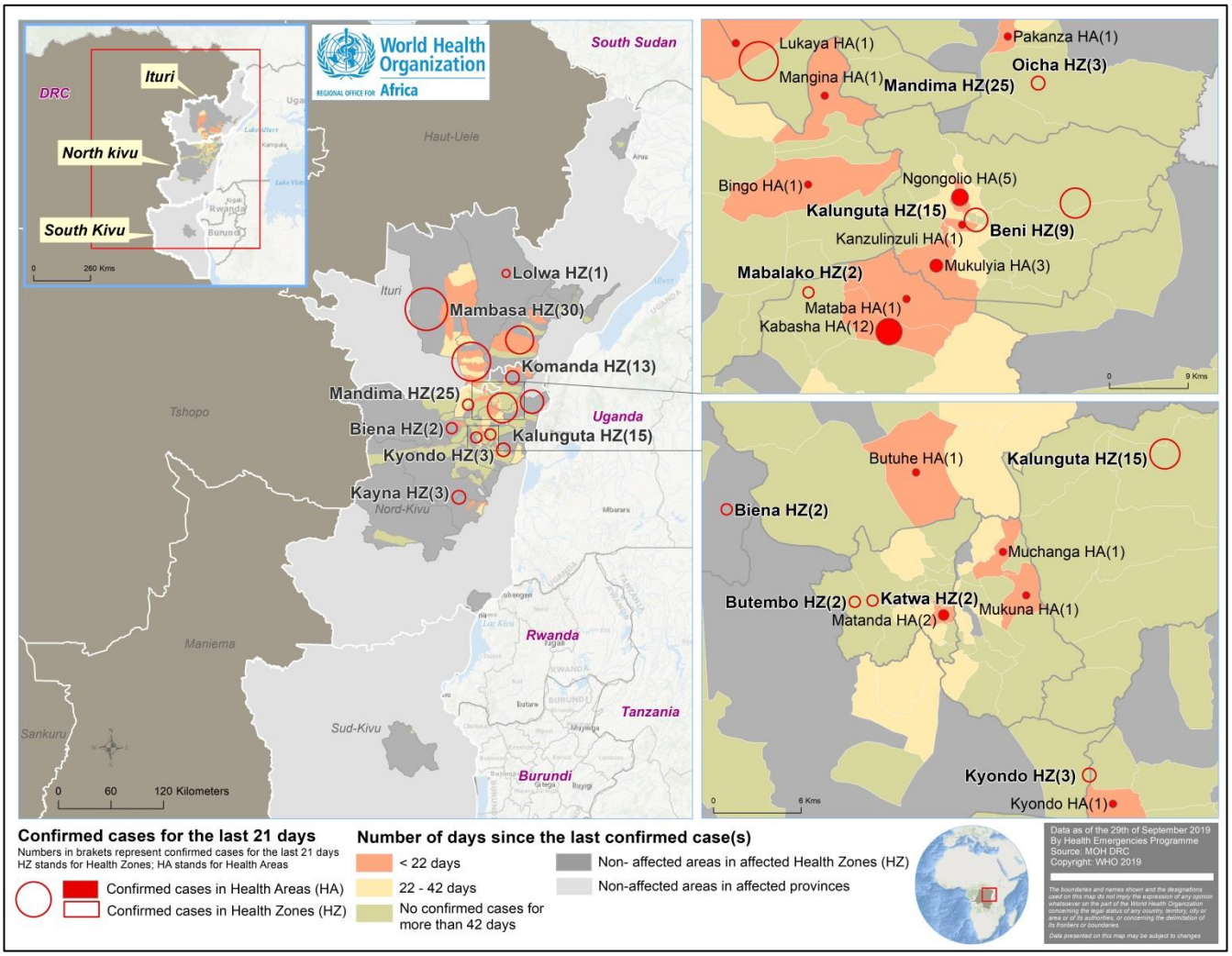
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 29 September 2019

			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	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	Confirmed cases in the last 21 days
South Kivu	Mwenga	0/18	6	0	6	3	3	0
North Kivu	Alimbongo	0/20	5	0	5	2	2	0
	Beni	3/18	675	9	684	438	447	9
	Biena	1/16	18	2	20	12	14	2
	Butembo	1/15	283	3	286	349	352	2
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	4/18	189	17	206	69	86	15
	Katwa	2/18	650	23	673	470	493	2
	Kayna	2/21	28	0	28	8	8	3
	Kyondo	2/22	25	4	29	15	19	3
	Lubero	0/19	31	2	33	4	6	0
	Mabalako	2/12	373	17	390	286	303	2
	Manguredjipa	0/10	18	0	18	12	12	0
	Masereka	0/16	50	6	56	17	23	0
	Musienene	0/20	84	1	85	33	34	0
	Mutwanga	0/19	32	0	32	12	12	0
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	3/26	58	0	58	25	25	3
	Pinga	0/18	1	0	1	0	0	0
	Vuhovi	0/12	103	14	117	37	51	0
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	56	9	66	42	52	13
	Lolwa	1/8	4	0	4	1	1	1
	Mambasa	4/17	71	0	73	23	25	30
	Mandima	6/15	297	4	301	148	152	25
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/13	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
Total		**34/471 (7%)**	**3077**	**114**	**3191**	**2019**	**2133**	**110**

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, 29 September 2019



**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 220 000 contacts have been registered to date, and 6507 are currently under surveillance as of 29 September 2019. On average, 90% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 2900 alerts were received per day over the past seven days, of which 2505 (93%) were investigated within 24 hours of reporting.
- There are ten laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Mambasa, Mangina, Goma, Komanda, Beni, Butembo, Katwa, Bunia, and Kinshasa. All the laboratories are using GeneXpert as the primary diagnostic tool.
- A laboratory with the capacity to sequence whole virus genome has been established in Katwa to support virus transmission chain analysis. Sequencing support is also available at the Kinshasa INRB laboratory.

Case management

- There are currently ten operational Ebola treatment centers and 22 Ebola transit centers located in the provinces of N Kivu, S Kivu and Ituri. Four other Transit Centers (CTs) are in development phase: Kalanguta HGR, Mukulya, Musinene, Kyondo and Mambasa.
- Current intra-CTE mortality remains around 35%.
- The The Pamoja Tulinde Maisha (PALM [together save lives]) randomized, controlled trial and Monitored Emergency Use of Unregistered and Investigational Interventions framework continue to enroll EVD confirmed patients, total patients thus far are 857 and 761, respectively as of 24 September 2019.

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

- IPC and WASH activities continue in health facilities and in Ebola-affected communities. Activities in health facilities currently includes, facility assessments, training and briefing health workers on basic and Ebola-specific IPC principles, decontamination when necessary, providing supplies, evaluating adherence to key IPC indicators (e.g. EVD screening, PPE availability, isolation, and referral), developing improvement action plans based on gaps identified and followed-up by supportive supervision and mentorship. Increasing engagement with IPC implementing partners working in both healthcare facilities and the community is being prioritized.

- Nearly 70 participants attended the training of trainers on the National IPC/WASH package in Goma (18-21 September, 2019). The training consisted of didactic, practical, and discussion sessions. It will be followed at the sub-commission level for IPC supervisors, implementing partners, and facility-based IPC focal persons. The National IPC/WASH package will help strengthen the quality of IPC/WASH interventions throughout the Ebola Response as well as address nosocomial infections, through standardization of expectations, tools, and best practices.

- From 1 January 2019 through 23 September 2019, 14% (362/2561) of EVD infections are thought to represent possible nosocomial infection (NI). Throughout this period, Katwa Health Zone (HZ) reported the highest number of possible NI (30%, 110/362). During this same period, 105 healthcare worker (HCW) infections were reported – 4% of total infections (106/2561). Overall, Katwa HZ has reported the majority of HCW infections (32%, 34/106).

Points of Entry (PoE)

During the week ending 29 September 2019, 2 540 056 screenings were performed, bringing the cumulative total to over 100 million screenings. This week, a total of 143 alerts were notified, of which 58 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 3035 with 1325 validated as suspect, and 28 subsequently confirmed with EVD following laboratory testing. An average of 111 PoEs and PoCs reported screenings daily this week, out of 117 functioning points (95%).
This week, another multi-sectorial visit took place to Kiwandja PoC as a follow-up to last week's visit. Efforts are ongoing to restructure and strengthen this PoC, which is located very strategically along the Butembo-Goma transportation route. Additionally, the Forner Kasinsi PoC was relocated to an area called Kambo, following reports of large numbers of travellers by-passing the PoC and using alternative roads. Operational constraints continue to be reported from various PoEs/PoCs, most of them related to insecurity, with 4 PoCs affected this week.
Risk awareness sessions on health measures at PoEs/PoCs targeting local communities surrounding PoEs/PoCs continue to be implemented by IOM and its partner this week, reaching 2 730 individuals (1 742 males and 988 females) in seven health zones: Butembo, Katwa, Lubero, Kayna,Mambasa, Komanda, and Tchomia.

South Sudan

- Active screening is ongoing in 15 active IOM-supported PoE sites. During the reporting period, 23 880 inbound travellers to South Sudan were screened for EVD exposure, signs and symptoms, with no suspected or alert cases. Insecurity, lack of communication network, and worsening road conditions due to the rainy season continue to present operational challenges to screening activities
  The IOM South Sudan EVD weekly report (week 37) is available at the following link: https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-38-16-22-september-2019.

Uganda

- The Ministry of Health and District health and task force team along with its partners (IOM, Uganda Red Cross, Medical teams international and UNICEF) conducted a monitoring visit to 47 PoEs in 9 border districts in the South Western region of Uganda: Ntoroko, Kasese, Kanungu, Rukunguri, Kisoro, Rubirizi, Bundibugyo, Hoima and Kikube. The purpose of was to monitor the effectiveness of border surveillance, identify challenges, as well as provide technical support to the border personnel conducting surveillance including screening at the points of entry.

- The Ministry of Health with the support of IOM successfully held a two-day Democratic Republic of Congo-Uganda cross border meeting on 25 and 26 September in Kampala. Participants of the meeting included representatives from the MOH of both countries, officials of the Office of the Prime Minister,

the Ugandan police, the People's Defense Force, local authorities of eight border districts in South Western Uganda, partners and donors. A total of 107 participants attended the meeting. The key recommendation that came out of this meeting was the need to establish joint working committees to strengthen the coordination of cross border activities including fast-tracking the signing of the MoU between Uganda and day Democratic Republic of Congo, harmonize standard operating procedures for both countries, strengthen information sharing, establish one-stop border points.

Safe and Dignified Burials (SDB)

- As of 30 September 2019, there have been a total of 13 882 SDB alerts notified through the Red Cross SDB database, of which 11 381 (82%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

- During the week ending 30 September 2019, there were 522 SDB alerts recorded in 29 health zones. Of these, 469 (90%) were responded to successfully. During this period, alerts were distributed as follows (all ZS accounting for 5% of more of SDB alerts):

ZS	Alerts
Bunia	13%
Beni	11%
Goma	9%
Katwa	8%
Rutshuru	8%
Komanda	7%
Mabalako	6%
Oicha	5%

- Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Rutshuru, Mabalako, Butembo, Vuhovi, Pinga, Manguredjipa, Alimbongo, Kyondo, Masereka, Biena, Buhumba, Katwa, Oicha, Rwampara, Bunia, Mandima, Kalunguta, Kayna, Goma, Lubero, Beni, Komanda, Karisimbi, Musienene, Mambasa, Nyiragongo, Mutwanga	Ariwara, Nyankunde

Implementation of ring vaccination protocol

- As of 28 September 2019, 230 055 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 55 801 are contacts and 154 689 contacts-of-contacts. The total number of vaccines includes 47 533 HCWs/FLWs.

- The Democratic Republic of the Congo health authorities have endorsed the use of a second investigational Ebola vaccine, manufactured by Johnson & Johnson. This vaccine, which is administered as a two-dose course, 56 days apart, will be circulated in at-risk populations in areas that do not have active EVD transmission. Regular vaccination activities in EVD-affected areas will continue. The Merck/MSD vaccine will continue to be provided to all people at high risk of Ebola infection including those who have been in contact with a person confirmed to have Ebola, all contacts of contacts, and others determined to be at high risk of contracting Ebola.

Risk communication, social mobilization and community engagement

During week 39:

- In Bukavu, South Kivu, there was an educational talk on EVD with the Inbanda and Kadutu Civil Protection Brigade of communes and a toll-free number for response was shared.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- Readiness teams consisting of 1-2 WHO consultants and 4-6 MoH EVD experts each, are deployed in North Kivu, South Kivu, Ituri and Tshopo Provinces. The readiness teams have partially rolled out a standard package of readiness activities in 6 non-affected health zones of North Kivu Province, and in 5 health zones in Tshopo Province (with focus on Kisangani) and in Bukavu (South Kivu Province).

- Readiness teams in Tshopo and South Kivu Provinces are focusing on the development alert management systems and laboratory capacity.

Operational readiness activities continue in priority 1 (Burundi, Rwanda, South Sudan, Uganda) and priority 2 (Angola, CAR, Congo, Tanzania, Zambia) countries neighbouring the Democratic Republic of the Congo. To assist the Democratic Republic of the Congo's nine neighbours with advancing critical preparedness measures, the United Nations has developed the Regional Ebola Preparedness: Overview of Needs and Requirements July - December 2019. The Regional Overview serves as a complement to the Integrated Strategy to Respond to Ebola Virus: Ituri and North Kivu Provinces for the Democratic Republic of the Congo, covering the same period. The overall requirement for EVD preparedness in the nine priority countries is US$ 66 million.

Priority 1 countries

Burundi

- There have been no confirmed cases of EVD reported from Burundi to date. There are ongoing preparedness activities in 21 high risk districts and 18 alerts have been investigated since August 2018. Nineteen Points of Entry are actively screening travellers and there are 11 Rapid Response Teams trained. Over 1400 healthcare and frontline workers have been vaccinated.

Rwanda

- Rwanda shares its full western border with the Democratic Republic of the Congo, and has identified 15 districts as high priority, hosting 185 health centres. The majority of the 148 000 registered refugees in Rwanda are from the Democratic Republic of the Congo. There have been 234 alerts investigated to date. Ebola response simulation exercises have been conducted. About 3000 health workers in high-risk areas have been vaccinated as a preventative measure, including more than 1100 in Gisenyi. There have been no confirmed cases of EVD reported from Rwanda to date.

The Republic of South Sudan

- Since the current EVD outbreak began in the Democratic Republic of the Congo, South Sudan has not reported any Ebola case. As of September 2019, 83 alerts have been reported and 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts. To date, 2974 frontline workers have been vaccinated and no serious adverse effects have been reported. A one-day full scale simulation exercise took place on 14 August 2019 in Juba, Nimule and Yei states. Since August 2018, over 2 million persons have been screened at 30 screening sites at border entry points.

Uganda

- Uganda continues focusing on preparedness activities in all districts, including the 24 high-risk districts, through active surveillance in all communities, health facilities and at formal and informal border crossings. Alert cases continue to be identified, isolated, treated and blood samples collected for testing by the Uganda Virus Research Institute (UVRI). Since August 2018, Uganda has reported and investigated over 6000 alerts with 50 Rapid Response Teams. A total of 7575 village health teams have been trained in EVD detection and infection prevention and control. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda. Four confirmed cases have been imported from Democratic Republic of the Congo since June 2019, with no transmission or secondary cases in Uganda. There are currently no confirmed cases of EVD in Uganda.

Priority 2 countries

Angola, Central African Republic, Congo, and Zambia do not have any reported case of EVD related to the Democratic Republic of the Congo outbreak to date. The current situation in Tanzania requires further investigation. 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 in priority 2 countries.

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 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.

- SONAR-global conducted an exercise "Mapping social sciences research for the Ebola response in Democratic Republic of the Congo and neighbouring countries." See link: http://sonar-global.eu/mapping-social-sciences-research-for-the-ebola-response-in-drc-and-neighboring-countries/

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. There is currently no licensed vaccine to protect people from the Ebola virus. Therefore, 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. Travellers 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

The lack of response activities for a full two weeks in Mandima Health Zone (Lwemba Aire de Santé) has resulted in a multitude of consequences, as it is likely that contacts are being lost to follow-up and new cases are not being reported. In Mambasa, delays in facilitating community involvement and providing engagement activities has resulted in community resistance and diminished response activities. WHO is working with partners to improve on our community engagement activities, striving to engage communities are early and thoroughly as possible, recognizing how lack of community trust can set back other interventions. Enabling interventions including security, political dialogue, and humanitarian interventions are key to ensure full compliance to Ebola interventions.

With fewer cases reported, resources can be diverted towards integrated quality interventions including case investigation, coordination between pillars, comprehensive contact listing, vaccination of people at risk, safe burial and active case search in affected communities. WHO will strengthen surveillance teams with experts dedicated to working on chains of transmission to ensure that no clusters of cases are missed in areas where the situation is improving. With enhanced community engagement and declining numbers of cases, this is the time to ensure that gains continue to ultimately bring the outbreak to a close.