1. Situation update

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

On 19 May 2017, three new EVD cases were reported, including one probable case in Ngayi and two suspected cases in a new health area called Ngabatala. The suspected cases are being investigated and will be classified accordingly. As of 19 May 2017, a total of 32 EVD cases [two confirmed, three probable and 27 suspected] have been reported. To date, four deaths have been reported, giving a case fatality rate of 13%. The reported cases are from five health areas, namely Nambwa (11 cases and two deaths), Muma (three cases and one death), Ngayi (14 cases and one death), Azande (two cases and no deaths), and Ngabatala (two cases and no deaths). Most of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The outbreak currently remains confined to Likati Health Zone. According to available information at this stage, no healthcare workers have been affected.

Out of the five blood samples analysed at the national reference laboratory, Institut National de Recherche Biomédicale (INRB) in Kinshasa, two were confirmed Zaire ebolavirus. At least 416 close contacts have been registered in Likati Health Zone and are being monitored.

This EVD outbreak in the Democratic Republic of Congo was notified to WHO by the Ministry of Health (MOH) on 11 May 2017. The cluster of cases and deaths of previously unidentified illness have 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 (Fig. 1). The affected areas are remote and hard to reach, with limited communication and transport networks. The current outbreak is the eighth EVD outbreak in the Democratic Republic of Congo since the disease was first discovered in 1976 in Yambuku (then Zaire).
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, ongoing laboratory investigations, reclassification, and case, contact and laboratory data consolidation.
Current risk assessment

- The risk is high at the national level due to the known impact of Ebola outbreaks, remoteness of the affected area, and limited access to health care including suboptimal surveillance.
- The risk at the regional level is moderate due to the proximity of international borders and the recent influx of refugees from Central African Republic.
- The risk is low at global level due to the remoteness and inaccessibility of the area to major international ports.

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information.

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 Ministry of Health and the other national authorities, an interagency rapid response team has been deployed in Likati Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The inter-Agency response team is coordinated by the MoH and supported by INRB, WHO, MSF, Unicef, ALIMA, WFP, UNHAS, etc.

Since the declaration of the outbreak, WHO (Country Office, Regional Office for Africa (AFRO), and HQ) are providing a direct technical and operational support to the country, and collaborating closely with partners in order to ensure rapid and effective response to this outbreak.

Coordination of the response

- The Government of the Democratic Republic of Congo has established a high level crisis management team, led by the Minister of Public Health, and working in close collaboration with technical partners, and stakeholders including WHO and UNICEF, Red Cross, MSF, and ALIMA to coordinate the response to the outbreak.
- Regular coordination meetings of the Health Emergency Management Committee are ongoing in Likati Health Zone, provincial and national levels. Seven sub-committees have been set up at the national level, including monitoring; case management; water, hygiene and sanitation (WASH) and biosafety; laboratory and research; psycho-social management; logistics; and communication.
- WHO Incident Management Team at 3-levels manages and coordinates the assessment, communications technical and operational response to the EVD outbreak situation, including working closely with regional and global partners on response strategies and additional capacity, including the partners in the Global Outbreak Alert and Response Network (GOARN), and UN Clusters.

Surveillance

- Classification of the reported cases into confirmed, probable and suspected and development of transmission chain is being finalized. Case investigation including the identification of potential exposures is being conducted.
Active case search is being carried out at the community and health facility levels in the affected areas.

**Laboratory**

- On 17 May 2017, the Institut National de Recherche Biomédicale (INRB), WHO AFRO and Headquarters conducted a teleconference to discuss the current laboratory capacity in the country, the approach for laboratory confirmation of the specimens and the urgent needs.
- Two mobile laboratories arrived in Likati on 17 May 2017. The mobile laboratory module has been deployed in Likati town at the Reference General Hospital.
- Thirty biological samples collect in Likati Health Zone will be processed by the Likati mobile Laboratory on Friday 19 and Saturday 20 May. In addition the mobile lab will be testing 13 samples collected recently from suspected VHF cases in Banalia.

**Contact identification and follow-up**

- At least 416 contacts have been identified and are being followed up on a daily basis.
- The identification and follow up of contacts is continuing in the affected areas. The structure for contact tracing is being strengthened.

**Case management**

- Médecins Sans Frontières (MSF) and the Alliance for International Medical Action (ALIMA), in collaboration with the national authorities, evaluated structural capacities to set up EVD isolation and treatment centres in the affected areas.
- Health education on preventive measures has been provided to the care givers and family members of suspected cases to limit exposure to the disease.

**Vaccination**

- The Ministry of Health, WHO and partners are continuing field epidemiological investigation and assessments to better understand the extent of the current outbreak and who are potentially at risk.
- WHO and MSF are working with the Government to consider the potential of vaccination campaign as part of the response, and on approval by the regulatory and ethical authorities in the Democratic Republic of Congo. An experimental Ebola vaccine proved highly protective in a major trial in Guinea. The vaccine, called rVSV-ZEBOV, was studied in a trial involving 11,841 people in 2015.

**Infection prevention and control**

- Evaluation of infection prevention and control (IPC) practices has been conducted in Likati health facility. The evaluation finding is being used to strengthen IPC practices in the facility.
- Volunteers for disinfection of households and safe burials have been identified and trained.

**Social mobilization, community engagement and risk communications**

- National social mobilization and community engagement experts are on the ground to sensitize and engage the communities.
- Risk communication messages are being aired through local radio channels. Awareness campaigns are also being organized in markets, churches and other public places.

**Logistics**

- On 18 May 2017, international logistics partners including USAID, UNICEF, ECHO, WFP/Lockistics Clus-
ters, and WHO held a teleconference to ensure collaboration. It was agreed that WHO will coordinate all logistics activities.

- The first shipment of logistics equipment is being transported to Likati and Nambwa to set up WHO working base and support setting up the Ebola treatment center that will be run by MSF.
- WFP is working on data communication system that will support epi-surveillance and contact tracing capacity.

### Resources mobilization

- The Government of the Democratic Republic of Congo has developed a comprehensive response plan to the EVD outbreak, amounting to US$ 14 million. The response plan and budget has been presented and discussed with partners.

### Emergency Communications

- On 18 May 2017, the Minister of Public Health of the Democratic Republic of Congo held a joint press conference with the UNICEF and WHO Heads of Agencies. The press conference provided an update on the current EVD outbreak situation and ongoing response efforts.
- On 18 May 2017, the Executive Director of the WHO Health Emergencies Programme, Dr Salama and the Regional Director of the WHO in the African Region, Dr Moeti held a virtual press conference (VPC) to provide journalists with the latest information on WHO’s response to the EVD outbreak. Numerous media outlets, including the New York Times, British Broadcasting Corporation, Reuters, and others, participated and reported on this. The VPC was streamed live on Facebook, reaching 250,000 people and shared 120 times. The broadcast was viewed by 14,000 people.
- On 18 May 2017, the WHO Assistant Director General, Dr Kieny was interviewed by the Science regarding Ebola vaccine. He emphasized the remoteness of the current outbreak and the complexities involved in the decisions to deploy the vaccine.

### Environmental investigations

- A consortium of Institutions from France, Belgium, United States, and Germany has offered to support the country in looking at the animal origin of the infection of the current outbreak. Environmental investigations are not yet carried out nor planned as authorities want to wait until we know more about the exact origin/index case.

### Partnership

- WHO and the Global Outbreak Alert and Response Network (GOARN) continue to mobilize partners to provide technical and logistical support to the country.
- GOARN and the Emerging Dangerous Pathogen Laboratory Network (EDPLN) will coordinate the deployment of additional mobile laboratory capacity in the country if requested.

### IHR travel measures

- As of 18 May 2017, seven countries have instituted entry screening at airports and ports of entry (Kenya, Nigeria, Rwanda, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe), and two countries have issued travel advisories to avoid unnecessary travel to the Democratic Republic of Congo (Rwanda) or to areas around the epicenter of the epidemic (United Kingdom). Two countries (Kenya and Rwanda) implemented information checking on arrival for passengers with travel history from and through the Democratic Republic of 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).
- Media rumors of border closure by South Sudan have been verified with the WHO Country Office and proven untrue.
- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.
The most critical needs include access to the affected areas to enable the timely deployment of required human and logistical resources, the need to establish appropriate isolation and treatment facilities and scaling up implementation of control interventions.

Proposed ways forward include:

- Establishing appropriate EVD isolation and treatment facilities.
- Scaling up implementation of response interventions in all the essential pillars.
- Continuing with the deployment of national and international experts to the affected areas.
- Mobilizing needed resources, including telecommunications and air transport logistics to ease communication and access to the affected areas.
## Annex 1: Ebola virus disease outbreak epidemiological data in Likati, Democratic Republic of the Congo
### Situation as of 18 May 2017

### Table: Reported cases and deaths

<table>
<thead>
<tr>
<th>Variable</th>
<th>Reported cases and deaths 18/5/2017</th>
<th>Cumulative cases and deaths 18/5/2017</th>
<th>Health area</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nambwa</td>
<td>Muma</td>
<td>Azande</td>
<td>Ngayi</td>
</tr>
<tr>
<td><strong>Cases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected</td>
<td>2</td>
<td>27</td>
<td>7</td>
<td>3</td>
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<tr>
<td>Probable</td>
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<td>3</td>
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<td>0</td>
</tr>
<tr>
<td>Confirmed</td>
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<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total cases reported</strong></td>
<td>3</td>
<td>32</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td><strong>Deaths</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths among suspected cases</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deaths among probable cases</td>
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<td>3</td>
<td>2</td>
<td>0</td>
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<td>Deaths among confirmed cases</td>
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<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total deaths reported</strong></td>
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<td>4</td>
<td>3</td>
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<tr>
<td><strong>Health workers</strong></td>
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</tr>
<tr>
<td>Confirmed cases among health workers</td>
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<td>0</td>
</tr>
<tr>
<td>Probable cases among health workers</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deaths among health workers</td>
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<td>0</td>
<td>0</td>
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<tr>
<td><strong>Admissions and discharges</strong></td>
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<tr>
<td>Admission in ETUs</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discharges in ETUs</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of cases currently in ETUs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total contacts registered</td>
<td>-</td>
<td>416</td>
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<td>0</td>
</tr>
<tr>
<td>Contacts who completed 21 days of follow up</td>
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<td>0</td>
</tr>
<tr>
<td>Contacts currently under follow up</td>
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<td>0</td>
</tr>
<tr>
<td>Contacts seen today</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contacts lost to follow up</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Laboratory</strong></td>
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<td></td>
</tr>
<tr>
<td>Samples collected today</td>
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<td>0</td>
</tr>
<tr>
<td>Samples currently being tested</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samples tested</td>
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<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cases with a positive PCR results</td>
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<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Date of confirmation of last case</td>
<td>11/05/2017</td>
<td></td>
<td></td>
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</tr>
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</table>
Annex 2: Timelines of key activities during the EVD outbreak in Likati, Democratic Republic of Congo

- **April 21, 2017**: Putative index case reported.
- **April 21, 2017**: High-level WHO and MOH meeting.
- **April 28, 2017**: Official declaration of the 8th Ebola outbreak by the MoH.
- **April 11, 2017**: Laboratory confirmation of EVD by NRB.
- **May 13, 2017**: WHO Regional Director’s mission to DRC.
- **May 15, 2017**: Press conference by RD and Executive Director.
- **May 17, 2017**: Joint MoH and WHO leadership mission to the affected areas.
- **April 5, 2017**: Initial field investigation by Likati Rapid response team.
- **April 9, 2017**: Collection of 5 samples from suspected cases.
- **April 12, 2017**: WHO press release on the declaration of the outbreak by the MoH.
- **May 14, 2017**: Deployment of WHO and MoH experts in the field.
- **May 16, 2017**: Shipment of samples to CEICRF, Franceville.