

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 53



World Health  
Organization

REGIONAL OFFICE FOR

Africa

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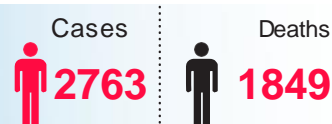
## External Situation Report 53



Date of issue: 6 August 2019

Data as reported by: 4 August 2019

### 1. Situation update



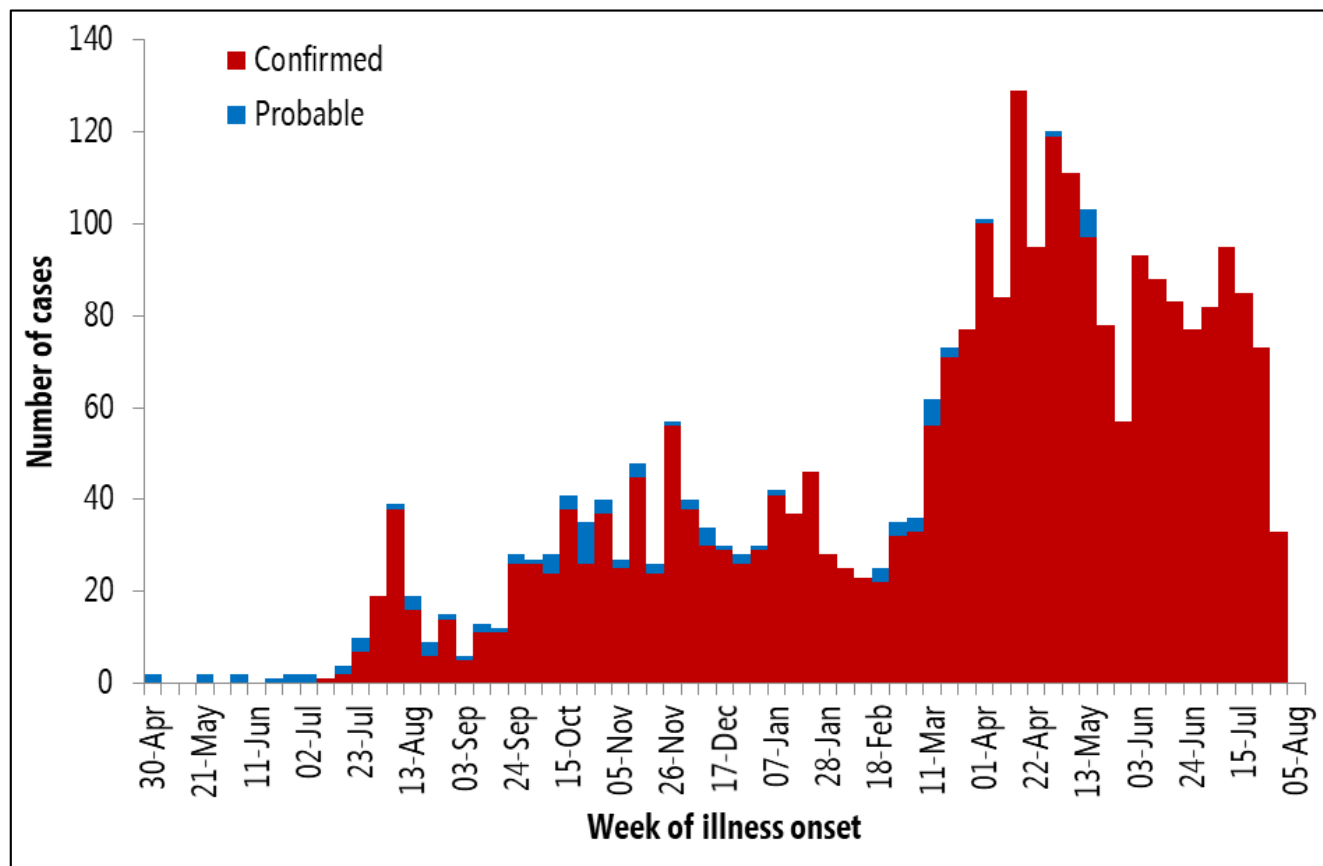
The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues at a similar transmission intensity to previous weeks. Since our last external situation report, with data reported up to 28 July 2019, 92 new confirmed EVD cases with an additional 59 deaths have been reported across the two affected provinces. There are currently no confirmed cases of EVD outside the Democratic Republic of the Congo.

Hotspots continue to be the source of cases in other areas through the movement of suspected and confirmed cases and their contacts. This was observed on 30 July 2019 when a confirmed case was reported in Nyiragongo Health Zone on the outskirts of Goma city. This case-patient was a miner in Ituri and travelled to Goma through several hotspot areas. **Two family members of the case-patient**, a child and his spouse, have tested positive and are receiving care in the Goma Ebola Treatment Centre (ETC). There is currently no indication of an epidemiological link between these cases and the first case identified in Goma on 14 July 2019. All **256 contacts** related to the confirmed case, who was reported on 14 July in Goma, finished their 21-day follow up period on 3 August 2019.

In the 21 days from 15 July through 4 August 2019, 68 health areas within 16 health zones reported new cases, representing 10% of the 664 health areas within North Kivu and Ituri provinces (Table 1, Figure 2). During this period, a total of 260 confirmed cases were reported, with the majority coming from the health zones of Beni (46%,  $n=120$ ) and Mandima (21%,  $n=54$ ). The number of cases reported from Somé Health Area in Mandima Health Zone continues to increase, with 74% ( $n=40$ ) of the total cases observed in this health zone in the last 21 days. The response in Somé Health Area was challenging for several weeks due to tension between local communities and Ebola response teams. The situation has recently improved following dialogues with community leaders to understand the community's perspective and to define common ground for collaboration.

As of 4 August 2019, a total of 2763 EVD cases were reported, including 2669 confirmed and 94 probable cases, of which 1849 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 57% (1562) were female, and 28% (787) were children aged less than 18 years. Cases continue to be reported among health workers, with the cumulative number infected rising to 149 (5% of all confirmed and probable cases). 1 August 2019 marked one year since the Government of the Democratic Republic of the Congo declared the Ebola outbreak. [UN partners reaffirmed](#) our collective commitment to the people of the Democratic Republic of the Congo, and called for solidarity to end the outbreak.

**Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset, as of 4 August 2019**



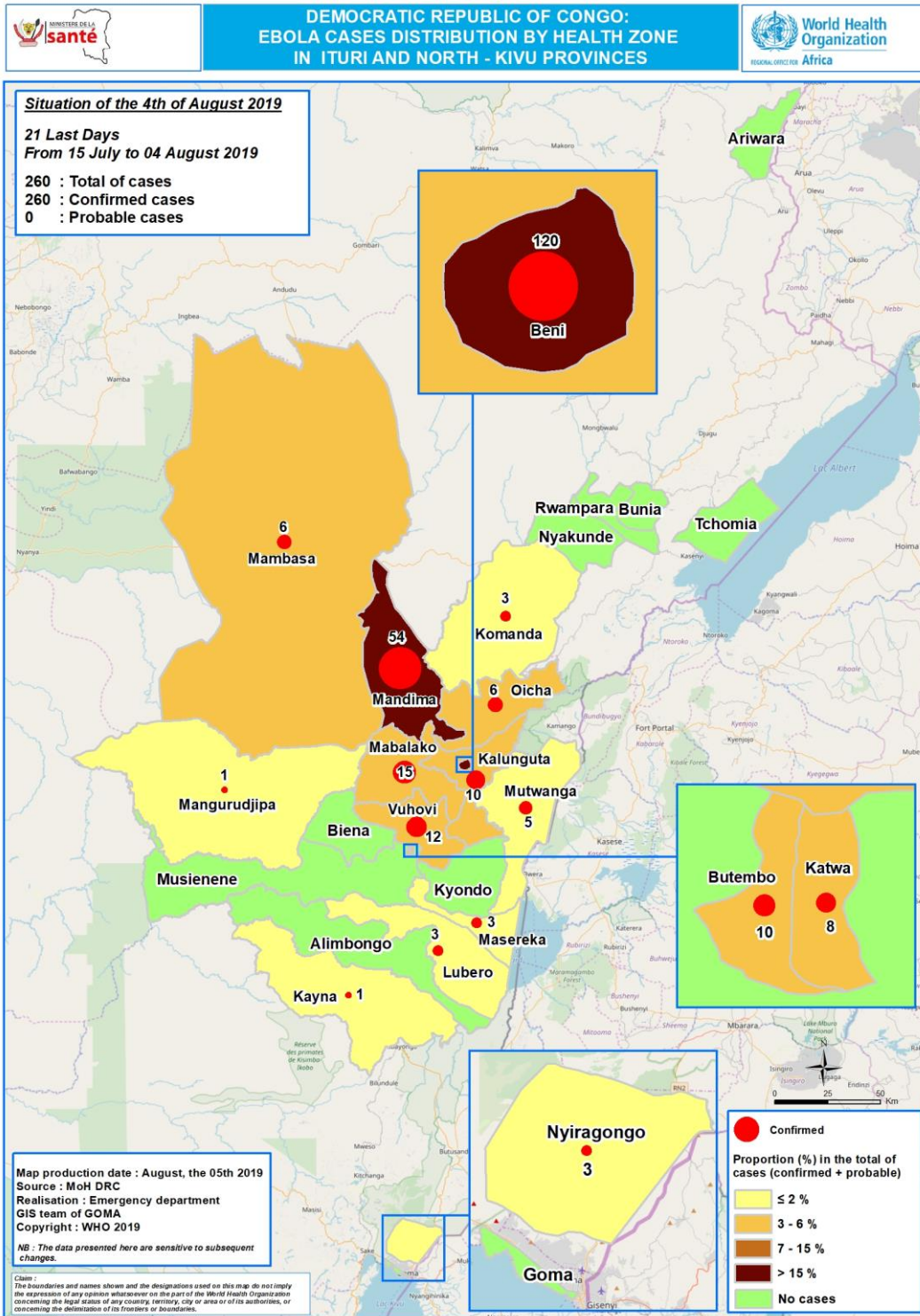
*\*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 4 August 2019**

Province	Health Zone	Health areas reporting at least one case in previous 21 days / Total number of Health Areas	Cumulative cases by classification			Cumulative deaths		Confirmed cases in the last 21 days
			Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths	
North Kivu	Alimbongo	0/20	5	0	5	2	2	0
	Beni	17/18	594	9	603	381	390	120
	Biena	0/14	16	1	17	12	13	0
	Butembo	6/15	264	0	265	304	305	10
	Goma	0/10	1	0	1	2	2	0
	Kalunguta	5/18	136	15	150	57	71	10
	Katwa	5/18	627	16	643	434	450	8
	Kayna	1/18	9	0	9	5	5	1
	Kyondo	0/22	20	2	22	13	15	0
	Lubero	4/18	31	2	33	4	6	3
	Mabalako	4/12	365	16	381	262	278	15
	Manguredjipa	1/9	18	0	18	12	12	1
	Masereka	2/16	49	6	55	16	22	3
	Musienene	0/20	73	1	74	29	30	0
	Mutwanga	4/19	16	0	16	8	8	5
	Nyiragongo	2/8	3	0	3	0	0	3
	Oicha	1/25	51	0	51	24	24	6
Vuhovi	3/12	101	13	114	35	48	12	
Ituri	Ariwara	0/21	1	0	1	1	1	0
	Bunia	0/20	4	0	4	4	4	0
	Komanda	3/15	36	9	45	17	26	3
	Mambasa	2/16	7	0	7	4	4	6
	Mandima	10/15	231	4	235	123	127	54
	Nyakunde	0/12	1	0	1	1	1	0
	Rwampara	0/11	8	0	8	3	3	0
	Tchomia	0/12	2	0	2	2	2	0
<b>Total</b>		<b>68/414 (16%)</b>	<b>2669</b>	<b>94</b>	<b>2763</b>	<b>1755</b>	<b>1849</b>	<b>260</b>

*Note: Attributions of cases notified in recent days to a health zone are subject to changes upon in-depth investigations*

**Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health zone, North Kivu and Ituri provinces, Democratic Republic of the Congo, 4 August 2019**



## 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 175 000 contacts have been registered to date and 5822 are currently under surveillance as of 4 August 2019. Follow-up rates in the last 7 days remained very high (81-85% overall) in health zones with continued operations.
- An average of 1506 alerts were received per day over the past seven days, of which 1411 (94%) were investigated within 24 hours of reporting.
- There are eight laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in 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 14 operational treatment and transit centres (TC).
- On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT is now enrolling and treating patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- The ETCs in Komanda and Bunia continue to enrol confirmed patients into the compassionate use, MEURI, protocol. All patients cared for in ETCs also receive optimized supportive care.
- The Mangina ETC/TC has expanded its bed capacity to 90, in order to manage the increased number of suspected and confirmed cases. The Bunia TC has been converted to an ETC. The decentralized approach to transit centres is expanding, with the opening of a decentralized transit centre in Vuhovi on 2 July by the MoH and ALIMA.
- The ETC in Goma has been fully operational since February 2019.

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

- IPC and WASH activities continue in health facilities and the community. Activities in health facilities currently focus on decontamination, briefing of healthcare workers (HCW) on basic IPC principles, evaluation of IPC practices, and provision of supplies. In communities, teams are supporting decontamination of households where confirmed cases have stayed and provision of supplies.

- ➔ From 1 August 2018 through 4 August 2019, 300 nosocomial infections (NI) were reported, representing 11% (300/2763) of all cases. During this period, Katwa Health Zone (HZ) reported the highest number (105/300), however since June 2019, Beni HZ has reported the majority of cases (32/92). Additionally, 149 healthcare worker (HCW) infections, or 5% (149/2763) all cases, occurred since August 2018. Katwa HZ reported the most cases with 44, however, Mabalako reported the highest number since June 2019 with 12 cases.

## Points of Entry (PoE)

- ➔ By the end of the week ending 4 August 2019, over 82 million screenings were performed, including 2 380 081 screenings during this last week. This week, a total of 121 alerts were notified, of which 52 were validated as suspect cases following investigation; one was returned positive for EVD after laboratory testing. This brings the cumulative number of alerts to 1940, with 937 validated as suspect cases, and 24 subsequently confirmed with EVD following laboratory testing. An average of 92 PoEs and PoCs reported screenings daily this week, out of 98 functioning points (94%). Only two PoCs in epidemic and high-risk zones did not report screening this week: one for 1 day and the other for 2 days.
- ➔ On 30 July 2019, an alert was raised by PoC Kangote in a 45-year old man travelling from Vuhovi to Butembo, presenting with signs and symptoms suggesting EVD. Following investigation, it was found that the man was an unvaccinated contact of a known EVD case on his 14th day of monitoring. He was subsequently referred to ETC Vuhovi, where he tested positive for Ebola. Also during this week, a high-risk contact of a positive EVD case from Butembo was intercepted at PoC Kiwandja.
- ➔ This week, the PoE Commission focused its supervision efforts on the Democratic Republic of the Congo-Rwanda border, following the notification of the three cases from Goma. Preparatory work is ongoing for the upcoming Democratic Republic of the Congo-Rwanda cross border meeting, which was held on 6 August 2019. The construction of isolation rooms at the PoE Petite Barrière and at Goma International Airport were completed. The water supply at PoCs in the perimeters of Goma was also improved, with the provision of larger tanks. Additionally, from 29 to 31 July, 146 PoE/PoC personnel (79 men and 67 women) from Beni, Lubero and Mambasa were trained on traveller screening and other activities implemented at PoEs and PoCs.

## Burundi

- ➔ IOM hosted an inaugural cross-border coordination meeting with technical teams from WHO, OCHA, UNICEF and WFP on 2 August to outline a plan for cross-border coordination activities with the Democratic Republic of the Congo.
- ➔ Essential equipment procured for six (6) POEs (Gatumba, Vugizo, Ruhwa, Mparambo, Kagwema and Rumonge) are now at CAMEBU awaiting the official handover to be presided by the Vice President. On 2 August 2019, IOM together with local authorities completed an assessment of solar panel needs at the Gatumba PoE.
- ➔ Basic screening is being conducted daily for all Congolese refugees coming into the IOM Burundi Migration Health Assessment Centre as part of the resettlement programme, including an EVD questionnaire regarding travel history to Democratic Republic of the Congo, temperature checks and hand hygiene. Approximately 40-50 patients a day were screened for the week of 29 July 2019.

## South Sudan

- ➔ IOM screened 26 056 inbound travellers to South Sudan for EVD exposure and symptoms with no alert cases at 15 PoE sites in Yei River State; 70 travellers with fever underwent secondary screening and those that persisted were subsequently referred to nearby health facilities and treated for malaria and

respiratory tract infections. The active IOM-supported PoE sites are as follows: Yei airstrip, Yei SSRRC, Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along the Busia, Uganda border) and Isebi in Morobo County, Pure, Kerwa, Khorijo, Birigo in Lainya County, and Bori.

Kaya PoE continued to register the highest number of travellers, with screening operations extended. Okaba recorded an increase in travellers screened this week, which was attributed to the market days at Morobo. Lasu PoE's number of travellers screened dropped considerably this week as the team on the ground reported insecurity incidents in that area. All other PoEs had insignificant variations compared to the previous week. Remote monitoring was conducted for Lasu and Tokori due to access issues. The poor mobile network makes communication from Yei Town to Lasu and Tokori more challenging. Access challenges remain in some areas in Lujulu.

- ➔ The latest sitrep for IOM South Sudan (8-15 July) can be accessed from: <https://southsudan.iom.int/media-and-reports/other-reports/ebola-virus-disease-preparedness-update-30-22-28-july-2019> .

## Safe and Dignified Burials (SDB)

- ➔ As of 5 August 2019, there have been a total of 9915 SDB alerts notified through the Red Cross SDB database, of which 7905 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- ➔ During the week ending in 4 August, there were 402 SDB alerts recorded in 22 health zones. Of these, 318 (79%) were responded to successfully. During this period, Beni Health Zone accounted for 21% of alerts, followed by 9% in Bunia, 7% each in Butembo, Oicha and Mutwanga, and 5% in each of Goma, Kalunguta, Katwa, Kayna and Mabalako.
- ➔ Health zones falling above and below the 70% success benchmark:

≥ 70% success	< 70% success
Butembo, Katwa, Kyondo, Manguredjipa, Oicha, Rwampara, Vuhovi, Mandima, Bunia, Musienene, Beni, Masereka, Kalunguta, Kayna, Mabalako, Nyiragongo	Lubero, Biena, Mutwanga, Goma, Karisimbi

## Implementation of ring vaccination protocol

- ➔ As of 5 August 2019, 186 350 people at risk have consented to and received the rVSV-ZEBOV-GP Ebola vaccine. Of those, 48 500 are contacts and 130 822 contacts-of-contacts. The total number of vaccinees includes 38 658 HCWs/FLWs and 60 002 children 1-17 years of age.

## Risk communication, social mobilization and community engagement

- ➔ In Mandima, leaders of the local committee of the Mayuwano-Somé axis benefited from capacity building to continue community dialogue initiated by the local provincial deputies.
- ➔ In Mabalako, the Mangina communication sub-commission continued preparations for communication and prevention actions with the organizers of the Yira cultural conference, scheduled to take place from 10-17 August 2019.



- ➔ In Goma, as part of the launch of the Chunguza Jirani community-based monitoring campaign, a dialogue was held with local NGO leaders in order to strengthen community surveillance as well as raise alerts for any high-risk contacts who are currently not seen.

## Preparedness and Operational Readiness

Operational readiness in North Kivu and Ituri Provinces in the Democratic Republic of the Congo:

- ➔ Currently a risk analysis of the non-affected provinces bordering north Kivu is being undertaken and resources will be assigned according to those risks.
- ➔ The preparedness coordination centre in Goma reports preparedness activities directly to the response team. Goma provides a base for preparedness training in North Kivu and will eventually develop into a centre of excellence on EVD outbreak management.
- ➔ Six teams consisting of one WHO consultant and four MoH EVD experts each, are deployed in North Kivu and Ituri. The readiness teams have rolled out a standard package of readiness activities in the 50 non-affected health zones of North Kivu (18) and Ituri (32) provinces. Currently the readiness teams are working with local governments in training frontline health workers in IPC.
- ➔ Key Performance Indicators (KPIs) were recently assessed in 13/18 non-affected health zones in North Kivu. The three health zones closest to Goma scored approximately 70% on preparedness, while the next 10 health zones north and west of Goma scored 10-15% each.
- ➔ Readiness teams in North Kivu have identified 5/18 non-affected health zones (Binza, Katoyi, Kibua, Itebero and Bambo) to be covered by mobile teams where security issues prevent a continuous presence.

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:

### Priority 1 countries

- **Burundi**

Burundi is engaging in biweekly technical support meetings with the WCO and MoH to support the approval processes and cold chain logistics to accelerate vaccination of frontline workers in Burundi. Vulnerabilities among the population result from continued political instability, a weak health system, food insecurity and a high burden of infectious disease. For example, the number of malaria cases recorded since the start of 2019 is equivalent in number to 25% of the population. There have been no confirmed cases of EVD reported from Burundi to date.

- **Rwanda**

Rwanda shares its full western border with the Democratic Republic of the Congo, and it 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. An Ebola Treatment Centre has been set up in Rwanda and 23 isolation units are being prepared in hospitals in 15 priority districts. Ebola response simulation exercises have been conducted in Kanombe Military Hospital, Gihundwe District Hospital, Kamembe International Airport, and Rugerero Ebola Treatment Centre to test Rwanda's preparedness in response to a case, which will include Emergency Operations Centre activation, active surveillance, case management and laboratory testing. 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**

To date 2554 frontline workers have been vaccinated and no serious adverse effects have been reported. NTF published a second National EVD Preparedness Plan, April-September 2019 aimed at optimizing EVD preparedness and response by identifying prioritized activities.

Since August 2018, 25 screening sites at border entry points have been established; four isolation units have been established with dedicated ambulances; 900 frontline healthcare workers and community volunteers have been trained on signs, symptoms and protective measures, including infection prevention and control; 28 Rapid Response Teams (RRTs) have been trained and equipped to respond to alerts; and personal protective equipment (PPE) has been pre-positioned in high-risk locations including screening and surveillance points. In response to the EVD outbreak declared by the MoH in Uganda on 11 June 2019 Uganda, WHO South Sudan supported the Ministry of Health and partners to review the situation, re-assess the country risk, brainstorm on how to accelerate ongoing preparedness efforts and ensure full readiness for any potential outbreak in South Sudan. There have been no confirmed cases of EVD reported from South Sudan to date.

- **Uganda**

Uganda continues focusing on preparedness activities in all districts, including the 30 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. A total of 4915 health workers in 150 health facilities were vaccinated as a preventative measure in Uganda, followed by a second round of vaccination that commenced on 15 June 2019 for contacts of the two confirmed cases in Kasese district. Challenges in funding continue. There are currently no confirmed cases of EVD in Uganda.

### **Priority 2 Countries**

Angola, Central Africa Republic, Congo, Tanzania and Zambia do not have any confirmed case of EVD related to the Democratic Republic of the Congo outbreak to date. 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 preventative vaccination approvals in priority 2 countries. Vulnerabilities in these countries include over 2.3 million people facing food insecurity due to drought in the next 4-5 months in Angola; CAR remains politically volatile; and Tanzania and Zambia experience high mobility across borders and currently host over 325 000 and 78 000 refugees respectively.

## 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. See [‘Who is doing what, where’](#) for week 25 (17 to 23 June).
- ➔ 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](mailto: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](#).

### 3. Conclusion

The report of new confirmed cases, including evidence of local transmission in Goma, capital of North Kivu with a population of two million inhabitants highlights the potential of spread within Democratic Republic of the Congo and to neighbouring countries. Bolstered by months of preparedness, a sizable response, including exhaustive contact tracing and ring vaccination, was rapidly implemented upon detection of these cases with the aim of preventing tertiary spread or sustained local transmission in Goma city. The overall risk of the spread of EVD at national and regional levels remains very high. The risk at the global level remains low. The risk continues to be reviewed according to the evolution of the outbreak. Substantial rates of transmission continue within outbreak affected areas of North Kivu and Ituri provinces with Beni and Mandima health zones being the main hotspots. Challenges in accessing some communities due to insecurity and pockets of community resistance continue to facilitate the further transmission of the disease. One year on since the declaration of this outbreak, response strategies continue to be adapted to the evolving circumstances. Neighbouring countries remain at-risk and, as such operational readiness and preparedness activities need to be sustained to ensure early detection and control of any future case.