EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 60

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3168 Deaths 2118

In the past week, from 16 to 22 September, 39 new confirmed Ebola virus disease (EVD) cases, with an additional 22 deaths, have been reported from nine health zones in three affected provinces in the Democratic Republic of the Congo.

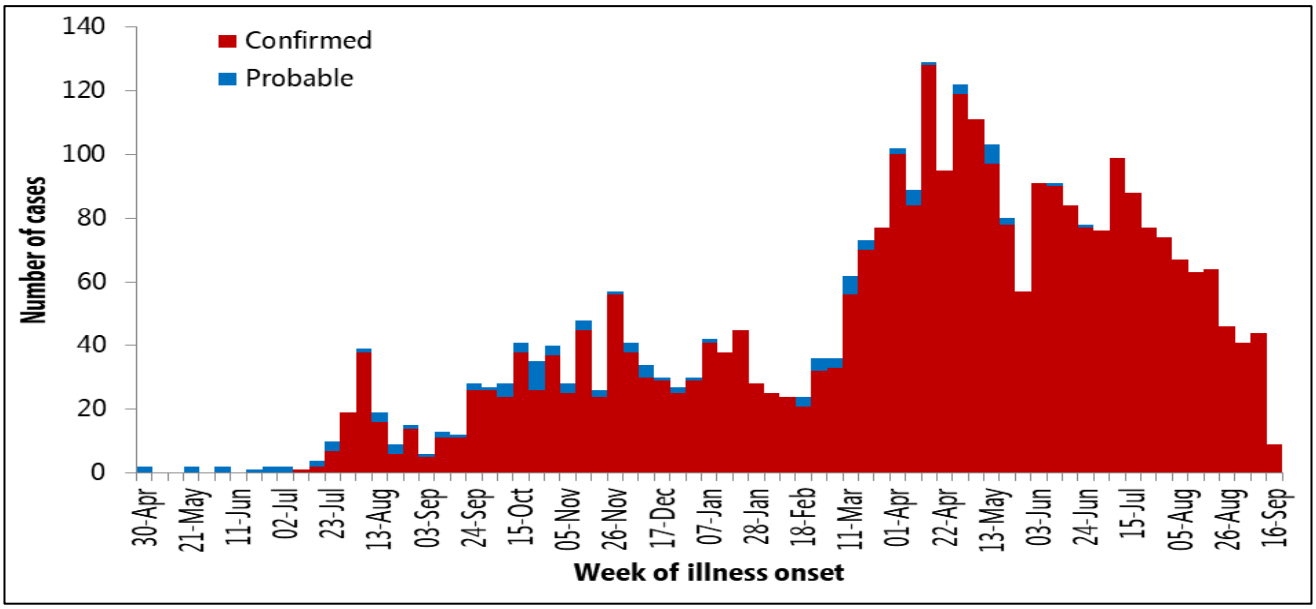
Pockets of insecurity in the affected areas, along with localised security incidents, continue to hinder response activities, including safe and dignified burials (SDB), vaccination, contact tracing and case reporting. For instance, a recent major security incident in Lwemba, within Mandima health zone is still preventing response activities in this area. Overall, these incidents underscore the need for continued and proactive engagement and sensitizing of local communities, especially in the high risk areas that may not currently be affected. In the 21 days from 2 to 22 September 2019, 45 health areas in 13 health zones reported new cases (Table 1, Figure 2). During this period, a total of 129 confirmed cases were reported, with the majority coming from the health zones of Mambasa (25%, *n*=32 cases), Mandima (19%, *n*=25 cases), Kalunguta (17%, *n*=22 cases) and Beni (11%, *n*=14 cases).

As of 22 September 2019, a total of 3168 EVD cases were reported, including 3057 confirmed and 111 probable cases, of which 2118 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age data, 56% (1772) were female, 28% (900) were children aged less than 18 years, and 5% (160) were healthcare workers.

The Democratic Republic of the Congo health authorities have endorsed the use of a second investigational Ebola vaccine with at-risk populations in areas that do not have active EVD transmission. Regular vaccination activities in EVD-affected areas will continue. See the full update here (https://www.who.int/news-room/detail/23-09-2019-second-ebola-vaccine-to-complement-ring-vaccination-given-green-light-in-drc)

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 24 September 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 22 September 2019



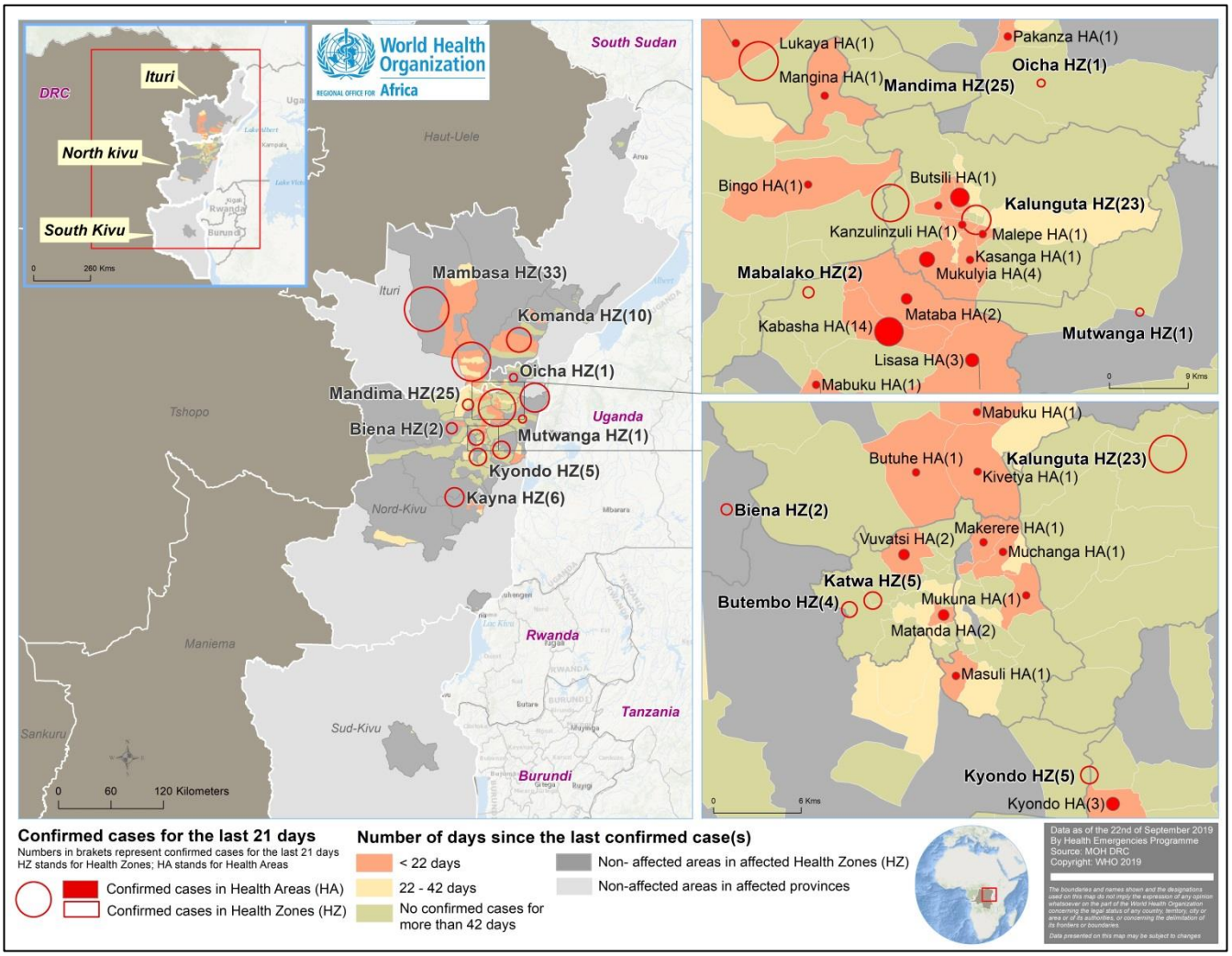
**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 22 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	6/18	675	9	684	436	445	14
	Biena	1/16	18	2	20	12	14	2
	Butembo	2/15	282	3	285	349	352	4
	Goma	0/10	1	0	1	1	1	0
	Kalunguta	6/18	187	17	204	69	86	22
	Katwa	5/18	650	23	673	468	491	5
	Kayna	3/21	28	0	28	8	8	6
	Kyondo	2/22	25	4	29	15	19	5
	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	1/19	32	0	32	12	12	1
	Nyiragongo	0/10	3	0	3	1	1	0
	Oicha	1/26	56	0	56	25	25	1
	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	53	9	62	39	48	10
	Lolwa	0/8	3	0	3	1	1	0
	Mambasa	5/17	66	0	66	20	20	32
	Mandima	8/15	291	4	295	146	150	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		**45/471 (10%)**	**3057**	**111**	**3168**	**2007**	**2118**	**129**

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, 22 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 218 000 contacts have been registered to date, and 10 765 are currently under surveillance as of 22 September 2019. On average, 90% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 2393 alerts were received per day over the past seven days, of which 2284 (95%) 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 centres and 22 Ebola transit centres. Four other Transit Centres (CTs) are in development phase: Kalanguta HGR, Mukulya, Musinene, and Kyondo.

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 include, 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 22 September 2019, 2 546 148 screenings were performed, bringing the cumulative total to over 98 million screenings. This week, a total of 127 alerts were notified, of which 39 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 2 892 with 1 267 validated as suspect, and 26 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%).
- On 19 September, the General Coordination, along with WHO, IOM, the US CDC and ECHO jointly visited the Rwindi and Kiwandja PoC to assess control measures along the Butembo-Goma movement axis. Concrete recommendations were developed to strengthen traveller screening at these two PoCs, and actions have been immediately taken.
- Risk awareness sessions on health measures at PoEs/PoCs targeting local communities surrounding PoEs/PoCs were implemented by IOM and its partner this week, reaching 120 community leaders, as well as 360 students and teachers in five health zones: Mangina, Mambasa, Komanda, Ariwara and Rutshuru.

South Sudan

- Active screening is ongoing in 15 active IOM-supported PoE sites. During the reporting period, 23 882 inbound travellers to South Sudan were screened for EVD exposure, signs and symptoms, with no suspected or alert cases.
- 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-37-09-15-september-2019

Rwanda

- IOM continues to support preparedness activities in Rwanda; this week, the focus of the work was risk communication and distribution of PPE kits to UNHCR-managed refugee Transit Centres.

Safe and Dignified Burials (SDB)

- As of 23 September 2019, there have been a total of 13 296 SDB alerts notified through the Red Cross SDB database, of which 10 814 (81%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.
- During the week ending 23 September 2019, there were 479 SDB alerts recorded in 26 health zones. Of these, 419 (87%) 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	14%
Beni	12%
Katwa	10%
Goma	7%
Rutshuru	7%
Oicha	7%
Mabalako	5%
Mandima	5%

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

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

Implementation of ring vaccination protocol

- As of 23 September 2019, 225 719 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 38:

- In Goma approaches were discussed with Uganda's communication team on the community re-integration of a contact in Uganda after 21 days of follow-up; the National Minister of Health endorsed the first PAO of Strategic Response Plan 4 for the overall coordination of the EVD response; the representative of the UN Secretary-General for the EVD response visited teams in Komanda Health Zones' sub-coordination response, as well as the Makayanga ETC.

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 recent fluctuations in weekly case numbers must be interpreted with caution, as the case reporting is dependent upon the level of security in the response areas. A single incident has the potential to dramatically impact response activities and change the course of the outbreak. After a week with no response operations in Lwemba Health Area, within Mandima Health Zone, a surge in the number of reported cases could be expected in the coming weeks as response activities resume. However, in areas where robust public health measures have succeeded, no new confirmed cases have been reported, showing that these approaches need to continue. Local and national authorities need to continue their input, along with partners and donors, to ensure that gains continue and ultimately bring the outbreak to a close.