EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 81

World Health Organization
REGIONAL OFFICE FOR Africa

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1. Situation update

Cases 3444 Deaths 2264

This week, the incidence of new confirmed Ebola virus disease (EVD) cases remained low (Figure 1). From 17 to 23 February 2020, one new confirmed case was reported in the Democratic Republic of the Congo. The case was reported in Beni Health Zone, North Kivu Province on 17 February 2020. The person is a contact of a confirmed case, was under surveillance at the time of illness onset, and is now receiving care at an Ebola Treatment Centre.

In the past 21 days (3 to 23 February 2020), the outbreak has been confined to a relatively small geographic area. During this period, five new confirmed cases were reported from two health areas in North Kivu Province; both areas are within Beni Health Zone (Figure 2, Table 1). It has been more than 21 days since new cases were confirmed from Mabalako Health Zone, and over 42 days since new cases were detected in Musienene Health Zone.

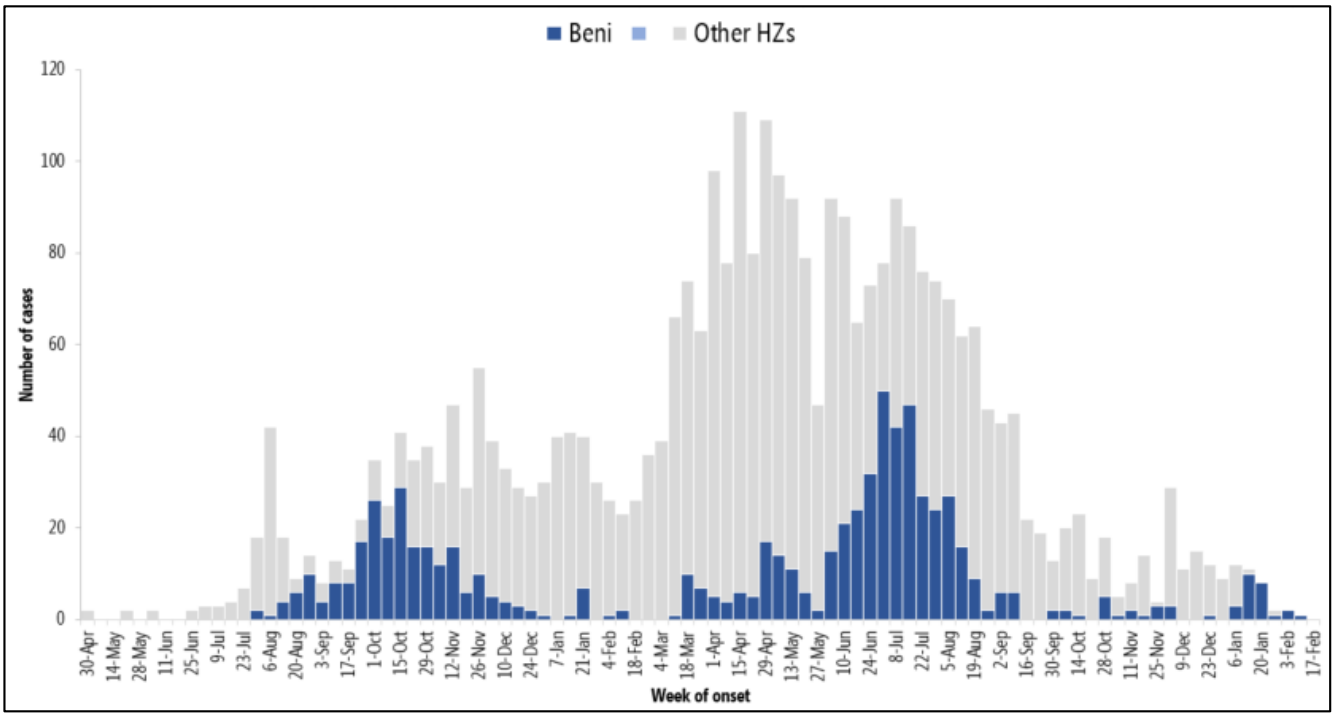
While we are cautiously optimistic about the overall trend and reduced geographic spread of the outbreak, the risk of resurgence within the Democratic Republic of the Congo and neighbouring countries remains high, and the continued containment of the outbreak is contingent on maintaining access and security in affected communities. Given recent delays in isolating some cases, we may see additional cases in the coming weeks. Moreover, Ebola virus may persist in some survivors' body fluids, and in a limited number of instances, transmissions from exposure to body fluids of survivors have been documented during this outbreak. To mitigate such risks, it is critical to maintain response capacities to rapidly detect and respond to reintroduction events, and to prioritize survivor monitoring and the maintenance of cooperative relationships with the survivors' associations.

WHO is requesting funding in order to maintain current levels of operations and prevent re-emergence of the outbreak. WHO's financial need for the Ebola Response from January to June 2020 is US $83 million under the Strategic Response Plan (SRP 4.1). Thanks to the generosity of many donors during 2019, WHO has some carry-over funding, which has been applied to maintain operations through February 2020. USD $40 million is currently needed to ensure continuity of response and preparedness activities to bring the case incidence to zero, and continue building strong, resilient health systems.

As of 23 February 2020, a total of 3444 EVD cases, including 3310 confirmed and 134 probable cases have been reported, of which 2264 cases died (overall case fatality ratio 66%). On 21 February, 11 individuals were newly validated as probable cases. The dates of illness onset for these probable cases

ranged from November 2018 to August 2019, and were reported from eight health zones (two health zones in Ituri Province and six health zones in North Kivu Province). Since August 2018, a total of 134 probable cases have been validated. Of the total confirmed and probable cases, 56% (1926) were female, 28% (974) were children aged less than 18 years, and 5% (172) were healthcare workers.

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 23 February 2020



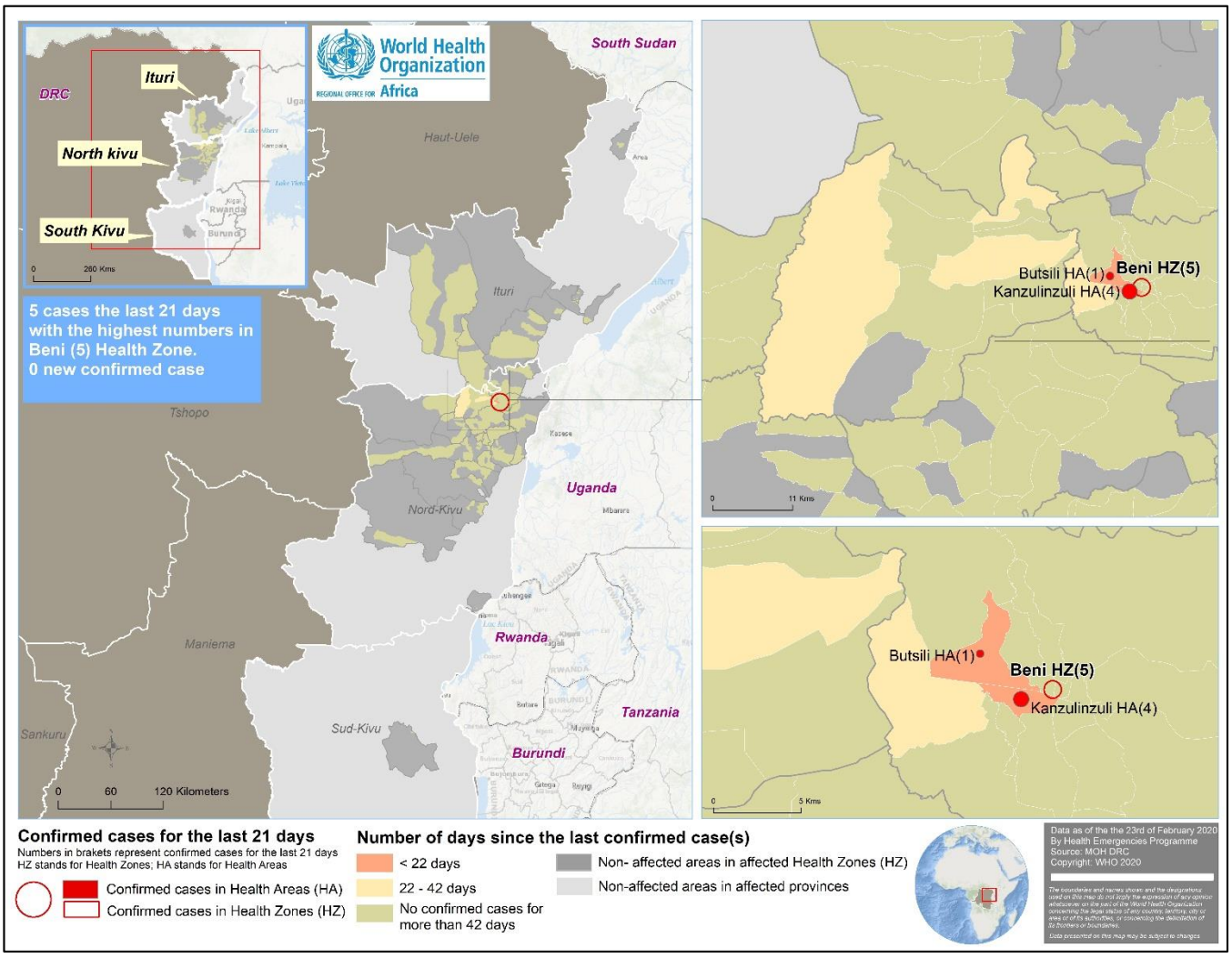
**3444 confirmed and probable cases, reported as of 23 February 2020. Excludes n=155 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Non-active health zones indicate health zone that have not reported cases in the last 21 days.*

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 23 February 2020

				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 in the last 21 days	Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
South Kivu	Mwenga	0/18	0	6	0	6	3	3
North Kivu	Alimbongo	0/20	0	5	1	6	2	3
	Beni	2/18	5	721	9	730	465	474
	Biena	0/16	0	19	2	21	12	14
	Butembo	0/15	0	295	7	302	353	360
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	198	20	218	71	91
	Katwa	0/18	0	653	24	677	471	495
	Kayna	0/21	0	28	1	29	8	9
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	0/12	0	463	18	481	334	352
	Manguredjipa	0/10	0	18	1	19	12	13
	Masereka	0/16	0	50	6	56	17	23
	Musienene	0/20	0	85	1	86	33	34
	Mutwanga	0/19	0	32	0	32	12	12
	Nyiragongo	0/10	0	3	0	3	1	1
	Oicha	0/26	0	65	0	65	30	30
	Pinga	0/18	0	1	0	1	0	0
	Vuhovi	0/12	0	103	14	117	37	51
Ituri	Ariwara	0/21	0	1	0	1	1	1
	Bunia	0/20	0	4	0	4	4	4
	Komanda	0/15	0	56	10	66	44	54
	Lolwa	0/8	0	6	0	6	1	1
	Mambasa	0/17	0	82	4	86	27	31
	Mandima	0/15	0	347	10	357	166	176
	Nyakunde	0/12	0	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		2/471	5	3310	134	3444	2130	2264

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, 23 February 2020



**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 249 000 contacts have been registered to date and 506 were under surveillance as of 23 February 2020. On average, 96% of contacts were followed daily in the last seven days in health zones with continued operations.

- An average of 5243 alerts were reported per day over the past seven days, of which 5170 (99%) were investigated within 24 hours of reporting.

Vaccines

- As of 23 February 2020, 297 397 people were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.

- Vaccination with the Ad26.ZEBOV/MVA-BN-Filo vaccine continued in two health areas near Goma, with 16 140 people vaccinated since its introduction on 14 November 2019, as of 21 February 2020.

Case management

- As of 22 February 2020, there are nine Ebola treatment centres (ETCs) reporting bed occupancy and 14 Ebola transit centres reporting bed occupancy in the provinces of North Kivu, South Kivu and Ituri.

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

- In the past seven days, no new cases of nosocomial or health care worker infections were reported.

- IPC strategies at the Kanzulinzuli Transit center were improved, particularly regarding patient circulation and management.

- A total of 40 health care workers were briefed on IPC and 44 priority health care facilities in the hotspot areas were followed intensively to interrupt any possible transmission and report any potential cases. The list of high risk contacts was shared with the health care facilities.

- A total of 351 health facilities were assessed with the IPC scorecard: the mean score was 68% in 15 health zones. Sterilization and isolation capacity remain the lowest scoring indicators.

- The security situation in Mabalako improved, which enabled EVD response activities in many health areas.

- Water, sanitation and hygiene (WASH) activities continue in affected areas. As of 22 February, a total of 22 MONUSCO (United Nations Organization Stabilization Mission in the Democratic Republic of the Congo) healthcare providers were trained in appropriate WASH measure in Mavivi, Beni Health Zone, and 186 health facilities were monitored and supported in Beni, Oicha, Katwa, Musienene and Mabalako Health Zones. In addition, 667 handwashing points in these areas were evaluated

Points of Entry (PoE)

- From 17 to 23 February 2020, 2 845 457 screenings were performed, bringing the cumulative number of screenings to over 155 million since the beginning of the outbreak. There were 321 alerts notified this week, of which 113 (35%) were validated as suspect cases following investigation; none were subsequently confirmed with EVD following laboratory testing. The cumulative number of EVD positive cases identified at PoEs and Points of Control (PoCs) remains at 30. The average number of PoEs and PoCs reporting daily screening was 104 out of 109 points this week.

- Two high risk contacts in transit were intercepted at PoCs this week. The first contact was screened at PoC Cugeki near Butembo on 18 February; the individual was asymptomatic and referred to the Katwa Health Zone surveillance team for follow-up. The second contact was screened at PoC Pont Loya in Komanda on 23 February; the individual was asymptomatic and referred to the Komanda surveillance team for follow-up.

- Following security improvements, PoCs Makeke and Bella resumed screening activities on 18 February after eight days of interruption of operations at this location.

- This week, a total of 130 PoE/PoC surveillance staff participated in refresher trainings on screening procedures and data management in Beni Health Zone.

- This week, a DRC-Burundi cross-border workshop was held in Goma to develop standard operating procedures for cross-border epidemiological surveillance.

Safe and Dignified Burials (SDB)

- As of 23 February 2020, there have been a total of 25 772 SDB alerts notified through the Red Cross SDB database, of which 22 430 (87%) have been successfully responded to by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

- During the week ending 23 February 2020, there were 434 SDB alerts recorded in 27 health zones. Of these, 392 (90%) were responded to successfully.

- During this period all reporting health zones surpassed the 70% success benchmark, except Mandima (8/18, 44%), Nyakunde (4/7, 57%) and Nyiragongo (3/6, 50%) Health Zones.

Risk communication, social mobilization and community engagement

- Educational discussions, mass awareness-raising, and community dialogues are ongoing. In addition, interpersonal interactions continue to be carried out with community members, patients, visitors from high-risk areas and other groups on a range of topics including visitor management, the importance of vaccination against EVD, the importance of consulting health facilities and ETC/TCs early, and prevention measures against EVD.

- Support is provided to teams in all response intervention areas and activities are jointly planned to ensure respect and engagement of affected families and communities.

Preparedness and Operational Readiness

Operational readiness in the Democratic Republic of the Congo:

- Readiness actions are being implemented in 42 non-affected health zones in North Kivu, South Kivu and Ituri Provinces and in the non-affected Provinces of Tshopo and Maniema.

- An immersion training programme was implemented for the national preparedness workforce to gain hands-on skills in the affected areas, and a simulation exercise was conducted in Kinshasa.

Priority 1 countries

- There have been over 2 400 alerts investigated from 40 countries and EVD was systematically ruled out in all except Uganda. Four confirmed EVD cases have been imported from Democratic Republic of the Congo to Uganda since June 2019, with no transmission or secondary cases in Uganda. Uganda was successful in stopping the spread of EVD and preventing outbreaks by investing USD 18 million in EVD preparedness efforts. A total of 14 600 health workers have been vaccinated in the four priority 1 countries (Burundi, Rwanda, South Sudan and Uganda).

- All Priority 1 countries are finalizing updated national contingency plans for 2020. The **Burundi** National EVD Plan for January – June 2020 has a requirement of about $7M. The focus is on IPC and strengthening district level coordination, surveillance, and risk communication.

- The **Rwanda** National EVD Plan for January – June 2020 is pending endorsement. The focus is on scaling up surveillance, strengthening district level capacities, and a full-scale simulation exercise for EVD readiness.

- In **South Sudan** the National EVD Plan for January – June 2020 has a $3.2M requirement. The focus is to fold EVD readiness into the National Action Plan for Health Security (NAPHS) and MoH systems and to expand laboratory capacity to crossover EVD readiness with novel coronavirus readiness.

- **Uganda's** National EVD Plan for January – June 2020 is pending endorsement. The Plan focuses on sustained regional capacities, mentoring health care workers in IPC and mainstreaming activities into the NAPHS.

Priority 2 countries

- Angola, Central African Republic, Congo, Tanzania and Zambia have not reported any cases of EVD related to the Democratic Republic of the Congo outbreak to date. However, financial support for implementing emergency preparedness activities in Angola, Central African Republic, Republic of Congo and Zambia remains insufficient to allow them to reach optimal International Health Regulations (IHR) core compliance. Tanzania has continued to implement regular coordination meetings to update partners and strategies for EVD preparedness as well as activities in the technical pillars.

Finance

- WHO's financial need for the Ebola Response for January to June 2020 is US $83 million. Thanks to the generosity of donors in 2019, WHO has some carry-over funding available for Jan and February. However, WHO requires close to USD $40 million as of the end February 2020 to ensure continuity of activities and to avoid cashflow shortages.

- A summary of funding received by WHO since the start of this outbreak can be found here.

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. 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.

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. 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. Travelers 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 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

For the third consecutive week, new confirmed cases have only been reported from Beni Health Zone. While there is room for cautious optimism regarding the low number of new confirmed cases reported recently, continued access and heightened vigilance is required to mitigate risks of potential re-emergence of the outbreak.