EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 73





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Date of issue: 24 December 2019

Data as reported by: 22 December 2019

1. Situation update





In the week of 16 to 22 December 2019, 14 new confirmed Ebola virus disease (EVD) cases were reported from four health areas within two health zones in North Kivu province in the Democratic Republic of the Congo. The new confirmed cases in the past week are from Mabalako Health Zone (12/14; 86%) and Butembo Health Zone (2/14; 14%).

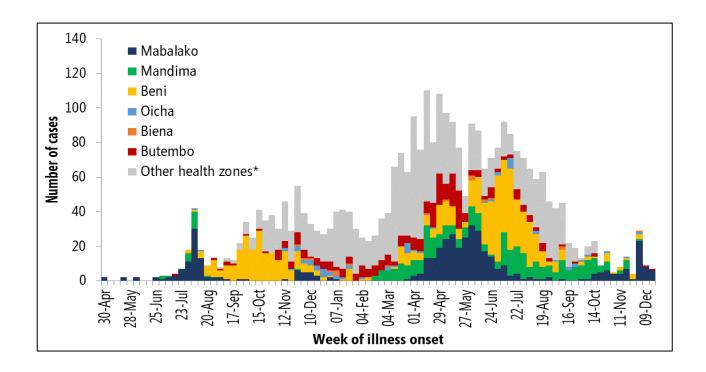
All 14 cases reported in the past seven days are linked to the case in Aloya health area, in which one individual was a potential source of infection for a transmission chain currently linking 39 people reported between 8 and 22 December 2019. Based on the preliminary sequencing of samples from this individual, this is being classified as a relapse of EVD. A total of 29 reported cases are thought to have direct epidemiological links to this case, and 10 cases are likely the result of further secondary transmission of EVD.

In the past 21 days (2 to 22 December 2019), 49 confirmed cases were reported from 12 health areas within six neighbouring active health zones in North Kivu and Ituri provinces (Figure 2, Table 1): Mabalako (76%; n=37 cases), Beni (12%; n=6), Mandima (4%; n=2), Butembo (4%; n=2), Oicha (2%; n=1), and Biena (2%; n=1).

As of 22 December 2019, a total of 3362 EVD cases, including 3244 confirmed and 118 probable cases have been reported, of which 2226 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (n=1892) were female, 28% (n=945) were children aged less than 18 years, and 5% (n=169) were healthcare workers.

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Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 22 December 2019



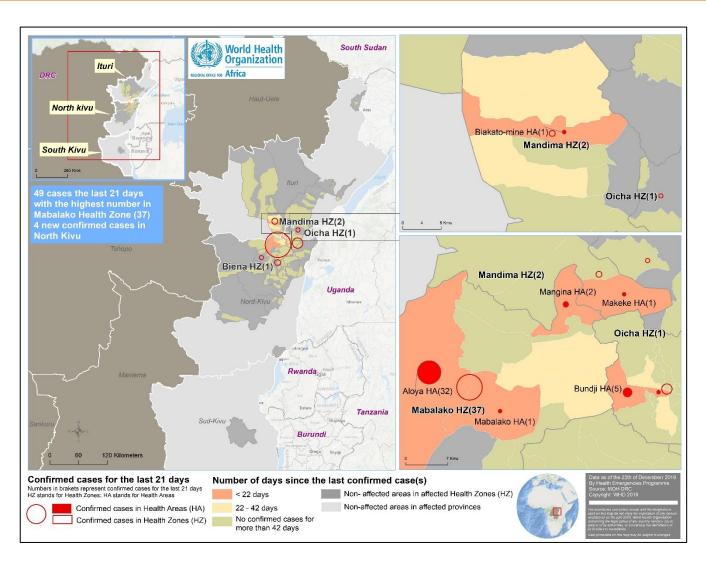
*3362 confirmed and probable cases, reported as of 22 December 2019. Excludes n=170 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Bunia, Goma, Kalunguta, Katwa, Kayna, Komanda, Kyondo, Lolwa, Lubero, Mambasa, Manguredjipa, Masereka, Musienene, Mutwanga, Mwenga, Nyakunde, Nyiragongo, Pinga, Rwampara, Tchomia, and Vuhovi.

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 December 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 in the last 21 days	Confirmed cases	Probable 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	0	5	2	2
	Beni	2/18	6	695	9	704	452	461
	Biena	1/16	1	19	2	21	12	14
	Butembo	2/15	2	287	3	290	351	354
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	193	19	212	71	90
	Katwa	0/18	0	651	23	674	470	493
	Kayna	0/21	0	28	0	28	8	8
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	4/12	37	443	17	460	328	345
	Manguredjipa	0/10	0	18	0	18	12	12
		0/16	0	50	6	56	17	23
	Musienene	0/20	0	84	1	85	33	34
	Mutwanga	0/19	0	32	0	32	12	12
		0/10	0	3	0	3	1	1
	Oicha	1/26	1	65	0	65	30	30
	Pinga	0/18	0	1	0	1	0	0
		0/12	0	103	14	117	37	51
lturi	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
		0/17	0			81	27	30
		2/15	2		5	352	166	171
		0/12	0		0	2	1	1
	-	0/13	0		0	8	3	3
	Tchomia	0/12	0		0	2	2	2
Total		12/471	49	3244	118	3362	2108	2226

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 December 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, the Ministry of Health (MOH) and other national authorities in the Democratic Republic of the Congo, as well as 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 241 000 contacts have been registered to date, and 4618 are currently under surveillance as of 22 December 2019. On average, 85% of contacts were followed daily in the last seven days in health zones with continued operations.
- An average of 4439 alerts were reported per day over the past seven days, of which 4348 (97%) were investigated within 24 hours of reporting.
- There are 11 field laboratories with Ebola virus diagnostic capacity operational in the Democratic Republic of the Congo, located in Beni, Mangina, Butembo, Katwa, Bunia, Komanda, Goma, Bukavu, Mambasa, Biakato, and Kasindi. All the laboratories are using GeneXpert as the primary diagnostic tool. Central laboratory support is provided by the Institute of Biomedical Research (INRB) laboratory in Kinshasa.

Vaccines

- From 8 August 2018 to 22 December 2019, 259 024 persons were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- From 14 November 2019 to 22 December 2019, 2938 persons were vaccinated with the Ad26.ZEBOV/MVA-BN-Filo (Johnson & Johnson) vaccine.

Case management

- There are currently 11 operational Ebola treatment centres (ETCs) and 25 Ebola transit centres located in the provinces of North Kivu, South Kivu and Ituri.
- The transit centres located in Biakato, Mangina, and Beni are functioning with essential local staff with WHO prise en charge (PEC) team providing remote technical support.
- Three transit centres are in the development phase: Kalunguta HGR, Mukulya and Mambasa.
- The current intra-ETC mortality remains around 35%.
- As of 21 December 2019, a total of 325 beds were occupied over 19 ETC/ETUs. This included 27 confirmed patients and 298 suspected patients.

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

- Infection prevention and control (IPC) activities were performed around the new cluster of cases in Aloya health area, among which were possible nosocomial cases and cases among healthcare providers, all traditional practitioners from a traditional healer centre. The IPC team of Mangina organized round trips from Beni to facilitate activities in Aloya and Metal health areas (evaluation, decontamination, IPC kit donations, IPC briefing, monitoring and supportive supervision). In addition, in Butembo health zone, there were decontaminations of 2 healthcare facilities (HCF) around imported cases from Aloya.
- The eight-bed traditional healer centre is supported by IRC; they reported IPC training was provided to 8 of the 10 providers who do not have basic medical or paraclinical training. Nine of the 10 providers were vaccinated. The centre was temporarily closed and 4 of its traditional healers assessed as high risk were eligible for the MEURI protocol (post-exposure prophylaxis). All the other providers were transferred to the Ebola treatment centre in Mangina, as they were confirmed EVD positive.
- The IPC team of Mangina organized round trips from Beni to facilitate activities in Aloya and Metal Health Areas (evaluation, decontamination, IPC kit donations, IPC briefing, monitoring and supportive supervision).
- In addition, in Butembo Health Zone, there were decontaminations of two health care facilities (HCF) around imported cases from Aloya.
- In total, 89 health care facilities benefited from supportive supervision during the week. Sterilization and isolation capacities remain the lowest scoring IPC indicators.
- DPC training of HCF IPC focal points and hygiene committee (Phase 3 IPC toolkit dissemination) on the standardized IPC toolkit were conducted in Ariwara, Butembo, Katwa, Bunia and Komanda HZ.

Points of Entry (PoE)

- During the week ending 22 December 2019, the cumulative number of screenings is now over 130 million. From 16 December to 19 December 2019, 145 alerts were notified, of which 66 (45%) were validated as suspect following investigation; none was 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.
- In line with the new strategy of getting to zero cases, PoE partners have developed a health area level

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