

# EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 55



World Health  
Organization

REGIONAL OFFICE FOR  
Africa

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo



### External Situation Report 55

Date of issue: 20 August 2019

Data as reported by: 18 August 2019

#### 1. Situation update

Cases



2887

Deaths



1936

In the past week, 57 new confirmed Ebola virus disease (EVD) cases with an additional 46 deaths have been reported from 18 health zones in three affected provinces in the Democratic Republic of the Congo (DRC). In the 21 days from 29 July through 18 August 2019, 65 health areas in 18 health zones reported new cases, representing 10% of the 665 health areas in North Kivu, South Kivu and Ituri provinces (Table 1, Figure 2). During this period, a total of 215 confirmed cases were reported, with the majority coming from the health zones of Beni (33%,  $n=70$ ) and Mandima (20%,  $n=44$ ).

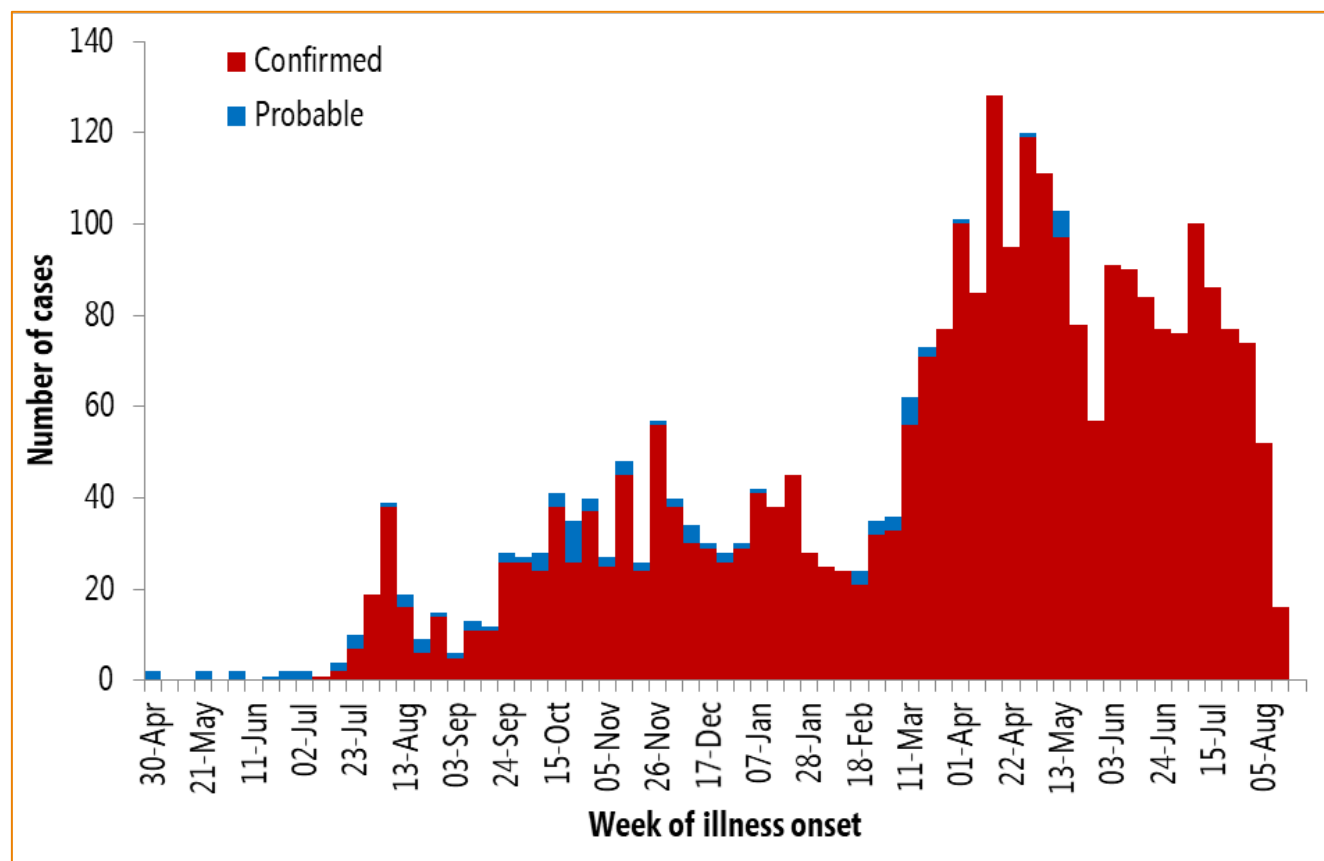
Cases were detected in two new health zones this past week: Mwenga Health Zone in South Kivu and Pinga Health Zone in North Kivu. In Mwenga, three confirmed cases have been reported thus far after two individuals (mother and child) had contact with a confirmed case in Beni before travelling south. The third confirmed case was a co-patient in a community health facility where the first cases initially sought care. In Pinga, one confirmed case has been reported and investigations are ongoing to identify epidemiological links between this individual and outbreak-affected areas. Rapid response teams were quickly deployed to scale up surveillance and response operations in both areas.

As of 18 August 2019, a total of 2888 EVD cases were reported, including 2794 confirmed and 94 probable cases, of which 1938 cases died (overall case fatality ratio 67%). Of the total confirmed and probable cases with reported sex and age, 58% (1672) were female, and 28% (810) were children aged less than 18 years. Cases continue to be reported among health workers, with the cumulative number infected rising to 153 (5% of all confirmed and probable cases).

Persistent insecurity and unrest are hampering the response in Beni. On 19 August 2019, a “ville morte” protest took place in Beni, Butembo and Oicha in response to recent attacks by armed groups on civilians. This resulted in a temporary suspension of Ebola response activities. Operations resumed on 20 August 2019, with extra caution. Further demonstrations are anticipated. The suspension of Ebola response activities often results in an increase in case numbers and in cases spreading to new areas in the following weeks.

Pillar 1 of the fourth Strategic Response Plan (SRP4) for the control of the EVD outbreak in the Democratic Republic of the Congo is now available [on the WHO website](#). Pillar 1 covers the core public health response to the outbreak; the funding requirement for all partners to sustain the health response as outlined in this plan is US\$ 287 million, including US\$ 120-140 million for WHO. So far, US\$ 15.3 million have been received, with further funds committed or pledged. WHO's Ebola response operations are currently impacted by a lack of immediately available funds. 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 18 August 2019**



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

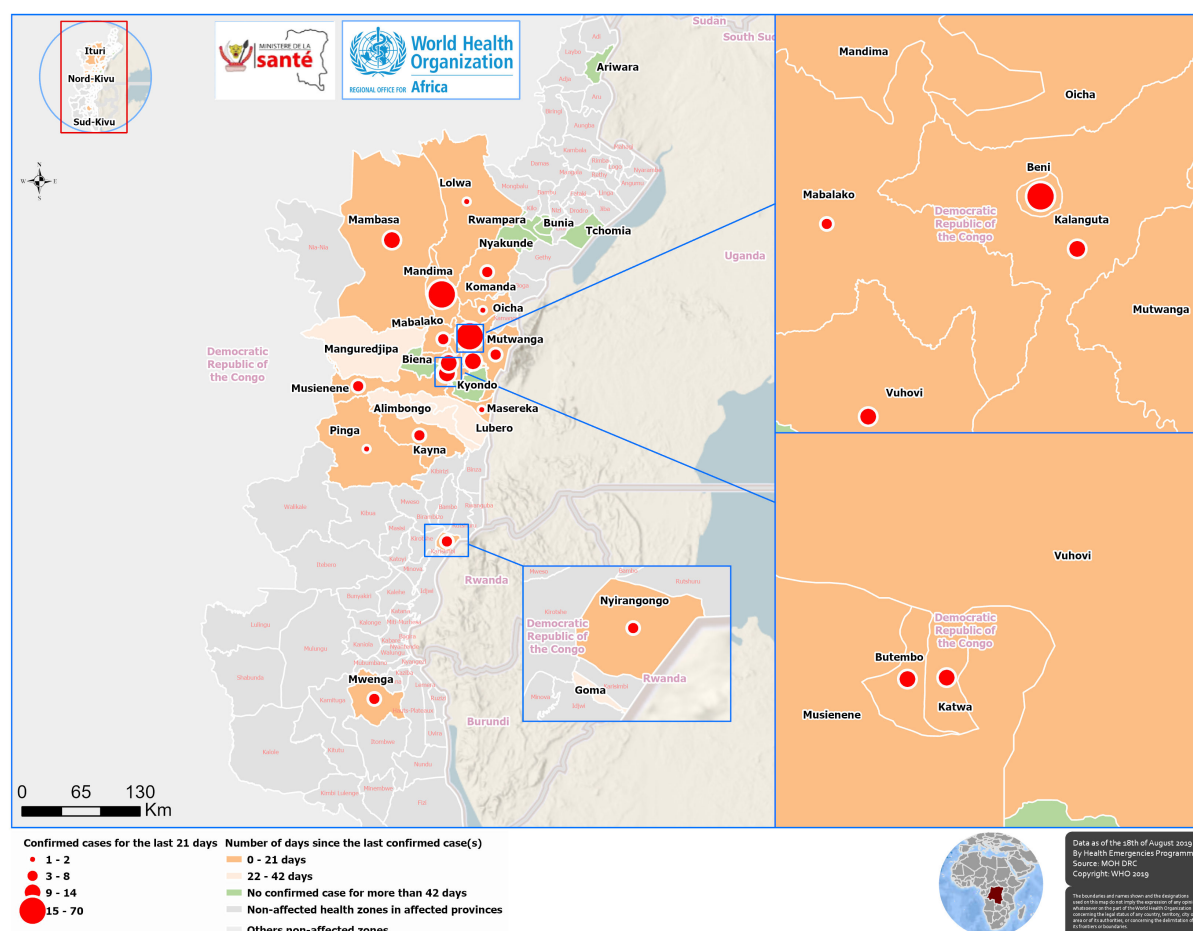
**Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 18 August 2019**

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	5/20	5	0	5	0	0	2
	Beni	18/18	638	9	647	70	0	405
	Biena	7/16	16	1	17	0	0	12
	Butembo	15/15	272	1	273	14	0	319
	Goma	1/10	1	0	1	0	0	2
	Kalunguta	18/18	144	14	158	13	0	61
	Katwa	18/18	636	16	652	13	0	443
	Kayna	4/21	14	0	14	5	0	6
	Kyondo	11/22	20	2	22	0	0	13
	Lubero	10/19	31	2	33	0	0	4
	Mabalako	12/12	366	16	382	8	0	271
	Manguredjipa	3/10	18	0	18	0	0	12
	Masereka	16/16	49	6	55	1	0	16
	Musienene	8/20	78	1	79	5	0	32
	Mutwanga	11/19	20	0	20	6	0	10
	Nyiragongo	1/10	3	0	3	3	0	0
	Oicha	10/26	51	0	51	1	0	24
	Pinga	1/18	1	0	1	1	0	0
	Vuhovi	12/12	103	13	116	9	0	37
South Kivu	Mwenga	1/18	3	0	3	3	0	2
Ituri	Bunia	4/20	4	0	4	0	0	4
	Komanda	9/15	40	9	49	4	0	23
	Lolwa	1/8	2	0	2	2	0	1
	Mambasa	4/17	18	0	18	13	0	8
	Mandima	15/15	249	4	253	44	0	130
	Nyankunde	1/12	1	0	1	0	0	1
	Rwampara	2/13	8	0	8	0	0	3
	Tchomia	1/12	2	0	2	0	0	2
<b>Total</b>			<b>2794</b>	<b>94</b>	<b>2888</b>	<b>215</b>	<b>0</b>	<b>1844</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, South Kivu and Ituri provinces, Democratic Republic of the Congo, 18 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 194 000 contacts have been registered to date and 17 568 are currently under surveillance as of 18 August 2019. Follow-up rates in the last 7 days remained high (84-87% overall) in health zones with continued operations.
- An average of 1763 alerts were received per day over the past seven days, of which 1673 (95%) 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.
- ➔ There are currently 14 operational treatment and transit centres (TC).

### Case management

- ➔ On 24 November 2018, MoH announced the launch of a randomized control trial (RCT) for Ebola therapeutics. The RCT enrolled and treated patients at Ebola treatment centre (ETC) sites in Beni, Butembo, Katwa, and Mangina.
- ➔ In an extension of the original trial, patients in the four treatment centres that participated in the RCT will now be randomized either to REGN-EB3 or mAb114.
- ➔ Patients in all other treatment centres in the Democratic Republic of the Congo will also be eligible to receive one of the two treatments, despite the fact that they are not yet licensed; this is possible due to a framework called Monitored Emergency Use of Unregistered and Investigational Interventions, developed by WHO.

### 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 focus on briefing health workers on basic and Ebola-specific IPC principles, evaluating EVD screening, isolation and referral, decontamination when necessary, and providing supplies. In communities, teams are helping to educate communities, provide supplies, and support decontamination of households when indicated.
- ➔ The Democratic Republic of the Congo Ministry of Health together with UNICEF, WHO, CDC and IPC operational partners have finalized a standardized National IPC/WASH package including standard operating procedures, training/reference materials, monitoring tools, and terms of reference for key IPC personnel. This package of materials will be launched in the coming weeks followed by supported implementation activities.
- ➔ From August 2018 through 18 August 2019, 11% (319/2888) 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 (33%; 105/303); however, from July 2019, Beni HZ reported the majority (41%: 31/75). Additionally, 153 healthcare worker (HCW) infections, of the cases that were analysed, 5% (150/2888) of all cases, have been reported since August 2018. Overall, Katwa HZ has reported the majority of HCW infections (29%: 43/150). From July 2019, the highest number of HCW infections were reported from Beni and Mandima with 6 (26%; 6/23) reported from each.

### Points of Entry (PoE)

- ➔ During the week ending 18 August 2019, 2 280 358 screenings were performed, bringing the cumulative total close to 87 million screenings. This week, a total of 150 alerts were notified, of which 40 were validated as suspect following investigation, with no confirmed case. This brings the cumulative number of alerts to 2213 with 1026 validated as suspect, and 24 subsequently confirmed with EVD following laboratory testing. An average of 98 PoEs and PoCs reported screenings daily this week, out of 106 functioning points (92%).
- ➔ WHO facilitated the finalization of the Cross-Border Coordination Road Maps between Rwanda and the Democratic Republic of the Congo. The Road Map provide a framework for resource mobilization and joint implementation of the activities that could enhance cross-border

collaboration in EVD detection, prevention and response. The implementation of the plan will start early September.

- ➔ From 12- 13 August 2019, WHO and IOM supported 2-day workshop for the development of standard operating procedures (SOPs) for health screening at Goma Airport. Through multi-sectorial approach and participatory methodology, participants from MOH, CDC, IOM and WHO developed SOPs to guide the response in case any EVD outbreak is detected in the area surrounding the airport. A draft document was the main outcome of the workshop, which will be shared for validation in the coming month.
- ➔ From 14 - 15 August 2019, WHO conducted a 2-day meeting to enhance preparedness for and step-up response measures against Ebola among the Democratic Republic of the Congo and the Priority 1 countries (South Sudan, Uganda, Rwanda and Burundi). The meeting was attended by government and WHO staff from the Democratic Republic of the Congo, Burundi, Rwanda, South Sudan and Uganda, as well as WHO staff from the Regional Office for Africa and Headquarters. Supporting partners including UN-OCHA, US-CDC, Africa CDC, IOM and UNICEF. Several topics were discussed including the overview of the IHR (2005), re-enforcement of the Mandatory and Optional National IHR Focal Point (NFP) Functions and Operational Framework & Improving Cross-Border Collaboration in the context of the EVD Outbreak in the Democratic Republic of the Congo. Main recommendations include:
  - All countries should establish bilateral collaboration with the Democratic Republic of the Congo and multilateral collaboration should be considered in the near future;
  - MOUs, protocols and SOPs should be developed to guide the cross-border bilateral collaboration, including how coordination will be conducted at national, intermediate and local levels.

The next steps are for countries to develop and finalize bilateral road maps for the implementation of the recommendations above with concrete timelines, required resources and indicators, followed by a high level political meeting for political buy-in as well as domestic resource mobilization with the support of partners.

- ➔ IOM provided all PoCs in Bunia axis with large capacity water tanks to ensure uninterrupted water supply for handwashing services at the PoE/PoCs.
- ➔ A rapid response team including PNHF and IOM staff was deployed to South Kivu Province for rapid assessment and support of the response following the EVD positive cases confirmed in Mwenga, 90 km from Bukavu town. IOM has also finalized plans for conducting micro population mobility mapping (PMM) in Mwenga territory on 20 August 2019, and IOM will be supporting some PoEs/PoCs.
- ➔ IOM supported the organization of risk awareness caravan/procession of bikers and community members in the streets of Beni town to raise awareness on EVD and promote community engagement in the response. This event comes after several weeks of demonstrations by the population protesting the killings of civilians and demanding return to peace in Beni territory.

## **Burundi**

- ➔ IOM and OCHA collected data to carry out gaps analysis for border prevention and preparedness with partner agencies, including activities mapping and equipment/material procurement mapping.
- ➔ IOM procured six motorcycles, which are expected to arrive next week to be distributed to PoEs.

## **South Sudan**

- ➔ IOM screened 25, 120 inbound travelers to South Sudan for EVD exposure and symptoms with no alert case at 15 PoE sites in Yei River State; 94 travellers with fever underwent secondary screening and those that persisted were subsequently referred to nearby health facilities and treated for conditions such as malaria, respiratory tract infection and typhoid.

- ➔ This represents a slight decrease from the previous week's figures. This can be attributed to the end of primary school activities, resulting in the number of travelers screened at Pure down to normal average. Lasu PoE only screened six travellers during the reporting period due to the continuing insecurity in the Yei-Lasu road area as in previous weeks. All other PoEs had insignificant variations compared to previous week.
- ➔ IOM conducted refresher training for screeners at Pure PoE on the EVD Border Health and PoE SOP.
- ➔ IOM participated in the Yei EVD simulation exercise (SimEx).
- ➔ The poor mobile network makes communication from Yei Town to Lasu and Tokori more challenging, therefore remote monitoring was conducted for these towns. There was limited traffic from the Democratic Republic of the Congo to South Sudan at the nearby border in Lasu due to continuing road closure for reported insecurity in the Democratic Republic of the Congo side. Access challenge persists in some areas in Lujulu.
- ➔ The latest sitrep for IOM South Sudan (5-11 August) can be found [here](#), and the July monthly report is [here](#).

## Uganda

- ➔ IOM completed Health, Border and Mobility Management (HBMM) training in Kisoro district, with 30 participants drawn from all border departments of health, security, agriculture, customs, police and revenue. A similar training will begin in the districts of Kanungu and Rukungiri this week.
- ➔ The final monitoring and mentorship mission was completed in the district of Rubirizi and Kasese. The missions were facilitated by IOM with the participation of district health teams, ministry officials and partners including URCS and MTI.
- ➔ A two-day refresher training for all enumerators of IOM Flow Monitoring Points in IOM-supported districts will take place this week; there will be 18 participants.

## Safe and Dignified Burials (SDB)

- ➔ As of 19 August 2019, there have been a total of 10 565 SDB alerts notified through the Red Cross SDB database, of which 8418 (80%) were responded to successfully by Red Cross and Civil Protection SDB teams and community harm reduction burial teams.

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