

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 6



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Date of issue: 29 May 2018

Data as reported by: 27 May 2018

1. Situation update

Grade

3

Cases

54

Deaths

25

CFR

46.3%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo is still active. On 27 May 2018, one new suspected EVD case was reported in Wangata. Three laboratory specimens from suspected cases reported previously in Iboko (1), Ntongo (1) and Wangata (1) health zones have tested negative (non-cases). There were no new confirmed cases and deaths.

Since the beginning of the outbreak (on 4 April 2018), a total of 54 suspected EVD cases and 25 deaths (case fatality rate 46.3%) have been reported, as of 27 May 2018. Of the 54 cases, 35 have been laboratory confirmed, 13 probable (deaths for which biological samples were not obtained) and six suspected cases. Sixty percent (21) of the confirmed cases came from Iboko, followed by Bikoro (10 cases, 29%) and Wangata (4). A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

The outbreak is still localised to the three health zones initially affected: Iboko (27 cases and 6 deaths), Bikoro (22 cases and 16 deaths) and Wangata (5 cases and 3 deaths). The suspected EVD case reported in Ntongo Health Zone on 25 May 2018 has tested negative and thus a non-case.

As of 26 May 2018, a total of 906 contacts have been recorded and are being followed up actively.

Context

On 8 May 2018, the Ministry of Health of the Democratic Republic of the Congo notified WHO of an EVD outbreak in Bikoro Health Zone, Equateur Province. The event was initially reported on 3 May 2018 by the Provincial Health Division of Equateur when a cluster of 21 cases of an undiagnosed illness, involving 17 community deaths, occurred in Ikoko-Impenge health area. A team from the Ministry of Health, supported by WHO and Médecins Sans Frontières (MSF), visited Ikoko-Impenge health area on 5 May 2018 and found five case-patients, two of whom were admitted in Bikoro General Hospital and three were in the health centre in Ikoko-Impenge. Samples were taken from each of the five cases and sent for analysis at the Institute National de Recherche Biomédicale (INRB), Kinshasa on 6 May 2018. Of these, two tested positive for Ebola virus, *Zaire ebolavirus* species, by reverse transcription polymerase chain reaction (RT-PCR) on 7 May 2018 and the outbreak was officially declared on 8 May 2018. The index case in this outbreak has not yet been identified and epidemiologic investigations are ongoing, including laboratory testing.

This is the ninth EVD outbreak in the Democratic Republic of the Congo over the last four decades, with the most recent one occurring in May 2017.

Figure 1: Epidemic curve for Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, 25 May 2018

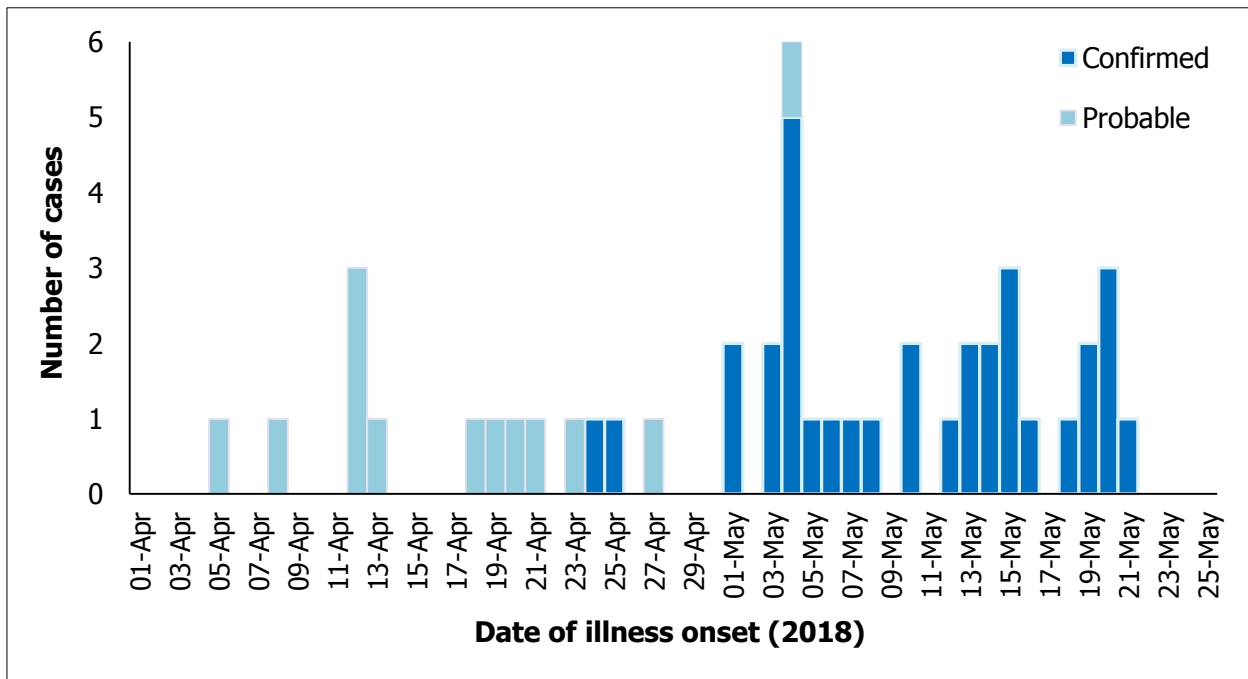


Figure 2 Confirmed and probable Ebola virus disease cases by age and sex, Democratic Republic of the Congo, as at 25 May 2018 (n=47)

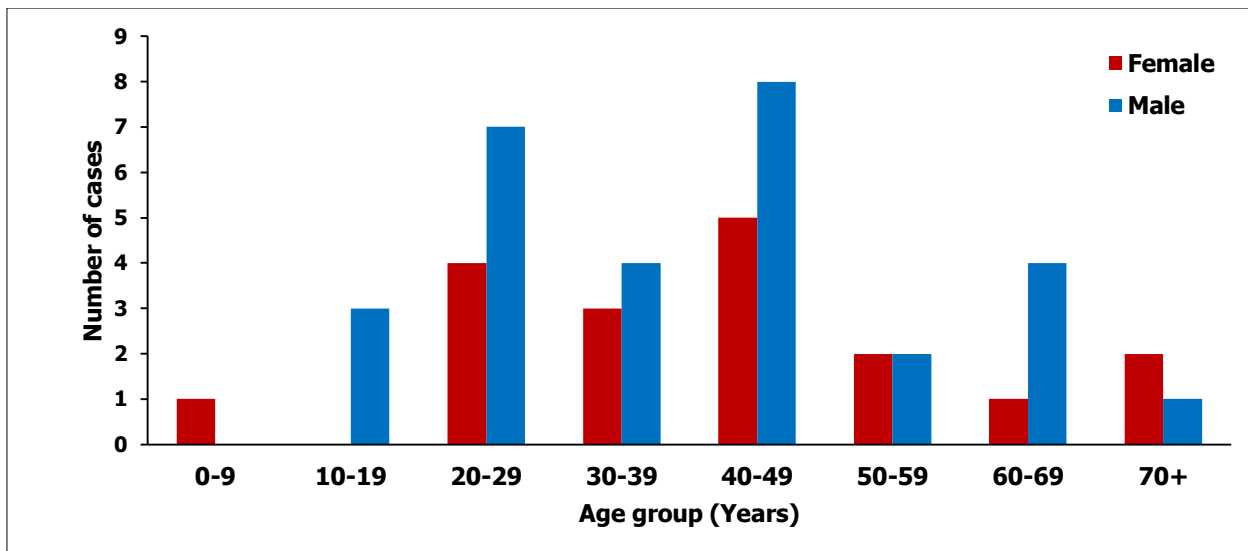
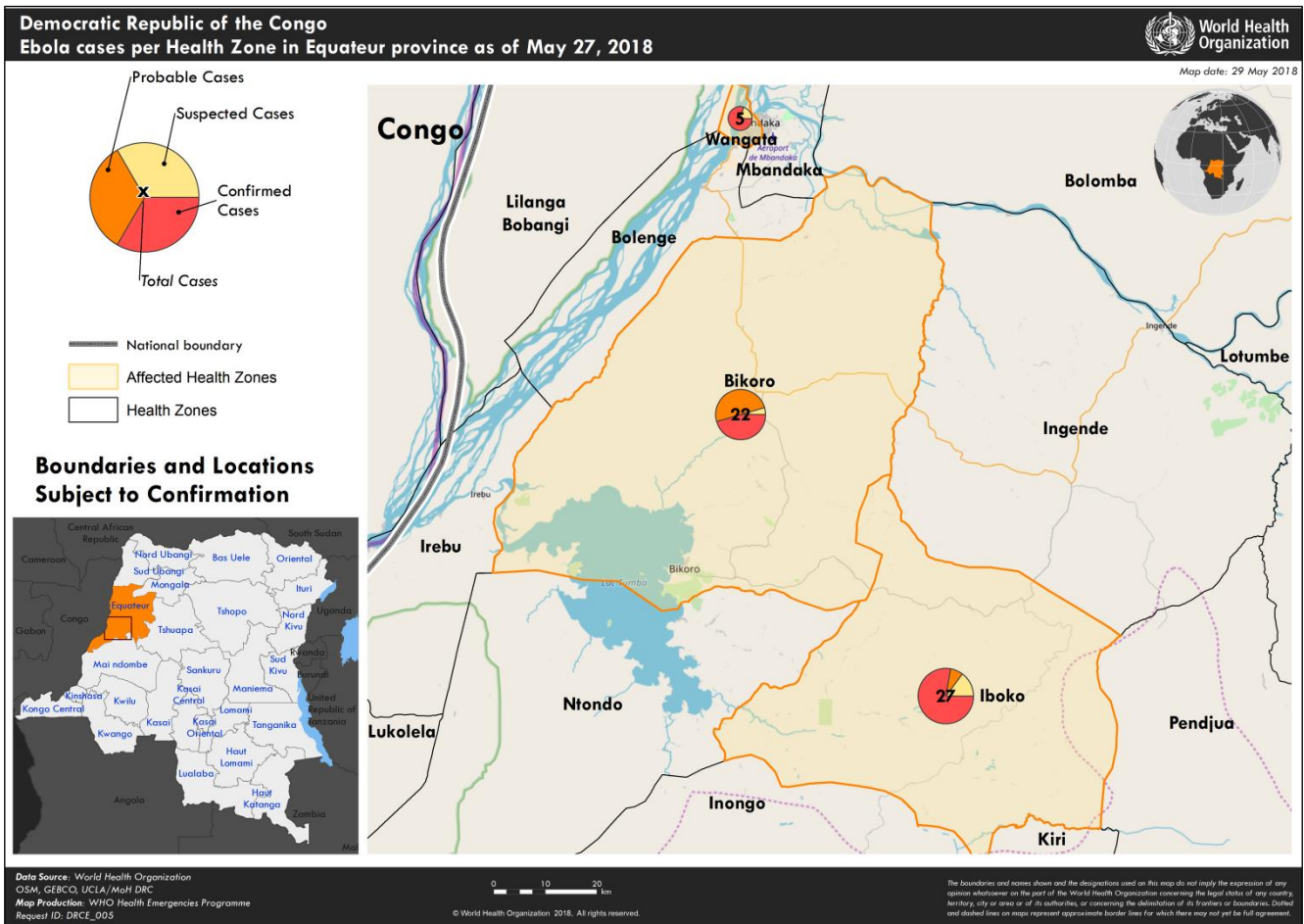


Table 1: Distribution of Ebola virus disease cases by health zone in Equateur Province, Democratic Republic of the Congo, 27 May 2018

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	0	0	1	1
New probable	0	0	0	0
New confirmed	0	0	0	0
Total new cases	0	0	1	1
Cumulative cases				
Total suspected	1	4	1	6
Total probable	11	2	0	13
Total confirmed	10	21	4	35
Total number of cases	22	27	5	54
Deaths				
New deaths	0	0	0	0
Total deaths	16	6	3	25
Deaths in confirmed cases	5	4	3	12

As this is a rapidly changing situation, the reported number of cases and deaths, contacts being monitored and the laboratory results are subject to change due to enhanced surveillance, contact tracing activities, ongoing laboratory investigations, reclassification, and case, contact and laboratory data consolidation.

Figure 3: Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 25 May 2018



The province of Equateur covers an area of 130 442 km² and has an estimated population of 2 543 936 people, with 16 health zones and 284 health centres. The affected health area of Bikoro covers 1 075 km² and has a population of 163 065 inhabitants. It has 3 hospitals and 19 health centres, most of which have limited functionality. Medical supplies are provided by international agencies, but stockouts of medical supplies are common. The village of Ikoko-Impenge is located 45 km from the central office of the Bikoro area and is not accessible by road, and falls outside the telephone network. However, there is an airstrip 8 km from Bikoro.

Current risk assessment

Information about the extent of the outbreak remains limited and investigations are ongoing. Currently, WHO considers the public health risk to be very high at the national level due to the serious nature of the disease, insufficient epidemiological information and the delay in the detection of initial cases, which makes it difficult to assess the magnitude and geographical extent of the outbreak. The confirmed case in Mbandaka, a large urban centre located on a major national and international river, with road and air transport axes, increases the risk both of local propagation and further spread within DRC and to neighbouring countries. The risk at the regional level is therefore considered high. At global level, the risk is currently considered low. As further information becomes available, the risk assessment will be reviewed.

The IHR Emergency Committee met on Friday 18 May 2018 and concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met.¹ However, if the outbreak expands significantly, or if there is international spread, the Emergency Committee will be reconvened to re-evaluate the situation.

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information.

Strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of proven strategies for the prevention and control of Ebola outbreaks. These include (i) strengthening the multi-sectoral coordination of the response, (ii) enhanced surveillance, including active case finding, case investigation and contact tracing, (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) operational support and logistics, (vii) risk communication, social mobilization and community engagement, (viii) psychosocial care, (ix) research response, including vaccination, and (x) operational readiness in neighbouring countries.

2. Actions to date

Coordination of the response

- Coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures. On 28 May 2018, the Minister of Health attended the coordination meeting to discuss ongoing surveillance and vaccination activities in Bikoro Health Zone.

¹ Statement of the Emergency Committee is available at <http://www.who.int/news-room/detail/18-05-2018-statement-on-the-1st-meeting-of-the-ihc-emergency-committee-regarding-the-ebola-outbreak-in-2018>

- ➔ As of 24 May 2018, WHO has deployed a total of 156 technical experts in various critical functions of the Incident Management System to support response efforts in the three hotspots of Bikoro, Iboko and Wangata (Mbandaka city).

Surveillance

- ➔ The Ministry of Health, with the support of CDC, WHO, Epicentre and other partners, is maintaining an up-to-date EVD outbreak database, including line lists, contact lists, etc.
- ➔ On 23 May 2018, a total of 40 health workers were trained on the use of the Early Warning, Alert and Response System (EWARS) kit for early notification of alerts and suspected EVD cases.
- ➔ The Ministry of Health (MoH), WHO, IOM, Africa CDC, UNICEF, and WFP develop a point of entry (PoE) surveillance strategy. The National Border Hygiene Programme, in collaboration with partners, have mapped PoEs and areas at risk of transmission based on population movement and flow, identifying 115 points, including nine airports, 83 river ports, seven bus stations and 16 markets.

Laboratory

- ➔ A full mobile laboratory was deployed to the Bikoro reference hospital on 12 May 2018 and was fully operational by 16 May 2018. A second mobile laboratory is planned for Mbandaka.
- ➔ A National Laboratory Strategy has been developed, focusing on GeneXpert for confirmatory testing in key sites such as Ebola Treatment Centres (ETC) and GeneXpert is now fully functional in Bikoro Health Zone.

Case management

- ➔ An assessment and rapid scale up of triage, screening and infection prevention and control (IPC) at health facilities continues, with the goal to protect healthcare workers and maintain essential health services to the population. Healthcare workers are being oriented on managing triage and practicing IPC procedures.
- ➔ Care of suspected and confirmed EVD patients is currently being provided by MSF in Bikoro, Wangata where Ebola treatment centres (ETCs) have been set up. Iboko ETC in progress.
- ➔ WHO is providing technical advice on the use of investigational therapeutics and provision of essential medical supplies. Currently supporting MoH and INRB in the importation of investigational therapeutics and submission of MEURI protocols for ERB. As well, as supporting MSF in implementation of therapeutics protocols.

Infection prevention and control and water, sanitation and hygiene (IPC and WASH)

- A total of 54 hand-wash facilities were installed in nine primary schools and key actors oriented on the preparation of chlorine solution.
- A WHO water, sanitation and hygiene (WASH) expert is on site to assess water and IPC conditions in the isolation centres.
- Disinfection and hand washing points have been established at all hospital exit and entry points and schools that will benefit from installation of 400 washbasins have been identified in the Bikoro and Iboko health zones.
- There is continued support from MSF and the Congolese Red Cross in the organization of safe and dignified burials.

Vaccination

- On 28 May 2018, the Minister of Health launched the ring EVD vaccination exercise in Bikoro and Iboko Health Zones. Since the launch of the vaccination exercise on 21 May 2018, a total of 426 people have been vaccinated. The targets for belt vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases and contacts of these contacts.

Risk communication, social mobilization and risk communication

- The overall strategic approach is to raise awareness through mass mobilization campaigns, organising community gatherings and through house-to-house visits. These activities are informed by anthropological assessments and monitoring of rumours.
- A total of 700 social mobilizers in Wangata, Bolenge, and Mbandaka) are engaged in Ebola prevention communication and social mobilization. A total 91 local facilitators in the three affected health zones have been trained on Ebola prevention. More than 80 community members are trained and will carry out activities in 6 targeted health areas in three health zones in Bikoro, Ntongo and Iboko.
- Through these activities, over 12 000 people have been reached in 143 churches and door-to-door awareness campaigns in hot spot areas. In Iboko, traditional healers and birth attendants have been reached and supported with provision of gloves.
- Religious leaders, journalists and local radio stations in Mbandaka, Bikoro and Iboko have been engaged to create awareness at community level on recognition of early signs and symptoms of EVD, early treatment, safe and dignified burials, and compassionate use of Ebola vaccine.
- Local authorities (administrative and politicians) in Mbandaka and Bikoro have been engaged to obtain support from them in order to facilitate community engagement for contact tracing and safe and dignified burials.

Logistics

- There is continued logistical support with the deployment of logisticians in the field. About 19 tons of materials have been received in Kinshasa, of which 16 tons have been sent to Mbandaka. Around 3 000 sets of personal protective equipment, tents and sanitation materials have been dispatched.
- MONUSCO is setting tents for accommodation of responders in Iboko as a remedy to address the acute shortage.

Resource mobilization

- WHO's rapid response and initial scale up of operations in the Democratic Republic of the Congo has been funded by a US\$ 4 million disbursement from the WHO Contingency Fund for Emergencies (CFE).
- In order to protect public health and save lives, WHO and partners are appealing for rapid funding of US\$ 57 million for the current response to rapidly stop the spread of EVD. The amount of funding needed for the overall Ebola Strategic Response Plan has increased from US\$26 million to US\$57 million, based on the new planning assumption and requirements following the spread of the disease to Mbandaka (an urban area on a major transport route), the increased needs for community engagement, expanded number of contacts to be traced and followed up, and increased number of PoEs (airports and water/land points) to be monitored.
- The revised requirements for WHO's response currently stand at US\$27.3 million. Funding has been provided to WHO from Italy (€ 300 000), CERF (US\$800 000), GAVI (US\$1 million), USAID (US\$1 million) and Wellcome Trust and UK DFID (US\$4.1 million), and additional funding has been received from UK-DFID (US\$ 6.7 million) and USAID (US\$ 4.3 million) bringing the total to around US\$18.2 million.
- In-kind contribution to the Ebola response has been received from Norway to support medical evacuation, and a wide range of partners are contributing in various capacities.
- Firm pledges to the overall Ebola response have been received from Canada, ECHO, Ebola MPTF, Germany, USAID, Norway, the World Bank and the African Development Bank.

Preparedness

- The Regional Office Preparation Support Team (PST) missions have been completed in six countries (Burundi, CAR, Congo, Rwanda, South Sudan and Tanzania). The PST mission in Zambia is ongoing from 28 May - 1 June 2018 while the mission to Angola is schedule for 11 – 15 June 2018.
- While the regional preparedness plan is being finalized, WHO has provided a total of US\$179 000 catalytic funds to six of the nine countries targeted for EVD preparedness and readiness activities. WHO has also procured and shipped infrared thermometers to all the nine targeted countries. Prepositioning of PPEs and other essential supplies is ongoing.

Operations partnership

- The GOARN partners (particularly MSF, UNICEF, IFRC, and WHO) continue mobilize international technical and logistical support in response to the EVD outbreak. WHO is working also closely with the sister UN Agencies, partners and donors to ensure adequate support is provided to the response.
- GOARN has deployed a total of 12 technical experts in the field. Through the Emerging and Dangerous Pathogens Laboratory Network (EDPLN), there are several offers for laboratory support: eight from US CDC, three from UK, three from EDCARN, and one from Senegal
- Clinical teams from the Emergency Medical Teams (EMTs) from IMC and IRC have been deployed in Mbandaka to support IPC and maintenance of safe access to essential health services. The IFRC is also planning ahead for the deployment of additional clinical medical team for supporting the case management pillar of the response.
- GOARN Operational Support Team and AFRO operational partnerships team are conducting twice weekly conference calls to share information and coordinate response actions of partners involved in the response. The updates below were received from partners this this forum:

UNICEF

- UNICEF has deployed 19 experts across Kinshasa, Mbandaka, Iboko, and Bikoro, with the main strategic focus being research and evidence-based planning, national and local advocacy, capacity building, community engagement, and mass media. Several activities have been implemented along these strategic areas.

AFENET

- AFENET has deployed 25 Field Epidemiology Training Program (FETP) graduates in the field to support the response.

IHR travel measures and cross border health

- According to the advice of the IHR Emergency Committee (EC), which was convened by the WHO Director-General on 18th May 2018, WHO currently advises against the application of any travel or trade restrictions to Democratic Republic of the Congo. In addition, the EC advised that exit screening at airports and ports on the Congo River is considered to be of great importance to detect probable cases and to prevent the international spread of Ebola; entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value. The IHR Emergency Committee advised that currently the outbreak does not meet the criteria for a Public health emergency of international concern, but the vigorous response of the Government should continue to be supported by the international community.
- As of 28 May, 23 countries have implemented entry screening for international travellers coming from Democratic Republic of the Congo, but there are currently no restrictions of international traffic in place. WHO continues to monitor travel and trade measures in relation to this event. WHO is working with partners on the ground (IOM and CDC) to map the points of entry in airports, ports and ground crossings, and to set up or further strengthen appropriate screening systems at strategic points of entry.

3. Summary of public health risks, needs and gaps

The Ministry of Health, WHO and partners are making strides in scaling up the response to the EVD outbreak. Never-the-less, more work still remains. There is a need to continue with the current momentum to scale up and increase the coverage of effective outbreak control interventions in the field. The early indication of community resistance observed needs to be addressed tactfully and with humility, but firmly. The objective of the response remains rapid containment of EVD in a localized area. The global community and donors have been very supportive and positive. More of such support is required.

To this end, the national authorities and partners need to act swiftly to improve effectiveness and coverage of key response activities such as active surveillance, including contact tracing and active case search in the most affected areas, and intensify risk communication, social mobilisation and community engagement. Effective coordination is essential as well as enhancing preparedness and readiness in the Republic of Congo, Central African Republic and other neighbouring countries to prevent the epidemic from spreading via major points of entry.