

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 7



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Date of issue: 1 June 2018

Data as reported by: 30 May 2018

1. Situation update

Grade

3

Cases

50

Deaths

25

CFR

50.0%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo remains active. On 30 May 2018, one new confirmed EVD case was reported in Iboko. Three laboratory specimens (from suspected cases reported previously in Iboko (2) and Wangata (1) health zones) tested negative. There were no new suspected cases and deaths.

Since the beginning of the outbreak (on 4 April 2018), a total of 50 confirmed/probable EVD cases and 25 deaths (case fatality rate 50.0%) have been reported, as of 30 May 2018. Of the 50 cases, 37 have been laboratory confirmed and 13 are probable cases (deaths for which specimens were not obtained). Sixty-two percent (23) of the confirmed cases came from Iboko, followed by Bikoro (10 cases, 27%) and Wangata (4 cases). Of the 25 deaths, 68% (17) occurred in Bikoro, five (20%) in Iboko and three in Wangata. A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

The outbreak remains localised to the three health zones initially affected: Iboko (25 cases and 5 deaths), Bikoro (21 cases and 17 deaths) and Wangata (4 cases and 3 deaths). Following ongoing data review and cleaning, one death has been moved from Iboko to Bikoro.

As of 29 May 2018, a total of 724 contacts have been recorded and are being followed up actively. Of these, 80% (579) were followed up on the day of reporting.

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, 29 May 2018 (n=50)

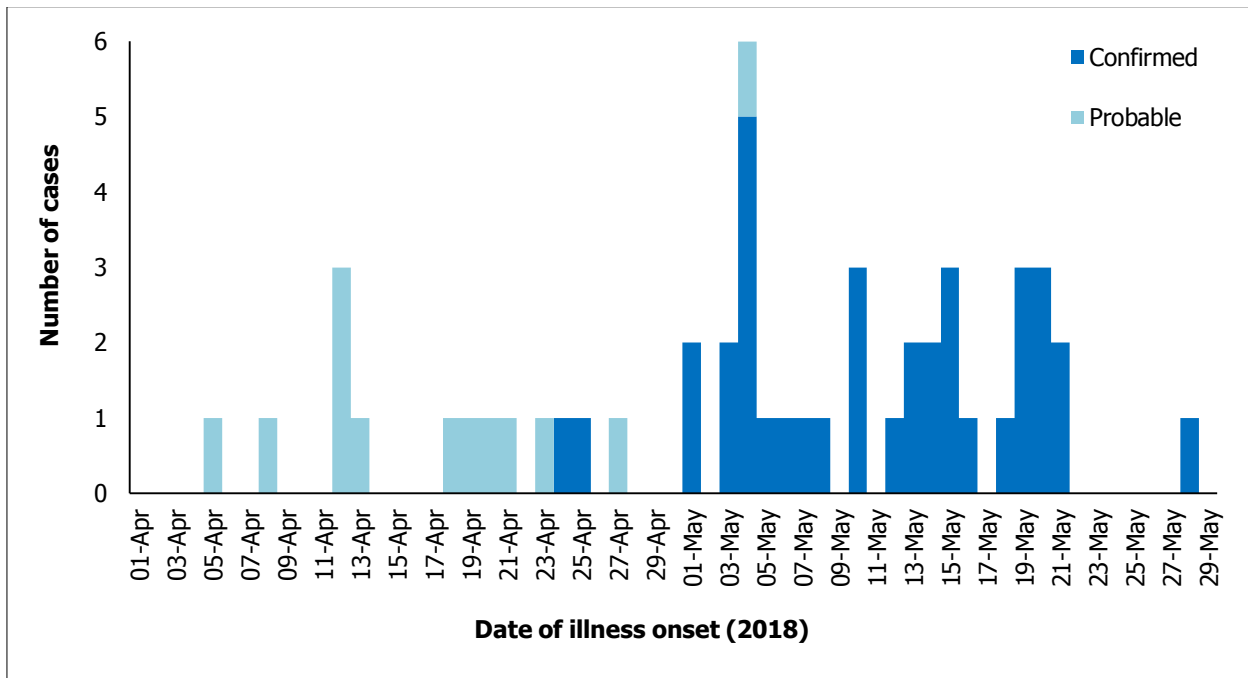


Figure 2 Confirmed and probable Ebola virus disease cases by age and sex, Democratic Republic of the Congo, as at 29 May 2018 (n=50)

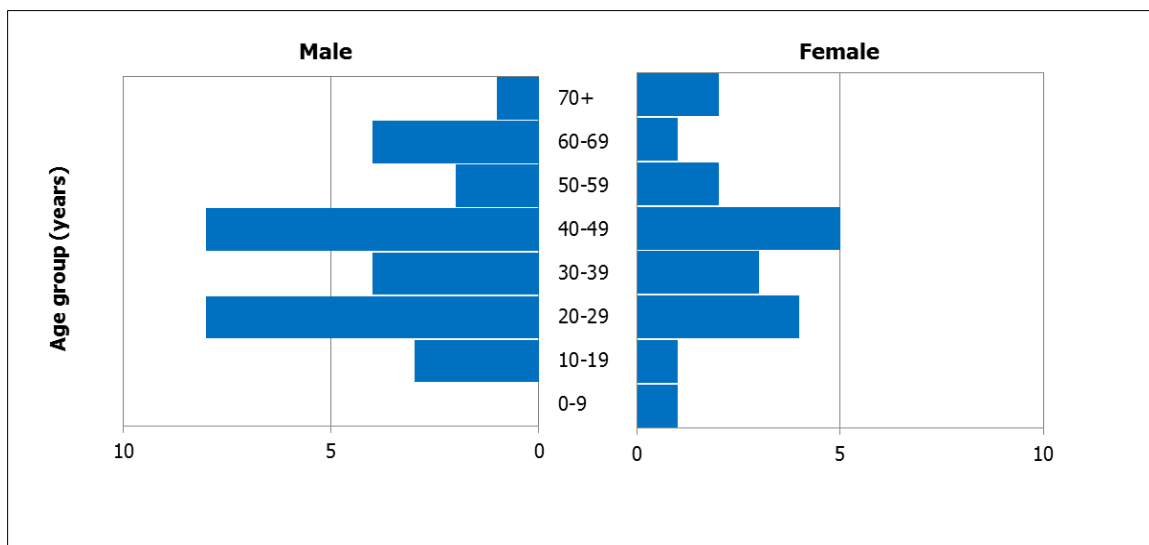
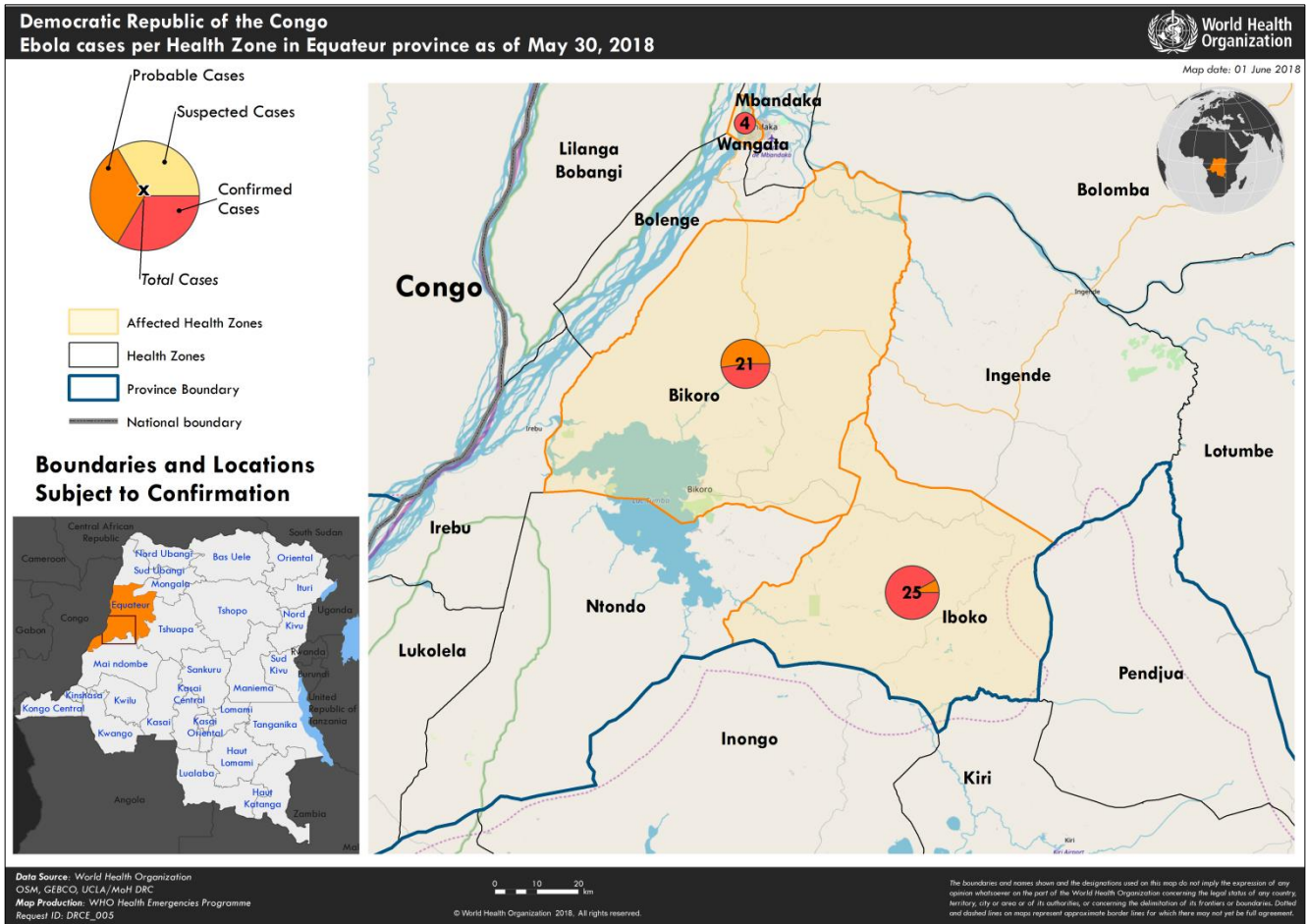


Table 1: Distribution of Ebola virus disease cases by health zone in Equateur Province, Democratic Republic of the Congo, 27 May 2018

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	0	0	0	0
New probable	0	0	0	0
New confirmed	0	1	0	1
Total new cases	0	1	0	1
Cumulative cases				
Total suspected	0	0	0	0
Total probable	11	2	0	13
Total confirmed	10	23	4	37
Total number of cases	21	25	4	50
Deaths				
New deaths	0	0	0	0
Total deaths	17	5	3	25
Deaths in confirmed cases	6	3	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, 30 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, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities, (iv) case management, (v) infection prevention and control in health facilities and communities, including safe and dignified burials, (vi) risk communication, social mobilization and community engagement, (vii) psychosocial care (viii) immunization of risk groups and research response, and (ix) operational support and logistics.

2. Actions to date

Coordination of the response

- ➔ On 29 May 2018, the Minister of Health carried out a field visit to Itipo, one of the hotspots in Iboko, to review ongoing response and provide support.
- ➔ Daily 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.

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>

- UNOCHA and WHO are working with partners on the ground (OXFAM, MSF-Belgium, MSF-Switzerland, Actions against Hunger (ACF), Médecins du Monde (MDM) Spain, International Organization for Migrants (IOM), ALIMA, CDC, Pasteur Institute of Dakar, and others) to finalize the “4Ws” matrix (who, what, where and when) in order to streamline allocation of responsibilities and tasks, and ensure comprehensive coverage as well as avoid duplication.
- As of 30 May 2018, WHO has deployed a total of 164 technical experts in various critical functions of the Incident Management System (IMS) 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, continue to maintain an up-to-date EVD outbreak database, including line lists, contact lists, etc.
- Early Warning, Alert and Response (EWAR) Systems and supporting field data collection tools have been deployed in Mbandaka and are being progressively rolled out in Iboko.
- 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 mobile laboratory has been deployed in Iboko, manned by a team of experts from the Institut Pasteur in Dakar (two virologists) and INRB.

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.
- MSF has set up isolation facilities in Mbandaka’s main hospital (20 beds) and Bikoro hospital (15 beds). Two Ebola treatment centres (ETC) are being set up in Iboko and Itipo.
- WHO is providing technical advice on the use of investigational therapeutics and provision of essential medical supplies and is currently supporting MoH and INRB in the importation of investigational therapeutics and submission of Monitored Emergency Use of Unregistered Interventions (MEURI) protocols for Ethics Review Board (ERB), as well as supporting MSF in implementation of therapeutics protocols.

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

- Disinfection and hand washing points have been established at all hospital exit and entry points. 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

- Since the launch of the vaccination exercise on 21 May 2018, a total of 682 people have been vaccinated. The targets for 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 of 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 six 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 their support 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 to accommodate responders in Iboko as a remedy to address the acute shortage of accommodation in the area.

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).
- ➔ 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\$ 5.3 million), Wellcome Trust and UK DFID (US\$ 4.1 million), UK-DFID (GBP 5 million), Germany (€ 5 million), Norway (NOK 8 million), and Canada (CAD\$1 million) bringing the total to around US\$ 25.7 million.
- ➔ Germany's contribution is in recognition of the critical role the WHO CFE has played in responding to the EVD outbreak in the Democratic Republic of the Congo and will go to replenish the CFE, which has so far provided US\$4 million to Ebola response efforts.
- ➔ In-kind contributions for medevac have been received from Norway and EU ECHO for flights between Kinshasa and Mbandaka. Technical expertise has been provided by Guinea, the UK and Germany through the GOARN network.
- ➔ Firm pledges to the overall Ebola response have been received from ECHO, Ebola MPTF, the World Bank and the African Development Bank.
- ➔ There is a growing need to support operational readiness for points of entry in surrounding countries to prevent further spread and WHO and partners are preparing a plan to address these needs.
- ➔ There is a particular need for support that is not earmarked so that WHO can direct funds to the areas that are most needed for an effective response.

- The GOARN partners (particularly MSF, UNICEF, IFRC, and WHO) continue to mobilize international technical and logistical support in response to the EVD outbreak. WHO is also working 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 of 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 teams 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 forum:

UNICEF

- Social mobilization and door-to-door sensitization on EVD prevention continue in the refugee camps in South and North Ubangi provinces, which border Equateur province.
- ADES (UNHCR health implementing partner) with the support of UNHCR Public Health Officer are working with the health authorities in North and South Ubangi to update the local EVD preparedness plan.
- Community leaders in the camps and the surrounding host communities in North and South Ubangi have been sensitized to share information on EVD prevention and discuss the best social mobilization approaches to spread the messages on EVD prevention.

WFP

- Following a request from the government of the Democratic Republic of the Congo, WFP will provide food and nutrition assistance to the affected people in two phases: phase 1 involves immediate food assistance of 61 metric tonnes to 4 500 people (contacts who are currently under surveillance) and phase 2 involves an additional 156 metric tonnes of mixed commodities (specialised nutritious foods and WFP general food basket) for moderate acute malnutrition (MAM) treatment of a total of 15 000 children, pregnant and lactating women and people living with HIV as well as three month rations for patients discharged from the Ebola Treatment Unit (an estimated 450 beneficiaries).

ALIMA

- A mission has been deployed in Itipo to conduct a field assessment and start an EVD prevention and awareness raising activity in the community.

Save the Children

- Supporting health facilities in Kinshasa Health Zones to strengthen epidemiological surveillance for early detection of suspected EVD cases and alerts, and referral to the nearest ETC.
- Supporting infection prevention and control activities in the health facilities within intervention areas.

- According to the advice of the International Health Regulations (IHR) Emergency Committee (EC), which was convened by the WHO Director-General on 18 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; however, entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value. The IHR EC 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 31 May 2018, 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.
- A national strategic response plan at points of entry was developed by the government of the Democratic Republic of the Congo, in collaboration with WHO, IOM, and Africa CDC, with the goal to establish and strengthen measures at points of entry to avoid the spread of the disease to other provinces or at international level. WHO is working with the national authorities and partners on the ground (IOM and CDC) to map the strategic points of entry and areas at risk of EVD transmission related to population movements, and establish *cordon sanitaires*. Currently, three *cordon sanitaires* are established in Mbandaka/Bikoro/Iboko, Greater Equatorial Province area, and Kinshasa/Kisangani. As of 31 May 2018, multisectoral assessments of strategic points of entry have been completed in the region of Mbandaka and will continue in the region of Bikoro/Iboko, as well as at the international airports and main ports in Kinshasa. Following the assessments of the priority points of entry, specific health interventions will be further strengthened or implemented in these points, including risk communication and community engagement for travellers, temperature check, patient referral and hand hygiene, as well as training of points of entry staff as needed.

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.