

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 2



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World Health
Organization

REGIONAL OFFICE FOR Africa

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Date of information: 14 May 2018

1. Situation update

Grade

2

Cases

41

Deaths

20

CFR

48.8%

On 8 May 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo declared an outbreak of Ebola virus disease (EVD) in Bikoro Health Zone, Equateur Province. This is the ninth outbreak of Ebola virus disease over the last four decades in the country, with the most recent one occurring in May 2017.

Context

On 3 May 2018, the Provincial Health Division of Equateur reported 21 cases of fever with haemorrhagic signs including 17 community deaths in the Ikoko-Impenge Health Area in this region. A team from the Ministry of Health, supported by WHO and Médecins Sans Frontières (MSF) visited the Ikoko-Impenge Health Area on 5 May 2018 and detected five (5) active cases, two of whom were admitted to Bikoro General Hospital and three who were admitted in the health centre in Ikoko-Impenge. Samples were taken from each of the five active 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 has not yet been identified and investigations are underway.

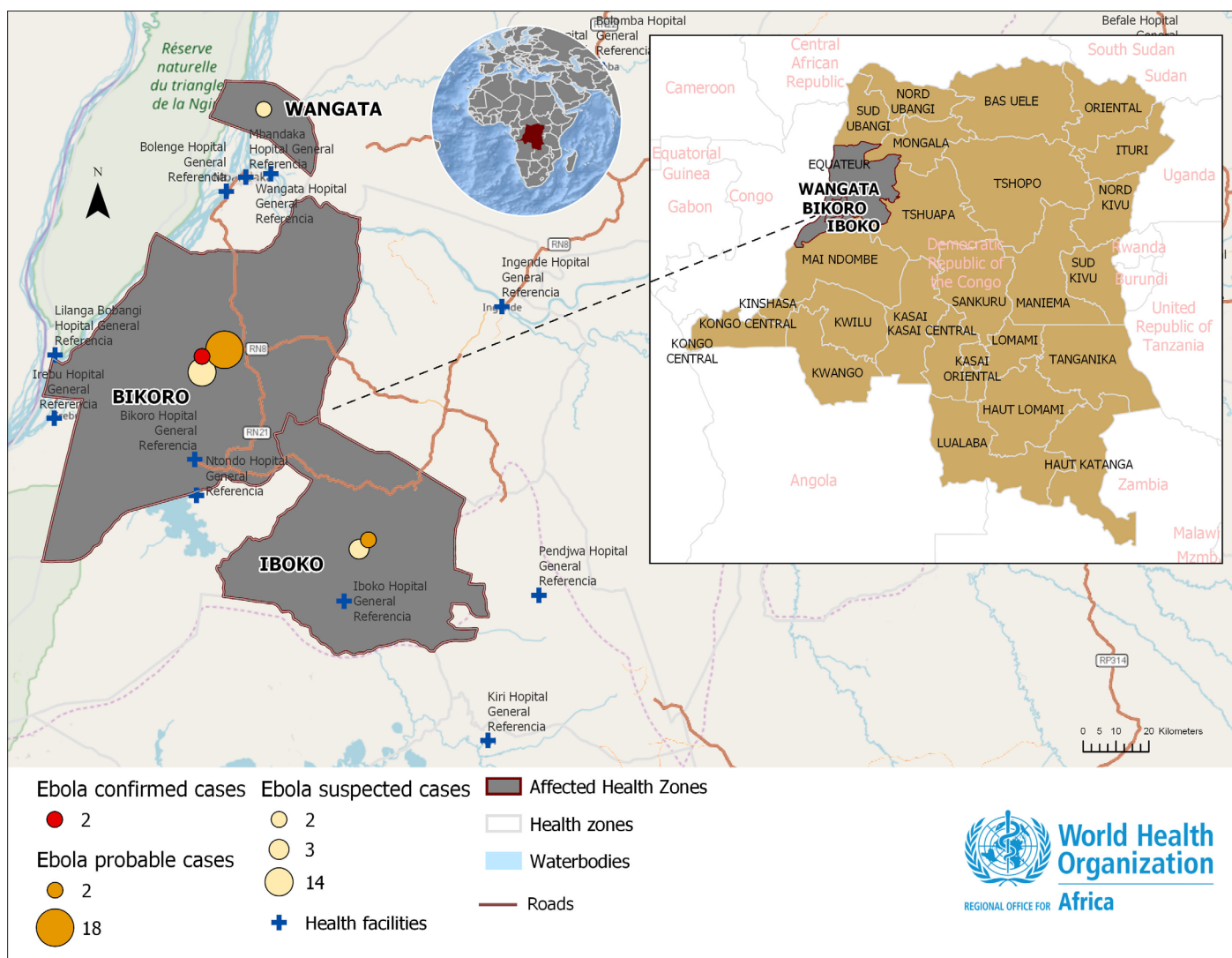
Update

Since the last situation report, an additional Health Zone in Equateur Province reported EVD cases – Wangata Health Zone in the city of Mbandaka – with a total of three (3) affected Health Zones as of 14 May 2018. Wangata Health Zone reported two probable cases on 11 May 2018 with both cases testing positive by Rapid Diagnostic Testing (RDT) – both their samples are awaiting PCR confirmation from INRB in Kinshasa. As of 13 May, there is a cumulative total of 41 cases, including 20 deaths (case fatality rate = 48.8%) and three healthcare workers from Bikoro (n=2) and Iboko (n=1). Of the 41 cases reported, two cases are confirmed, 17 are suspected and 22 are probable¹. A total of 432 contacts are being monitored in the health zones of Bikoro (n=274), Iboko (n=115) and Mbandaka (n=43) as of 14 May 2018.

With regards to case distribution, Bikoro Health Zone reported the highest number of cases (n=31), followed by Iboko (n=8) and Mbandaka (n=2) Health Zones. In the Bikoro Health Zone, 50% of the cases were reported from the Ikoko-Impenge health area, followed by Bikoro health area (35.3%), the health facility (14%) and the Moleti health area (7%). In the Iboko Health Zone, most cases were reported from the Mpangi health area (80%) with the remaining one case being reported from Itipo health area. In the Wangata Health Zone in Mbandaka city, the two cases were both from the Bongozo health area. They are the previously mentioned probable cases (RDT positive and awaiting PCR confirmation) and are brothers who had recently stayed in Bikoro for funerals.

¹Cases were reclassified on the basis of case definition by the Ministry of Public Health.

Figure 1. Geographical distribution of the Ebola virus disease outbreak in the Democratic Republic of the Congo as of 15 May 2018



As of 14 May, 11 samples have been collected since the declaration of the outbreak, including two positive and three negative cases (RDT and PCR) – the remaining six are under investigation. Sequencing of the two Ebola-positive samples by RT-PCR is in progress.

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 centers. However, the affected health area of Bikoro covers 1 075 km² and has a population of 163 065 inhabitants. It has three 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

- The risk is high at national level due to the nature of the pathogen and the current lack of epidemiological and demographic information to estimate the magnitude of the epidemic.
- The risk at the regional level is moderate due in part to the proximity of the epidemic focus to the Congo River, the existence of a border with the Republic of Congo and the river which links with the capitals of the Republic of Congo and the Democratic Republic of Congo and the Central African Republic.
- The risk is low at global level due to the remoteness and inaccessibility of the area as well as the rapid response launched by the Democratic Republic of Congo MOH, WHO, and all the other coordinating partners.

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

WHO advises against the application of any travel or trade restrictions on the Democratic Republic of the Congo based on the currently available information. WHO continues to monitor reports of measures being implemented at points of entry.

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 strategies include (i) coordination of the response, (ii) enhanced surveillance, (iii) laboratory confirmation, (iv) contact identification and follow-up, (v) case management, (vi) infection prevention and control, (vii) safe and dignified burials, (viii) social mobilization and community engagement, (ix) logistics, (x) risk communication, (xi) vaccination, (xii) partner engagement, (xiii) research and (xiv) resource mobilization.

2. Actions to date

On the 12 May 2018, the DRC Minister of Health, WHO representatives and UNICEF were on the ground in Mbandaka and Bikoro and on 12 and 13 May 2018, the WHO Director General and Regional Director for Africa were welcomed to DRC by the President of the Republic and travelled to Mbandaka and Bikoro.

Coordination of the response

- Partners are being mobilized to support the Minister of Health with response activities
- The Health Cluster was activated on 10 May 2018
- A multidisciplinary team was deployed at national level to support response activities in Equateur Province
- WHO has activated incident management teams in Kinshasa, Brazzaville and Geneva to closely coordinate across the 3-Levels of WHO
- There are daily meetings of the provincial EVD control committee at Mbandaka and the daily national coordination meetings chaired by the Minister of Health continue
- Compassionate use immunization is planned for contacts of those positive for EVD and first line workers in affected areas, and preparations for the Bikoro and Wangata Belt Vaccination Campaign began on 14 May 2018, supported by Médecines sans Frontières-Switzerland and WHO.

Surveillance

- Epidemiological surveillance has been strengthened in affected areas to promote early warning notification.
- 432 contacts have been identified in Bikoro, Iboko and Mbandaka and a contact tracing system is being set up.
- Active surveillance has been established at two points of entry to Mbandaka and the weekly market at Wendy Séké, with support from WHO and the Ministry of Public Health.
- WHO plans to deploy two Early Warning Alert and Response System (EWARS) kits to the province to improve case detection and 120 health centres in Equateur Province will be networked for early notification of suspected cases.

Laboratory

- A full mobile laboratory was deployed to the Bikoro reference hospital on 12 May 2018, with another planned.
- The deployment of rapid diagnostic tests (RDTs) in the field is planned.

Case management

- Case management has been organized at the reference hospitals in Bikoro and Iboko health zones and MSF-Belgium has set up an Ebola Treatment Centre (ETC) at the reference hospital in Ikoko health area and will set up two more at the Ikoko-Impenge Health Centre and at the Wangata Health Zone in Mbandaka.
- MSF-Spain will carry out a rapid assessment of the situation with a view to providing case management at the Itipo Health Centre.
- A ward is being set up at Wangata General Hospital for the care of cases from Mbandaka.
- A 15-bed treatment centre is being operationalized in Bikoro with support from MSF-Belgium.
- An alert has been sent out to Emergency Medical Team (EMT) communities for mobilizing international medical teams for supporting the potential extension of case management

Infection prevention and control (IPC) and WASH

- A WHO water, sanitation and hygiene (WASH) expert is on site to assess water conditions and infection prevention and control (IPC) in isolation centres
- Three sets of personal protective equipment, 500 per kit, and an interagency emergency sanitary kit sufficient for 10 000 people for three months is being prepositioned
- Disinfection and hand washing points have been established at all hospital exit and entry points
- MSF and the Congolese Red Cross are collaborating in the organization of safe and dignified burials.

Social mobilization, community engagement and risk communications

- There was a press briefing on EVD on 10 May 2018 by the Minister of Health with support from WHO
- Communication spots, posters, image boxes and leaflets are being prepared and distributed for social awareness, mobilization and community engagement in the field
- The United Nations Radio (Okapi Radio) is supporting broadcasts of spots and awareness messages about EVD
- A green line/toll number (472222) has been activated for reporting cases

Logistics

- An airlift has been established with UNHAS, with the first flight on 12 May 2018 between Kinshasa-Mbandaka-Bikoro, with two rotations of one helicopter per day
- A medical helicopter has been positioned between Mbandaka and Bikoro, with the support of WHO
- There were 1 500 sets of personal protective equipment and one emergency health kit (sufficient for 10 000 people for three months), 10 triple packs and 24 thermometers received in Mbandaka on 11 May 2018
- MONUSCO are providing logistical support where required.

Operations Partnership

- WHO, GOARN partners (particularly MSF, UNICEF, IFRC) and AFRO regional partners are coordinating international response support to the MOH and mobilizing technical and logistical support to the country. WHO is working closely with the UN Clusters, stakeholders and donors to ensure appropriate support for the response

- GOARN Operational Support Team and AFRO operational partnerships team are conducting weekly calls for sharing information and coordinating some of the response actions of partners involved in the response. An outbreak response plan was shared among partners during the Teleconference (TC) on 15 May 2018

Resource mobilization

- WHO's rapid response and initial scale up of the operation in Democratic Republic of the Congo has been funded by a US\$ 2 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\$ 26 million for the current response to rapidly stop the spread of EVD. Of this, US\$ 8 million is needed by WHO to support priority actions over the next three months.
- The Wellcome Trust (GBP 2 million) and UK DFID (GBP 1 million) are providing funding to strengthen critical research needed to support the operational response.
- The UN Central Emergency Response Fund (CERF) announced an immediate allocation of US\$ 2 million to help humanitarian partners in the Democratic Republic of the Congo to fight and contain the outbreak. US\$ 1.6 million has been allocated to health interventions.
- Gavi, the Vaccine Alliance committed USD 1 million to fund the research response.

Preparedness

- WHO has started preparations to conduct EVD preparedness and readiness activities in nine neighbouring countries namely Angola, Burundi, Central African Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia. This will include:
 - Sensitization of stakeholders on EVD preparedness
 - An assessment of the country capacity and gaps
 - Identification of priority activities and potential resources for strengthening country
 - Preparedness and readiness for EVD.

IHR travel measures

- WHO advises against any restriction of travel and trade to Democratic Republic of the Congo based on currently available information. WHO continues to monitor travel and trade measures in relation to this event, and currently there are no restriction of international traffic

Summary of public health risks, needs and gaps

The objective continues to be the rapid control of Ebola virus disease in a localized area, with a center of operations in Bikoro, using proven strategies for the prevention and control of this disease. To this end, authorities need to act swiftly to improve effectiveness and coverage of the EWARS system and contact tracing and strengthen community-based surveillance in the most affected areas; intensify risk communication, social mobilisation and community engagement as a key response pillar and promote cross-border collaboration with the Republic of Congo and the Central African Republic and prevent the epidemic at major entry points.