

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 5



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Date of issue: 25 May 2018

Data as reported by: 23 May 2018

1. Situation update

Grade

3

Cases

52

Deaths

22

CFR

42.3%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo continues. The Ministry of Health, WHO and partners carried out data cleaning and reclassification of cases and deaths, following ongoing epidemiologic and laboratory investigations. The investigations invalidated eight of the initial 17 historical probable cases reported in Bikoro. Since the beginning of the outbreak (on 4 April 2018), a total of 52 suspected EVD cases and 22 deaths (case fatality rate 42.3%) have been reported, as of 23 May 2018. Of the 52 cases, 31 have been laboratory confirmed, 13 probable (deaths for which biological samples were not obtained) and eight suspected cases. About 55% (17) of the confirmed cases came from Iboko, followed by Bikoro (10 cases, 32%) and Wangata (4). A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

In the latest events that occurred on 23 May 2018, one new confirmed EVD case has been reported in Iboko and one new death of a confirmed case has occurred in Bikoro. Three new suspected cases have been reported from Bikoro (2) and Iboko (1). Seven laboratory specimens (from suspected cases reported previously) in Wangata (5) and Bikoro (2) have tested negative, and have been discarded (non-cases).

The outbreak is still localised to the three health zones initially affected: Iboko (24 cases and 3 deaths), Bikoro (23 cases and 16 deaths) and Wangata (5 cases and 3 deaths).

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, 22 May 2018

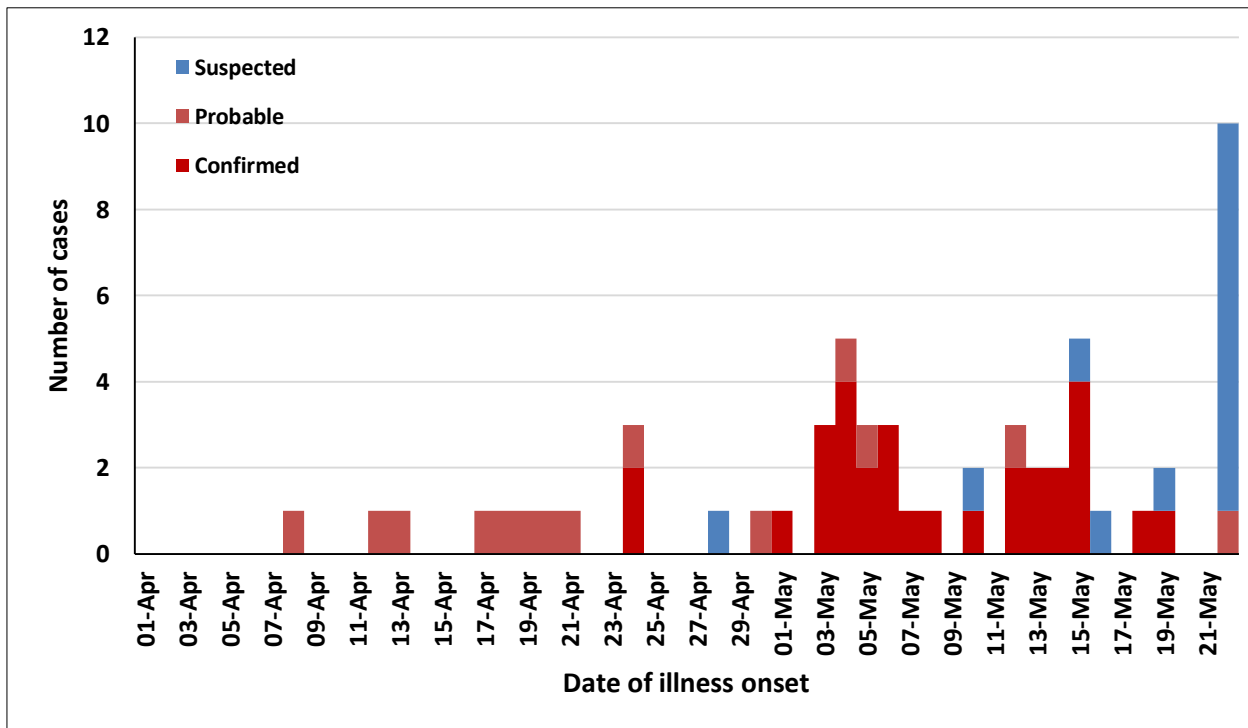


Figure 2: Distribution of Ebola virus disease cases by age and sex, Democratic Republic of the Congo, 22 May 2018

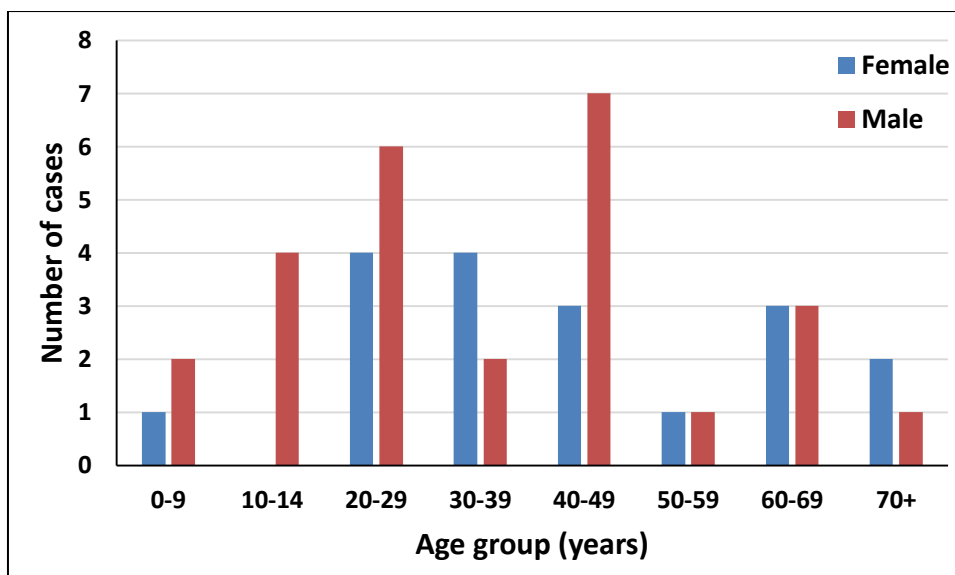
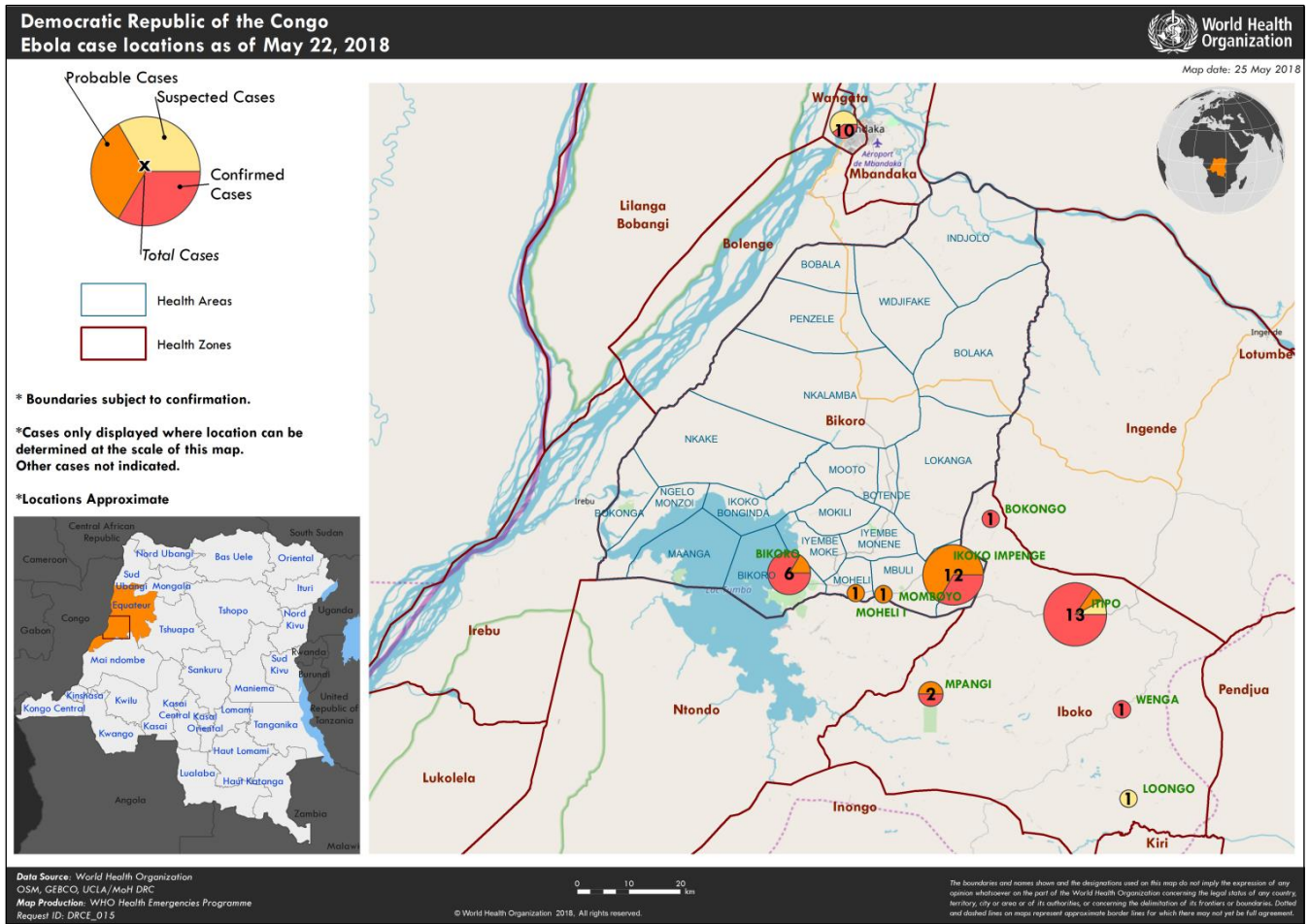


Table 1: Distribution of Ebola virus disease cases by health zone in Equateur Province, Democratic Republic of the Congo, 23 May 2018

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	2	1	0	3
New probable	0	0	0	0
New confirmed	0	1	0	1
Total new cases	2	2	0	4
Cumulative cases				
Total suspected	2	5	1	8
Total probable	11	2	0	13
Total confirmed	10	17	4	31
Total number of cases	23	24	5	52
Deaths				
New deaths	1	0	0	1
Total deaths	16	3	3	22
Deaths in confirmed cases	5	1	3	9

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, 22 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

- ➔ The Ministry of Health (MoH), through the Health Emergencies Operations Centre reviewed the mapping tool developed by experts from WHO. The tool allows MoH to have real-time information on the epidemiological situation, Points of Entry (PoE) and other crucial information for monitoring the evolution of the epidemic.

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>

- The Emergency Operations Centre in Kinshasa has been assessed to identify areas that require strengthening and there have been exchanges between the MoH and partners, including UNICEF, WFP IOM, and WHO in order to align implementation of activities.
- As of 24 May 2018, WHO has deployed a total of 138 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

- 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.
- On 23 May 2018, MoH, WHO, MSF and AFENET held a meeting to reorganize the response structure in Mbandaka.
- 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 (ETCs) and GeneXpert is now fully functional in Bikoro Health Zone.

Case management

- An assessment and rapid scale up of screening, triage and IPC at health facilities in Mbandaka is ongoing, with the goal to protect healthcare workers and maintain essential health services to the population. A total of 10 health facilities were assessed on their level of preparedness and readiness. Orientation and setting up triage stations was carried out in nine health facilities.
- Care of suspected and confirmed EVD patients is currently being provided by MSF in Bikoro, Wangata and Iboko, where Ebola treatment centres (ETCs) have been set up. WHO is providing technical advice on the use of investigational therapeutics and provision of essential medical supplies.

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

- The ring vaccination exercise was launched on 21 May 2018. As of 24 May 2018, a total of 154 people have been vaccinated in two rings in Mbandaka. Vaccination is continuing in Mbandaka while preparation is ongoing to begin the exercise in Iboko and Bikoro. The ring vaccination exercise is targeting three rings around the confirmed cases in Bikoro, Iboko and Wangata. The initial vaccination is targeting immediate contacts to confirmed cases, contacts of contacts and frontline health workers. The exercise is expected to cover up to 1 000 people from 21-26 May 2018.

Risk communication, social mobilization and risk communication

- A total of 105 health professionals and five supervisors in the Bolenge Health Zone were trained on risk communication and community engagement.
- Mapping of key partners, stakeholders and local social mobilizers is ongoing.
- Engagement with religious leaders, journalists and local radio stations was carried out 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.
- A series of integrated trainings for community leaders in Bolenge, Wangata and Mbandaka were conducted.

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 UK-DFID (\$US 6.6 million), totalling to around US\$13.9 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

- ➔ WHO is supporting EVD preparedness and readiness activities in nine neighbouring countries namely Angola, Burundi, Central African Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia. The activities undertaken include:
 - Deployment of Preparation Support Teams (PST) to eight out of nine countries to assess EVD readiness using a standardised tool and support development of contingency plans, with partners.

- Sensitization of key stakeholders on EVD preparedness, including partners and communities
- Prepositioning of PPE, infrared digital thermometers and other essential supplies.
- Strengthen cross border surveillance at POEs through sensitization and on-the-job training for screening.

Operations partnership

- ➔ GOARN/EDCARN has deployed case management and IPC experts to support IPC and case management activities.
- ➔ Emergency Medical Teams (EMTs) from IMC, IFRC, IRC, Alima and the French Government are in the process of deploying clinical teams to support IPC and maintenance of safe access to essential health services in health facilities.

UNICEF

- ➔ A total of 143 churches from three health zones in Mbandaka were sensitized about the risks of gatherings for prayer services and 91 community mobilizers were briefed to monitor visits to churches. 122 street chiefs, 132 school leaders and 138 community animators were sensitized about the risks of EVD.
- ➔ In Iboko, local authorities conducted a meeting with village leaders, clan leaders and families in eight villages and mass communication on EVD is being broadcast through churches, local markets and schools.
- ➔ In Bikoro, in the six affected health zones, 282 out of 420 required facilitators are operating in 33 comité d'animation communautaire who serve as community level communicators.

IFRC

- ➔ Red Cross has deployed more 150 volunteers and staff for EVD response, focusing on key areas: community engagement and accountability, contact tracing, safe and dignified burials, psychosocial support.
- ➔ Red Cross is supporting safe and dignified burials in Bikoro and Imboko
- ➔ Since May 8 2018, Red Cross has been conducting community sensitizations, disinfection of health facilities and community surveillance.

WFP

- ➔ WFP has established an air-bridge between Kinshasa, Mbandaka and the affected areas, with flights six days per week, to deliver supplies and personnel. The flights are regularly serving Bikoro and Itipo.
- ➔ On 23 May 2018, UNHAS deployed one staff to Mbandaka to coordinate UNHAS and MONUSCO flights.
- ➔ Since 9 May 2018, WFP has deployed a logistics cluster coordinator to Mbandaka to assess partner capacities, identify gaps and provide support.

UNHCR

- ➔ UNHCR is working with health authorities in Mobayi, Gbadolite, Libenge, and Zongo Health Zones to update their Ebola response plans, while making sure that refugees are taken into account.
- ➔ The validated Ebola case definition has been disseminated to health providers of the health facilities serving refugees and host communities. The health providers and community health workers have been educated on EVD active case finding and community-based surveillance for early detection of suspected cases.

IHR travel measures

WHO advises against the application of any travel or trade restrictions to Democratic Republic of the Congo, based on currently available information. According to the advice of the Emergency Committee, exit screening, including at airports and ports on the Congo River, is considered to be of great importance; however entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value. As of 18 May, 20 countries have implemented entry screening for international travelers coming from Democratic Republic of the Congo, and currently there are no restrictions of international traffic in place. WHO continues to monitor travel and trade measures in relation to this event.

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.