

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 2

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World Health
Organization

REGIONAL OFFICE FOR
Africa

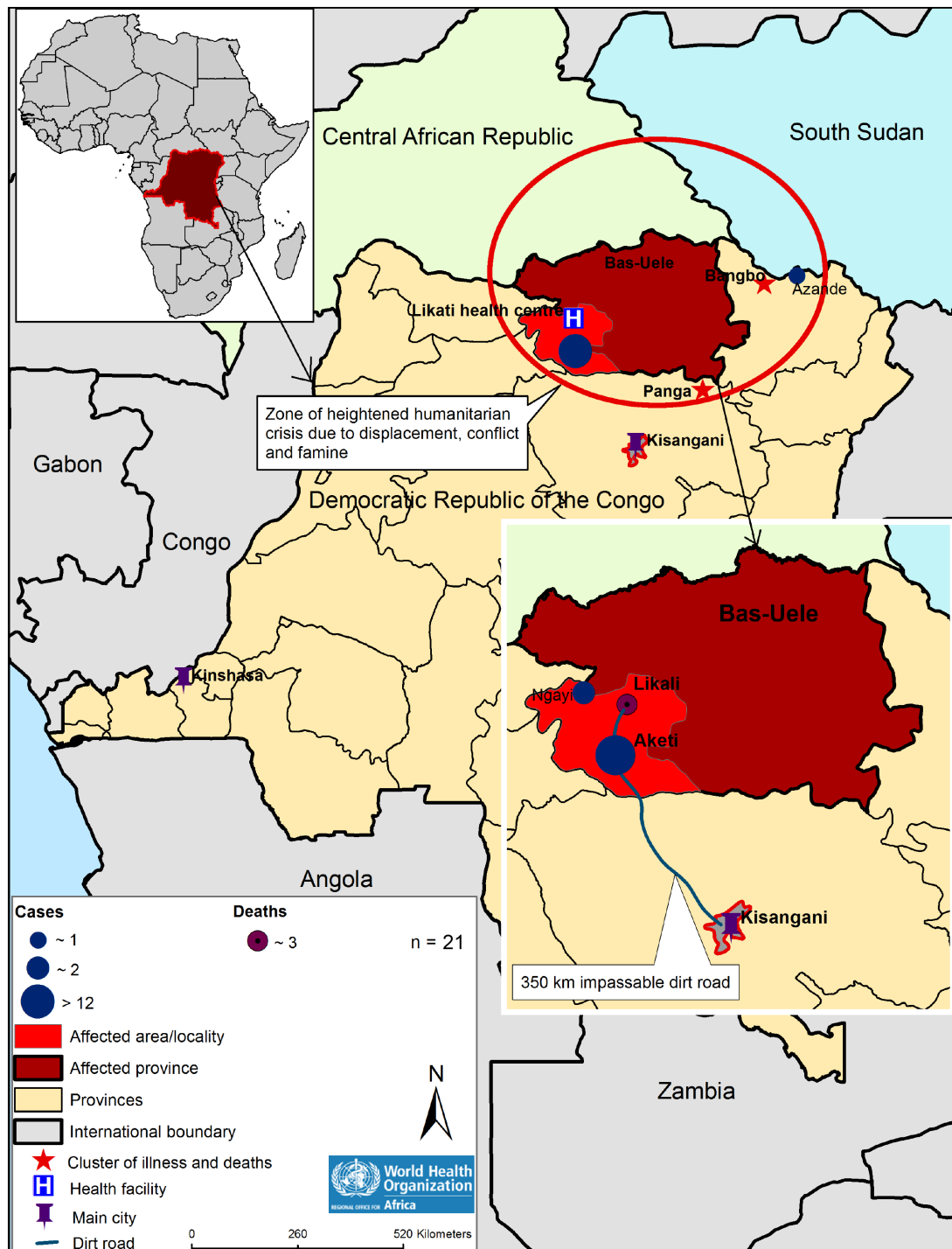
1. Situation update

WHO continues to monitor the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province located in the north-east of the Democratic Republic of the Congo. Between 15 May and 16 May 2017, two new suspected EVD cases were reported in Azande (one case) and Nambwa (1 case) health areas in Lakati Health Zone. As of 16 May 2017, 21 suspected EVD cases including three deaths (case fatality rate of 14.3%) have been reported. Most of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The cases have been reported from four health areas, namely Nambwa (13 cases and two deaths), Mouma (three cases and one death), Ngayi (four cases and no deaths) and Azande (one case and no deaths).

Two of five blood samples collected from the initial cases and analysed at the Institut National de Recherche Biomédicale (INRB) laboratory in Kinshasa tested positive for Zaire ebolavirus. Approximately 400 close contacts have been registered in Likati Health Zone and are being monitored.

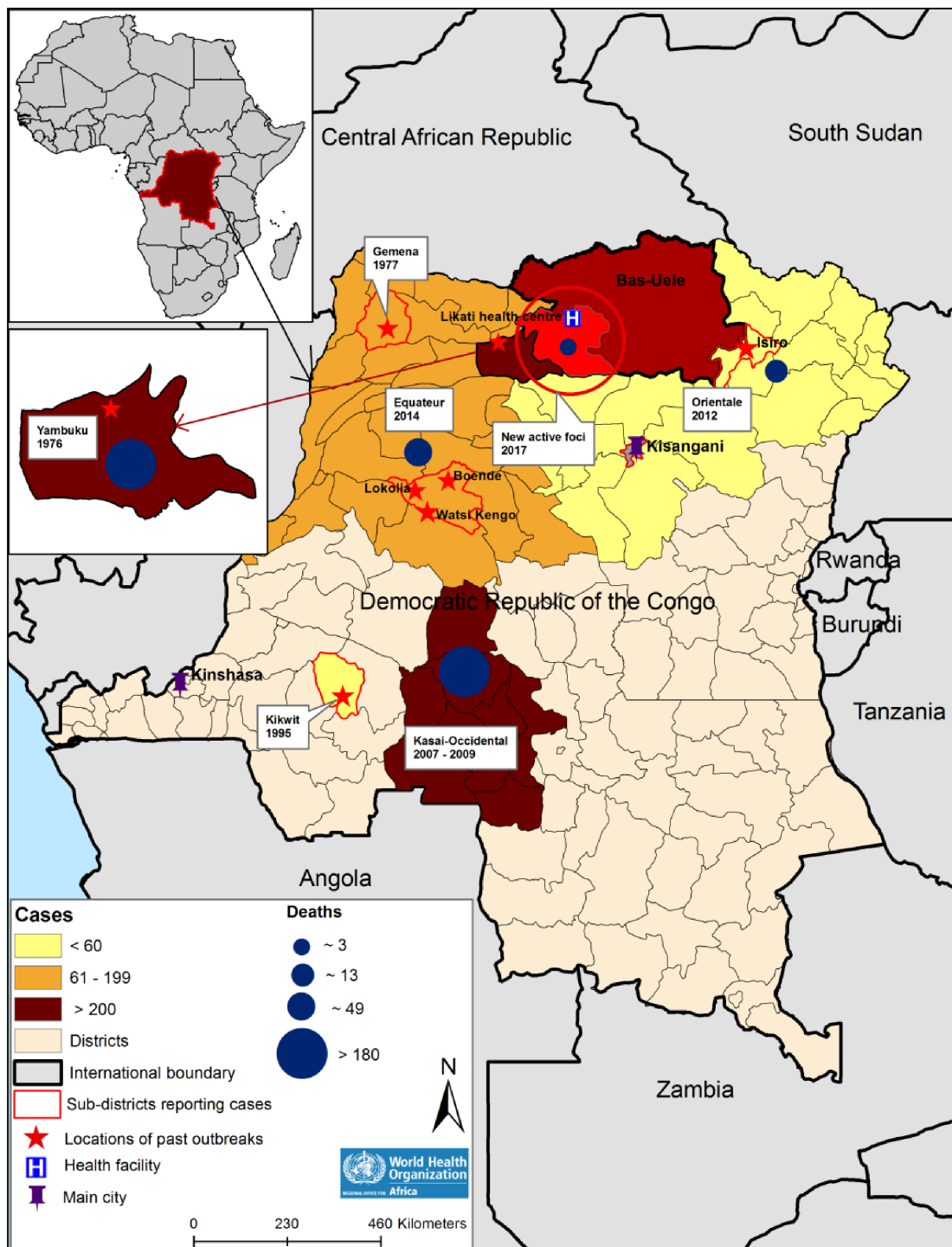
This Ebola outbreak in the Democratic Republic of the Congo was notified to WHO by the Ministry of Health on 11 May 2017. The cluster of cases and deaths of previously unidentified illness have been reported since late April 2017. Likati Health Zone shares borders with two provinces in the Democratic Republic of the Congo and with the Central African Republic (Fig. 1). The affected areas are remote and hard to reach, with limited communication and transport networks.

Figure 1. Geographical distribution of cases in the current Ebola outbreak in the Democratic Republic of the Congo as of 16 May 2017



The current outbreak is the eighth Ebola outbreak in the Democratic Republic of the Congo since the disease was first discovered in 1976 in Yambuku (then Zaire, Fig. 2).

Figure 2. Geographical distribution of the previous Ebola outbreaks in the Democratic Republic of the Congo: 1976 – 2017.



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

Current risk assessment

- The risk is high at the national level due to the known impact of Ebola outbreaks, remoteness of the affected area, limited access to health care and suboptimal surveillance.
- Risk at the regional level is moderate due to the proximity of international borders and the recent influx of refugees from Central African Republic.
- The risk is low at global level due to the remoteness and inaccessibility of the area to major international ports.

The risk assessment will be reevaluated 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.

WHO's strategic approach to the prevention, detection and control of EVD

WHO recommends the implementation of strategies that have proven to be effective in preventing 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 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

Since the declaration of the outbreak, the WHO regional Office for Africa, as well as the other levels of WHO, are providing a high level of support to the country in order to ensure an effective response to this event.

Coordination of the response

- On 15 May 2017, the Minister of Public Health chaired the Health Emergency Management Committee meeting in Kinshasa which was attended by government officials and partners. The attendees reviewed the current situation, discussed strategies and planned the implementation of control interventions.
- The national, provincial and zonal response teams, in collaboration with partners, are conducting daily coordination meetings in order to design strategies, plan, implement and monitor progress of the response.
- WHO is conducting daily conference calls involving all the three levels of WHO to strategize and provide guidance.

Surveillance

- The national rapid response team arrived in Likati Health Zone on 15 May 2017. The team will conduct detailed epidemiological investigations and support the local response.
- Active surveillance is being established and strengthened in the affected region and daily reporting has been implemented. Surveillance is also being enhanced nationwide.

Laboratory confirmation

- By 15 May 2017, five new blood samples have been collected from the affected people and are being transported to the Institut National de Recherche Biomédicale (INRB) laboratory in Kinshasa for testing.
- INRB is deploying 2 mobile laboratories to Buta and Likati. There is additional mobile laboratory support available through GOARN/EDPLN for if required.
- The available samples will be transported to the WHO Collaborating Centre for further analysis.
- Samples transportation mechanism from the field is being improved to enable timely confirmation of suspected cases.

Infection prevention and control / safe burials

- The disinfection of materials and homes of the cases is ongoing in Likati and Nambwa health zones.
- The logistics and capacity to conduct safe burials are being put in place.

Contact identification and follow-up

- At least 400 contacts have been identified and are being followed up on a daily basis. Efforts are ongoing to establish and strengthen contact tracing mechanisms.
- Tools for contact identification and follow up are being distributed to health workers.

Case management

- Preparations by the non-governmental organizations Médecins Sans Frontières (MSF) and the Alliance for International Medical Action (ALIMA) are ongoing to support the establishment of proper isolation and treatment facilities in the affected areas.

Social mobilization and community engagement

- National social mobilization and community engagement experts are on the ground to sensitize and engage the communities.

Logistic

- The logistics team in Kinshasa is working closely with logistics partners and stakeholders across the Democratic Republic of the Congo to ensure effective collaboration and coordination. The logistic issues to be addressed include supply, warehousing, transport, setting up of living quarters and operations base(s) in remote zones, setting up medical and isolation facilities, and referral of patients. The international logistics partners include UNICEF, World Food Programme (WFP), MSF, ALIMA, the United States Agency for International Development (USAID) and the United Kingdom Department for International Development (DFID).
- WFP/Logistics Cluster and UNICEF have been approach to support warehousing capacity in Buta and eventually Likati.
- WHO donated 3,000 sets of personal protective equipment (PPE), enough to support a facility of 30 beds for 30 days. The other supplies donated include 100 body bags, sprayers, chlorine powder for disinfection and infrared thermometers. The supplies have been transported to Likati.
- Communication equipment, including satellite phones and data satellite communication devices has been deployed.
- Discussions to secure air transport are in advanced stages. The options will include using both helicopter and fixed-wing flights. The United Nations Humanitarian Air Service (UNHAS) will set up a base to operate from Buta.

Resources Mobilization

- The Ministry of Health has finalized the national Ebola outbreak response plan and budget, amounting to US\$ 8 million. The response plan and budget has been presented and discussed with partners.
- The WHO Country Office in the Democratic Republic of the Congo finalized a response plan and budget amounting to US\$ 1.4 million.

Risk communication

- Risk communication messages are being aired through local radio channels. Awareness campaigns are also being organized in markets, churches and other public places.
- An advocacy meeting was held with the political and administrative authorities

Partnership

- WHO continues to mobilize partners to provide technical and logistical support to the country.
- GOARN Operational Support Team is coordinating Partner inputs and regular information sharing through teleconferences and secure Knowledge Platform.
- MSF and ALIMA are on the ground in Likati to provide technical support.

IHR Travel measures

- As of 16 May 2017, three countries have instituted entry screening at airports and ports of entry (Nigeria, Tanzania, and Zimbabwe), and one country has issued travel advice to avoid unnecessary travel to DRC (Rwanda).
- The IHR Secretariat, together with ICAO is actively monitoring the travel measures implemented by States Parties in relation to this outbreak.
- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.

3. Summary of public health risks, needs and gaps

The critical needs currently are access to the affected areas and to enable the timely deployment of required human and logistical resources, including the mobile laboratory and communication tools.

Proposed ways forward include:

- Establishing appropriate Ebola isolation and treatment facilities;
- Initiate implementation of response interventions in all the essential pillars;
- Continuing with the deployment of national and international experts to the affected areas;
- Mobilizing needed resources, including telecommunications and air transport logistics, to ease communication and access to the affected areas.