

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 10



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Date of issue: 12 June 2018

Data as reported by: 10 June 2018

1. Situation update

Grade

3

Cases

55

Deaths

28

CFR

50.9%

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo remains active. One month into the response, there is cautious optimism about the situation in Bikoro and Wangata (especially Mbandaka) health zones where the last confirmed EVD case was reported on 16 May 2018. The primary focus of the response has moved from the urban areas of Equateur Province to the most remote and hard-to-reach places in Itipo and the greater Iboko Health Zone.

On 10 June 2018, two new suspected EVD cases were reported in Iboko Health Zone. Thirteen laboratory specimens (from suspected cases reported previously) tested negative. No new confirmed EVD cases and no new deaths have been reported on the reporting date. Since 17 May 2018, no new confirmed EVD cases have been reported in Bikoro and Wangata health zones, while the last confirmed case was reported in Iboko Health Zone on 2 June 2018.

Since the beginning of the outbreak (on 4 April 2018), a total of 55 EVD cases and 28 deaths (case fatality rate 50.9%) have been reported, as of 10 June 2018. Of the 55 cases, 38 have been laboratory confirmed, 14 are probable (deaths for which it was not possible to collect laboratory specimens for testing) and three are suspected. Of the confirmed and probable cases, 27 (52%) are from Iboko, followed by 21 (40%) from Bikoro and four (8%) from Wangata health zones. A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

The outbreak has remained localised to the three health zones initially affected: Iboko (24 confirmed cases, 3 probable, 2 suspected, 7 deaths), Bikoro (10 confirmed cases, 11 probable, 1 suspected, 18 deaths) and Wangata (4 confirmed cases, 3 deaths).

The number of contacts requiring follow-up is progressively decreasing with many completing the required follow-up period. As of 10 June 2018, a total of 634 contacts were under follow up, of which 633 (99.8%) were reached on the reporting date.

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, 10 June 2018 (n=52)

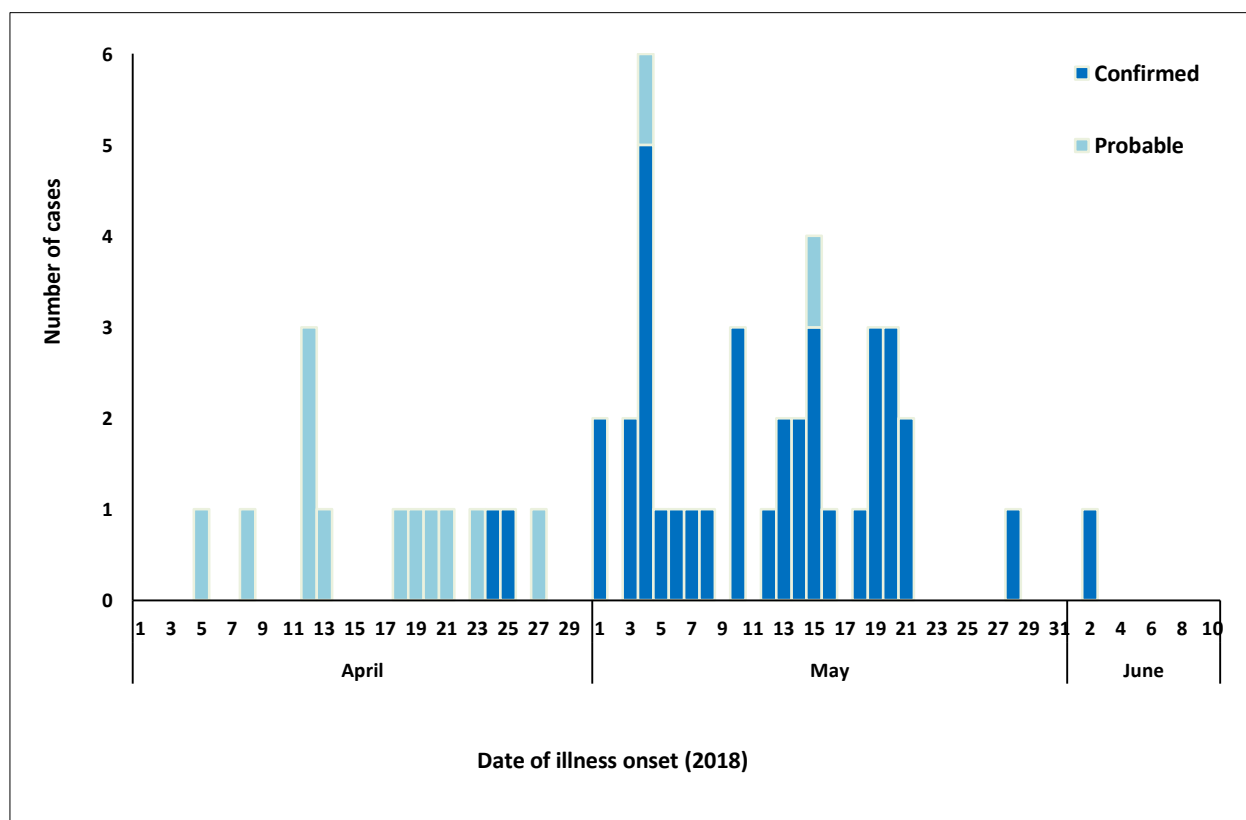


Figure 2 Confirmed and probable Ebola virus disease cases by age and sex, Democratic Republic of the Congo, as at 10 June 2018 (n=51) (Age for n=1 female case unknown)

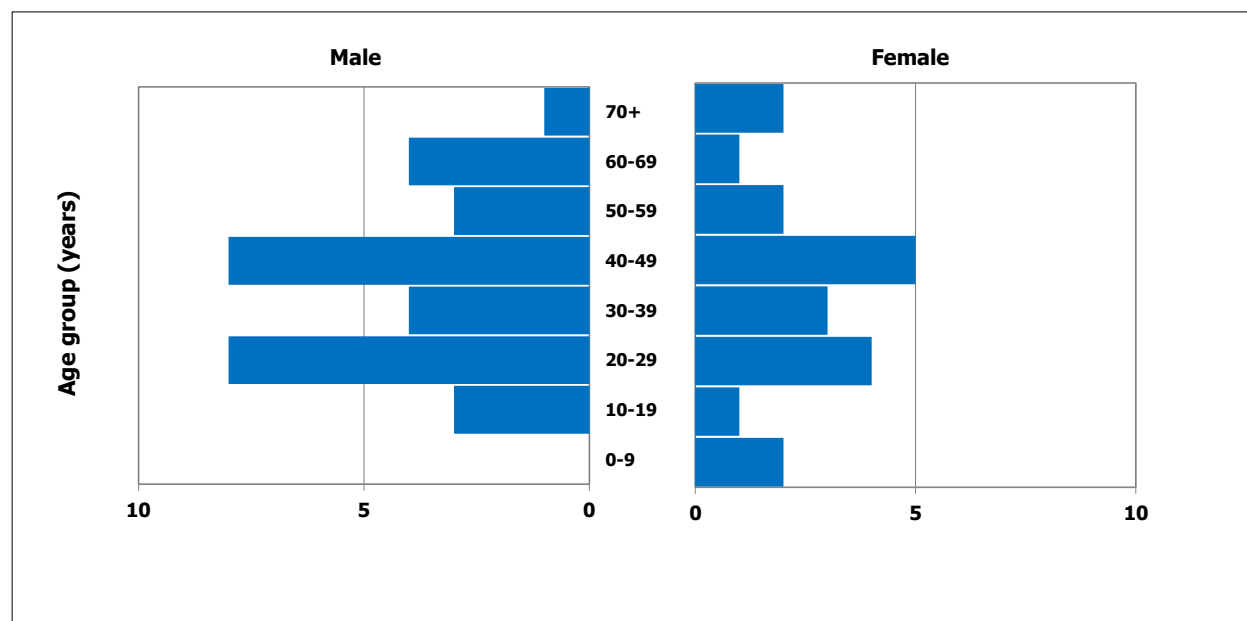
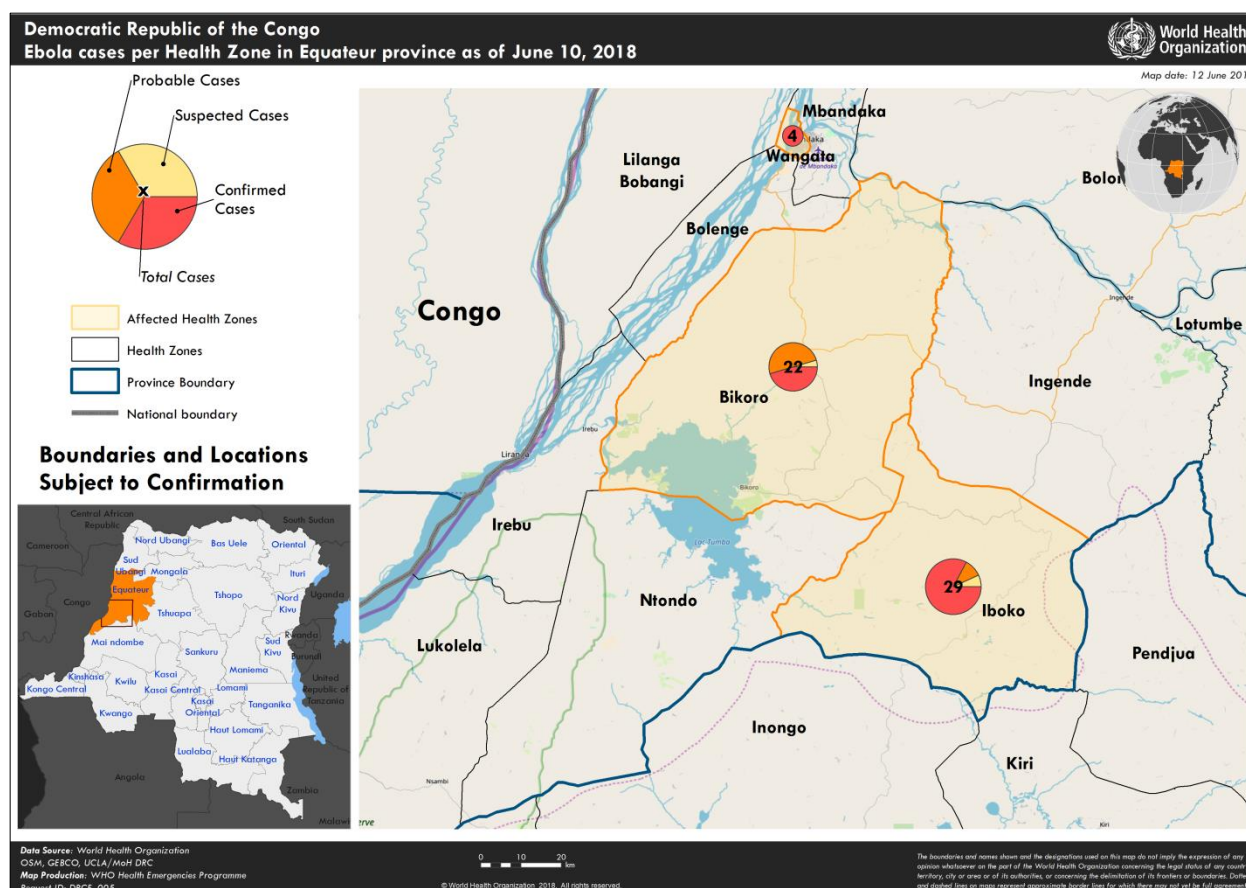


Table 1: Distribution of Ebola virus disease cases by health zone in *Equateur Province, Democratic Republic of the Congo*, 10 June 2018

Description	Bikoro	Iboko	Wangata	Total
Cases				
New suspected	0	2	0	2
New probable	0	0	0	0
New confirmed	0	0	0	0
Total new cases	0	2	0	2
Cumulative cases				
Total suspected	1	2	0	3
Total probable	11	3	0	14
Total confirmed	10	24	4	38
Total number of cases	22	29	4	55
Deaths				
New deaths	0	0	0	0
Total deaths	18	7	3	28
Deaths in confirmed cases	7	4	3	14

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, 10 June 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.

Current risk assessment

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 Democratic Republic of the Congo and to neighbouring countries. The risk at the regional level is therefore considered high. At global level, the risk is currently considered low.

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 11 June 2018, the WHO Director General (DG) and the Minister of Health visited Itipo health area (the remaining hotspot with active transmission) in Iboko Health Zone to conduct on the spot assessment and support response operations. The DG and the Minister of Health met the local coordination commission and the National Association of Ebola Winners (people who were cured). The mission also visited the newly established Ebola Treatment Centre (ETC) in Itipo.

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>

- ➔ 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.
- ➔ As of 11 June 2018, WHO has deployed a total of 271 technical experts in various critical functions of the Incident Management System (IMS) to support response to the EVD outbreak
- ➔ WHO continues to conduct daily IMS team meetings and hold three-level conference calls to review response operations and support field teams.

Surveillance

- ➔ Active surveillance activities are ongoing, including active case search at community and health facility levels, real-time investigation of suspected cases and alerts, and collection of specimens for laboratory confirmation and/or exclusion. Rigorous contact tracing activities continue in all areas.
- ➔ The Ministry of Health, with the support of WHO, CDC, Epicentre and other partners, continue to maintain an up-to-date EVD outbreak database, including line lists, contact lists, etc.

Laboratory

- ➔ A full mobile laboratory was deployed to Bikoro Reference Hospital on 12 May 2018 and was fully operational by 16 May 2018. A second mobile laboratory is active in Mbandaka and a third one in Itipo since 30 May 2018.
- ➔ A National Laboratory Strategy has been developed, focusing on GeneXpert for confirmatory testing in key sites such as Ebola Treatment Centres (ETC). GeneXpert is now fully functional in Bikoro Health Zone and Mbandaka. Additional GeneXpert machines are being sent to the affected areas.

Case management

- ➔ MSF has set up ETCs in Mbandaka and Bikoro, while two other ETCs are being set up in Iboko (MSF) and Itipo (ALIMA).
- ➔ WHO is providing technical advice on the use of investigational therapeutics under the Monitored Emergency Use of Unregistered Interventions (MEURI) framework and provision of essential medical supplies. Four of the five investigational therapeutics are in-country and all protocols have been approved by the Ethics Review Board (ERB). This is the first time such treatments have been available during an Ebola outbreak. Clinicians working in the treatment centres will make decisions on which drug will be most helpful to their patients, and appropriate for the setting. The treatments can be used as long as informed consent is obtained from patients and protocols are followed, with close monitoring and reporting of any adverse events. Four of the five approved drugs are currently in the country. They are Zmapp, GS-5734, REGN monoclonal antibody combination, and mAb114.

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

- ➔ Infection prevention and control supplies, including personal protective equipment and disinfectants, have been provided to health facilities in eight health areas, namely: Mapeke, Bokongo, Itipo, Londo, Bokando-Bouna, Mpangi, Lokango, Boutela.
- ➔ A comprehensive triage plan for health facilities in Itipo health area has been developed. Red Cross is finalizing rehabilitation of an operational base for dignified and safe burials in Bikoro.
- ➔ There is continued support from MSF and the Congolese Red Cross in the organization of safe and dignified burials.

Implementation of ring vaccination protocol

- ➔ Since the launch of the vaccination exercise on 21 May 2018, a total of 2 295 people have been vaccinated in Wangata (713), Iboko (1 054) and Bikoro (498), as of 10 June 2018. 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

- ➔ In Mbandaka, 65 women leaders including women's groups, women army officers and wives of military men were trained to support EVD social mobilization activities.
- ➔ Ongoing risk communication and social mobilization activities include:
 - Mass awareness campaign through television, radio and social mobilization teams going to communities
 - Training response teams in the communities
 - Training local journalists
 - Meeting with local leaders.

Logistics

- ➔ WHO provided four ambulances to facilitate referral of patients, which were deployed in Mbandaka (3) and Kinshasa (1). Three additional utility vehicles have been provided to support activities in Kinshasa.
- ➔ MONUSCO has set up tents to accommodate responders in Iboko 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 points of entry (PoE) (airports and water/land points) to be monitored.
- Funding towards the Strategic Response 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 (£5 million), Germany (€5 million), Norway (US\$ 8 million nok), Canada (\$ 1 million CAD), World Bank PEF (US\$ 6.8 million) bringing the total to around US\$ 32.6 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 and the African Development Bank.
- There is a growing need to support operational readiness for PoEs in surrounding countries to prevent further spread and WHO has launched a Regional Strategic Plan for EVD Operational Readiness and Preparedness.

Preparedness

- WHO is supporting neighbouring countries to systematically assess and take action on Ebola preparedness, and to develop national contingency response plans. A regional readiness and preparedness plan has been developed and published, outlining activities to ensure that the nine neighbouring countries can detect and contain Ebola should it be introduced. The regional readiness and preparedness plan requires US\$ 15.5 million.

Operations partnership

- ➔ GOARN Operational Support Team and the AFRO operational partnerships team continue to conduct twice weekly conference calls to share information and coordinate response actions of partners involved in the response.

IHR travel measures and cross border health

- ➔ 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.
- ➔ WHO recommendations for international travellers related to EVD outbreak in DRC were published on 29 May 2018². In general the risk of a traveller becoming infected with Ebola virus during a visit to the affected areas and developing disease after returning is extremely low, even if the visit included travel to areas where primary cases have been reported. Transmission requires direct contact with blood or fluids of infected persons or animals (alive or dead), all unlikely exposures for the average traveller. If symptoms consistent with Ebola disease develop, travellers should seek immediate medical attention (through specific hotline numbers). Travellers should be informed about where to obtain appropriate medical assistance at their destination and whom to inform should they become ill.
- ➔ There is a possibility that a person who has been exposed to Ebola virus and developed symptoms may board a commercial flight or other mode of transport, without informing the transport company of his/her status. Such travellers should seek immediate medical attention upon arrival, mention their recent travel history, and then be isolated to prevent further transmission. Information of close contacts of this person on board aircraft should be obtained through collaboration with various stakeholders at points of entry (e.g. airline reservation system) in order to undergo contact tracing.
- ➔ As the incubation period for Ebola is between 2 to 21 days, travellers involved in caring for EVD patients or who suspect possible exposure to Ebola virus in the affected areas, should take the following precautions for 21 days after returning: 1) Stay within reach of a good quality health care facility; 2) Seek immediate medical attention (e.g. through hotline telephone numbers) and mention their recent travel history if they develop EVD like symptoms.
- ➔ As of 12 June 2018, 26 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.

² WHO recommendations for international travellers related to EVD outbreak in DRC, <http://www.who.int/ith/evd-travel-advice-final-29-05-2018-final.pdf?ua=1>

- ➔ In collaboration with WHO, IOM, Africa CDC and other partners, the Government of the Democratic Republic of the Congo has developed a comprehensive strategic response plan for points of entry, with the goal of avoiding the spread of the disease to other provinces or at the international level. The plan includes mapping strategic points of entry and the locations of areas where travellers congregate and interact with the local population, and therefore are at risk of Ebola virus disease transmission based on population movement. The plan also includes implementing health measures at the points of entry or congregation, including risk communication and community engagement, temperature checks, provision of hand hygiene and sanitation materials, and the development of alert, investigation and referral procedures.
- ➔ By 18 May 2018, a total of 115 points of entry/ congregation had been listed and mapped along three cordon sanitaires in Mbandaka, Bikoro, Iboko, Ntonde, Igende, larger Equateur Province and Kinshasa/Kisangani). It is unrealistic and impractical to assume that proper screening can be conducted at all these points, and the efforts currently focus on the 30 prioritized points of entry/congregation. Further detail on this plan and implementation to date are available via the Disease Outbreak News webpage: <http://www.who.int/csr/don/en/>. Field exercises were also organized to identify key points of passage and congregation of travellers in Mbandaka as well as in Bikoro and its surroundings with participation of representatives from the population such as local authorities, police, church, trade. This work was facilitated by WHO and PHNF and with the support of IOM.
- ➔ Screening measures of persons departing or arriving from an affected area include travel health declaration to evaluate the risk of exposure to Ebola virus, visual observation for EVD like symptoms, temperature check and travel health promotion measures, as well as procedures for referral of suspect cases. Any person with an illness consistent with EVD is not allowed to travel unless the travel is part of an appropriate medical evacuation. Boarding may be denied based on public health criteria.
- ➔ As of 1 June 2018, no cases were detected at ports on the River Congo closed to Kinshasa (Muluku, Kinkolé, Ngobila) as well as in the international and main national airports in Kinshasa (Ndili, Ndolo). As of 6 June 2018, 374 travellers were screened and sensitized to EVD in Bikoro, Ntonde, Igende. As of 9 June 2018, 2707 persons were screened and sensitized to EVD in the key sites in Mbandaka, Bikoro, Ndonle, Igende and Irebu health zones.
- ➔ All 30 points of entry (ports and airports) and areas for congregation (parking, markets, churches, schools) are now assessed and gaps identified. On 6 June 2018, the sub-commission of surveillance at PoEs was established and meet daily. The focus of the group is to strengthen screening and sensitization capacity in the 30 prioritized PoEs and congregation sites:
 - Establish and disseminate procedures for surveillance (visual observation, screening of travellers, hand hygiene, risk communication)
 - Develop a training module for surveillance at PoEs for PHNF agents deployed and to be deployed.
 - Quantify gaps in terms of equipment and materials at each PoE.
- ➔ On 9 June 2018, a training of trainers took place in Kinshasa for PoEs with PHNF, IOM, WHO, CDC, and JICA.

3. Summary of public health risks, needs and gaps

One month into the response, tremendous progress has been made in containing further spread of the EVD outbreak. Currently, active transmission is mainly taking place in the remote Itipo health area in Iboko Health Zone. The situation in Bikoro and Wangata (Mbandaka city) health zones is being cautiously monitored, with the last confirmed cases reported in mid-May 2018. Moving forward, the response is beginning to shift to a second phase where the focus will be enhanced surveillance, including rapid case investigations of suspected EVD cases and alerts and thorough contact tracing in the remote areas. This will imply redeployment of field responders and response logistics.