

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 3



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Date of information: 18 May 2018

1. Situation update

Grade

3

Cases

45

Deaths

25

CFR

56%

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 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 on-going including laboratory testing.

Update

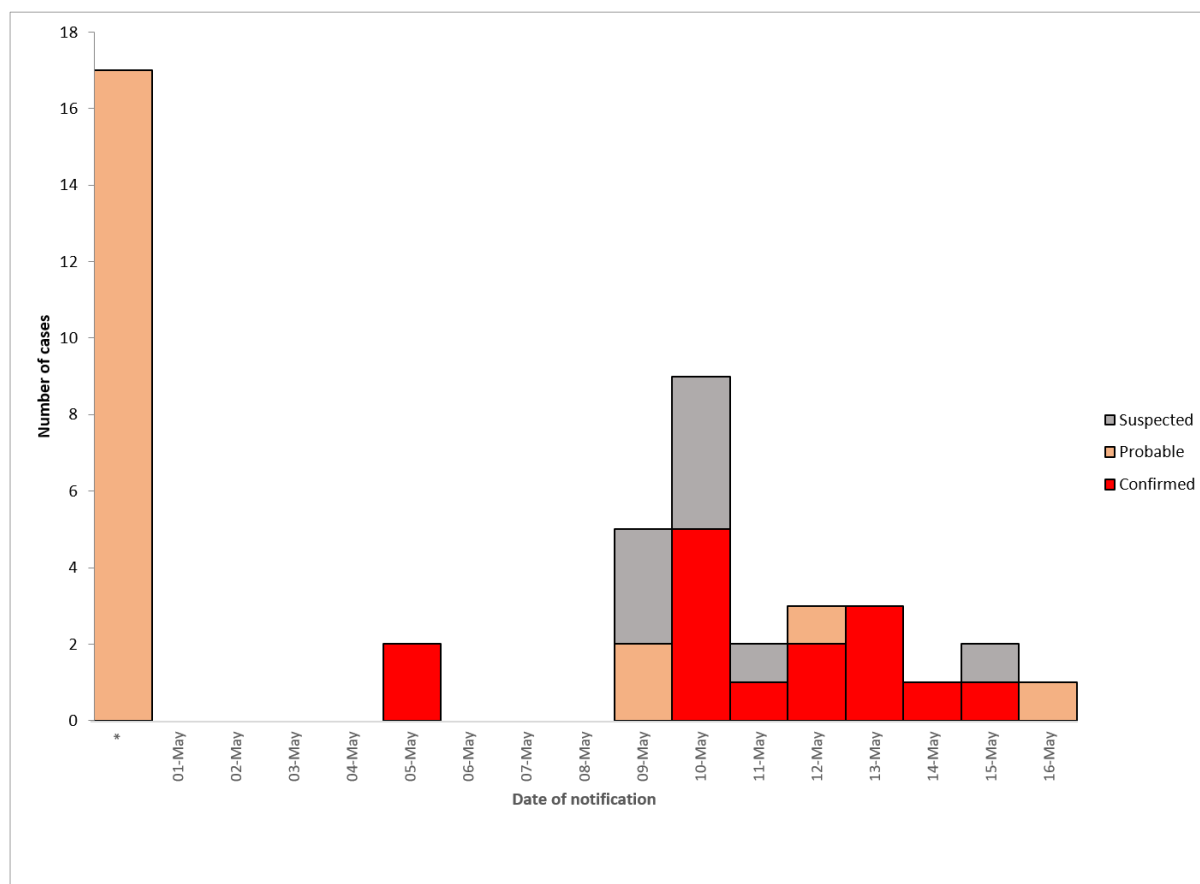
Since the last situation report, four additional cases of Ebola virus disease (EVD) including three suspected and one probable case were reported from Bikoro and Wangata (Mbandaka City) health zones in Equateur Province as of 16 May 2018. In addition, 12 previously identified suspected cases were laboratory confirmed for EVD including one case from Wangata health zone in Mbandaka City – an urban centre with a population of more than 1 million people. No new health zones reported cases since the last situation report.

As of 16 May 2018, a cumulative total of 45 EVD cases including 25 deaths (case fatality rate = 56%) have been reported from three health zones in Equateur Province. The total includes 14 confirmed, 21 probable and 10 suspected cases in Bikoro (n=36), Iboko (n=5) and Wangata (4) health zones. Bikoro health zone remains the epidemic centre of the outbreak, reporting 80% of the total cases and 93% of the confirmed cases. Approximately 51% of the cases in Bikoro health zone were have reported from Ikoko-Impenge health area – the area from where the first cases were reported.

A total of 532 contacts are being followed in Bikoro (n=330), Iboko (n=120) and Wangata (n=52) health zones. As of 16 May, 18 samples have been collected of which 14 tested positive by PCR – 13 from Bikoro and one from Wangata. Eleven of the confirmed cases were tested in the mobile laboratory installed by INRB in Bikoro – the remaining three were tested at the INRB, Kinshasa.

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Figure 1: Notified cases of Ebola virus disease, Equateur Province, Democratic Republic of Congo (n=45)

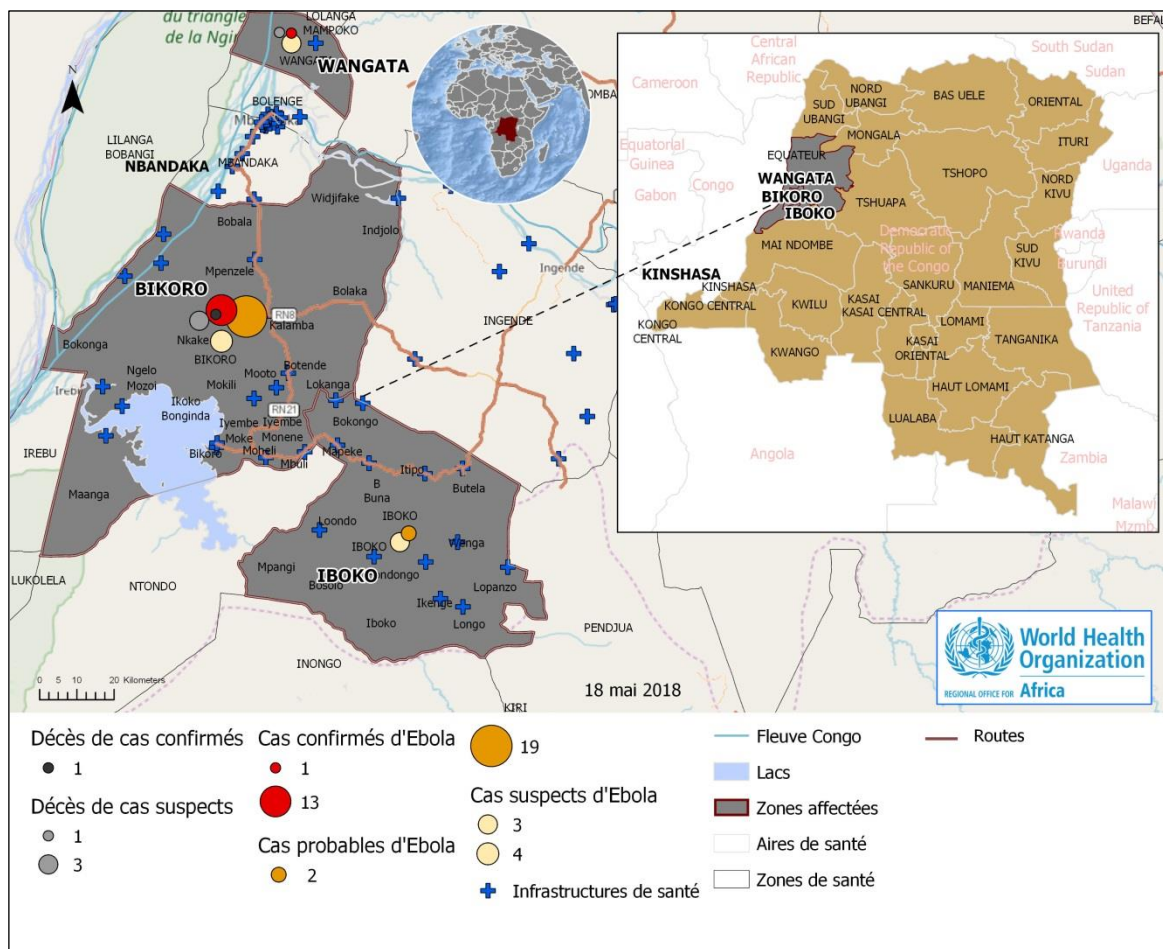


* Cases reported prior to outbreak declaration under investigation

Table 1: Ebola virus disease case distribution by health zone up to 16 May 2018, Equateur Province. Democratic Republic of Congo.

	Bikoro	Iboko	Wangata	Total
Suspected cases	4	3	3	10
Probable	19	2	0	21
Confirmed	13	0	1	14
Total cases	36	5	4	45
Total deaths	21	3	1	25

Figure 2: Geographical distribution of the Ebola virus disease outbreak in the Democratic Republic of the Congo as of 16 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 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

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 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 the 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, which concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met.¹

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information. If the outbreak expands significantly, or if there is international spread, the Emergency Committee will be reconvened

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 pillars of response 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 16 May 2018, 5 400 doses of rVSV-ZEBO vaccine were delivered to Kinshasa by WHO. The vaccination effort will target three rings, particularly around the two cases confirmed by PCR in Bikoro and the confirmed case in Wangata.

Coordination of the response

- The National Coordinating Committee met on 16 May 2018 and issued a press statement confirming a case of EVD in Mbandaka city. The Provincial EVD Response committee also met in Mbandaka the same day, with the participation of all partners.
- The WHO team and partners had a working session with Ministry of Health on 17 May 2018 to finalize strategic plans for contact tracing and monitoring and for monitoring and control at entry points in the affected health zones.

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>

Surveillance

- ➔ Epidemiological surveillance has been strengthened in Mbandaka with the deployment of a new epidemiologist. An additional six epidemiologists from GOARN African and global partners are enroute with more in process.
- ➔ Monitoring is in place at the Mbandaka airport and its main port in the form of medical screening of passengers with thermo-flash, vehicle disinfection, foot disinfection and hand washing.
- ➔ WHO has scheduled training of health personnel in using the Early Warning Alert and Response System kit (EWARs) kit in Bikoro on 18 and 19 May 2018 for early case detection. Other training sessions are to be organized in Mbandaka, aiming to network all health centres in Equateur in early detection of new outbreaks.

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.
- ➔ The deployment of rapid diagnostic tests (RDTs) in the field is planned.
- ➔ A National Laboratory Strategy has been developed, focusing on GeneXpert for confirmatory testing in key sites such as Ebola Treatment Center (ETC).

Case management

- ➔ MSF-Belgium established Ebola Treatment Centres (ETC) at the reference hospital in Ikoko health area, Bikoro reference hospital, and will set up two more at Wangata General Hospital (Mbandaka). Wards have also been set up in the latter two hospitals
- ➔ Case management has been organized at the reference hospitals in Bikoro and Iboko health zones.
- ➔ Médecines sans Frontières-Belgium (MSF-B) continues to support case management at the EVD treatment centre at Bikoro reference hospital.
- ➔ More focus is now on rapid-scale up of Infection Prevention and Control (IPC) in the city of Mbandaka to prevent the amplification of disease in the urban centre and rapid scale up of ETCs in the three affected zones.
- ➔ WHO/EDCARN/GOARN are currently performing rapid assessments and subsequent actions to make the larger hospitals in Mbandaka safe

Vaccination

- ➔ As of 17 May 2018, WHO has organised training of 18 logisticians and health workers in good clinical practice and ring vaccination technique, who will be deployed in Mbandaka on 19 May 2018 to support immunization activities.
- ➔ The cold chain is functional in Kinshasa and the cold chain being installed in Mbandaka will be functional by 20 May 2018.

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
- ➔ EDCARN is mobilizing four IPC specialists through GOARN to support the response
- ➔ 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.
- ➔ 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 has been activated for reporting cases.
- ➔ There is continued sensitization of the population in affected villages and surrounding areas through the various communication channels.

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.
- ➔ MONUSCO is providing logistical support where required.

- ➔ Twenty tons of logistics and WASH equipment have been received and will be sent to Bikoro and Mbandaka.

Operations partnership

- ➔ WHO, GOARN partners (including MSF, UNICEF, IFRC) and AFRO regional partners are providing 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.
- ➔ Exchanges are ongoing with the Emergency Medical Teams (EMT) community to find additional resources for supporting some aspects of the case management interventions of the response.
- ➔ GOARN Operational Support Team and AFRO operational partnerships team are conducting twice weekly calls for sharing information and coordinating some of the response actions of partners involved in the response. Partners have shared the below information on their preparedness and response actions.

GOARN

- GOARN has issued a second Request for Assistance (RFA) to the network on 17 May 2018. To date there have been 58 offers of support.

UNICEF

- The United Nations Children's Fund (UNICEF) continues to play a lead role in vaccine communication and has provided four C4D specialists to work directly with the vaccination team, including a national C4D specialist to reinforce regional coordination in Mbandaka.
- UNICEF has a key role in communications and is facilitating and providing training for social mobilizers and village health committees, as well as developing child-friendly messages. A message development workshop is being held in conjunction with the national coordination team on 16 and 17 May 2018, and another workshop on 18 May 2018 will be held to brief media agencies and independent journalists.
- UNICEF has provided Ebola treatment centres in Bikoro and Mbandaka with WASH supplies and materials
- UNICEF is planning to reach 100% of schools in the area with the minimum WASH package, and has installed four disinfection pumps at health facilities in Ikoko-Impenge and Itipo.
- UNICEF is currently reviewing lessons learnt on child protection in the West African outbreak to inform current responses.
- The initial UNICEF response, costed at US\$ 3.96 million has been used to inform resource mobilization, which is expected to be significantly scaled up since the confirmation of a case in Mbandaka.

WFP

- The World Food Programme (WFP) has deployed a logistics cluster to Mbandaka since 9 May 2018 to assess partner capabilities and assess gaps and has put an air bridge in place between Kinshasa, Mbandaka and affected areas to deliver supplies and personnel.
- On 15 May 2018, WFP launched a telephone-based food security monitoring system to prepare a response if requested, based on a network of key informants in Ebola affected areas.
- On behalf of WHO, WFP dispatched five tons of personal protective equipment, tents, body bags and WASH equipment to Kinshasa on a commercial flight.

IOM

- The International Organization on Migration (IOM) has supported the deployment of epidemiologists and medical staff from the Ministry of Health and the National Programme of Hygiene at Borders (PNHF) in Kinshasa to 16 entry points along the Democratic Republic of the Congo's borders, made possible by a reallocation of US\$ 75 000 from the Government of Japan and a release of internal emergency funds totalling US\$ 100 000.
- IOM will enhance surveillance through monitoring of population flows at major border crossing areas, as well as internal population movement, and facilitate information sharing with neighbouring countries.

IFRC

- The International Federation of Red Cross and Red Crescent Societies (IFRC) has released more than Sw.fr. 216 000 from its Disaster Relief Emergency Fund for deployment of supplies and personnel to affected areas and is preparing to launch an international emergency appeal to up-scale support for the Red Cross in the Democratic Republic of the Congo.
- The first 260 volunteers have been mobilized in Mbandaka and Bikoro and 20 Red Cross volunteers trained in disinfection techniques are available for dispatch. Disinfection has already been conducted in a community 40 km from Bikoro and in Bikoro reference hospital.

ALIMA

- A team of four people are preparing to deploy to Mbandaka on 21 May 2018 to assess the situation, in terms of surveillance, awareness raising and care of survivors, in collaboration with other partners.

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.
 - Several laboratories from EDPLN, the Emerging and Dangerous Pathogens Network have offered support for DRC and neighbouring countries.

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. As of 18 May, 20 countries have implemented entry screening for international travellers coming from Democratic Republic of Congo, and currently there are no restrictions of international traffic in place.

3. 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 from spreading to other countries via major points of entry.