

EBOLA VIRUS DISEASE

Democratic Republic of the Congo

External Situation Report 20



Date of information: 02 June 2017

1. Situation update

WHO, UN Agencies, international organizations, non-governmental organizations (NGOs) and partners continue to support the Ministry of Health (MoH) in the Democratic Republic of the Congo to rapidly investigate and respond to the outbreak of Ebola virus disease (EVD) in Likati Health Zone, Bas Uele Province in the north-east of the country.

On 02 June 2017, two cases have been confirmed as positive for EVD by serology and their respective dates of onset were 24th April and 11th May 2017. These two cases were previously reported as suspected cases and are part of known transmission chains. Their contacts have been followed up. The date of the last confirmed case reported remains as 11 May 2017. Therefore there are currently a total of four confirmed and three probable cases. Of these, three survived and four died, resulting in a case fatality rate of 57%. All contacts have now completed the 21 day monitoring period.

The confirmed and probable cases were reported from Nambwa (four confirmed and two probable) and Ngayi (one probable). The outbreak remains confined to Likati Health Zone.

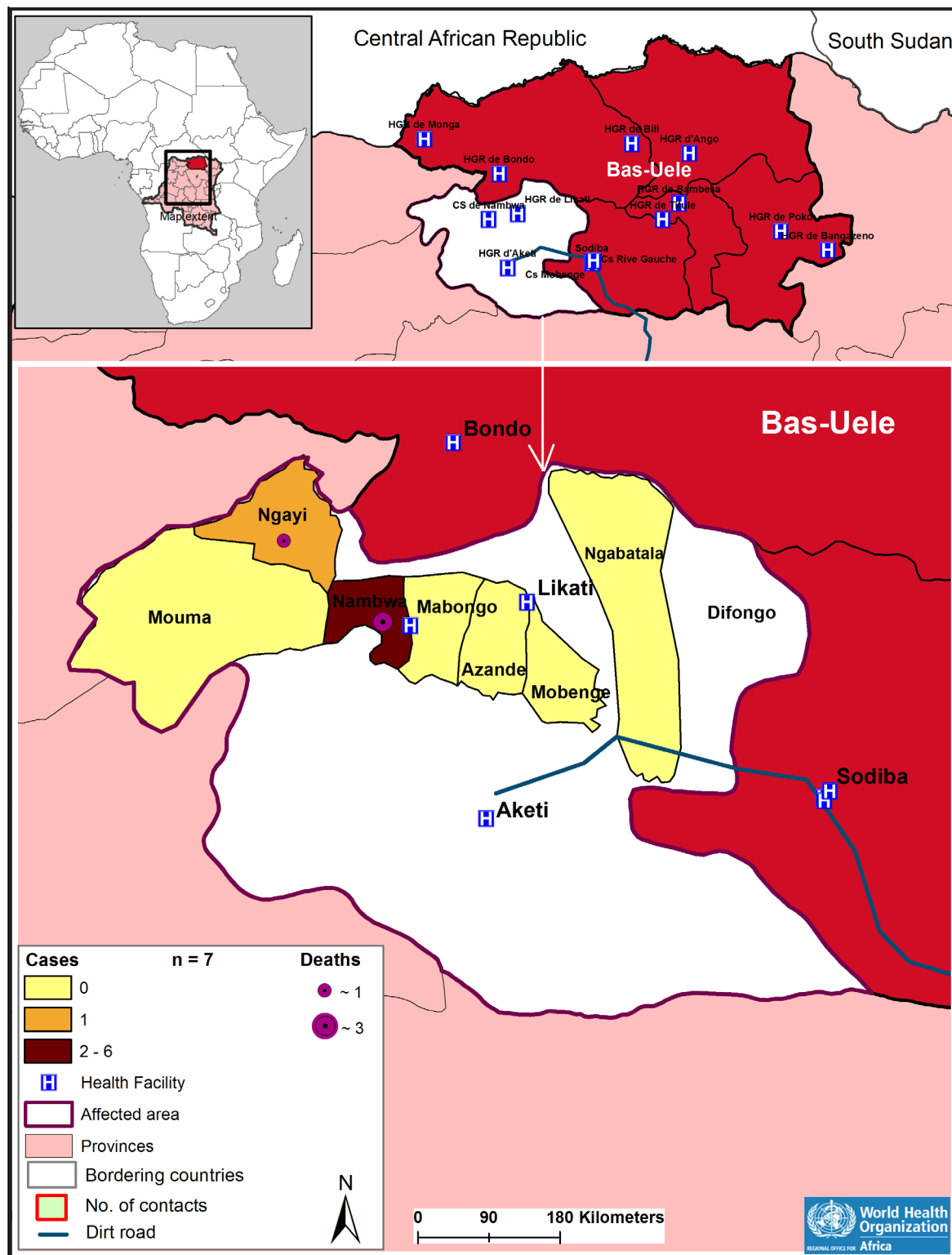
Modelling suggests the risk of further cases is currently low but not negligible, and decreases with each day without new confirmed/probable cases. As of the reporting date, 68% of simulated scenarios predict no further cases in the next 30 days.

All seven response committees are functional at the national level, namely monitoring, case management, water sanitation and hygiene (WASH) and biosafety, laboratory and research, psycho-social management, logistics, and communication. Additionally response teams have been established in the affected areas.

This EVD outbreak in the Democratic Republic of the Congo was notified to WHO by the MoH on 11 May 2017. The cluster of cases and deaths of previously unidentified illness had 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 (Figure 1). The affected area is remote and hard to reach, with limited communication and transport infrastructure.



Figure 1. Geographical distribution of cases in the current EVD outbreak in the Democratic Republic of the Congo as of 02 June 2017



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, on-going laboratory investigations, reclassification, and case, contact and laboratory data consolidation.

Current risk assessment

- The risk is high at the national level due to the known impact of Ebola outbreaks, remoteness of the affected area, and limited access to health care including suboptimal surveillance.
- The 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 re-evaluated by WHO according to the evolution of the outbreak 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 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

In support of the MoH and the other national authorities, an interagency rapid response team was deployed to Likati Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The interagency response team is coordinated by the MoH, and supported by WHO, Institut National de Recherche Biomédicale (INRB), Médecins Sans Frontières (MSF), UNICEF, The Alliance For International Medical Action (ALIMA), International Federation of Red Cross and Red Crescent Societies (IFRC), World Food Programme (WFP), and United Nations Humanitarian Air Service (UNHAS) and other partners.

WHO is providing direct technical and operational support to the country, and collaborating closely with partners in order to ensure a rapid and effective response to this outbreak.

Coordination of the response

- Regular meetings of the Health Emergency Management Committee (COGUS) at all levels of the response operations continue in the Democratic Republic of the Congo at Health Zone, Provincial and National level, with MOH, and partners.
- Regular coordination meetings of WHO incident management teams in Kinshasa, Brazzaville, and Geneva continue across the 3-Levels of WHO.

Surveillance

- Identification of alert cases continues to be carried out through active search methods in the communities affected.



Laboratory

- Two samples taken from suspected cases who were reported as testing positive for serology (IgG+) yesterday, have now been classified retrospectively as confirmed cases.
- A laboratory has been established at the general hospital in Buta to assist in providing differential diagnosis for patients who test negative for EVD; the list of available tests, in addition to Ebola PCR, includes: Hepatitis B, Hepatitis C, Hepatitis E, Yellow Fever (ELISA), bacteriology (Shigella, Salmonella), haemoculture and malaria (rapid diagnostic test).

Contact identification and follow-up

- As of 02 June 2017, all contacts have now completed monitoring and none developed signs or symptoms of EVD.

Case management

- The case management commission has defined the profiles of nurses and medical doctors (2 nurses and 1 medical doctor per health area) to be deployed to the Likati Health Zone. Deployment is to last at least 3 months to ensure primary health care as well as training of local health care providers. A minimum package of activities is being developed and funding is being sought.
- Capacity building of staff at the Likati general hospital is being undertaken.
- Support is being provided to survivors on prevention against potential sexual transmission of the virus.

Vaccination

- The protocol for a possible ring vaccination has been formally approved by the national regulatory authority and Ethics Review Board of the Democratic Republic of the Congo Vaccine.
- International vaccine deployment and cold chain shipment to DRC is not advised at this point. Planning and arrangements should be in place for immediate deployment if necessary.
- The government of the Democratic Republic of the Congo and MSF with support of WHO and other partners are working on detailed planning and readiness to offer access to the rVSV ZEBOV experimental/investigational vaccine, within the Expanded Access framework, with informed consent and in compliance with good clinical practice.
- Planning and readiness should be completed urgently to be able to rapidly initiate ring vaccination should an EVD laboratory confirmed case be identified outside already defined chains of transmission. The vaccine would be offered to contacts and contacts of contacts of a confirmed EVD case, including health care workers and field laboratory workers.
- MOH, with support from WHO and partners continue active surveillance and response activities, including completing the contact follow-up period for already identified contacts, and conducting rapid laboratory evaluation of suspected cases as per WHO guidelines.

Infection prevention and control and WASH

- Following a rapid review of WASH/IPC requirements in four health areas and the Likati hospital, gaps have been identified in terms of lack of latrines, showers, waste management equipment, and running water.

Social mobilization, community engagement and risk communications

- Negotiations are ongoing with mobile phone providers for broadcasting of awareness and prevention messages to increase coverage of these key messages.

Logistics

- 20 basic health kits are being sent to Likati to cover the essential drug needs of the Likati health zone to the end of the year.
- Two logisticians will remain in Likati to support the surveillance, lab and other activities. One logistician will be managing the helicopter and supporting the team from Kisangani.

Emergency Public Communication

- A press conference is planned with the MoH and WHO representatives on 6th June 2017.

Resources mobilization

- The Government of the Democratic Republic of the Congo has developed a comprehensive national response plan to the EVD outbreak based on the recognised effective activities to rapidly control an outbreak. The response plan and national budget amounting to US\$ 14 million, has been presented and discussed with partners and stakeholders in Kinshasa.
- WHO and partners are developing a strategic response plan to support national activities and frame and coordinate the support of international partners and stakeholders.
- The Minister of Public Health of the Democratic Republic of the Congo has requested WHO's support to strengthen the response to the outbreak, and coordinate the support of major UN, NGO and International Organizations, and partners in the Global Outbreak Alert and Response Network (GOARN). Funding is urgently needed to ensure that WHO and partners can effectively support the Government to implement activities as part of the joint rapid response. A donor alert was therefore issued for US\$ 10 Million.

Environmental investigations

- The samples taken from pigs and goats in Nambwa Health Area, following unusually high mortality in the local swine population, have all now tested negative by PCR for EVD.

Partnership

- WHO and GOARN continue to mobilize partners to provide technical and logistical support to the country, and work closely together with UN Clusters, stakeholders and donors to ensure appropriate support for the response.
- GOARN Operational Support Team hosts weekly assessment and coordination teleconference for operational partners on current outbreaks of international concern, particularly the EVD outbreak in DRC.
- At the request of Dr Salama (Executive Director of the WHO Health Emergencies Programme) at WHO HQ convened a time-limited Ebola Inter-Agency Coordination Group with senior leadership from MSF, IFRC, UNICEF, US CDC and WFP, to provide agency updates about response actions and discuss any critical coordination issues.

Preparedness

- The Central African Republic has requested support for training in Bangassou (a city on the border with the Democratic Republic of the Congo) in two areas;
 - Case management for healthcare workers including Infection Prevention and Control
 - Contact tracing, social mobilization and alert management for community health workers
- A WHO evaluation mission will be deployed next week to Bangui, the capital of the Central African Republic to work with Country Office and Ministry of Health to develop a strategy for training in clinical management.

IHR travel measures

- WHO does not currently recommend any restrictions of travel and trade in relation to this outbreak.
- As of 02 June 2017, nine countries have instituted entry screening at airports and ports of entry (Kenya, Malawi, Nigeria, Rwanda, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe), and one country has issued travel advisories to avoid unnecessary travel to the Democratic Republic of the Congo (Rwanda). Two countries (Kenya and Rwanda) implemented information checking on arrival for passengers with travel history from and through the Democratic Republic of the Congo. These measures are within the prerogative of the States Parties and do not qualify as additional health measures that significantly interfere with international traffic under Article 43 of the IHR (2005).
- In addition, Rwanda instituted denial of entry for passengers with fever travelling from the affected areas in the Democratic Republic of the Congo. WHO is currently working with Rwandan authorities to receive the public health rationale and scientific evidence for this measure, which significantly interferes with international traffic, in accordance with Article 43 of the IHR (2005).
- A request for verification is ongoing with Nigerian authorities in relation to denial of entry of human remains travelling from Democratic Republic of the Congo and potential sanctions against Kenyan Airlines in relation to this measure.

3. Summary of public health risks, needs and gaps

The most critical needs include active case search to ensure no suspected case is undetected, maintenance of laboratory capacity in the field to enable rapid confirmation of results, the need for differential diagnosis of those who remain sick but have tested negative for EVD, enhancement of IPC measures and planning for strengthening of the surveillance system post-response activities.

Annex 1: Ebola virus disease outbreak epidemiological data in Likati, Democratic Republic of the Congo Situation as of 02 June 2017

	Date of data collection	Health area							Cumulative (since beginning of the outbreak)	Comments
		Nambwa	Muma	Ngayi	Azande	Ngabatala	Mogenbe	Mabongo		
Cases										
Suspected	02/06/2017	0	0	0	0	0	0	0	0	
Probable	02/06/2017	2	0	1	0	0	0	0	3	
Confirmed	02/06/2017	4	0	0	0	0	0	0	4	
<i>Total cases</i>		<i>6</i>	<i>1</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>7</i>	
Deaths										
Deaths among suspected cases	02/06/2017	0	0	0	0	0	0	0	0	
Deaths among probable cases	02/06/2017	2	0	1	0	0	0	0	3	
Deaths among confirmed cases	02/06/2017	1	0	0	0	0	0	0	1	
<i>Total deaths registered</i>	<i>02/06/2017</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>4</i>	
Contacts										
Total contacts registered	02/06/2017	197	116	180	11	10	6	63	583	
Contacts of non-cases no longer under follow-up	02/06/2017	59	28	72	11	10	1	12	193	
Total contacts under follow-up	02/06/2017	0	0	0	0	0	0	0	0	
Contacts seen	02/06/2017	0	0	0	0	0	0	0	0	
Contacts lost to follow-up	02/06/2017	0	0	0	0	0	0	0	0	
Total contacts who completed follow-up	02/06/2017	0	0	0	0	0	0	0	390	
ETU admissions and discharges										
Admissions to ETUs	02/06/2017	0	0	0	0	0	0	0	0	
Discharges from ETUs	02/06/2017	0	0	0	0	0	0	0	0	
Number of cases currently in ETUs	02/06/2017	0	0	0	0	0	0	0	0	
Number of suspected cases followed up at home	02/06/2017	0	0	0	0	0	0	0	0	10 completed follow-up as of 27/5/17
Laboratory										
Samples collected	02/06/2017									
Samples tested	02/06/2017								107	
Samples awaiting testing	02/06/2017									
Cases with a positive PCR result	02/06/2017								2	
Cases with increasing IgG titre									2	

Annex 2: Timelines of key activities during the EVD outbreak in Likati, Democratic Republic of the Congo

