

EBOLA VIRUS DISEASE

Democratic Republic of Congo

External Situation Report 8



Date of epidemiological data collected: 21 May 2017

Date of information from response pillars: 22 May 2017

1. Situation update

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

On 21 May 2017, six suspected EVD cases were reported from Nambwa health area in Likati Health Zone. As of 21 May a total of two confirmed cases have been reported, three probable cases and 38 suspected cases. The Institut National de Recherche Biomédicale (INRB) mobile laboratory in Likati has begun processing samples with 33 samples initially testing negative by PCR. Confirmatory testing is under way and results are expected tomorrow. To date of the five blood samples analysed at the national reference laboratory in Kinshasa two were confirmed as Zaire ebolavirus.

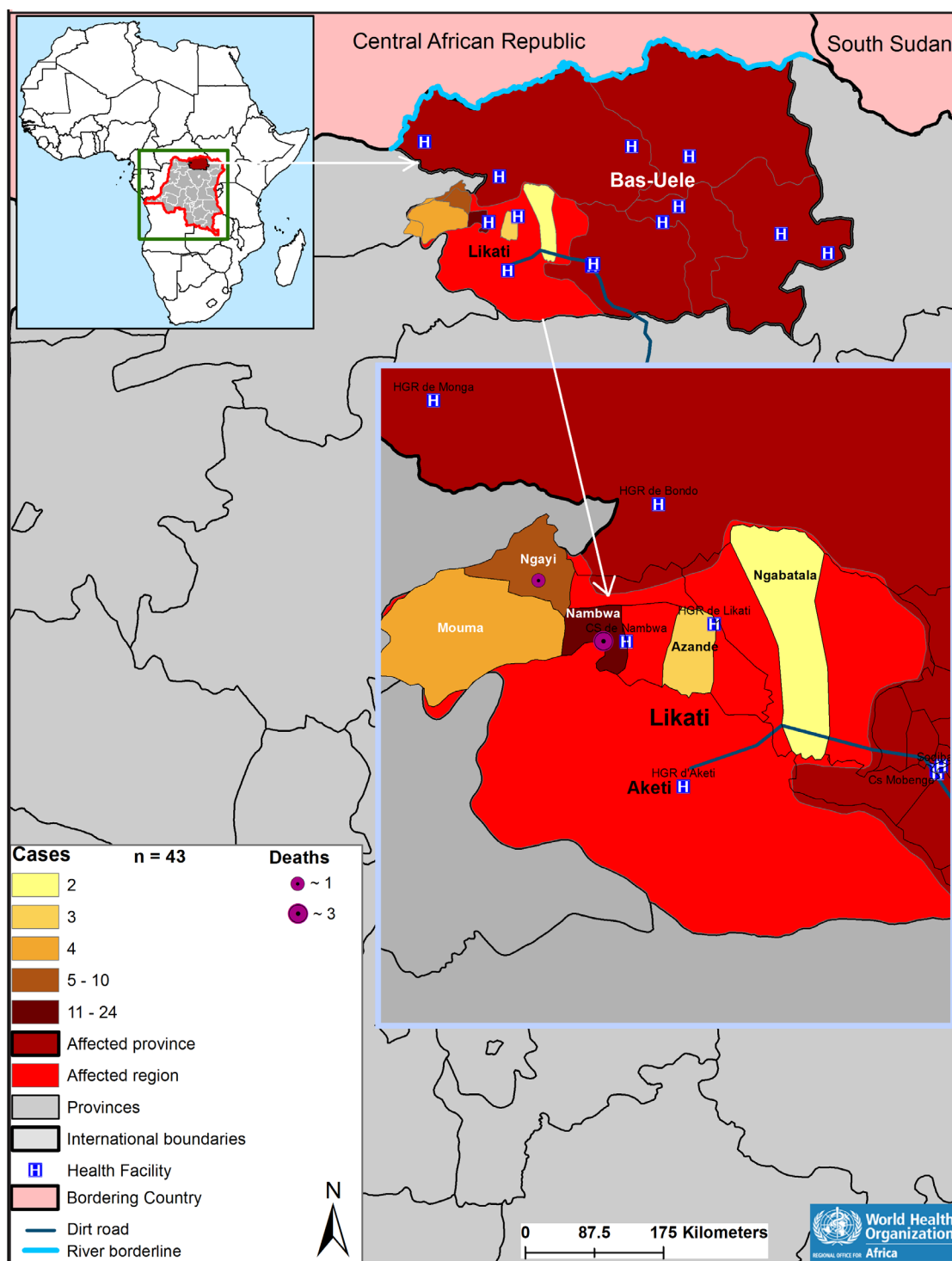
The reported cases are from five health areas, namely Nambwa (24 cases* and three deaths), Muma (four cases and no deaths), Ngayi (10 cases* and one death), Azande (three cases and no deaths), and Ngabatala (two cases and no deaths). No healthcare workers have been affected to date. The majority of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The outbreak currently remains confined to Likati Health Zone.

On 21 May, three additional contacts were identified, therefore 365 contacts remain under daily follow up for signs and symptoms of Ebola. All seven response committees are now established and functional at national level, namely Monitoring, Case management, WASH and biosafety, Laboratory and research, Psycho-social management, Logistics and Communication. Additionally response teams have been established in the three most affected areas, Nambwa, Muma and Ngayi.

This EVD outbreak in the Democratic Republic of Congo was notified to WHO by the Ministry of Health (MoH) 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 (Figure 1). The affected areas are remote and hard to reach, with limited communication and transport networks.

**six cases reported on 20 May as being resident in Ngayi on further investigation have been identified as being from Nambwa*

Figure 1. Geographical distribution of cases in the current EVD outbreak in the Democratic Republic of Congo as of 21 May 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 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 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 has been deployed in Likati Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The inter-Agency response team is coordinated and supported by the MoH, INRB, WHO, MSF, UNICEF, ALIMA, IFRC, WFP, UNHAS and other partners.

Since the declaration of the outbreak, WHO (Country Office, Regional Office for Africa (AFRO), and HQ) are providing direct technical and operational support to the country, and collaborating closely with partners in order to ensure 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 country (Likati Health Zone level, Provincial and National level)
- Regular coordination meetings continue across the 3-Levels of WHO (Country, Regional and National level)
- On 20 May a meeting for health partners was organised by WHO to coordinate partners' contribution to the EVD response.
- Satellite phones have now been deployed to each health area to enable rapid communication with response teams in the field

Surveillance

- Identification of suspect cases and contacts continues to be carried out through active search methods in the areas affected.
- On 21 May six new suspected cases were identified in Nambwa health area.

Laboratory

- As of 20 May the mobile laboratory in Likati began processing samples from suspected EVD cases.
- As of 22 May 2017, 33 samples have tested negative by PCR
- An additional mobile lab is due to arrive in Buta to enable more timely processing of laboratory samples collected in the field
- Additional laboratory equipment and reagents have been received from partners

Contact identification and follow-up

- As of 21 May 2017 three additional contacts were identified, bringing the total number of contacts listed to 419, 54 of which have completed the follow up period, the remaining 365 contacts continue to be monitored for signs and symptoms of EVD on a daily basis.
- Additional thermo-laser thermometers, essential for the daily monitoring of contacts, have been sent to the country to address the previously reported gap.

Case management

- A team from ALIMA have now been deployed to Muma in order to establish an Ebola Treatment Centre (ETC).
- A team from MSF arrived in Nambwa on 21 May to strengthen case management and assist with other field activities.
- Five cases remain in the ETC in Likati and are being closely monitored. The most recent case was admitted on 20 May.

Vaccination

- The government of DRC and MSF with support of WHO and other partners are preparing to offer access to the rVSV EEBOV experimental/investigational vaccine. The vaccine will be offered to contacts and contacts of contacts of a confirmed EVD case, including Health Care Workers and Field Laboratory Workers. This will be done with informed consent.
- Approval from the national regulatory authority and Ethics Review committee of the DRC is awaited before proceeding.

Infection prevention and control

- Training continues in Muma and Ngay health zones for members of the Red Cross in how to prepare chlorine solutions, disinfect homes and conduct safe burials.
- Tablets to enable chlorination of water has been distributed to all health zones
- Personal Protective Equipment (PPE) is being distributed to the health facilities of the affected health area and will be extended to the entire Likati health zone and bordering one for “ring” protection.

Social mobilization, community engagement and risk communications

- In Likati awareness raising continues through radio messaging and risk communication in churches and markets.
- A specific radio phone session was organized at Radio Bomoko in Likati on 22 May to raise awareness on the prevention and control of EVD
- Risk communication materials are planned to be translated into Lingala (the local language)

Emergency Public Communication

- Communications officers in country are preparing a photo story highlighting the strength of the surveillance and laboratory capacities in DRC and how that is positively impacting the ability to rapidly confirm or discard suspect cases.

Logistics

- WHO and major logistics partners, including WFP, and UNHAS continue to mobilize shipments of logistics equipment and supplies by air transport and by road to Likati and Nambwa to setup and support the working base for the field teams.
- Logistics and medical equipment were dropped by helicopter on 22 May for Alima and MSF to respectively establish isolation facilities in Muma and Mambwa
- Motorbikes and fuel for transport and generators are being transported to Likati this week to enhance response activities.
- A satellite communication device large enough to support a 20 member office will be ready to be deployed by the end of the week.
- A convoy of three vehicles has been organized to test the road conditions between Buta and Likati. It took three full days to reach the destination and the road is considered impossible at this season
- The logistics team is working on a boat transport solution to travel from Buta to Likati and Muma.

Resources mobilization

- The Government of the Democratic Republic of 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.

Environmental investigations

- A consortium of institutions from France, Belgium, United States, and Germany has offered to support the country in looking at the potential origin of the infection of the current outbreak, at the animal-human interface. Given the very isolated locations, and logistics challenges, and limited basic infrastructure, environmental investigations are not yet carried out nor immediately planned; health authorities want to first confirm the exact origin/index case and implement rapid containment measures to end chains of transmission, and provide support to cases and patients, and affected communities.

Partnership

- WHO and the Global Outbreak Alert and Response Network (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 a weekly update for operational partners. On 25 May there will be a joint teleconference with GOARN partners, Global Health Cluster, Emergency Medical Teams and Standby Partners for an update on the field situation.
- At the request of Dr Salama (Executive Director WHE), WHO HQ convened a time-limited Ebola Inter-Agency Coordination Group with senior leadership from MSF, IFRC, UNICEF, USCDC and WFP, to provide agency updates about response actions and discuss any critical coordination issues.

- As of 23 May 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 Congo (Rwanda). Two countries (Kenya and Rwanda) implemented information checking on arrival for passengers with travel history from and through the Democratic Republic of 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).
- 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 most critical needs include access to the affected areas to enable the timely deployment of required human and logistical resources, the need to establish appropriate isolation and treatment facilities, the need to establish internet connectivity for coordination between the teams in the field and scaling up implementation of control interventions.

Proposed ways forward include:

- Continue rapid scaling up and sustain implementation of immediate response interventions in all the essential pillars of the EVD response.
- Provide additional means of transport for the team in the field
- Establish additional EVD isolation and treatment facility in Muma.
- Continue to train burial teams in the safe and dignified burial of dead persons
- Additional laboratory technicians are required to scale up sample analysis
- Continue with the deployment of national and international experts to the affected areas.
- Mobilise needed resources, including telecommunications and air transport logistics to ease communication and access to the affected areas.
- Strengthen capacity for outbreak alert and response to investigate rumours, and response in other areas and provinces
- Strengthen cross border collaboration, and preparedness particularly in CAR, and bordering areas of the Province.

Annex 1: Ebola virus disease outbreak epidemiological data in Likati, Democratic Republic of the Congo Situation as of 21 May 2017

Variable	Reported cases and deaths 21/05/2017	Cumulative cases and deaths 21/05/2017	Health area					Total
			Nambwa	Muma	Azande	Ngabatata	Ngayi	
Cases								
Suspected	6	38	20	4	9	3	2	38
Probable	0	3	2	0	1	0	0	3
Confirmed	0	2	2	0	0	0	0	2
<i>Total cases reported</i>	<i>6</i>	<i>43</i>	<i>24</i>	<i>4</i>	<i>10</i>	<i>3</i>	<i>2</i>	<i>43</i>
Deaths								
Deaths among suspected cases	0	0	0	0	0	0	0	0
Deaths among probable cases	0	3	2	0	1	0	0	3
Deaths among confirmed cases	0	1	1	0	0	0	0	1
<i>Total deaths reported</i>	<i>0</i>	<i>4</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>4</i>
Health workers								
Confirmed cases among health workers	0	0	0	0	0	0	0	0
Probable cases among health workers	0	0	0	0	0	0	0	0
Deaths among health workers	0	0	0	0	0	0	0	0
Admissions and discharges								
Admission in ETUs	0	5	0	0	0	5	0	5
Discharges in ETUs	0	0	0	0	0	0	0	0
<i>Number of cases currently in ETUs</i>		<i>5</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>5</i>	<i>0</i>	<i>5</i>
Contacts								
Total contacts registered	3	419	0	0	0	0	0	419
Contacts who completed 21 days of follow up	0	54	54	0	0	0	0	54
Contacts currently under follow up	365	365	158	162	98	1	0	365
Contacts seen today								
Contacts lost to follow up								
Laboratory								
Samples collected today	0	38						38
Samples currently being tested								
Samples tested	33	38						38
Cases with a positive PCR results	0	2						2
Date of confirmation of last case		11/05/2017						
Age-group								
Cases less than 5 years	0	1	1	0	0	0	0	1
Deaths less than 5 years	0	0	0	0	0	0	0	0
Cases above 5 years	6	42	23	4	10	3	2	42
Deaths above 5 years	0	4	3	0	1	0	0	4

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

