EBOLA IN DEMOCRATIC REPUBLIC OF CONGO (DRC)

CRISIS INFO #2

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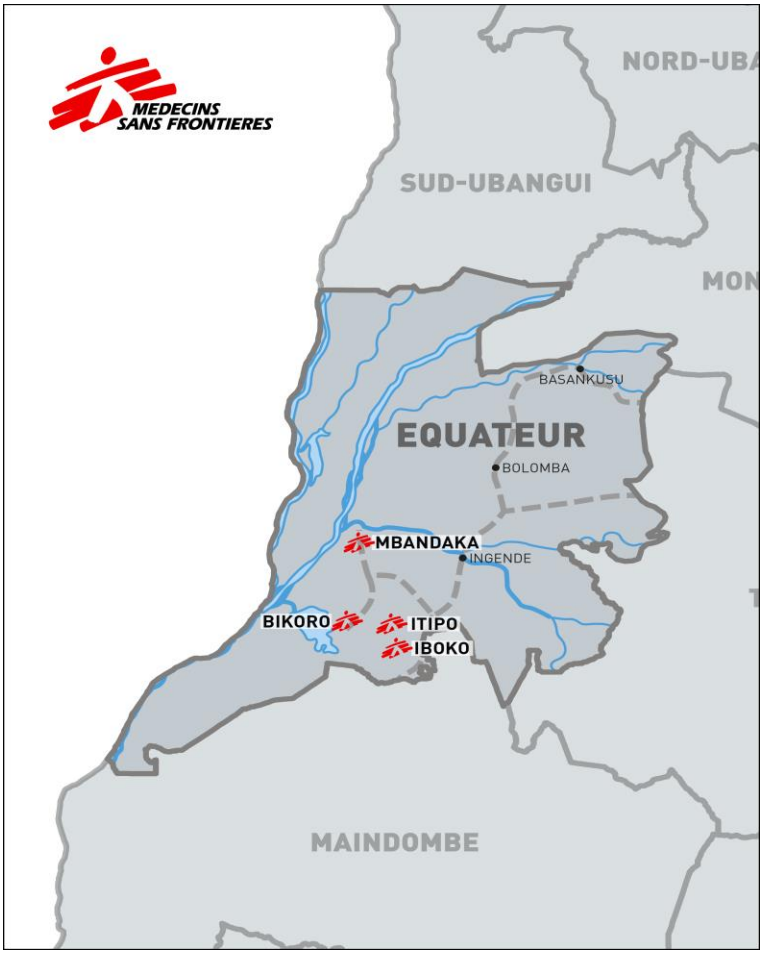

1. Global overview

1.1. Context

So far, the outbreak (officially declared on 8th of May) has affected the Bikoro (Bikoro and Ikoko villages) and Iboko (Itipo and Iboko villages) health districts, in the Equateur region of the Democratic republic of Congo, with **four laboratory-confirmed cases** of Ebola also detected in the city of Mbandaka, the main city of the region. As of June 6th, there is **one patient confirmed to be suffering from Ebola**, as well as four suspected to be suffering from Ebola under treatment in all of DRC, but this could of course change quickly.

Whilst unlike in previous Ebola outbreaks in DRC, where cases have been most of the time concentrated in remote villages, this time patients have also been diagnosed in Mbandaka, a Congo River port city of more than one million inhabitants. While easy access to transport

increases the risk of the virus spreading, surveillance is being reinforced. Despite the media hype, it is important to emphasise that the epidemic has not spread widely within the city.

During the past few weeks, MSF has been working closely with the Congolese Ministry of Health (MoH) and with other organisations on the ground to coordinate the response. The response is based on the 'six pillars' of Ebola intervention:

1. Care of diagnosed patients and isolation;

2. Outreach activities to find patients;

3. Tracing and follow-up with patient contacts;

4. Health promotion activities to inform people about the risks and how to avoid them;

5. Support of regular primary healthcare;

6. Safe burials to avoid infections.

We are currently carrying out activities in Mbandaka, Bikoro, Iboko and Itipo.

MSF and its research unit, Epicentre, are working with the local health authorities and the World Health Organization (WHO) in the use of the Ebola vaccine rVSVDG-ZEBOV-GP, which is being used as part of the overall strategy to control the Ebola outbreak. WHO teams began the vaccination on the 21, with 1737 people (source: Ministry of Health) vaccinated overall. MSF began on the 28th May, and teams have so far vaccinated **670 people**.

This is the ninth Ebola outbreak in DRC in the last 40 years[1]. So far, most of the previous outbreaks have occurred in relatively remote and isolated areas, with little spread of the disease. The last Ebola outbreak in DRC occurred in Likati district in May 2017, with eight people infected, of who four died, and in Boende (Thsuapa region) in 2014, with 66 people, of whom 49 died.

1.2. Latest figures (source: DRC Ministry of Health) – date of info: 5/06/2018

Since the Ebola epidemic in DRC was declared on 8 May 2018, **60 people who presented symptoms of haemorrhagic fever, including 37 confirmed Ebola cases and 27 deaths (of whom 13 were confirmed as Ebola),** have been notified by the national health authorities in the Equateur region, where the outbreak started. **23 patients (confirmed Ebola cases) have recovered from the disease and been discharged from treatment centres.**

[1] Previous outbreaks in DRC: Yambuku (1976) 318 cases - 280 deaths; Tandala (1977) 1 case -1 death; Kikiwit (1995) 315 cases - 250 deaths; Mweca (2007) 264 cases - 187 deaths; 2008-2009- 32 cases - 15 deaths; Isiro (2012) 36 cases - 13 deaths; Djera-Boende (2014) 66 cases - 49 deaths; Likati (2017) 8 cases - 4 deaths (source: DRC Ministry of Health)

	Suspect cases	Probable Cases[2]	Laboratory-confirmed cases[3]	Deaths[4]
Mbandaka Health Zone	1	0	4	3
Bikoro Health Zone	2	11	10	7
Iboko Health Zone (including Itipo)	6	3	23	3
TOTAL	**9**	**14**	**37**	**13**

2. MSF operational highlights

2.1. In a nutshell

To tackle the Ebola epidemic and limit the spread of the virus, Médecins Sans Frontières emergency teams are present in **four locations** where suspect and confirmed patients have been identified, and are working in collaboration with DRC's Ministry of Health (MoH) and WHO.

The organisation currently operates **three Ebola Treatment Centres (ETC) (Mbandaka, Bikoro and Iboko)** with a total of **45 beds in isolation**, and **one transit centre with 14 beds** in Itipo. As of 6 June, MSF is caring for 1 confirmed patient and 4 suspect patients.

Almost 100 tonnes of supplies have been shipped to Kinshasa and dispatched to the affected areas since the beginning of the epidemic.

2.2. Patients Care

MSF's Ebola response in DRC started on 5 May, with an epidemiological alert in the Equateur region. A small team from MSF's Congo Emergency Pool (PUC) assessed the situation, together with teams from the MoH and WHO. When the Ebola epidemic was officially declared on 8 May, experts from MSF's emergency pools arrived in the field to deploy a rapid response in the Ebola hotspots. Among the MSF staff on the ground **are some of the organisation's most experienced Ebola field workers**, including medical personnel, experts in infection control and logisticians.

[2] Deaths that are probably due to Ebola but were not tested before Burial. Cumulative since beginning of outbreak
[3] Cumulative since the beginning of the outbreak
[4] Among confirmed patients

Mbandaka
At the beginning of the outbreak, MSF set up an isolation zone with five beds in Mbandaka's main hospital (Wangata hospital). An MSF ETC with 12 beds was also built, and has been operational since 28 May. The bed capacity in the ETC can be upgraded to 40 if needed. At the moment there are no patients in the ETC.

In addition to the treatment and isolation of suspected and confirmed Ebola cases, the focus of MSF's response is on surveillance, investigation of new cases and their contacts, infection control and prevention, health promotion and training activities.

Bikoro
In Bikoro, MSF has set up an ETC with 20 beds, and continues to reinforce outreach activities including case investigation, monitoring and surveillance. There are also two teams who respond to alerts about suspect and probably cases in the surrounding villages.

Itipo/Iboko
MSF teams are present in the remote areas of **Itipo** and **Iboko**, where suspected and confirmed Ebola cases have been identified. In Itipo, a 14 bed transit centre with isolation capacity is already functional. In this transit centre, suspected cases are isolated and tested for Ebola. If they are confirmed and well enough to be transported, they are taken to BIkoro for treatment. In Iboko, teams are finalising the building of an ETC in the main hospital. In addition, MSF teams takes part to other activities of the Ebola response, such as ambulance services, contact tracing, active cases finding, health structure support, communication, safe burial and disinfestation of health centers and houses.

Vaccination
MSF and its research unit (Epicentre) are working closely with the MoH and the WHO on the implementation a trial of the Ebola vaccine rVSVDG-ZEBOV-GP, as an additional measure to control the outbreak. MSF's Vaccination activities started on 28 May and targeted Bikoro, Itipo, Bokongo, Butela, Ikoko Impenge and Bolendo. The vaccination has been administered according to a ring approach (targeting contacts and contacts of contacts of confirmed Ebola cases), which ensures that the vaccination of persons who are in the 'ring' create a buffer zone — or protective ring — to prevent the spread of infection. Frontline workers who are deemed to be most at risk of Ebola infection including health workers and hygienists working in Ebola treatment Centres, religious leaders and traditional healers have also been offered the vaccine. So far, 670 people have been vaccinated by MSF, and 1737 overall.

2.3. Overview of operations

- **Confirmed patients currently under treatment – date of info: 6 June 2018**
  (source: MSF)

Where	Patients
Mbandaka (ETC)	**0**
Bikoro (MSF ETC)	**0**
Itipo (Ebola Transit and Treatment Centre)	**1**
Total	**1**

- **Staff on the ground - date of info: 6 June 2018**

TOTAL: 75 international and more than **360 national staff** are currently working in Equateur province in response to the Ebola outbreak.

- **Supply material - date of info: 05/06/2018**

Supply material includes: medical kits; protection and disinfection kits (isolation items such as gloves, boots and Personal Protective Equipment-PPE, etc.); logistic and hygiene kits (plastic sheets, jerry cans, water distribution kits, chlorine spray kits, water treatment kits, etc.); drugs; transport (cars and motorbikes); tents and construction material for building ETCs.

As part of MSF's emergency preparedness in DRC, some supplies were already available in Kinshasa. These were sent to hotspot zones as soon as the outbreak started.

Almost 100 tonnes of supplies (sent from MSF supply centres in Europe) have been received in Kinshasa, and additional 15 are expected by the end of this week. **A total 63** tonnes of supplies (medical and logistical supplies, including six vehicles and 10 motorbikes) have already been sent to Mbandaka and Bikoro, with more to be sent in the coming days.

3. Main messages

3.1. After almost a month since the outbreak was officially declared, the epidemiological picture is beginning to clear but areas of uncertainty remain. Now is certainly not the time for complacency, the six pillars of the Ebola response must be meticulously implemented and maintained, with a particular focus on outreach and surveillance activities, in order to end this outbreak.

3.2. Ebola epidemics can be contained through the 'six pillars' of intervention:

1. Early care and isolation of people who present with symptoms
2. Tracing and following up patient contacts
3. Informing people about the disease, how to prevent it and where to seek care

4. Supporting existing healthcare structures
5. Temporarily adapting cultural behaviour to make funerals safe
6. Outreach activities (pro-active case finding)

If this intervention is followed well, an Ebola epidemic can often be contained in a relatively short period of time.

3.2. For all these activities, **building a good understanding with local communities is vital**. Medical and health promotion teams are working hard to explain to the population; what the symptoms of Ebola are, how to avoid contamination, the importance of coming to health structures as quickly as possible if they suffer from symptoms, and the importance of isolation measures to contain the disease. If patients are admitted and receive medical care quickly, the sooner their families are protected and there is a greater chance of limiting the spread of the epidemic.

3.3. Beyond the six pillars of intervention, MSF is working with the Congolese MoH and the WHO to run a clinical study of the Ebola vaccine rVSVDG-ZEBOV-GP:

Rather than launch a mass vaccination campaign, vaccines has targeted the contacts of confirmed Ebola patients (as well as the contacts of these contacts), and Ebola health workers in Bikoro. This is the same strategy used to eradicate small pox, and during the previous clinical study with this vaccine in Guinea in 2015. It can hopefully help to stop the outbreak. The vaccinations are voluntary and free-of-charge. This vaccine has not yet been licensed and is therefore being implemented through a study protocol, which has been accepted by the national authorities and the ethical review board in Kinshasa, as well as MSF's ethical review board.

3.4. While it is understandable that the word "Ebola" causes fear across the world, the outbreak is currently quite contained in remote areas of DRC.

We can't predict if the outbreak will end soon, but what we see is that there are no new further Ebola confirmed cases have been detected in the city of Mbandaka, and in the villages affected by the epidemic (Bikoro, Iboko and Itipo).

In the meanwhile, neighbouring countries, as well as DRC's overcrowded capital of Kinshasa, are implementing screening and surveillance activities to ensure that if the disease does spread, it is contained swiftly. This is the ninth outbreak of Ebola in DRC in recent years, most of which were contained relatively quickly.

4. Ebola facts (from http: //www.msf.org/en/diseases/ebola)

Transmission: The Ebola virus is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. Human-to-human transmission occurs through direct contact with blood or other bodily secretions of sick people

with mucous membranes, such as the mouth or nostrils. This often happens when patients are tended to without proper protection measures; or during the burial (the body remains infectious even after the patients have died).

Signs and symptoms: Sudden onset of fever, fatigue, muscle pain, headache and sore throat is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases both internal and external bleeding.

Diagnosis: On a clinical basis, Ebola is difficult to distinguish from a number of other infectious diseases such as malaria. Confirmation of infection with Ebola virus can only be obtained with a lab test on a sample of bodily fluid.

Vaccination: beyond the six pillars of the Ebola response, Ebola vaccine rVSVDG-ZEBOV-GP is being administered by following a "ring approach", and on a voluntary and free-of-charge basis. This vaccine has not yet been licensed and is being implemented through a study protocol.

Prevention and control: Outbreak control requires a package of interventions, including case management, surveillance and contact tracing, laboratory services, safe burials and social mobilisation.
For more, consult WHO Ebola factsheet:
http://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease