

NORTH KIVU EBOLA OUTBREAK – CRISIS INFO # 3

TIMELINE

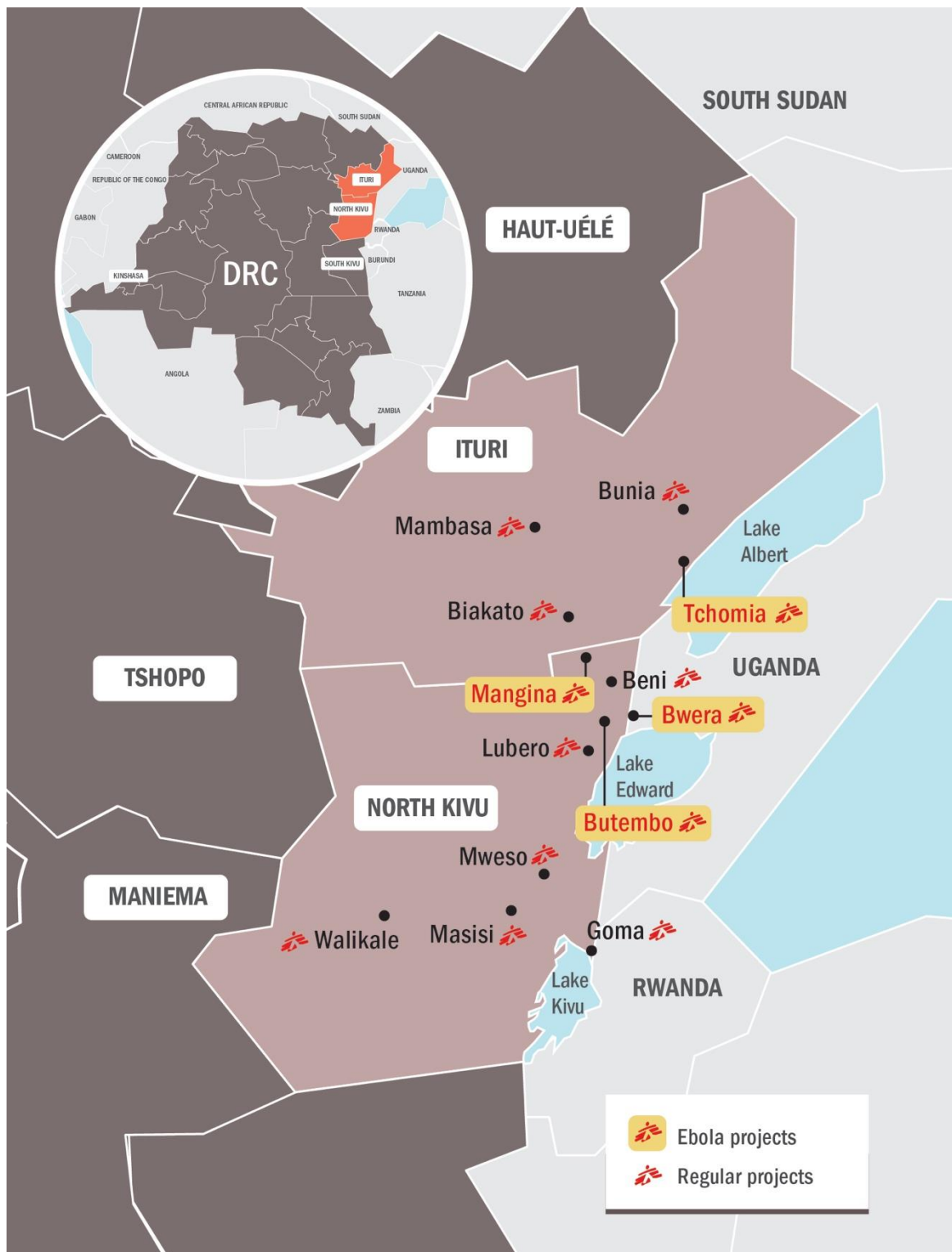
- 30/7: MSF is informed about suspect cases of Ebola near Beni/Mangina, North Kivu.
- 31/7: An MSF team from the nearby project in Lubero (roughly three hours away by car) arrives on site (with the Ministry of Health) to investigate.
- 1/8: The Ministry of Health declares an Ebola outbreak in Mangina, North Kivu, in north-eastern Democratic Republic of Congo.
- 1-3/8: MSF prepares to respond to the outbreak, within the masterplan of the Ministry of Health.
- 6/8: An MSF isolation unit is installed in Mangina reference health centre, trainings are done on the use of personal protective equipment (PPE), as well as triage, and infection prevention & control (IPC).
- 7/8: Results of genetic analysis from the national laboratory confirm that the circulating virus is of the Zaire species, but a different strain from the one reported in the Equator outbreak earlier this year.
- 8/8: Vaccination of frontline health workers begins under WHO's supervision (not done by MSF).
- 14/8: MSF's treatment centre opens in Mangina (in tents 300m from the isolation unit). 37 suspected and confirmed cases are admitted on opening day. Originally designed for 30 beds, its capacity has immediately been extended to 68 beds and can be extended to 74 if needed.
- 14/08: Decontamination of the local health centre in Mangina in addition to other health centres with confirmed cases.
- 24/08: MSF begins offering therapeutic drugs to eligible patients in the ETC in Mangina.
- 28/08 MSF opens a transit centre in Makeke.
- 08/09 MSF opens an isolation centre in Butembo and begins building an ETC to cater for a possible influx of patients.
- 09/09 MSF sends a team to Loutu (one hour from Lumero) to investigate a recent case and set up a response to future cases in the village.
- 20/09 MSF opens a 28-bed (12 isolation, 16 hospitalization) Ebola Treatment Centre in Butembo in partnership with the Ministry of Health.
- 24 /09 MSF sends a team to Tchomia, on Lake Albert in Ituri, to attend to 2 confirmed cases (one death and one in isolation). MSF sets up an isolation unit and, in collaboration with the Ministry of Health, is planning to build in collaboration a 12-bed Ebola Treatment Centre.

THE AREA

Mangina, the epicentre of the outbreak, (40,000 inhabitants) is located in North Kivu, in north-eastern Democratic Republic of Congo. Beni, the administrative centre of the area, is 32 km away (45 minutes by car) and is home to approximately 420,000 inhabitants. Butembo, located to the south, is a city of about 1 million inhabitants.

The region of North Kivu is a densely populated area of conflict, where more than one hundred armed groups are estimated to be active. Moving around some areas in the region is quite difficult and sometimes impossible. Kidnappings and car jackings are relatively common and skirmishes between armed groups occur regularly across the area. While most of the urban areas are relatively less exposed to the conflict, attacks and explosions have nonetheless taken place in Beni as well, sometimes limiting MSF action.

North Kivu shares a border with Uganda to the east (Beni is approximately 100 km from the border). This area sees a lot of trade, but also traffic, including "illegal" crossings. Some communities live on both sides of the border meaning that it is quite common for people to cross the border to visit relatives or trade goods at the market on the other side.



THE OUTBREAK

Total number of cases as per Ministry of Health data on the 26/09/18

- **Confirmed (123) + Probable* (31) = 154 total cases**
- **Suspect cases: 11**
- **Deaths amongst confirmed cases: 70**
- **19 health staff infected**

*Probable refers to community deaths that have links to confirmed Ebola cases but which were not tested before burial.

Retrospective investigations point to a likely start of the outbreak back in May. The delay in alert/response can be attributed to several factors, including a breakdown of the surveillance system due to strikes by local health staff whose salaries had not been paid for several months, as well as the difficult security situation (limitations to movement, difficulty of access). Given that the origin of the outbreak is still being investigated however, we cannot draw solid conclusions.

The initial alert came after a woman from Mangina was admitted to the local health centre on 19 July for a heart condition. She was discharged but died at home on 25 July with symptoms of haemorrhagic fever. Members of her family subsequently developed the same symptoms and died. A joint Ministry of Health/WHO investigation on site found six more suspect cases, of which four tested positive. This result led to the declaration of the outbreak on 1 August.

The national laboratory (INRB) confirmed on 7 August that the current outbreak is the Zaire strain of the virus, the most deadly virus and the same that affected West Africa in 2014-2015 as well as Equator province, in western DRC, earlier in 2018 – although the virus' strain was different from one outbreak to another.

Eight weeks after the declaration of the epidemic, the epidemiological situation in North Kivu is still concerning and nine health zones in North Kivu and Ituri provinces (Mandima, Mabalako, Beni, Oicha, Butembo, Kalunguta, Masareka and Musienene) have so far reported confirmed or probable cases of Ebola. It does appear that the epidemic is calming in the epicentre of Mangina, in the Mabalako health zone, but it's not over yet: a new confirmed case was recorded on 23 September. The spread of the disease to Butembo, a city of about 1,000,000 people, is a cause for real alarm; another reason for concern is the geographically scattered pattern of the outbreak. Likewise, Beni continues to see new cases diagnosed regularly.

A new case emerged in Tchomia on 20/09, 60 km south of Bunia in Ituri province. The infected patient died in the Hospital of Tchomia, but was probably infected in Beni and travelled all the way up north. The epidemic is now getting very close to the Ugandan border, increasing the risk of a spill over into this country.

Epidemiological teams are still working on identifying all active chains of transmission. This is not simple given that the local community in the affected areas is highly mobile and moves from village to village for work and family reasons, as well as to seek health care. Sick people have been known to visit more than one health centre before being identified as suspect cases and referred to an Ebola Treatment Centre.

Since the beginning of the outbreak more than 1,842 contacts have been identified and more than 1,704 are being followed up by the Congolese Ministry of Health. The contact tracing and follow-up is done by the Ministry of Health with a team of epidemiologists.

We also don't have a clear idea of how many unreported deaths could happen at community level especially in villages where people from the larger towns reportedly return when they fall sick.

MSF'S ROLE

At the Ministry of Health's request, MSF is part of the task force coordinating the intervention and is **focusing on caring for patients affected by the virus, vaccination of frontline workers, as well as protecting local health structures (and their workers) by helping with triage, decontamination and trainings.**

In total, over 330 staff are currently working in MSF's Ebola projects in North Kivu and Ituri.

MSF first improved an isolation unit for suspect and confirmed cases in the Mangina health centre, the epicentre of the outbreak where patients were isolated and cared for while a treatment centre was built. A treatment centre opened on 14 August. Teams have been progressively increasing the level of supportive care (oral and IV hydration, treatment for malaria and other coinfections as well as treatment of the symptoms of Ebola) and have also been able to offer new experimental therapeutic treatments to patients with confirmed Ebola infection under the MEURI protocol. These treatments are given only with the informed consent of the patient (or a family member if they are too young or too sick to consent) and are provided in addition to the supportive care.

The centre has a capacity of 68 beds and can extend to 74 if required.

Likewise Butembo, a town estimated to be home to 1,000,000 people, has seen imported cases from Beni. MSF responded immediately, setting up an isolation centre in a local hospital, followed by an Ebola Treatment Centre – jointly operated by the MSF and the Ministry of Health – on 20 September. There have been two confirmed cases and 4 suspect patients are currently being treated.

As of 22 September, **MSF had treated 74 patients confirmed to be suffering from Ebola and admitted a total of 195 patients for testing for the virus in Mangina** and Butembo. Of the patients confirmed Ebola positive in MSF's Ebola Treatment Centre, **33 have recovered and returned to their families** while **5 confirmed patients and 8 suspect patients remained under treatment**. Another isolation centre was built by MSF in Beni and handed over to the Ministry of Health, who assigned it to another NGO – it is now a treatment centre.

Health centres in Mangina and Beni that have seen positive cases are also being decontaminated – MSF is also involved in these infection prevention and control activities. Furthermore, **there are MSF teams working in the Beni and Mangina areas as well as in Ituri, between Mambasa and Makeke (on the border with North Kivu) and Bunia – Tchomia axes, visiting health centres and training staff on the proper triage of Ebola suspects, as well as setting up isolation areas in case of need.**

MSF teams also built a **7-bed transit centre in Makeke** (on the North Kivu-Ituri border), where suspect patients could be isolated and tested for the virus and transferred to Ebola Treatment Centres in Mangina or Beni. The centre has now been closed because the Ministry of Health and IMC (International Medical Corps) opened an Ebola Treatment Centre in Makeke.

Further south, MSF sent a rapid response team to Luotu, a village outside of Lubero, on 9 September in response to alerts of a positive case. The team was composed of a doctor, nurse and water and sanitation expert and was not only involved in case investigation but also in building a small isolation unit in an existing structure to receive suspected cases. The positive case had spent time in the health centre before dying at home, many of the health centre staff, as well as family are high risk contacts. Fortunately no confirmed cases were registered and MSF withdrew its staff on 27/09 from this centre, leaving the structure to the Ministry of Health.

MSF is also vaccinating frontline workers (health staff, religious leaders, burial workers etc.) from Makeke on the Ituri-North Kivu border up to Biakato. Given that the population from Mangina move often in this direction, it is hoped that this vaccination will help to stop the infection spreading further into Ituri. So far, 360 frontline workers have been vaccinated by MSF.

Currently MSF is also collaborating with the Ministry of Health to contribute to the intervention launched in Tchomia (Ituri) in response to new confirmed cases.

MSF's teams in Uganda have also been mobilized to be ready in case the outbreak spills over across the border. They have installed an isolation tent in Bwera, a small town directly across the border from Beni and Butembo. MSF's regular project in Hoima (Uganda) has also set-up an isolation tent.

Likewise, all MSF regular projects in the North Kivu and Ituri areas have also been supplied with Ebola equipment including PPE and have put proper hygiene and infection control protocols in place to safeguard staff and patients from the risk of contamination should the epidemic spread further.