



Emergencies preparedness, response

Ebola virus disease – Democratic Republic of the Congo

Disease outbreak news: Update

10 October 2019

The number of reported cases of Ebola virus disease (EVD) consistently declined in recent weeks, with 14 new confirmed cases reported in North Kivu and Ituri provinces during the epidemiological week of 30 September through 6 October (Figure 1). At peak transmission in April 2019, there were 126 cases in the week. Although the decline in case incidence is encouraging, it must be interpreted with caution as the situation remains highly contingent upon the level of access and security.

In mid-September, serious security incidents in Lwemba Health Area, Mandima Health Zone, stalled outbreak response activities for more than two weeks. To improve confidence and community engagement in response activities, an open forum for discussion and reconciliation was held in Lwemba with partners and civil society last week. Response activities have since resumed but remain limited. Improved access may result in enhanced case finding and contact tracing therefore could result in an increase in the number of reported cases and contacts in the area.

There is a shift in hot spots from urban settings to more rural, hard-to-reach communities, across a more concentrated geographical area. During the past 21 days (from 18 September through 8 October), a total of 59 confirmed cases were reported from ten health zones (Table 1, Figure 2), with almost four out of five confirmed cases from four health zones: Mandima (31%, $n=18$), Mambasa (29%, $n=17$), Komanda (10%, $n=6$), Oicha (8%, $n=5$). This brings additional challenges to the response, including an extremely volatile security situation, difficulty accessing some remote areas, relatively poorer Ebola awareness and delays to engaging with the community leading to mistrust and misunderstandings, and potential under-reporting of cases, especial around some mining sites. The occurrence of transmission along a major road in from Komanda and Mambasa also poses greater risk of spread westward to other major cities in the country (such as to Kisangani).

As of 8 October, a total of 3207 EVD cases were reported, including 3093 confirmed and 114 probable cases, of which 2144 cases died (overall case fatality ratio 67%). Of the total confirmed and probable

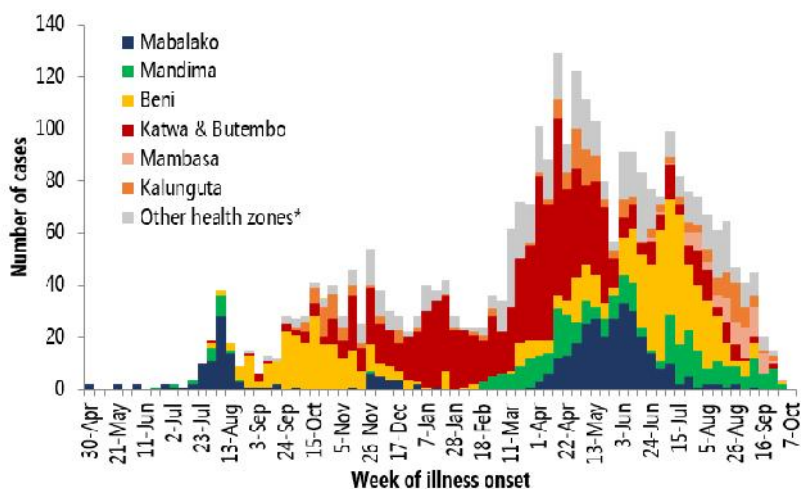
cases, 59% (n=1797) were female, 31% (n=909) were children aged less than 18 years, and 5% (n=162) were health workers.

As of 4 October, 1000 people have survived EVD in this outbreak. Since November 2018, the Ministry of Health and the Institute of Biomedical Research laboratory, with support from WHO, have undertaken a programme to aid in the reintegration of survivors into community. The programme provides to EVD survivors monthly clinical, biological and psychological follow-up for a year after their discharge from the treatment center. Currently there are three operational clinics located in Beni, Butembo and Mangina.

Under Pillar 1 of the current Strategic Response Plan, the estimated funding requirement for all partners for the period July to December 2019 is US\$ 287 million, including US\$ 120-140 million for WHO. As of 10 October, US\$ 60.4 million have been received by WHO, with additional funds committed or pledged. Further resources are needed to fund the response through to December 2019 and into the first quarter of 2020.

Under Pillar 5, Regional Preparedness, the funding requirement for all partners is US\$ 66 million, of which WHO requires US\$ 21 million. As of 8 October, WHO has received US\$ 1.6 million. Whilst some additional pledges are in the pipeline, increased funding for preparedness in neighboring countries is urgently needed. WHO is appealing to donors to provide generous support. A summary of funding received by WHO since the start of this outbreak can be found [here](#).

Figure 1: Confirmed and probable Ebola virus disease cases by week of illness onset by health zone. Data as of 8 October 2019*



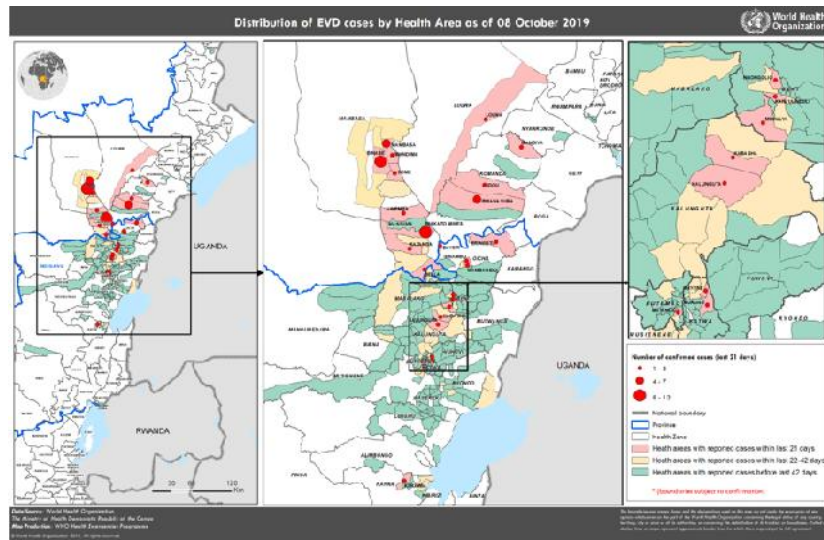
*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Bieno, Bunia, Coma, Kalunguta, Koyna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, Masereka, Musienene, Mutwanga, Mwenga, Nyankunde, Nyiragongo, Oicha, Pinga, Rwampara, Tchomia, and Vuhuzi.

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*Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Other health zones include: Alimbongo, Ariwara, Bieno, Bunia, Goma, Kalunguta, Kayna, Komanda, Kyondo, Lolwa, Lubero, Manguredjipa, Masereka, Musienene,

Mutwanga, Mwenga, Nyankunde, Nyiragongo, Oicha, Pinga, Rwampara, Tchomia, and Vuhovi.

Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset by health zone. Data as of 8 October 2019*



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Table 1: Confirmed and probable Ebola virus disease cases, and number of health areas affected, by health zone, North Kivu and Ituri provinces, Democratic Republic of the Congo, data as of 8 October 2019**

Province	Health Zone	During the last 21 days (18 September–8 October 2019)		Cumulative to date				
		Confirmed Cases reported	Health areas reporting at least 1 case / Total areas in zone	Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
South Kivu	Mwenga	0	0/18	6	0	6	3	3
	Alimbongo	0	0/20	5	0	5	2	2
	Beni	3	3/18	676	9	585	440	449
	Biena	0	0/16	18	2	20	12	14
	Buleriburo	2	1/15	283	3	286	348	352
	Goma	0	0/10	1	0	1	1	1
	Kalunguta	3	2/18	190	1	201	70	87
	Katwa	2	2/18	651	23	674	470	493
	Kayna	1	1/21	28	0	28	8	6
	Kyencio	0	0/22	25	4	29	15	19
North Kivu	Lubero	0	0/19	31	2	33	4	6
	Mabalako	0	0/17	373	17	390	290	307
	Maringore/Itjiti	0	0/10	18	0	18	12	12
	Masereka	0	0/16	50	6	56	17	23
	Musiemene	0	0/20	84	1	85	33	34
	Mutwanga	0	0/19	32	0	32	12	12
	Nyiragongo	0	0/10	3	0	3	1	1
	Oicha	5	4/26	61	0	61	27	27
	Pinga	0	0/18	1	0	1	0	0
	Vuhovi	0	0/12	103	14	117	37	51
Ituri	Ariwara	0	0/21	1	0	1	1	1
	Bunia	0	0/20	4	0	4	4	4
	Komanda	6	3/15	56	10	66	43	53
	Lolwa	2	1/8	5	0	5	1	1
	Mambasa	17	2/17	72	2	74	23	25
	Mandima	18	6/15	305	4	309	145	153
	Nyankunde	0	0/12	1	0	1	1	1
	Rwampara	0	0/13	8	0	8	3	3
	Tchomia	0	0/12	2	0	2	2	2
	Total	TOTAL	59	25/171	3093	114	3207	2030

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***Total cases and areas affected during the last 21 days are based on the initial date of case alert and may differ from date of confirmation and daily reporting by the Ministry of Health.*

Public health response

For further information about public health response actions by the Ministry of Health, WHO, and partners, please refer to the latest situation reports published by the WHO Regional Office for Africa:

[Ebola situation reports: Democratic Republic of the Congo](#)

WHO risk assessment

WHO continuously monitors changes to the epidemiological situation and context of the outbreak to ensure that support to the response is adapted to the evolving circumstances. The last assessment, carried out on 8 October 2019, concluded that the national and regional risk levels remain very high, while global risk levels remain low.

Substantial progress has been made in the response over the past month with the number of new confirmed cases on a stable decline. With ongoing transmission shifting from major metro hotspots to rural health zones, vigilance is required as these areas can be difficult to access and face security challenges. Response strategies must continue to be adapted to the local context and capacities for operational readiness and preparedness should be enhanced and sustained in non-outbreak affected areas including major transit routes.

WHO advice

WHO advises against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on the currently available information. There is currently no licensed vaccine to protect people from the Ebola virus. Therefore, any requirements for certificates of Ebola vaccination are not a reasonable basis for restricting movement across borders or the issuance of visas for travellers to/from the affected countries. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event. Currently, no country has implemented travel measures that significantly interfere with international traffic to and from the Democratic Republic of the Congo. Travellers should seek medical advice before travel and should practice good hygiene. Further information is available in the [WHO recommendations for international traffic related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo](#).

For more information, please see:

[WHO resources and updates on Ebola virus disease](#)

[News release: As Ebola cases reach 3000 in DRC, WHO calls on all partners to fulfil promises to communities](#)

[SAGE Interim Recommendations on Vaccination against Ebola Virus Disease \(EVD\)](#)

[Ebola virus disease in the Democratic Republic of the Congo – Operational readiness and preparedness in neighbouring countries](#)

[Second Ebola vaccine to complement “ring vaccination” given green light in DRC](#)

[Update on Ebola drug trial: two strong performers identified](#)

[Independent Monitoring Board Recommends Early Termination of Ebola Therapeutics Trial in DRC Because of Favourable Results with Two of Four Candidates](#)

[Ebola response funding](#)

[WHO and partners to help the Government boost health facility defences against Ebola in the Democratic Republic of the Congo](#)

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