DRC (EQUATEUR)

Ebola Virus Disease

START NETWORK acaps

Briefing note – 08 June 2020

Crisis Impact Overview

On 31 May, Democratic Republic of Congo (DRC) declared its **11th Ebola Virus Disease (EVD) outbreak (on record)**, in Wangata health zone, in the southern part of Mbandaka city, capital of Equateur province (Social Science in Humanitarian Action 07/2018; EU CDC 02/06/2020; WHO 01/06/2020) and in the city's surrounding area, and Bikoro. Given Mbandaka is a major river port with significant connections to other parts of the DRC, there is **risk of spread to other areas of DRC** if tracing does not identify all cases and prevent further contamination (Social Science in Humanitarian Action 07/2018). The current outbreak is likely separate from the tenth EVD outbreak in the country's eastern region, which is currently in its count-down phase (EU CDC 02/06/2020). At least **four people may have died of the virus**, some between 18 and 30 May (WHO 03/06/2020; African Union 02/06/2020; UNICEF 01/06/2020). The current figure of suspected or confirmed cases is at least 8 and could be up to 12 or more. The most recent case was identified 150 km away in Bikoro town (WHO 03/06/2020; MSF 03/06/2020).

The index case is a 27-year-old woman; she, alongside other deaths, is believed to have come from the Air Congo Quarter in Mbandaka (WHO 02/06/2020). No safe and dignified burials, a recommend set of prorcedures to ensure that the bodies of infected patients who have died are handled safely in a manner that respects local traditions (WHO 07/11/2014), have reportedly been performed. Other burials have taken place (WHO 02/06/2020). The WHO's early estimate of the case fatality ratio (CFR) for this new outbreak is at 50% (WHO 02/06/2020). Some confirmed cases are currently being treated at Hospital Wangata in Mbandaka; these cases apparently were in contact with the deceased (WHO 02/06/2020; Radio Okapi 02/06/2020). The situation is still developing and epidemiological information is sparse.

Equateur had a short EVD outbreak between May and July 2018, during which 54 people were infected and 33 died (CFR 61%) (UNICEF 01/06/2020), and an outbreak in 2014 resulting in 38 cases including 21 deaths (CFR 55%) (DRC HNO 2019). Recorded EVD cases across the country by week of illness onset have been low since the start of the year, compared with last year's figures (WHO 02/06/2020).

Key information

At least 8
suspected or confirmed cases

Risk of further spread
within DRC and to neighbouring countries

National response capacity	Provincial Health division, Congolese Ministry of Health, African Centres for Disease Control and Prevention. Covered by Humanitarian Coordination *Zone Orient.*
International response capacity	WHO and other UN agencies (UNICEF), INGOs
Vulnerable Groups	All non-immunized people may be vulnerable. Children under five face higher mortality rates than adults. Households with confirmed cases may be vulnerable to stigmatization.

Anticipated scope and scale

Cases are likely to be identified with ongoing surveillance (WHO 01/06/2020) crucial as EVD's reproduction rate in the DRC varies between 1.04 and upwards of 2.7 (The Lancet 2020). Although tracing is ongoing, there is a risk EVD may spread if it was not controlled at early stages, however identifying symptoms as connected to EVD and monitoring contacts are challenging (WHO Ebola fact sheet) (MSF last accessed 03/06/2020); the most recent case was identified 150 km away from Mbandaka, which may indicate further uncontrolled spread.

Mbandaka is located on the Congo River, which may enable EVD's spread. EVD has high mortality rates, 50-60% for adults and up to 78% in children under five (UNICEF 01/06/2020).

Humanitarian constraints

All travel between Kinshasa and the DRC's 25 provinces has been restricted to contain the spread of COVID-19 (EU CDC 02/06/2020). No humanitarian exemptions have been announced, which may restrict access to and out of Mbandaka.

Airstrips, waterways and roads are present in the area although it is unclear whether these can be used for humanitarian access; in past outbreaks, flights between Mbandaka and Kinshasa were suspended and waterways were placed under heavily surveillance (Social Science in Humanitarian Action 07/2018).

Sectoral needs

Health

Mbandaka's outbreak in 2018 began in two remote and forested areas at the same time and involved health worker infections. Health worker infections is a factor that may encourage the spread of the virus (CIDRAP 01/06/2020). One of the current infected cases being treated in hospital is a health worker who had attended to the initial patients (WHO 02/06/2020). Previous experience responding to EVD outbreaks may be an asset to regional responders, though resources may have been diverted to the COVID-19 response. The winding down of the 10th outbreak in DRC's eastern regions may free up resources for this new outbreak.

Sample testing and contact tracing are underway by government and response partners (EU CDC 02/06/2020)(MSF 03/06/2020). Another component of the strategy to control outbreaks is the use of an experimental vaccine, the 2018 outbreak included the use of rVSV-ZEBOV. During the 2018 outbreak a total of 3,481 people were vaccinated, although it is still unclear how long the vaccine may protect persons, with some studies indicating that it may provide protection for up to 12 months – suggesting a need for further campaigns (WHO 10/2018). WHO is currently projected to distribute 3600 vaccines in the area (WHO 03/06/2020).

There is a lack of basic infrastructure in Equateur, including electricity, which limits healthcare capacity (Social Science in Humanitarian Action 07/2018). Mbandaka has five medical or hospital facilities, alongside 55 health centres, three located in Wangata (Social Science in Humanitarian Action 07/2018); Mbandaka city has two nurses and one doctor per 10,000 inhabitants (CAID last accessed 03/06/2020) significantly lower than other countries in the region (WHO last accessed 03/06/2020). Health facilities face frequent shortages of medicines, equipment, including Personal Protective Equipment (PPE), and other materials, although health services have received increased supplies for the COVID-19 response (The Independent 04/06/2020) (Social Science in Humanitarian Action 07/2018).

Ebola can be transmitted through the infected bodies of deceased patients. Safe burials need to be ensured to prevent infection from people attending funerals of deceased Ebola cases while respecting local burial traditions and allow close ones to grief (STAT News 09/05/2018).

WASH

Water and sanitation in the affected area is poor and there is a lack of running water across Equateur (Social Science in Humanitarian Action 07/2018) (AfricaNews 12/05/2018). Regular hand washing is necessary for people visiting Ebola patients in a health facility or caring for patients at home. WASH aid may be required (WHO 12/02/2018).

Aggravating factors

COVID-19 epidemic: The DRC has reported 3,326 cases of COVID-19, including 72 deaths since the virus was identified in the country (Le Monde 03/06/2020). It is unclear which regions have been most affected (Le Monde 03/06/2020). The national State of Emergency announced by government officials on March 25 limits all movement between Kinshasa and the country's provinces, which may contain the spread of COVID-19 as well as EVD but may limit response efforts; additionally, mandatory COVID-19 tests for all arrivals into the city has also hindered responses (The Independent 04/06/2020) (EU CDC 02/06/2020). Some organisations have said that limited health services are struggling to adapt to and address all of the DRC's outbreaks (The Independent 04/06/2020). A focus on containing one outbreak, either COVID-19 or EVD, may divert resources away from another.

Measles outbreak: The DRC currently has the world's largest measles outbreak. More than 12,000 cases have been identified since the start of the year across the country, and more than 311,000 since 2018 (The Lancet 31/03/2020) (OCHA 21/04/2020). The latest disaggregation of cases per region (dating from April 21) count 4,290 cases in Equateur including 183 cases in Mbandaka (as of April 13, 2020, latest available figure) (OCHA 21/04/2020); although cases rates have been falling due to several large scale vaccination campaigns, the outbreak continues to spread in areas with lower vaccination coverage or in under-treated age groups (The Lancet 31/03/2020). A focus on containing EVD may divert resources away from measles responses.

Mbandaka as a major port, risking spread of EVD to major urban areas: Active cases have been traced back to inhabitants of Air Congo Quarter of Mbandaka (WHO 02/06/2020). Mbandaka and its surrounding areas counts 1.2 million inhabitants (Le Monde 03/06/2020). There is a high degree of movement between Mbandaka and rural areas, which may encourage the spread of the virus – the most recent case was identified in Bikoro town, 150km away from Mbandaka; the person was apparently an attendee of a funeral, which may provide an indication of the facility of spread in the province (WHO 03/06/2020) (Social Science in Humanitarian Action 07/2018). Additionally Mbandaka is a major port city on a Congo River tributary delta; it acts as a stopping point for traffic travelling upriver to the city of Kisangani and the DRC's eastern regions, downriver to Brazzaville and Kinshasa, as well as to Bangui, capital of neighbouring Central African Republic (Social Science in Humanitarian Action 07/2018). Inadequate early containment risks the spread EVD to these major cities, all of which have populations of 1 million or more (Social Science in Humanitarian Action 07/2018) (Le Monde 03/06/2020).

Map of Mbandaka and surrounding territories, Equateur province – Access routes

Source: Logistics Cluster 28/02/2020