EBOLA outbreak in Democratic Republic of Congo (DRC)

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Sources

WHO: http://apps.who.int/iris/bitstream/handle/10665/272607/SITREP-EVD-DRC-20180518.pdf?ua=1


On 3 May 2018, at Ikoko-Impenge health area located in the northeast of DRC, 21 cases of fever with haemorrhagic signs (including 17 community deaths) were reported to DRC Ministry of Health. A team, supported by WHO and Médecins Sans Frontières (MSF) visited the area and detected 5 active cases. Of these, two tested positive for Ebola virus, Zaire ebolavirus species, by reverse transcription polymerase chain reaction (RT-PCR) on 7 May 2018 and the outbreak was officially declared on 8 May 2018.

Ikoko-Impenge is a remote and rural village, not accessible by road and located 45 km from the central office of the Bikoro area. In 16th May a laboratory confirmed case was detected at the city of Mbandaka (~150km from Bikoro), an urban area with a population of more than a million people, and a busy port city.

As of 21 May 2018, a cumulative total of 58 Ebola virus disease (EVD) cases, including 27 deaths (case fatality rate = 47%), have been reported. The total includes 28 confirmed, 21 probable and 9 suspected cases from the three health zones: Bikoro (n=29; ten confirmed and 19 probable), Iboko (n=22; fourteen confirmed, two probable and six suspected cases) and Wangata (n=7; four confirmed and three suspected case). Of the four confirmed cases in Wangata, two have an epidemiological link with a probable case in Bikoro from April 2018. As of 21 May, over 600 contacts have been identified and are being followed-up and monitored field investigations are ongoing to determine the index case.

Despite being the ninth Ebola outbreak in Congo, this is more worrying than the previous ones since it is now affecting an urban area. The proximity to the Congo River increases the risk that the virus will spread to neighbouring regions. WHO has commenced preparations to conduct EVD preparedness and readiness activities in nine neighbouring countries namely Angola, Burundi, Central African Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia.

In support of the MOH and the other national authorities, an interagency response team was deployed to Bikoro Health Zone to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre. The interagency response team
is coordinated by the MOH, and supported by WHO, Institut National de Recherche Biomédicale (INRB), Médecins Sans Frontières (MSF), United Nations Children’s Fund (UNICEF) and other partners.

A rapid public health response was implemented, including ring vaccination with the experimental vaccine V920 (rVSV-ZEBOV). On 21 May 2018, ring vaccination started along with vaccination of health workers in Mbandaka (WHO) and Bikoro (MSF). Merck has provided WHO with 8640 doses of the rVSVΔG-ZEBOV vaccine of which 7540 doses are available in the Democratic Republic of the Congo. An additional 8000 doses will be available in the coming days. The use of the investigational rVSVΔG-ZEBOV vaccine in the Democratic Republic of the Congo marks a milestone for the control of Ebola virus outbreaks. Nonetheless, the vaccine is just one of several outbreak control measures, including case finding, contact tracing, isolation of suspected cases, prompt laboratory diagnosis, infection control in routine healthcare facilities, safe and dignified burials, community mobilization, and effective response coordination.

MSF Emergency teams have set up an isolation zone in Mbandaka’s main hospital (5 beds) and one in Bikoro hospital (10 beds) and are also setting up two Ebola Treatment Centres (ETCs) in Mbandaka and Bikoro, with 20 beds each. Several tons of supplies are being sent to the field.

ECDC threat assessment for the EU and travel restrictions:
For European Union/European Economic Area (EU/EEA) citizens living in or travelling through DRC, the risk of exposure is negligible. For people entering the affected area, such as healthcare workers supporting the response to the outbreak, the risk of infection remains very low, assuming that they follow the recommended precautions. The risk of introduction into the EU would most probably be related to an infected traveller coming from the affected area. Although this is most unlikely, given the remote location of the outbreak, it cannot be excluded.

WHO
The IHR Emergency Committee met on Friday 18 May 2018, which concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met. As of 18 May, 20 countries have implemented entry screening for international travellers coming from Democratic Republic of Congo. WHO advises against any restriction of travel and trade to Democratic Republic of the Congo based on currently available information.

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