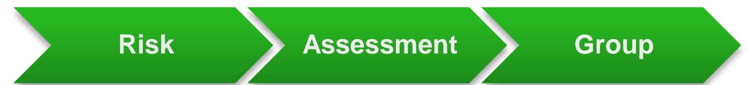

CONSULTATIVE SIGNAL ASSESSMENT

PRIMARY RISK ASSESSMENT

EVIDENCE BASED RISK ASSESSMENT

PUBLIC HEALTH EVENT ASSESSMENT

EBOLA IN RDC, JULY 2019

Date of the signal	Date of the PRA	Signal provider	Experts consultation	Method
17/07/2019	**18/07/2019**	**WHO**	**Permanent experts:** Dr Valeska Laisnez (AZG), Dr Romain Mahieu (COCOM-GGC), Dr Paul Pardon (FOD), Dr Carole Schirvel (AViQ), Dr Sophie Quoilin (Sciensano), Dr P. Demol (CSS), Pascal Guilmin (AFMPS), Ms Mireille Thomas (OstBelgien). **Specific experts:** Dr Erika Vliegge (UZA), Dr Michèle Gérard (Saint-Pierre), Dr Marjan Van Esbroek (ITG, NRC), Ms Axelle Ronsse (MSF/AZG), Dr Eline De Jonghe (Sciensano), Dr Nathalie bossuyt (Sciensano)	**eMail**
Date of update	**Closing date**			

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Signal	On 17th July 2019 the WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the Ebola outbreak in DRC a Public Health Emergency of International Concern (PHEIC). (1) This declaration follows two events: three imported cases in Uganda in June and a first case in Goma on 14th July.

Description in RDC	
Event	On 1 August 2018, the MoH of the DRC declared the 10th outbreak of Ebola virus disease affecting North Kivu and Ituri Provinces. Since the beginning of the outbreak, 2522 cases have been diagnosed with a CFR of 67% corresponding to 1698 deaths. Among them there are 136 healthcare workers (41 deaths). Twenty-five health zones in two provinces are affected and the majority of the cases have been reported in urban settings (e.g.: Beni about 100.000 inhabitants, Butembo about 150.000). The main epicentres of the outbreak are Katwa, Beni, Mabalako and Butembo. Beni is the main hotspot; with 46% of the cases over the last 3 weeks. Cases in other areas are decreasing. More than 160.000 persons have been vaccinated. *See tables in annexes.*
Risk: Unusual	Since week 24 of 2019, successive introductions at distance of the epicentre toward previously unaffected health zones and neighbouring country demonstrate the potential of spread of the current EVD outbreak. Factors affecting the outbreak locally include: - population movement in highly densely populated areas; - weak infection and prevention control practices in many health facilities; - complex political environment ; - continued reluctance in the community; - ongoing unstable security situation, which led to the recent murders of two community health workers. The risk is then also increased by - Delays in case detection and isolation - Challenges in contact tracing - Multiple routes of transmission - Nosocomial transmission - Burial practices - Use of traditional healers The ring vaccination strategy is proving efficient and successful but there is an issue related to vaccine (VSV – EBOV) supply which is insufficient.
Severity of the outbreak	WHO is describing the epidemiological situation as fluctuating due to continued shifting of hotspots and associated risks, with a weekly number of cases ranging from 54–126 but without sustained local transmission. Beni is the main hotspot; cases in other areas are decreasing. Uganda has not detected any new confirmed Ebola virus disease cases. The patient diagnosed in Goma was travelling from Butembo. Up to now no other cases in Goma.
Dissemination: High locally	Intensity of virus transmission has been reduced thanks to the measures, but there has been a geographical extension. The recent imported cases or travel to and from Uganda of a local trader who later died of Ebola in Beni demonstrates that the risk remains high for bordering countries. The recent case in Goma demonstrates that the epidemic could spread in more populated urban area. Most at risk countries are Rwanda, South Sudan and Uganda.

Risk of (inter)national spread

Imported cases from DRC to neighbouring countries is not unexpected but if after a year the response has contributed to limiting the spread and impact, there is some concerns of possible extension linked to

- the recent case in Goma,
  - the city is a provincial capital (1 million inhabitants) where there is an airport with international flights
  - 15,000 people cross the border from Goma to Rwanda every day, as Goma is an important centre of economic activities with Rwanda.
- the local insecurity
- the reinfection and ongoing transmission in Beni
- missing resources

Local response

Response

Measures are in place but have to be reinforced by a coordinated international response and more resources are necessary. Therefor the conditions are met to declare a Public Health Emergency of International Concern (PHEIC).

Specific control measures (surveillance, control, communication)

Control measures: perform ring vaccination campaigns, improve infection and prevention level in healthcare facilities, provide the community with safe and dignified burials, promote strategies to increase engagement and ownership by affected communities.

Screening is organised locally : more than 70 entry points are being monitored and 75 million screenings have been conducted, with 22 cases detected in this manner.

Closing border would strongly affect the local population and will have adverse implications for the response.

Public health impact for Belgium

Public health impact: Low

Risk is very high at national and regional levels but still low at global level. The identification of the imported cases in Uganda or the case in Goma does not change the overall risk for the EU/EEA, which remains low:

- there is no direct flight with the affected areas
- few travellers in this zone
- local control measures are taken (eg.: exit screening at Goma airport)

To date, no travel-associated EVD cases have been reported among travellers returning to Europe from the DRC in 2018 and 2019.

During the substantially larger EVD outbreak in West Africa in 2014 (+/- 28 600 cases and 11 300 deaths – Dec. 2013 and March 2015), only one local transmission occurred in the EU/EEA (in Spain): a healthcare worker attending to an evacuated EVD-infected patient and only person who travelled the 19th Sep. 2014 before to develop symptoms (24th Sep.) in Dallas, US. (4,5) The experience with Ebola in West Africa in 2014 has to be taken into account while discussing additional measures for Belgium.

Risk to EU/EEA citizens living or travelling in DRC

The probability that Belgian citizens living or travelling in EVD-affected areas of the DRC will be exposed to the virus is low provided they adhere to recommended precautionary measures*.

Even humanitarian aid organisations remain at low risk provided they strictly adhere to recommended precautionary measures.

Risk of introduction and spread in Belgium

The most likely route by which the Ebola virus could be introduced is through infected people from affected areas travelling to Europe. Exit screening is reported to be in place at Goma airport and no active chain of transmission associated to the recent introduction of an EVD case in Goma has been reported to date. Rwanda is being prepared : e.g. people travelling are checked for Ebola at the border, there is a lot of work in community sensitization on what to do if they suspect they have Ebola. (2,3)

The most plausible scenario for an EVD-infected patient in Belgium is related to the evacuee of humanitarian health care workers. Such a situation would pose a very low risk of further spread because Belgium has the capacity to detect and manage imported EVD cases at a very early stage.

	It is expected that new EVD cases will be reported in the coming months and a wider geographical extension is still possible.
Recommendations (surveillance, control, communication)	This event is the opportunity to put attention in completing some aspects of the preparedness plan (eg.: handling of human remains, transport of patient, …) and integrating them in the generic preparedness plan. There is a diagnostic and hospitalisation capacity in Belgium even if a long term perspective for hospitalisation of any highly contagiously patient should be clarified. Procedures for patient management do exist. The WHO Committee does not consider - entry screening at airports or other ports of entry outside the region to be necessary, - any restrictions on travel and trade.
Actions	Sciensano will continue to follow closely the evolution of the outbreak and will possibly adapt the RA accordingly. Considering an information letter was already sent to hospitals 2 weeks ago, no new active communication will be done unless a change in the risk should be assessed by the RAG. A summary of this assessment will be published on the Sciensano web as part of the flash and will mention the risk (still considered as low) and the procedure (available on the web Info-Ebola). SPF/FOD will continue to - keep in touch with Saniport and airlines companies/transport industries - care about the continuous update of the web Ebola SPF/FOD will check with SFP/FOD Foreign Affairs if the precautionary measures for travellers are published on their web. In the meanwhile the specific Ebola procedure should be updated and extended to viral haemorrhagic fever as a whole. No additional urgent measures for surveillance and control.

* Precautionary measures:

- avoid contact with symptomatic patients/their bodily fluids, bodies and/or bodily fluids from deceased patients
- avoid consumption of bush meat and contact with wild animals, both alive and dead
- wash and peel fruit and vegetables before consumption
- wash hands regularly using soap or antiseptics
- ensure safe sexual practices.

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(1) https://www.who.int/ihr/procedures/statement-emergency-committee-ebola-drc-july-2019.pdf

(2) https://www.afro.who.int/news/evd-preparedness-and-response-rwanda

(3) https://www.newtimes.co.rw/news/rwanda-earmarks-rwf11bn-ebola-preparedness

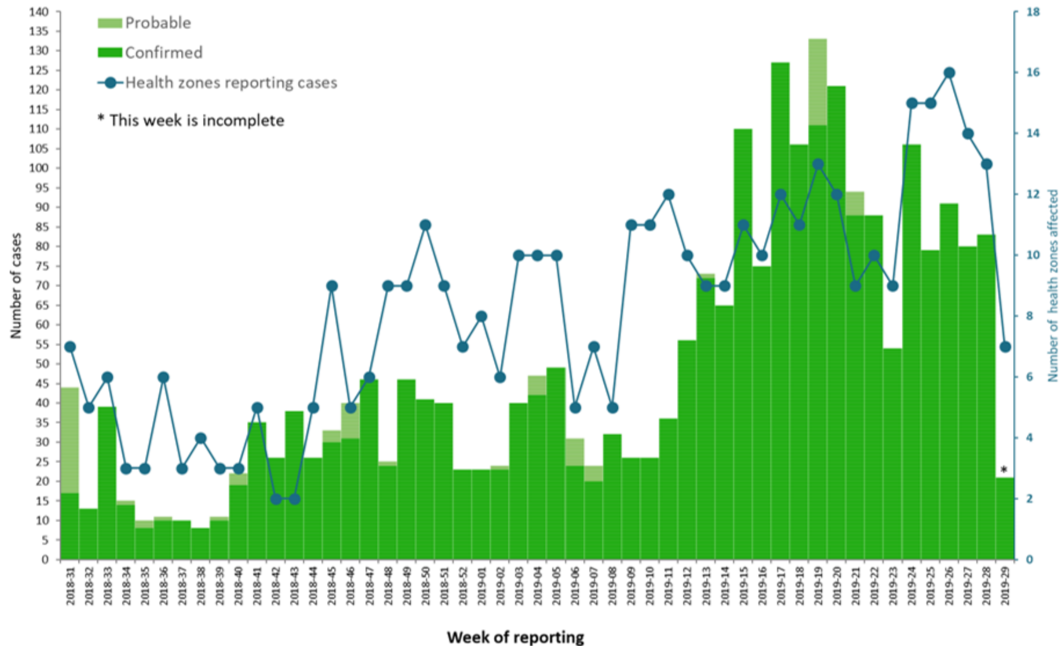
(4) MMWR Morb Mortal Wkly Rep. 2014 Nov 21;63(46):1087-8. Ebola virus disease cluster in the United States--Dallas County, Texas, 2014. Chevalier MS, Chung W, Smith J, Weil LM, Hughes SM, Joyner SN, Hall E, Srinath D, Ritch J, Thathiah P, Threadgill H, Cervantes D, Lakey DL; Centers for Disease Control and Prevention (CDC).

(5) World Health Organization. WHO recommendations for international travellers related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo. Geneva: WHO; 2018. Available from: http://origin.who.int/ith/evd-travel-advice-final-15-08-2018-final.pdf

ANNEXES

1. Epidemic curve

Figure 1. Distribution of confirmed and probable EVD cases and health zones reporting cases by week of reporting in North Kivu and Ituri Provinces, DRC, as of 16 July 2019



Note: As the Ministry of Health of the DRC is regularly curating data, these figures are likely to change in the coming days.
Source: Adapted from the Ministry of Health of DRC [17].

2.Geographical distribution

Figure 2. Geographical distribution of EVD cases by health zone, North Kivu and Ituri Provinces, DRC, since the beginning of the outbreak, as of 16 July 2019

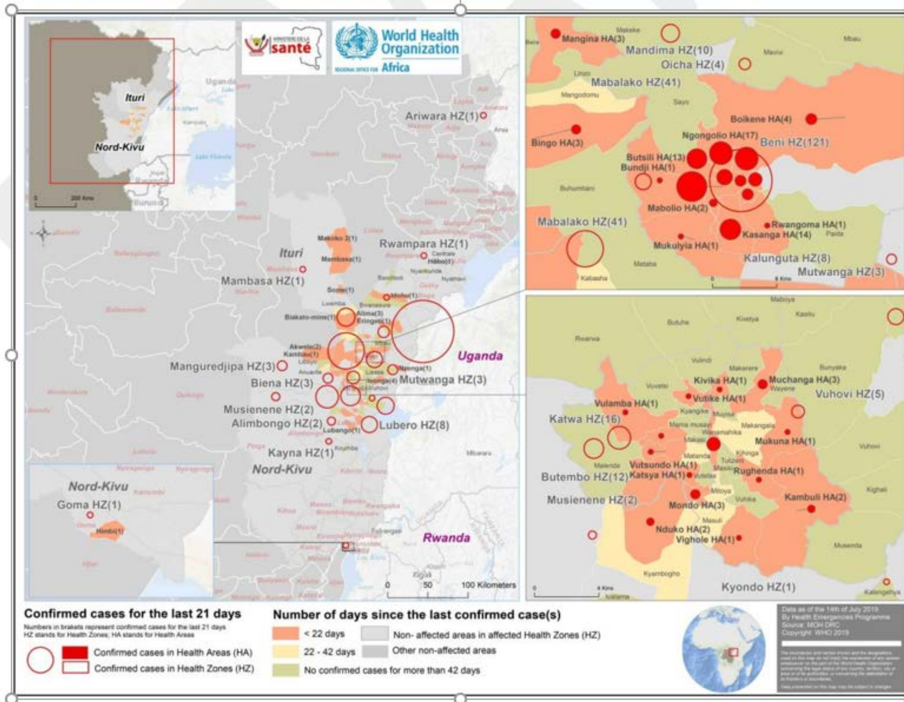
Distance Butembo – Goma:
About 300 km, 8 hours trip

Distance Beni – Goma:
About 360 km, 10 hours trip

Beni

Source: Adapted from the Ministry of Health of the DRC [17].

Figure 3. **Detailed map on geographical distribution of EVD cases by health zones in the last 21 days, North Kivu and Ituri Provinces, DRC, as of 14 July 2019**



Source: WHO External situation report 50 [21] .

Extrait du Rapid risk assessment, Ebola virus disease outbreak in North Kivu and Ituri Provinces, Democratic Republic of the Congo – fifth update* 18 July 2019.