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Coordination meeting in Beni (WHO)

## HIGHLIGHTS

### HIGHLIGHTS ON THE SITUATION REPORT (SITREP) OF EBOLA OUTBREAK No 3.

- 3 alerts of the ZS of Aba / Haut-Uélé, samples arrived in Bunia (transit for Beni).
- Increase in new confirmed cases reported. In the last 24 hours, 7 new confirmed cases, all Mabalako health Zone, all were listed contacts, including 1 Health CW from Mangina. 1 death of confirmed case (Mabalako Zone). Epidemic still ongoing with 14 new (10 Mabalako, 1 Mandima, 3 Beni health Zone) confirmed cases;
- 10 tested negative and discarded as non-cases, including 4 reported deaths between August 12 and 14 in 2018;
- 9 (nine) Health Center Workers affected: 8 confirmed (alive), 1 probable (died).
- The total number of confirmed and probable cases since the beginning of the epidemic on August 14 is 73 (46 confirmed cases, 27 probable cases);
- 251 people vaccinated since the beginning of the campaign.

Grade	Cases	Deaths	Lethality
3	52	29	55.7

## SITUATION OVERVIEW

### Information on the Emergency

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared a new outbreak of Ebola virus disease in the healthzone of Mabalako in North Kivu Province. The province of North Kivu is among the most populated provinces of DR Congo with 8,000,000 inhabitants. It is a province that shares its borders with 4 other provinces of the country (Ituri, South Kivu, Maniema and Tshopo) as well as with Uganda and Rwanda.

### Humanitarian Situation

The Ministry of Health, WHO and partners are responding to this event, and working to establish the full extent of this outbreak. Numbers may fluctuate daily due to many factors, including continuing monitoring,

investigation and reclassification of cases. Alert and suspected cases (not reported here), are systematically investigated to confirm or exclude Ebola virus disease before inclusion in the case counts or discarded as non-cases.

### PUBLIC HEALTH ACTIONS TO DATE

#### Epidemiological surveillance

- Twenty-seven (27) new alerts were notified and investigated on 12 and 13 August 2018, including 15 in the Mabalako health zone, 8 in the Beni health zone, 1 in the Butembo health zone and 2 in the Mandima health zone. Of these new alerts, 16 were validated, including 13 in the Mabalako

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health zone, 2 in the Mandima health zone and 1 in the Butembo health zone.

- Six (6) alerts are under investigation, including one (1) in the Beni health zone and five (5) in the Mabalako health zone;

### **Case management**

It should be noted that there is movement of patients in the CTE / UITE (Ebola Treatment Center / Intensive Ebola Treatment Unit) for better care for new admissions and patients in hospital. These movements are as follows:

- 43 inpatients including 25 confirmed and 18 suspects. It was also reported that there were 14 outings including 10 non-cases, 2 cures and 2 deaths.

Some field activities are continuing. Technical meetings are organized at all levels and in all sites.

### **Laboratory**

- As of 12 and 13 August 2018, 53 samples from North Kivu province were analyzed at the Beni HGR laboratory. Nineteen (19) were Ebola positive;
- Since the beginning of the epidemic on August 13, 2018, a total of 210 samples have been tested in the different sites identifying 39 positive cases.
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### **Water, Hygiene and Sanitation**

- Regarding the routine activities of the commission, there was monitoring of the handwashing and chlorination functionality in the community and a PCI evaluation in the health Center with support from Oxfam and Unicef;
- Installation of 17 handwashing points in three (3) AS in Mabalako health zone.

### **Risk Communication and Community Engagement**

Continuation of door-to-door and mass outreach activities in public spaces on the EVD, dissemination of key

messages, communication material supports and tools for managing data collection in the field:

- 1,526 households in the Beni, during which 8507 people were affected, including 4,834 women sensitized on EBV prevention;
- Mobilization of large companies and economic operators in the city of Goma (banks, telephone operators, breweries, etc.) for their participation in the EVD response.
- Development of the organizational plan of the Public Information Tribune on EVD.

### **Vaccination**

The summary of vaccination data from 08 to 15 August in the health zones of Beni and Mangina is as follows:

- 251 people vaccinated since the beginning of the campaign.
- The stock of vaccines available at the central repository is 260 doses out of the 540 received, including 50 quantities of the doses already used.

### **Logistics**

- Deployment of mobile laboratory equipment for the Mangina Health Area.

### **Gaps in Humanitarian Assistance**

After meeting this morning with ECZS from Komanda and Nyankunde. Here are the needs for prevention and infection control:

- Need chlorine in quantity in all health areas;
- Need lava hands in all corners of high traffic (we have inventoried at least 215 corners throughout the area).
- Need liquid disinfectants for all care providers and patients;
- Need thermo flashes at least 1 per Health Zone and 1 per barrier;
- Emphasize awareness programs in the radio;

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- Briefing community relays, local committees, community support groups;
- Produce flyers and posters on Ebola;

## ADRA's RESPONSE

- ADRA is operational in the Eastern part of DR Congo (Bunia and Butembo) and is wishing to implement specific activities related to prevention in Wash sector to increase awareness and combat the current Ebola epidemic.
- On-going projects in that East part of DR Congo includes the implementation of:
  1. PEAR plus (Programme of Expanded Assistance to Return Plus (PEAR+)) a multi-sectorial project financed by UNICEF which aimed at strengthening the resilience of communities affected by armed conflict in the health zones of Nyankunde and Komanda, Bunia- in Ituri province since November 2017. To mitigate risk of exposure of its beneficiaries and staff working in North Kivu, ADRA has discharged from the field his workers who were running the risk of exposure till when the situation will be under control.
  2. Community-based nutrition (NAC in French) that It is an approach that involves empowering the community to implement collective actions to prevent various forms of malnutrition and especially the chronic form of malnutrition in the community (village, neighborhood). The office of ADRA Butembo is operational and one of the vehicles is on site waiting the startup of the second phase of that Project of community-based nutrition.

Once funds become available, ADRA DRC will be able to help answer to support health zones for the prevention and control of Ebola

## ADRA's Response Activities

- ADRA participates in the various crisis committees for the management of the current epidemic through the subcommittee on prevention. As Many partners have come up with different activities to support the National Ministry of Health who is coordinating the response;
- ADRA with the Health Zone Teams jointly identified the Gap in the Water, Sanitation and Health Sector in the Komanda and Nyankunde Health Zones to respond urgently and limit the spread of the disease.
- ADRA raises awareness in Adventist churches in all health zones in North Kivu and Ituri. This awareness is also made in schools.
- ADRA needs to expand prevention and infection control activities in all at-risk communities.

## Funding Opportunities

- Funding opportunities in the current response are not multiple. A request has been made to the CERF by the Health Cluster (WHO) and the WASH Cluster (UNICEF) to strengthen the response to the epidemic.

## RESPONSE COORDINATION

- ADRA participated to AFRO/GOARN partners on EVD in DRC. The meeting was on Thursday 16 August (1pm Brazzaville, 2pm Geneva time) with the following agenda (Brief epidemiological update, Current preparedness and response activities, Partner updates); The meeting was organized by WebEx Call.

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Coordination structures at both the national and provincial levels held their daily meetings to monitor the EVD situation. That of the Task Force held on Monday was chaired by the Minister of Health.

## **PUBLIC RELATIONS**



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## DETAILED MAPS

