Since August 2018, African Union – through Africa CDC – has been supporting the Government of the Democratic Republic of Congo (DRC) in responding to its tenth Ebola outbreak.

### CURRENT SITUATION

<table>
<thead>
<tr>
<th>Total Number of Cases: 2325</th>
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</thead>
<tbody>
<tr>
<td>2231 Confirmed Cases</td>
</tr>
<tr>
<td>94 Probable Cases</td>
</tr>
<tr>
<td>1563 Deaths</td>
</tr>
<tr>
<td>644 People Cured</td>
</tr>
</tbody>
</table>

**Case Fatality Ratio:** 67.2%

**Health Workers Infected:** 126

126 Health Workers infected with 40 deaths, accounting for 5% of total cases reported.

### CURRENT NEEDS

- Strengthening security in and around treatment units and for responders.
- Mobilizing funds to strengthen and sustain ongoing response efforts.
- Reinforcement of infection prevention practices at health care centres and more training for responders.
- Increased advocacy and more community dialogue to dispel rumours and misconceptions.
- Provision of additional equipment to support diagnosis and testing.

### AFFECTED AREAS

- **Main Areas of Active Transmission**: (nearly 70% of cases)
- **Mabalako, Butembo and Katwa**
- Democratic Republic of Congo

- **North Kivu**
- **Ituri**
Key Challenges

▶ Insecurity and violence, including attacks on volunteers, service providers and treatment centres:
  » In February and March 2019, three Ebola treatment units in Butembo and Katwa were burnt and the facilities and equipment looted. One security officer was reported killed and partners chased out.
  » In April, two Africa CDC health care workers were attacked, sustained broken bones and were medically evacuated to Kinshasa.
  » A point of entry surveillance unit in Ituri was burnt in June 2019.
  » As a result of these incidents, partners are reducing the number of responders and this is compromising achievements so far. For example, contact tracing and follow-up of contacts has reduced to less than 60% from more than 80%.

▶ Reluctant contacts who refuse decontamination, hygiene measures, vaccination and contact follow-up.

▶ Constant mobility of populations in and out of the affected areas (and even between the DRC and neighbouring countries), which is now being addressed through partnerships to strengthen community-based and cross-border surveillance.

▶ Increasing number of health care workers getting infected, thus increasing the risk of health facility-based exposure.

MAJOR RISK

DRC shares borders with 9 countries with a total population of over 290 million (including DRC), the spread of the virus to any of the neighbouring countries would have huge social, economic and political consequences.