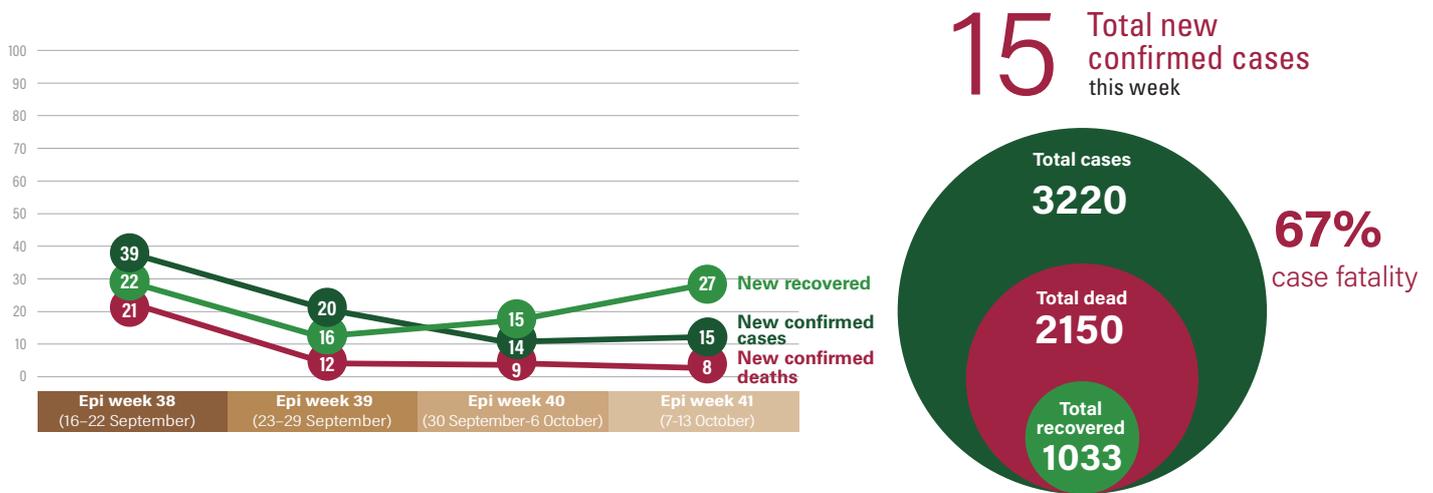


Ebola Virus Disease Outbreak in the Democratic Republic of Congo

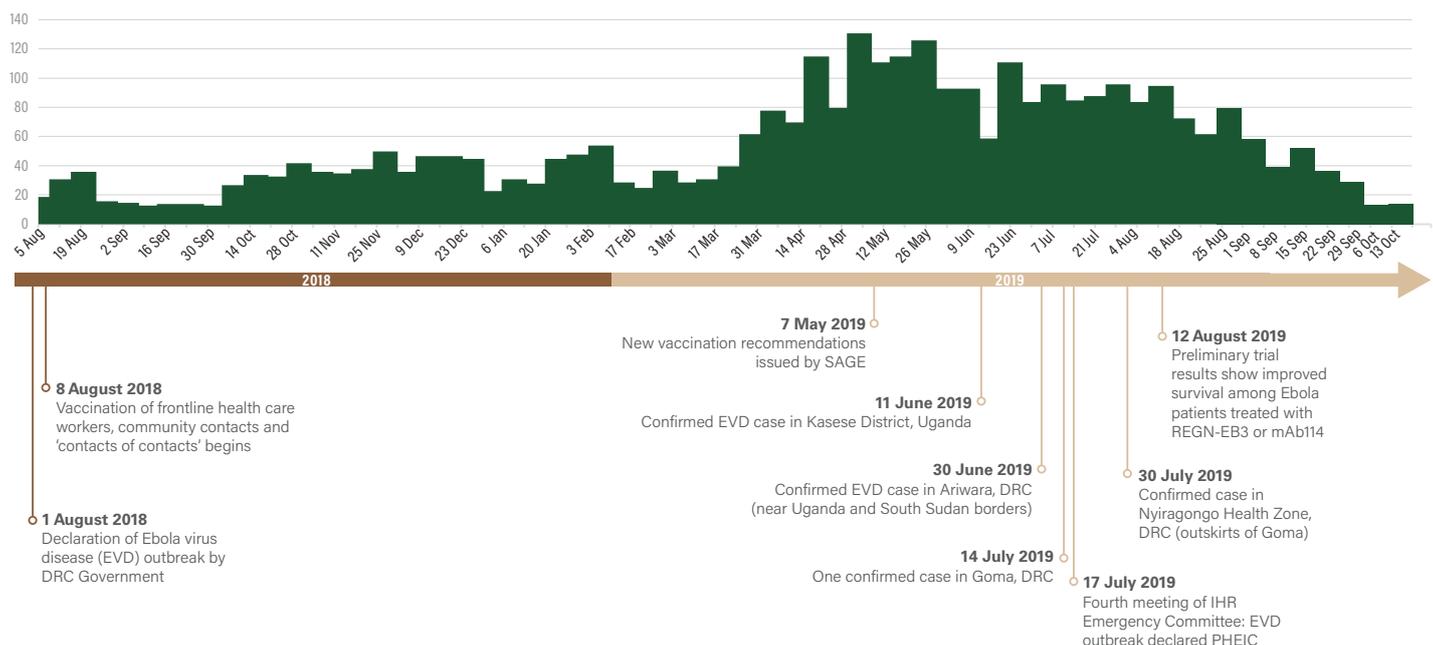
Epidemiological Week 41 (7-13 October 2019)

Issue 10, October 15, 2019

1. Ebola virus disease outbreak overview



2. Epidemic curve for confirmed and probable cases by date of onset 10th Ebola outbreak, DRC, 2018–2019



IHR = International Health Regulations; SAGE = Strategic Advisory Group of Experts; PHEIC = Public Health Emergency of International Concern.

3. Affected areas



4. Africa CDC response activities this week

- The Regional Collaborating Centres continued to support preparedness in Member States, including sharing information and discussing preparedness plans during the weekly ECHO sessions. In South Sudan, Africa CDC facilitated a training for public health officers on the operations and management of the public health emergency operations centre.
- A mobile laboratory ordered by Africa CDC was delivered to Goma this week.
- Africa CDC volunteers and experts supported tracing of 959 contacts and investigation of 2476 alerts, including active case-finding for 1523 suspected cases.
- Africa CDC teams made 36 visits to health care facilities and trained 72 health care workers in infection prevention and risk communication. They evaluated 2 health care facilities and accompanied 117 health care workers to ensure compliance with infection prevention measures.
- Africa CDC-supported laboratories received and tested 1299 samples.
- Africa CDC is organizing a meeting of health ministers of DRC and the nine neighbouring countries and partners in Goma on 21 October 2019 in collaboration with WHO. The meeting will discuss the framework for cross-border collaboration on preparedness and response to Ebola Virus Disease outbreak.
- Response activities resumed in Lwemba this week after negotiations with the community members.

5. Stories of Hope from Ebola Virus Disease Outbreak

Trader Recovers from Ebola Virus Disease, Becomes a Community Advocate

Rumours, misinformation and misunderstanding have hindered response activities in Ebola affected areas of the DRC. However, in these unstable environments some community members who have recovered from EVD after treatment are teaming up with Africa CDC volunteers to educate their fellow community members on the need to support the work of responders.

Adam Elisha was a recyclable goods trader in Beni until October 2018 when he became infected with EVD.

“We received an alert about a suspicious subject at the Kanzuli Reference Health Centre in Beni. He showed a few signs, but when we tested him the results were positive. We immediately transferred him to the treatment centre and vaccinated his high-risk contacts. We followed them up for 21 days,” said Dr Tresor Katanga, an Africa CDC EVD response volunteer.

Because of the prompt and early treatment and care that Adam received, he recovered and was able to return to his business. He then decided to join Africa CDC volunteers in visiting schools and other gatherings to advocate for people to support the EVD response in their communities.

“When I see my brothers threatening the responders, even burning equipment and treatment centres, my heart bleeds. If they knew the pain that Ebola virus disease causes, they certainly would have acted differently. I am a son of Beni and I see it as my duty to raise awareness and save lives, and I do it with joy,” said Adam.

“Adam’s life is a lesson to everyone. After his recovery, he could resume his commercial shuttles between Beni, Oicha and Kasindi, but he opted for this difficult job. On several occasions he has helped the team in breaking down resistance to the delivery of services at the Ebola treatment centre by persuading patients and community members with his testimony,” said Tresor.

“There is no hurry, I will go back to my trade after the epidemic,” said Adam.



Adam Elisha (left) with Dr Tresor Katanga