

## Outbreak Brief #1: Ebola virus disease (EVD) Outbreak

Date of Issue: 24 February 2021

**17 cases and 10 deaths**

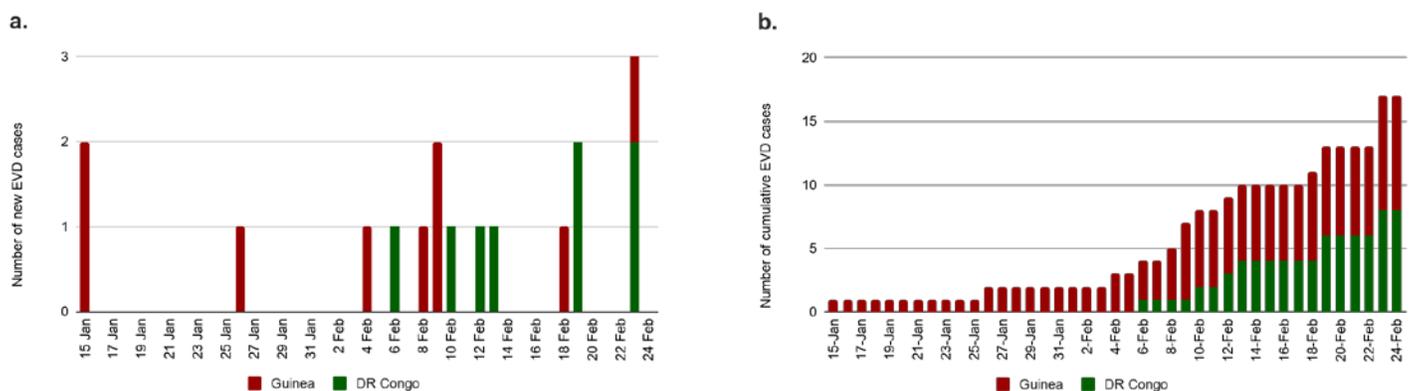
Data sources: African Union Member States

As of 9 am East African Time (EAT) on 24 February 2021, a total of 17 Ebola virus disease (EVD) cases and 10 deaths (CFR: 59%) have been reported in two African Union (AU) Member States: Democratic Republic of Congo (DR Congo) (8 cases; 4 deaths) and Guinea (9; 6).

**DR Congo overview:** On 6 February 2021, the DR Congo Ministry of Health (MoH) confirmed an outbreak of EVD in Butembo. The index case was a 42 year old woman who initially received outpatient care at a local health center from 25 January to 1 February 2021, but was later admitted to a second health centre from 1 to 3 February 2021 for chest pains and haemorrhagic symptoms (hematemesis and bleeding from the gums). Blood samples collected tested positive for Ebola virus by PCR at the L'Institut National de Recherche Biomédicale (INRB) in Kinshasa on 6 February 2021. This is the 12th reported outbreak of EVD for DR Congo since its discovery there in 1976.

**Guinea overview:** On 14 February 2021, the Guinea Ministry of Health (MoH) confirmed an outbreak of EVD in N'Zérékoré prefecture. The index case was a nurse from Gouécké who died on 28 January 2021 and was buried on 1 February 2021. Seven attendees of the funeral later became ill with diarrhoea, vomiting, and haemorrhagic symptoms; three of whom have since died. Samples collected from three of the contacts tested positive for Ebola virus by PCR at the Gueckedou and Conakry laboratories on 13 February 2021. This is the first reported outbreak of EVD in Guinea since 2016.

Figure 1: New (a) and cumulative (b) cases reported by day in DR Congo and Guinea, 15 January - 24 February 2021.



**Table 1. The cumulative number of Ebola virus disease cases and deaths, identified contacts, and population vaccinated as reported by African Union Member State as of 24 February 2021<sup>1</sup>**

Location	Number of cases*	Number of deaths	Case Fatality Rate	Number of contacts (% monitored)	Total number vaccinated <sup>2</sup>
<b>DR Congo</b>	<b>8</b>	<b>4</b>	<b>50%</b>	<b>746 (78%)</b>	<b>325</b>
<b>North Kivu province</b>	<b>8</b>	<b>4</b>	<b>50%</b>	<b>746 (78%)</b>	<b>325</b>
Biena HZ	5	4	80%	251 (86%)	261
Butembo HZ	0	0	N/A	166 (78%)	0
Kalunguta HZ	0	0	N/A	18 (100%)	0
Katwa HZ	2	0	0	254 (70%)	80
Musienene HZ	1	0	0	57 (81%)	0
<b>Guinea</b>	<b>9</b>	<b>6</b>	<b>67%</b>	<b>380 (98%)</b>	<b>44</b>
<b>Conakry region</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>19 (100%)</b>	<b>0</b>
Dixinn	0	0	N/A	3 (100%)	0
Matoto	0	0	N/A	10 (100%)	0
Ratoma	1	0	0	6 (100%)	0
<b>Kindia region</b>	<b>0</b>	<b>0</b>	<b>N/A</b>	<b>15 (100%)</b>	<b>0</b>
Dubreka	0	0	N/A	15 (100%)	0
<b>Nzérékoré region</b>	<b>8</b>	<b>6</b>	<b>75%</b>	<b>346 (97%)</b>	<b>44</b>
Lola	0	0	N/A	11 (100%)	--
Nzérékoré	8	6	75%	335 (97%)	--
<b>Total</b>	<b>17</b>	<b>10</b>	<b>59%</b>	<b>1,126 (88%)</b>	<b>369</b>

<sup>1</sup> Abbreviations: HZ = health zone; \*cases = confirmed and probable.

<sup>2</sup> Populations targeted for vaccination include case contacts and frontline healthcare workers.

## Event Geoscope and Risk Assessment Levels

Geoscope:  
**low**

Risk level:  
**high**

Africa CDC conducted a preliminary assessment of the geographic scope (geoscope) and risk level for the EVD events being reported for both DR Congo and Guinea. Given that both outbreaks are not linked and are currently maintained within their country borders, the geoscope assessment is currently low. If another Member State reports disease linked to either of these outbreaks, we will reassess and elevate accordingly. For the risk assessment level, we looked at the following criteria: morbidity and mortality of the disease, probability to spread within and to other member states, and the availability of effective treatments, vaccines, or other control measures. We have listed the risk level as high for both countries, given that EVD is a highly transmissible disease with a high mortality, and lacks effective treatment for those infected. As EVD vaccine is rolled out for all contacts and frontline healthcare workers, we will look to reevaluate the risk assessment again. The World Health Organization<sup>3</sup> and European Centres for Disease Prevention and Control<sup>4</sup> have also issued risk assessments for the EVD events.

### Africa CDC Response Activities

- Africa CDC activated the emergency operations centre (EOC) and incident management system in Addis Ababa for EVD and held a regional emergency meeting in collaboration with the West Africa Health Organization (WAHO) on 15 February 2021
- Africa CDC deployed an advanced team of experts on 17 February 2021 to Guinea to assess the situation, assist in national emergency response planning and response coordination, identify country needs for the different response pillars (e.g. laboratory, surveillance, EOC, infection prevention and control, and case management)
- On 11 February 2021, Dr. Nkengasong, the Africa CDC director, hosted Africa CDC's weekly press briefing at 11 am EAT describing the situation as well as Africa CDC's response efforts. The recording is available on the [Africa CDC Facebook page](#).

### Recommendations for the Member States

1. Member States should continue to enhance their cross-border surveillance efforts to:
  - a. map population movements to identify all potential crossing points where there is risk of disease spread,
  - b. set-up screening posts and conduct health screenings for travelers with signs of EVD (e.g. fever, rash, vomiting, diarrhoea, and hemorrhage)

<sup>3</sup> [WHO | Ebola virus disease – Guinea](#) and [Ebola virus disease – Democratic Republic of the Congo](#)

<sup>4</sup> [Ebola virus disease outbreak in Guinea, 2021](#)

- c. implement public health measures at border crossing points including temperature monitoring, and infection prevention and control measures, and
  - d. share health information for EVD at borders
2. Member States should continue to perform contact tracing and follow up of all probable and confirmed cases.
3. Member states should enhance infection prevention and control measures in health care settings, health care workers protection and practice safe and dignified burial.
4. All Member States should notify and routinely share data regarding confirmed EVD cases, deaths, recoveries, tests conducted and healthcare workers infected with WHO and Africa CDC to continually inform these and other updates. Notify Africa CDC by emailing: [AfricaCDCEBS@africa-union.org](mailto:AfricaCDCEBS@africa-union.org).
5. Member States should continue to provide information to the general public about seeking immediate medical care for those who develop symptoms similar to EVD.
6. Member States should work urgently with partners to improve their preparedness for detecting and managing imported cases, including the mapping of health facilities and active surveillance with zero reporting.
7. At-risk countries should put in place approvals for investigational medicines and vaccines as an immediate priority for preparedness.

### Resources for more information

- Africa CDC updates: <https://africacdc.org/>
- [Ebola virus infection - Prevention | BMJ Best Practice US](#)
- US CDC - [Ebola Virus Disease](#) and WHO - [Ebola virus disease](#) overview
- WHO - [Implementation and management of contact tracing for Ebola virus disease](#)
- WHO - [Surveillance strategy during Phase 3 of the Ebola response](#)
- WHO - EVD [Infection prevention and control](#)