

Outbreak Brief #1: Ebola virus disease (EVD) in the Democratic Republic of Congo

Date of Issue: 15 October 2021

5 cases, 5 deaths, and 0 recoveries

Data sources: DRC Ministry of Health

Outbreak Update: On 8 October 2021, the Democratic Republic of Congo (DRC) Ministry of Public Health, Hygiene, and Prevention (MoH) reported a confirmed death of Ebola virus disease (EVD) in the Beni health zone, North Kivu province. This outbreak comes barely five months after the end of the most recent outbreak that was detected in the same province.

The index case was a 3-year-old male, who died on 6 October in a local health facility after presenting with hemorrhagic symptoms. Samples collected on 7 October 2021, tested positive for Ebola virus at the National Institute of Biomedical Research in Beni. The diagnosis was later confirmed in the Goma reference laboratory by RT-PCR¹ on 8 October.

This follows a cluster of three deaths (two female children and their father) who were neighbors of the index case. These individuals died on 14, 19 and 29 September after developing symptoms consistent with Ebola (see Figure 1 for symptom onset dates); however, none of these individuals were tested for EVD.

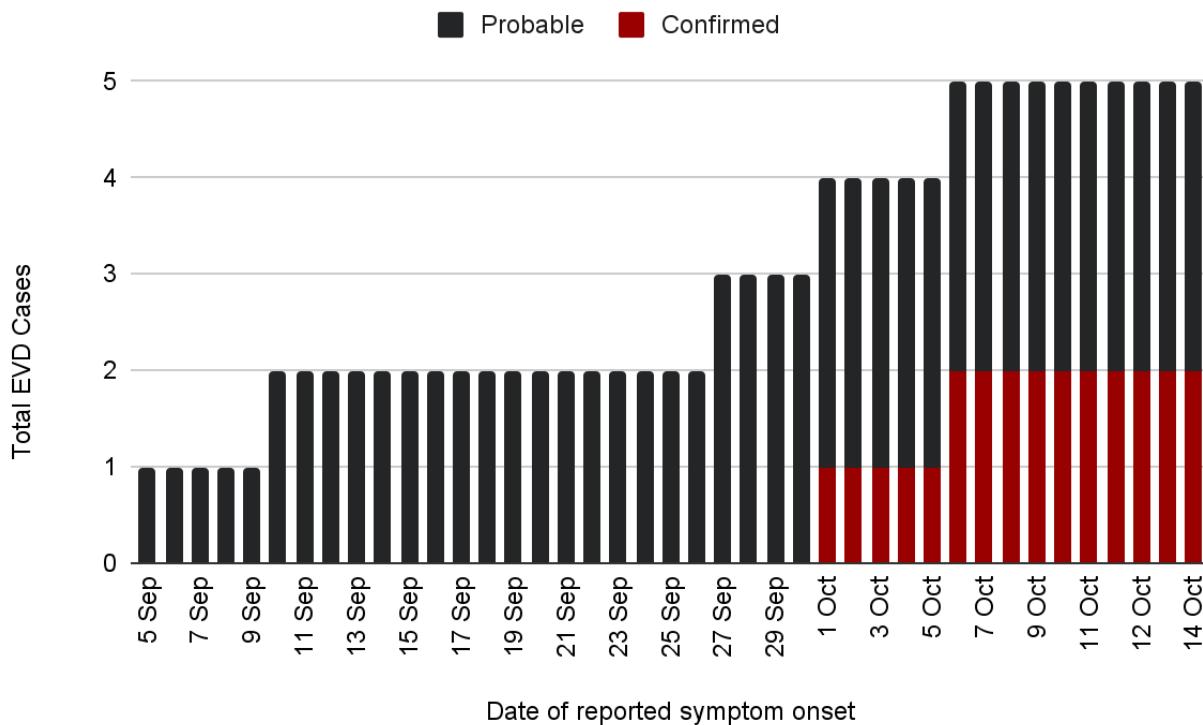
A second case was confirmed on 13 October. This was a 42-year-old female, who was a known contact to both the confirmed and probable cases prior to their death. This second case was an aunt of the first confirmed case and care giver to probable cases. She developed symptoms of fatigue on 6 October, which worsened to vomiting and bloody diarrhea on 13 October. Local health authorities were alerted and the patient was admitted to the regional hospital in Beni for supportive care, where she later died on 14 October.

Cumulatively, five cases (2 confirmed and 3 probable) and five deaths (2 confirmed and 3 probable) of EVD have been reported from Butsili, Beni health zone in DRC. The case fatality ratio of both confirmed and probable cases for this outbreak is 100%. Genomic sequencing is currently ongoing; preliminary results show that the index case was linked to the 2018 -2020 outbreak².

¹ reverse transcription polymerase chain reaction

² <https://virological.org/t/oct-2021-evd-case-in-drc-linked-to-2018-2020-nord-kivu-evd-outbreak/762>

Figure 1: Cumulative cases reported by day of symptom onset in DR Congo between 5 September - 14 October 2021.



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 DR Congo. Given that this outbreak is currently affecting one country and being maintained within its borders, the geoscope assessment is

low. If another Member State reports disease linked to this outbreak, 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 given that EVD is a highly transmissible disease with a high mortality, and lacks effective treatment for those infected. Additionally, the proximity of this outbreak to neighboring countries and porosity of these land borders, means the risk of spread to neighboring Member States is high. As EVD vaccine is rolled out for all contacts and frontline healthcare workers, we will reevaluate the risk assessment again.

DR Congo Response Activities

- Since the onset of the outbreak, 222 contacts have been identified from 15 of 19 health areas of Beni Health Zone; 73% are being monitored.
- DRC has stocked more than 12,000 doses of rVSV-ZEBOV Ebola vaccine.
- Over 1,000 vaccine doses have been deployed to Goma of which 200 were sent to Beni.
- Fourteen (14) people were vaccinated in Butsili and Mabakanga.
- Households and health facilities where cases were identified have been decontaminated.
- Eight points of entries have been reactivated for EVD screening.

African Union and Africa CDC Response Activities

- The African Union Commission (AUC) has been informed of the outbreak and is ready to offer a comprehensive support of all AU organs.
- The Africa Centres for Disease Control and Prevention (Africa CDC) has repurposed five (5) emergency response team experts in Goma and Kinshasa to support the government response effort.
- Africa CDC has deployed an additional two (2) staff from headquarters to provide technical assistance.

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)
 - 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. Where feasible, neighbouring Member States should integrate EVD surveillance into the existing COVID-19 surveillance strategies at community and health facility levels.
3. Member States should perform contact tracing and follow up of all probable and confirmed EVD cases.
4. Member states should enhance infection prevention and control measures in health care settings, health care workers protection and practice safe and dignified burial.
5. 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.
6. Member States should continue to provide information to the general public about seeking immediate medical care for those who develop symptoms similar to EVD.

7. 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.
8. 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](#)