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Ebola Virus Disease (EVD) in Democratic Republic of Congo

A steady increase in cases is reported in the areas affected by the ongoing epidemic

The epidemic in North Kivu and Ituri Provinces (north east of the country), which started in August 2018, is the largest ever recorded in DRC and the second largest worldwide. The outbreak is occurring in a region affected by a long-standing humanitarian crisis; the security situation remains unpredictable and poses an ongoing challenge to outbreak response and containment activities [1, 2].

As of 21 May 2019, a cumulative total of 1866 EVD cases (1778 confirmed and 88 probable) including 1241 deaths (1153 confirmed and 88 probable) have been reported [1]; a total of 105 health workers have been infected since the start of the outbreak [2]. A steady increase in new cases is reported; between 1 - 21 May, a total of 349 confirmed cases were reported from 15 of the 22 affected health zones [2].

A weekly [situation report](#) is published by the World Health Organization (WHO).

WHO report that there is a potential risk for transmission of EVD at national and regional levels due to several factors including extensive travel between the affected areas, the rest of the country, and neighbouring countries [2].

The European Centre for Disease prevention and Control (ECDC) consider that the probability that EU/EEA citizens living or travelling in EVD-affected areas of DRC will be exposed to the virus is low, provided they adhere to precautionary measures [3].

WHO advises against any restriction of travel and trade to DRC based on the currently available information [1]. The [Foreign and Commonwealth Office \(FCO\) has restrictions on travel to some areas of DRC](#): travellers are recommended to review the current information prior to departure.

This outbreak continues to present a negligible to very low risk to the UK public [4].

EVD is a severe, often fatal illness in humans and is introduced into human populations by close contact with the blood and other bodily fluids and organs of infected wild animals such as antelopes, bats, chimpanzees, gorillas and monkeys. The virus then spreads from person to person by direct contact with blood, faeces, vomit, organs or other bodily fluids of infected persons; Infection can be transmitted via contact with objects, like contaminated needles or soiled clothing. Outbreaks have been spread by traditional burial practices, when mourners have direct contact with the deceased (such as touching or washing the body, which still contains high levels of Ebola virus) [5, 6]. Hospital workers have been infected through close contact with infected patients and insufficient use of correct infection control precautions and barrier nursing procedures. Sexual transmission has been documented, as the virus can be present in semen for months after recovery [6].

Advice for travellers

Visitors to EVD-affected areas face a low risk of becoming infected if usual and enhanced precautions are followed:

- Avoid contact with symptomatic patients/their bodily fluids; corpses and/or bodily fluids from deceased patients, and all wild animals, alive and dead
- Avoid handling or eating bush/wild meat (the meat of wild or feral mammals killed for food)
- Wash and peel fruit and vegetables before consumption
- Wash hands regularly and carefully using soap and water (or alcohol gel when soap is unavailable)
- Practise safer sex (using barrier contraception)

Exit screening is in operation for travellers leaving from Goma airport, DRC [3].

Get medical advice if you become ill within 21 days after getting home. You should call NHS111 or contact your GP by telephone; although it is very unlikely you have EVD, you should mention any potential exposure to the virus including dates and itinerary of travel.

Humanitarian and other aid workers

- risk to UK personnel (non-clinical) working outside the affected areas in DRC is very low
- for those working in affected areas, risk will vary, depending on activities undertaken
- exposure risk for those working directly with infected individuals, such as in treatment centres, is low, if strict barrier techniques have been implemented and all staff are provided with and trained in use of appropriate personal protective equipment [5].

More detailed advice can be found in the Public Health England guidance (PHE): [Ebola virus disease: information for humanitarian aid workers](#).

Individuals planning to go to outbreak areas for humanitarian activities should follow advice from their deploying organisation before they travel. PHE is operating a returning workers scheme for humanitarian and healthcare workers who will be residing in England, Wales, Scotland or Northern Ireland after they have completed their deployments. Deploying organisations are asked to register their workers with the scheme in advance of their return to the UK. [Further information on the returning workers scheme](#) is available from PHE.

This outbreak is being closely monitored and the risk will be re-evaluated if the epidemiological situation changes. Travellers should monitor NaTHNaC and FCO updates on a regular basis for more information.

There is no licensed vaccine for general use in travellers to prevent EVD. An investigational, currently unlicensed vaccine is available for high risk populations in EVD risk regions in DRC [7].

Advice for health professionals

In the event of a symptomatic person with a relevant travel history presenting for health care the [Imported Fever Service](#) should be contacted via your local infectious disease clinicians or microbiologists in order to discuss testing. The [Rare and Imported Pathogens Laboratory](#) will test patient samples if appropriate. Infection control recommendations and other clinical management advice are provided in the national [viral haemorrhagic fever guidelines](#).

Resources

- [Public Health England: Ebola virus disease: clinical management and guidance](#)
- [World Health Organization: Ebola virus disease](#)
- [World Health Organization: Regional Office for Africa – Ebola Situation Reports](#)

References

1. [World Health Organization. Ebola situation reports: Democratic Republic of the Congo. 21 May 2019. \[Accessed 24 May 2019\]](#)
2. [World Health Organization. Disease Outbreak News \(DON\). Ebola virus disease – Democratic Republic of the Congo. 23 May 2019. \[Accessed 24 May 2019\]](#)
3. [European Centre for Disease Prevention and Control \(ECDC\) Rapid Risk Assessment Ebola virus disease outbreak in North Kivu and Ituri Provinces, Democratic Republic of the Congo – fourth update. 16 April 2019 \[Accessed 24 May 2019\]](#)
4. [Public Health England. Ebola and Marburg haemorrhagic fevers: outbreaks and case locations. Information about incidents and outbreaks of Ebola and Marburg, both viral haemorrhagic fevers \(VHF\). Last updated 8 May 2019. \[Accessed 24 May 2019\]](#)
5. [Public Health England. Guidance. Ebola: overview, history, origins and transmission. Last updated 15 December 2017. \[Accessed 24 May 2019\]](#)
6. [World Health Organization. Media Centre. New WHO safe and dignified burial protocol – key to reducing Ebola transmission. 7 November 2014. \[Accessed 24 May 2019\]](#)
7. [World Health Organization. Emergencies, preparedness and response - Research and Development: diagnostics, vaccines and therapies. \[Accessed 24 May 2019\]](#)