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DRC: Ebola outbreak declared a Public Health Emergency of International Concern

The meeting of the Emergency Committee convened by the WHO Director General under International Health Regulations took place on Wednesday 17 July 2019

On 17 July 2019, the World Health Organization (WHO) declared that the Ebola virus disease (EVD) outbreak in the [Democratic Republic of the Congo](#) (DRC) is a Public Health Emergency of International Concern (PHEIC). The WHO cited recent developments, including the first confirmed case in Goma, a city of almost two million people in North Kivu province, on the border with Rwanda [1].

The outbreak is widespread geographically, with two new health zones, Goma in North Kivu, and Mambasa in Ituri, reporting their first confirmed cases in the last week, bringing the total number of affected provinces to 25. Three health zones report the highest number of cases; Beni, Mabalako, and Katwa [2]. The number of cases in health workers has increased to 135 (5% of total cases) [2].

The outbreak was first declared on 1 August 2018 in North Kivu and Ituri provinces in north east DRC [3]. As of 16 July 2019, a cumulative total of 2522 EVD cases (2428 confirmed, 94 probable cases) including 1698 deaths, have been reported [2].

This region of DRC has large-scale pre-existing humanitarian needs and security issues making the response and containment of this outbreak difficult [4].

No new EVD cases or deaths have been reported in Uganda [5] since the three cases reported on 11 June 2019 [6].

The European Centre for Disease Prevention and Control (ECDC) states that the risk of spread to the European Union (EU) via infected travellers is currently very low. 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 [7].

The WHO declaration of a PHEIC reflects the challenges of containing this outbreak in the DRC. This does not change the risk assessment for the United Kingdom (UK), which is considered to be negligible to very low for the UK public [8].

WHO advises against any restriction of travel and trade to DRC [1]; specific [recommendations for international traffic related to the EVD outbreak in DRC](#) are available from WHO. 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.

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

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 virus) [9,10].

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 [9].

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)

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 [9].

More detailed advice is available from 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.

As of July 2019, there is no licensed vaccine for general use in travellers to prevent EVD. An investigational, currently unlicensed recombinant vaccine is available for high risk populations in EVD risk regions in DRC [11].

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](#)
- [Viral Haemorrhagic Fever](#)
- [World Health Organization: Ebola virus disease](#)
- [World Health Organization: recommendations for international traffic related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo 19 July 2019](#)

References

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5. [World Health Organization. Disease Outbreak News. Ebola virus disease – Democratic Republic of Congo. 11 July 2019 \[Accessed 22 July 2019\]](#)
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7. [European Centre for Disease Prevention and Control. Rapid risk assessment: Ebola virus disease outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo – fifth update. 19 July 2019. \[Accessed 22 July 2019\]](#)
8. [Public Health England. Ebola and Marburg haemorrhagic fevers: outbreaks and case locations. Last updated 18 July 2019. \[Accessed 22 July 2019\]](#)
9. [Public Health England. Guidance. Ebola: overview, history, origins and transmission. Last updated 15 December 2017. \[Accessed 22 July 2019\]](#)
10. [World Health Organization. Media Centre. New WHO safe and dignified burial protocol – key to reducing Ebola transmission. 7 November 2014. \[Accessed 22 July 2019\]](#)
11. [World Health Organization. Strategic Advisory Group of Experts \(SAGE\) on Immunization Interim Recommendations on Vaccination against Ebola Virus Disease \(EVD\), 7 May 2019. \[Internet\]. Geneva: World Health Organization; 2019 \[Accessed 22 July 2019\]](#)