

30 Aug 2019

## **Ebola virus disease (EVD) in Democratic Republic of Congo and update to Uganda**

### **The Ebola virus disease (EVD) outbreak continues in eastern Democratic Republic of Congo (DRC)**

*UPDATE 30 August 2019: The [Ugandan Ministry of Health](#) have reported one imported case of EVD in a 9-year-old child arriving from the DRC. We will continue to monitor the situation and post updates as they become available.*

An epidemic of Ebola Virus Disease (EVD), which began on 1 August 2018, is continuing in the [Democratic Republic of the Congo](#) (DRC) [1]. On 17 July 2019, the World Health Organization (WHO) declared that the EVD outbreak in DRC is a Public Health Emergency of International Concern (PHEIC) [2]. The region is affected by a long-standing humanitarian crisis; the security situation remains unpredictable and poses an ongoing challenge to outbreak response and containment activities [3].

As of 18 August 2019, a total of 2,888 EVD cases, including 2,794 confirmed and 94 probable cases with 1,938 deaths, were reported to the WHO [4]. Case numbers fluctuate on a daily basis due to many factors; EVD [daily case numbers in DRC](#) are available from WHO.

As of 20 August, over the past 21 days, transmission has remained relatively stable and geographically widespread, with cases being reported from the following health zones: Beni (70), Mandima (44), Butembo(14), Kalunguta (13), Katwa (13) Mambasa (13), Vuhovi (9), Mabalako (8), Mutwanga (6) Musienene (5), Komanda (4) Mwenga (3), Nyiragongo (3), Kayna (5), Lolwa (2), Masereka (1), Oicha (1) and Pinga (1). Four new health zones reported their first cases; Nyiragongo (a suburb of Goma city), Lolwa in Ituri and Pinga and in South Kivu, Mwenga. Most of the cases reported are Beni, Mandima, Butembo, and Mambasa Health Zones [5].

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

[Recommendations for international traffic](#) related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo (in relation to the PHEIC declared 19 July 2019) are available from the WHO [6].

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 [7]. This outbreak continues to present a negligible to very low risk to the UK public [8].

### **Uganda - update**

*(30 August please see update above)* Three cases of EVD, all in a family with a recent history of travel to DRC, died in Kasese district southern Uganda between 11 and 13 June 2019. Outbreak containment measures including safe and dignified burials of the deceased, contact tracing, risk communication and surveillance were initiated by health authorities [9]. The Ministry of Health Uganda and WHO announced the end of this outbreak on 25 July 2019 [10] (42 days since the last

infectious contact with a confirmed or probable case) [11]. Furthermore, on 8 August 2019, a joint statement from the Ministry of Health Uganda and WHO advised that there are no cases of EVD in the country, but stressed that Uganda remains vulnerable to the introduction of EVD and on high alert [12].

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) [13, 14]. 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 [8].

## Advice for travellers

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.

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 [8].

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 [15].

## 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](#)

## References

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3. [United Nations Office for the Coordination of Humanitarian Affairs \(OCHA\): Democratic Republic of the Congo. \[Accessed 20 August 2019\]](#)
4. [World Health Organization. Ebola daily case numbers \[Accessed 20 August 2019\]](#)
5. [World Health Organization. Ebola Dashboard: RDC. \[Accessed 20 August 2019\]](#)
6. [World Health Organization. WHO recommendations for international traffic related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo. 19 July 2019. \[Accessed 20 August 2019\]](#)
7. [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 - 6th update. 7 August 2019. \[Accessed 20 August 2019\]](#)
8. [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 6 August 2019. \[Accessed 20 August 2019\]](#)
9. [World Health Organization. Ebola disease in Uganda. Situation Report. 16 June 2019. Sit Rep #05 \[Accessed 20 August 2019\]](#)
10. [Ministry of Health, Republic of Uganda. Weekly Advisory on Ebola Virus Disease in Uganda. Joint press release. 25 July 2019 \[Accessed 20 August 2019\]](#)
11. [World Health Organization. Ebola Strategy. Ebola and Marburg virus disease epidemics: preparedness, alert, control and evaluation. August 2014 \[Accessed 20 August 2019\]](#)
12. [Ministry of Health. Ebola disease in Uganda. Weekly Advisory on Ebola Virus Disease in Uganda. Joint press release. 8 August 2019 \[Accessed 20 August 2019\]](#)
13. [Public Health England. Guidance. Ebola: overview, history, origins and transmission. Last updated 29 July 2019. \[Accessed 20 August 2019\]](#)

14. [World Health Organization. Media Centre. New WHO safe and dignified burial protocol – key to reducing Ebola transmission. 7 November 2014. \[Accessed 20 August 2019\]](#)
15. [World Health Organization. Emergencies, preparedness and response - Research and Development: diagnostics, vaccines and therapies. \[Accessed 20 August 2019\]](#)