

31 Oct 2019

Ebola virus disease (EVD): Democratic Republic of Congo- update

The meeting of the International Health Regulations (2005) Emergency Committee for Ebola virus disease (EVD) in DRC took place on 18 October 2019

On 18 October 2019, the Emergency Committee (EC) met to reassess the Public Health Emergency of International Concern (PHEIC) for EVD under the IHR (2005) that was declared in July 2019 [1,2]. The EC acknowledged progress made towards limiting the spread and impact of the disease including the success of a ring vaccination strategy and preparedness efforts of neighbouring countries. However, the EC expressed concern that many challenges remain, including issues relating to security, population movement and access to hard to reach communities [1].

The committee concluded that the event remains a PHEIC under the IHR (2005). Revised Temporary Recommendations under IHR (2005), to reduce the international spread of EVD, were issued with immediate effect. The situation will be reassessed by the EC within three months [1].

[The Statement of the Emergency Committee \(18 October 2019\)](#) is available from WHO.

The epidemic of Ebola Virus Disease (EVD) in DRC began over one year ago on 1 August 2018 [3]. 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 [4].

As of 27 October 2019, a total of 3,264 EVD cases, including 3,147 confirmed and 117 probable cases with 2,181 deaths, were reported to the WHO since the start of this outbreak [5]. In the 21 days from 7 to 27 October 2019 cases were reported from 16 health areas and nine health zones. Of the 56 cases reported during this time period, the majority came from the health zones of Mandima (30 cases) and Mabalako (10 cases) [5].

Case numbers fluctuate daily due to many factors:

- EVD [daily case numbers in DRC](#) are available from WHO.
- 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 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].

United Republic of Tanzania

On September 10, 2019, WHO was made aware of unofficial reports of an unexplained death of a person in Dar es Salaam, United Republic of Tanzania. It appears probable that this was an Ebola-related death. As of 31 Oct 2019, Public Health England believes there is no evidence of ongoing active transmission of Ebola in Tanzania [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.

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) [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].

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 [11].

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 [12].

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](#)
- [Ebola virus disease \(EVD\)](#)

References

1. [World Health Organization. Statement on the meeting of the International Health Regulations \(2005\) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 18 October 2019](#) [Accessed 30 October 2019]
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3. [World Health Organization. Ebola Virus Disease. Democratic Republic of Congo. External Situation Report 1. 7 August 2018. \[Accessed 30 October 2019\]](#)
4. [United Nations Office for the Coordination of Humanitarian Affairs \(OCHA\): Democratic Republic of the Congo. \[Accessed 31 October 2019\]](#)
5. [World Health Organization. Ebola Virus Disease. Democratic Republic of Congo. External Situation Report 65. 29 October 2019 \[Accessed 30 October 2019\]](#)
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. \[Accessed 31 October 2019\]](#)
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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 31 October 2019. \[Accessed 31 October 2019\]](#)
9. [World Health Organization. Media Centre. New WHO safe and dignified burial protocol – key to reducing Ebola transmission. 7 November 2014. \[Accessed 31 October 2019\]](#)
10. [World Health Organization. Ebola Strategy. Ebola and Marburg virus disease epidemics: preparedness, alert, control and evaluation. August 2014 \[Accessed 31 October 2019\]](#)
11. [World Health Organization. Ebola Strategy. Ebola and Marburg virus disease epidemics: preparedness, alert, control and evaluation. August 2014 \[Accessed 31 October 2019\]](#)
12. [World Health Organization. Emergencies, preparedness and response - Research and Development: diagnostics, vaccines and therapies. \[Accessed 31 October 2019\]](#)
13. [World Health Organization. Emergencies, preparedness and response - Research and Development: diagnostics, vaccines and therapies. \[Accessed 31 October 2019\]](#)