

13 Feb 2020

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

World Health Organization declares that the outbreak in DRC still constitutes a public health emergency of international concern (PHEIC) under the IHR (2005)

- **This updates the news of 8 Jan 2020**

The outbreak of Ebola virus disease (EVD) in Democratic Republic of Congo (DRC) is ongoing. As of 9 February 2020, a total of 3,431 cases have been reported, including 3,308 confirmed and 123 probable cases of which 2,253 cases died [1].

In North Kivu Province, 13 new confirmed cases were reported between 20 January and 9 February in two active health zones: Beni and Mabalako. Geographic spread of EVD appears to be reducing and there is a declining trend in case incidence, but ongoing vigilance remains essential [1].

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

On 12 February 2020, the Emergency Committee (EC) met to reassess the EVD Public Health Emergency of International Concern (PHEIC); the EC unanimously agreed that the outbreak still constitutes a PHEIC under International Health Regulations (IHR) (2005). The Director General of WHO accepted the EC assessment and issued Temporary Recommendations under IHR (2005) to reduce the international spread of EVD [2].

[The full statement of the Emergency Committee \(12 October 2019\)](#) is available from WHO.

The EVD epidemic in DRC began 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].

[Recommendations for international traffic](#) related to the EVD outbreak in the DRC are available from the WHO [5].

The European Centre for Disease prevention and Control (ECDC) consider that the probability that Europeans living or travelling in EVD-affected areas of DRC will be exposed to the virus is low, provided they adhere to precautionary measures [3]. This outbreak continues to present a negligible to very low risk to the UK public [6].

Advice for travellers

The [Foreign and Commonwealth Office \(FCO\) advise against 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 returning home. You should call NHS 111 or contact your GP by telephone. Although it is very unlikely you have EVD; you must 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 blood, body fluids and organs of infected wild animals like 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.

This infection can also 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 [7].

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].

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 varies, depending on activities undertaken.

Exposure risk for those working directly with infected individuals, such as in treatment centres, is low, if strict barrier techniques are implemented and all staff are provided with and trained in use of appropriate personal protective equipment [9].

Additional advice can be found in the Public Health England (PHE) guidance: [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 living in the United Kingdom (UK) after they have completed their deployments. Deploying organisations are asked to register their workers with the scheme before 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. Two currently unlicensed vaccines are available for high risk populations in EVD risk regions in DRC [10, 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](#)
- [World Health Organization: Ebola virus disease](#)
- [Ebola virus disease \(EVD\)](#)

References

1. [World Health Organization. Ebola Virus Disease. External Situation Report 79.11 February 2020. \[Accessed 13 February 2020\]](#)
2. [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 12 February \[Accessed 13 February 2020\]](#)
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 - 6th update. 7 August 2019. \[Accessed 13 February 2020\]](#)
4. [United Nations Office for the Coordination of Humanitarian Affairs \(OCHA\): Democratic Republic of the Congo. \[Accessed 13 February 2020\]](#)
5. [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. \[Accessed 13 February 2020\]](#)
6. [Public Health England. Ebola and Marburg haemorrhagic fevers: outbreaks and case locations. Last updated 6 January 2020. \[Accessed 13 February 2020\]](#)
7. [World Health Organization. Media Centre. New WHO safe and dignified burial protocol – key to reducing Ebola transmission. 7 November 2014. \[Accessed 13 February 2020\]](#)
8. [World Health Organization. Ebola Strategy. Ebola and Marburg virus disease epidemics: preparedness, alert, control and evaluation. August 2014 \[Accessed 13 February 2020\]](#)
9. [World Health Organization. Emergencies preparedness, response. Infection Control and Prevention. 2020. \[Accessed 13 February 2020\]](#)
10. [World Health Organization. Major milestone for WHO supported Ebola vaccine. News Release. 18 October 2019. \[Accessed 13 February 2020\]](#)
11. [World Health Organization. Second Ebola vaccine to complement “ring vaccination” given green light in DRC, 23 September 2019 \[Accessed 13 February 2020\]](#)