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## **Ebola: new outbreak in DRC**

### **Recurrence of Ebola virus disease reported in Democratic Republic of the Congo**

On 8 October 2021, the Ministry of Health of the Democratic Republic of the Congo (DRC) announced a new case of Ebola Virus Disease (EVD) [1]. The laboratory-confirmed case was a child who developed EVD symptoms and died on 6 October 2021 in Butsili, Beni Health Zone, North Kivu Province [1,2]. This case follows the report of a cluster of three deaths in a family (one adult and two children) between 14-29 September 2021, also in the Butsili area. All had symptoms of EVD but were not tested for the disease and [safe burial practices](#) were not observed [2].

The North Kivu Provincial health authorities are leading the public health response, with support from DRC's Ministry of Health and WHO, which includes identification and follow up of contacts [2]. There are ongoing challenges in terms of access and security, epidemiological surveillance, coupled with the emergence of COVID-19, as well as cholera, meningitis, and measles outbreaks that may jeopardize the country's ability to rapidly detect and respond to the re-emergence of EVD cases.

EVD outbreaks are a known risk for the DRC. There have been 12 previous EVD outbreaks reported in the DRC. The country's 12th EVD outbreak, which resulted in 11 confirmed cases, one probable case and six deaths, occurred in and around Butembo between 07 February - 03 May 2021: 50km south of the current outbreak [2].

These new outbreaks of EVD reflect the ongoing risk of resurgence of disease in countries with a known Ebola virus wildlife reservoir.

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 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) [3,4]. 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, and the virus can be present in semen for months after recovery [3].

## **Advice for travellers**

The city of Beni is a commercial hub with links to the neighbouring countries of Uganda and Rwanda [2]. Check the Foreign, Commonwealth & Development Office guidance on [Foreign Travel Advice](#).

Visitors to EVD-affected areas face a low risk of EVD. If you have travelled to DRC, you should follow enhanced precautions to prevent infection:

- 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

If you are travelling to DRC, or are already working in this country:

- Risk to UK personnel (non-clinical) working outside the affected areas in DRC is negligible to 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 managed 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 UK Health Security Agency's (formerly known as Public Health England) 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.

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

There is no licensed vaccine available for general use in travellers to prevent EVD. Licensed vaccines are available under a 'ring vaccination' strategy, to protect persons at highest risk of contracting EBV [6].

## Resources

- [Ebola in brief](#)
- [Public Health England: Ebola: returning workers scheme](#)
- [Public Health England: Guidance - Ebola virus disease: information for humanitarian aid workers](#)
- [Public Health England: Ebola and Marburg haemorrhagic fevers: outbreaks and case locations](#)

## References

1. [World Health Organization. Africa Region. New Ebola case in North Kivu in the Democratic Republic of the Congo. 8 October 2021. \[Accessed 11 October 2021\]](#)
2. [World Health Organization. Disease Outbreak News. Ebola virus disease - Democratic Republic of the Congo. 10 October 2021. \[Accessed 11 October 2021\]](#)
3. [Public Health England. Guidance. Ebola: overview, history, origins, and transmission. Updated 18 March 2021 \[Accessed 10 October 2021\]](#)

4. [World Health Organization. News. New WHO safe and dignified burial protocol – key to reducing Ebola transmission. 7 November 2014. \[Accessed 10 October 2021\]](#)
5. [World Health Organization. Ebola Strategy. Ebola and Marburg virus disease epidemics: preparedness, alert control and evaluation. August 2014 \[Accessed 10 October 2021\]](#)
6. [World Health Organization. Ebola Virus Disease: Vaccines Q&A. 11 January 2020 \[Accessed 10 October 2021\]](#)