Ebola outbreak response in the Democratic Republic of Congo

Pre-Board Meeting, June 5th, 2018
Ebola Virus Disease Outbreak in Equateur, DRC

- May, 8\textsuperscript{th} 2018 declared outbreak in Equateur Province
  - population approx 2.5 m over 100,000 km\textsuperscript{2}
  - remote area, limited communication & poor transport infrastructure
- 9\textsuperscript{th} DRC outbreak in last four decades
- Mbandaka, province capital, important port city, 0.5-1.5 million inhabitants
Epidemiological situation

- May 8th
  - 2 confirmed cases

- June 3rd
  - 56 cases, 37 confirmed, 25 deaths

- 3 districts, with most cases in rural areas
  - 2 rural: Bikoro (26), Iboko (25)
  - 1 urban: Wangata in Mbandaka (5)

Overall: stability in number of cases over the last week (May 24-30)
National, local authorities & partners moved quickly to respond

- Day 0: Ebola outbreak announcement
- Day 1: Rapid response teams deployed to outbreak area
- Day 3: National response plan includes vaccination
- Day 8: Vaccines in country; mobile field laboratory operational in Bikoro
- Day 12: Cold chain functional in Mbandaka
- Day 13: Vaccination launch
- Implementation of national response plan supported by international partners
- Technical coordination of partners by WHO

RESPONSE PILLARS

- surveillance, active case finding and follow-up
- biosecurity measures in health facilities and communities
- safe burials
- medical management of patients and suspected cases
- diagnostics
- psychosocial care
- communication and social mobilization

NEW

- Communication on vaccination
- Vaccination of groups at risk
Response from the Alliance

• Doses available due to agreement between Gavi & Merck (developer of rVSV-ZEBOV)

• Agreement ensures pre-licensure, emergency-use stockpile of 300,000 investigational doses in event of outbreak

• Immediate funding up to US$1m to support operational costs of vaccination activities

• Gavi HSS support to DRC/Equateur for supervision to contribute to overall Ebola outbreak response plan; reallocation of PEF TCA funds for vaccination communication and outreach with UNICEF
1,199 vaccinated by June 3rd

- Reactive vaccination using targeted (Health Care Workers) & ring strategy
  - Mbandaka started May 21
  - Bikoro & Iboko started May 28

- Clinical protocol (vaccine not listed on EUAL): MoH with support from WHO and MSF

- Challenging cold chain: Storage -80°C in Kinshasa & Mbandaka; Arktek storage devices used for vaccine transport to Iboko and Bikoro
Main challenges

- **Monitor and control outbreak spread dynamic**
  - Contact monitoring in remote areas
  - Point of Entry surveillance
  - Isolation of cases, quarantine

- **Community information and buy-in**
  - Acceptability of hygiene measures, safe burials
  - Targeted sensitization (gatherings, door to door)
  - Community workers locally trained with local language skills

- **Vaccination: not a mass campaign, nor a ‘silver bullet’**
  - The vaccines will not end the outbreak by themselves
  - They are part of a far larger national and international effort
  - However, their use as an integral part of the response marks a historic first
THANK YOU