

Weekly Epidemiological Monitor

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Current major event

Ebola virus disease in DRC : Need for enhanced preparedness and readiness measures in EMR

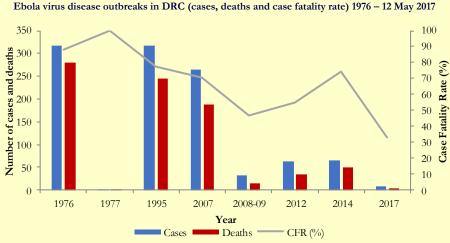
The World Health Organization (WHO) was notified, on 11 May 2017, by the Ministry of Health (MoH) of the Democratic Republic of Congo (DRC) of a laboratory-confirmed case of Ebola virus disease (EVD). Since 22 April 2017, 9 suspected cases including 3 deaths (CFR: 33.3%) were reported in the northern part of the country. The current situation calls for stepping up preparedness and readiness measures in the countries of the Eastern Mediterranean Region of WHO to prevent any importation of cases.

Editorial note

Ebola virus disease (EVD) is a severe, often fatal, illness in humans. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. The case fatality rate (CFR) of the disease is usually high with an average around 50%; CFR have varied from 25% to 90% in past outbreaks.

This is the 8th time, since 1976, the Democratic Republic of Congo (DRC) has reported EVD outbreak (Please see the graph above). The virus causing the EVD was first discovered during an outbreak near the Ebola River in the DRC. On 9th of May this year, WHO was informed of a cluster of undiagnosed illness and deaths including haemorrhagic symptoms in Likati Health Zone, Bas Uele Province in the north of the Democratic Republic of the Congo (DRC), bordering Central African Republic. Two days later, the Ministry of Health of DRC notified WHO that of the five samples collected from suspected cases, one tested positive by rt-PCR for Ebola virus subtype Zaire at the Institut National de Recherche Biomédicale (INRB) in Kinshasa.

Since, 1976, the world has witnessed a number of EVD outbreaks (*Please see the table*). The 2014–2016 outbreak in West Africa was the largest and most complex There were more cases and deaths in this outbreak than all others combined. The outbreak also spread to other coun-



EVD outbreaks in Africa since 1976			
Year	Countries	Cases	Deaths
1976	DRC	318	280
	Sudan	284	151
1977	DRC	1	1
1979	Sudan	34	22
1994	Gabon	52	31
	Côte d'Ivoire	1	0
1995	DRC	315	254
1996	Gabon	31	21
	South Africa	1	1
1996-7	Gabon	60	45
2000-1	Uganda	425	224
2001-2	Gabon	65	53
	R. Congo	59	44
2002-3	R. Congo	143	128
2003	R. Congo	35	29
2004	Sudan	17	7
2007	DRC	264	187
2007-8	Uganda	149	37
2008-9	DRC	32	14
2011	Uganda	1	1
2012	Uganda	31	21
2014	Liberia	10675	4809
	Sierra Leone	14124	3956
	Guinea	3804	2536
	RDC	66	49
	Nigeria	20	8
	Senegal	1	0
2017	DRC	9	3

tries and continents through importation which are not the usual niche for EVD.

During 2014-2015, the Eastern Mediterranean Regional Office of WHO implemented a 90 day action plan to step up preparedness and readiness measures to prevent and detect any imported cases in the Region. The 90 day action plan was implemented following an assessment which was carried out in 20 countries in the Region where a number of key gaps were identified. Now, is the time to test the resilience of those measures to prevent and early detect any importation of cases. Vigilance has to be enhanced as such and would be the key.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen; Chikungunya in Pakistan.

Current public health events of international concern

[cumulative N° of cases (deaths), **CFR** %]

Avian Influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%] Egypt (A/H9N2) [3 (0)]

Chikungunya: 2016-2017

Pakistan [2,267 (0)]

MERS-CoV: 2012-2017

Saudi Arabia [1,586 (640), 40.4%]

Cholera: 2016-2017

Somalia [37,930 (683), 1.8%] Yemen [24,506 (108), 0.44%]

Meningococcal disease: 2017

Nigeria [13,420 (1,069), 8%]

Avian Influenza A (H7N9): 2013-2017

China [1,320 (492), 37.3%]

Yellow fever

Brazil [1,561 (264), 16.9%]

Wild poliovirus: 2014-2017

Pakistan [382 (0)] Afghanistan [64 (0)]

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.