

Current major event

EVD in DRC: Need to scale up readiness

On 8 May 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD) in Bikoro Health Zone, Equateur Province. Till 30 May 2018 a total of 53 cases and 25 associated deaths (CFR 42.3%) has been reported from this outbreak.

Editorial note

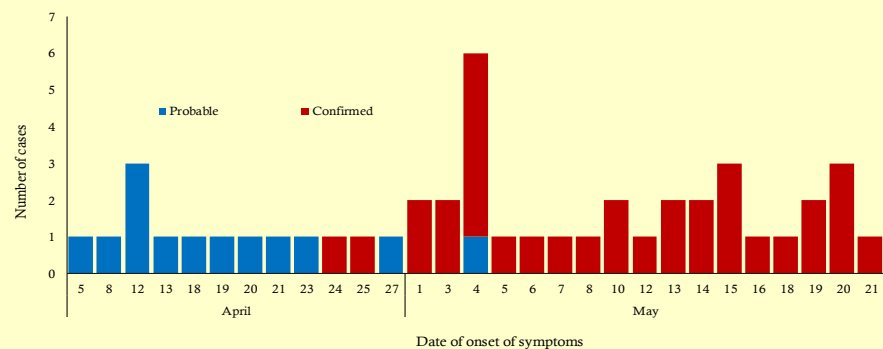
Ebola is a single stranded RNA virus in the Filovirus family. The virus was first discovered in the DRC in 1976. It is endemic in wider region of central Africa. It is a causative agent of severe form of viral haemorrhagic fever in man. The natural reservoir of Ebola virus remains unknown even though fruit bats have been suspected as possible hosts.

Monkeys are thought to be vectors in transmission of the virus to humans. Person-to-person transmission occurs through direct physical contact and contact with body fluids which constitutes the main route of transmission of the disease. Droplets or aerosols play little or no role in transmission of Ebola virus. After infection, and incubation of 2-21 days, initial symptoms are non-specific including fever, severe headache, malaise, myalgia, bradycardia, and conjunctivitis followed by haemorrhagic manifestations with case fatality rate exceeding 50%.

Recent major outbreaks include the West Africa Ebola outbreak of 2014 that caused a total of 28,646 cases and 11,323 deaths. The DRC in particular has experienced several outbreak of Ebola since the first outbreak in the country in 1976, with the current outbreak being the ninth.

Even though the risk of international spread of the current Ebola outbreak in the DRC remains low due to the remoteness and inaccessibility of the affected area. There are two possible scenarios for introduction of EVD in the WHO Eastern Mediterranean Region (EMR): the risk of transmission of EVD through international travel by air is presumed to be the most probable scenario of introduction of EVD in the countries of WHO Eastern Mediterranean Region. The second scenario could be silent importation due to the long incubation period of

Ebola virus disease outbreak in DRC, April- May 2018



Priority measures for EMR countries

- Leadership and coordination;
- Screening at points of entry;
- Surveillance for contact tracing and monitoring;
- Case management and infection control;
- Access to quality diagnostics testing ;
- Social mobilization and risk communication;

EVD. A possible case may appear healthy when crossing point of entry and at a later stage the symptoms may eventually appear with full blown EVD at a health facility. This scenario can catch the health system of a country off-guard; furthermore localized transmission from such undetected cases may continue if adequate public health preparedness and readiness measures are not in place.

Recommended measures include one or several of the following public health measures depending on risk profile for the country: Ensuring that appropriate leadership and coordination mechanism is in place; screening at points of entry as required under the International Health Regulations (IHR 2005); enhanced surveillance for early detection of a possible silent case that may appear at a health facility after a period of incubation, and monitoring of possible contacts; contingencies for optimal case management and reinforcing infection control precautions in health care settings; ensuring access to quality diagnostics testing and rapid turnaround of results; and optimal mechanisms for social mobilization, and risk communication for Ebola.

Each member state should consider one or several of these priority measures based on careful risk assessment. This should take into consideration level of exposure to various types of in-coming travelers from the DRC.

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Diphtheria** in Yemen.

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) [4 (0)]

Ebola virus disease (EVD): 2018

Democratic Republic of Congo (DRC) [53 (25), 47.1%]

Lassa fever: 2018

Nigeria [441 (118), 26.7%]

Cholera: 2017-2018

Somalia [3 904 (27), 0.7%]

Yemen [1 100 720 (2 291), 0.2%]

Tanzania [2 105 (44), 2.0%]

Diphtheria: 2018

Yemen [1 838 (97), 5.2%]

Bangladesh [7 630 (47), 0.6%]

MERS: 2012-2018

Saudi Arabia [1 842 (716), 38.8%]

Yellow Fever: 2017-2018

Brazil [1 261 (409), 32.4%]