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Department of Health  
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**International Health Surveillance Division**  
**Quarantine Services and International Health Surveillance System (QSIHSS)**  
**Health Information Update**

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# October 2018 meeting of the IHR Emergency Committee on the Ebola virus disease outbreak in the Democratic Republic of the Congo

The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo took place on Wednesday, 17 October 2018, from 13:00 to 17:00 Geneva time (CET).

## Conclusion

It was the view of the Committee that a Public Health Emergency of International Concern (PHEIC) should not be declared at this time. But the Committee remains deeply concerned by the outbreak and emphasized that response activities need to be intensified and ongoing vigilance is critical. The Committee also noted the very complex security situation. Additionally, the Committee has provided public health advice below.

## Proceedings of the Meeting

Members and advisors of the Emergency Committee met by teleconference. Presentations were made by representatives of the Ministry of Health of the Democratic Republic of the Congo on the epidemiological situation, the response strategies, and recent adaptations, including implementation of rapid response teams at community level, with a focus on Beni. A representative of the Office of the Deputy Special Representative of the Secretary-General (MONUSCO) reported on the work of MONUSCO, including its logistics and security activities to support the response. During the informational session, the WHO Secretariat provided an update on the situation and the response to the current Ebola outbreak and preparedness activities in neighbouring countries.

The Committee's role was to provide to the Director-General its views and perspectives on:

- Whether the event constitutes a Public Health Emergency of International Concern (PHEIC)
- If the event constitutes a PHEIC, what Temporary Recommendations should be made.

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## Current situation

*On 1 August, WHO was notified by the Ministry of Health of the Democratic Republic of the Congo of Ebola Virus Disease in North Kivu province. Cases were also subsequently found in Ituri Province. From 4 May to 15 October 2018, 216 EVD cases were reported, of which 181 are confirmed and 35 are probable; 139 total deaths have occurred, of which 104 are confirmed and 35 are probable. The global case fatality rate stands at 64% overall, and at 57% among confirmed cases.*

*Nine neighbouring countries have been advised that they are at high risk of spread and have been supported with equipment and personnel. Particular emphasis has been placed on Uganda, Rwanda, Burundi, and South Sudan in terms of preparedness activities.*

## Key Challenges

After discussion and deliberation on the information provided, the Committee concluded that this Ebola outbreak is taking place in a particularly complex context and poses several important challenges:

- This outbreak is taking place in an active conflict zone amidst prolonged humanitarian crises. Approximately 8 major security incidents have occurred in the Beni area in the past 8 weeks. These factors have complicated contact tracing and other aspects of the response.
- Community mistrust, stemming from a variety of reasons, including the security situation, and people who avoid follow-up or delay seeking care, remain significant problems that require deepening engagement by community, national and international partners.
- New cases being identified without epidemiological links are of great concern and require further detailed epidemiological mapping.
- The assessment of the risk of spread is low at global level but it is very high at both national and regional levels. There has been no change to the risk assessment since 28 September.
- Ring vaccination efforts have achieved high coverage rates among eligible populations but rely heavily on highly performing contact tracing in DRC and all countries that may be affected.

The Committee also noted positive developments:

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- The Committee commended the government of the DRC, WHO, and all response partners for the progress made under difficult circumstances.
- All pillars of the response are working at scale and are being adjusted in real time.
- Surveillance activities are commendable but need to be intensified.
- MONUSCO is providing needed support for logistics and security for the response.
- Investigational vaccines and therapeutics are being used for the first time at scale.
- Screening at border crossings is being undertaken on a very large scale.
- Preparedness activities in neighbouring countries are ongoing, although these will require substantial additional financial support.

**In conclusion, the Emergency Committee, while advising that a PHEIC should not be declared at this time, offered the following Public Health Advice:**

- The government of the Democratic Republic of the Congo, WHO, and partners must intensify the current response. Without this, the situation is likely to deteriorate significantly. This response should be supported by the entire international community.
- A critical determining factor is the safety and security of the population, which, in turn, affects the community's perception of the response. The safety and security of responders should be ensured, and the protection of health workers and health facilities be prioritized.
- Therefore, we commend the outreach to the United Nations Security Council and hope it will remain engaged in this matter.
- Special emphasis should be placed on the response in Beni and Butembo, including continuing attention to community engagement.
- Efforts to link epidemiological data with real-time full-genome sequencing should be supported. This will clarify chains of transmission.
- Encourage consideration of population-based Ebola control strategies, for example, the SAGE recommendations on geographic vaccination strategies.
- Licensure of vaccines should be urgently sought and efforts made to increase the limited global supply.
- Because there is a very high risk of regional spread, neighbouring countries should accelerate preparedness and surveillance, and request partners to increase their support. For example, they should consider vaccination of health care workers and front-line workers in high-risk districts neighbouring DRC.

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- It is particularly important that no international travel or trade restrictions should be applied.
- Exit screening, including at airports, ports, and land crossings, is of great importance; however, entry screening, particularly in distant airports, is not considered to be of any public health or cost-benefit value.
- The DG should continue to monitor the situation closely and reconvene the Emergency Committee as needed. The Committee emphasized the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of this advice.

Based on this advice, the reports made by the affected State Party, and the currently available information, the Director-General accepted the Committee's assessment and **on 17 October did not declare the Ebola outbreak in the Democratic Republic of the Congo a Public Health Emergency of International Concern.** In light of the advice of the Emergency Committee, *WHO advises against the application of any travel or trade restrictions.* The Director-General thanked the Committee Members and Advisors for their advice.



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