Highlights

- As of 12 June 2017, the total number of reported cases was 8, including 3 probable cases and 5 laboratory confirmed cases (2 confirmed cases by PCR - search of virus in the blood- and 3 cases with positive serology IgG -search of antibodies in the blood).

- As of 12 June 2017, there were 4 recorded deaths, including 1 confirmed Ebola case and 3 probable cases.

- The last confirmed case was reported and isolated on 11 May, 2017 translating to 32 days without a PCR confirmed case as of 12 June 2017.

- Door-to-door awareness, in churches, markets and schools, community dialogue sessions continue in Likati health zone. Community screening of two films on Ebola, one by MoH and UNICEF featuring experience from the DRC and the other from WHO featuring experience from Mali, was instituted.

- Aquatabs were distributed in 3 health facilities and at the community level in Mobengue and Azande, and in Likati General Hospital to improve safe water access.

- Free healthcare services, using the health kit supplied by UNICEF and other partners, continue in Likati health zone to manage illnesses such as pneumonia, diarrhea and malaria, as well as maternal and neonatal healthcare service. As of 10 June, 2017, a total of 181 health consultations had taken place – 108 in the Likati General Hospital, 51 in the Azande health center and 22 in Mobengue health facility. There were 2 cases of blood transfusion in the Likati General Hospital.

8 reported cases, including 3 probable cases, 2 confirmed cases by PCR and 3 confirmed cases by serology IgG (MoH, 12 June 2017)

4 deaths were recorded (MoH, 12 June 2017)

Last confirmed case was reported and isolated on 11 May (MoH, 12 June 2017)

32 Days since the last PCR confirmed cases

0 contacts being followed (MoH, 12 June 2017)

US$ 14.7 million is the budget of the Ministry of Health National Ebola outbreak Response Plan (MoH, 19 May 2017)

US$ 2.82 million is the budget of UNICEF’s Response Plan in support of the national response (to be mobilized)
Epidemiological Overview

As of 11 June 2017 the total number of reported cases was 8.

Summary Table

<table>
<thead>
<tr>
<th>Affected Health Areas in the Likati Health Zone of Bas Uele Province of DRC</th>
<th>Nambwa</th>
<th>Mouma</th>
<th>Ngayi</th>
<th>Azande</th>
<th>Mobengue</th>
<th>Mabangou</th>
<th>Ngabatala</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
</tr>
<tr>
<td>Confirmed by PCR</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Confirmed by Serology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Probable*</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suspected**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Assessed and confirmed by a clinician (clinical doctor) or cases with a clear epidemiological link with a confirmed case and cases that cannot be confirmed by laboratory test but that have been designated as such by the surveillance committee of the MoH
** Individuals presenting symptoms of high fever and that have been in contact with a probable, suspect or confirmed case or individuals suffering of brutal high fever with at least 3 other Ebola related symptoms (diarrhoea, headache, vomiting, etc.) or individuals with unexplained bleeding or cases of with unexplained sudden deaths or women experiencing sudden abortions

Ebola cases (suspected, probable and confirmed) in Likati health zone, Bas-Uele Province / DRC 12 June 2017
Humanitarian leadership and coordination

The National Coordination Committee (Comité National de Coordination - CNC) led by the Ministry of Health (MoH) and with the participation of UNICEF, WHO and other partners met on 10 June, 2017, where it was decided that the CNC meeting would now be weekly to review the status of implementation of the National Response Plan (Plan National de Riposte à l’épidémie de la maladie à virus Ebola dans la zone de santé de Likati).

At the meeting, the seven working groups set up by the CNC, (i) surveillance; (ii) laboratory and research; (iii) case management; (iv) psychosocial support; (v) communication and social mobilization; (vi) water, hygiene, sanitation and biosafety; and (vii) logistics, provided update on the response to the outbreak. UNICEF continues to be the lead technical partner in the working groups on communication and social mobilisation; and water, hygiene, sanitation and bio-diversity; and actively participates in the working group on case management (focused on health care and nutrition support), psychosocial care and logistics.

The team of 8 staff from the Ministry of Health (MoH), 5 of whom were supported by UNICEF, are currently in Likati to oversee the implementation of the Response Plan until the 42nd day after the isolation of the last declared case of Ebola (the end of the epidemic).

Summary Analysis of Programme Response

Overview of the key elements of the response with a special emphasis on UNICEF’s response.

Coordination

UNICEF DRC CO continues to participate actively in the discussions at the coordination meetings at national, provincial and local level in Likati, the epicenter of the outbreak, and is active in the working groups on communication and social mobilization, WaSH and logistics.

Communication for Development

Door-to-door awareness, in churches, markets and schools, community dialogue sessions continue in Likati health zone. Community screening of two films on Ebola, one by MoH and UNICEF featuring experience from the DRC and the other from WHO featuring experience from Mali, was instituted.

UNICEF is developing a partnership with civil society partners and the department of health in the Province of Bas-Uele to sustain communication and social mobilization in the Likati health zone.

WASH

Aquatabs were distributed in 3 health facilities and at the community level in Mobengue and Azande, and in Likati General Hospital to improve safe water access. The additional fund secured from UKAid to support WaSH activities are being directed to developing an exit strategy that would sustain (i) the provision of a minimum WaSH package in the health centers, (ii) reinforce access to safe water for the affected population, and (iii) improve knowledge and practices on good hygiene in affected populations.

Health

Based on the UNICEF Core Commitments for Children (CCC) and considering the weak healthcare system in Likati health zone, UNICEF is supporting efforts to improve health services in Likati health zone, with a focus on free healthcare services, using the health kit supplied by UNICEF and other partners, to manage illnesses such as pneumonia, diarrhea, and malaria, as well as maternal and neonatal healthcare services. As of 10 June, 2017, a total of 181 health consultations had taken place – 108 in the Likati General Hospital, 51 in the Azande health center and 22 in Mobengue health facility. There were 2 cases of blood transfusion in the Likati General Hospital.
**Human Resources**

UNICEF will continue to maintain a strategic presence in Likati health zone for on-the-site technical assistance in the area of WaSH and communication and social mobilization, with a rotation plan for the UNICEF staff on the ground in Likati.

**Funding**

**UNICEF Response Plan to the Ebola epidemic**, aligned to the National Response Plan, **has a budget of USD 2.82 million**. The plan focusses on communication, WaSH and health services and nutrition support for EVD patients and child protection planned for the second phase of the response.

**UNICEF has mobilised GBP 580,000 from UKAid** to support the WaSH component of the UNICEF response to Ebola. Additional **USD 100,000 were allocated from CIDA humanitarian grant** to complement UNICEF’s Regular Resources and prepositioned supplies and equipment already deployed.

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