Highlights

- As of 4 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 4 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 translating to 21 days without a confirmed case as of 2 June 2017.

- The protocol for a possible ring vaccination has been formally approved by the DRC national regulatory authority and the Ethics Review Board. While the current epidemiological situation is not appropriate for the ring vaccination, preparations are ongoing in order to quickly initiate ring vaccination should a laboratory confirmed case be identified outside the already defined chains of transmission.

- 25 health workers in health facilities in the Likati health zone were trained, with UNICEF technical support, on EBV prevention and control to reinforce ongoing response;

- As of today UNICEF has provided hand washing units in the health zone of Likati for the local market of Likati, 7 schools, 12 churches and mosques, the local radio of Bomoko, 11 voter registration centers, 10 health facilities and 2 Ebola Treatment Centers.

- Considering the overall risk for Ebola epidemics in the DRC, UNICEF together with UKAid are part of a discussion with the Ministry of Health (MoH), WHO and USAID on a multi-scenario preparedness planning for Ebola outbreak in the DRC.

- Based on the UNICEF Core Commitments for Children (CCC) and considering the weak healthcare system in Likati health zone, UNICEF is in discussion with the MoH to improve health services in Likati.

- UNICEF has mobilised GBP 580,000 from UKAid to support the WaSH component of the UNICEF response plan. This funding complements UNICEF’s Regular Resources and prepositioned supplies and equipment already deployed to the response.
Epidemiological Overview

As of 4 June 2017 the total number of reported cases has reduced to 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>0</td>
</tr>
<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 ...) 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 04 Jun 2017
All contacts have now completed the 21 day monitoring period. To date, there have been four recorded deaths. Surveillance of suspected cases continues in the affected health areas.

Considering the numerous deaths of pigs in the affected health areas, 61 blood samples were taken from pigs in the health areas of Nambwa and Azande for investigation and all were confirmed negative, by the “Institut National de Recherche Biologique” (INRB), for Ebola. The government deployed a team of veterinarians to the health areas of Mouma, Nambwa and Ngayi to continue investigations on the mortality of domestic animals (pigs).

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 every day since 12 May 2017 when the Ebola epidemic was officially declared (with exception of Sundays: 28 May and 4 June 2017). A National Response Plan (Plan National de Riposte à l’épidémie de la maladie à virus Ebola dans la zone de sante de Likati), with a budget of USD 14.7 million was elaborated by the MoH with support of the partners, including UNICEF.

The seven working groups set up by the Committee (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, continue to provide the necessary advice and guidance to the response. 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.

Scientific Committee is being set up by the MoH to review, with MSF, the next steps for the ring vaccination. The meeting of the Committee, this week, will benefit from the presence of the Medical Director of MSF who has arrived in Kinshasa.

A team of 10 staff from the Ministry of Health (MoH) at the national (3) and provincial (7) levels are being sent to replace the field team in Likati; this team will be responsible for the second phase of 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). UNICEF is supporting 5 members of the team.

Summary Analysis of Programme Response

Overview of the key elements in 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.

Considering the overall risk for Ebola epidemics, UNICEF together with UKAid are part of a discussion with the Ministry of Health (MoH), WHO and USAID on a multi-scenario preparedness planning for Ebola outbreak in the DRC. Specifically, UNICEF has reached out to partners to take advantage of the current response to consider the following elements in the Ebola preparedness planning for the DRC: (i) define the different geographic scenarios for an Ebola Outbreak in the DRC – from isolated remote locations to metropolitan areas; including a listing of the criteria for shifting from one level to another; (ii) update the Standard Operating Procedures (SOP) for the different components of the response, and make the SOP more practical and actionable; (iii) establish mechanisms to operationalise the SOP, for instance establish standing agreements for laboratory, vaccination, treatment and care, awareness raising, and WASH; maintain a roster of response team locally and abroad; sign standing logistic arrangements with relevant partners; agree on standing members for the different working groups with clear Terms of References (ToR); and develop standard response plans that can be adapted depending of the criteria defined in point i; (iv) agree on a simulation exercise and its periodicity; (v) strengthen government leadership across all levels.

Based on the UNICEF Core Commitments for Children (CCC) and considering the weak healthcare system in Likati health zone, UNICEF is in discussion with the MoH to improve health services in Likati.
Communication for Development

The rapid KAP (Knowledge, Aptitude and Practices) study (based on questionnaire, focus groups discussions and socio-anthropological observation), conducted with the technical assistance from UNICEF, indicate that the awareness (ever heard) of Ebola was almost universal in the community. However, only about half of the respondents can correctly mention the symptoms of EBV and how to prevent the infection; specifically, less than 1 in 5 of the respondents knew that a dead body is very contagious. The study also indicated a positive attitude toward protective behaviour change in the community. This information on the level of awareness of both the disease and its prevention, the risk behaviours, therapeutic habits (from self-medication to traditional healer) and preference in terms of channel of communication (27% radio, 24.5% friends, 21 % social mobilisers, 17.7% churches and 9.9 % health workers) were used to adjust the communication plan for the response in the affected health zone.

Radio spots and regular open-line programs continue to be broadcasted on Radio Bomoko, the local radio of the city of Likati, to raise awareness among the population and increase positive behaviour in terms of prevention and control of Ebola Virus Disease (EVD). In the city of Likati, UNICEF supported awareness raising activities on EVD for 150 people who participated in a funeral. Community workers trained with the technical support of UNICEF, visited 50 households to reinforce awareness on EVD. School children in four schools were also sensitized.

25 health workers in health facilities in Likati health zone (11 health workers from general hospital and 14 health workers from 6 health areas close to Likati) were trained on EBV prevention and control, with technical support from UNICEF, on prevention and response to Ebola.

WASH

UNICEF provided additional hand washing units with 0.05% chlorine solution in the health zone of Likati for the local market of Likati (5 units), 7 schools (9 units), 12 churches and mosques (13 units), the residence of 2 traditional leaders (2 units) which are rallying points for community members, the local radio of Bomoko (1 unit), 11 voter registration centers (19 units), 10 health centers (13 units) and in 2 Ebola Treatment Centers.

Supply and Logistics

10 motorbikes, provided by UNICEF, is assisting with the movement of community health workers across the affected health areas. Considering the identified weakness in the healthcare delivery system and challenge of transportation, UNICEF will discuss with the MoH on the use of these motorbikes for the strengthening of the health system in the Likati health zone, beyond the response to the Ebola outbreak.

The first part of health equipment and medicines for an estimated population of 10,000 people donated by UNICEF from its contingency stock has arrived in Likati. The general hospital of Likati – as the reference hospital for the health zone - will benefit, as a priority from the stock, as well as other health facilities in the health area.

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. During the reporting period (from the last SitRep), UNICEF maintained 3 staff members, an Epidemiologist, WaSH Officer and C4D Officer on the ground in Likati.

External Communication

The Ministry of Health (MoH) held a press conference on 2 May 2017 to inform the press about the situation of the Ebola epidemic, where the Minister of Health stated that “at this stage, we can say that the spread of the disease is under control”. The Ministry of Health also used the press meeting to reiterate to the local media important key messages to prevent the spread of the disease.

UNICEF’s External Communication activities focused on digital communication through tweeter and Facebook.

Funding

UNICEF Response Plan to the Ebola epidemic, aligned to the National Response Plan, has a budget of USD 2.82 million; and focusses on communication, WASH and health services as the primary response; and nutrition support for EVD patients.
and child protection planned for the second phase of the response. As at now, UNICEF efforts are concentrated on the primary response.

UNICEF has mobilised GBP 580,000 from UKAid to support the WaSH component of the UNICEF response to Ebola to complement UNICEF’s Regular Resources and prepositioned supplies and equipment already deployed to the response.

Annex: Diagram of timelines of key activities during the EVD outbreak

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