Ebola outbreak response in the Democratic Republic of Congo

Pre-Board Meeting, June 5th, 2018





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Ebola Virus Disease Outbreak in Equateur, DRC

- May, 8th 2018 declared outbreak in Equateur Province
 - population approx 2.5 m over 100,000 km2
 - remote area, limited communication & poor transport infrastructure
- 9th DRC outbreak in last four decades
- Mbandaka, province capital, important port city, 0.5-1.5 million inhabitants





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Epidemiological situation

- May 8th
 - 2 confirmed cases
- June 3rd
 - 56 cases, 37 confirmed, 25 deaths
- 3 districts, with most cases in rural areas
 - 2 rural: Bikoro (26), Iboko (25)
 - 1 urban: Wangata in Mbandaka (5)





Probables

70

60

50

40

30

20

National, local authorities & partners moved quickly to respond

- Day 0: Ebola outbreak announcement
- Day 1: Rapid response teams deployed to outbreak area
- Day 3: National response plan includes
 vaccination
- Day 8: Vaccines in country ; mobile field laboratory operational in Bikoro
- Day 12: Cold chain functional in Mbandaka
- Day 13: Vaccination launch
- Implementation of national response plan supported by international partners
- Technical coordination of partners by WHO



RESPONSE PILLARS

- surveillance, active case finding and follow-up
- biosecurity measures in health facilities and communities
- □ safe burials
- medical management of patients and suspected cases
- □ diagnostics
- psychosocial care
- communication and social mobilization

NEW

- Communication on vaccination
- vaccination of groups at risk



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Response from the Alliance

- Doses available due to agreement between Gavi & Merck (developer of rVSV-ZEBOV)
- Agreement ensures pre-licensure, emergency-use stockpile of 300,000 investigational doses in event of outbreak
- Immediate funding up to US\$1m to support operational costs of vaccination activities
- Gavi HSS support to DRC/Equateur for supervision to contribute to overall Ebola outbreak response plan; reallocation of PEF TCA funds for vaccination communication and outreach with UNICEF



1,199 vaccinated by June 3rd

- Reactive vaccination using targeted (Health Care Workers) & ring strategy
 - Mbandaka started May 21
 - Bikoro & Iboko started May 28
- Clinical protocol (vaccine not listed on EUAL): MoH with support from WHO and MSF
- Challenging cold chain: Storage -80°C in Kinshasa & Mbandaka; Arktek storage devices used for vaccine transport to Iboko and Bikoro





Main challenges

- Monitor and control outbreak spread dynamic
 - Contact monitoring in remote areas
 - Point of Entry surveillance
 - Isolation of cases, quarantine
- Community information and buy-in
 - Acceptability of hygiene measures, safe burials
 - Targeted sensitization (gatherings, door to door)
 - Community workers locally trained with local language skills
- Vaccination: not a mass campaign, nor a 'silver bullet'
 - The vaccines will not end the outbreak by themselves
 - They are part of a far larger national and international effort
 - However, their use as an integral part of the of sponse marks a historic first









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