

**DEPARTMENT OF PUBLIC HEALTH  
INTERNATIONAL HEALTH REGULATIONS(IHR)/SURVEILLANCE UNIT**

**EPI ALERT**

22 JULY, 2019

FOR INFORMATION PURPOSES

VOLUME 8

**EBOLA (EVD)**

The Ministry of Health through PAHO/WHO has been notified of an ongoing Ebola outbreak in the Democratic Republic of Congo (DRC), Central Africa. The current Ebola outbreak in the Democratic Republic of Congo (DRC) was declared in August 2018. There have been increased number of cases in Butembo and Mabalako (provinces of the DRC) and one imported case in Goma. As of 16 July 2019, a total of 2522 EVD cases, including 1698 deaths have been reported.

On July 17 2019, the Emergency Committee convened by the WHO Director-General , under the International Health Regulations (IHR) (2005) have declared the Ebola outbreak in the Democratic Republic of the Congo a **Public Health Emergency of International Concern (PHEIC)**.

Ebola Virus Disease (EVD) formerly known as Ebola hemorrhagic fever is transmitted to people from wild animals and spread to humans via human to human transmission through close contact with the blood, secretions, organs or other bodily fluids of infected animals from direct contact (through broken skin or mucous membranes) and indirect contact with environments contaminated with such fluids. Incubation period is between 2 to 21 days . EVD can present similar to other infections like malaria, typhoid fever and meningitis therefore differential diagnostic testing is conducted. The outbreak that occurred in 2014-2016 is recorded as the largest and most complex outbreak since it was first discovered in 1976.

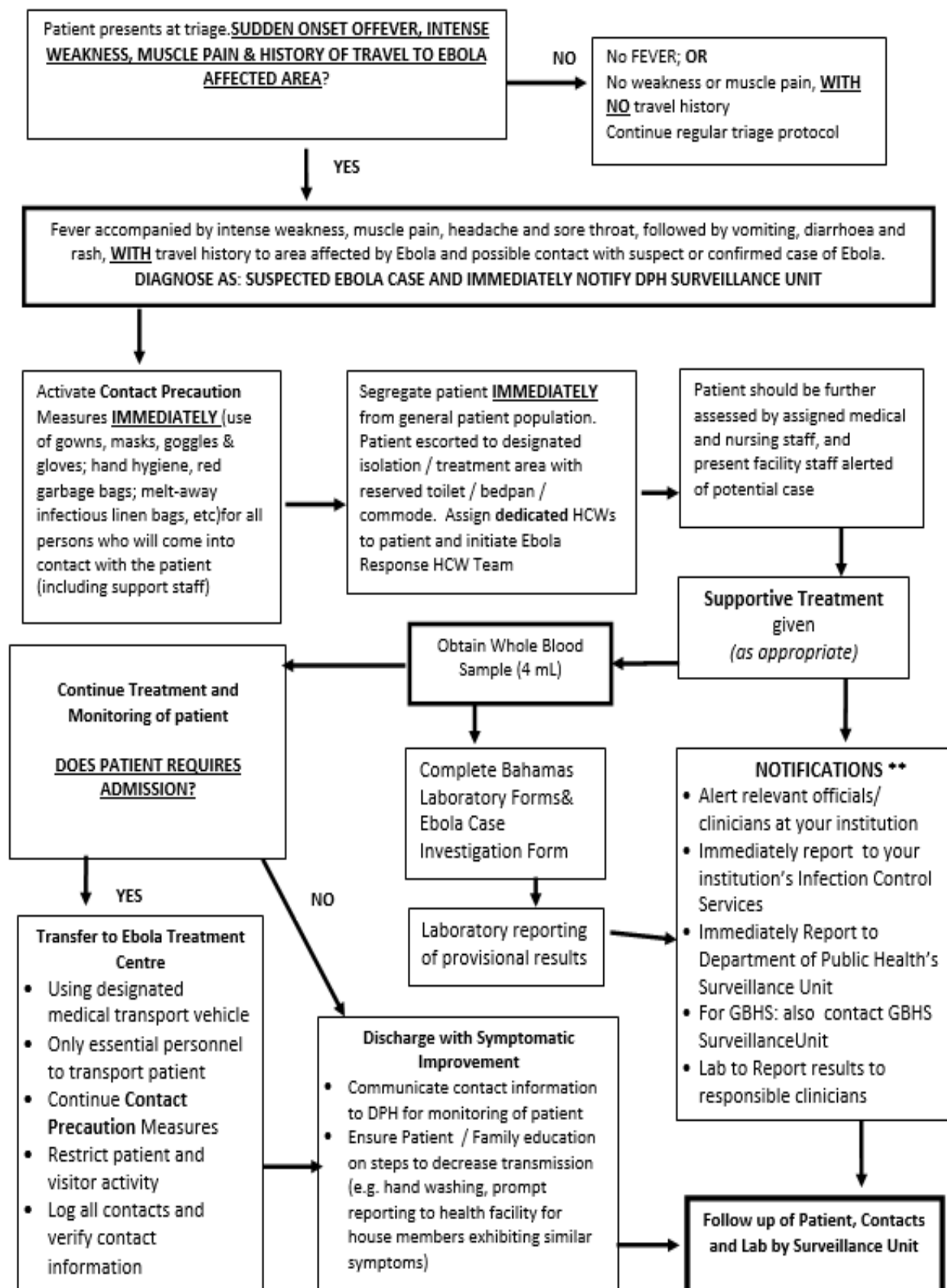
EVD is a severe viral disease characterized by sudden onset of fever, muscle pain, headache, fatigue and sore throat. This may be followed by vomiting, diarrhea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding.

**WHO advises against the application of any travel or trade restrictions to DRC based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.**

Case Definition	Case Management
<p>A severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat.</p> <p>Other symptoms can include; vomiting, rash, diarrhea, impaired kidney and liver function and internal and external bleeding</p> <p>A person with clinical evidence of illness <b>and</b> a history within three weeks before onset of fever of one of the following;</p> <ul style="list-style-type: none"> <li>• Travel in a specific area of country where an outbreak of Ebola has recently occurred;</li> <li>• Contact with a suspect, probable or confirmed case;</li> <li>• Direct contact with blood or other body fluid secretions of a person or animal with a confirmed or probable case of Ebola;</li> <li>• Works in a laboratory or animal facility that handles hemorrhagic fever viruses</li> </ul>	<ul style="list-style-type: none"> <li>• No specific treatment is available. New drug therapies are being evaluated. EVD vaccine trials are ongoing.</li> <li>• <b>Strict infection control procedures and proper use of PPE's when handling patients, the environment around them and corpses <u>MUST</u> be adhered to.</b></li> <li>• <b>People are infectious as long as their blood and secretions contain the virus.</b></li> <li>• Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids.</li> <li>• Other diseases that <b><u>should be considered before a diagnosis of EVD can be made</u></b> include: malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral haemorrhagic fevers</li> <li>• Ebola virus infections can be diagnosed definitively in a laboratory through several types of tests; ELISA, antigen detection tests, RT-PCR, serum neutralization test and virus isolation by cell culture.</li> <li>• Samples from patients are an extreme biohazard risk; testing should be conducted under maximum biological containment conditions.</li> </ul>
<p><b>IF YOU ENCOUNTER A SUSPECTED CASE OF EBOLA VIRUS DISEASE:</b></p> <p><b>1. Contact the Surveillance Unit <u>IMMEDIATELY</u> at 502-4790, 502-4776, 397-1021, 376-3533, 376-3970 or 376-4705 (New Providence) <u>OR</u> 350-6700 ext 2353 or 359-4541 (Grand Bahama)</b></p> <p><b>1. Contact Surveillance Unit @ 502-4790, 502-4776, 376-3533 or 376-4705 <u>IMMEDIATELY.</u></b></p>	

## ANNEX E: Facility Flow Guidance Algorithm

### HEALTH FACILITY GUIDELINES FOR EBOLA: GENERAL ALGORITHM





# MAP OF THE DEMOCRATIC REPUBLIC OF THE CONGO, AFRICA

