RISK MANAGEMENT

EBOLA OUTBREAK IN THE DEMOCRATIC REPUBLIC OF CONGO: APRIL 2019

INTRODUCTION

Background

In May 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease (EVD) in Bikoro, Equateur Province. The World Health Organisation (WHO) subsequently sent over 4,000 doses of the experimental vaccine to DRC and commenced a programme vaccinating health care providers and funeral workers.

EVD is an infectious disease with no known cure. An experimental vaccine did prove effective in limited trials in West Africa during the last major outbreak but is not yet licensed.

EVD can cause severe hemorrhagic fever (Ebola HF) which has an average case fatality rate of around 50%. In past outbreaks, case fatality rates have varied from 25% to 90%. According to the WHO, up to 11,310 people died during the outbreak of 2014-16 with over 10,000 EVD survivors.

Current Situation

Democratic Republic of Congo's Ebola outbreak is spreading at its fastest rate yet, eight months after it was first detected, the World Health Organization (WHO) said on 1 April 2019. Each of the past two weeks has registered a record number of new cases, marking a sharp setback for efforts to respond to the second biggest outbreak ever, as militia violence and community resistance have impeded access to affected areas.

In early March this year, the WHO said the outbreak of the haemorrhagic fever was largely contained and could be stopped shortly, noting that weekly case numbers had halved from earlier in 2019, to about 25. However, the number of cases hit a record 57 the following week, and then jumped to 72 by the end of March, according to WHO spokesman Christian Lindmeier. Previous spikes of around 50 cases per week were documented in late January and mid-November.

The current outbreak is believed to have killed 676 people and infected 406 others. Another 331 patients have recovered. In the past two months, five Ebola centres have been attacked, some by armed militiamen. That led French medical charity Medecins Sans Frontieres (MSF) to suspend its activities in two of the most affected areas.

Another challenge has been a mistrust of first responders. A survey conducted last September by medical journal The Lancet found that a quarter of people sampled in two Ebola hotspots did not believe the disease was real.

One treatment centre that closed in February after being torched by unknown assailants reopened last week.

More alarmingly, more than half of the Ebola deaths last week occurred outside of treatment centres, according to Congo health ministry data, meaning there is a much greater chance they transmitted the virus to those around them.

HP provides some general ground operational advice for media teams reporting on the current situation, based on its experience throughout the last Ebola epidemic in West Africa and latest advice from the World Health Organisation.

SPREADING EVD

According to the WHO, in people, EVD is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with:

- blood or body fluids (including, but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola.
- objects (like needles, syringes and bedding) that have been contaminated with the virus.
- infected animals or potentially as a result of handling bushmeat.

Healthcare providers and family and friends in close contact with Ebola patients are at the highest risk of infection as they are most often exposed to infected blood or body fluids.

Ebola **is not spread through the air or by water**, nor has it entered the food chain (except bushmeat). There is no evidence that mosquitos, or other insects can transmit Ebola virus. Only mammals (for example, humans, bats, monkeys, and apes) have shown the ability to become infected with and spread Ebola virus.

INCUBATION & SYMPTOMS

The time interval from infection to showing of symptoms of Ebola is 2 to 21 days. People are not infectious until they develop symptoms. Symptoms can manifest in the following way:

- Firstly, fever fatigue, muscle pain, headache and a sore throat.
- Followed by vomiting, diarrhoea, rash, and in some cases internal and external bleeding (e.g. oozing from the gums / blood in the stools).
- Medical findings will include low white blood cell and platelet counts and elevated liver enzymes.

INFORMATION FOR MEDIA TEAMS

PRE-DEPARTURE

- Ensure deploying personnel have all the necessary vaccinations and malaria prophylactic well before travel.
- Speak to your local medical authority responsible for dealing with Ebola and work out a course of action should you develop any flu like symptoms on your return.
- Decide amongst your team and with your employer what risk level you are prepared to take in theatre. Entering hospitals, homes of the infected, morgues and interviewing those who are infected are high risk activities. Have a frank discussion whether this is editorially required. If it is, you will require to take or locally source personal protective equipment (PPE). This should only be donned and doffed under expert supervision.

- Share relevant information with any family members, or people you live with. Understandably, many individuals in your homeland will be fearful that you may be infected. Sharing your operating procedures and information regarding EVD with them may allay some fears.

PROTOCOLS ON THE GROUND

Throughout a deployment to an area where EVD is present, scrupulous attention to personal hygiene is recommended. Higher risk activities include any visits to areas where sick people or the dead are present. If any media personnel are embarking on such activities, this should only be done under the aegis of a reputable organisation or medical authority.

Media personnel should follow the protocols below:

- Wash hands frequently or use an alcohol-based hand sanitiser.
- Avoid touching your face. Staff who use contact lenses are advised to use glasses for this assignment.
- Avoid contact with blood and body fluids of any person, particularly someone who is sick;
- Don't handle items that have come in contact with an infected person's blood or body fluids;
- Do not touch the body of someone who has died from Ebola.
- Do not touch bats and non-human primates, or their blood and fluids and do not touch or eat raw meat prepared from these animals.
- Take your temperature twice a day. Do not share thermometers.
- Use chlorine solution to wash your boots.
- Do not shake hands in areas where the virus is present.
- Avoid any obvious gatherings/demonstrations of members of the public in areas where the disease may have spread.
- Do not enter hospitals, without being under the supervision of a reputable NGO, or medical authority. Even under supervision, entering isolation units increases the potential of infection.
- Do not enter high risk areas if you have any cuts or abrasions.
- Do not enter buildings/houses that have been quarantined, or might have had infected individuals.
- Funerals and morgues should be covered under the aegis of a reputable NGO, or medical authority.
- If PPE is being issued it is not to be worn unless under the instruction of a reputable NGO, or expert medical authority. Only in an emergency should PPE be worn without expert advice on hand because of the dangers of contamination when doffing it.
- If issued with an Escape Hood, keep these to hand at all times. If there is an emergency or you need to get out of a situation quickly, the hood can be donned quickly and will protect the wearer's face for up to twenty minutes. Apply the hood with a pair of gloves. Once safe, decontaminate as soon as possible afterwards. Take hood off with fresh gloves and store in a bag for safe disposal.

GENERAL PROTOCOLS FOR INTERVIEWS

- Risk assess the individual prior to interview. Ask questions to determine status: Have they been exposed to risk of infection in the last 21 days? Are they an active 'contact'? Are they symptomatic?
- If they are symptomatic – do not interview them unless under the supervision of a medical authority overseeing protocols.
- Conduct all interviews from a distance of at least 2 meters. If this is not possible inside, the interview must be conducted outside.
- Appoint a 'lookout' – someone who can be aware all the time of who is around and who might approach you. Cameras and foreigners attract people and children often want to look at the screen over your shoulder. There should always be someone who can prevent this from happening.
- Do not let your driver, or fixer get too close to the people being interviewed. Preferably keep the driver in the vehicle.
- If attaching a radio microphone to an individual, let them do it themselves. The microphone and cable should be destroyed after use.

IN RISKIER LOCATIONS GOOD PRACTICE INCLUDES:

- Do not touch your face during recording.
- Always use gloves. Wear two sets of gloves for extra protection.
- Wear foot protection.
- Set up a bucket/vessel with chlorine solution on a groundsheet.
- Use a small camera in a waterproof casing. Dunk waterproof casing and camera in chlorine solution. Remove from casing and destroy casing or put in bag for incineration. Destroy any materials used to dry off casing.
- Spray gloves and foot protection with chlorine solution before removing – place in bag for incineration.
- Wash hands thoroughly with antiseptic wash.

PROTOCOLS UPON RETURN

Upon return to the country of origin, reporting staff can operate normally and have normal contact with others.

- Contact your responsible local medical authority and verify if there has been any change in the protocols you discussed before your trip.
- Write these down and ensure any family members / house sharers or guests and employers have read them as well.
- Keep a record of people you come into contact with as much as possible.
- Remain no more than four hours away from a major medical center for 21 days after return.
- Take temperature at least twice a day.
- If you have an elevated temperature*, or flu like symptoms minimise contact with others and call the local medical authorities. Follow the medical protocol. Only trained medical practitioners should accompany suspected patients to hospital and assess the Ebola risk. For their safety, do not let untrained staff assess you. If you have personal protective equipment

(i.e. a facemask/gloves) it is a good idea to put these on before going to the hospital or in transit.

**Remember an elevated temperature is more likely to be another infection (stomach bug or even malaria). Testing can take between 2- 3 days depending on the extent of the viral load in the system.*

- Deployments to Ebola affected areas can take a mental toll. Do not be surprised to be suffering elevated stress levels. Consider seeking counselling if stress levels are acute and speak to your employer.

BE PREPARED

Our experience tells us that companies tend to neglect the psychological and emotional impact visits to Ebola-affected areas can have on staff, their family members and colleagues. Consideration of aftercare plans and medical responses when staff return from the field is a key consideration for staff wellbeing and duty of care.

HP offers management support and recommendations to companies in this area and to find out more please get in touch. info@hpriskmanagement.com