Geneva: 9 June, 2018—One month into the response to an Ebola outbreak in the Democratic Republic of the Congo, the focus has moved from urban areas to some of the most remote places on earth.

The shift comes after a series of unprecedented actions that have led to cautious optimism about the effectiveness of the response.

A series of firsts

On 9 May, the day after country declared an outbreak of Ebola virus disease in Bikoro, the first WHO and Ministry of Health response team arrived in the provincial capital Mbandaka to begin setting up the specialized cold chain needed to store a vaccine that had been successfully used in 2017 to contain another Ebola outbreak.

By 11 May, teams had started to trace contacts of all active cases and WHO partners were setting up treatment centres in Bikoro. The next day, an air bridge was established to Bikoro and a mobile lab deployed to speed up testing for infection.

And then, just 6 days after the alert, the first batch of more than 4000 doses of vaccine was on its way from Geneva to Kinshasa. This marked the first time vaccines were available so early in a response.

Ring vaccination of contacts began on 21 May.

On 4 June, an ethics committee in the country approved the use of 5 investigational therapeutics under the framework of compassionate use, following recommendations from a group of experts convened by WHO. This is the first time such treatments were available in the midst of a response.

“It’s far too early to declare victory, but the signals are positive and we are cautiously optimistic,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “We have new weapons and together with the government and our partners, we have acted with urgency to save lives. We will remain vigilant until this outbreak is over.”

As of 7 June, there were a total of 59 confirmed, probable and suspected Ebola cases, of which 27 people had died. A new case was confirmed on 6 June.

Moving from cities to the forests

The first phase of the response focused on protecting the town of Bikoro and the city of

Mbandaka from a potentially exponential increase in cases, which could have threatened major cities in the country as well as its neighbours along the river.

"The next phase is all about expeditionary surveillance: teams of epidemiologists fanning out over hundreds of kilometers by motorcycles through the remote rainforests," said Dr Peter Salama, Deputy Director-General of Emergency Preparedness and Response at WHO, who returned from his second mission to the country on 8 June. "They are working to find each case quickly, tracking the contacts and engaging the communities, including the indigenous population in and around the villages of Itipo and Iboko. We need to pursue the virus wherever it heads and remain agile, responsive and super focused."

As the response in-country continues, WHO is supporting 9 countries bordering the Democratic Republic of the Congo to scale up their national emergency preparedness and response capacities. A plan finalized on 7 June outlines how these countries can review their readiness to respond, while identifying any gaps in their capabilities. WHO is working closely with the Ministries of Health and wider government stakeholders, and partners in these countries to put these measures in place.

To reinforce the response and support preparedness, Dr Tedros is traveling to the Democratic Republic of the Congo on Sunday, as well as to the Central African Republic, which is one of the most vulnerableÂÂ neighbours.

http://www.who.int/news-room/detail/09-06-2018-at-one-month-mark-in-ebola-outbreak-the-focus-shifts-to-remote-areas