



The Democratic Republic of the Congo Ebola virus disease outbreak

Key messages – questions and answers

23 May 2018

The Chief Veterinary Officer of the Food and Agriculture Organization of the United Nations (FAO), Dr Juan Lubroth, provides the following key messages – questions and answers to Chief Veterinary Officers, FAO Representatives and others involved in the animal health sector relative to the current Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo.

Key messages

1. The mechanism of spread of EVD in the current outbreak in the Democratic Republic of the Congo is human-to-human transfer of the virus. To date, there is no epidemiological link between human cases in this outbreak and exposure to animals or animal products.
2. Fruit-eating bats are believed to be the principal animal reservoirs of Ebola viruses. With the exception of bats, healthy, wild animals hunted, slaughtered, handled and consumed as wild meat (also called “bush meat”) present negligible to no risk to humans if good hygiene, proper protection and appropriate cooking practices are followed.
3. Meat from healthy livestock that is safely prepared and cooked remains safe to eat.
4. People should not handle, slaughter, dress, sell, prepare or consume meat that originates from wild animals or livestock that are sick or that have died from unknown causes. Raw wild meat or uncooked dishes based on the blood of wild animals should not be consumed. These practices place people at high risk of contracting any number of infections.
5. Any unusual morbidity or mortality of animals should be reported to the animal health authorities.
6. FAO is fully engaged in the multisectoral coordination at the national, regional and international levels through the activation of an FAO Ebola Incident Coordination Group.
7. The World Health Organization (WHO) is the authority and primary source of information regarding the human health aspects of this outbreak.

For more information, see

- EMPRES-AH/Zoonotic Diseases/Ebola: www.fao.org/ag/againfo/programmes/en/empres/ebola/FAQ.html
- FAO Addressing Zaire Ebola Virus (EBV) Outbreaks, Rapid Qualitative Exposure and Release Assessment January 2015: www.fao.org/3/a-i4364e.pdf
- FAO Report Understanding Ebola Virus at the Animal-Human Interface, Technical meeting Rome, Italy 19-20 January 2016: www.fao.org/3/a-i5670e.pdf

FAO will continue to monitor the outbreak situation closely and provide additional information related to animal health as it becomes available.

Proper food preparation includes

- washing hands with soap before and after handling food
- washing hands with soap between handling raw food and cooked or ready-to-eat food
- keeping raw meat separated at all times from cooked or ready-to-eat foods
- keeping utensils and surfaces used to prepare raw meats separated at all times from those used for other foods (e.g. chopping boards, knives and plates)
- promptly washing with soap and disinfecting all surfaces and utensils that have been in contact with raw meat

Questions and answers

What is behind the current outbreak in the Democratic Republic of the Congo?

On 8 May 2018, the Democratic Republic of the Congo notified WHO of an outbreak of EVD in the Equateur Province. This is the ninth EVD outbreak in the country since 1976, with the most recent outbreak occurring in May 2017 in Bas Uele Province in northern Democratic Republic of the Congo. The re-emergence of the virus in the Democratic Republic of the Congo highlights the continued risk of EVD outbreaks in the Central African subregion.

This outbreak is caused by the Zaire Ebola virus, the most lethal of the five known species of the Ebola viruses, and the most common cause of EVD outbreaks in the Democratic Republic of the Congo and in Africa. The spread of the outbreak in the country is currently caused by human-to-human transfer of the virus. Currently, there is no epidemiological link between human cases in this outbreak and exposure to animals or animal products.

WHO is the authority and primary source of information regarding the human health aspects of this outbreak. FAO recommends inquiries be directed to the country WHO Representative or other WHO staff.

What is FAO doing with regard to the current outbreak?

FAO is fully engaged in this multisectoral coordination at the national, regional and international levels through the activation of an FAO Ebola Incident Coordination Group. FAO will monitor the situation closely and provide additional information related to animal health as it becomes available.

To support these efforts, FAO can build on its experience working with networks of veterinary services and allied community animal health workers, producer organizations, forestry contacts, agriculture extension services, aquaculture workers and fish farmers, and local animal health clubs, to improve community knowledge about EVD and to support risk communication with affected and non-affected populations. It is critical for communities – urban and rural – to understand practices that pose the highest risks of human-to-human transmission and potential spillover events from wildlife so people can make informed decisions.

For more information, see

- www.who.int/news-room/fact-sheets/detail/ebola-virus-disease
- www.who.int/csr/don/13-may-2017-ebola-drc
- www.who.int/csr/don/archive/disease/ebola
- www.who.int/news-room/detail/08-05-2018-new-ebola-outbreak-declared-in-democratic-republic-of-the-congo

WHO is the authority and primary source of information on EVD and on this 2018 outbreak.

Preventing further loss of human life and stopping the spread of EVD is top priority at this time.

FAO is working to support the humanitarian response to help stop the outbreak as part of a coordinated United Nations effort.

What is the potential impact of this outbreak on food and economic security?

FAO is concerned about possible constraints on the agriculture sector and potential negative impact on food security in the region where the outbreak is occurring. In previous EVD outbreaks, particularly the epidemic in West Africa in 2014–2016, movement restrictions, fear of contagion and other constraints prevented communities from working in their fields or caring for their livestock. The disease caused the dramatic reduction of agricultural labour forces and impeded their ability to grow and harvest crops. Movement restrictions reduced the ability of traders to transport and market agriculture products.

Measures taken to control the current outbreak should include action to safeguard food security, nutrition and livelihoods. Agricultural work and access to farms should be supported, and food markets and trade should be supported in a manner that permits for the safe marketing and sale of agriculture products, without the market becoming a place for spread of disease. As soon as the EVD outbreak is controlled, interrupted agriculture practices must be revived where possible.

What are the potential risks from the finding of sick or dead animals during this outbreak?

Wild animals in areas where Ebola viruses have been detected may play a role in Ebola virus circulation at the interface between humans and animals. They can also play a role in the circulation of other zoonotic diseases, or those that can infect people. For this reason, wild animals that are sick or have died from unknown causes should not be handled or eaten, and they should not be given or sold or used to feed other animals. In particular, fruit bats pose a risk since they are considered the likely reservoir of the Zaire Ebola virus, and FAO recommends people in affected and at-risk areas not hunt, dress or eat bats.

Livestock are at risk of numerous, more common diseases, some of which are zoonotic. Therefore livestock that are found sick or dead should be reported to the animal health authorities. This will help protect the remaining livestock and prevent human illness. Consult the animal health authorities for a list of the zoonotic disease threats in your area.

Farmers should protect their livestock from diseases and other health threats by using good animal health practices, including biosecurity and hygiene, vaccination regimes where available, limited exposure and mixing with other animals by keeping livestock in enclosures, and not feeding of raw meat, scraps or dead animals.

FAO stands ready to help countries cope with food security crises related to disease outbreaks, and revive disrupted livelihoods. FAO works with governments to provide training, inputs, tools and expertise to promote food security via support to the agriculture sector.

FAO emphasizes the importance of prompt reporting to the animal health authorities any significant finding of sick or dead animals, for whatever the cause.

What is different about this outbreak, compared to the West Africa EVD outbreak from 2014–2016?

Although it is not possible to predict the course of the current EVD outbreak in the Democratic Republic of the Congo, there are even in early stages substantial differences between this outbreak and the West Africa epidemic from 2014–2016. EVD was not expected to occur in West Africa prior to the 2014–2016 epidemic, and the affected countries and the international community were not well prepared to rapidly address EVD when it emerged in the region. In the Democratic Republic of the Congo and the neighbouring countries there is a long-standing history of EVD, and the Democratic Republic of the Congo has experience from previous outbreaks and existing capacity to detect and respond to EVD outbreaks, and the response by international partners and organizations has been rapid.

The previous Ebola outbreak in the country occurred in May 2017, in Bas Uele Province in the northern part of the country. The 2017 outbreak in the Democratic Republic of the Congo was reported on 11 May 2017, and WHO declared an end to the outbreak on 2 July 2017. The 2017 outbreak was quickly contained thanks to the existing experience and epidemiological and laboratory diagnostic capacities present within the country, and the joint efforts by the Government of the Democratic Republic of the Congo, WHO and many different partners. These resulted in the timely alert by local authorities of suspect cases, immediate testing of blood samples made possible by strengthened national laboratory capacity, and the early announcement of the outbreak. Rapid responses by local and national health authorities were supported by international partners and agencies, with rapid initiation of the international response and implementation of the WHO Incident Management System, and speedy access to funding.

In the response to this current outbreak in 2018, occurring in the Equateur Province, the Government of the Democratic Republic of the Congo is using the successful response model of the similar EVD outbreak in 2017. This benefits from the presence of trained and experienced staff, and the capacity for rapid disease detection, and for treatment and follow up of contacts of infected persons. It is again supported by rapid response by international partners and agencies, and the WHO Incident Management System.

In comparison, the 2014–2016 EVD outbreak in West Africa occurred in a region where Ebola had not been previously known to occur, and as a result EVD was at first not considered as a potential diagnosis. The first alert of the outbreak was in early March 2014, in prefectures in southeast Guinea bordering Sierra Leone and Liberia. Due to the time for medical staff and investigators to arrive and for samples to reach reference laboratories in Europe for testing, the outbreak was not identified as EVD until almost two weeks later on 23 March 2014.

Ebola is endemic to the Democratic Republic of the Congo, and this is the ninth outbreak of EVD in the country since the discovery of the virus in the country in 1976.

The 2017 EVD outbreak in the Democratic Republic of the Congo was quickly contained thanks to the existing experience and epidemiological and laboratory diagnostic capacities present within the country, and the joint efforts by the Government, WHO and partners.

Retrospective investigation identified the index case as occurring in Guéckédou prefecture in Guinea in early December 2013, and indicated that the outbreak had spread beyond Guinea to neighbouring Sierra Leone before the EVD outbreak was recognized. The first cases were confirmed in Liberia eight days after the outbreak was declared.

During the 2014–2016 outbreak, early disease transmission was occurring unrecognized in a mobile population in a remote rural region spanning the borders of Guinea, Sierra Leone and Liberia. Because the disease was not recognized and controlled during these early stages, it was able to spread from rural areas to urban centres, where disease transmission was amplified. The health care infrastructure of the three heavily affected countries was in a critical state at the onset of the outbreak as a result of poverty and histories of civil conflict, and with very limited laboratory, treatment and public health capacity to adequately respond to the outbreak. This was complicated by delays in identification of the outbreak, and delays and problems with coordination of the international response.

What is FAO doing to ensure the safety of UN staff currently working in outbreak-affected areas or responding to the outbreak?

FAO Health Services has provided information for employees and travellers in Ebola-affected areas, and issued a travel alert on the FAO Country Office Information Network (COIN).

At this moment, there is no travel restriction, however if one is initiated it will also be posted on the Organization's intranet. Travellers should be aware that the Democratic Republic of the Congo, some neighbouring countries, and countries in other regions in Africa and elsewhere have introduced temperature checks at the airports and border points, and could stop and quarantine people with fever. It is recommended that anybody with a febrile illness postpone travel to these areas.

The UN system has in place strict procedures to monitor the health of the staff deployed to Ebola affected countries. Medical check-ups are obligatory upon entry and exit of every Ebola affected country. Every agency must moreover ensure that the health status of all staff having left a country affected by Ebola is strictly monitored for a period of 21 days (incubation period of the disease).

FAO Health Services are working in close collaboration with other division and with other UN organizations in order to protect its staff health, with a special attention to staff working in or deployed to the area affected by this current outbreak.

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