Results

- Trained or briefed 7,006 health and community workers.
- 146 signals reported within 24 hours (46%); 33 signals reported within 48 hours (11%).
- Many fewer verified because in Kisanga, the triage process took place at the health area level instead of by the CAC/CODEV, resulting in many signals determined to be non-events at the health area level.
- The majority of signals reported febrile signal 1, “Other,” suggesting a need to further tailor signals to local context. (Figure 6: The most frequent “Other” reasons included accident (vehicle, drowning, poisoning), rash, or other illness (cough, vomiting, cancer).

Conclusions

EBS is essential for early warning and detection of potential events of public health concern in a country known for sporadic outbreaks of deadly and highly transmissible diseases such as Ebola, yellow fever, epidemics, etc. In addition, the EBS system reported illnesses because of environmental contamination, which often goes undocumented in Haut Katanga, the location of numerous mining companies. The following strengths, challenges, and recommendations were noted:

Strengths
- Enthusiasm and strong collaboration and commitment from government and health system stakeholders.
- Development of an all-hazards and One Health approach to surveillance.
- Development of culturally appropriate awareness-raising and data collection tools.

Challenges
- Time- and resource-intensive process to develop and validate the system and train community members in the system.
- Delay in accessing internet phones for the phone SMS alert system.
- Variable procedures across HZs and maintaining motivation.