CASE REPORT: From 30 APR 2018 to 13 FEB 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 829 (+40) confirmed and probable Ebola virus disease (EVD) cases from 19 (+1, Bunia) health zones (HZs) in North Kivu and Ituri provinces in northeastern DRC; as of 13 FEB, 201 suspected cases are under investigation. The number of EVD cases initially peaked in early AUG 2018; however, a second peak was observed during epidemiologic week (EW) 48 (week ending 1 DEC 2018) (see WHO epidemic curve). Among the confirmed and probable cases, there have been 521 (+33) deaths (case fatality proportion 63%). As of 13 FEB, confirmed and probable cases have been reported from Beni (234), Katwa (218 (+27)), Mabalako (106 (+1)), Butembo (66 (+8)), Kalunguta (55), Oicha (30), Kyondo (16 (-1)), Vuhovi (12 (+2)), Masereka (9 (+1)), Musienene (7), Biena (5), Kayina (5), Manguredjipa (5), and Mutwanga (4) HZs in North Kivu Province. In Ituri Province, cases have been reported from Komanda (33 (+1)), Mandima (20), Tchomia (2), Bunia (1), and Nyankunde (1) HZs. On 3 FEB, WHO reported that the gender ratio among confirmed cases is 1.4 females for every male.

The current outbreak hotspot continues to be Katwa HZ, accounting for 55% of the newly confirmed cases from 1-13 FEB. On 7 FEB, WHO reported that the recent increase in the number of cases in Katwa and Butembo HZs was driven by nosocomial and community based transmission. On 8 FEB, the MOH reported that two Congolese Armed Forces soldiers, identified as EVD cases on 12 JAN, spent five days at the Ebola Treatment Unit (ETU) in Butembo, where they were released after recovery, contradicting 30 JAN media reports that both soldiers had died. Three presumed contacts of these cases have tested negative for EVD.

BACKGROUND: Persistent insecurity, population density and mobility, and community resistance continue to be compounding factors in this outbreak. There are over 100 armed opposition groups operating in northeastern DRC. As of 13 FEB, alerts for potential EVD cases identified outside of the DRC have been negative; however, the high level of population movement between the affected areas and neighboring countries continues to create opportunities for cross-border disease transmission. On 13 FEB, the MOH launched Strategic Response Plan 3, which lays out the response strategy, objectives, and budget requirements for the MOH, WHO, and all partners to respond to the outbreak from FEB through JUL 19. On 7 FEB, a MOH press release emphasized that all services rendered in the EVD response (vaccination, treatment, monitoring, safe and dignified burials) are free, and to report anyone who demands payment for these services. In addition, the MOH stated that only badged individuals are authorized to recruit others for response activities, and citizens were encouraged to report inappropriate behavior on the part of EVD responders; MOH provided toll free numbers to civil protection in North Kivu Province. This policy attempts to address allegations reported on social media and by Non-Governmental Organizations (NGOs) that EVD responders have propositioned sex in exchange for response services. As of 7 FEB 2019, WHO assesses the risk of EVD spread at the national and regional levels as very high and the global risk as low.

MEDICAL COUNTERMEASURES & DIAGNOSTICS: There have been 68 (+3) EVD cases (21 deaths) among healthcare workers (HCWs) in the DRC as of 10 FEB. As of 13 FEB, 78,464 (+3,732) have been vaccinated in the DRC since 8 AUG 2018. The investigational EVD vaccine (rVSV-ZEBOV) developed by Merck is the only vaccine approved for use during the outbreak. Ongoing vaccination of frontline workers continues in Uganda, where over 2,600 workers have been vaccinated. Preventative vaccinations started in South Sudan on 28 JAN. Pending an import license, vaccinations will begin in Rwanda, targeting 1,415 frontline workers. Planning for vaccinations in Burundi continues. 
MEDICAL COUNTERMEASURES & DIAGNOSTICS (cont’d): Ebola Treatment Units (ETUs) have been established in Beni, Bunia, Butembo, Goma, Katwa, Kayina, Komanda, Mabalako, Mandima, and Tchomia HZs, with mobile testing labs in Beni, Butembo, Goma, Mabalako, and Tchomia (see map). As a part of Uganda’s EVD preparedness activities, ETUs have also been constructed at the Bwera and Bundibugyo hospitals in western Uganda; laboratory testing of samples collected from alert cases identified at Uganda’s Points of Entry is being conducted at the Uganda Virus Research Institute in Entebbe. On 26 NOV 2018, a WHO-convened, National Institute of Allergy and Infectious Diseases (NIAID) and Institut National de Recherche Biomédicale (INRB)-led consortium of international partners began a multi-drug randomized controlled trial (RCT) of three investigational therapeutics (mAb114, Remdesivir, and ZMapp) among confirmed EVD cases. On 26 JAN, a fourth arm was added to the study for Regeneron.

TRAVEL ADVISORIES: The U.S. Department of State has identified Eastern DRC as a "Do Not Travel" zone due to armed group activity and military operations. On 28 JAN, CDC updated its Alert–Level 2, Practice Enhanced Precautions travel notice for EVD in the DRC. In JUN 2018, WHO updated the Regional Strategic EVD Readiness Preparedness Plan for the DRC, with neighboring countries reprioritized based on proximity to the current outbreak and capacity of the health system to cope with EVD. Priority 1 countries include Burundi, Rwanda, South Sudan, and Uganda; Priority 2 countries include Angola, Central African Republic, Republic of Congo, Tanzania, and Zambia. WHO continues to support these countries with preparedness activities.