CASE REPORT: From 30 APR 2018 to 19 FEB 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 848 (+19) confirmed and probable Ebola virus disease (EVD) cases from 19 health zones (HZs) in North Kivu and Ituri provinces in northeastern DRC; as of 19 FEB, 213 suspected cases are under investigation. Among the confirmed and probable cases, there have been 529 (+8) deaths (case fatality proportion 62%). From 30 JAN to 19 FEB, no confirmed cases were reported from Beni, Kayina, Mandima, Musienene, Nyankunde, and Tchomia HZs. From 30 JAN to 19 FEB, no new cases have been reported in Beni HZ, the previous hotspot, according to the MOH; however, the HZ is still at risk for EVD re-emergence due to population movements. 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). As of 19 FEB, confirmed and probable cases have been reported from Beni (234), Katwa (229 (+11)), Mabalako (106), Butembo (69 (+3)), Kalunguta (55), Oicha (30), Kyondo (16), Vuhovi (13 (+1)), Masereka (9), Musienene (7), Biene (5), Kayina (5), Manguredjipa (5), and Mutwanga (4) HZs in North Kivu Province. In Ituri Province, cases have been reported from Komanda (37 (+4)), Mandima (20), Tchomia (2), Rwampara (1), and Nyankunde (1) HZs. The confirmed case reported on 14 FEB initially from Bunia HZ has been reclassified to Rwampara following an investigation. The outbreak hotspot continues to be Katwa HZ, which has accounted for 63% of the newly confirmed cases from 30 JAN to 19 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.

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 19 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 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 3 FEB, 80 Points of Entry (PoEs) and Points of Control (PoCs) established to screen travelers in the DRC are operational. On 20 FEB, WHO and the Uganda Red Cross signed an agreement to strengthen EVD screening at 25 PoEs in eight districts on the border of DRC and Uganda. Additionally, WHO and the DRC MOH plan to train more than 200 healthcare workers (HCWs) and response volunteers in infection prevention and control methods to aid in surveillance. 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 EVD cases (21 deaths) among HCWs in the DRC as of 10 FEB. As of 19 FEB, 81,702 (+3,238) individuals, including at least 18,900 children, 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. The Ethics Committee of the University of Kinshasa has now approved the use of rVSV-ZEBOV for pregnant women in their second and third trimester, as well as in nursing women and children <1 year old. As of 12 FEB, 728 vaccination rings (including 95 in HCWs and frontline workers) have been identified in the DRC. As of 17 FEB, ongoing vaccination of HCWs continues in Uganda, where over 3,900 (+1,300) have been vaccinated in over 12 districts. As of 28 JAN, South Sudan has vaccinated over 600 HCWs in Yambio and Yei cities. Pending an import licensure, vaccinations will begin in Rwanda, with a plan to target 1,415 HCWs. Planning for vaccinations in Burundi continues.

TRAVEL ADVISORIES: The Department of State (DoS) has identified Eastern DRC as a "Do Not Travel" zone due to armed group activity and military operations; travel to the rest of the DRC has been identified as a 'Reconsider Travel' zone by the DoS. On 28 JAN, CDC updated its Alert–Level 2, Practice Enhanced Precautions travel notice for EVD in the DRC.

(+) represent the change in number from the previous AFHSB Surveillance Summary of 15 FEB 2019.
Ebola Virus Disease Outbreak in Northeastern Democratic Republic of the Congo*

Confirmed and Probable Case Counts
- ≤5
- 6-14
- 15-52
- ≥53

+ Ebola Treatment Unit
○ Mobile Lab
□ Hospital

Sources: CDC, DRC MOH, USG, WHO AFRO
*Data as of 19 FEB 2019
**Items in (+XX) represent the change in number from 15 FEB 2019
Not Featured: Goma Ebola Treatment Unit and Mobile Lab, located in Southern North Kivu Province

For information or assistance requests, contact AFHSB/IB at:
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