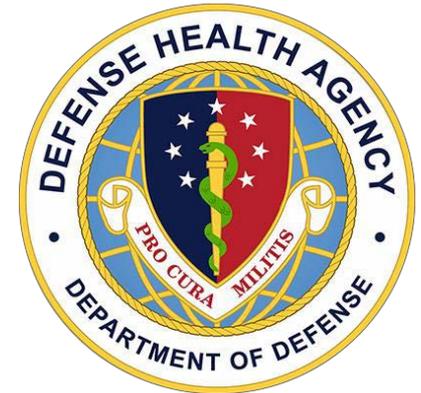


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
June 28, 2019



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NIPR: dha.ncr.health-surv.list.ib-alert-response@mail.mil*



DEPARTMENT OF DEFENSE (AFHSB/IB)

Northeastern DRC Ebola Surveillance Summary #38

28 JUN 2019



CASE REPORT: From 30 APR 2018 to 26 JUN 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 2,284 (+80) confirmed and probable Ebola virus disease (EVD) cases, including 1,540 (+61) deaths (case fatality proportion 67%), from 22 health zones (HZs) in northeastern DRC (see [Map](#) for a breakdown of cases by province and HZ). The case count includes the three confirmed imported cases reported in Kasese District, Uganda from 10-11 JUN. On 17 JUN, the MOH reclassified the location of these cases from Mabalako HZ to Mutwanga HZ, where they first showed symptoms. During the past 21 days (5 JUN to 25 JUN), Beni, Mabalako, and Mandima HZs have accounted for 64% of the 252 newly confirmed cases. WHO reports that Mabalako and Mandima are the current hotspots; other areas, such as Komada and Masereka, have seen a resurgence of new cases.

On 11 JUN, the Uganda MOH reported one confirmed imported case of EVD in a 5-year-old child in Kasese District, southwestern Uganda. This is the first case reported outside of the DRC since the outbreak was declared on 1 AUG 2018, and the first time Uganda has reported an infection involving the *Zaire* species of *Ebolavirus*. On 1 JUN, the index case and family members attended the funeral of a confirmed EVD case (grandfather) in Mabalako HZ, northeastern DRC. On 10 JUN, the child and five family members entered Uganda and sought care at Kagando Hospital, Kasese District. Healthcare workers (HCWs) transferred the child to the Bwera Ebola Treatment Unit (ETU) as a suspected case, later confirmed on 11 JUN by the Uganda Virus Research Unit. On 12 JUN, two additional cases were confirmed in Uganda in family members of the index case (grandmother and 3-year-old sibling); the index case and grandmother died on 12 JUN. On 13 JUN, a team from the DRC returned five individuals, including the one confirmed case and four suspected cases (mother of the index case, her 6-month-old infant, the father of the index case, and their nanny); the confirmed case died on 13 JUN, shortly after arrival in DRC.

As of 27 JUN, there are no suspected EVD cases in any of Uganda's ETUs (Bwera, Bundibugyo, and Rwebisengo). Two individuals who were unrelated to the confirmed imported cases from 10-11 JUN were discharged from Bwera ETU on 19 JUN after two negative serological tests. The Uganda MOH is monitoring 96 (-4) contacts of the confirmed cases as of 27 JUN and 17 additional contacts have completed 21 days of monitoring. The MOH has recognized the need to identify and staff screening points at undesignated border crossing points, as the imported cases from DRC entered Uganda through an unguarded border crossing. As of 27 JUN, no additional confirmed cases have been reported in Uganda or surrounding countries.

(FOUO) BACKGROUND: Persistent insecurity, population density, mobility, and community resistance are compounding factors in this outbreak. The MOH reported on 24 JUN that two response teams were attacked by community members in Beni, resulting in two responders and two policemen being injured and a response vehicle burned. As a result, response activities in Beni were suspended on 24-25 JUN. On 18 JUN, [media sources](#) reported that the United Nations estimates more than 300,000 people have fled large-scale clashes between two ethnic groups, the Hema and Lendu, in areas of Ituri Province bordering Uganda and South Sudan, which further threatens outbreak control efforts. WHO continues to assess the risk of EVD spread at the national and regional levels as very high and the global risk as low. On 14 JUN, the [WHO Emergency Committee \(EC\)](#) determined that the EVD outbreak in DRC does not currently constitute a Public Health Emergency of International Concern (PHEIC). On 19 JUN, the WHO Director-General reported the outbreak could only end if there was political cooperation and community ownership of the response in affected areas. He emphasized that there is a 54 million USD shortfall in funding for response activities, which if not immediately addressed will leave WHO unable to sustain its response at the current level. The DRC outbreak currently is the second largest EVD outbreak ever recorded, following the 2014-2016 outbreak in West Africa (28,610 cases, 11,308 deaths).

(+xx) represent the change in number from 21 JUN 2019.

All information has been verified unless noted otherwise.

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MEDICAL COUNTERMEASURES & DIAGNOSTICS: There have been 125 (+6) EVD cases (40 (+1) deaths) among healthcare workers (HCWs) as of 25 JUN. From 8 AUG 2018 to 26 JUN 2019, 142,867 (+5,551) individuals in the DRC have been vaccinated with the Merck investigational EVD vaccine rVSV-ZEBOV. This is the only vaccine currently used in the outbreak. A preliminary analysis released by [WHO](#) and the DRC MOH estimates the efficacy of rVSV-ZEBOV to be 97.5% among individuals with symptom onset >10 days post-vaccination.

As of 13 JUN, Uganda has vaccinated at least 4,900 HCWs and frontline workers (FLWs) in 165 health facilities, including Kagando Hospital and the Bwera ETU, where the recently confirmed imported cases were treated. As of 27 JUN, the Uganda MOH has vaccinated 1,275 (+819) contacts of the recently confirmed cases in Kasese and other unvaccinated FLWs. Vaccination of HCWs and FLWs continues in Rwanda and South Sudan. Burundi continues to prepare for vaccination of select HCWs/FLWs, but is the only priority country to have not begun vaccinations. On 14 JUN, [media](#) reported the WHO Director-General welcomed news from vaccine manufacturer Merck, owner of the investigational vaccine rVSV-ZEBOV, that it would use a U.S.-based manufacturing plant to produce 450,000 doses for use in the DRC. It will take almost a year to produce the additional doses.

On 17 JUN, the Ugandan Government approved the use of investigational EVD therapeutics Zmapp, REGN-3, and Remdesivir, currently used in the DRC outbreak, for the treatment of future cases. WHO is working with Médecins Sans Frontières to expedite importation of the therapeutics. As of 27 JUN, recruitment continues in the DRC for a randomized controlled trial of four investigational EVD therapeutics (mAb114, REGN-3, Remdesivir, and Zmapp); the RCT began enrollment on 26 NOV 2018. On 31 MAY, WHO released [standard operating procedures](#) for the clinical management of adults and children with EVD.

(FOUO) ETUs are operational in Beni, Bunia, Butembo, Goma, Katwa, Kayna, Komanda, Mandima, and Oicha HZs in DRC, and seven laboratories with EVD diagnostic capabilities are operational in Beni, Bunia, Butembo, Goma, Katwa, Komanda, and Mandima. Additionally, the Institut National de Recherche Biomédicale in Kinshasa and the laboratory in Katwa have whole-genome sequencing capabilities. In preparation for potential imported cases from DRC, Uganda had established ETUs at Bundibugyo General Hospital, Bwera Hospital in Kasese, and Rwebisengo Health Center in Ntoroko District, and another ETU is under construction at Naguru Friendship Hospital in Kampala. These are fully equipped and on standby to manage any alert, suspected, or confirmed cases.

TRAVEL ADVISORIES: On 9 APR, the U.S. Department of State (DoS) updated its [Level 3: Reconsider Travel](#) alert for the DRC. The DoS has identified Eastern DRC and North Kivu and Ituri provinces as “Do Not Travel” zones due to armed group activity, military operations, and the ongoing EVD outbreak. On 17 MAY, CDC updated its [Alert – Level 2, Practice Enhanced Precautions](#) travel notice for EVD in the DRC.

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Ebola Virus Disease Outbreak in Northeastern Democratic Republic of the Congo*



Confirmed and Probable Case Counts

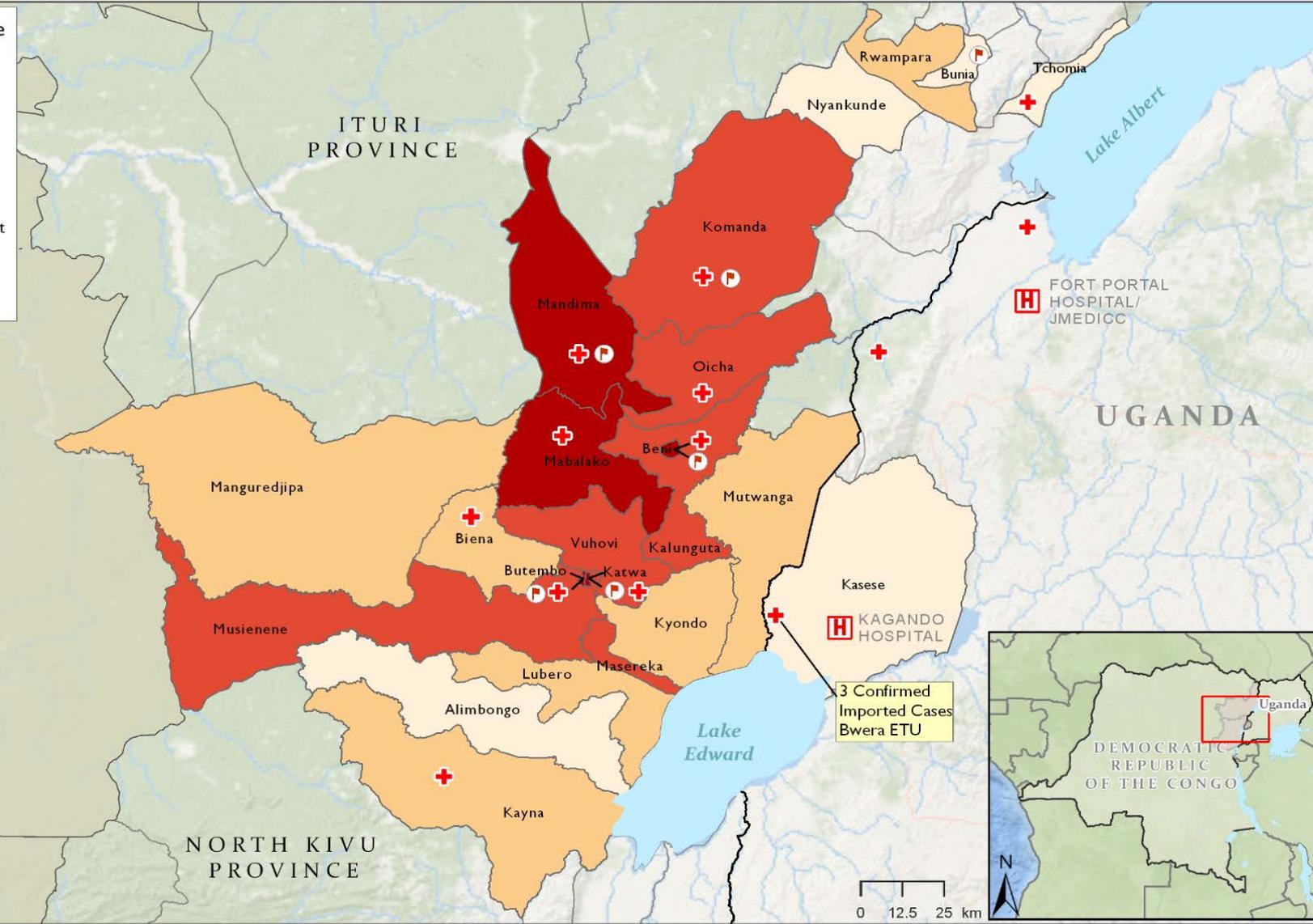
- 1-7
- 8-34
- 35-146
- 147-619

+ Ebola Treatment Unit

H Hospital

P Mobile Lab

Province	Health Zone	Confirmed & Probable Cases
Ituri	Bunia	4 (+2)
	Komanda	39 (+1)
	Mandima	175 (+7)
	Nyankunde	1
	Rwampara	8 (+2)
	Tchomia	2
North Kivu	Alimbongo	2
	Beni	372 (+25)
	Biena	13 (+1)
	Butembo	246 (+3)
	Kalunguta	135 (+1)
	Katwa	619 (+1)
	Kayna	8
	Kyondo	24 (+1)
	Lubero	24 (+10)
	Mabalako	329 (+18)
	Manguredjipa	17 (+2)
	Masereka	45 (+1)
	Musienene	72 (+3)
	Mutwanga	8
Oicha	42 (+1)	
Vuhovi	99 (+1)	
Total	2,284 (+80)	



*Data as of 26 JUN 2019

Items in (+xx) represent the change in number from 21 JUN 2019
 Not Pictured: Goma Ebola Treatment Unit and Mobile Lab, located in Southern North Kivu Province
 Sources: CDC, DRC MOH, USG, WHO AFRO

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