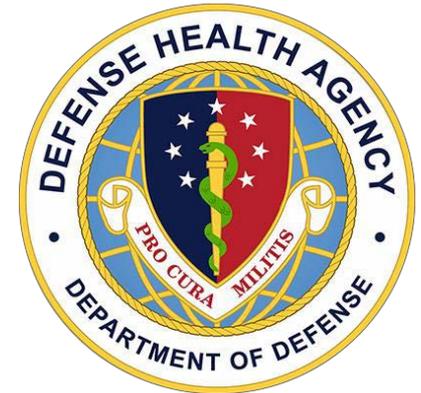


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
July 19, 2019



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*For information or assistance requests, contact AFHSB/IB at:
NIPR: dha.ncr.health-surv.list.ib-alert-response@mail.mil*



DEPARTMENT OF DEFENSE (AFHSB/IB)

Northeastern DRC Ebola Surveillance Summary #40

19 JUL 2019



CASE REPORT: From 30 APR 2018 to 17 JUL 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 2,532 (+81) confirmed and probable Ebola virus disease (EVD) cases, including 1,705 (+58) deaths (case fatality proportion 67%), from 25 (+1, Goma) health zones (HZs) in northeastern DRC (see [Map](#) for a breakdown of cases by province and HZ). The case count includes three confirmed cases that were imported from DRC to Kasese District, Uganda in early JUN 2019. During the past 21 days (26 JUN-16 JUL), Beni and Mabalako HZs have been the outbreak hotspots, accounting for 65% of the 245 newly confirmed cases. On 14 JUL, the MOH reported a case of EVD in a pastor who developed symptoms while in Butembo HZ before traveling by bus 125 miles south to Goma. He presented to a health center and was immediately transferred to an Ebola Treatment Unit (ETU), where he was confirmed to be positive for EVD. According to media reports, he died on 15 JUL during transport to Butembo for treatment. The MOH has emphasized that the risk of transmission from this case in Goma is low; as of 15 JUL, 77 of the 97 case contacts have been vaccinated. Prior to the identification of the case, 3,000 healthcare workers (HCWs) in Goma had been vaccinated as part of preparedness efforts. The MOH plans to conduct enhanced screening and contact tracing at a pastoral convention in Goma, being held from 12-19 JUL.

On 17 JUL, the Uganda [MOH](#) reported a fatal case of EVD in a DRC woman working as a fish trader at a market in Mpondwe, a border town in Kasese District, Uganda. On 11 JUL, she worked at the market while symptomatic, vomiting multiple times in a food vending area. On 12 JUL, she returned to Beni HZ, where she was admitted to the ETU the next day. She tested positive for EVD while hospitalized, and died on 15 JUL. The Uganda MOH dispatched a response team to Mpondwe, to identify, vaccinate, and follow up on contacts of the trader, with assistance from the WHO and DRC MOH colleagues. According to media reports the woman may have also visited Gisenyi, a town in western Rwanda, and Goma while infected; however, this has not been confirmed. The MOH has recognized the need to identify and staff screening points at undesignated border crossing points, as the imported cases from DRC in June entered Uganda through an unguarded border crossing, as did the fish trader from Beni HZ. As of 18 JUL, no additional confirmed cases have been reported in Uganda or surrounding countries, and there has been no local transmission reported in Goma HZ.

BACKGROUND: On 17 JUL, following the fourth meeting of the Emergency Committee regarding the outbreak of EVD in the DRC, the Director General of WHO [declared](#) that the outbreak constituted a Public Health Emergency of International Concern (PHEIC) due to the outbreak's geographic expansion in recent months; however, WHO asserts that no country should close its border or place any restrictions on travel or trade. Persistent insecurity, population density, mobility, and community resistance are compounding factors in this outbreak. WHO continues to assess the risk of EVD spread at the national and regional levels as very high and the global risk as low. Goma, a city of two million people, is a major commercial hub on DRC's border with Rwanda, with transport links, including an international airport, to the wider region. On 15 JUL, in response to the EVD case in Goma, the Rwandan [MOH](#) stated that it was increasing surveillance at ports of entry and within communities, and urged its citizens to avoid travel to DRC, and to report suspected EVD cases to authorities. On 2 JUL, the [U.S. Embassy in Kinshasa, DRC](#), reported that the U.S. will provide USD \$98M towards outbreak response. The DRC outbreak 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 12 JUL 2019.

All information has been verified unless noted otherwise.

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MEDICAL COUNTERMEASURES & DIAGNOSTICS: There have been 136 (+5) EVD cases (41 deaths) among (HCWs) as of 16 JUL. From 8 AUG 2018 to 16 JUL 2019, 164,757 (+7,906) 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. On 15 JUL, after convening a 28-29 JUN meeting with EVD vaccine producers and vaccination experts in Kinshasa, the DRC Minister of Health [announced](#) that he had decided not to allow a second investigational vaccine to be used during the current outbreak, citing concern over a lack of scientific evidence of the safety and efficacy of other vaccines, as well as wanting to avoid causing confusion among citizens. On 7 MAY the WHO [Strategic Advisory Group of Experts \(SAGE\)](#) on immunizations had recommended offering a second investigational EVD vaccine to case contacts deemed to be at low-risk for infection.

As of 9 JUL, 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 imported EVD cases from DRC were treated. As of 18 JUL, the Uganda MOH has vaccinated 3,051 (+1,544) contacts of the confirmed imported 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.

As of 18 JUL, 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 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.

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 INRB 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. Uganda's ETUs are fully equipped and on standby to manage any alert, suspected, or confirmed cases. Per the Rwanda MOH, the country is equipped with an ETU built in the Ribavu District of western Rwanda, near the DRC border.

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 15 JUL, the U.S. Embassy in Kinshasa issued a [Health Alert](#) for the DRC. On 15 JUL, 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*

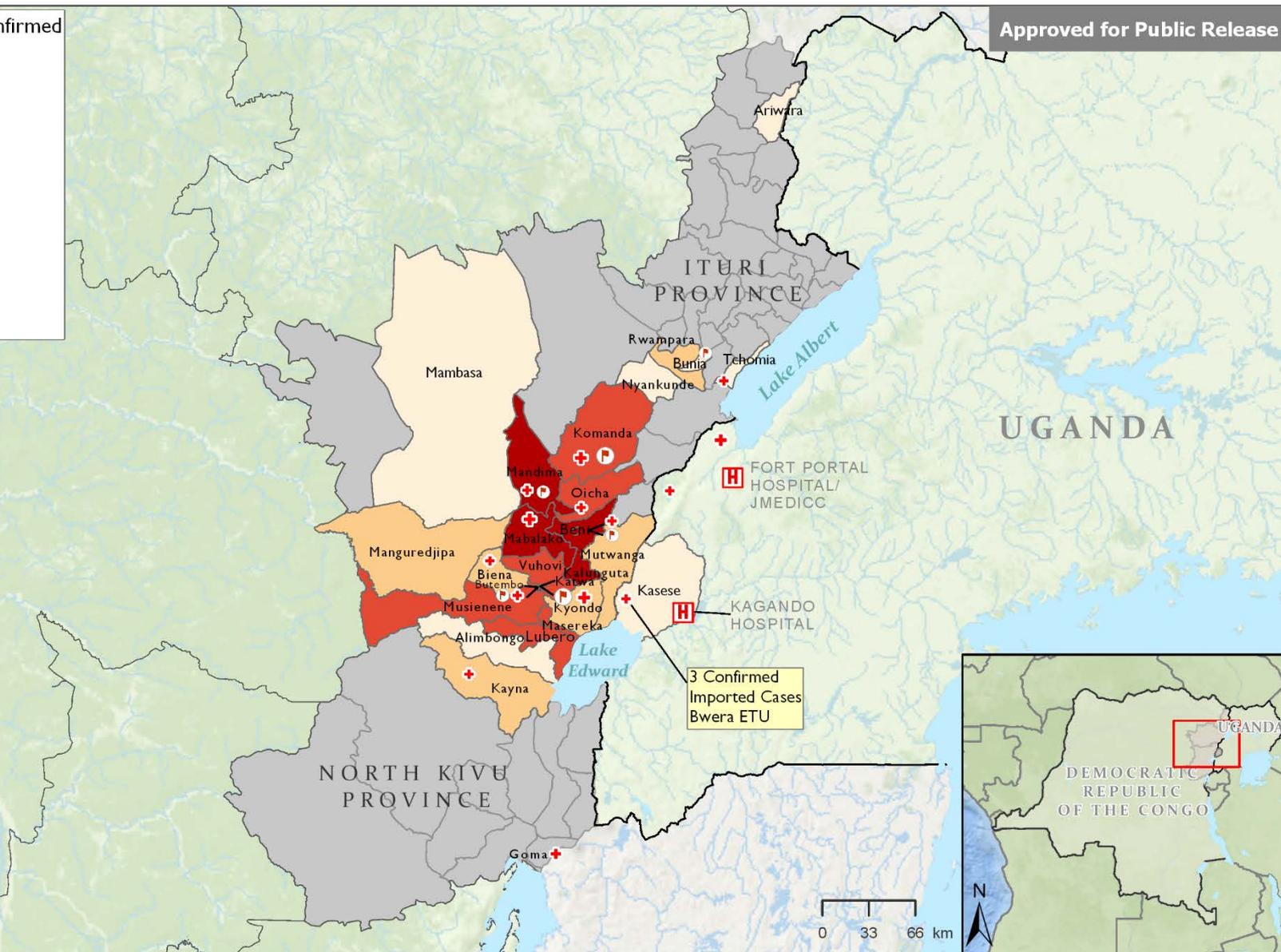


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Cumulative Number of Confirmed and Probable Cases

- 0
- 1-6
- 7-27
- 28-131
- 132-637
- + Ebola Treatment Unit
- H Hospital
- Mobile Lab

Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara	1
	Bunia	4
	Komanda	41 (+1)
	Mambasa	1
	Mandima	187 (+6)
	Nyankunde	1
	Rwampara	8
Tchomia	2	
North Kivu	Alimbongo	4 (+1)
	Beni	494 (+42)
	Biema	16
	Butembo	257 (+3)
	Goma	1
	Kalunguta	143 (+1)
	Katwa	637 (+9)
	Kayna	9
	Kyondo	24
	Lubero	30
	Mabalako	365 (+9)
	Manguredjipa	20 (+2)
	Masereka	53
	Musienene	72
Mutwanga	12 (+2)	
Oicha	45 (+2)	
Vuhovi	105 (+2)	
Total	2,532 (+81)	



*Data as of 17 JUL 2019
 Items in (+xx) represent the change in number from 12 JUL 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO