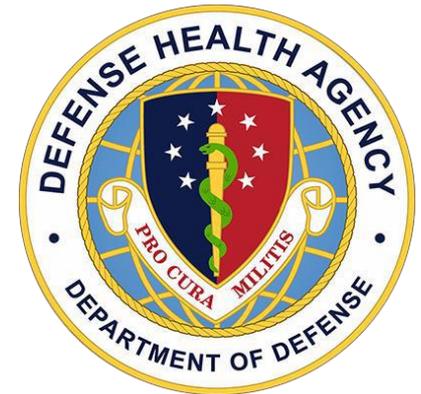


Department of Defense  
Armed Forces Health Surveillance Branch  
Integrated Biosurveillance Section  
Northeastern DRC Ebola Surveillance Summary  
July 26, 2019



**APPROVED FOR PUBLIC RELEASE**

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



# DEPARTMENT OF DEFENSE (AFHSB/IB)

## Northeastern DRC Ebola Surveillance Summary #41

### 26 JUL 2019



**CASE REPORT:** From 30 APR 2018 to 25 JUL 2019, [WHO](#) has reported 2,630 (+98) confirmed and probable Ebola virus disease (EVD) cases, including 1,762 (+57) deaths (case fatality proportion 67%), from 25 health zones (HZs) in northeastern Democratic Republic of the Congo (DRC) (see [Map](#) for a breakdown of cases by province and HZ). The case count includes three confirmed cases imported from the DRC to Kasese District, Uganda in JUN 2019. From 5-25 JUL (one maximum EVD incubation period), 17 out of the 25 affected HZs have reported newly confirmed cases, with Beni, Mabalako, and Mandima reporting the majority (74%) of the 238 cases.

On 17 JUL, the [Uganda Ministry of Health \(MOH\)](#) 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 via an informal border crossing, and was admitted to the Beni Ebola Treatment Unit (ETU) on 13 JUL, where she tested positive for EVD and subsequently died on 15 JUL. A response team has been dispatched to Mpondwe to identify, vaccinate, and follow up with contacts of the trader. 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 of 25 JUL, no local EVD transmission has been reported in countries outside of the DRC or in Goma HZ, southeastern DRC.

**BACKGROUND:** On 22 JUL, DRC's Minister of Health, Dr. Oly Ilunga Kalenga, [resigned](#) following DRC President Félix Tshisekedi's 18 JUL decision to remove him as head of the country's EVD response in favor of Dr. Jean-Jacques Muyembe-Tamfum, the Director-General of DRC's Institut National de Recherche Biomédicale (INRB). In his resignation letter, Dr. Kalenga noted there had been pressure from unnamed "actors" to use a second investigational EVD vaccine manufactured by Johnson & Johnson, and alluded to a lack of transparency by proponents of using the vaccine. Dr. Kalenga had served as the Minister of Health since JAN 2017. In [media reports](#), Dr. Muyembe-Tamfum has been quoted as stating that he will be able to bring the outbreak under control by the end of 2019, and cited a lack of community engagement due to ongoing armed conflict as the bottleneck of response efforts. On 17 JUL, following the fourth meeting of the Emergency Committee regarding the ongoing outbreak, the [WHO Director-General](#) declared that the outbreak constituted a Public Health Emergency of International Concern 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. Since 18 JUL, the MOH has been conducting 24/7 screening of travelers passing through the Goma International Airport. On 15 JUL, in response to the EVD case in Goma, the [Rwandan MOH](#) stated that it would increase surveillance at ports of entry and within communities, and urged its citizens to avoid travel to the DRC. On 3 JUL, the [U.S. Embassy in Kinshasa](#), DRC, reported that the U.S. is providing more than USD \$98M towards outbreak response efforts. On 24 JUL, the [U.S. Embassy in Kinshasa](#), DRC, reported that the U.S. is providing an additional USD \$38M through the U.S. Agency for International Development to assist in ending the outbreak.

**MEDICAL COUNTERMEASURES & DIAGNOSTICS:** From 8 AUG 2018 to 23 JUL 2019, 173,671 (+8,914) individuals in the DRC have been vaccinated with rVSV-ZEBOV. A preliminary analysis released by [WHO](#) and the DRC MOH estimates the efficacy of the vaccine 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 former Minister of Health, Dr. Kalenga, [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. On 7 MAY the WHO [Strategic Advisory Group of Experts \(SAGE\)](#) on immunization had recommended offering a second investigational EVD vaccine to case contacts deemed to be at low-risk for infection. Additionally, WHO SAGE recommends the use of fractional dosing to third level of contacts.

(+xx) represent the change in number from 19 JUL 2019.

All information has been verified unless noted otherwise.

For information or assistance requests, contact AFHSB/IB at: [dha.ncr.health-surv.list.ib-alert-response@mail.mil](mailto:dha.ncr.health-surv.list.ib-alert-response@mail.mil)

APPROVED FOR PUBLIC RELEASE



# DEPARTMENT OF DEFENSE (AFHSB/IB)

## Northeastern DRC Ebola Surveillance Summary #41

### 26 JUL 2019



**MEDICAL COUNTERMEASURES & DIAGNOSTICS (CON'T):** As of 9 JUL, Uganda has vaccinated at least 4,900 healthcare workers (HCWs) and frontline workers (FLWs) in 165 health facilities, including Kagando Hospital and the Bwera ETU, where the imported cases from the DRC were treated. As of 18 JUL, the Uganda MOH has vaccinated 3,051 contacts of the imported cases in Kasese and other unvaccinated FLWs. The Rwanda MOH reports that 3,000 HCWs and FLWs have been vaccinated in high risk areas as of 15 JUL. South Sudan has vaccinated 2,554 FLWs as of 18 JUL. Burundi continues to prepare for vaccination of select HCWs/FLWs, but is the only priority country to have not begun vaccinations. 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; mAb114 is also under consideration, but has not yet been approved.

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. A new ETU in Nyiragongo HZ, north of Goma, is under construction by Médecins Sans Frontières. 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. Per the Rwanda MOH, the country is equipped with an ETU in Ribavu District, 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.

**(+xx) represent the change in number from 19 JUL 2019.**

All information has been verified unless noted otherwise.

For information or assistance requests, contact AFHSB/IB at: [dha.ncr.health-surv.list.ib-alert-response@mail.mil](mailto:dha.ncr.health-surv.list.ib-alert-response@mail.mil)

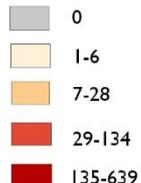
APPROVED FOR PUBLIC RELEASE

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



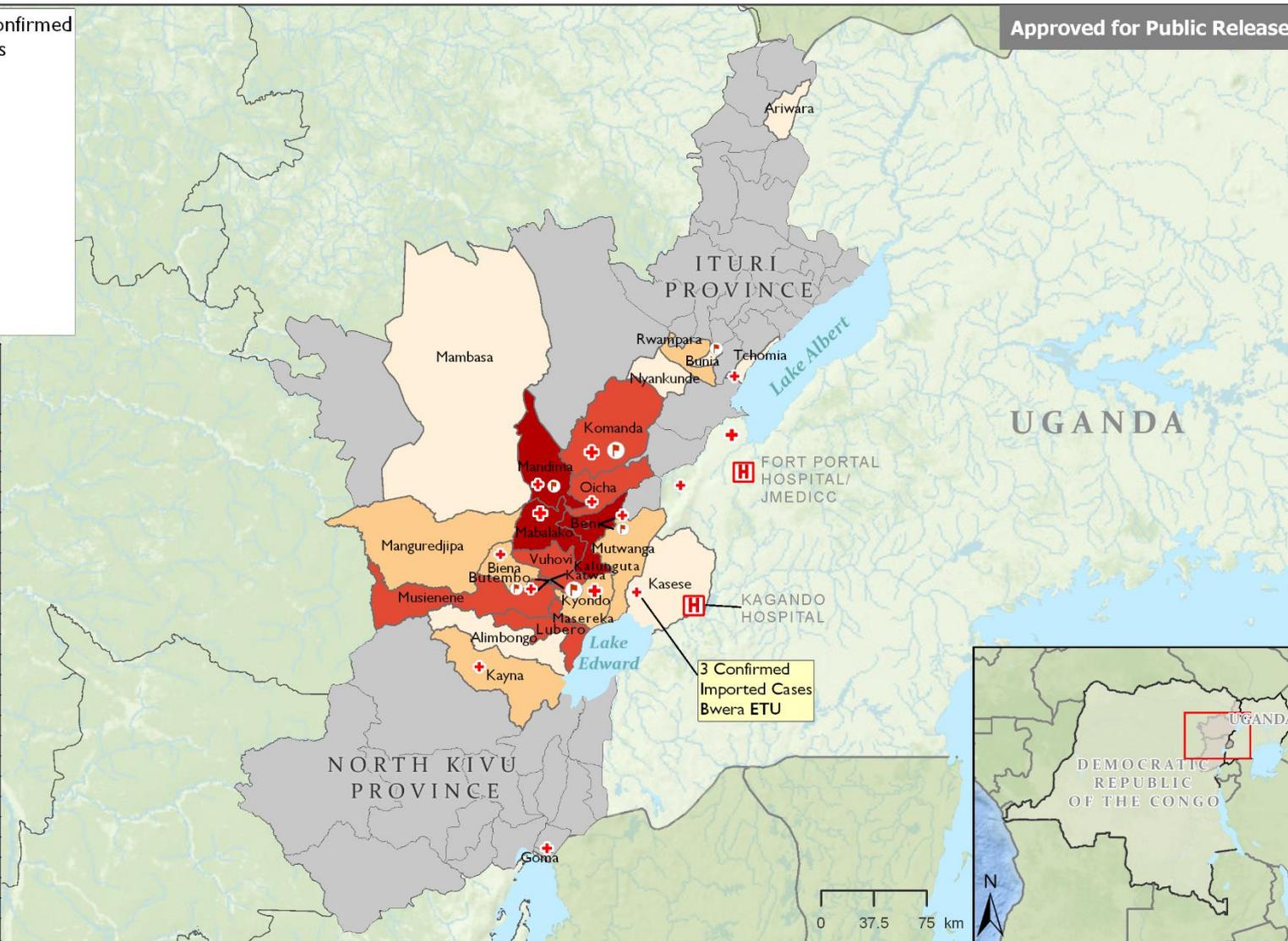
Approved for Public Release

Cumulative Number of Confirmed and Probable Cases



- Ebola Treatment Unit
- Hospital
- Mobile Lab

Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara	1
	Bunia	4
	Komanda	42 (+1)
	Mambasa	3 (+2)
	Mandima	204 (+17)
	Nyankunde	1
	Rwampara	8
	Tchomia	2
	Alimbongo	4
	North Kivu	Beni
Biena		16
Butembo		259 (+2)
Goma		1
Kalunguta		146 (+3)
Katwa		639 (+2)
Kayna		10 (+1)
Kyondo		24
Lubero		33 (+3)
Mabalako		369 (+4)
Manguredjipa		20
Masereka		54 (+1)
Musienene		72
Mutwanga		13 (+1)
Oicha		50 (+5)
Vuhovi	107 (+2)	
<b>Total</b>		<b>2,630 (+98)</b>



\*Data as of 25 JUL 2019

Items in (+xx) represent the change in number from 19 JUL 2019

Sources: CDC, DRC MOH, USG, WHO AFRO