



DEPARTMENT OF DEFENSE
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary #42
2 AUG 2019



BLUF:

- On 30 JUL, Democratic Republic of the Congo (DRC) health officials announced a second case of Ebola virus disease (EVD) in Goma Health Zone (HZ), in a 46-year-old male who returned home to the HZ on 13 JUL after traveling from Bunia, approximately 347 miles north of Goma, and passing through several EVD affected HZs. The case developed symptoms on 22 JUL, was isolated at an Ebola Treatment Unit on 30 JUL, and died on 31 JUL. Goma reported its first EVD case on 14 JUL, in a pastor who likely acquired the disease in Butembo HZ. Initial investigations have not found a link between the two cases.
- On 1 AUG, media sources quoting health officials reported two additional confirmed cases in Goma, in the wife and one-year-old daughter of the second case. Goma has a population of two million people and borders Rwanda.
- As of 1 AUG, no local EVD transmission has been reported in countries outside of the DRC.
- From 8-28 JUL (one maximum EVD incubation period), 17 out of the 26 affected HZs in DRC reported newly confirmed cases, with Beni and Mandima HZs reporting the majority (69%) of the 253 cases.

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CASE REPORT: From 30 APR 2018 to 31 JUL 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 2,713 (+83) confirmed and probable Ebola virus disease (EVD) cases, including 1,823 (+61) deaths (case fatality proportion 67%), from 26 (+1, Nyiragongo) health zones (HZs) in Ituri and North Kivu provinces, 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 8-28 JUL (one maximum EVD incubation period), 17 out of the 26 affected HZs reported newly confirmed cases, with Beni and Mandima HZs reporting the majority (69%) of the 253 cases. As of 1 AUG, no local EVD transmission has been reported in countries outside of the DRC.

On 30 JUL, DRC health officials announced a second case of EVD in Goma HZ, North Kivu Province, in a 46-year-old male who returned home to Goma on 13 JUL. Over the course of multiple days, the case travelled by motor taxis from Bunia HZ, located approximately 347 miles north of Goma in Ituri Province, and passed through several other EVD affected HZs. The case was asymptomatic when he arrived in Goma and developed symptoms on 22 JUL. He was isolated at the Goma Ebola Treatment Unit (ETU) on 30 JUL, where he was confirmed to be positive for EVD, and died on 31 JUL. As of 1 AUG, 151 contacts of this case have been identified, of which 118 have been vaccinated. Goma reported its first case of EVD on 14 JUL, in a pastor who became symptomatic while in Butembo and traveled 125 miles south to Goma; he died on 15 JUL. Initial investigations have not found a link between the first two cases in Goma.

On 1 AUG, the DRC MOH reported two additional confirmed cases in Goma, in the spouse and one-year-old daughter of the second case; the spouse has not yet been added to the MOH's case count. The DRC MOH has reclassified the 46-year-old male and his one-year-old daughter to Nyiragongo HZ, where the case sought treatment before admission to the Goma ETU. 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. Additionally, the MOH reported that one relative of the second case (sister) who had fled to South Kivu Province had been identified in Muti Muresa HZ, although her disease status is unclear. As of 1 AUG, 40 contacts of this individual have been vaccinated.

BACKGROUND: On 1 AUG, [WHO](#) issued a statement on the one-year anniversary of the EVD outbreak in DRC, summarizing response efforts and challenges in controlling the outbreak. 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). 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, the [Director-General of WHO](#) declared that the EVD outbreak in the DRC constitutes a Public Health Emergency of International Concern due to the outbreak's geographic expansion in recent months; however, WHO asserted that no country should close its borders 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. On 1 AUG, multiple newspapers alleged that Rwanda had closed its border crossings in Gisenyi, along the border with Goma in DRC, after a third EVD case was reported in Goma; the border was reportedly reopened around mid-day. The Rwanda MOH denied the initial claims via social media, and issued a press release after the border was reported to have reopened in which it stated that the Gisenyi/Goma border had not been closed, but there had been a slowdown in traffic as screening procedures were reinforced at entry points. On 26 JUL, the Kingdom of Saudi Arabia announced that it would not issue visas to DRC citizens seeking to participate in the 2019 Hajj pilgrimage in Mecca, which will be held from 8-14 AUG.

(+xx) represent the change in number from 26 JUL 2019.

All information has been verified unless noted otherwise.

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MEDICAL COUNTERMEASURES & DIAGNOSTICS: There have been 149 (+8) EVD cases (41 deaths) among healthcare workers (HCWs) as of 31 JUL. From 8 AUG 2018 to 31 JUL 2019, 181,389 (+7,718) individuals in the DRC have been vaccinated with rVSV-ZEBOV, the only vaccine that has been used during the current outbreak. 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. From 7 SEP 2018 to 1 AUG 2019, Uganda has vaccinated at least 7,000 (+2,100) HCWs and frontline workers (FLWs) in at least 165 health facilities, including 3,175 (+124) contacts of the imported cases in Kasese. The Rwanda MOH reports that 2,874 HCWs and FLWs have been vaccinated in high risk areas as of 15 JUL. South Sudan has vaccinated 2,973 (+419) FLWs as of 25 JUL. Burundi continues to prepare for vaccination of select HCWs/FLWs, but is the only priority country to have not begun vaccinations. CDC reports that 3,000 doses have been reserved for Burundi, with least 4,000 HCWs/FLWs to be vaccinated using a half dose (0.5 mL) during AUG.

As of 1 AUG, recruitment continues in the DRC for a randomized controlled trial of four investigational EVD therapeutics (mAb114, REGN-3, Remdesivir, and Zmapp). From 26 NOV 2018 to 31 JUL 2019, 631 (+43) patients have been enrolled at the Beni (312 (+25)), Butembo (230 (+6)), Katwa (43 (+4)), and Mangina (46 (+8)) ETUs. As of 1 AUG, the target enrollment size for the RCT has been increased from 725 to 750 participants. On 17 JUN, the Ugandan Government approved the use of 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, Butembo, Goma, Katwa, Komanda, and Mangina (Mabalako) in DRC, and there are transit centers in Beni, Bunia, Katwa, Kayna, Bwanasura (Komanda), and Oicha. 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 has 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 31 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*

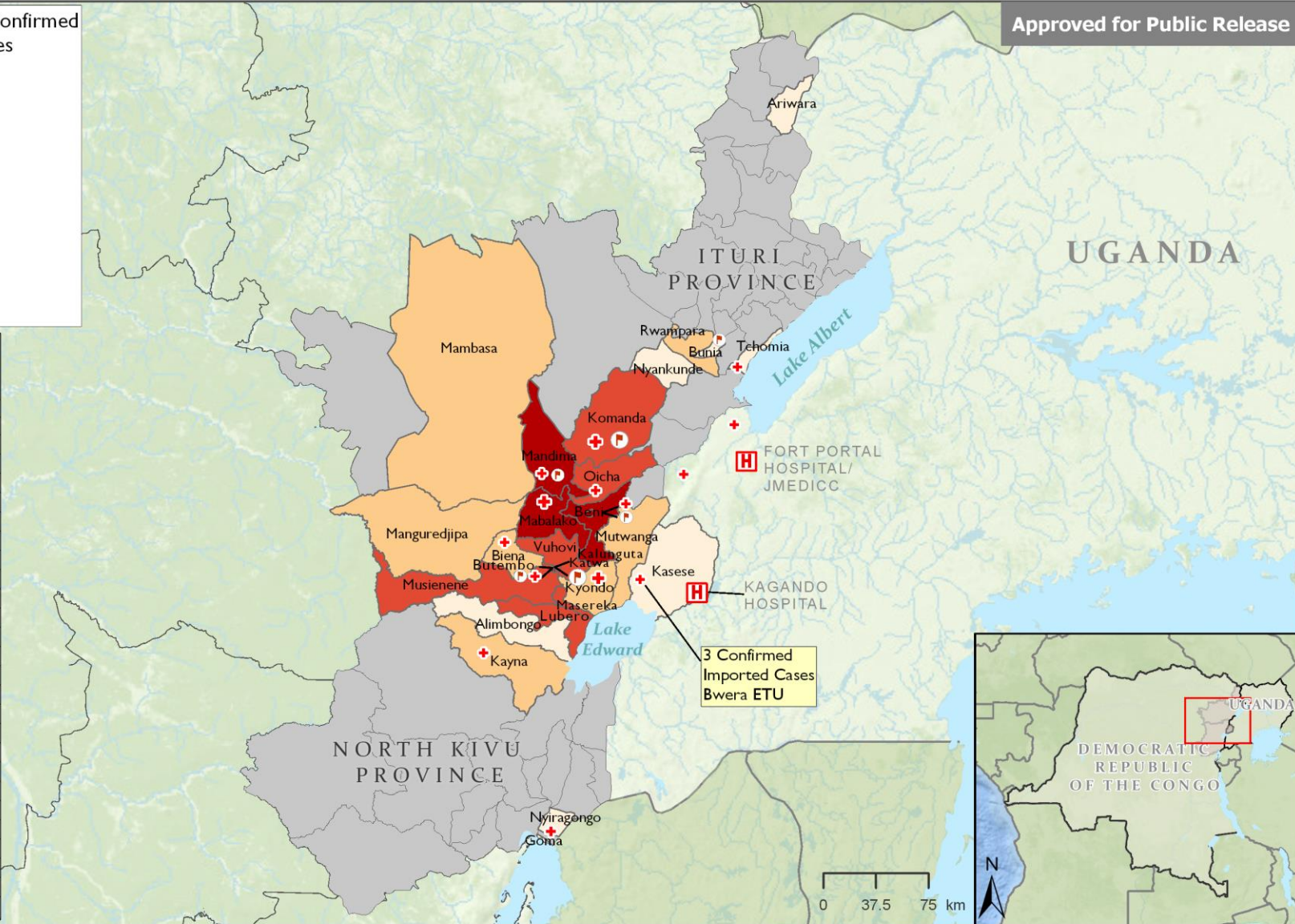


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Cumulative Number of Confirmed and Probable Cases

- 0
- 1-5
- 6-28
- 29-134
- 135-640
- + Ebola Treatment Unit
- H Hospital
- Mobile Lab

Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara	1
	Bunia	4
	Komanda	45 (+3)
	Mambasa	6 (+3)
	Mandima	220 (+16)
	Nyankunde	1
	Rwampara	8
North Kivu	Tchomia	2
	Alimbongo	5 (+1)
	Beni	590 (+42)
	Biena	17 (+1)
	Butembo	258
	Goma	1
	Kalunguta	147 (+1)
	Katwa	640 (+1)
	Kayna	9
	Kyondo	22
	Lubero	33
	Mabalako	380 (+11)
	Manguredjipa	18
	Masereka	54
	Musienene	74 (+2)
Mutwanga	15 (+2)	
Nyiragongo	2	
Oicha	50	
Vuhovi	111 (+4)	
Total	2,713 (+83)	



*Data as of 31 JUL 2019
 Items in (+xx) represent the change in number from 26 JUL 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO