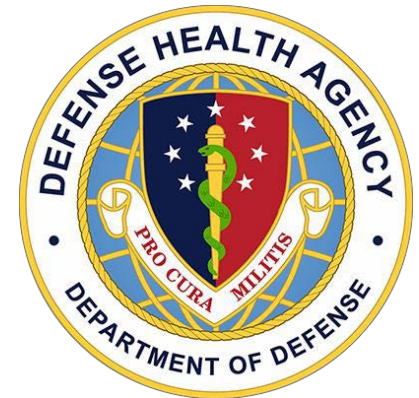


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
August 30, 2019



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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 #46

30 AUG 2019



CASE REPORT: From 30 APR 2018 to 29 AUG 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,016 (+74) confirmed and probable Ebola virus disease (EVD) cases, including 2,006 (+41) deaths (case fatality proportion 67%), from 29 health zones (HZs) in Ituri, North Kivu, and South Kivu provinces (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. There have been 156 (+2) EVD cases (43 deaths) among healthcare workers (HCWs) as of 27 AUG. WHO analysis showed that HCWs in smaller clinics are most at risk of acquiring EVD. From 5 AUG-25 AUG, the outbreak remained widespread, with 18 out of the 29 affected HZs reporting newly confirmed cases. Beni, Kalunguta, and Mandima HZs are the main outbreak hotspots, accounting for 53% of the 201 cases reported during this period.

On 29 AUG, the Uganda MOH reported one laboratory confirmed imported EVD case in Bwera, Kasese District. The case is a nine-year-old Congolese female traveling with her mother, who was detected during screening at the border and transferred to the Bwera Ebola Treatment Unit (ETU) on 28 AUG. A blood sample taken from the case was confirmed positive at the Uganda Virus Research Institute on 29 AUG. On 27 AUG, WHO reported that Nyiragongo HZ, which includes the suburbs of Goma City, had completed 21 days without the detection of additional cases. All contacts of the three imported cases (first reported on 30 JUL and 1 AUG) have completed their 21-day monitoring periods without symptoms.

On 16 AUG, WHO announced the first three EVD cases in Mwenga HZ, South Kivu Province, which is located approximately 220 miles south of Goma HZ in North Kivu Province and borders Rwanda and Burundi. The cases include a 24-year-old female and her seven-month-old male child, and a patient who stayed in the same health facility where the first two cases had initially sought care. The fourth case is the father of the seven-month-old child. The 24-year-old female was a high-risk contact of an EVD case in Beni HZ. She received the investigational Merck vaccine rVSV-ZEBOV, although the date of vaccination is unknown. From 5-7 AUG, she traveled to Mwenga with her two children, where she died on 13 AUG. Her child is undergoing treatment. A response team has identified 120 case contacts, of which 20 have been vaccinated as of 16 AUG. On 28 AUG, the MOH reported two additional cases in Mwenga HZ. No details were given about the patients, but media sources report that the cases include the 30-year-old male family member of the third case, a 17-month-old male clinic patient. The man reportedly developed symptoms on 23 AUG but refused to visit the ETU, making it necessary for response workers to visit his home to collect a sample, that subsequently tested positive for EVD. The second case is a woman who is also related to one of the three original cases. Her family is reportedly not cooperating with responders. On 18 AUG, WHO reported the first EVD case in Pinga HZ, North Kivu Province, located approximately 95 miles northwest of Goma. Pinga is a remote HZ with limited telecommunications that is controlled by Mai Mai militia. Investigations are ongoing to find the contacts of the case in Pinga, a 70-year-old female with no history of travel or contact with visitors from outbreak areas. The continued identification of cases in previously unaffected areas of the country indicates the ongoing challenges of limiting the geographic expansion of this outbreak.

BACKGROUND: 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 19 AUG, a "ville morte"/general protest took place in Beni, Butembo, and Oicha HZs in response to 7 AUG attacks by armed groups on civilians in Beni HZ. Response activities were halted for the day, resuming on 20 AUG. WHO has noted that such suspensions often result in an increase in cases, and the spread of EVD in new areas in subsequent weeks.

(+xx) represent the change in number from 23 AUG 2019.

All information has been verified unless noted otherwise.

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30 AUG 2019



TRAVEL ADVISORIES: The Department of State 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 8 AUG, CDC updated its [Alert – Level 2, Practice Enhanced Precautions](#) travel notice for EVD in the DRC.

MEDICAL COUNTERMEASURES & DIAGNOSTICS: From 8 AUG 2018 to 27 AUG 2019, 206,774 (+6,640) individuals in the DRC have been vaccinated with rVSV-ZEBOV, the only vaccine that has been used during the 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 11 AUG 2019, Uganda has vaccinated at least 7,000 HCWs and FLWs in at least 165 health facilities. The Rwanda MOH reports that 3,000 HCWs and FLWs have been vaccinated in high risk areas as of 11 AUG, including more than 1,100 in the border city of Gisenyi. South Sudan has vaccinated 2,973 FLWs as of 25 JUL. On 14 AUG, WHO announced that Burundi had started vaccinating FLWs at the Gatumba entry point on Burundi’s western border with the DRC.

On 21 AUG, the [U.S. Department of Health and Human Services \(HHS\)](#) announced it will provide USD \$23 million to the pharmaceutical company Merck to produce additional doses of its investigational EVD vaccine rVSV-ZEBOV over the next year. HHS also provided funding to DoD to transport bulk vaccine materials from Merck’s facilities in Germany to its production facility in PA, where the additional vaccine doses will be produced.

On 12 AUG, a combined [press release](#) from WHO, the U.S. National Institute of Allergy and Infectious Diseases, and DRC’s MOH announced that two investigational drugs used in the ongoing randomized clinical trial (RCT) in the DRC, Regeneron and mAb114, had improved survival rates by as much as 90% and would now be the only experimental therapeutics offered to EVD patients. As a result, patients in the four treatment centers participating in the RCT have now been randomized to receive one of the two drugs. On 2 AUG, a two-year clinical trial of the Janssen Pharmaceuticals investigational EVD vaccine (Ad26.ZEBOV/MVA-BN-Filo®) that will involve 800 HCWs and FLWs began in Mbarara, southwest Uganda. The trial is supported by Médecins Sans Frontières and the London School of Hygiene and Tropical Medicine.

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. 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. According to the Rwanda MOH, the country has an ETU in Rubavu District near the DRC border.

(+xx) represent the change in number from 23 AUG 2019.

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



Approved for Public Release

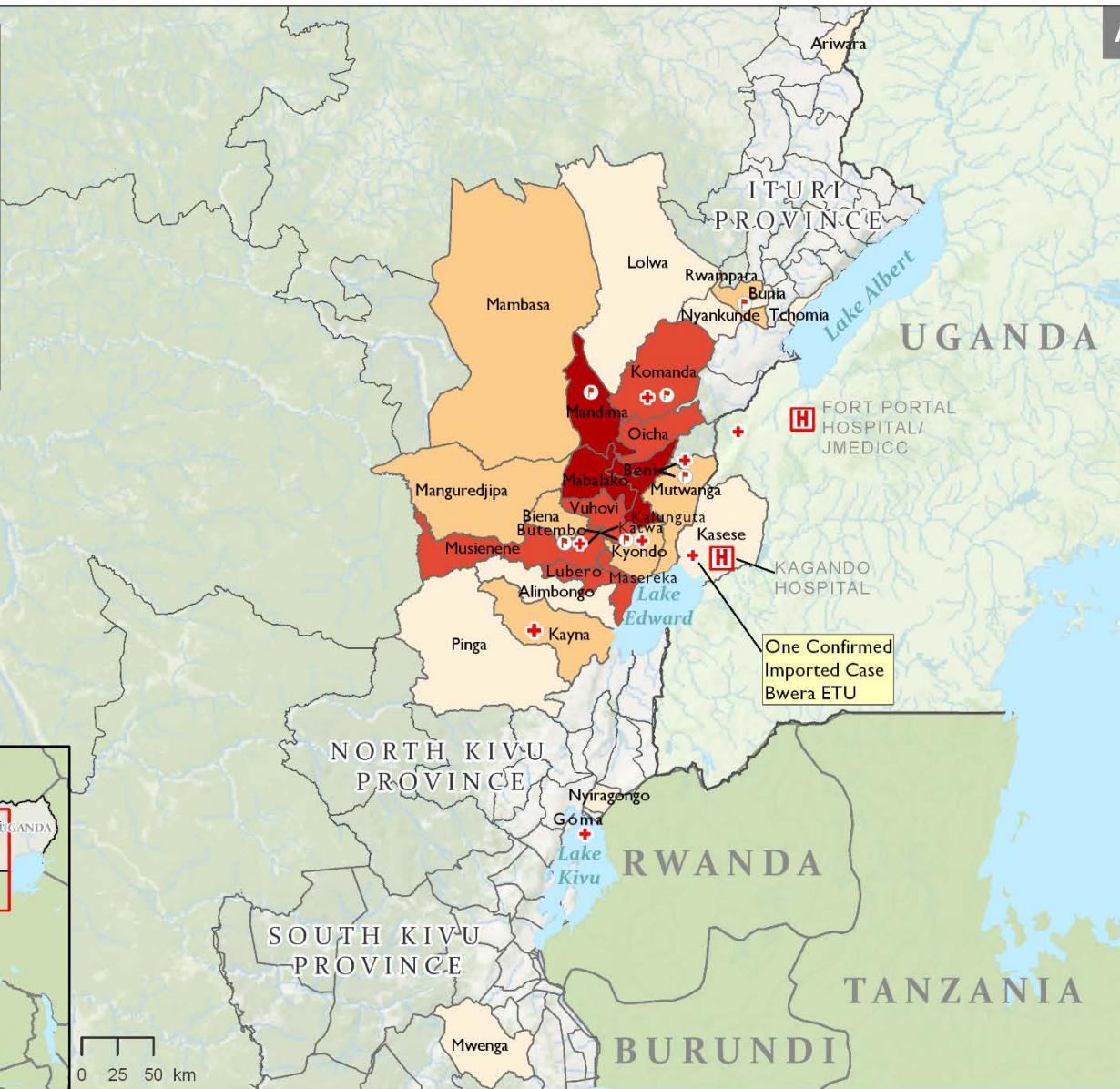
Number of Confirmed & Probable Cases

- 1-6
- 7-32
- 33-148
- 149-669

+ Ebola Treatment Unit

H Hospital

P Mobile Lab



Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara	1
	Bunia	4
	Komanda	51 (+2)
	Lolwa	3 (+1)
	Mambasa	30 (+10)
	Mandima	265 (+4)
	Nyankunde	1
North Kivu	Rwampara	8
	Tchomia	2
	Alimbongo	5
	Beni	669 (+16)
	Biena	17
	Butembo	278 (+2)
	Goma	1
	Kalunguta	177 (+18)
	Katwa	669 (+5)
	Kayna	22 (+2)
	Kyondo	24
	Lubero	33
	Mabalako	388 (+3)
	Manguredjipa	18
Masereka	56	
Musienene	83 (+1)	
Mutwanga	29 (+7)	
Nyiragongo	3	
Oicha	54	
Pinga	1	
Vuhovi	117	
South Kivu	Mwenga	6 (+2)
Total	3,016 (+74)	

One Confirmed Imported Case Bwera ETU



0 25 50 km

*Data as of 29 AUG 2019
 Items in (+xx) represent the change in number from 23 AUG 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO