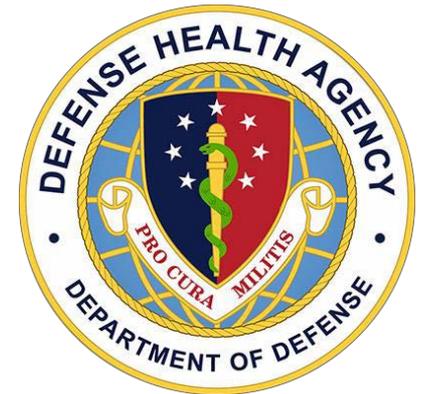


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
September 6, 2019



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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 #47

6 SEP 2019



CASE REPORT: From 30 APR 2018 to 4 SEP 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,054 (+38) confirmed and probable Ebola virus disease (EVD) cases, including 2,050 (+46) 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 four (+1) confirmed cases imported from the DRC to Kasese District, Uganda in JUN and AUG 2019. From 12 AUG to 1 SEP, the outbreak remained widespread, with 17 out of the 29 affected HZs reporting newly confirmed cases. Beni, Kalunguta, and Mandima HZs remain the main outbreak hotspots, accounting for 47% of the 193 cases reported during this period.

On 29 AUG, the Uganda MOH reported one confirmed imported EVD case in Bwera, Kasese District. The case was a nine-year-old Congolese female traveling with her mother, who was detected during border screening 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. Investigation showed that the patient was exposed and developed symptoms in Mutwanga HZ prior to attempting to enter Uganda to seek medical treatment. On 30 AUG, the case died and the body was repatriated to the DRC, accompanied by the mother. There have not been any additional cases confirmed in Uganda as of 6 SEP.

As of 6 SEP, six EVD cases, three fatal, have been reported in Mwenga HZ, South Kivu Province. These are the only cases to be reported in South Kivu during the current outbreak. 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 third case, a 17-month-old male, died on 18 AUG. 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. On 28 AUG, the MOH reported two additional cases in Mwenga HZ. No details were given about the patients, but media sources reported that the cases included the 30-year-old male family member of the third case. 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 was a woman who is also related to one of the three original cases. No further information is available about which of the cases was the third fatality. 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 4 SEP, USAID announced that it would provide USD \$21 million in additional assistance for the EVD response in the DRC, bringing the total funding provided by USAID since the start of the outbreak to approximately \$158 million. The current EVD outbreak in the DRC is the second largest ever recorded, following the 2014-2016 outbreak in West Africa (28,610 cases, 11,308 deaths).

(+xx) represent the change in number from 30 AUG 2019.

All information has been verified unless noted otherwise.

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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 5 SEP, the U.S. Embassy in Kinshasa issued a [Health Alert](#) for the DRC. On 29 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 3 SEP 2019, 212,177 (+5,403) 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. 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.

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

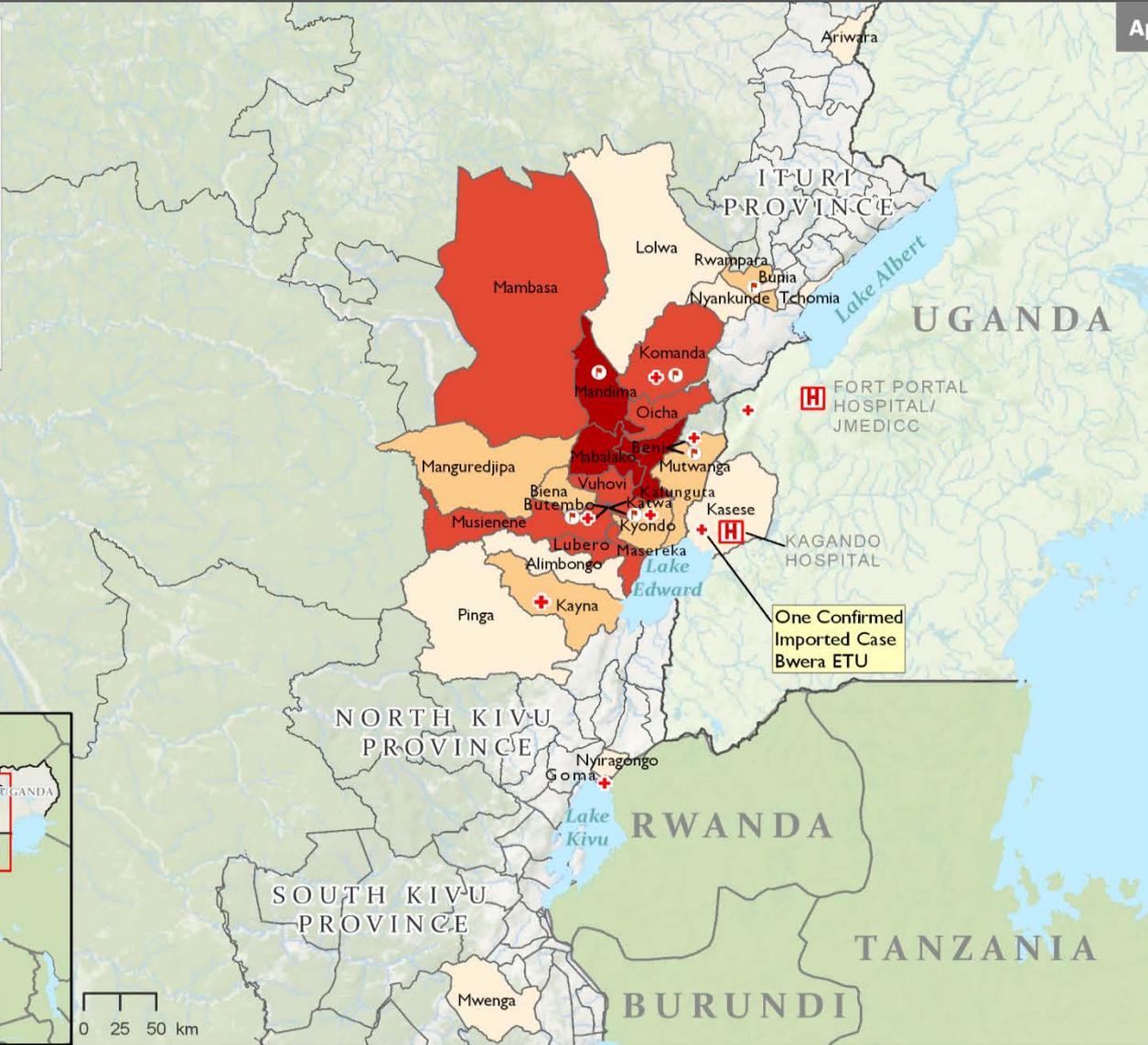


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Number of Confirmed & Probable Cases

- 1-6
- 7-32
- 33-148
- 149-671

- + Ebola Treatment Unit
- H Hospital
- M Mobile Lab



Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara	1
	Bunia	4
	Komanda	52 (+1)
	Lolwa	3
	Mambasa	37 (+7)
	Mandima	273 (+8)
	Nyankunde	1
	Rwampara	8
North Kivu	Tchomia	2
	Alimbongo	5
	Beni	670 (+1)
	Biena	17
	Butembo	282 (+4)
	Goma	1
	Kalunguta	186 (+9)
	Katwa	671 (+2)
	Kayna	23 (+1)
	Kyondo	24
	Lubero	33
	Mabalako	388
	Manguredjipa	18
Masereka	56	
Musienene	85 (+2)	
Mutwanga	32 (+3)	
Nyiragongo	3	
Oicha	55 (+1)	
Pinga	1	
Vuhovi	117	
South Kivu	Mwenga	6
Total		3,054 (+38)



*Data as of 04 SEP 2019
 Items in (+xx) represent the change in number from 30 AUG 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO