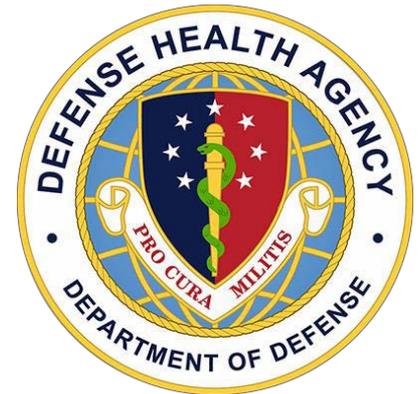


Department of Defense  
Armed Forces Health Surveillance Branch  
Integrated Biosurveillance Section  
Northeastern DRC Ebola Surveillance Summary  
September 20, 2019



**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 #49

### 20 SEP 2019



**CASE REPORT:** From 30 APR 2018 to 18 SEP 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,150 (+51) confirmed and probable Ebola virus disease (EVD) cases, including 2,103 (+26) 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 confirmed cases imported from the DRC to Kasese District, Uganda in JUN and AUG 2019. From 26 AUG to 15 SEP (one maximum EVD incubation period), the outbreak remained widespread, with 15 out of the 29 affected HZs reporting newly confirmed cases. Beni, Kalunguta, Mambasa, and Mandima HZs remain the current outbreak hotspots, accounting for 67% of the 149 cases reported during this period.

On 21 SEP, WHO issued an update about cases of undiagnosed febrile illness in the United Republic of Tanzania. On 19 SEP, Tanzanian health authorities notified WHO that there were no confirmed or suspected cases of EVD in the country. WHO notes that to date, Tanzanian authorities have not released information about clinical data, investigation results, possible case contacts, or the results of laboratory testing.

**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. From 14-16 SEP, there were violent protests in Lwemba Health Area, Mandima HZ, in response to a fatal case of EVD in a local HCW. As a result, response activities in Lwemba have been suspended until further notice. On 13-17 SEP, HHS Secretary Alex Azar led a delegation of U.S. officials to the DRC, Rwanda, and Uganda to meet with government officials, U.S. Embassy personnel, WHO leadership, including the WHO Director-General, and discussed the current outbreak and reaffirmed U.S. support. 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).

**TRAVEL ADVISORIES:** The U.S. 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 EVD in the DRC. On 29 AUG, CDC updated its [Alert – Level 2, Practice Enhanced Precautions](#) travel notice for EVD in the DRC.

(+xx) represent the change in number from 6 SEP 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 #49

### 20 SEP 2019



**MEDICAL COUNTERMEASURES & DIAGNOSTICS:** From 8 AUG 2018 to 17 SEP 2019, 223,231 (+6,054) 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  $\geq 10$  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 17 SEP, the pharmaceutical company Merck announced that the U.S. FDA has granted priority review for its investigational rVSV-ZEBOV vaccine, with a target action date of 14 MAR 2020 toward the goal of production of an additional estimated 650,000 1.0mL investigational doses for release over the next six to 18 months. Since MAY 2018, MERCK has donated and shipped more than 245,000 1.0ml doses of the vaccine in response to requests by WHO. Merck additionally has more than 190,000 1.0ml doses available and ready to ship to outbreak areas at WHO's request.

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. A final analysis of the full enrollment data will be performed when data collection is complete in approximately five weeks.

Ebola Treatment Units (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. Three new laboratories are being established in Mwenga, Bukavu, and Mambasa HZs. 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 6 SEP 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

**Number of Confirmed & Probable Cases**

- 1-6
- 7-32
- 33-148
- 149-683

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



Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara	1
	Bunia	4
	Komanda	59 (+4)
	Lolwa	3
	Mambasa	58 (+13)
	Mandima	291 (+12)
	Nyankunde	1
	Rwampara	8
	Tchomia	2
	Alimbongo	5
North Kivu	Beni	683 (+5)
	Biena	20 (+2)
	Butembo	284
	Goma	1
	Kalunguta	204 (+10)
	Katwa	672
	Kayna	28 (+2)
	Kyondo	29 (+3)
	Lubero	33
	Mabalako	390 (+1)
	Manguredjipa	18
	Masereka	56
	Musienene	85
Mutwanga	32	
Nyiragongo	3	
Oicha	56 (+1)	
Pinga	1	
Vuhovi	117	
South Kivu	Mwenga	6
<b>Total</b>		<b>3,150 (+51)</b>

Four Confirmed Imported Cases

\*Data as of 18 SEP 2019  
 Items in (+xx) represent the change in number from 13 SEP 2019  
 Sources: CDC, DRC MOH, USG, WHO AFRO