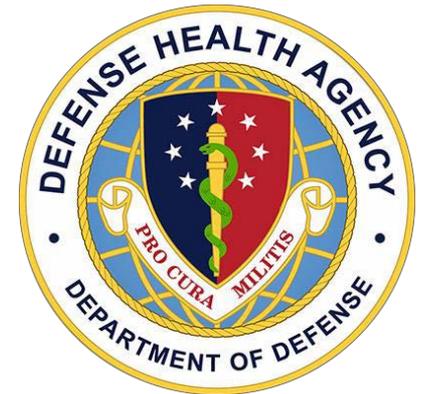


Department of Defense  
Armed Forces Health Surveillance Branch  
Integrated Biosurveillance Section  
Northeastern DRC Ebola Surveillance Summary  
September 27, 2019



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



# DEPARTMENT OF DEFENSE (AFHSB/IB)

## Northeastern DRC Ebola Surveillance Summary #50

### 27 SEP 2019



**CASE REPORT:** From 30 APR 2018 to 25 SEP 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,178 (+28) confirmed and probable Ebola virus disease (EVD) cases, including 2,122 (+19) 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 3 SEP-24 SEP (one maximum EVD incubation period), the outbreak remained widespread, with 13 out of the 29 affected HZs reporting newly confirmed cases. Kalunguta, Mambasa, and Mandima HZs remain current outbreak hotspots, accounting for 59% of the 126 cases reported during this period. WHO notes that the persistence of hotspots, shifts in transmission intensity between main hotspots, and continued sporadic transmission, remain of grave concern.

On 12 SEP, WHO announced it was deploying a technical team to Tanzania to investigate the rumor of the death of an individual suspected to be due to EVD. WHO had also received unofficial reports of two other suspected EVD cases in Tanzanian nationals, one of whom reportedly tested negative for EVD. On 21 SEP, [WHO](#) issued an update on cases of undiagnosed febrile illness in Tanzania. Tanzanian health authorities notified WHO that, as of 19 SEP, there were no confirmed or suspected cases of EVD in the country. WHO notes that Tanzanian authorities have not released information about clinical data, investigation results, possible case contacts, or the results of laboratory testing, and that the situation requires further investigation.

**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 16 SEP, the former DRC Minister of Health, Dr. Oly Ilunga, was arrested over allegations of mismanagement of \$4.3M in EVD response funds. Congolese police took the former health minister into custody in Kinshasa following concerns that he was trying to flee the country.

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. Response activities resumed in Lwemba after being suspended for nine days. 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.

**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 20 SEP 2019.

All information has been verified unless noted otherwise.

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# DEPARTMENT OF DEFENSE (AFHSB/IB)

## Northeastern DRC Ebola Surveillance Summary #50

### 27 SEP 2019



**MEDICAL COUNTERMEASURES & DIAGNOSTICS:** From 8 AUG 2018 to 24 SEP 2019, 227,961 (+4,730) 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 23 SEP, [WHO](#) announced that DRC health authorities plan to introduce a second experimental EVD vaccine, Janssen Pharmaceuticals, Ad26.ZEBOV, starting in mid-OCT. The vaccine, which must be given in a two-dose course, 56 days apart, will be provided under approved protocols to targeted at-risk populations in areas of the DRC without active EVD transmission. Use of a second vaccine was one of the recommendations made by WHO's [Strategic Advisory Group of Experts on Immunizations](#) (SAGE) in May 2019 to manage the outbreak. Regular vaccination activities using the rVSV-ZEBOV vaccine in EVD-affected areas will continue. On 23 SEP, [MSF](#) called for the establishment of an independent, international committee to transparently manage EVD vaccine stockpiles, accusing WHO of restricting both the availability of vaccine and the eligibility criteria for people to be vaccinated, hampering response effectiveness.

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, Mambasa, and Mangina (Mabalako) in DRC, and there are transit centers in Beni, Bunia, Katwa, Kasindi (Mutwanga), Kayna, Bwanasura (Komanda), and Oicha. Nine laboratories with EVD diagnostic capabilities are operational in Beni, Bunia, Butembo, Goma, Katwa, Kinshasa, Komanda, Mambasa, and Mangina (Mabalako). 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 20 SEP 2019.

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

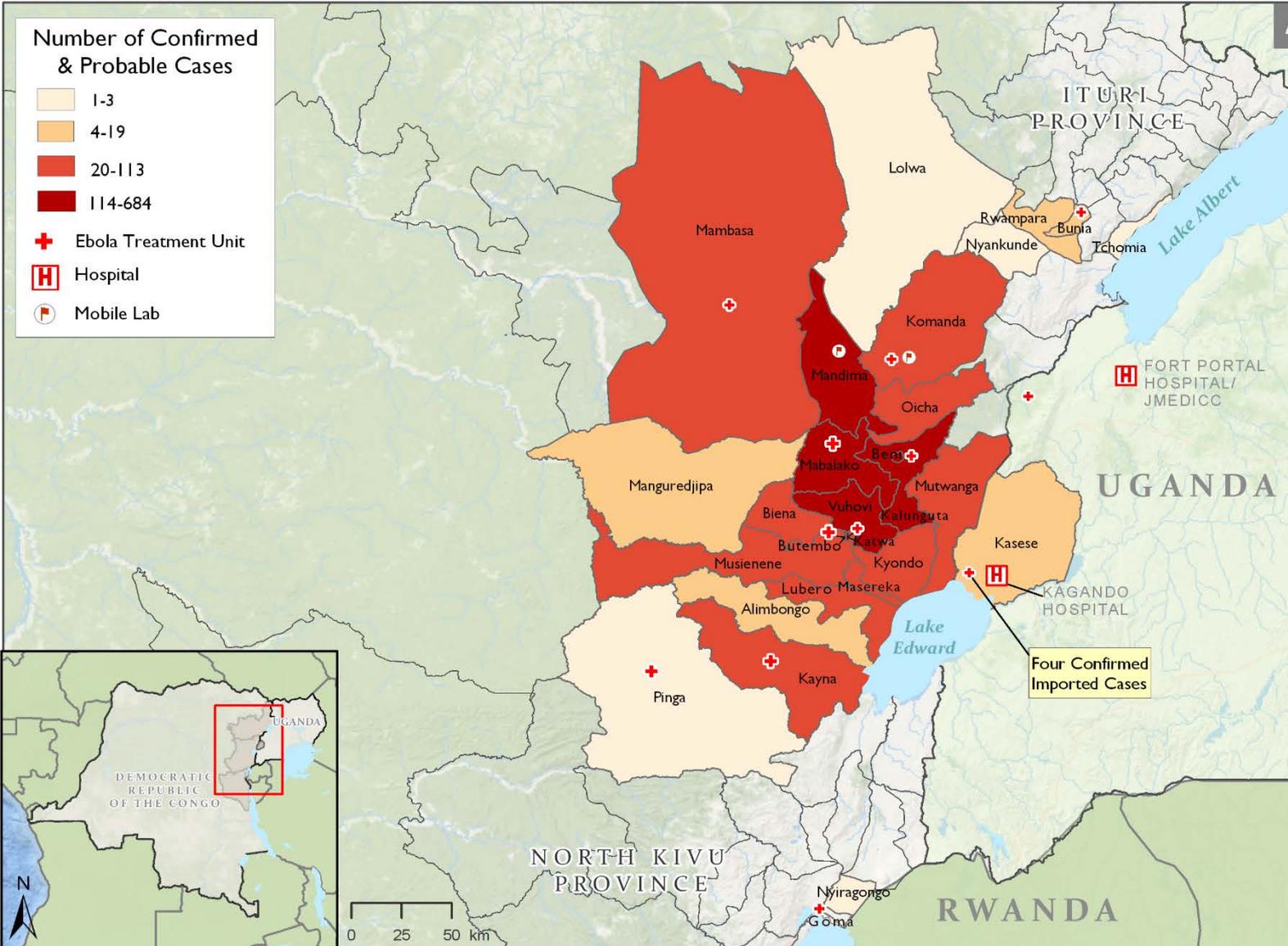


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**Number of Confirmed & Probable Cases**

- 1-3
- 4-19
- 20-113
- 114-684

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



Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara**	1
	Bunia	4
	Komanda	64 (+5)
	Lolwa	3
	Mambasa	69 (+11)
	Mandima	297 (+6)
	Nyankunde	1
	Rwampara	8
North Kivu	Tchomia	2
	Alimbongo	5
	Beni	684 (+1)
	Biena	20
	Butembo	285 (+1)
	Goma	1
	Kalunguta	205 (+1)
	Katwa	673 (+1)
	Kayna	28
	Kyondo	29
	Lubero	33
	Mabalako	390
	Manguredjipa	18
Masereka	56	
Musienene	85	
Mutwanga	32	
Nyiragongo	3	
Oicha	58 (+2)	
Pinga	1	
Vuhovi	117	
South Kivu	Mwenga**	6
<b>Total</b>		<b>3,178 (+28)</b>

\*Data as of 25 SEP 2019  
 \*\*Not Shown: Ariwara and Mwenga Health Zones  
 \*\*Items in (+xx) represent the change in number from 20 SEP 2019  
 Sources: CDC, DRC MOH, USG, WHO AFRO