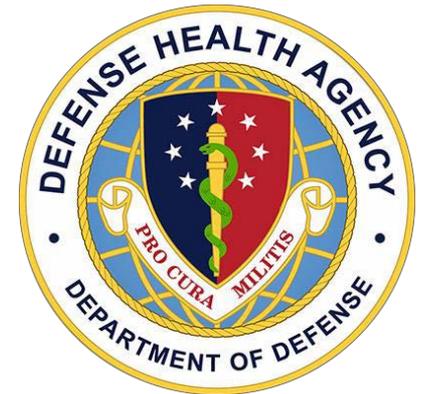


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
October 25, 2019



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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 #54

25 OCT 2019



CASE REPORT: From 30 APR 2018 to 23 OCT 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,256 (+23) confirmed and probable Ebola virus disease (EVD) cases, including 2,171 (+14) 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 exported from the DRC to Kasese District, Uganda in JUN and AUG 2019. As of 24 OCT, there has been no confirmed local transmission of EVD in countries outside of the DRC since the outbreak was declared.

As of 20 OCT, WHO notes that the deployment of additional support to the Biakato Mine Health Area of Mandima HZ has led to improvements in response efforts. In the past week, the percentage of confirmed cases listed as contacts increased from 13% to 57%. However, issues with access and security continue to be factors. Ongoing local transmission has been observed in Kalunguta and Mabalako HZs, highlighting the threat of disease resurgence and geographic dispersion of cases to other HZs.

From 25 SEP to 15 OCT (one maximum EVD incubation period), nine out of the 29 affected HZs reported newly confirmed cases. Mandima and Mambasa HZs are currently the main outbreak hotspots, accounting for 64% of the 50 cases reported during this period. [WHO](#) reports that as of 4 OCT, 1,000 people have survived EVD during the current outbreak, representing nearly two-thirds of the approximately 1,555 confirmed cases admitted to Ebola Treatment Units (ETUs) since the outbreak began. This outcome is attributable to improvements in case management and the use of investigational EVD therapeutics shown to improve the case survival rate to nearly 90% when administered early in the course of infection.

BACKGROUND: On 18 OCT, the [International Health Regulations Emergency Committee](#) determined that the EVD outbreak in the DRC continued to constitute a public health emergency of international concern (PHEIC). This marks the fifth time the EC has convened since the outbreak was declared on 1 AUG 2018. [WHO](#) first announced the outbreak as a PHEIC on 17 JUL 2019. As of 8 OCT, WHO continues to assess the risk of EVD spread at the national and regional levels as very high and the global risk as low.

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 18 OCT, CDC updated its [Alert – Level 2, Practice Enhanced Precautions](#) travel notice for EVD in the DRC. On 27 SEP, [CDC](#) updated its health information for travelers to Tanzania with information regarding unofficial reports of a probable EVD case in Tanzania. CDC noted that ongoing risks associated with this case were unknown, but that “based on available information (which is incomplete)”, no travel restrictions were indicated. On 27 SEP, the U.S. Department of State issued a [Level 2: Exercise Increased Caution](#) travel advisory for Tanzania due to crime, terrorism, health issues (the death of a Tanzanian national from probable EVD), and targeting of LGBTI persons. The U.K. also issued a [travel alert](#) for Tanzania.

(+xx) represent the change in number from 18 OCT 2019.

All information has been verified unless noted otherwise.

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25 OCT 2019



MEDICAL COUNTERMEASURES & DIAGNOSTICS: From 8 AUG 2018 to 22 OCT 2019, 241,601 (+2,901) individuals in the DRC have been vaccinated with the Merck vaccine rVSV-ZEBOV. [WHO](#) and the DRC MOH estimated the efficacy of the vaccine to be 97.5% among individuals with symptom onset ≥ 10 days post-vaccination. On 18 OCT, [WHO](#) announced that the European Medicines Agency (EMA) granted conditional marketing approval for the rVSV-ZEBOV experimental vaccine, a key step towards licensing. EMA is a European agency responsible for the scientific evaluation of medicines produced by pharmaceutical companies. In parallel, WHO will move towards prequalification of the vaccine. This announcement will not immediately affect how the vaccine is used in the DRC.

The investigational vaccine Ad26.ZEBOV, developed by Janssen Pharmaceuticals, which must be given in a two-dose course, 56 days apart, will be provided 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. On 12 OCT, the head of DRC's Multisectoral Committee for the Response to EVD (CMRE) announced that 500,000 doses of the Janssen vaccine were scheduled to arrive on 18 OCT. Vaccination will start in NOV, and will target the approximately 64,000 people who cross the border between Goma and the Rwandan city of Gisenyi. Rwanda is also in the process of acquiring the Janssen vaccine to vaccinate traders that work along the Rwanda-DRC border.

On 10 OCT, [FDA](#) granted marketing approval for the OraQuick Ebola Rapid Antigen Test, the first rapid diagnostic test (RDT) for EVD that the FDA has allowed to be marketed in the U.S. The RDT detects viral antigens from the blood of live patients and from the oral fluid of recently deceased cases.

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), 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 been randomized to receive one of the two drugs.

EVD 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. Ten field laboratories with EVD diagnostic capabilities are operational in Beni, Bukavu, Bunia, Butembo, Goma, Katwa, Komanda, Mambasa, Mangina (Mabalako), and Mwenga. Central laboratory support is being provided by the Institut National de Recherche Biomédicale (INRB) in Kinshasa. Additionally, Uganda has established ETUs at Bundibugyo General Hospital, Bwera Hospital in Kasese, and Rwebisengo Health Center in Ntoroko District, and Rwanda has established an ETU in Rubavu District near the DRC border.

(+xx) represent the change in number from 11 OCT 2019.

All information has been verified unless noted otherwise.

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

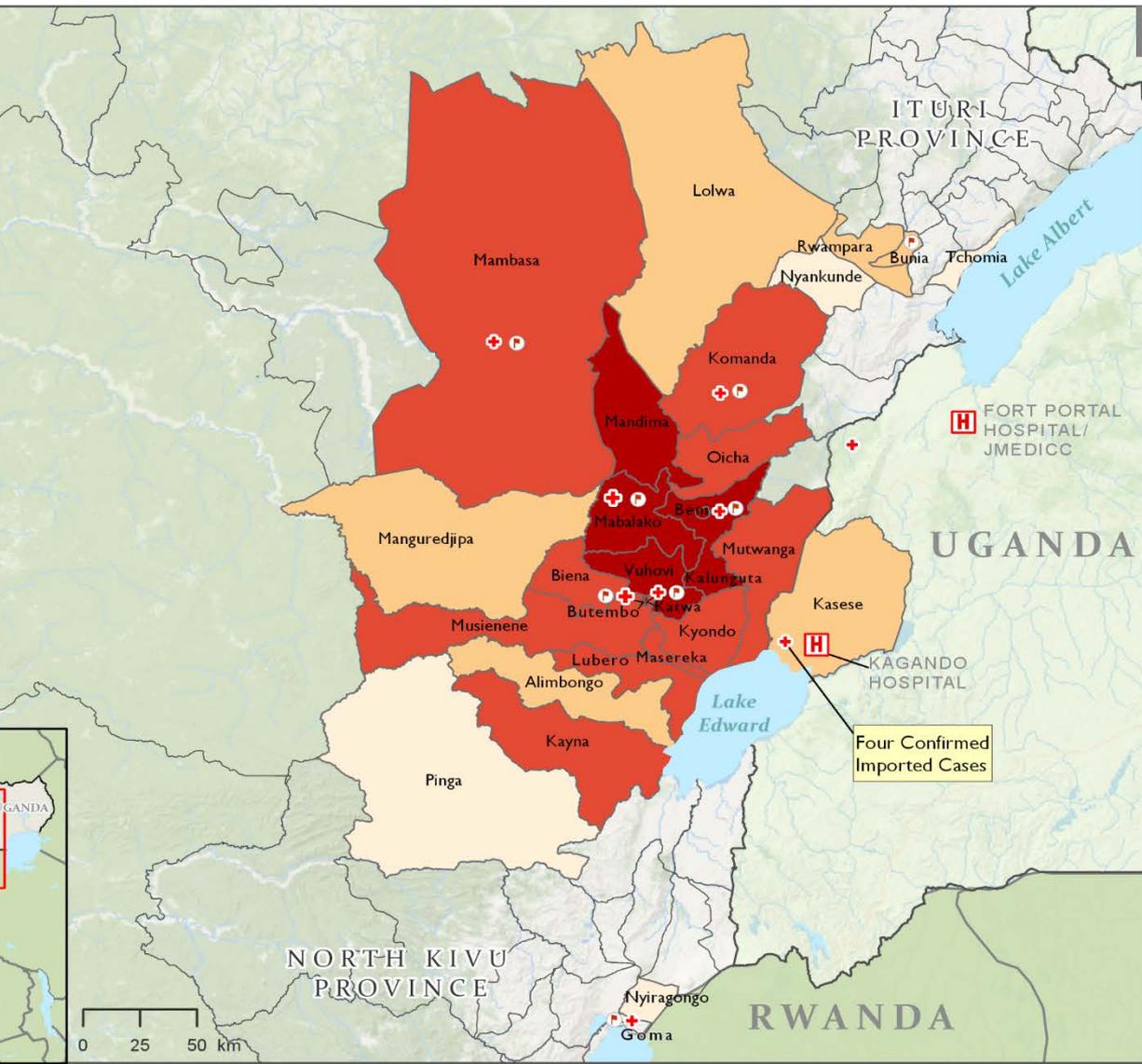


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Number of Confirmed & Probable Cases

- 1-3
- 4-19
- 20-114
- 115-688

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



Province	Health Zone	Cumulative Number of Confirmed & Probable Cases
Ituri	Ariwara**	1
	Bunia	4
	Komanda	66
	Lolwa	6
	Mambasa	80 (+3)
	Mandima	335 (+13)
	Nyankunde	2
	Rwampara	8
North Kivu	Tchomia	2
	Alimbongo	5
	Beni	688
	Biena	20
	Butembo	287 (+1)
	Goma	1
	Kalunguta	212 (+2)
	Katwa	674
	Kayna	28
	Kyondo	29
	Lubero	33
	Mabalako	395 (+4)
	Manguredjipa	18
	Masereka	56
Musienene	85	
South Kivu	Mutwanga	32
	Nyiragongo	3
	Oicha	62
	Pinga	1
South Kivu	Vuhovi	117
	Mwenga**	6
Total		3,256 (+23)

Four Confirmed Imported Cases

*Data as of 23 OCT 2019
 **Not Shown: Ariwara and Mwenga Health Zones
 Items in (+xx) represent the change in number from 18 OCT 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO