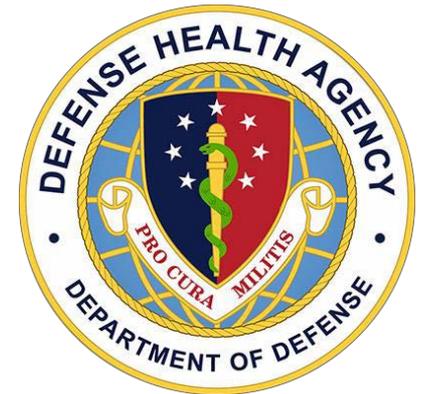


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
November 1, 2019



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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 #55

1 NOV 2019



CASE REPORT: From 30 APR 2018 to 30 OCT 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,273 (+17) confirmed and probable Ebola virus disease (EVD) cases, including 2,182 (+11) 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. There have been 163 EVD cases among healthcare workers (43 deaths). As of 31 OCT, there has been no confirmed local transmission of EVD in countries outside of the DRC since the outbreak was declared on 1 AUG 2018. From 9-29 OCT (one maximum EVD incubation period), nine out of the 29 affected HZs reported new confirmed cases. Mabalako, Mambasa, and Mandima HZs are currently the main outbreak hotspots, accounting for 80% of the 59 cases reported during this period. As of 31 OCT, WHO reports that 63% of newly confirmed cases over the past week were reported from or had links to the Biakato Mines Health Area (HA) in Mandima HZ. Locally acquired cases were also reported in Butembo, Kalunguta, Mabalako, and Mambasa HZs during this period.

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 declared the outbreak constituted 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.

On 30 OCT, the International Organization for Migration (IOM), a UN agency, reported that three IOM aid workers were killed in the crossfire of clashes between armed groups in South Sudan's Central Equatoria region. The workers were assisting with EVD screening in border areas between South Sudan, Uganda, and the DRC. IOM has suspended EVD screening at five border sites in South Sudan.

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 OCT, CDC updated its [Alert – Level 2. Practice Enhanced Precautions](#) travel notice for EVD in the DRC.

MEDICAL COUNTERMEASURES & DIAGNOSTICS: From 8 AUG 2018 to 29 OCT 2019, 245,085 (+3,484) individuals in the DRC have been vaccinated with the Merck vaccine rVSV-ZEBOV. On 12 APR, [WHO](#) reported that a preliminary analysis conducted with the Institut National de Recherche Biomédicale (INRB) in Kinshasa 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. In parallel, WHO will move towards prequalification of the vaccine. This announcement will not immediately affect how the vaccine is used in the DRC.

(+xx) represent the change in number from 25 OCT 2019.

All information has been verified unless noted otherwise.

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1 NOV 2019



MEDICAL COUNTERMEASURES & DIAGNOSTICS (CON'T): 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. 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.

On 31 OCT, media sources reported that WHO and DRC authorities are proposing changes in the guidelines for EVD patient care after a patient's death challenged the accepted medical theory that EVD survivors are immune to reinfection. The woman, who reportedly tested positive for EVD and died in JUL, worked as a caregiver in a high risk area of a treatment center in Beni HZ. Health officials do not know whether the woman had a false positive test result following initial testing, experienced a relapse, or was re-infected. The new proposed guidelines warn that survivors may have "incomplete immunity" and should have additional preventive measures in place to protect them if they choose to work with EVD patients.

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

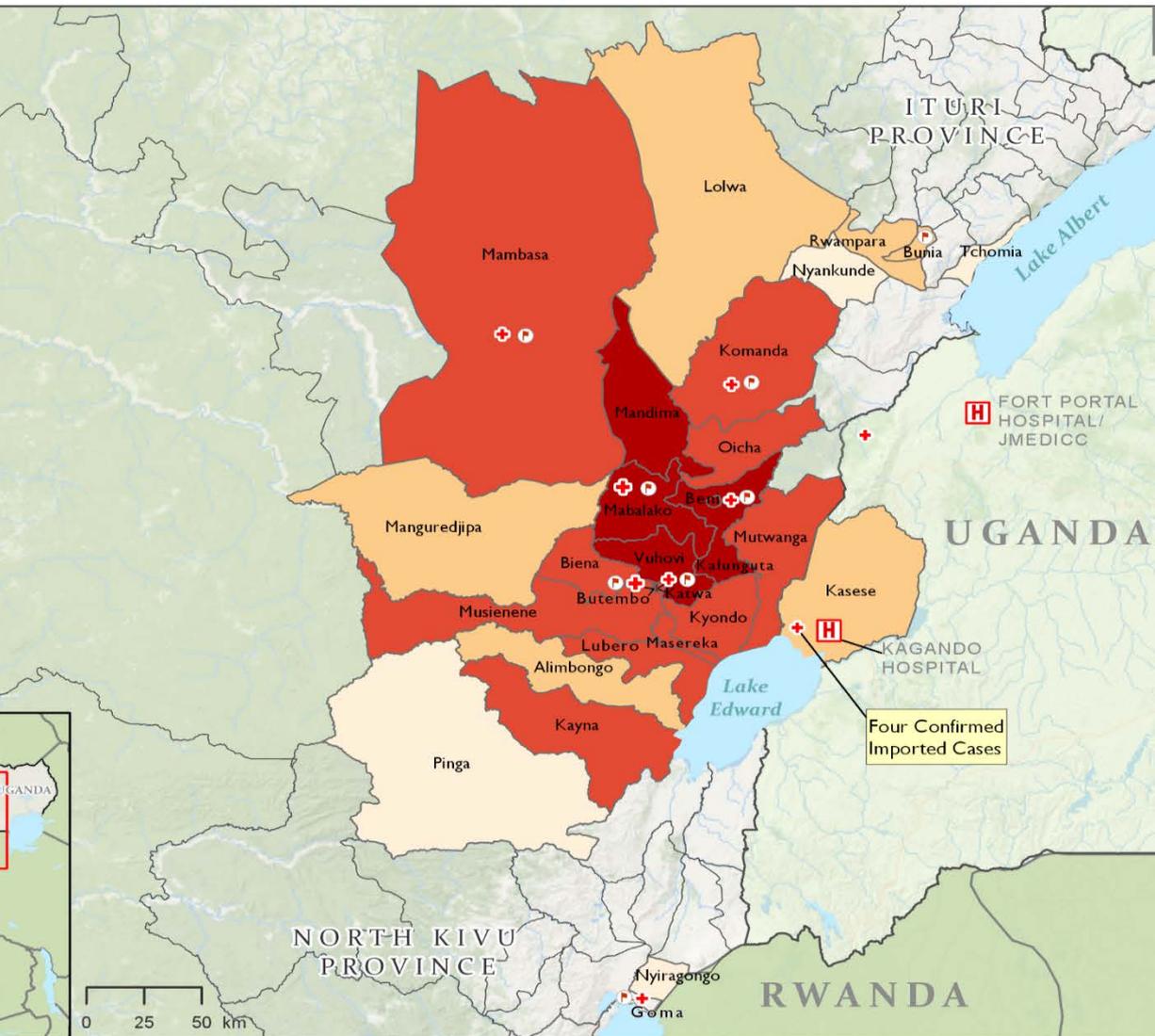


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Number of Confirmed & Probable Cases

- 1-3
- 4-19
- 20-114
- 115-689

- + 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	81 (+1)
	Mandima	342 (+7)
	Nyankunde	2
North Kivu	Rwampara	8
	Tchomia	2
	Alimbongo	5
	Beni	689 (+1)
	Biena	20
	Butembo	288 (+1)
	Goma	1
	Kalunguta	211
	Katwa	674
	Kayna	28
	Kyondo	29
	Lubero	33
	Mabalako	403 (+8)
Manguredjipa	18	
Masereka	56	
Musienene	85	
Mutwanga	32	
Nyiragongo	3	
Oicha	62	
Pinga	1	
Vuhovi	117	
South Kivu	Mwenga**	6
Total		3,273 (+17)

*Data as of 30 OCT 2019
 **Not Shown: Ariwara and Mwenga Health Zones
 Items in (+xx) represent the change in number from 25 OCT 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO