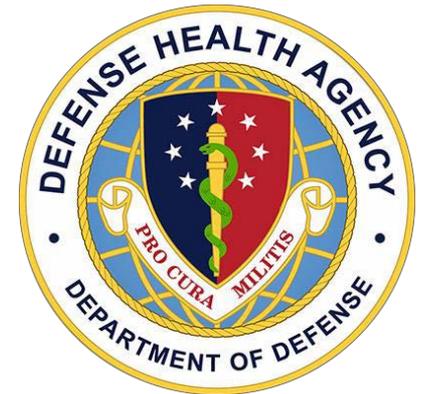


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
October 4, 2019



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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 #51

4 OCT 2019



CASE REPORT: From 30 APR 2018 to 2 OCT 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) and WHO have reported 3,198 (+47) confirmed and probable Ebola virus disease (EVD) cases, including 2,137 (+15) 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. From 9-29 SEP (one maximum EVD incubation period), the outbreak remained widespread, with 13 out of the 29 affected HZs reporting newly confirmed cases. Kalunguta, Komanda, Mambasa, and Mandima HZs remained the current outbreak hotspots, accounting for 75% of the 110 cases reported during this period.

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 noted that Tanzanian authorities had not released information about clinical data, investigation results, possible case contacts, or the results of laboratory testing, and that the situation required further investigation. There are unconfirmed reports of additional patients with EVD-like illnesses in the country. On 3 OCT, [media](#) reported that the Ugandan MOH plans to deploy frontline workers to the Uganda-Tanzania border as a precaution.

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. As of 29 SEP, WHO reported that the security situation in the operational areas of the response remained calm, with the exception of isolated incidents of community resistance. Dangerous road conditions from recent heavy rains have prevented response teams from accessing some areas, causing travel delays of several hours. Response activities remain suspended in Lwemba Health Area, Mandima HZ, in the aftermath of violent protests from 14-16 SEP, despite efforts by government security forces to regain control. WHO notes that this limited access to Lwemba could contribute to further disease spread in areas where the situation is improving.

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. 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 27 SEP 2019.

All information has been verified unless noted otherwise.

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4 OCT 2019



MEDICAL COUNTERMEASURES & DIAGNOSTICS: From 8 AUG 2018 to 1 OCT 2019, 231,594 (+3,633) individuals in the DRC have been vaccinated with the Merck vaccine 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 23 SEP, [WHO](#) announced that DRC health authorities plan to introduce a second experimental EVD vaccine developed by 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 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.

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. Rwanda has established an ETU in Rubavu District near the DRC border.

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

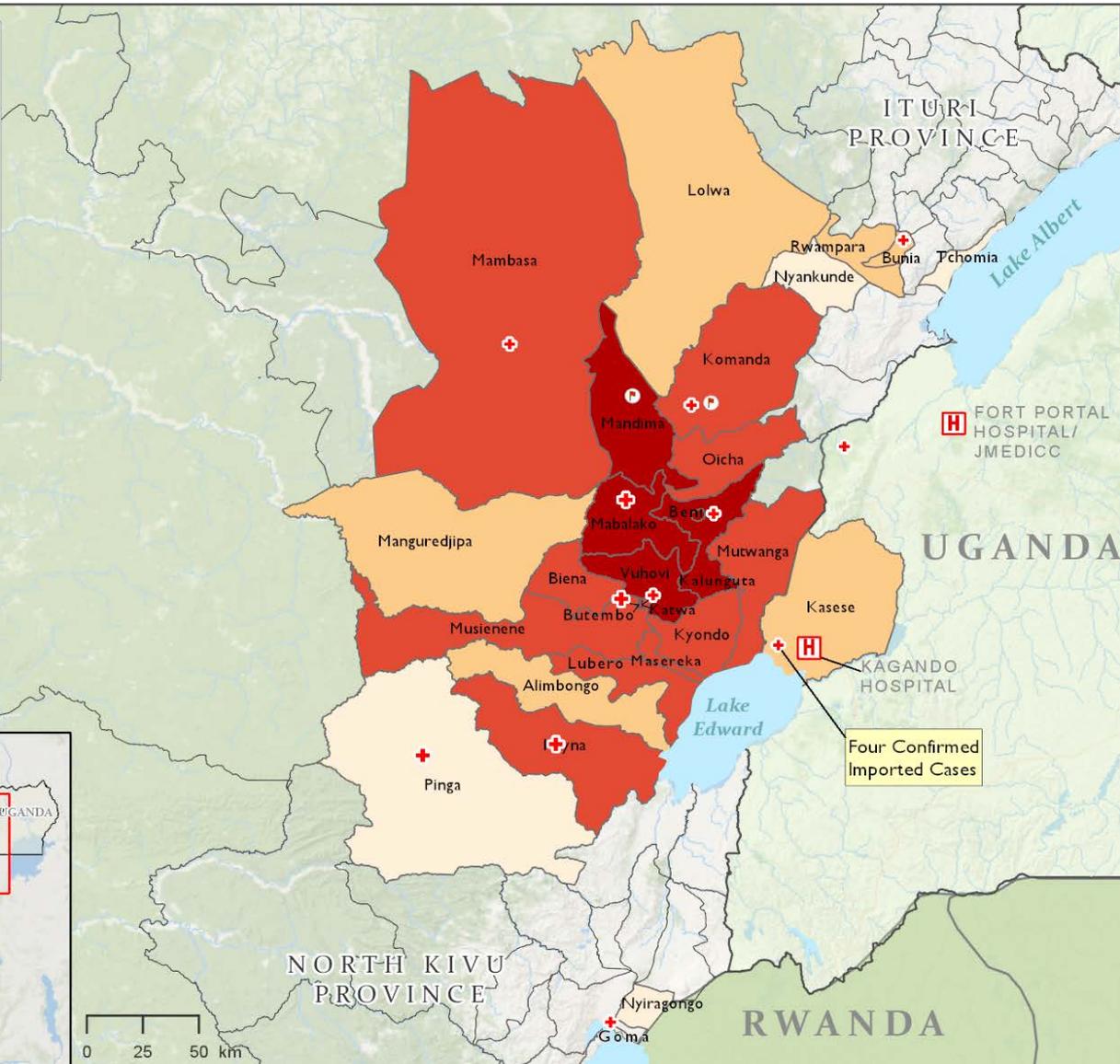


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Number of Confirmed & Probable Cases

- 1-3
- 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	66 (+7)
	Lolwa	3
	Mambasa	73 (+15)
	Mandima	305 (+14)
	Nyankunde	1
North Kivu	Rwampara	8
	Tchomia	2
	Alimbongo	5
	Beni	684 (+1)
	Biena	20
	Butembo	286 (+2)
	Goma	1
	Kalunguta	207 (+3)
	Katwa	674 (+2)
	Kayna	28
	Kyondo	29
	Lubero	33
South Kivu	Mabalako	390
	Manguredjipa	18
	Masereka	56
	Musienene	85
	Mutwanga	32
	Nyiragongo	3
	Oicha	59 (+3)
Pinga	1	
Vuhovi	117	
Mwenga**	6	
Total		3,198 (+47)

*Data as of 02 OCT 2019
 **Not Shown: Ariwara and Mwenga Health Zones
 Items in (+xx) represent the change in number from 27 SEP 2019
 Sources: CDC, DRC MOH, USG, WHO AFRO