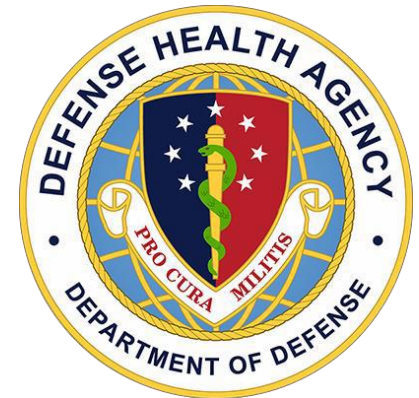


Department of Defense
Armed Forces Health Surveillance Branch
Integrated Biosurveillance Section
Northeastern DRC Ebola Surveillance Summary
25 January 2019



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DEPARTMENT OF DEFENSE (AFHSB/IB)

Northeastern DRC Ebola Surveillance Summary #21

25 January 2019



CASE REPORT: From 30 APR 2018 to 22 JAN 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 713 (+50) confirmed and probable Ebola virus disease (EVD) cases, from 18 (+1, Kayna) health zones (HZs) in North Kivu and Ituri provinces in northeastern DRC with an additional 203 suspected cases are under investigation. While EVD cases initially peaked in early AUG 2018, a second and third peak occurred in mid- and late-NOV 2018, with an increase in incidence throughout NOV compared to previous months (see WHO's [epidemic curve](#)). Katwa HZ continues to account for the majority of newly confirmed and probable cases; from 15-22 JAN 2019, this HZ has reported 60% of all newly confirmed and probable cases. According to the MOH, families from confirmed EVD cases in Katwa HZ are reluctant to be vaccinated; this may explain why the HZ continues to report the majority of new cases. Among the confirmed and probable cases, there have been 439 (+32) deaths (case fatality proportion 62%). As of 22 JAN 2019, confirmed and probable cases have been reported from Beni (226 (+1)), Katwa (146 (+30)), Mabalako (106 (+1)), Kalunguta (53 (+1)), Butembo (52 (+2)), Oicha (27 (+2)), Kyondo (12 (+1)), Vuhovi (11 (+2)), Masereka (8), Musienene (7 (+1)), Kayna (5), Biena (4 (+2)), Manguredjipa (3 (+2)) and Mutwanga (3) HZs in North Kivu Province. In Ituri Province, cases have been reported from Komanda (27), Mandima (20), Tchomia (2), and Nyankunde (1) HZs. From 1 DEC 2018 to 14 JAN 2019, 36% of newly confirmed cases have occurred in children <15 years of age, according to WHO. As of 23 JAN 2019, no confirmed EVD cases have been reported outside of the DRC; however, the high level of population movement between the affected areas and neighboring countries continues to create opportunities for cross-border disease transmission. As of 28 SEP 2018, WHO assessed the risk of EVD spread at the national and regional levels as very high and the global risk as low.

SECURITY SITUATION: Persistent insecurity, population density and mobility, and community resistance continue to be compounding factors in this outbreak. There are over 100 armed opposition groups in northeastern DRC, with the Allied Democratic Forces (ADF), Force de Résistance Patriotiques en Ituri (FRPI), Mai-Mai Mazembe-Union pour la protection des innocents (MM MAZEMBE-UDPI), and Nande Mai-Mai groups active in the affected HZs. In response to the ongoing civil unrest throughout the country, the DRC national elections were postponed until 30 DEC 2018. DRC officials suspended internet and SMS services, as well as access to certain social media sites, prior to the announcement of the results. On 10 JAN 2019, the Commission Electorale Nationale Indépendante de la République Démocratique du Congo (CENI-RDC) announced the results at a press conference in Kinshasa naming Felix Tshisekedi as the president-elect. France's Foreign Minister and the Catholic Church of the DRC have expressed doubt about the outcome. Additionally, Belgium's Foreign Minister has reported plans to raise election result concerns with the U.N. Security Council regarding such. The Southern African Development Community (SADC), an inter-governmental organization of 16 member states based in Botswana, has planned to hold an emergency meeting to discuss a vote recount. This was the first democratic transition of power in the DRC since its independence from Belgium in 1960. According to a [media article](#), Felix Tshisekedi was inaugurated as the new president of DRC on 24 JAN despite concerns regarding the validity of the election results.

TRAVEL ADVISORIES: The Department of State (DoS) has identified the area of the DRC affected by this outbreak as a "[Reconsider Travel](#)" zone due to armed group activity and military operations. On 14 DEC 2018, the DoS issued an updated [Travel Advisory](#) for the DRC in which it noted that all non-emergency USG employees and family members had been ordered to depart the country, by a [U.S. Embassy Kinshasa](#) directive, due to potential violence surrounding the upcoming national elections. As of 16 DEC 2018, all U.S. citizens have been advised to leave the country. On 22 JAN 2019, [CDC](#) updated its Alert-Level 2, Practice Enhanced Precautions travel notice for EVD in the DRC.

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

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MEDICAL COUNTERMEASURES AND DIAGNOSTICS: As of 20 JAN 2019, 78 points of entry (PoE) have been established to screen travelers, with four priority locations (Beni, Goma, Kasindi and Kayna) sustaining 24-hour operations. An additional three priority locations will be selected for 24-hour operations. As of 23 JAN 2019, there have been 58 (+1) EVD cases (20 deaths) among healthcare workers (HCWs), with the majority among nursing staff. Ebola Treatment Units (ETUs) have been established in Beni, Bunia, Butembo, Goma, Katwa, Komanda, Mabalako, Mandima, and Tchomia HZs, with mobile testing labs in Beni, Butembo, Goma, Mabalako, and Tchomia. As a part of Uganda's preparedness activities, ETUs have also be constructed at the Bwera Hospital in Kasese and Bundibugyo Referral Hospital in Bundibugyo; daily sample analysis for alert cases is being conducted at the Uganda Virus Research Institute in Entebbe. According to a [local media](#) article, WHO has recommended EVD screening for all passengers entering Uganda through the Entebbe International Airport. Initially, passengers entering from the DRC, South Sudan, and western Uganda were being screened; however, a more comprehensive screening program is recommended. Screening consists of taking travelers temperatures using an automatic thermal stand upon their arrival to the airport. As of 22 JAN 2019, 65,172 (+4,457) individuals, including 15,800 (+1,300) children, in the DRC have been vaccinated with rVSV-ZEBOV since 8 AUG 2018. As of 13 JAN 2019, 440 (+34) vaccination rings (including 78 (+5) in HCWs and frontline workers) have been defined. As of 17 JAN 2019, 2,643 HCWs in eight high-risk districts in Uganda have been vaccinated with rVSV-ZEBOV. Targeted vaccination of HCWs operating in high-risk areas bordering DRC are planned to begin in Rwanda and South Sudan in late JAN 2019. On 26 NOV 2018, a WHO-convened, National Institute of Allergy and Infectious Diseases (NIAID) and Institut National de Recherche Biomédicale (INRB)-led consortium of international partners began a multi-drug randomized controlled trial (RCT) of three investigational therapeutics (mAb114, Remdesivir, and ZMapp) in patients with confirmed EVD. As of 23 JAN 2019, 50 (+2) patients have been enrolled at the Beni ETU. The revised protocol adding a fourth arm for Regeneron (REGN-3) has been approved; once training has been completed at the Beni ETU, the RCT is expected to expand to additional ETUs.

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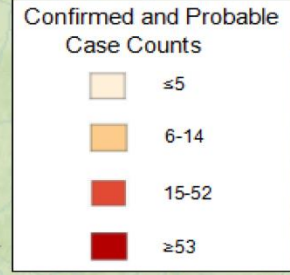
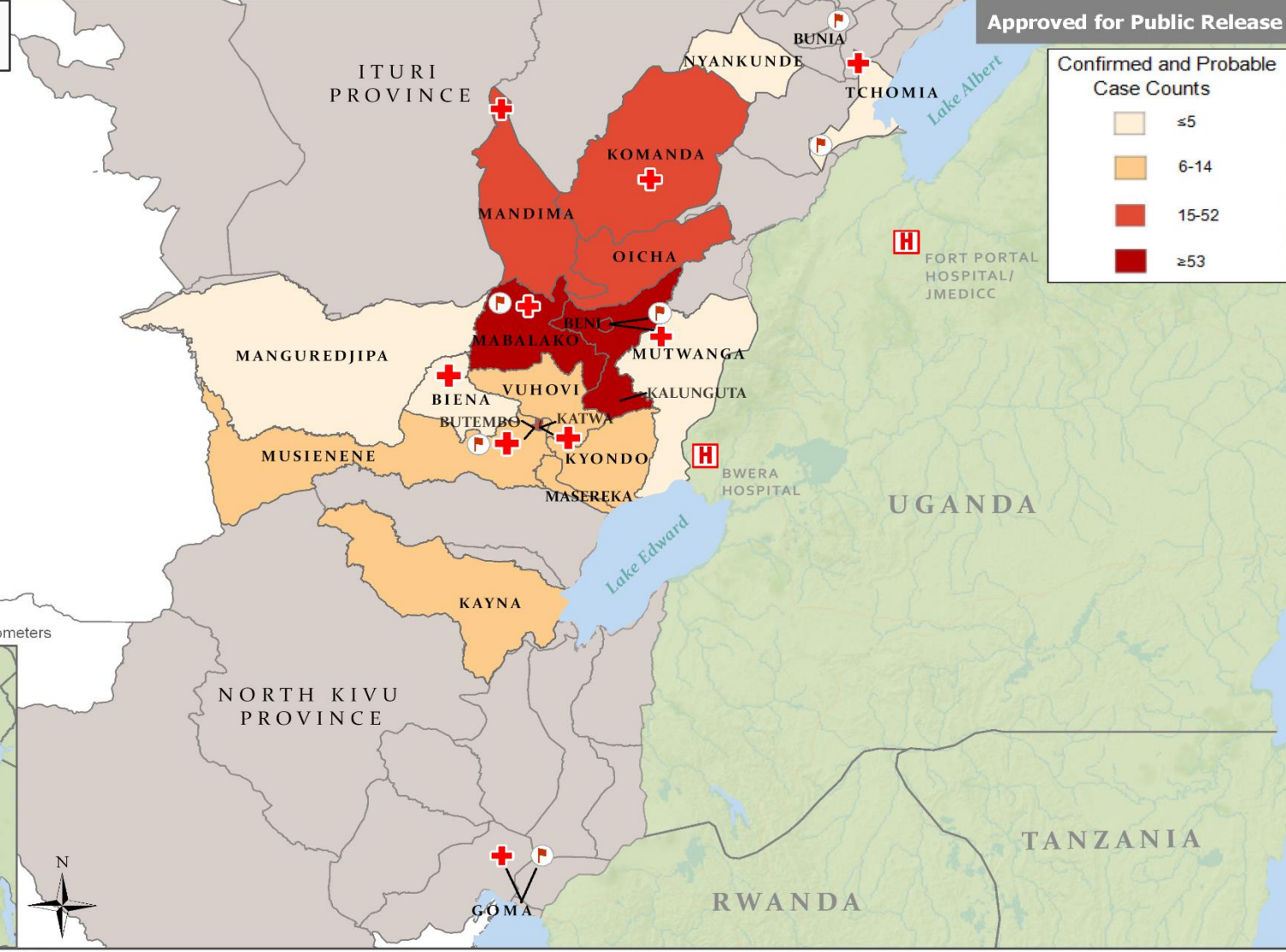
Ebola Virus Disease Outbreak in Northeastern Democratic Republic of the Congo (DRC)*



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

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Province	Health Zone	Confirmed & Probable Cases	Deaths
Ituri	Komanda	27	16
	Mandima	20	13
	Tchomia	2	2
	Nyankunde	1	1
North Kivu	Beni	226 (+1)	146 (+5)
	Katwa	146 (+30)	90 (+18)
	Mabalako	106 (+1)	69 (+1)
	Kalunguta	53 (+1)	34 (+1)
	Butembo	52 (+2)	39 (+3)
	Oicha	27 (+2)	6
	Kyondo	12 (+1)	6
	Vuhovi	11 (+2)	3
	Masereka	8	3
	Musienene	7 (+1)	3
	Kayina	5	2
	Biena	4 (+2)	1
	Manguredjipa	3 (+2)	3 (+2)
	Mutwanga	3	2
Total	713 (+50)	439 (+32)	



0 50 100 Kilometers



Sources: CDC, DRC MOH, WHO AFRO, USG
 *Data as of 22 JAN 2019
 Numbers printed in blue represent a change in case count since 18 JAN 2019

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