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Ebola Outbreak in Northeastern Democratic Republic of the Congo Update 10-18-18

Earlier in the week, the WHO (World Health Organization) announced that there was going to be a meeting of the Emergency Committee in Geneva, Switzerland to decide if the Ebola outbreak had reached a crucial stage of threat beyond the national and regional threat to the region that has already been identified (the outbreak currently has the label of Very High Risk at the Regional Level).

The meeting was held and **the Emergency Committee decided that the outbreak IS NOT currently a Public Health Emergency of International Concern.** However, it does not mean that there is not concern within the WHO organization, or in other international agencies, that this outbreak is not a serious threat to those in the region and even to the possibility of spread to countries or areas outside its current boundaries. Rather, it doesn't pose a major global threat. If the Committee had decided to make the announcement, it would have resulted in the types of monitoring and response seen during the Ebola outbreak in 2014/15.

To be considered a Public Health Emergency of International Concern, three components must be identified: it must be extraordinary, have a risk of international border spread, and need an international response to contain it. Just because the Emergency Committee concluded that these criteria are not in place at this time, it does not mean that the situation is under control or that it won't receive this designation at a later date. The fact that the meeting was called meant that there was concern that the situation was still expanding/not under control. The DRC, WHO and international partners are maintaining expert teams in the region, have confirmed that Uganda, the most likely country to have a case(s) of Ebola, is being extra vigilant and well prepared should the outbreak expand there.

The number of cases of Ebola continue to rise, including cases that are not in contacts that have already been identified and are currently being monitored. Also, the barriers to contain the outbreak still exist, that either prevent or make it very difficult to effectively and efficiently manage this outbreak. These include: fighting in the area which prevents easy and safe movement of workers trying to identify, isolate, and manage the sick and their contacts as well as provide vaccinations, distrust of those that are being sent in to help by those at risk, and the persistence of customs that increase exposure to others such as community-involved care of the sick and ritual burials.

Currently, as of October 18, there have been a total of 223 Ebola cases, with 188 confirmed and 35 probable cases. Probable cases fit a case definition but either test results are not back or testing was not able to be completed for a variety of reasons. There are also 46 suspected cases that are being followed. Known deaths that are expressed in the case fatality count are 144 (109 confirmed and 35 probable) which include two (2) recent ones that died in the community (an increased risk for exposure and more cases) but had a proper burial which controlled the risk of exposure from contact with the bodies.

Note: future updates will be posted to the Outbreaks/Emerging Diseases section on the HIP page.

The WHO DRC Ebola Situation Report:

<http://www.who.int/ebola/situation-reports/drc-2018/en/>

The CDC DRC Ebola Outbreak Report:

<https://www.cdc.gov/vhf/ebola/outbreaks/drc/2018-august.html>

The CDC Traveler's Report for the DRC Area of Ebola Outbreak:

<https://wwwnc.cdc.gov/travel/notices/watch/ebola-democratic-republic-of-the-congo>

Translated DRC Ministry of Health Ebola Outbreak Report:

<https://us13.campaign-archive.com/?u=89e5755d2cca4840b1af93176&id=425c5d4564>

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