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Ebola Outbreak June 30, 2018

The Democratic Republic of the Congo (DRC) and the WHO updated Ebola virus disease (EVD) case numbers on June 28 to a total of 55 cases with 38 Confirmed, 15 Probable, & 2 suspected, and a 29-person death toll. **There have been no cases in any country aside from the DRC.**

A statement by the DRC Minister of Health (via Google Translation), regarding the current outbreak, announced that all the people who were in contact with the last confirmed case of Ebola, have finished their 21-day incubation follow-up period without showing any signs of illness.

This means that there is a transition to the final phase of the outbreak which is a countdown of 42 days until when the outbreak will be declared over. This is using two 21-day incubation periods with no new confirmed cases found. During this time, response teams will continue active surveillance of the identified areas. New suspect cases may be found, but the last confirmed case was June 2 and the incubation time from that case is complete as of June 27.

The DRC Health Minister, Oly Kalenda, M.D., went on to say that this was the most difficult and complex Ebola outbreak in the DRC because it simultaneously involved two very remote areas before rapidly spreading to an urban area (city) adjacent to the Capital. He feels the quick containment was possible because of rapid national & international response, as well as response teams on the ground who diligently tracked the disease contacts in the outbreak areas. There were 1,706 Ebola contacts that were monitored for signs and symptoms of disease and, along with other high-risk individuals such as health care workers & others in contact with possible Ebola patients, 3,330 in total were vaccinated with an investigational vaccine VSV-EBOV (Merck). According to Dr. Kalenda, no one who received the vaccine developed the disease or had serious side effects.

Close monitoring of the events surrounding this outbreak in the DRC will continue by the WHO and other international agencies and partners

E911 centers, EMS and other First Responder agencies should continue to monitor the DRC Ebola status. A complete review of current Ebola policies & procedures should be completed, with ongoing inventory & expiration date check of supply caches, and review of official applicable recommendations from previous Ebola outbreaks. There should also be frequent observational studies of practice scenarios donning appropriate PPE, caring for a simulated patient, then doffing and disinfecting contaminated PPE and practitioners, demonstrating how much contamination can and does occur during these maneuvers. Literally, practicing using checklists and live monitors during practice, and in the event of an actual outbreak, can make the difference between staying healthy or not.

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