Retrospective epidemiological investigation recently identified additional confirmed and **probable cases** with **Ebola haemorrhagic fever** (EHF) in the Democratic Republic of **Congo** (DRC), according to the Ministry of Health (MoH)

As of 12 September 2012, 41 cases (9 laboratory confirmed, and 32 probable) have been reported from Haut-Uélé district in Province Orientale. Of these cases, 18 have been fatal. (5 confirmed and 13 probable). Eighteen healthcare workers are included among the probable cases . Twenty-eight suspected cases have also been reported and are being investigated.

Since the last update, additional 27cases (1 laboratory confirmed and 26 probable) of EHF were identified through retrospective epidemiological investigation in the two health zones of Isiro and Viadana. The retrospective epidemiological investigation was done to identify cases of illness which might have been EHF between the end of April 2012 and August 2012, and thus help clarify the possible origins of the outbreak and provide additional information on chains of transmission. In addition, active field epidemiological investigation is continuing to help identify all possible chains of continuing transmission of the illness, to ensure that appropriate measures are immediately taken to interrupt the transmission, and stop the outbreak.

Initial samples were tested by Uganda Virus Research Institute (UVRI) in Entebbe, Uganda, and were confirmed for Ebola virus (Ebola subtype Bundibugyo). Subsequent samples have been tested by the field laboratory in Isiro that has been established by the US Centers for Disease Control and Prevention (CDC).

The MoH continues to work with partners to control the outbreak of EHF. A National Task Force convened by the Democratic Republic of Congo Ministry of Health is working with several partners including WHO, United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF), the International Federation of Red Cross and Red Crescent Societies (IFRC), US Agency for International Development (USAID) and CDC to control the outbreak.

WHO deployed epidemiologists and logisticians from the Regional Office for Africa (AFRO) including the Inter-country Support Team, and WHO headquarters to support the MoH and is working closely with partners in the areas of coordination, surveillance, epidemiology, public information and social mobilization and logistics for outbreak response. Support from the Global Outbreak Alert and Response Network (GOARN), includes deployment of an infection prevention and control (IPC) specialist and an anthropologist to assist with a clearer understanding of the social and anthropological issues among the affected population that could impact the on-going response efforts.

With respect to this event, WHO does not recommend that any travel or trade restrictions be applied to the DRC.

General information on Ebola subtypes

There are five identified subtypes of Ebola virus. The subtypes have been named after the location where they were been first detected in EHF outbreaks. Three subtypes of the five have been associated with large EHF outbreaks in Africa. Ebola-Zaire, Ebola-Sudan and Ebola-Bundibugyo. EHF is a febrile haemorrhagic illness which causes death in 25-90% of all cases. The Ebola Reston species, found in the Philippines, can infect humans, but no illness or death in humans has been reported to date.