Figures and figure supplements

Ebola virus disease in the Democratic Republic of the Congo, 1976-2014

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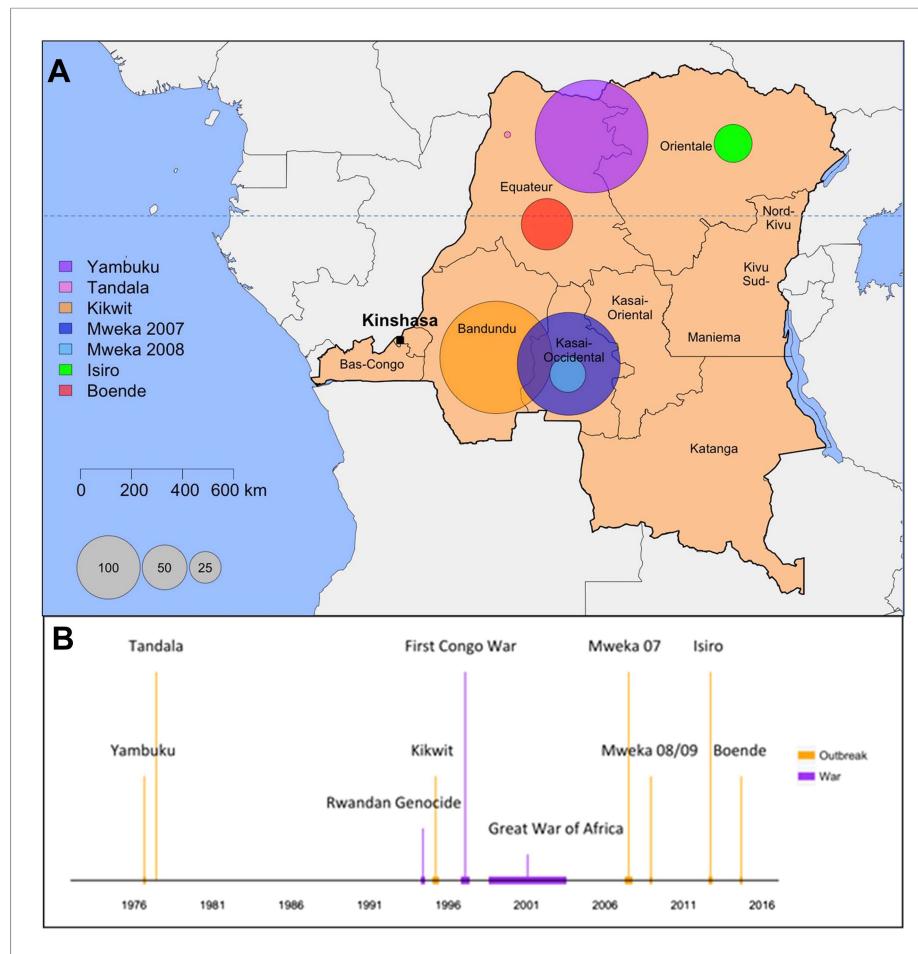
Figure 1. Map and historical timeline of the EVD outbreaks in the DRC. (**A**) Map of the Democratic Republic of the Congo (DRC) where the area of the circles are proportional to the number of cases (probable and confirmed) per outbreak. (**B**) The outbreaks (in orange) and relevant wars (in purple) are positioned in time.
DOI: 10.7554/eLife.09015.003
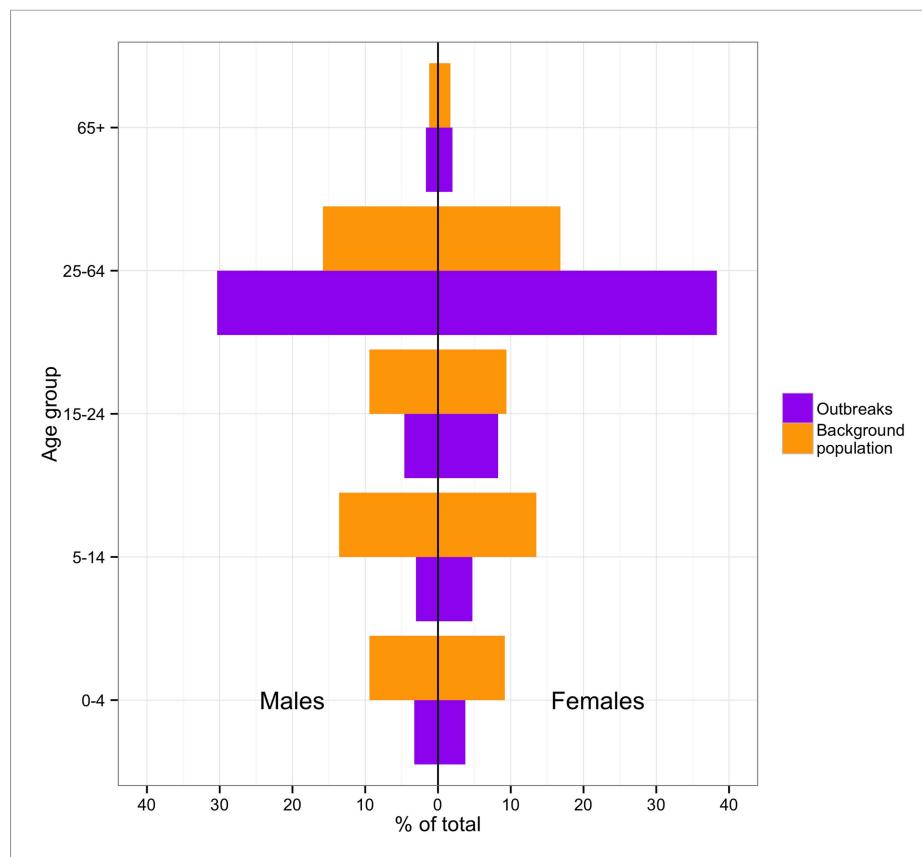
Figure 2. Incidence of cases by age and sex in the DRC outbreaks in comparison to the demographics of the national 1975–2010 population.
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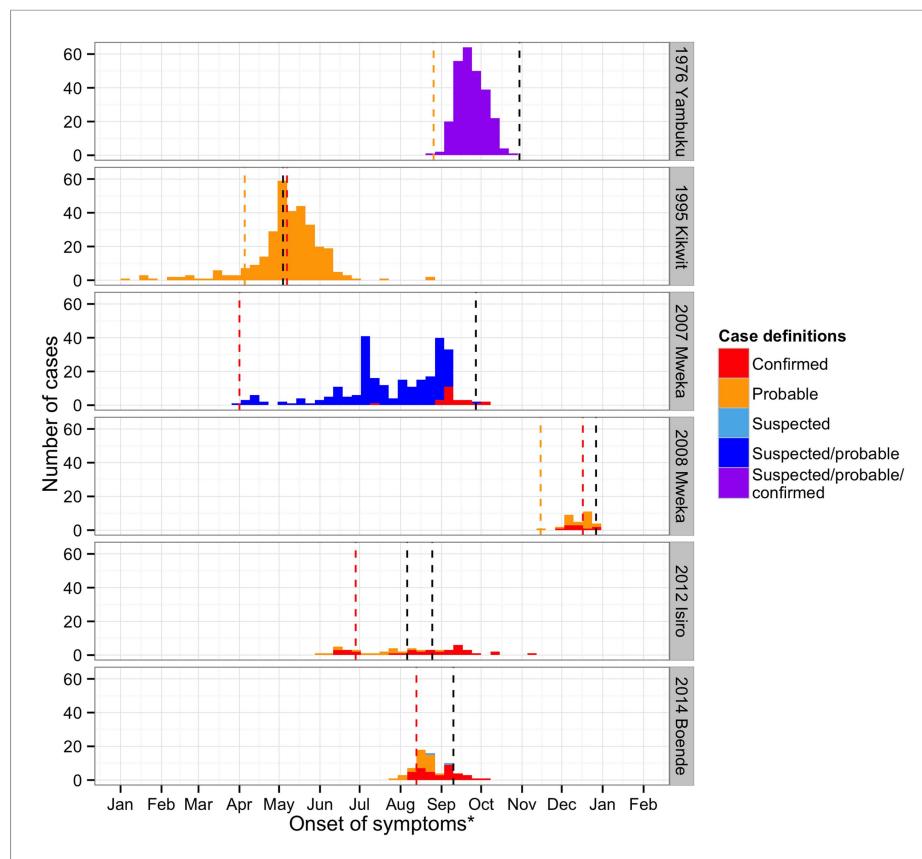
Figure 3. Time course of the EVD outbreaks in DRC. Confirmed cases are plotted in red, probable cases in orange, suspected in light blue, cases that were either suspected or probable cases in dark blue, and cases for whom the definition was unknown in purple. The dashed lines represent important events that occurred during the outbreaks (in orange, the first records of the disease, in red, the first notifications, and in black, important interventions carried out). For Yambuku, this was the closure of Yambuku Mission Hospital; for Kikwit, the closure of all hospitals, health centres, and laboratories in the area; for Mweka 2007, the opening of two mobile laboratories; for Mweka 2008, the opening of the first isolation centre; for Isiro, first the opening of the isolation centre and later the opening of the laboratory; and for Boende, the opening of the first isolation centre. Notification dates were when the cases were first notified to the Direction de Lutte contre la Maladie (DLM).
DOI: 10.7554/eLife.09015.007
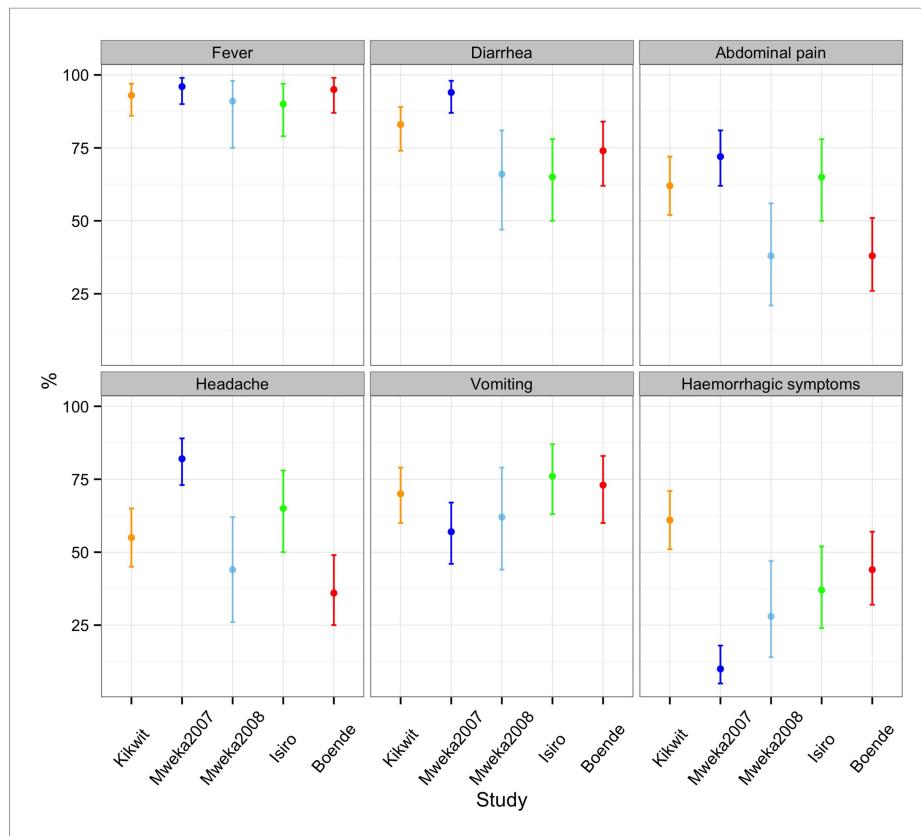
Figure 4. Percentage of probable and confirmed cases with abdominal pain, diarrhoea, fever, haemorrhagic symptoms, headache, and vomiting. These were calculated by dividing the number of probable and confirmed cases with symptoms by the number of probable and confirmed cases with symptoms, no symptoms, and blanks for cases for who the presence or absence of at least one symptom was reported. Note that the majority of cases in the Mweka 2007 outbreak were diagnosed a posteriori using recorded symptoms.
DOI: 10.7554/eLife.09015.008
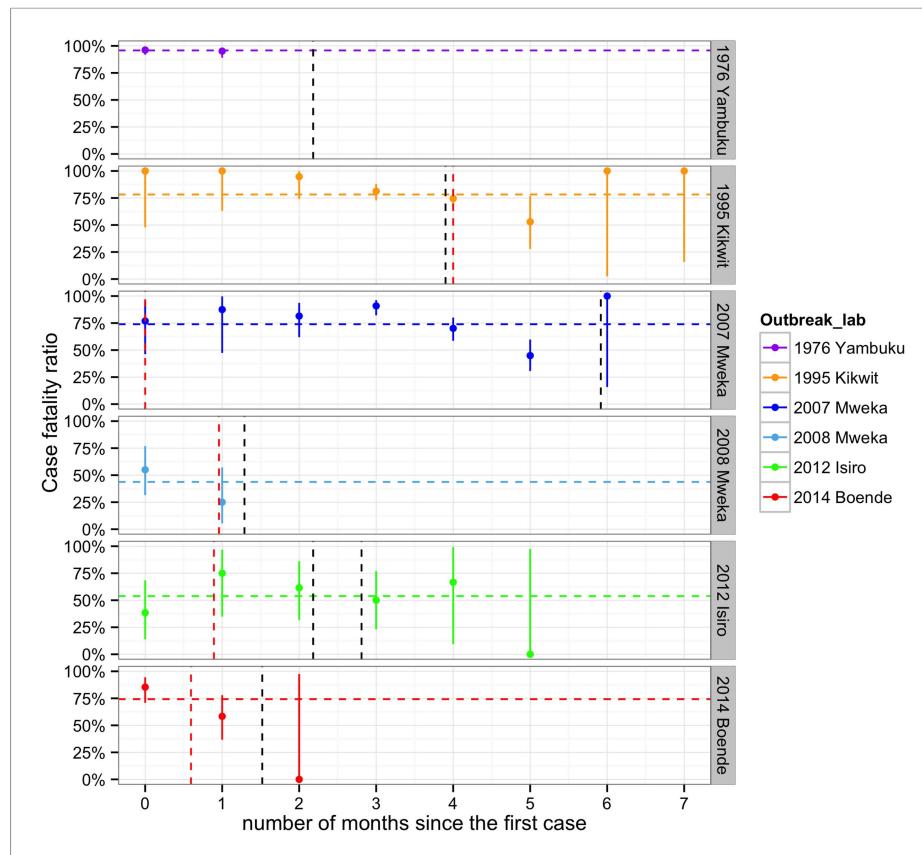
Figure 5. Evolving case-fatality ratios with time after the start of the outbreak. Monthly point estimates are presented with 95% binomial confidence intervals. The dashed horizontal line indicates the average case-fatality ratio (CFR) during each outbreak. The vertical dashed lines represent important events that occurred during the outbreaks (in red, the first notifications, and in black, important interventions carried out). For Yambuku, this was the closure of Yambuku Mission Hospital; for Kikwit, the closure of all hospitals, health centres, and laboratories; for Mweka 2007, the opening of two mobile laboratories; for Mweka 2008, the opening of the first isolation centre; for Isiro, first the opening of the isolation centre and later the opening of the laboratory; and for Boende, the opening of the first isolation centre. Notification dates were when the cases were first notified to the DLM.
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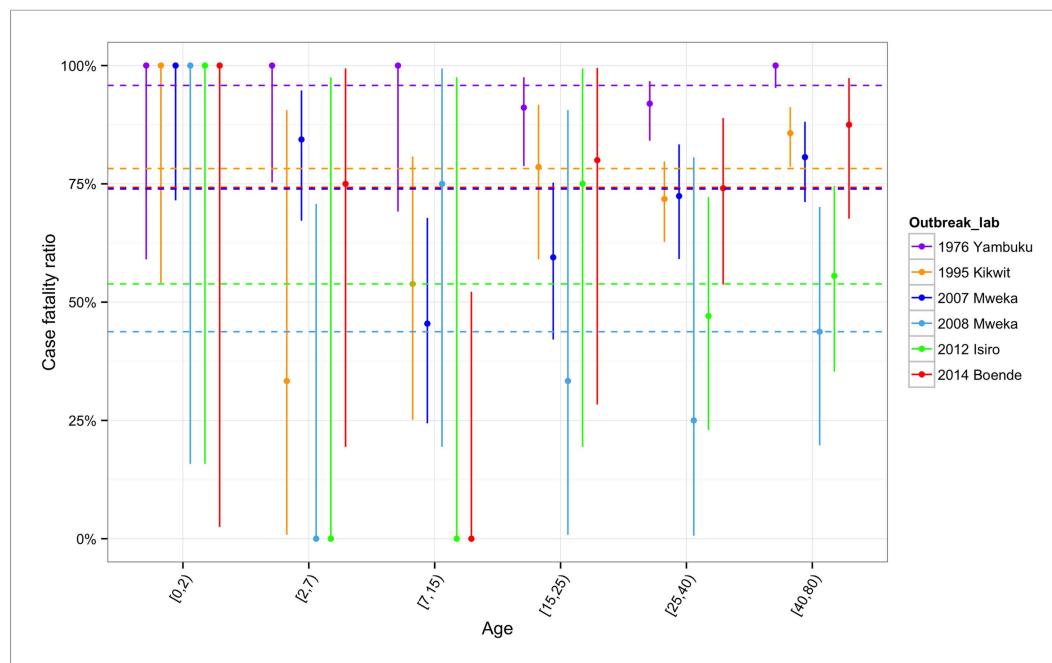
Figure 5—figure supplement 1. CFR by age groups for each outbreak.
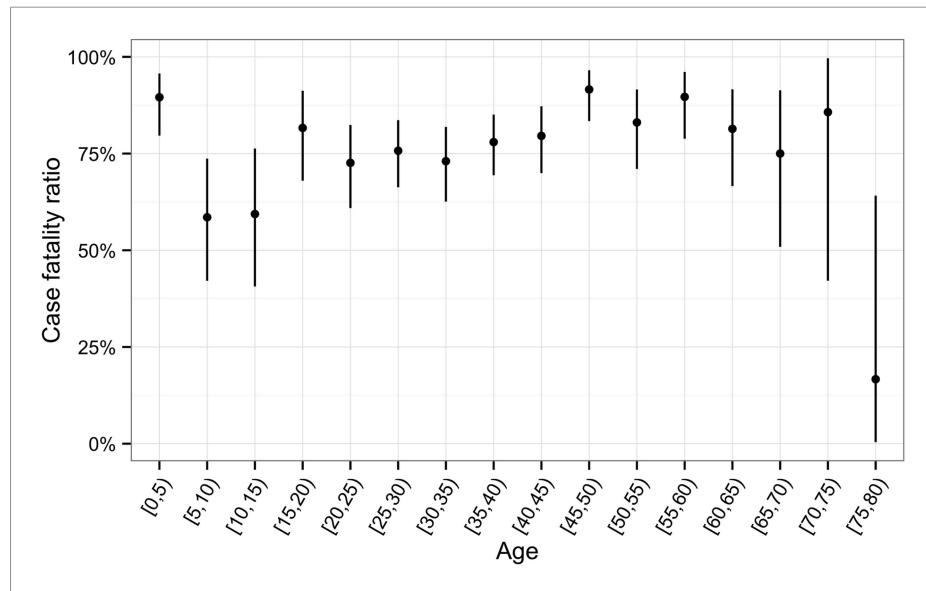
Figure 5—figure supplement 2. Aggregated CFRs for all outbreaks by age group.
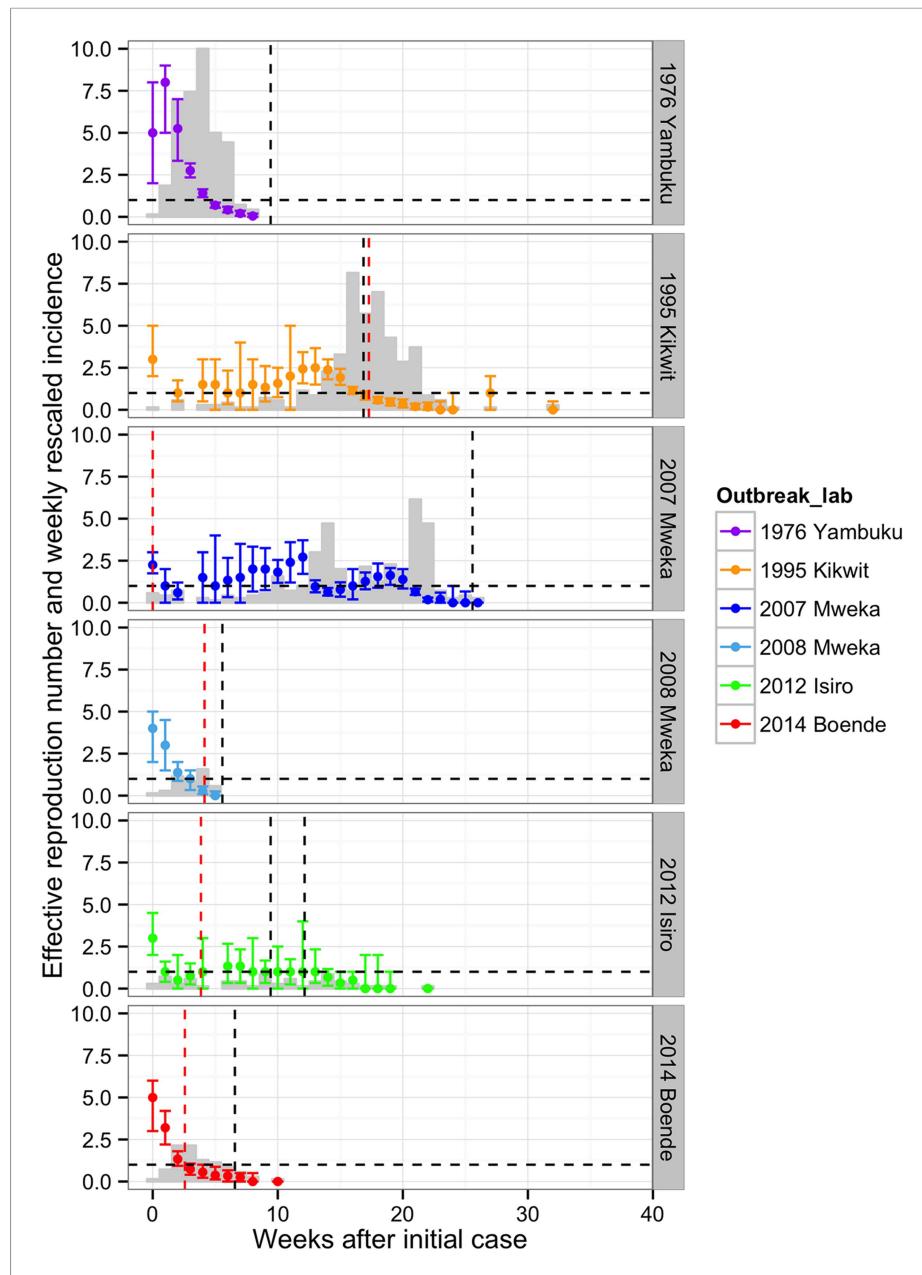
Figure 6. Evolving effective reproduction numbers with time after the start of the outbreak and adjusted weekly incidence. Weekly point estimates of the effective reproduction numbers are presented with 95% confidence intervals. The dashed horizontal line indicates the threshold R = 1. The vertical dashed lines represent important events that occurred during the outbreaks (in red, the first notifications, and in black, important interventions carried out). For Yambuku, this was the closure of Yambuku Mission Hospital; for Kikwit, the closure of all hospitals, health centres, and laboratories; for Mweka 2007, the opening of two mobile laboratories; for Mweka 2008, the opening of the first isolation centre; for Isiro, first the opening of the isolation centre and later the opening of the laboratory; and for Boende, the opening of the first isolation centre. The light grey bars represent the weekly incidence of Ebola virus disease (EVD) (omitting suspected cases) rescaled by dividing by seven.
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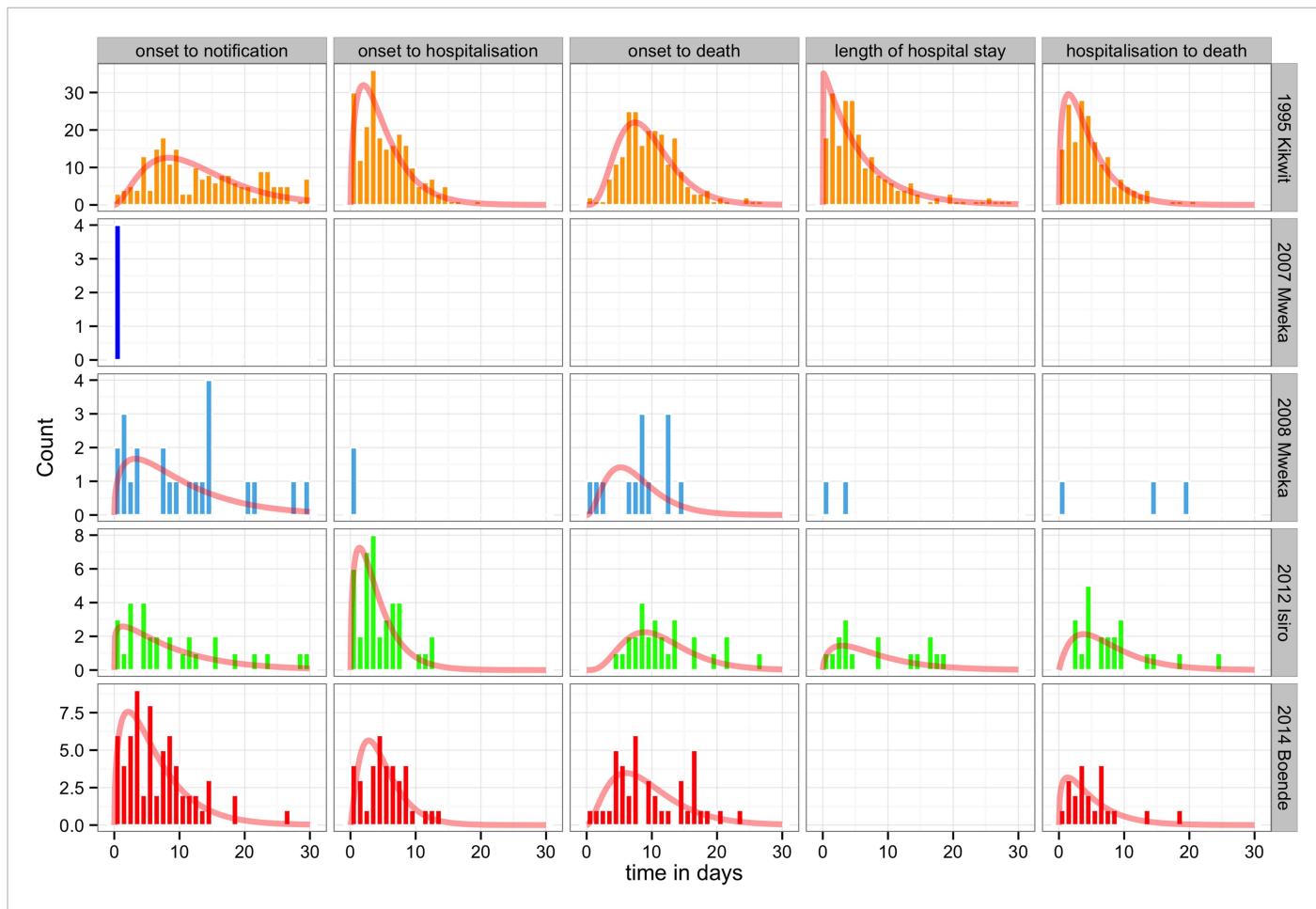
Figure 7. Delay distributions for the EVD outbreaks in the DRC. The bars represent the observed frequency distributions of the delay from onset of symptoms to notification, onset of symptoms to hospitalisation, onset of symptoms to death, length of hospitalisation, and date of hospitalisation to death. Delays were censored at 30 days. The red line represents the respective fit of a gamma distribution.
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