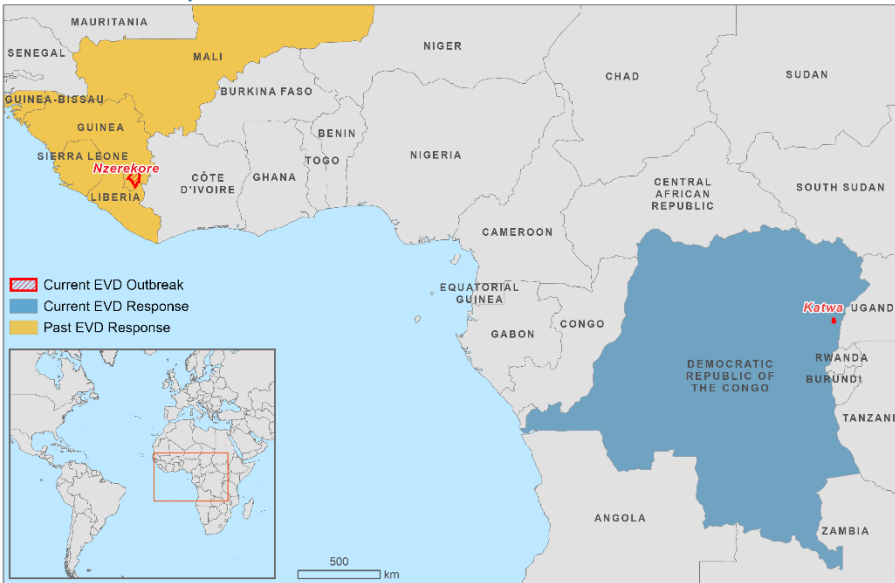


SITUATION UPDATE



West and Central Africa are facing renewed outbreaks of Ebola virus disease (EVD) while facing ongoing pressures from the COVID-19 pandemic, which already has put a strain on national and international health resources. International Medical Corps is responding in both areas of the continent with strong regional teams of technical experts to support those in need where it is needed most.

The Democratic Republic of the Congo (DRC)

Nearly four months following the end of the DRC's 11th outbreak in November 2020 in the western province of Équateur, a new outbreak of Ebola was confirmed in the northeastern province of North Kivu on February 7, when samples collected from a woman in her mid-forties were confirmed by the Ministry of Health (MOH) to be EVD. The patient passed away 72 hours later at a health facility in Katwa Health Zone, with symptoms of the virus. A test of the semen of her spouse, a known Ebola survivor, for EVD was reported to have returned negative just five months ago, yet such tests can sometimes show a false negative result. Preliminary results of genomic sequencing of the index case's viral proteins suggest that this new outbreak—the 12th in the DRC—is linked to the first Ebola outbreak that occurred in this part of the country, which eventually grew to become the second-largest in history and required more than two years of concerted efforts to control. That outbreak claimed the lives of 2,287 of the 3,324 confirmed cases identified. The source of this reoccurrence (her spouse or some other source of infection) is still being investigated.

The index case, who came from Biena, sought care at a health facility in Katwa, where she passed away before the diagnosis could be made. In the course of her travels and during her stay at the hospital, several other people were exposed. Three confirmed cases have since surfaced (including a nurse who cared for one of the patients), two of whom have died. All but one of the confirmed cases—the nurse, who is still alive and responding well to treatment—had not received Ebola vaccine during the last outbreak.

FAST FACTS

- Faced with a mix of confirmed and probable cases and deaths, the Republic of Guinea has declared its first resurgence of Ebola since 2016.
- Two people have died in the DRC after confirmation of a new Ebola outbreak in the northeast.
- The previous Ebola outbreak in the northeast, the country's 10th and the second-largest in world history, claimed the lives of 2,287 of the 3,324 patients affected.
- The DRC's 11th outbreak, in Équateur Province, affected 13 of the province's 18 health zones, with 130 confirmed cases and 55 deaths.
- The DRC has been named the lead by the Africa Union in response efforts to the newest outbreak in Guinea.

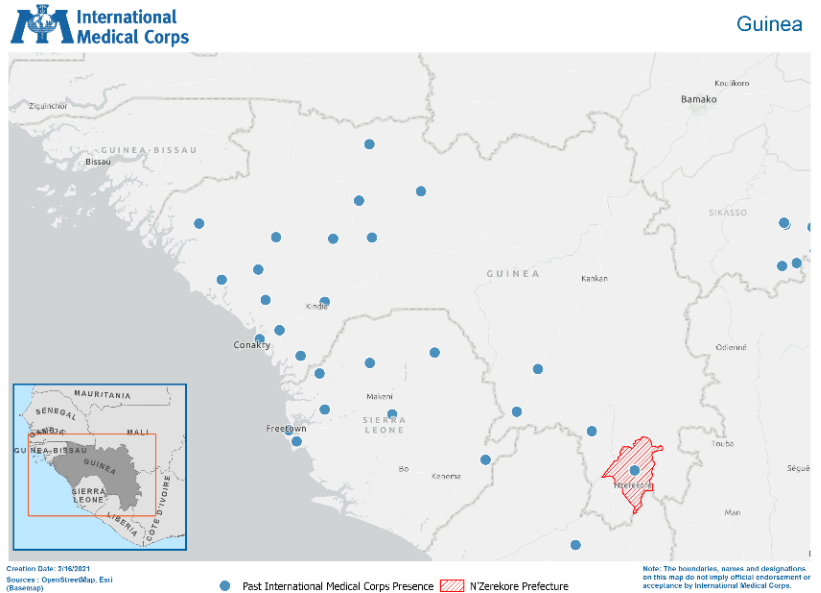
RESPONSE

- Since August 21, 2018, screening and referral units (SRUs) supported by International Medical Corps have provided more than 2 million screenings for Ebola and 1.2 million screenings for COVID-19.
- International Medical Corps is providing infection prevention and control (IPC) support to 196 health facilities in the DRC to ensure that healthcare delivery is safe, including 20 new facilities in Équateur, and is activating its response team in Guinea.

The Republic of Guinea

On February 14, following seven cases (three confirmed and four probable, with one confirmed and four probable deaths) in the southeastern province of Nzérékoré, the government of Guinea declared an EVD outbreak. Initial results showed the presence of the virus in the town of Guéckédou—near where the initial case of the 2014 Ebola outbreak, in Meliandou, a rural village, was found.

This marks the first resurgence of the virus in the country since the devastating West Africa epidemic of 2014–2016. The government, under joint direction of the Ministry of Health (MoH) and the National Agency for Health Security (ANSS), reactivated its Ebola response technical committee, and deployed to start active containment efforts. Because Nzérékoré borders Sierra Leone and Liberia, the threat of cross-border outbreaks is high.



International Medical Corps Response

International Medical Corps Rapid Response Team in the DRC

International Medical Corps deployed a multi-disciplinary team 24 hours after DRC the government confirmed the outbreak. After assessing Biena, where the outbreak started, the team was asked by the Ministry of Health to set up a treatment center in Katwa, where the outbreak has spread to. This will be a semi-permanent structure, replacing worn-out tents and tarpaulins that were used in the previous outbreak to isolate suspect cases. While waiting to have this structure erected, the International Medical Corps team is caring for confirmed and suspect cases at a four-bed facility that had previously been used to manage COVID-19 cases. International Medical Corps will erect tents at this facility that will increase the number of beds, given the facility currently is at 100% capacity. The team is mounting response in addition to the active close-out of EVD response efforts in Équateur province, as well as its ongoing COVID-19 support in the country, including vaccination preparedness efforts.

Partner presence on the ground remains limited, despite existing response gaps. Partners so far identified will help reinforce infection prevention and control (IPC) at health facilities and within communities, as well as contact tracing, surveillance, laboratory follow-up of patients and patient transport. There remains a need for community engagement and risk communication support, given the high level of community resistance during the previous outbreak in the region.

Our Response in Guinea

As of February 17, International Medical Corps has emergency response team members on the ground in Guinea, with additional technical members deploying into the country from the DRC in the coming days to augment the mission's presence. The team is composed of experienced staff who supported response efforts during the West Africa response, specifically in Guinea, Sierra Leone and Liberia, as well as the most recent DRC responses.

International Medical Corps will conduct a rapid needs assessment while preparing to support coordination and response efforts. We are ready to address prevention through reinforcement of isolation and containment measures, risk communication and community awareness, and provide essential supplies and equipment. Should a scale-up of case-management be needed, our experts are ready to support case management and treatment needs.



International Medical Corps staff in Katwa Health Zone don PPE before entering the “red zone” to care for confirmed Ebola cases.

Heightened Vigilance in Mali

Following a suspected case of EVD in Mali on February 15 that was later confirmed negative, International Medical Corps' mission in Mali is monitoring the cross-border situation and is in touch with the Mali MoH for any cascading directives that may come through. International Medical Corps is currently working with the MoH and the Emergency Operations Center by training rapid response teams to be installed across the eight regions in Mali. The Mali mission also stands ready to deploy medical and functional support staff to help combat a rapid scale-up in Guinea, should it be necessary.

International Medical Corps' Previous Experience in Responding to Outbreaks

International Medical Corps has extensive experience responding to Ebola and other outbreaks of infectious disease. In 2014, International Medical Corps responded to the largest outbreak of EVD in history, in Guinea, Liberia, Sierra Leone, Mali and Guinea-Bissau. With a team of more than 1,500 tireless staff, International Medical Corps treated nearly 460 Ebola-positive patients and helped support longer-term efforts to prevent transmission of the virus. Our five Ebola Treatment Centers (ETCs) in Liberia and Sierra Leone cared for more than 2,500 suspected and confirmed patients. In Liberia, Sierra Leone and Guinea, our screening and referral units screened tens of thousands of health facility users for Ebola.

International Medical Corps supplemented medical care and screening with psychosocial support and community-engagement efforts, including workshops and person-to-person contacts, to explain the need for proper hygiene, dispel myths surrounding Ebola and encourage survivor families and community residents. Because strengthening local healthcare systems to lift the overall level of care is essential to improve quality of life in the region and reduce public health risks globally, International Medical Corps also worked to support and rebuild local health systems through training and re-equipping healthcare facilities.

Before our response in the northeast to the country's 10th Ebola outbreak, International Medical Corps conducted multi-sectoral efforts in the wake of the DRC's ninth outbreak, which began in Équateur province in April 2018. Working from locations in Kinshasa and Mbandaka, the team provided critical IPC training to 516 health staff (nurses, laboratory technicians, doctors and hygienists) in six health zones—Bikoro, Ikobo, Wangata, Mbandaka, Ntongo and Bolenge—giving them with the knowledge and skills needed to protect themselves and their facilities from Ebola transmission. In addition, International Medical Corps provided personal protective equipment (PPE) and basic water, sanitation and hygiene (WASH) supplies to 65 health facilities.



International Medical Corps is installing tents in Katwa to increase the isolation capacity there from four to 12 beds.

For Additional Information

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