



An International Medical Corps Rapid Response Team member provides an infection prevention and control demonstration to healthcare staff at the Ingongo Health Center.

As of October 30, there have been 53 confirmed and 11 probable cases of Ebola virus disease (EVD), including 45 deaths (34 confirmed and 11 probable) in the Kasai province of the Democratic Republic of the Congo (DRC). On October 19, the patient with the last confirmed case was released from the hospital, kicking off the Ministry of Health's 42-day countdown toward declaring the official end of the outbreak.

Rapid response to this outbreak—challenging due to the isolated geography and overburdened health system of the affected province—has been critical. Lack of clean water, healthcare infrastructure, and internet and cellular services have made the response especially challenging.

Though the World Health Organization (WHO) has been working with the UN Humanitarian Air Service to bring a air travel to Bulape Health Zone, Kasai province remains extremely isolated, delaying the import of critical supplies such as personal protective equipment and medical supplies.

Major gaps remain in the response to the outbreak. An 18-bed Ebola Treatment Center (ETC) at the Bulape General Hospital was quickly overwhelmed, with confirmed and suspected cases being treated in the same area, contrary to proper infection prevention and control (IPC) practices. Because the full health facility became a “red zone” with serious risk of EVD transmission, the larger community no longer was able to access hospital services, leading community members to turn toward traditional healers.

Despite the days since a new confirmed case, concern continues that cases are going undetected. Ebola has been detected now in six areas within Bulape Health Zone, with the majority of cases being concentrated along the Bulape-Ingongo-Mpianga-Bambalaie axis. Surveillance and contact tracing in Bulape has been constrained by poor road infrastructure. There are rumors of community members fleeing affected areas, which could lead to the virus spreading outside of Kasai province into neighboring provinces, or even over the border into Angola.

International Medical Corps Response

Given International Medical Corps' history of operations in the DRC (stretching back to 1999) and our extensive experience with EVD, both in and outside of the DRC, our rapid response teams (RRTs) rapidly mobilized when the outbreak was declared, to assess and begin response in Kasai. We deployed qualified health personnel to support case management, provide training in IPC and in risk communication and community

FAST FACTS

- On September 4, the DRC Ministry of Health officially declared an outbreak of Ebola virus disease (EVD) in the Bulape and Mweka health zones in Kasai province. Since then, the virus has spread to the Bambale, Bulape, Dikolo, Ingongo and Mpianga health areas, inside of Bulape Health Zone.
- According to the the World Health Organization, as of October 15, there have been 53 confirmed and 11 probable cases of EVD, and 45 deaths (34 confirmed, 11 probable) in Bulape Health Zone.
- There have been no new cases of Ebola since October 19, prompting the countdown toward the declaration of the end of the outbreak.

OUR RESPONSE

- International Medical Corps has been responding in the DRC since 1999, and currently has offices in Goma and Kinshasa.
- When the outbreak occurred, we immediately deployed a rapid response team (RRT) to Kasai, to support coordination of case management, infection prevention and control (IPC), and community surveillance efforts.
- The RRT has finalized construction of a screening and referral unit at the Ingongo Health Facility.
- We have deployed a roving mental health specialist to address the psychological toll of the outbreak on healthcare staff, patients and caregivers.
- Staff members are training several DRC-based organizations on Ebola-specific topics. We also have trained 40 health workers in Bulape on EVD case management, IPC, and proper water, sanitation and hygiene procedures—the first training sessions conducted in Bulape to follow the standardized Ministry of Health training modules and methodology.

engagement (RCCE), and help manage efforts involving water, sanitation and hygiene (WASH).

Before deploying to the affected health zone, our RRT conducted critical training and capacity building for Ministry of Health frontline healthcare workers. These training sessions covered critical topics such as EVD case management, EVD-specific IPC and proper use of personal protective equipment (PPE), including donning and doffing—enabling frontline health workers to reduce the risk of spreading or contracting EVD during their response. Once in the affected region, our RRT immediately provided support with remote management of confirmed EVD cases at the Bulape Hospital ETC, which had quickly become overwhelmed.

After assessing needs and working closely with the DRC's Incident Manager to determine priorities, International Medical Corps set up an isolation and triage room at Ingongo Health Facility (a priority response location approximately 11 kilometers from Bulape) that had already begun seeing patients, while constructing a screening and referral unit (SRU). The SRU enables suspected EVD patients to be safely quarantined while awaiting lab results from the sole mobile laboratory in Bulape, and it is in this SRU that we conduct direct case management within the red zone.

To further support rapid response efforts, International Medical Corps' global Local Engagement and Response Network (LEARN) project completed Ebola-outbreak training for all seven of its local partners in the DRC. The training included approximately 30 hours of interactive content on key topics such as Ebola basics, IPC, contact tracing, community surveillance and risk communication. IPC sessions covered PPE use, waste management, dignified and safe burials and more. Seventy-three participants from varying roles—including program managers, health officers, monitoring and evaluation, and communications—completed the 12 webinar modules offered throughout September and October, reflecting strong cross-functional engagement and institutional commitment to strengthening outbreak readiness.

International Medical Corps has continued to participate in coordination meetings and efforts at the national and local levels, ensuring cooperation and avoiding duplication of efforts. We work closely with the DRC's Incident Manager to coordinate our response, in line with national pillars of response.

Mental Health and Psychosocial Support (MHPSS). To support first responders, patients and community members, we have deployed one of our mental health and psychosocial support specialists to Bulape, who is working with staff at several health facilities responding to EVD—including the ETC at Bulape General Hospital—to ensure that they have critical mental health support.

In addition to participation in MHPSS coordination meetings at both the Bulape and national levels, International Medical Corps has provided stress-management tools for staff responding to the outbreak. We have played a key role in training 50 paraprofessional workers on basic concepts of MHPSS and on providing psychological first aid in emergency situations. We are also implementing a mentoring program at the Ingongo SRU and health facility to strengthen the clinical and communication skills of healthcare providers at the facility, and plan to extend this program to staff at additional SRUs under development.

Further support is critically needed to ensure that International Medical Corps can continue responding to this Ebola outbreak. Immediate procurement of appropriate supplies—including PPE, IPC equipment and WASH supplies—is especially important, as is the ability to support key personnel in the field as they respond to the outbreak and its aftermath, and conduct training.