International Medical Corps

SITUATION UPDATE

Ebola Outbreak, Kasai Province, DRC
Situation Report #1
September 4, 2025

In this photo from a DRC Ebola response in 2019, International Medical Corps staff put on personal protective equipment before they enter an Ebola red zone.

On September 1, officials in the Kasai province of the Democratic Republic of the Congo (DRC)—a small, isolated province in the southwest of the country—raised the alarm in response to a case of hemorrhagic fever of unknown origin. Kasai is a province with a history of Ebola virus disease (EVD). Three samples collected from suspected cases were sent by health authorities to the National Institute of Biomedical Research in the DRC's capital, Kinshasa. By the time officials confirmed the suspected cases were indeed the Zaire strain of EVD, there were already 28 suspected cases and 15 deaths, including four healthcare workers who treated the first Ebola-positive patient.

Ebola Zaire is a highly contagious hemorrhagic-fever virus that halts the body's blood-clotting system, causing blood to leak from small vessels all over a patient's body, causing internal bleeding, inflammation, bleeding and loss of fluid. If untreated, the body goes into shock from fluid loss. The Ebola Zaire strain is the strain that killed more than 11,000 people during the West African Ebola outbreak in 2014–2016. Ebola Zaire can result in up to a 90% mortality rate for infected patients, though high-quality healthcare and early diagnosis can help bring this rate down as low as 28%. Multiple treatments and a vaccination have been utilized in recent outbreaks, though risk for transmission prior to vaccination remains high and the treatments available are still new.

Bulape and Mweka health zones in Kasai province, where the cases have surfaced, are extremely isolated. There is very little air travel to this province and the journey from Kinshasa to Kasai can take multiple days via road during the rainy season. Unlike many other regions of the DRC, Kasai is a stable province, though there is chronic food insecurity, leading to cases of severe acute malnutrition, due to poverty and geographic isolation. The health system is weak and underfunded, leaving many community members to seek medical attention from traditional healers. These issues are exacerbated by inter-ethnic conflict leading to occasional population displacement, as well as large-scale issues caused by extreme weather events.

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.
- There curently are 28 suspected cases and 15 deaths, including four nurses.
- Kasai is extremely isolated, sometimes requiring multiple days of driving from Kinshasa to Tshikapa, the provincial capital, during the rainy season. Very few air routes reach the province.
- After three samples were tested at the National Institute of Biomedical Research in Kinshasa, health officials determined that it is an outbreak of the Ebola Zaire strain.
- WHO is delivering personal protective equipment, mobile laboratory equipment and medical supplies to Tshikapa.
- Vaccines for EVD do exist, in part due to the research conducted by International Medical Corps.

OUR RESPONSE

- International Medical Corps has been responding in the DRC since 1999, and currently has offices in Goma and Kinshasa.
- In addition to helping to lead the response to the Ebola outbreak in West Africa in 2014–2016, International Medical Corps was a leader in EVD management in DRC during its 2018–2020 outbreaks.
- International Medical Corps has provided significant contributions to EVD treatment and management research.

International Medical Corps Response

International Medical Corps first began operations in the DRC in 1999 and has extensive experience with EVD, both in and outside of the DRC.

Humanitarian Response. During the 2014–2016 Ebola epidemic in West Africa—which killed thousands of people across Guinea, Guinea-Bissau, Liberia, Mali and Sierra Leone—International Medical Corps' team of more than 1,500 staff treated hundreds of Ebola-positive patients in five treatment units. We also supported government initiatives to reduce transmission and provide training to frontline health workers. We worked closely with the communities, engaging members in workshops and person-to-person contacts, dispelling myths about Ebola and encouraging Ebola survivor families and community residents to follow proper hygiene protocols. After the outbreak officially ended, International Medical Corps staff stayed on, continuing to build local health systems, re-equip healthcare facilities, and provide mental health and psychosocial support to those affected by the epidemic.

In 2018, International Medical Corps conducted multi-sectoral efforts to fight Ebola in Équateur region, in western DRC. International Medical Corps provided infection prevention and control (IPC) training and support to more than 500 health staff across six health zones, enabling them to protect themselves, their patients and their facilities from Ebola transmission.

Between 2018 and 2022, DRC experienced near-constant recurring outbreaks of Ebola all over the country. From 2018 onwards in North Kivu and Ituri, International Medical Corps constructed some 105 screening-and-referral units where staff conducted more than 2 million Ebola screenings. We created Ebola treatment centers and trained more than 1,700 health staff in IPC. We drilled boreholes across Ituri and North Kivu, providing healthcare centers with access to clean water, and rehabilitated waste management systems—including incinerators, sharps pits, burn pits and waste zones—which are essential to preventing the transmission of Ebola and other communicable diseases.

Research. International Medical Corps' health research heavily contributed to evidence-based guidelines for management of patients with confirmed and suspected EVD during the West Africa 2014–2016 Ebola epidemic and the various DRC outbreaks.

In 2019 in the Democratic Republic of Congo, International Medical Corps contributed to a consortium that determined that both MAb114 and REGN-EB3 treatment protocols for patients with confirmed EVD were superior to ZMapp treatment, particularly with regards to reducing mortality. In 2021, in partnership with Brown University and the Center for Disease Control (CDC), we conducted a vaccine-hesitancy study of healthcare workers and community members in three Ebola-affected health zones in the DRC.

In 2021, International Medical Corps launched the Ebola Research Project, which utilizes existing data collected by our Ebola treatment facilities regarding patient care, lab testing and epidemiological investigations to conduct clinical and social research related to Ebola. This analysis has critically informed our programming and contributed to evidence-based guidelines for management of patients with suspected and confirmed EVD.

Humanitarian Response to Current Outbreak. International Medical Corps is quickly responding to this newest outbreak. We are mobilizing a rapid response team (RRT) in both Kinshasa and in the Ebola-affected health areas in Kasai. Our RRT will align with critical pillars needed to contain the spread and save lives, including trained medical staff, IPC and WASH specialists, case management leads, risk communication and community engagement, and supply-chain management.

As always, International Medical Corps will ensure strict coordination with national health authorities, including the Ministry of Health, the National Institute of Biomedical Research, and national and international partners.

Support is needed to ensure that International Medical Corps can quickly respond to this Ebola outbreak in Kasai province in this time-sensitive period. Immediate procurement of appropriate supplies—including personal protective equipment, infection prevention and control equipment, and WASH supplies—is especially important, as is the ability to deploy and support key personnel to the field to respond to the outbreak and conduct training.