



Health professionals wash their hands before entering the International Medical Corps screening and referral unit at the Ingongo Health Facility in Bulape.

As of October 15, 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). It has been 18 days since the last new confirmed case, raising hopes that the outbreak is beginning to be controlled.

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, medical facilities, and internet and cellular service has limited ease of response.

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, making response challenging and delaying the import of critical 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 has become a “red zone” with serious risk of EVD transmission, the larger community is no longer able to access hospital services, which has led community members to turn toward traditional healers.

Concerns about the disease remain widespread, as Ebola has been detected now in six areas within Bulape Health Zone. The majority of confirmed cases of EVD have been 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. Vaccinations are available for some frontline health workers, but the supply of vaccines is not sufficient.

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

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 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.
- As of October 15, there have been 18 days without a new case of EVD.
- Gaps remain in the response, including in case-management capacity, blood supplies and more.

OUR RESPONSE

- International Medical Corps has been responding in the DRC since 1999, and currently has offices in Goma and Kinshasa.
- We immediately deployed a Rapid Response Team (RRT) to Kasai, to support coordination of case management and infection prevention and control (IPC) efforts. Staff members have set up a temporary isolation unit at the Ingongo Health Facility in Bulape Health Zone, as well as a screening and referral unit.
- We have deployed a roving mental health specialist to address the psychological toll of the outbreak on healthcare staff, patients and families.
- 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. This was the first training conducted in Bulape that follows the standardized Ministry of Health training modules and methodology.

deployed qualified health personnel to support case management, provide training in IPC and in risk communication and community engagement (RCCE), and help manage efforts involving water, sanitation and hygiene (WASH).

International Medical Corps set up an isolation and triage room at Ingongo Health Facility (a priority response location about 11 kilometers from Bulape) that has already begun seeing patients. Our team has constructed a screening and referral unit, enabling suspected EVD patients to be safely quarantined while awaiting lab results from the sole mobile laboratory in Bulape. We continue to work with the Ministry of Health's Incident Manager on assessments regarding the need for an additional Ebola Treatment Center in Ingongo.

As part of our commitment to strengthening infectious disease response capacity in the DRC, over the past two weeks the International Medical Corps LEARN project has delivered specialized training sessions to local and national non-governmental organizations (LNNGOs) on critical topics around Ebola response, utilizing both internationally recognized materials and approved content from the DRC Ministry of Health. Topics include IPC during an EVD epidemic; triage, isolation and notification; the IPC ring approach and IPC scorecard; RCCE; safe transport of blood samples; proper community WASH practices; and safe and dignified burials. These capacity-strengthening efforts will continue with DRC LNNGOs in the coming weeks to ensure a comprehensive understanding of all infectious disease preparedness and response needs, enabling local partners to lead effective, community-level interventions.

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 the Bulape General Hospital—to ensure that they have critical mental health support.

Further support is critically needed to ensure that International Medical Corps can continue responding to this Ebola outbreak. Immediate procurement of appropriate supplies—including personal protective equipment, 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 conduct training.