



An International Medical Corps staff member is disinfected after entering the EVD red zone at the Rwankole Ebola Treatment Center.

On May 15, the Ministry of Health (MoH) in the Democratic Republic of the Congo (DRC) officially declared an outbreak of Ebola virus disease (EVD). Since then, the disease has become the largest outbreak the country has ever seen and the second-largest outbreak in global history. This outbreak, which is the second in the country in a year, has spread into seven provinces, as well as across the Ugandan and Kenyan borders. Caused by the Bundibugyo strain, the outbreak has been classified by the World Health Organization (WHO) as a Public Health Emergency of International Concern (PHEIC).

As of October 11, 9,066 confirmed cases and 4,381 confirmed deaths had been reported across the DRC, with 20 confirmed cases and two deaths in Uganda and one confirmed case and death in Kenya.

Though the outbreak in the DRC remains most severe in Ituri province, transmission has also been reported in Bas-Uele, Haut-Uele, North Kivu, South Kivu, South Ubangi and Tshopo provinces. The virus, which is spreading most rapidly in Haut Uele and North Kivu, is in all provinces exacerbating and burdening health systems already weakened by ongoing conflict, chronic underfunding and geographic isolation.

As the virus continues to spread close to the borders with the Central African Republic, South Sudan and Uganda, the risk of cross-border transmission remains high. With no approved vaccine or specified treatment for this strain, the response relies on early detection, supportive care, infection prevention and control (IPC), contact tracing and strong community engagement. In Uganda and Kenya, health authorities continue to maintain surveillance, contact tracing and case-management activities.

International Medical Corps Response

With the support of the US Department of State, DG ECHO and other donors, International Medical Corps teams across the region are actively responding to the outbreak and collaborating closely with ministries of health, key actors and response partners. International Medical Corps has used a hub-and-spoke model since the outbreak was declared to provide case-management support at designated treatment and transit facilities, strengthen IPC in referring health facilities, conduct screening and triage, support risk

FAST FACTS

- On May 15, the DRC declared an outbreak of Ebola virus disease (EVD), later confirmed to be caused by the Bundibugyo strain.
- As of October 11, 9,066 confirmed cases and 4,381 confirmed deaths had been reported in the DRC.
- On October 5, a case of imported EVD was confirmed in Kenya. The patient had traveled from the DRC through Uganda to Nairobi, where he died.
- No EVD cases have been confirmed in South Sudan or the Central African Republic, but risk of cross-border transmission remains high due to transient populations and porous borders with the DRC.
- In the DRC, the outbreak remains centered in Ituri province, but cases have also been confirmed in Bas-Uele, Haut-Uele, North Kivu, South Kivu, South Ubangi and Tshopo provinces, indicating an uncontrolled spread of the disease.
- Uganda has officially declared its outbreak to be over, though preparedness activities continue.

OUR RESPONSE

- Across the region, our teams are providing case management, infection prevention and control, screening and triage, risk communication and community engagement, training and preparedness planning.
- We are helping more than 110 facilities screen, identify and treat EVD.
- Our supported sites in the DRC have conducted more than 1 million EVD screenings and provided treatment to 2,806 patients, including 828 confirmed cases.
- We have so far trained 6,451 people in the DRC on EVD case management, response and transmission prevention.

communication and community engagement (RCCE) in surrounding communities and train health workers on EVD response protocols.

Democratic Republic of the Congo

In **Ituri province**, International Medical Corps is operating an 80-bed Ebola treatment center (ETC) in Bunia, where the team is providing comprehensive case management, screening, triage and IPC upgrades. International Medical Corps has so far managed the treatment of 338 confirmed cases at this ETC.

On August 4 we opened an additional ETC in Rwankole with a capacity of 110 beds, further expanding treatment capacity in the epicenter of the outbreak. So far we have screened 370 patients at the facility, and confirmed 103 cases.

International Medical Corps is continuing to support IPC improvements in surrounding health facilities in Ituri province and to provide IPC training for healthcare workers. We are continuing to scale up IPC measures and facility support in Bunia and Rwampara, and are increasing our RCCE programming to promote health-seeking behavior—enabling faster reporting, identification and isolation of suspected cases.

In **North Kivu province**, International Medical Corps is operating a eight-bed Ebola transit center at Virunga Hospital in Goma, where six suspected cases currently are isolated, receiving palliative care and awaiting test results.

In Beni, International Medical Corps has established two ETCs—one at Beni General Referral Hospital and one at Matanda Secondary—that have so far treated 381 patients, with 146 confirmed. We also are running four additional Ebola transit centers: in Beni, Boikene, Bundji and Mtanda.

In **South Kivu province**, International Medical Corps is running an Ebola transit center in Katana, where we are providing treatment to six suspected patients. In Miti-Murhesa health zone, we are providing case-management support, IPC improvements, screening and training across 34 health facilities.

In **Bas-Uélé, Haut-Uélé and Tshopo**, International Medical Corps is assessing needs and preparing to construct transit centers in Bafwasende and Makiso, in Tshopo province. The team is also preparing to begin critical EVD-related RCCE in affected communities.

In response to growing mental-health needs in all areas affected by the outbreak, International Medical Corps is conducting awareness campaigns related to mental health and psychosocial support (MHPSS) specific to the EVD context, including psychological first aid (PFA). Our MHPSS training materials have been approved by the MoH and are being used in all supported health facilities.

At the provider level, International Medical Corps is training healthcare workers and community health workers in Beni, Bunia and Butembo using these materials. To address the psychological distress at the patient level, our MHPSS team is providing interpersonal psychotherapy sessions for those admitted or discharged for confirmed or suspected EVD. We also have been providing additional MHPSS services, including PFA, to those affected by the outbreak.

And because suspected cases among healthcare workers have led to the closure of health facilities across all affected zones, International Medical Corps is supporting continuity of care and access to lifesaving services. Surge staffing provided by International Medical Corps enables us to more rapidly establish screening, IPC support, mobile referral units, additional ETCs and expanded contact tracing as needed.

International Medical Corps continues to closely coordinate with the MoH and relevant partners to support case management, screening-and-referral units, facility-based surveillance, MHPSS, IPC, logistics, just-in-time training, continuity of essential health services, and water, sanitation and hygiene (WASH) services. International Medical Corps also is part of broader efforts to expand contact tracing, helping to strengthen mapping, daily monitoring and follow-up activities to address the risk of undetected transmission across operational areas and beyond.

Uganda

International Medical Corps and its partner African Humanitarian Action (AHA) continue to deliver substantial Ebola preparedness and surveillance results across Bundibugyo, Kampala and Ntoroko districts. We reached 369 participants with community-based disease surveillance training, while screening 4,468 people at points of entry and 1,022 travelers at bus stations. Surveillance systems supported daily monitoring of 1,399 contacts, received 254 alerts from village health teams, identified 105 alerts that met the Ebola-case definition and collected 31 samples. Though one suspected case was identified through screening, all sampled alerts tested negative for Ebola.

Though RCCE activities, we directly reached 5,784 people, supported 18 community dialogue sessions with 1,368 participants and distributed 11,398 pieces of education materials. We supported 14 radio talk shows that reached an estimated 770,000 listeners and that received 142 community calls, reflecting strong public engagement. In addition, we visited more than 77,000 households through integrated community outreach that combined Ebola awareness, hygiene promotion and active case-search activities. Capacity-building efforts included 19 training sessions reaching 729 participants across topics such as surveillance, Ebola case detection, IPC, screening, triage, and waste management.

Our IPC, WASH and psychosocial support activities further strengthened preparedness. We provided IPC training to 518 people, conducted 16 IPC assessments and 32 supportive supervision visits at health facilities and reached 1,023

people through hygiene promotion activities. We provided counseling, psychological first aid, stigma reduction and community-based support to 308 people.

Though the country has declared the Ebola outbreak over, the risk to Uganda remains high according to the WHO, so we will continue to provide key preparedness, surveillance and training activities to support Uganda's efforts to prevent additional cases within the country.

South Sudan

International Medical Corps continues to support national EVD preparedness efforts across South Sudan, with operations in high-risk counties—including Juba, Magwi, Maridi and Yambio—covering screening, RCCE, IPC and case-management services at the infectious disease units (IDUs) and holding units we support.

International Medical Corps continues to take part in coordination and technical pillar meetings at national and county levels, working closely with the MoH, National Public Health Institute, county health departments and EVD technical working groups, including the case management, IPC, surveillance, and RCCE pillars. These efforts continue to strengthen coordination, technical capacity and readiness to detect and respond quickly to potential EVD cases.

The Juba and Nimule IDUs that we support remain fully functional. Infrastructure and maintenance work at the Juba IDU has been completed, including water-system repairs, equipment assessment and facility upgrades. International Medical Corps has established screening services and completed construction of screening and holding areas at Nimule Hospital and St. Bakhita primary healthcare center. To support operational readiness, we delivered have delivered personal protective equipment, IPC and screening services, and medical supplies to the Juba, Nimule and Yambio IDUs.

International Medical Corps has trained 32 holding unit staff at the Yambio IDU on EVD case management. We have screened more than 200 people at the Maridi holding unit, and 74 at the Saura holding unit in Yambio, and have conducted biweekly case management and IPC drills to strengthen outbreak preparedness capacity.

At the community level, we recruited and deployed 20 community mobilizers and four RCCE teams. These teams, which began community engagement and health education activities on October 2, have already reached almost 100 community members.

International Medical Corps' Impact			
Active locations of our response	3 countries		28 health zones
People reached through EVD services in DRC	1,033,433 EVD screenings		2,806 admissions 828 confirmed cases
Facilities conducting EVD activities	4 Ebola treatment centers	6 Ebola transit centers	2 infectious-disease units
People trained in IPC, RCCE and response in DRC	1883 healthcare workers		1047 non-healthcare workers