











## Public Health Emergency Operations Centre "COUSP-RDC"

### Ebola Virus Disease Status Report/16th Outbreak

#### SitRep MVE N° 40/MVE\_16/2025

Country/Province	DRC/Kasai
Affected Health Zone	BULAPE
Date of Report Date	15 15, 2025
of Publication	16 16, 2025

							
<b>53</b>	<b>11</b>	<b>34</b>	<b>4,3 %</b>	<b>90,6 %</b>	<b>18</b>	<b>37 240</b>	<b>32 143</b>
Confirmed cases	Probable cases	Confirmed deaths	Bed occupancy rate among experienced	Bed occupancy rate among suspects	Healed	Vaccine doses deployed	Vaccinated people

### I. HIGHLIGHTS

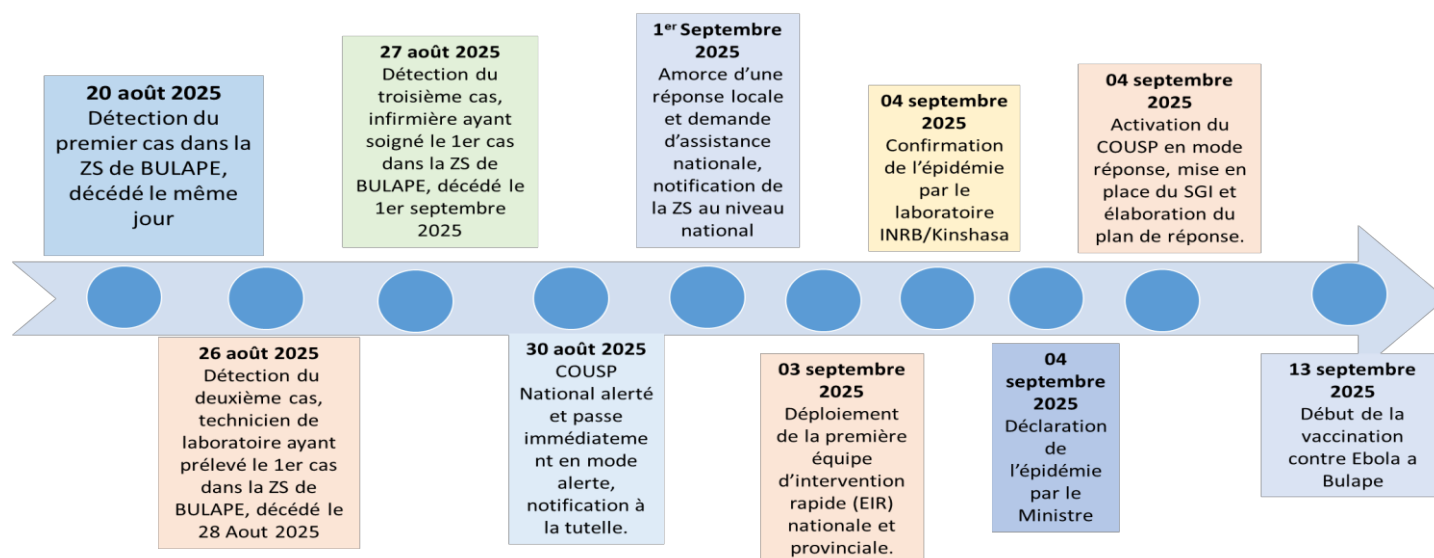
- ☒ No new cases have been confirmed to date.
- ☒ Escape of a suspected case in Mweka which forces the team to take samples at his home
- ☒ Sweeping in Dikolo and Bulape Com

### NARRATIVE OF THE ALLEGED INDEX CASE (Background)

On August 20, 2025, a 20-year-old pregnant woman was admitted to the obstetrics and gynaecology department of Bulape HGR, presenting with fever, bloody diarrhoea, haemorrhagic vomiting and severe anaemia. She died a few hours later in a multi-organ failure panel. In the days that followed, a laboratory technician and a nurse who had been in contact with the patient developed the same symptoms and also died. Between epidemiological weeks 34 and 36, thirteen cases were reported, including eight deaths, for a case fatality rate of 62%. The epidemic was officially declared following the confirmation of five positive cases by the INRB on September 4, 2025.



## II. CHRONOLOGY OF HIGHLIGHTS



## III. UPDATE OF THE EPIDEMIOLOGICAL SITUATION

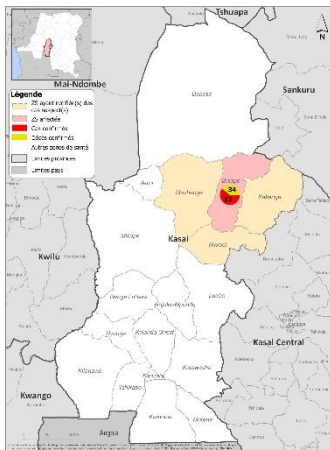
- ☑ No new confirmed cases have been reported as of 15/10/2025.
- ☑ The date of the last notification of a confirmed case was 26 September 2025. Thus, we are the 19th day without notification of a confirmed case.
- ☑ Since the beginning of the epidemic, 64 cases (53 confirmed and 11 probable) including 45 deaths have been reported in the Bulape health zone, i.e. an overall case fatality rate of 70.3% (Table I).
- ☑ The case fatality rate among confirmed cases is 64.2% (34 deaths/53 confirmed cases).
- ☑ The number of health areas that have reported at least one confirmed or probable case of EVD since the beginning of the epidemic remains at 6 (28.6%) out of the 21 in the Bulape SZ (Table I; Figure 2).

**Table I: Distribution of confirmed and probable Ebola virus disease cases and deaths in Bulape Health Zone, as of 15 October 2025**

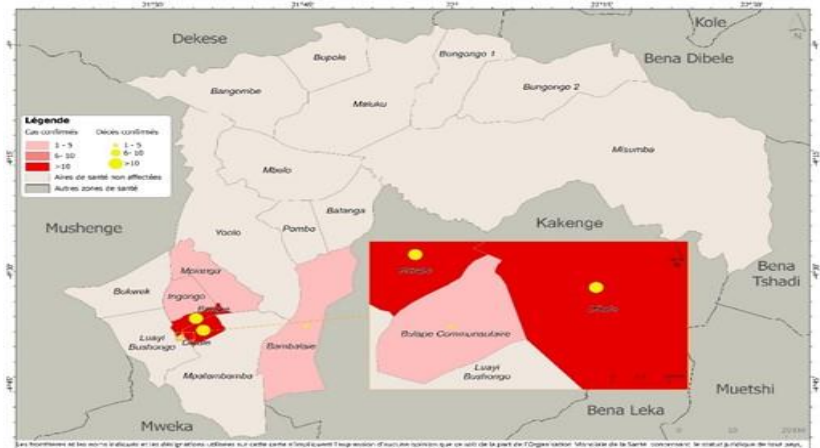
Affected Health Area*	New confirmed case(s)	Cumulative cases and deaths				Date of notification of the last confirmed case	Number of days without new cases reported
		Confirmed	Confirmed deaths	Case fatality (%)	Likely		
Bambalaie	0	4	2	50,0%	0	20/09/2025	26
Bulape	0	16	14	87,5%	8	26/09/2025	19
Bulape com.	0	4	4	100,0%	1	20/09/2025	26
Dikolo	0	25	14	56%	1	26/09/2025	19
Ingongo	0	1	0	0,0%	0	13/09/2025	30
Squirrel	0	3	0	0,0%	1	22/09/2025	22
<b>Total</b>	<b>0</b>	<b>53</b>	<b>34</b>	<b>64,2%</b>	<b>11</b>		

\*Cases and deaths are broken down by health area of detection and are subject to change.

As of 15/10/2025, the Bulape SZ has a total of 53 confirmed cases of EVD, including 34 deaths, i.e. a case fatality rate of 64.2%. The AS of Bulape Com. records the highest fatality rate with 100%, followed by Bulape (87.5%). Dikolo remains the most affected SM in terms of cases (25), with a fatality rate of 56%. No area has reported a new confirmed case for several days, ranging from 19 to 30 days without notification. There are also 11 probable cases, mostly reported in Bulape's SMA.

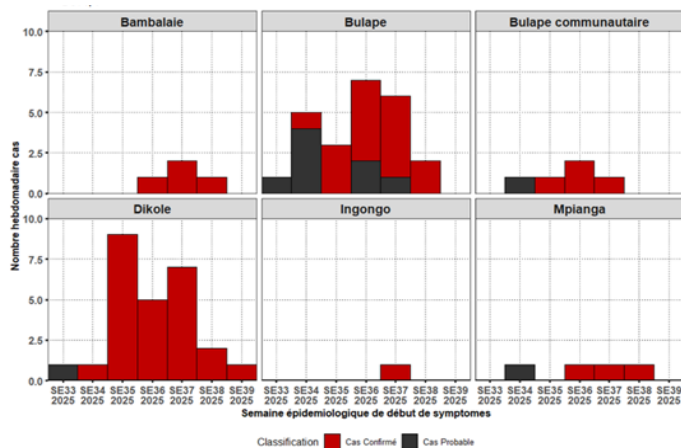


**Fig 1. Geographical distribution of health zones affected by EVD and those at risk in Kasai province, as of 15 October 2025**

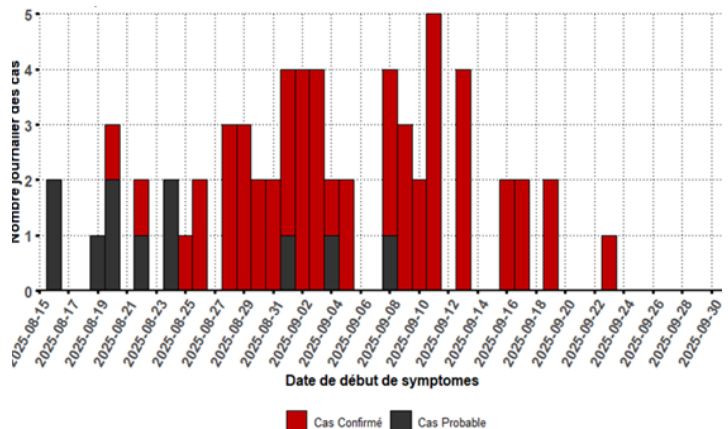


**Fig 2. Geographical distribution of confirmed cases and deaths by Health Areas in the Bulape SZ as of 15 October 2025**

The Bulape SZ remains the only SZ with confirmed cases and strains. Out of all the SZs that have reported **suspected cases, the Bulape Communautaire and Dikolo** health areas are the most deadly. To this affected, the areas to health both in terms of **Bulape** of the and number of **Dikolo** of are the most affected confirmed cases, and deaths both in day, the fatality rate is at 64.2% recorded.



**Fig 2. Geographical distribution of confirmed and probable cases by Health Areas in the Bulape SZ as of 15 October 2025**



**Fig 4. Daily evolution of confirmed and probable cases in 15 15, 2025.**

Considering the AS health areas of **Bulape** BULAPE **Communautaire** and DIKOLO as the main and most important outbreaks of the **Dikolo** epidemic are in the most affected ZS, Bulape, at the most significant number of reported cases. However, from SE37 to SE38, an upward trend in confirmed cases is observed in Bulape SA

The **Bulape Community** and

On **Dikolo** the period are the most affected, August 27 to the 13 times September, in terms of the analysis of the daily number of confirmed cases highlights the occurrence of deaths recorded. of three clusters of confirmed cases. Thereafter, as of September 15; Notifications are becoming sporadic, reflecting a gradual decrease in community transmission.

**Table 2. Distribution of alerts received, investigated and validated by health area, as of October 15, 2025**

INDICATORS	09/10/2025	10/10/2025	11/10/2025	12/10/2025	13/10/2025	14/10/2025	15/10/2025
Report alerts	10	6	6	23	0	3	1
New alerts reported today	6	41	29	57	73	94	55
Total alerts of the day	16	47	35	80	73	97	56
Alerts investigated of the day	10	33	23	80	70	97	56
Today's validated alerts	6	16	12	24	16	29	5
Suspects Sampled	5	8	8	17	13	20	5
Transferred to the ETC	5	4	8	17	13	20	5

NA: not applicable; N/A: not available The average daily alert reported over the last 7 days (from 09/10/2025 to 15/10/2025) is

58. Among the alerts of the day, two AEFIs were reported.

**Table 3. Summary of the situation of contact tracing as of 15 October 2025**

Health Area	Daily monitoring						Follow-up rate	Total non vus	Reason for not seen						
	Report du 14/10/2025	New contacts from 15/10/2025	Contact to follow today	Contacts vus	Releases 21 days	Became suspect			Simple Absence	Lost to follow-up (≥ 72 hours)	Never seen before	Refusal	Moved	Reco did not pass	All that remains is to be followed the next day
Bambalayi	0	0	0	0	0	0	0,0%	0	0	0	0	0	0	0	0
Bulape	123	0	123	123	0	0	100%	0	0	0	0	0	Or	0	123
Bulape Com	31	0	31	31	0	0	100%	0	0	0	0	0	0	0	31
Dikolo	24	0	24	24	24	0	100%	0	0	0	0	0	3	0	0
Ingongo	0	0	0	0	0	0	0,0%	0	0	0	0	0	0	0	0
Squirrel	18	0	18	0	18	0	100%	0	0	0	0	0	0	0	0
<b>Total</b>	<b>178</b>	<b>0</b>	<b>178</b>	<b>178</b>	<b>24</b>	<b>0</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>154</b>

For a set of 178 contacts to be followed, 178 contacts were seen, i.e. a 100% follow-up proportion.  
24 contacts were removed from follow-up.

## IV. RESPONSE ACTIONS

### COORDINATION

- ☒ Holding of the coordination meeting.

### EPIDEMIOLOGICAL SURVEILLANCE

- ☒ Distribution of Surveillance Pillar actors (ACoDD, WHO and MSPHPS) in all 15 SAs of the Continuous Bulape SA.
- ☒ Continuation and closure of the IT and TL briefing on EVD surveillance and
- ☒ SBC. Cleaning of the linear list of cases (confirmed and probable) with SI.
- ☒ Deployment of a multidisciplinary team to Kananga village (AS Bambalaie) for alert verification and other surveillance activities.
- ☒ Continuation of routine activities (escalation, active tracing, investigations and contact tracing).

### Points on Surveillance at Points of Entry and Control Points (PoE/PoC)

- ☒ For the day of October 1, 2025, a total of 4,971 travelers were recorded in the 5 operational PoCs (4 in Bulape and 1 in Luebo). All (100%) were screened and washed their hands. No alerts were reported during the day.

## LABORATORY

- ☑ For the day 15/10/2025, 34 samples were received (18 new suspected cases and 16 resamples). A sample of re-sampling came back positive.
- ☑ Of all the samples tested since inception, 53 were diagnosed positive for EVD.

**Table 4. Summary of the situation of samples received and analyzed at the laboratory on October 15, 2025**

Indicators	Data
<b>Samples received (total)</b>	
New suspected cases	18
Withdrawals	16
<b>Samples analyzed</b>	11
Samples analysed	16(1 positive)
<b>Test results</b>	
Currently being analyzed	7
Confirmed cases of the day	0
Non-case of the day	11
<b>Total confirmed cases</b>	53

## HOLISTIC CARE (MEDICAL, NUTRITIONAL & PSYCHOSOCIAL)

**Table 4. Situation of patients hospitalized in Ebola treatment centers (ETCs), transit centers (CTs) or similar as of October 15, 2025**

CI/CT/CTE	Suspected cases				Confirmed cases			Healed	
	Number of beds	New admission	Total cases at the end of the day	Occupancy rate (%)	Number of beds	Number of cases	Occupancy rate (%)	Healed of the day	Cumulative healed
CTE HGR Bulape	16	7	20	125%	23	1	4,3%	0	18
CT Bambalayi	8	3	5	62,5%	5	0	0%	0	0
CT Ingongo	5	2	2	40%	0	0	0%	0	0
CT Mweka	3	0	2	66,6%	0	0	0%	0	0
<b>Total</b>	<b>32</b>	<b>12</b>	<b>29</b>	<b>90,6%</b>	<b>23</b>	<b>1</b>	<b>4,3%</b>	<b>0</b>	<b>18</b>

- ☑ A total of 29 suspected cases were hospitalized at the end of the day, with an overall occupancy rate of 90.6%. The ETC of HGR Bulape is the most solicited, with 20 suspected cases, exceeding its capacity (125% bed occupancy rate). Only one confirmed case is hospitalized, i.e. 4.3% occupancy rate for confirmed cases.
- ☑ No patient has been declared cured to date Since the beginning of the epidemic, 18 people have been
- ☑ declared cured and discharged from the ETC and the specific treatment (Mab114/Ebanga) has been administered to 31 patients.

## Pillar Highlights

- ☑ Continuation of the psychological care of a child (1 girl) at the nursery.
- ☑ 77 households representing 554 people (80 H, 108 F, 167 girls & 199 boys) benefited from psychoeducational support on EVD and psychological support and cognitive-behavioral psychotherapy sessions of 6 households of deceased in the neighborhoods of 3 health areas (Bulape, Dikolo and Bulape-Com) Continuation briefing of 28 TPS (13 women & 15 men) on psychological support for affected people

## CONTINUITY OF SERVICES

- ☑ Paediatric (7 children), nutritional (1 child) and gynaecological (6 women) consultations Finalisation of
- ☑ the distribution plan for inputs and medicines at the HGR Bulape, Ingongo, Mpianga, Bambalaie, Bulape communautaire and Dikolo Paediatric (28 children), nutritional (4 children) and gynaecological
- ☑ (5 women) consultations Transfusion of 3 children. The daily stock is 2 bags (The requisition of blood
- ☑ products is in progress).

## INFECTION PREVENTION AND CONTROL (IPC/WASH)

- ☑ Carrying out a PCI assessment and support for the HGR BULAPE (score 30%) after the relocation of the CTE; Day 2 of the strengthening of the IPC capacities of 27 health professional members of the SSE;
- ☑ Provision of 5 EDS kits to the ECUMER team of MUSHENGE after training for the realization of the activities
- ☑ IN AS MUSHENGE (ZS MUSHENGE); Distribution of 200 individual kits to pregnant women in 3 AS:
- ☑ AS DIKOLO, BULAPE & BULAPE COM

## VACCINATION

- ☑ Continuation of geographical vaccination.
- ☑ Holding of the meeting of the vaccination pillar Raising in Dikolo and
- ☑ Bulape Com Monitoring of RDTs for vaccination planning of ZS in
- ☑ preparation

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- ☑ Advocacy of the Chief of the Bambalaie group and village chiefs for their commitment to sensitizing the community on preventive measures against EVD as well as the use of
- ☑ Participation in the joint meeting initiated by the PEC on the follow-up of Ebola recoveries Sensitization
- ☑ on the adoption of EVD preventive measures in schools (inst luse luebue, EP BAMUSANGA Sensitization around vaccination sites; Support to the ICH pillar for the provision of WASH kits to EVD
- ☑ survivors; Posting of communication materials at the PoC and in public places;
- ☑



- ☑ Sensitization of pregnant women after distribution of the Childbirth Kits. Through
- ☑ these activities, 1030 of whom 650 women were touched by the message.

## LOGISTICS

- ☑ Arrival of the helicopter (reception of inputs and reception of the teams).
- ☑ Supply of the various pillars with essential inputs.
- ☑ Holding of the logistics pillar meeting in person and online, with the participation of 3 partners (UNICEF, IMC and Red Cross)– 07 people present.
- ☑ Logistical support to the various pillars in locomotion (surveillance, CREC,
- ☑ PCI,) Support for the deployment of experts to Mweka.
- ☑ Followed by the electrification of the new base camp and the two coordination
- ☑ tents. Support for the dispatching of foams and buckets to experts in support of the
- ☑ response. Contact MSF regarding the disengagement at the Mpiaga ETC.
- ☑ Sharing information with World Vision for the temporary shutdown of certain handwashing devices, pending their full adjustment.
- ☑ Contact with WFP for pallet acquisition. Monitoring of the electrification of the new house for the INSP experts

## AMAP

- ☑ 2050 people, including 815 girls and women, have been reached by community sensitization on the MGP of SEAs, on the referral circuit and assistance to victims; in the villages of Tshikapa, Kalamba and Ndambo.
- ☑ Participation in the popular forum organized jointly with the CREC.
- ☑ Sensitization of the 30 U-Reports (including 4 girls) on PSEA.
- ☑ Distribution of posters and pamphlets to raise awareness about the PSEA.
- ☑ 10 religious leaders and 10 teachers from the 4 schools of the village of Ndambo As bambalaie were
- ☑ sensitized. Community awareness on PSEAH measures, including reporting mechanisms: 407 young people (175 girls) took part.

## RESEARCH

- ☑ **Identification of the origin of the virus and mode of transmission;**
- ☑ Assessment of animal populations that can be used as reservoirs.
- ☑ Wildlife control to limit human– at-risk animal contact.
- ☑ **Analysis of perceptions, behaviours and socio-cultural factors that promote transmission**
- ☑ Studies on the mental health and well-being of affected communities.
- ☑ Research on the stigma of patients, survivors and families and health workers. Analysis of
- ☑ the links between Ebola, suicides and suicidal behaviour.

## SAFETY AND SECURITY

- ☑ Daily safety monitoring

## IV. DEFIS ET GAPS

- ☒ Poor road condition to reach the various villages of the affected SA.
- ☒ Insufficient resources for a holistic response.

## V. RECOMMENDATIONS

- ☒ Continue in-depth investigations to determine the source of the outbreak.
- ☒ Intensify geographical vaccination activities in villages in low-coverage SAs Continue to vaccinate
- ☒ contacts and visit camps by following up on contacts who are still active



## VI. FIELD PHOTOS

### Community Outreach on PSEAH Measures



IPC/WASH activities: Provision of 200 individual kits to pregnant women in 3 SAs: AS DIKOLO, BULAPE & BULAPE COM.



**FOR ANY FURTHER  
INFORMATION,  
PLEASE CONTACT**

**For the National Institute of Public Health (INSP) of the DRC**

The Director General of the INSP

Dr MWAMBA KAZADI Dieudonné

Phone: +243 816 040 145

E-mail: [dieudonnmwambakazadi@gmail.com](mailto:dieudonnmwambakazadi@gmail.com)

The COU-SP Coordinator

Prof NGANDU Christian

Phone: +243998091915

E-mail: [nganduchristian@ymail.com](mailto:nganduchristian@ymail.com)

L'Incident Manager SGI MVE Epi16

Dr. KITENGE OMASUMBU Richard

E-mail: [Richard.kitenge@insp.cd](mailto:Richard.kitenge@insp.cd)

**For the World Health Organization (WHO/DRC)**

The WHO Acting Representative in the DRC

Dr ELOVAINIO Riku Edward

Email : [elovainior@who.int](mailto:elovainior@who.int)

WHO Incident Manager in MVE Response

Dr Mory Keita

E-mail: [mokeita@who.int](mailto:mokeita@who.int)

The WHO EPR Team Lead Cluster in the DRC

Dr Mouctar Diallo

E-mail: [dialloam@who.int](mailto:dialloam@who.int)

