



**MINISTRY OF HEALTH**  
PUBLIC SERVICES, HYGIENE  
AND SOCIAL WELFARE



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



REPUBLIQUE DEMOCRATIQUE DU CONGO  
**Institut National  
de Santé Publique**

### *Ebola Virus Disease Situation Report*

**Sitrep MVE N° 10/MVE\_16/2025**

Country/Province : DRC / Kasai  
Health Zone : BULAPE, MWEKA and  
Reporting Date MUSHENGE : 15 Sept 2025 : 18  
Publication Date Sep 2025

### **Cumulative key indicators as of 15/09/2025**

<b>37</b>	<b>10</b>	<b>19</b>	<b>119%</b>	<b>720</b>	<b>369</b>
<b>Confirmed cases</b>	<b>Probable cases</b>	<b>Deaths Confirmed cases</b>	<b>Bed occupancy rate</b>	<b>Number of vaccine doses deployed</b>	<b>Number of people vaccinated</b>

## **I. HIGHLIGHTS**

- One (1) new confirmed case in Bulape Health Zone.
- Three (3) new deaths related to confirmed cases have been reported in the same health zone.
- Start of health control at the 2 activated PoCs.
- Alert in the Mushenge Health Zone.

## **CASE NARRATIVE INDEX MVE**

On August 20, 2025, a 34-year-old pregnant woman was admitted to the gynaecological and obstetrics department of the HGR in Bulape, presenting with fever, bloody diarrhea, hemorrhagic vomiting and severe anemia. She died a few hours later in a multi-organ failure panel. In the days that followed, a 16-year-old girl and a 19-year-old woman, both with 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. EPIDEMIOLOGICAL SITUATION UPDATE

**Table 1. Daily situation of alerts and investigations**

INDICATORS	11/09/2025	12/09/2025	13/09/2025	14/09/2025	15/09/2025
Report alerts	0	0	0	ND	0
New alerts reported today	8	6	12	ND	16
Total alerts of the day	8	6	12	ND	16
Alerts investigated of the day	6	6	12	ND	14
Today's validated alerts	6	2	12	ND	13
Suspected case of the day	6	2	12	ND	13
Suspects Sampled	2	1	9	ND	12
Transferred to the ETC	6	1	9	ND	12

The number of alerts is gradually increasing as well as the number of suspected cases admitted to the ETC.

**Table 2. Summary of suspected, probable and confirmed cases**

HEALTH ZONE	Suspected cases of the day		Probable cases	Confirmed cases		Total Cases	Death		Total Fatalities	Case fatality rate (%)
	Living	Deceased	DCD	New Confirmed	Total confirmed		New deaths among confirmed	Total deaths among confirmed		
BULAPE	13	0	10	1	37	47	3	19	29	61,7
MWEKA	0	0	0	0	0	0	0	0	0	
KAKENGE	0	0	0	0	0	0	0	0	0	
MUSHENGA	0	0	0	0	0	0	0	0	0	
ILEBO	0	0	0	0	0	0	0	0	0	
TOTAL	13	0	10	1	37	47	3	19	29	61,7

Thirteen new suspected cases, all alive, have been reported as of 15 September 2025. One new case was laboratory confirmed on the same date. Thus, the cumulative number of confirmed cases amounts to Thirty-seven (37), including nineteen (19) deaths. In addition, there have been 10 probable cases. This brings the total number of cases to 47 cases, including 29 deaths, for a case fatality rate of 61.7%.

**Table 3. Contact tracing**

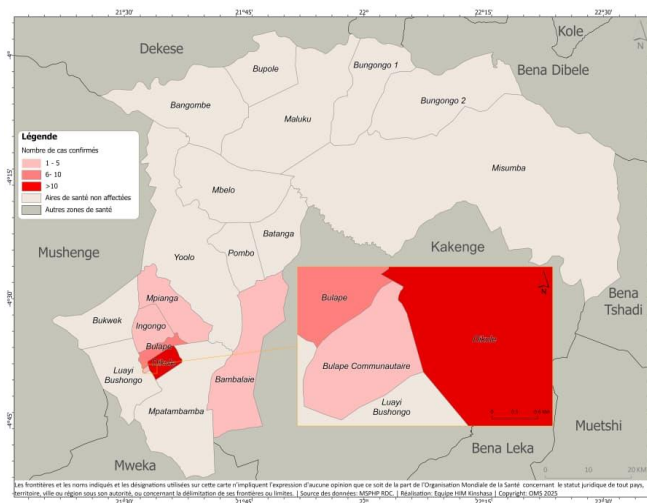
Indicators	Number		
Report to follow	944		
Contacts followed up seen	888	Reasons for not being tracked	
Contact Follow-up Rate	94.1%	Contacts non vus	55
Followed contacts not seen	55	Simple absence	54
Contacts that have become suspicious	11	Reco did not pass	0
Follow-up discharges after 21 days	0	Lost to Follow-Up	0
New contacts of the day	0	Never seen before	0
Contacts to follow	944	Moved	1

A report of 943 contacts took place as of September 15, 2025. Of these contacts, 888 were actually visited, i.e. a follow-up rate of 94.1%. Of the 55 unseen contacts, 54 were absent. However, one (1) contact was on the move to Kananga. He was reached on the phone a few days ago and claimed to be on his way back to Bulape. As of September 15, it was on the 19th day of follow-up.

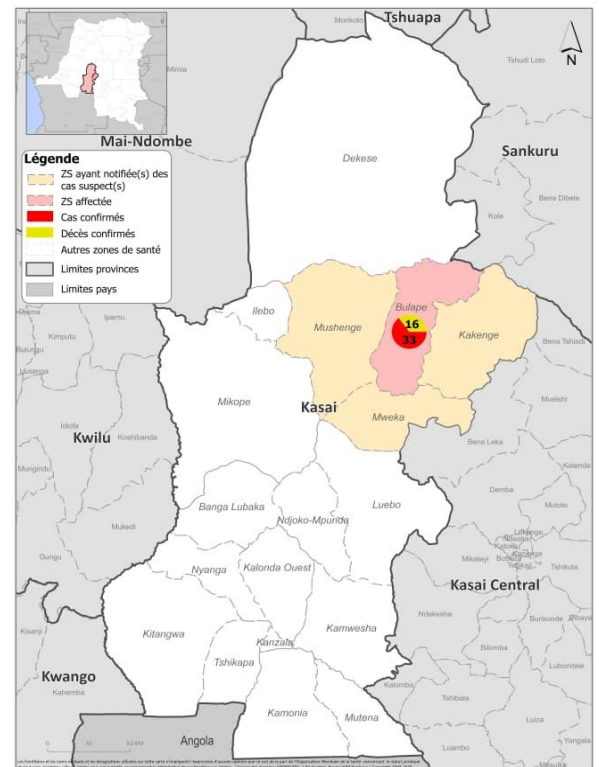
**Table 4. ETC Capacity**

Indicators	Number
<b>Number of beds assembled</b>	<b>21</b>
<b>Number of suspected cases</b>	<b>7</b>
<b>Number of confirmed cases</b>	<b>18</b>
<b>Occupancy rate</b>	<b>119%</b>
<b>Confirmed discharged</b>	<b>0</b>

With an occupancy rate of 119%, there is an urgent need to build another CTE in Bulape. Arrangements are being made to extend the CTE to another block of the HGR.



**Fig1. Geographical distribution of confirmed cases by Bulape SLA Health Area**



**Fig2 Spatialization of suspected and SA-confirmed cases in the Bulape SZ**

### III. RESPONSE ACTIONS

#### COORDINATION

- Strategic meeting with His Excellency the MSHPS.

#### SURVEILLANCE

- Investigation by the nurses of confirmed former patients, including 1 known negative suspect out of nine, taken on 13/09/2025, second sample being analyzed. All nine (9) contacts have been vaccinated.
- Investigation and referral to the ETC of the 4 suspects of AS Mpianga.
- 38 contacts listed of AS BULAPE.
- Working session between the surveillance and the laboratory for the harmonization of data.

#### LABORATORY

- Samples received: 6 including 5 new suspected cases and 1 sample.
- Samples analysed of suspected cases: 5 (all from the Bulape SZ).
- Today's result: 01 NC positive.
- Total cumulative positive cases 37.

#### PEC

*Table 4. ETC Capacity*

<i>Indicators</i>	<i>Number</i>
<i>Number of beds assembled</i>	<b>21</b>
<i>Number of suspected cases</i>	<b>7</b>
<i>Number of confirmed cases</i>	<b>18</b>
<i>Occupancy rate</i>	<b>119%</b>
<i>Confirmed discharged</i>	<b>0</b>

With an occupancy rate of 119%, there is an urgent need to build/expand another CTE in Bulape. Arrangements are being made to extend the CTE to another block of the HGR.

- Holding of technical meetings.
- Regular monitoring and evaluation of patients in the ETCs.
- Evaluation of the nutritional status of patients.
- Mental and psychosocial support for patients and care providers.

## PCI WASH

- Decontamination and bio-cleaning (systematic disinfection).
- Nine mattresses in the paediatric department burned while waiting for the endowment.
- Exposure risk assessment of HGR/Bulape care providers.
- PCI-EHA briefing on the standard precautions of 2 service providers.
- Fitting out of the PCI-EHA-EDS office.

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Briefing of the members of the ECRC pillar on the PSEA.
- Provision of 42 megaphones (32 battery-powered and 10 solar) and 32 boxes of 12 batteries.
- Establishment of an information forum and community animation with 13 police officers (12 men and one woman) on the prevention of EVD in Bulape.
- Awareness-raising by itinerant criers in 3 health areas (Bulape, Bulape Communautaire, Dikolo).

## LOGISTICS

- Supply of inputs to the various pillars.
- Logistical support to the vaccination teams, IPC and surveillance A BAMBALAIE.
- Unpacking of inputs and medicines.
- Reception of 2 HTH/UNICEF Chlorine Cups
- Meeting [MSF, UNICEF and WHO] on improving water supply and quality in the ETC.
- Follow-up of construction work of a modern CTE meeting the standards [Waiting for delivery of equipment and tents]

## SAFETY

- Daily safety monitoring.

## IV. CHALLENGES

- Establishment of an alert centre.
- Low availability of communication media.
- Implementation of a standardised CTE.
- Insufficient nursing staff at the ETC.
- Insufficient inputs and adequate care equipment.
- Insufficient mental care and psychological and nutritional support.
- Lack of ambulance.
- Insufficient computer equipment.

## ***SOME IMAGES OF THE FIELD***



*For 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 Tel.: +243*

*816 040 145 E-mail:*

*[dieudonnemwambakazadi@gmail.com](mailto:dieudonnemwambakazadi@gmail.com) The*

*COU-SP Coordinator Prof NGANDU*

*Christian Tel.: +243998091915 E-mail:*

*[nganduchristian@ymail.com](mailto:nganduchristian@ymail.com) The SGI MVE*

*Epi16 Incident Manager*

*Dr. KITENGE OMASUMBU Richard [Richard.kitenge@insp.cd](mailto:Richard.kitenge@insp.cd)*

*For the World Health Organization (WHO)*

*WHO Representative in DRC: Dr Nikiema Jean Baptist E-mail:*

*[nikiemaje@who.int](mailto:nikiemaje@who.int) WHO Incident Manager in the EVM response: Dr Mory*

*Keita E-mail: [mokeita@who.int](mailto:mokeita@who.int) WHO EPR Team Lead Cluster in DRC: Dr*

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