

# EBOLA VIRUS DISEASE

## Democratic Republic of the Congo

### External Situation Report 04

Date of issue: 07 October 2025

Data as reported by: 05 October 2025

Situation update	Cases	Deaths	CFR
	 64	 43	67.2%

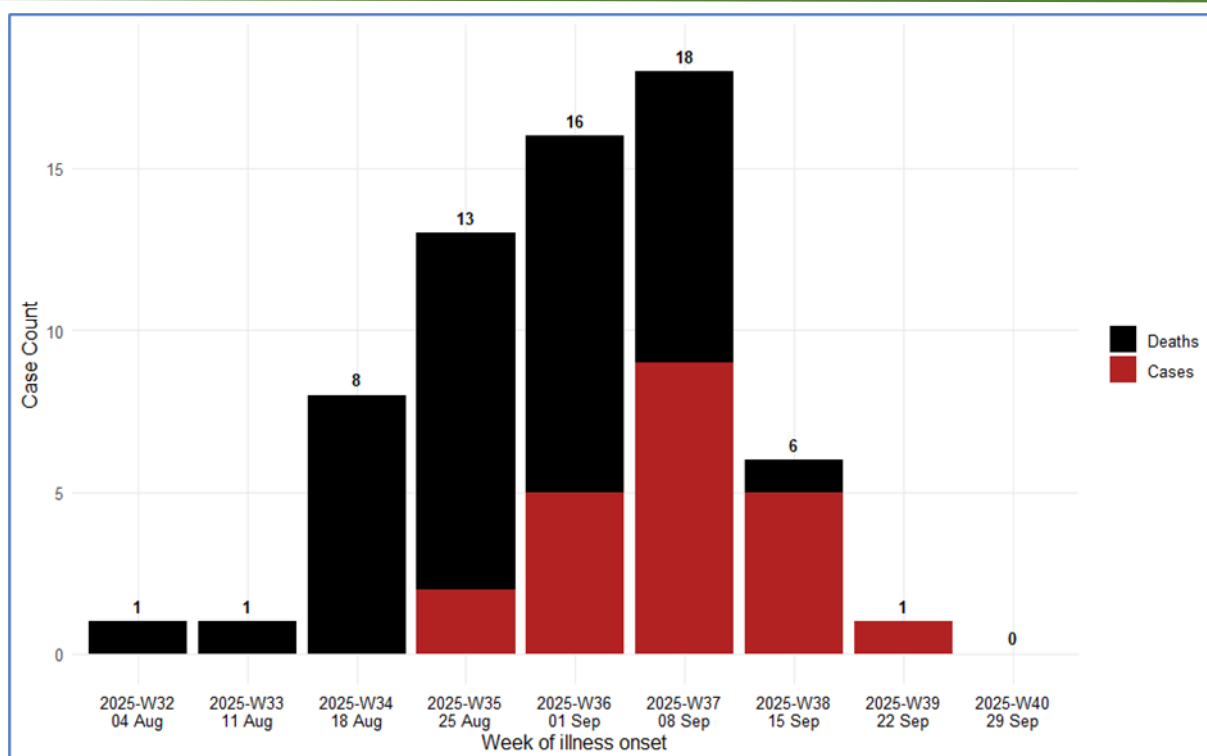
The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) shows signs of containment, with no new confirmed or probable cases reported since our last update ([Situation Report #3](#)). However, one death, a 3-week-old neonate, was reported among hospitalized confirmed cases. As of 5 October 2025, ten days have passed without any newly reported case (Figure 1), indicating potential control of transmission in the affected areas. The most recent cases were reported from Bulape and Dikolo Health Areas on 26 September 2025, while other previously affected health areas within Bulape Health Zone have not reported new cases for more than one to three weeks. These include Ingongo (24 days), Bulape Communautaire (17 days), Bambalaie (16 days), and Mpianga (13 days).

A total of 1 985 contacts remain under follow-up, of whom 98.6% ( $n=1\ 957$ ) were seen on 5 October 2025. Over the past week, six patients have been treated and discharged from the Ebola Treatment Centre (ETC), bringing the total number of recoveries to 15 since the onset of the outbreak. Six confirmed cases remain hospitalized and are receiving clinical care. If no new cases are reported, the country will commence the 42-day countdown to declare the end of the outbreak, once the remaining patients are discharged.

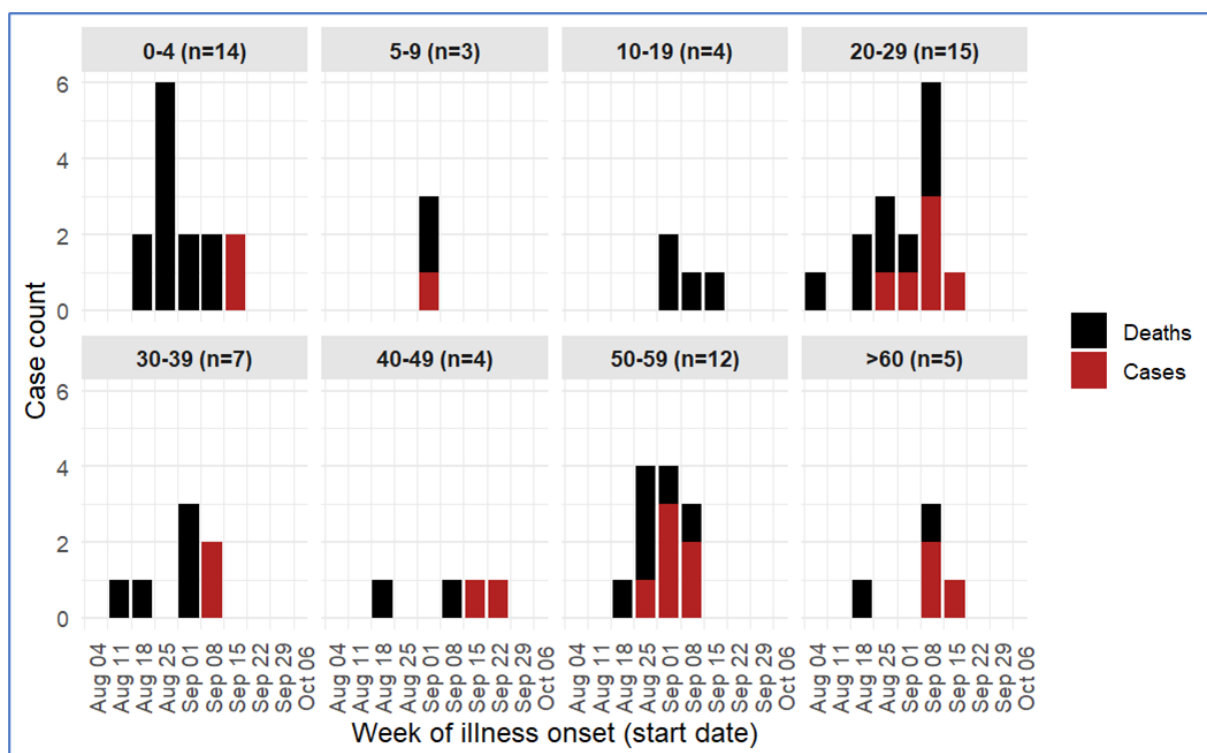
Cumulatively, 64 cases (53 confirmed and 11 probable), including 43 deaths (32 confirmed, 11 probable) have been reported from six affected health areas in Bulape Health Zone, Kasai Province, Democratic Republic of the Congo since the onset of the outbreak. The crude case fatality ratio (CFR) is 67.2%. There have been five cases among health workers (four nurses and one laboratory technician), three of whom have died. The epicentres of the outbreak have been in Dikolo (26 cases, 15 deaths) and Bulape (24 cases, 20 deaths) Health Areas, which together account for 78.1% of the total cases reported and 81.4% of all deaths.

The initial phase of the outbreak was characterized by nosocomial transmission and a superspreading event linked to the funeral of the presumptive index case. During this period, a high proportion of cases and deaths occurred among children aged 0–4 years (Figure 2), and the CFR was very high. However, as response activities scaled up following the official declaration of the outbreak on 4 September 2025, the number of cases among children has decreased and the CFR has gradually declined. The median time from symptom onset to isolation also decreased from five days at the start of the outbreak to two days by the end of epidemiological week 39 (week ending 28 September 2025), further contributing to reduced mortality and limiting the spread.

**Figure 1: Weekly epidemic curve of Ebola virus disease (EVD) cases by outcome status, Bulape Health Zone, Kasai province, Democratic Republic of the Congo, 16 August – 05 October 2025**

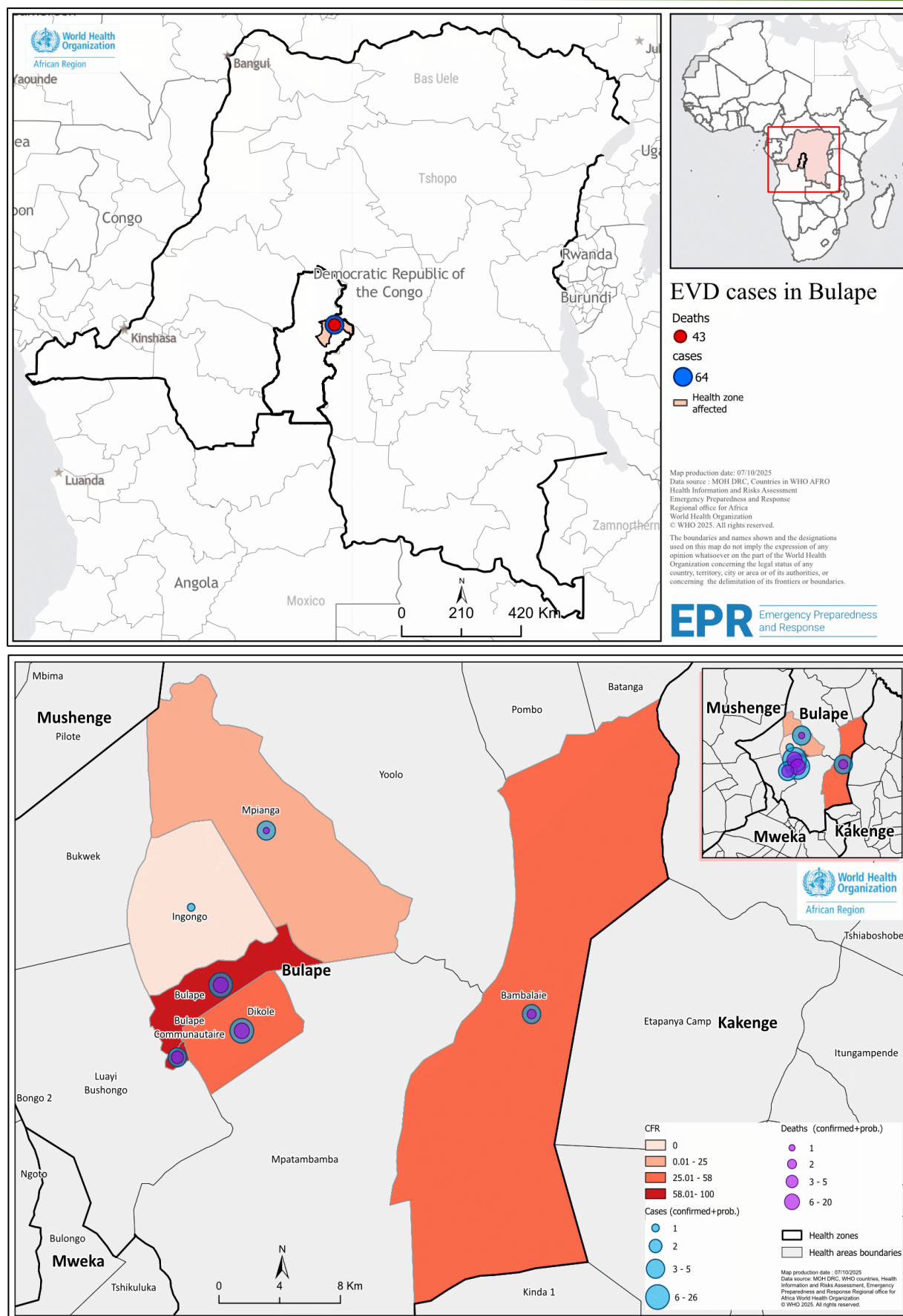


**Figure 2: Weekly trends of Ebola virus disease cases by outcome status and age group, Kasai province, Democratic Republic of the Congo, 16 August – 05 October 2025**



*Nb: analyses are subject to updates as new information becomes available from retrospective investigation and data cleaning.*

**Figure 3: Geographic distribution of cases and deaths of Ebola virus disease, Kasai province, Democratic Republic of Congo, as of 05 October 2025**



## 2. Public Health Response

### Coordination

- The Ministry of Health, WHO and partners are scaling up coordinated operations across all response pillars to contain the Ebola outbreak in Kasai Province. Over the past week, coordination in Bulape has been further reinforced, with MoH leadership bringing together all partners to align priorities, synchronize interventions and accelerate the delivery of life-saving operations.
- Joint MoH–WHO supervision visits were conducted in affected communities, including high-risk households, helping to reinforce community trust and strengthen epidemiological investigations. Strategic discussions also advanced surge planning and defined new priorities.
- WHO has deployed an additional 20 experts, of which 18 are nationals. These include 15 epidemiologists, three infection prevention and control (IPC) experts, and two international experts for IPC and data science. These experts will support strengthening of surveillance and IPC activities in the field.
- Other health partners supporting response efforts in Bulape include Africa CDC, International Organization for Migration (IOM), UNICEF, MSF, the Alliance for International Medical Action (ALIMA), the International Medical Corps (IMC), the Congolese Red Cross, and US Centers for Disease Control and Prevention. Others providing support include Family Health International 360 (FHI360), Program for Appropriate Technology in Health (PATH), Village Reach, World Food Program (WFP), UNFPA, the GAVI Alliance, Research Triangle Institute (RTI), FCDO, the UK Foreign, Commonwealth & Development Office, DG ECHO and the World Bank.
- A regional strategic preparedness and response plan was developed and disseminated to guide coordinated efforts across affected and at-risk areas, focusing on surveillance, diagnostics, vaccination, infection, prevention and control (IPC), community engagement, and operational readiness in neighboring countries.
- WHO has launched an appeal of US\$ 21 million to support the Democratic Republic of the Congo to scale up response operations to interrupt all transmission chains, control the outbreak, and mitigate the impact on human health. So far, US\$2 million has been released from WHO's Contingency Fund for Emergencies to finance immediate response activities.

### Surveillance and Laboratory

- Enhanced surveillance activities continue in Bulape Health Zone and surrounding areas. Active surveillance for signals of unusual case presentations, including suspected cases, has been intensified, with 265 alerts reported and investigated during epidemiological week 40 (29 September – 05 October 2025). This represents a 44.8% increase compared to the previous week when 183 alerts were reported.
- All detected cases are being systematically investigated to determine the circumstances of exposure and identify potential contacts. A total of 1 985 contacts were under follow-up, with 1 957 (98.6%) seen on 05 October 2025.
- Retrospective case investigation and update of the surveillance datasets (linelist, contact tracing, and other datasets) to align with new information obtained from in-depth field investigation continues.

- As of 05 October 2025, a total of 500 samples have been tested. Of these, 53 were confirmed positive by RT-PCR. A mobile laboratory, deployed to Bulape Health Zone since 19 September 2025, continues to facilitate the rapid turnaround of sample testing. An additional testing site with sequencing capacity has been set up and is operational in Mweka Health zone. Staff at the Mweka Laboratory were trained on GeneXpert use, biosafety, and specimen handling.
- Point-of-care (POC) clinical testing devices have been introduced to the Bulape ETC to support patient care.

## Case Management

- As of 05 October 2025, fifteen (15) cases had recovered and were discharged while six are currently in admission undergoing care. Efforts are on-going to establish an EVD survivor care programme in Bulape.
- There are now two functional Ebola Treatment Centres (ETCs). One is located in the Bulape Health Area, supported by WHO and MSF-Belgium. The other is situated in the Bambalaie supported by ALIMA. The construction of a new ETC to expand treatment capacity continues.
- As of 05 October, 2025, a total of 30 persons were in admission, with six confirmed cases and 24 suspected cases undergoing clinical management.
- To date, 31 patients have received treatment with the monoclonal antibody (mAb114), also known by its generic name ansuvimab-zykl (Ebanga), with support from the National Institute of Biomedical Research (INBR). Furthermore, mental health and psychosocial support and nutritional care are being provided to patients in the ETC.
- A surge team of health care workers has been deployed by the MoH and Institut National de Santé Publique (INSP) to support clinical care, including trained specialists from the pool of rapid responders and the national emergency medical team.
- ALIMA, MSF, IMC and INSP are actively supporting case management activities.

## Vaccination

- Vaccination with rVSVΔG-ZEBOV-GP (Everbo) Ebola vaccine continues in the affected areas. As of 05 October 2025, a total of 20 190 individuals had been vaccinated over a period of 23 days since the commencement of vaccination activities. These include healthcare and frontline workers, contacts, and potential contacts of cases
- In addition to the ring vaccination approach, targeted geographic vaccination started on 27 September 2025, targeting all high-risk populations in the hotspots where cases have been confirmed. These include Bulape, Bulape Communautaire, Dikolo, Bambalae, Ingongo and Mpianga Health Areas.
- An additional 12 vaccination teams were trained on 26 September 2025 making a total of 18 teams. These have been deployed to scale up vaccination using both the ring vaccination and targeted geographic

vaccination strategies. Out of these, four teams are conducting ring vaccination while the other 14 teams are conducting the targeted geographic vaccination.

- As of 05 October 2025, a total of 6 729 vaccine doses were in stock in Bulape Health Zone.

### Infection prevention and control (IPC)

- With support from WHO and UNICEF, over 283 healthcare providers have now been reached with training on basic IPC in Bulape Health Zone.
- Dedicated supervision and evaluation activities continued during the week to ensure IPC measures are properly implemented and sustained. Regular visits were conducted to key health facilities, including Ingongo, Mpatambamba, and Don de Dieu health centres to identify gaps, guide corrective actions, and maintain quality standards in infection control.
- Decontamination activities were completed in three healthcare facilities during the week, helping to break chains of transmission.
- Fifteen Red Cross volunteers were trained and equipped with five Safe and Dignified Burial (SDB) kits, enabling them to carry out safe and respectful burials that minimize the risk of transmission during funerals. Three community SDB were conducted during the week.

### Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Efforts to strengthen community protection and uphold dignity continued in Bulape Health Zone. A large community sensitization campaign reached over 600 people, raising awareness of sexual exploitation, abuse, and gender-based violence, and promoting safe reporting and accountability.
- At the institutional level with UNFPA collaboration, local staff received targeted briefings on PRSEAH principles to reinforce ethical conduct and gender-sensitive practices within ongoing response operations.
- Regular coordination and planning meetings among PRSEAH focal points continued during the week, ensuring that prevention and response activities remain consistent, community-centered, and aligned with broader protection objectives.

### Risk communication and community engagement (RCCE)

- Community engagement activities in Bulape Health Zone intensified this week, focusing on vaccination promotion, rumor management, and trust-building. A mapping exercise identified 23 women's associations, of which three have already been engaged in awareness sessions.
- Across churches and community gatherings, preventive and vaccination messages reached more than 500 people.
- In parallel, 136 community health workers and 126 Red Cross volunteers were trained to strengthen outreach and reinforce accurate messaging. Engagement in camps, farms, and schools reached over 180 individuals, and three high-risk contacts were successfully referred for ring vaccination.

- Community feedback mechanisms remain active: discussions at markets and faith venues continue to address rumors and reinforce confidence in the Ebola response. Recent feedback showed reassurance from communities after the return of non-EVD patients from the treatment center and clarification of false rumors related to funeral expenses.

## Operations Support and Logistics

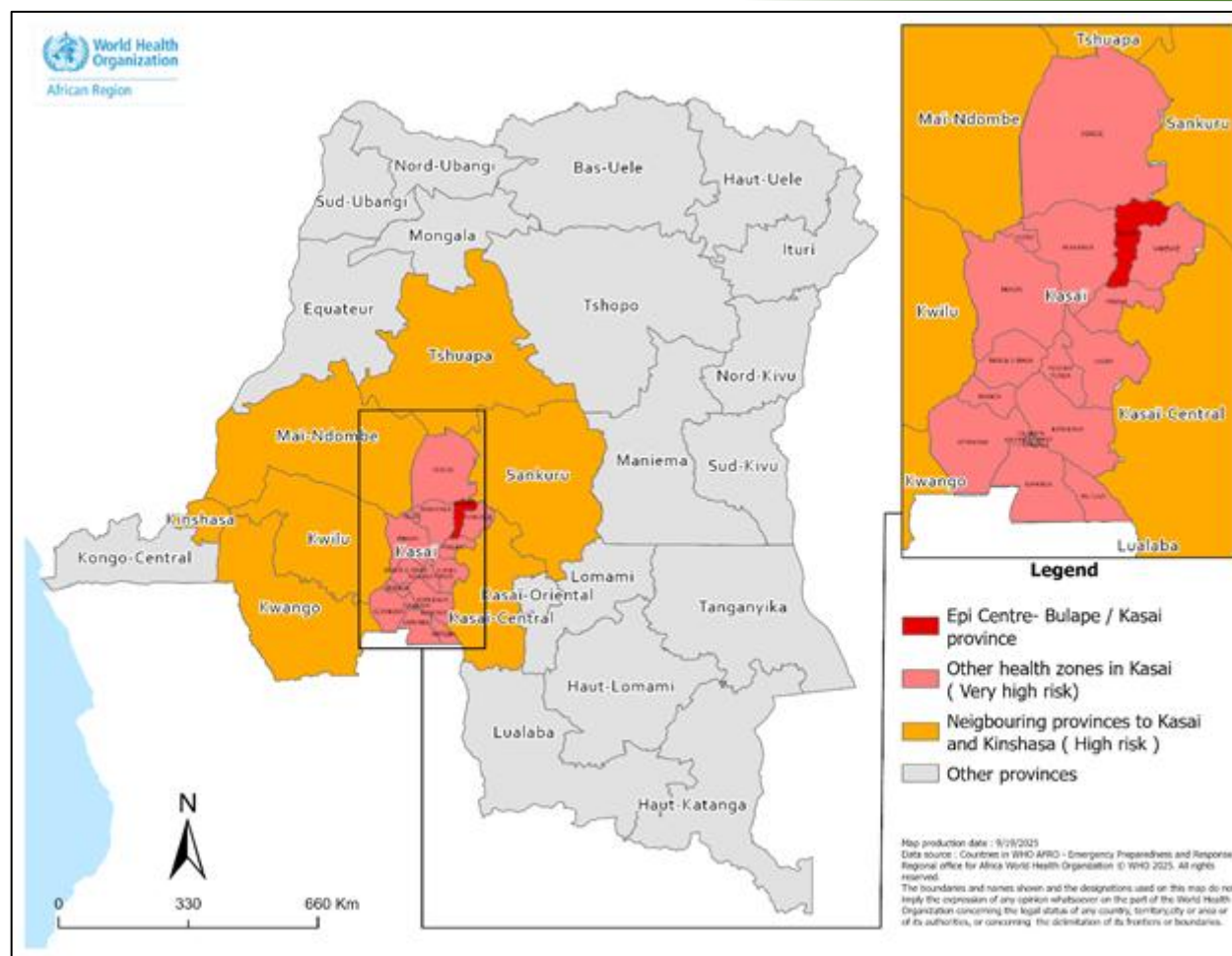
- Logistics operations continued with a focus on expanding access to supplies and infrastructure.
- Field logistics and operational support activities advanced significantly this week, ensuring that Bulape and Kananga operations remain well-supplied and functional. More than ten helicopter rotations and several ground shipments delivered essential materials, including medical kits, tents, gowns, lab packages, and construction supplies during the week to sustain outbreak response and improve working conditions.
- In Bulape Health Zone, rehabilitation of the Emergency Operations Center (EOC) is 85% complete, staff housing has been partitioned, and a 72 m<sup>2</sup> tent platform is ready for installation at the Ministry of Health compound. A caregiver area and internal fencing have also been finalized. To enhance mobility and logistics, four 4x4 vehicles were deployed, and a second helicopter is now operating between Bulape and Kananga to maintain regular supply rotations.
- Water, sanitation, and power systems have been strengthened with 20 m<sup>3</sup> of water pumped, multiple bladders and chlorine networks installed, and three generators deployed to Kananga. A new 200-meter pipeline is expanding water access for health facilities, while electrification of the new ETC has reached 50% completion.
- Infrastructure improvements continue with all patient beds and oxygen systems in place, sanitation facilities (latrines and incineration pit) completed, and tile and plumbing works nearing finalization. These upgrades are ensuring safer, more functional environments for patients and frontline workers alike.

## Operational Readiness

- All nine neighbouring countries have completed readiness assessments, with an overall regional readiness score of 57%. The results are: Angola (65%), Uganda (80%), Rwanda (81%), Burundi (68%), United Republic of Tanzania (65%), Central African Republic (42%), Republic of Congo (37%), South Sudan (41%), and Zambia (37%). Other countries/territories that have completed the assessment include Kenya and Zanzibar.
- Five out of the nine assessed countries have updated or developed their contingency plans (Republic of Congo, South Sudan, Tanzania, Uganda and Zambia) while others are in advanced stages of development.
- In the Democratic Republic of the Congo, the neighbouring high-risk provinces are being supported for readiness assessment and contingency planning.



**Figure 4: Ebola virus disease risk assessment for health zones and provinces close to the outbreak epicenter as of 05 October 2025, Democratic Republic of the Congo**



## Domestic and international traffic-related measures and cross-border health

No international traffic-related measures are currently warranted. Health authorities are reinforcing surveillance at border crossings, including health screening, proactive risk communication with travellers at points of entry/points of crossing (PoEs/PoCs), sensitization for PoE staff to detect, report and manage suspected cases, integration of border communities in affected areas into early warning systems and the national surveillance network, as well as coordination with IOM. WHO continues to monitor cross-border risks and provide technical support to mitigate the risk of cross-border spread.

## Situation Interpretation

This steady decline in transmission and improved case management reflect the impact of coordinated interventions led by the Ministry of Health (MoH) with support from WHO and partners. While current trends suggest the outbreak may be under control, the response must avoid premature relaxation. The situation still demands caution and sustained vigilance. More than 1 980 contacts remain under follow-up, and even a single missed contact could reignite transmission chains, especially in areas with high population movement or limited community surveillance. Maintaining high alert levels, rapid investigation of all alerts, and strengthening community-based surveillance are therefore essential to consolidate the gains. The following priorities remain



critical in the coming weeks: enhanced alert management and active case finding through health facilities and communities, intensive contact tracing, reinforce risk communication and community engagement, targeted vaccination ensure adequate logistical support, supplies, and staff rotation to prevent operational fatigue, and begin planning for the 42-day countdown to declaration of the end of the outbreak.

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