

EBOLA VIRUS DISEASE, DEMOCRATIC REPUBLIC OF THE CONGO

Date and version of current assessment: 04 September 2025, v1

Date(s) and version(s) of previous assessment(s): N/A

Overall risk and confidence

Overall risk		
National	Regional	Global
High	Moderate	Low

Confidence in available information		
National	Regional	Global
Moderate	Moderate	Moderate

Risk statement

On 1 September 2025, WHO received an alert from the Ministry of Health of the Democratic Republic of the Congo (DRC) regarding suspected cases of Ebola virus disease (EVD) in the Bulape Health Zone, Kasai Province, DRC. The first currently known suspected EVD case was admitted to the Bulape General Reference Hospital on 20 August 2025 and reported to have died five days later (25 August 2025).

This is a 34-year-old female patient with a 34-week gestational age who presented with fever, bloody diarrhoea, followed by anal, oral, and nasal haemorrhage, vomiting, and asthenia. She reportedly died on 25 August 2025, with a clinical picture of multiple organ failure. Two of the contacts of this first case (a midwife and a laboratory technician) also developed similar symptoms and died a few days later.

As of 4 September 2025, a total of 28 suspected cases, including 15 deaths (case fatality ratio: 54 %) had been reported from the Bulape health zone (Bulape, Bulape COM and Dikolo) and Mweka health zone. Among deaths, four are health care workers. In addition, 20% of the suspected cases are aged under 15 years. Five blood samples and one swab were collected from six suspected cases from the three health areas and arrived today at the National Public Health Laboratory (INRB) in Kinshasa for confirmation testing.

A crisis committee has been activated at the local and provincial levels, risk communication and active surveillance activities are underway, all cases are isolated, Infection Prevention and Control (IPC) measures are being implemented, isolation and contact tracing are underway, and patients are receiving intravenous medications, including ceftriaxone and metronidazole. The INRB confirmed Ebola virus (EBOV), *Orthoebolavirus zairense* species was detected through RT-PCR assays, including GeneXpert, on 3 September.

At national level, the risk is considered **high** due to:

- Information gaps on the cases, including the first case, particularly the date of symptom onset, their therapeutic itinerary, the potential number of contacts within the community, and epidemiological links between cases does not allow an assessment as to the extent of the outbreak. Similar alerts have been reported from this location/region in the past few months.
- Most of the cases recorded so far in this health zone live in the Health Areas with a high population density and mobility. This could accelerate disease transmission within the community.
- The last EVD outbreak in this health zone, Bulape, was in 2007, 18 years later, the capacities required for the response to a potential EVD outbreak may not exist.
- So far, in addition to Bulape health zone, the epicentre of the outbreak, suspected cases are being reported in the neighbouring district of Mweka showing a potential geographic extension of the outbreak.
- Bulape has a large market every Friday, attracting people from the surrounding villages. The city of Mweka borders a health district in the province of Kasai-Central (Bena Leka). Furthermore, population movements between Bulape and Tshikapa, the capital city of Kasai province, are frequent as part of trading activities. Tshikapa city is considered as a regional market hub receiving populations from neighbouring provinces.

At the regional level the risk is **moderate** due to the proximity of Bulape to Tshikapa city, the capital city of Kasai province and the Angolan border (approximately 100 to 200 kilometres depending on the nearest border crossing point) as well as population movement between Bulape and Tshikapa then Tshikapa and Angola.

At the global level, the risk is **low**.

Risk questions

Risk question		Assessment		Risk	Rationale
		Likelihood	Consequences		
Potential risk for human health?	National	Likely	Major	High	Ebola virus disease (EVD) is often associated with a high case fatality ratio. Of 28 cases reported so far, 15 have died (CFR 54%). However, treatments and vaccines against EVD exist and are available in the country.
	Regional	Unlikely	Minor	Low	
	Global	Very unlikely	Minimal	Low	
Risk of event spreading?	National	Likely	Major	High	Bulape has a large market every Friday, attracting people from the surrounding villages. The city of Mwaka borders a health district in province of Kasai-Central (Bena Leka). Although the affected district is a hard-to-reach rural area relatively far from the two main urban centres of Mbuji Mayi and Kananga, population movements between different agglomerations of the province are frequent especially between Bulape and Tshikapa. In addition, epidemiological links are not yet clear and the source of the outbreak has not yet been identified, which means that new infections cannot be ruled out. The date of symptoms onset for the first known case is not yet known, as well as the therapeutic itinerary prior to health facility consultation, which further increases the likelihood of ongoing community transmission with further risk of spread to other health districts.
	Regional	Likely	Minor	Moderate	
	Global	Very unlikely	Minimal	Low	
Risk of insufficient control capacities with available resources	National	Likely	Moderate	High	DRC faces EVD outbreaks regularly, and the country has expertise in managing the disease. The last EVD outbreak in the country was declared on 15 August 2022 in Beni city, North Kivu province with one single case reported who later died (CFR 100%). The last EVD outbreak in Bulape health zone was in 2007; 18 years later, the capacities required for the response are limited. Lastly, logistical challenges related to access to the affected areas may impact the progress of response operations to this outbreak.
	Regional	Unlikely	Minor	Low	
	Global	Very unlikely	Minimal	Low	

Major actions recommended by the risk assessment team

	Action	Timeframe
<input type="checkbox"/>	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Choose an item.
<input checked="" type="checkbox"/>	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Immediate
<input checked="" type="checkbox"/>	Recommend setting up of grading call (funding can be accessed before grading completed)	Immediate
<input type="checkbox"/>	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Choose an item.
<input type="checkbox"/>	Rapidly seek further information and repeat RRA (including field risk assessment)	Choose an item.
<input checked="" type="checkbox"/>	Support Member State to undertake preparedness measures	Continuous
<input checked="" type="checkbox"/>	Continue to closely monitor	Continuous
<input type="checkbox"/>	No further risk assessment required for this event, return to routine activities	Choose an item.

Supporting information

Hazard assessment

Ebola virus disease (EVD) is a serious, often fatal illness in humans. The virus is transmitted to humans through close contact with the blood or secretions of infected wildlife and then spreads through human-to-human transmission via contact with bodily fluids. The average case fatality ratio is 50%; case fatality ranging from 25% to 90% has been reported in previous outbreaks. The incubation period varies from 2 to 21 days. Symptoms can appear suddenly and include fever, fatigue, muscle aches, headache, and sore throat. These are followed by vomiting, diarrhea, a rash, symptoms of kidney and liver failure, and only in some cases, internal and external bleeding (e.g., bleeding gums, blood in the stool).

Effective outbreak control relies on the application of a set of interventions, namely clinical case management including rapid therapeutic access, IPC & WASH, surveillance and contact tracing, good laboratory service, safe and dignified burials, community engagement, and social mobilization. Ebola virus can persist in some body fluids of people who have recovered from EVD. In a limited number of cases, secondary transmissions resulting from exposure to the body fluids of people who have recovered from EVD have been documented. Therefore, maintaining collaborative relationships with survivor associations while monitoring survivors is a priority to mitigate any potential risks.

Two monoclonal antibodies have been approved for the treatment of patients with confirmed EVD. In addition to providing optimized supportive care, these therapies may improve the survival of EVD patients.

In accordance with the recommendations of the Strategic Advisory Group of Experts (SAGE) on immunization, the Ervebo vaccine is recommended during an EVD outbreak due to EBOV for ring vaccination, for contacts and contacts of contacts of confirmed EVD cases, as well as for frontline workers. A global stockpile has been established in 2021 for 500 000 Ebola vaccines and is being coordinated by the International Coordination Group (ICG) on vaccine provision.

Exposure assessment

On 1 September 2025, WHO received an alert from the Ministry of Health of the DRC regarding suspected cases of VHF in the Bulape Health Zone, Kasai Province, Democratic Republic of Congo (DRC). The first known VHF suspected case was admitted to the Bulape General Reference Hospital on 20 August 2025 and reported to have died five days later (25 August 2025). This is a 34-year-old female patient with a 34-week gestational age presenting with fever and bloody diarrhoea, followed by anal, oral, and nasal haemorrhage, vomiting, and asthenia. She died on 25 August 2025, with a clinical picture of multiple organ failure. Two of the contacts of this first case (a nurse and a laboratory technician) also developed symptoms of VHF and died a few days later.

As of 4 September 2025, a total of 28 suspected cases, including 15 deaths, have been reported (case fatality ratio: 54%) from three health areas of the Bulape health zone (Bulape, Bulape COM and DIKOLLO) and Mweka health zone. Among the deaths, 4 are health care workers. In addition, 20% of the suspected cases are aged under 15 years. Six blood samples were collected from six suspected cases from the three health areas and arrived at the National Public Health Laboratory (INRB) in Kinshasa for confirmation testing on 3 September. The INRB confirmed EBOV, *Orthoebolavirus zairense* species, detected through RT-PCR assays, including GeneXpert, on 3 September. Notable patterns: HCW infections, elderly cases, geographic spread between Bulape and Mweka; urgent need for thorough contact tracing and exposure history.

The below is the timeline of key dates for this outbreak as per the information available so far:

- **± 15 Aug 2025:** Probable date of symptom onset for the currently known index case.
- **20 Aug 2025:** Currently known index case: 34-year-old pregnant woman (34 weeks gestation) admitted to Bulape General Reference Hospital with fever and bloody diarrhoea; exposure of maternity staff and a laboratory technician.
- **24 Aug 2025:** Laboratory technician who handled the index case's samples has developed symptoms and dies.

- **25 Aug 2025:** Index patient reported to have died of multi-organ failure.
- **28 Aug 2025:** Nurse who cared for the index case develops symptoms; dies on 01 Sep 2025.
- **01 Sep 2025:** MoH alerts WHO of suspected VHF in Bulape Health Zone; crisis committee activated at local and provincial levels. National and provincial PHEOC activated; national notification released.
- **02 Sep 2025:** Two additional contacts of the index case hospitalized in critical condition; one new death reported.
- **03 Sep 2025:**
 - Six suspected-case samples transported and arrived at INRB (Kinshasa) for confirmation.
 - Multidisciplinary deployment: 12 experts (MoH, INRB, WHO, MSF, UNICEF) deployed from Kinshasa to Bulape.
 - Emergency WHO 3-level meeting held – 3-level Incident Management System activated.
 - Sample confirmed as EBOV, *Orthoebolavirus zairensis* species.
- **04 Sep 2025:** Team of 12 experts arrives in Bulape; crisis management and IPC measures intensified.

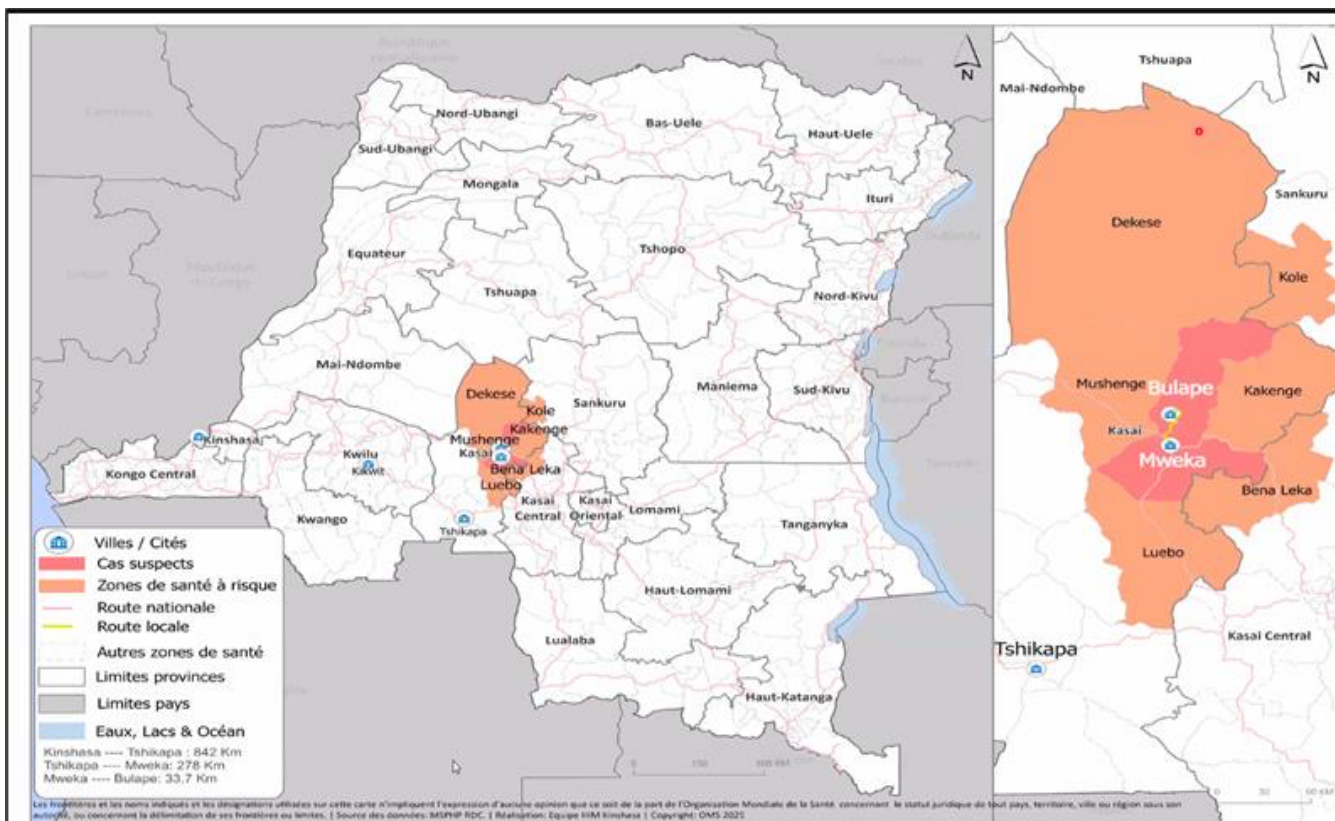
Context assessment

This is the 16th EVD outbreak in the DRC since 1976. The current outbreak occurs after almost three years without a confirmed EVD outbreak in the country. The last EVD outbreak in the country was declared on 15 August 2022 in Beni city, North Kivu province with one single case reported who later died (CFR 100%). The MoH declared the end of outbreak on 27 September 2022.

In the Bulape district, the epicentre of the current outbreak, the last EVD outbreak was in 2007. Eighteen years later, the capacities required for the response to a potential EVD outbreak may not be present. Additionally, there are logistical challenges related to access to the affected areas which may impact the progress of response operations.

This outbreak is occurring in a complex epidemiological and humanitarian context. The country is facing several outbreaks, including mpox, cholera, and measles within a fragile health system; potential community distrust and misinformation require robust risk communication and community engagement. While community information is currently limited, there are reports of high levels of fear among residents, leading to significant risk of movement away from affected villages and therefore potentially wider geographical spread.

World Health Organization

Figure 1: Map of the affected districts in Democratic Republic of Congo, as of 4 September 2025

Capacities	Vulnerabilities
<ul style="list-style-type: none"> Congolese health authorities have experience in managing EVD outbreaks. Health authorities mobilized, MVE coordination committee reactivated. The approved Ervebo vaccine is available. Vaccination teams have been trained since the 10th outbreak and retrained since then. In-country diagnostic capacity (through INRB) and deployment of a mobile laboratory to the affected area is underway to increase local diagnostic capacity for the detection of new cases. Available IPC human resource capacity at the national level could be leveraged to strengthen the response through surge support. 	<ul style="list-style-type: none"> Delayed report of the alert from the affected district to the national level (5 days after the first known case visited the health facility: 20-25 August) and from the national level to WCO (6 days: 25 August to 1 September) showing a challenge in the communication chain of public health emergency alerts. Complex humanitarian, political and health context that could limit the country's ability to respond effectively to the outbreak amid other challenges. The existence of health personnel among the cases and deaths indicates suboptimal adherence to IPC standards in the health facilities. Limited information available so far pending in-depth epidemiological investigation of this outbreak. The risk of demotivation and panic among healthcare personnel cannot be ruled out with fatalities already reported among healthcare team. Limited programmatic IPC capacities, WASH services and infrastructure at the referral hospital and other health centres in the affected health zones, with low compliance to IPC measures to protect healthcare workers and patients.

	<ul style="list-style-type: none"> • Limited recent community experience with EVD information prevention and control measures (previous outbreak 2007). • The logistical challenges related to the accessibility to the affected areas may impact the safe scale up and progress of response operations to this outbreak.
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WHO Immediate actions

- To immediately grade the event for the response scale up.
- Preparation of the response plan for the EVD outbreak.
- Additional field investigations to collect information on the origin of the outbreak, contact tracing, and establish the chain of transmission.
- Reinforce IPC & WASH measures and services including standard and transmission-based precautions in the health facilities and scale up case management.
- Implement and reinforce safe and dignified burial (SDB) protocols with community engagement to optimise acceptance of SDB practices.
- Reinforce Operational and Logistic support to the affected areas through the supply of critical supplies and equipment.
- Initiation of ring vaccination in view of the confirmation of EBOV, *Orthoebolavirus zairense* species, with community engagement.
- Ensure access in treatment facility to specific EBOV treatment.
- Ensure access to diagnostic testing for EBOV and clinical testing to support case management, including the ability to scale up throughput if needed, while adhering to appropriate biosafety standards.
- Engage with the affected communities, exchange on their concern and provide adapted information, including Education and Communication (IEC) materials in local languages.
- Conduct rapid community assessments and dialogues to understand local knowledge, concerns, social norms, behaviours, care seeking practices, strengthening risk communication activities and community engagement
- Engage community-based partners, including civil society groups, community leaders, transport and worker associations, education facilities, places of worship, and community health workers for their protection and to support community-based response.
- Map and mobilize operational partners to support response activities at hotspots.
- Inform other Member States of situation together with WHO's assessment of the risk and advice through a posting on EIS platform for IHR NFPs.

Reference documents used for risk assessment

- SPOTREP N° 001/2025 : Suspicion de fièvre hémorragique virale dans les AS de BULAPE, BULAPE COM et DIKOLO, ZS de BULAPE, Province du KASAÏ, COUSP/INSP/RDC
- RAPPORT D'INVESTIGATION DES DECES DANS LA ZONE DE SANTE DE BULAPE DE LA SEMAINE N° 34 A LA SEMAINE N° 35 /2025
- Ebola virus disease fact sheet: <http://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>
- Rapport d'Evaluation Rapide de Risque de la Maladie à Virus Ebola en RDC du 19/08/2022/RRA_EVD_DRC
- Rapport d'Evaluation Rapide de Risque de la Maladie à Virus Ebola en RDC du 24/04/2022/RRA_EVD_DRC_Recommandations du Groupe Stratégique Consultatif d'Expert sur la vaccination - Vaccins contre la maladie à virus Ebola: <https://apps.who.int/iris/bitstream/handle/10665/341624/WER9622-197-216-eng-fre.pdf?sequence=1&isAllowed=y>
- Diagnostic testing for Ebola and Marburg virus diseases: interim guidance, 20 December 2024: <https://www.who.int/publications/i/item/B09221>