Supplementary file 2. Intervention repository for DRC outbreaks

Outbreak	Interventions carried out	Dates (if known)
1976, Yambuku	Yambuku Mission Hospital closed	30/10/1976
	Active surveillance nationwide, in Kinshasa and in the epidemic area	
	A technical note on the disease and practical advice on protection, notification and sample shipping was given to healthcare workers at the national level. Disseminated through radio and the Catholic and Protestant mission amongst others.	
	Isolation of confirmed cases in Kinshasa and quarantine of contacts for 21 days with daily temperature checks	
	Training of local active surveillance teams and provision of protective equipment	
	Involvement of the village chiefs and house-to-house surveying	
	Retrospective surveillance	
	Isolation of cases. Suspected cases were isolated in their village with no close monitoring	
	Barriers installed around villages affected to prevent entry and exit	
	Sodium hypochlorite (2%), boiling or burning were used to decontaminate or dispose of contaminated materials and waste	
	Cadavers wrapped in cloth, soaked in formalin or phenol and buried deeply	
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1995, Kikwit	Closure of all hospitals, health centers and laboratories in the Kikwit area (later reopened)	04/05/1995
	Quarantine of patients in Kikwit General Hospital	
	Passive surveillance carried out by re-opened healthcare facilities	
	Active surveillance and follow-up carried out by medical students of Bandundu University	
	The establishment of a rumour registry of suspected cases and deaths	
	The use of the Kikwit Diocese radio station and church gatherings for surveillance messages	
	The distribution of protection equipment	
	The infection prevention and control training of medics and other volunteers	
	The organization of safe burials by the Red Cross	
	Leaflets, posters, banners and speeches through megaphones through the streets of Kikwit	
	Instruction of approximately 60 healthcare workers on protective equipment, disease characteristics, case definitions and management	12/05/1995 and 14/05/1995
	Death registry established	
2007 Mweka	Retrospective and prospective surveillance	
	Two international mobile laboratories opened, one in Mweka (PHAC) and one in Luebo (CDC)	27/09/2007
	Organization of safe burials	

	Investigation of drinking water sources and subsequent chlorination of water	
	Disinfection of abandoned households belonging to EVD victims and all major treatment, isolation and healthcare facilities in the area	
	Implementation of protocols for adequate protective equipment, disinfection and hand hygiene amongst healthcare workers	
	Improvement of the general sanitation conditions of the SNCC hospital	
	Construction of three treatment centers, one in Kampungu, one in the Bulape Hospital and one in the Luebo General Hospital and establishment of a transport system for patients	
	Dissemination of knowledge about the disease through leaflets, radio and television education campaigns	
	Provision of free healthcare and food and medical aid for the population residing in the Kampungu area	
	Training of 185 nurses, hygiene technicians and red cross employees	
2008/9 Mweka	Arrival of national and international support on site	18/12/2008-25/12/2008
	Opening of first isolation center by MSF Belgium in Kaluamba	27/12/2008
	Isolation center was transferred from Kaluamba to Kampungu with 25-bed capacity	02/01/2009
	Three international mobile laboratories from Canada, Gabon and South Africa were built	15/01/2009
	The establishment of a surveillance system including contact-tracing using specific forms to be completed for all cases	
	Health promotion in the community to raise awareness about the disease and how to avert infection (including sessions carried out daily in each village, meetings with authorities from many social groups (eg. priests from many religions, village chiefs, school directors), outreach through songs and messages in local radio stations, at markets and through the distribution of cassettes, response to rumours and household visits)	
	The symptomatic treatment and isolation of cases to prevent transmission in the community and improve patients' chances of survival in an environment where appropriate protective equipment and measures were put in place. The interior of the isolation centers were fully visible from the outside to increase transparency with regard to the community.	
	Burials made safe	
	At-risk households were disinfected	
	Waste was appropriately disposed of	
	Psychological support was made available to healthcare workers, patients and their families	
2012, Isiro	**Laboratory**	
	First laboratory was installed, a collaboration between the CDC and the Institut National de Recherche Biomédicale (INRB, Kinshasa)	25/08/2012

	A team from the PHAC (Winnipeg) arrived and started managing the diagnostic activities together with the INRB.	03/10/2012
	Surveillance	
	Retrospective surveillance (including taking blood samples, consultation of registers, family of cases, community surveys)	
	Prospective surveillance(ensuring healthcare workers use correct definitions, contact tracing and taking blood samples)	
	Creation of a harmonised database that permited real-time epidemiological analysis	
	Production of a daily bulletin	
	Case management, funeral safety and infection control	
	Isolation unit at the Isiro General Reference Hospital opened	06/08/2012
	Re-organisation of treatment center at the Isiro General Reference Hospital by MSF Belgium and Spain: isolation units, handwashing stations, waste burning stations	10/08/2012
	Personal protection equipment distributed	
	Free treatment of patients	
	Systematic (analgesic, antimalarial, antibiotics, vitamins A, B and C) and symptomatic treatments as well as three meals a day were provided	
	The safety of 37 burials was ensured: cadaver disinfected with 0.5% chlorine solution and placed in a bag before funeral and burial. When a death took place at home, the home was disinfected. Sometimes safety of burial was relayed to families and gloves were provided	
	Water, hygiene and sanitation	
	220 healthcare workers, 34 technicians and 77 red cross employees were trained in disinfection techniques, preparation of chlorine solutions, secure burial and infection control in the healthcare setting. Protection and disinfection equipment was provided.	
	Disinfection of 30 households of cases and 36 healthcare centers	
	Incinerators built by a local engineer and installed in various healthcare centers	
	13 patients were securely transferred	
	Psychosocial support	
	Psychological support was made available to healthcare workers, patients and their families	
	122 families were provided kits for their reinsertion into the community (bedding, food, bucket, cup and soap)	
	Psyco-educational sessions in the community and with healthcare workers	
	Social support of families affected (eg. food)	
	400 providers trained in psychological management of EVD cases	
	Communication	
	Briefing of local media, organised groups and community leaders to relay information about EVD	
	Lobbying of political and administrative authorities to gain their support. This resulted in the temporary banning of hunting, playing football and greeting in churches and the use of churches and schools to communicate messages about the disease	

	Flyers, posters, songs in Lingala and other local languages, a radio sketch, messages transmitted through the Isiro radio stations	
	21 film projections gathering 12,450 people	
	Fast survey of the communication activities	9/10/2012-10/10/2012
	Register of hostile reactions encountered	
2014, Boende	**Evaluation and reinforcement of existing prospective and retrospective surveillance**	
	Training of 150 community support workers, 33 community nurses and 52 local healthcare workers	
	Harmonisation of surveillance tools	
	Creation of an a epidemiological surveillance database, a laboratory surveillance database and a treatment centre database	
	Distribution of surveillance tools	
	21 day follow-up of the contacts of cases	
	Investigation of any alerts (ill or dead individuals)	
	Active search for new cases in the existing healthcare structures (analysis of consultation registers) and in the community (door-to-door knocking in affected villages)	
	Writing and distribution of regular surveillance reports	
	Epidemiological analysis of the outbreak dynamics as it progresses	
	Daily surveillance meetings	
	Set-up of mobile laboratory	
	Case management	Lokolia open 10/09/2014
	Two Ebola treatment centres subdivided by risk areas. One built from scratch in Lokolia (24 beds) received 40 patients and one in the General Reference Hospital of Boende (18 beds) received 12 patients. Three meals a day provided for patients and their carers	
	Home-based management of one case by a healthcare worker	
	Communication	
	Leaflets and posters in French and Lingala distributed to affected villages and surrounding villages (explained in households for those who spoke only Lomongo)	
	Messages and songs emitted on the local Radio Boende Bosekota	
	Briefing of community representatives (13 village chiefs, 37 healthcare workers, 91 teachers, 61 religious leaders, 3 traditional healers and 43 other community leaders)	
	Door-to-door knocking	
	Community volunteering for sensibilisation campaigns (122 support workers were trained and given bicycles, megaphones and disinfectants), transfer of patients to the treatment centers and notification of deaths and safe burials.	
	Briefing of affected households	
	Mass speeches in markets, schools and churches	
	Rapid surveys to evaluate the outcome of the sensibilisation campaigns and re-focus efforts	
	Improvement of sanitation and hygiene	

Supplying protection equipment and disinfectentants to healthcare centers, two schools and the general reference hospital plus briefing on how to use these, hospital hygiene measures and how to dispose of waste

Distribution of soap, water treatment and disinfectants (1200 households), family Wash Kits (25 households) and hand washing buckets (400 households) in the community

Disinfection of 521 households, 17 schools, 16 churches and 7 healthcare centers and daily disinfection of Ebola treatment centers

Ensuring the safety of 18 burials

Evaluation of water distribution points and supply of drinking water in the meantime

Psychosocial support

Psychotherapy for healthcare workers, community, EVD cases and their family members (psychoeducational, supportive and community therapies)

Nutritional support kits distributed to patients, their families and the local population