International Medical Corps

SITUATION UPDATE

Ebola Outbreak, DRC and Region
Situation Report #3
May 21, 2026

In this photo from the 2025 Ebola outbreak in Kasai, DRC, a staff member teaches healthcare workers from the Ministry of Health how to properly don and doff Ebola-relevant personal protective equipment.

FAST FACTS

- On May 16, the World Health Organization declared the outbreak of the Bundibugyo strain of Ebola virus disease (EVD) in the DRC and Uganda a Public Health Emergency of International Concern.
- As of May 20, the DRC has reported more than 670 suspected cases, 61 confirmed cases and more than 160 deaths. Uganda has confirmed two cases, including one death.
- Fear of cross-border transmission of the EVD is rising as the DRC shares porous borders with Burundi, Rwanda, South Sudan and Uganda.
- Instability in Ituri province—which is plagued by ongoing fighting, a heavy presence of non-state armed groups, chronic poverty and weak health systems—adds to the challenges facing the response.

OUR RESPONSE

- International Medical Corps' rapid response teams have deployed to Ituri, Goma and Kinshasa in DRC, and to Kampala in Uganda. In DRC, the RRT is coordinating closely with the Ministry of Health to stand up Ebola Transit Centers and Ebola Treatment Centers.
- International Medical Corps is supporting our partner in Uganda with assessments and in helping the Ministry of Health to determine key, critical interventions.
- Teams in South Sudan are coordinating closely with the Ministry of Health to assess infectious disease units and support readiness.

On May 16, the World Health Organization (WHO) declared the outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC) and Uganda to be a Public Health Emergency of International Concern (PHEIC), signaling that this outbreak has potential global consequences. First confirmed in Ituri province after several weeks of undetected transmission, the outbreak has already spread across key areas of eastern DRC and into Uganda. Because of the porous border between Ituri province and South Sudan, the Ministry of Heatlh (MoH) in South Sudan has launched preparedness efforts in anticipation of cross-border transmission.

As of May 20, the DRC has reported more than 670 suspected cases, 61 confirmed cases and more than 160 deaths. There is a new confirmed case in the South Kivu province that resulted in death, which signals a broader scope of transmission. In Uganda, authorities have confirmed two cases in Kampala, including one death.

The current hotspot remains Ituri province, particularly Bunia, Mongbwalu, Nyakunde and Rwampara health zones, where the outbreak appears to have started in a family cluster followed by health-facility transmission and then community spread. The combination of delayed detection, incomplete contact tracing, mining-related mobility and density of community members, insecurity and the large number of informal health providers suggests that the actual scale of transmission may be greater than currently known.

The outbreak is especially concerning because it is caused by the Bundibugyo strain, for which there are currently no approved vaccines or treatments. Response efforts are therefore relying heavily on rapid surveillance, contact tracing, testing, infection prevention and control (IPC) measures, supportive clinical care, risk communication and community engagement (RCCE), and strong cross-border coordination.

The operating environment in eastern DRC is highly fragile, and health facilities in the affected areas are under severe strain. IPC readiness remains critically low and there are serious shortages of personal protective equipment (PPE), IPC materials, trained staff, triage capacity, isolation space and sample transport capacity. These conditions seriously increase the risk of transmission inside of health facilities and to healthcare workers. At least four healthcare-worker deaths have been reported in the affected area—underscoring the risk of healthcare-associated transmission as well as the importance of PPE and adherence to protective measures for care providers.

High levels of conflict-related instability and a heavy presence of non-state armed groups in Ituri province further complicate response efforts. The Allied Defence Forces, an Islamic State-linked Ugandan rebel group operating in the DRC, led multiple massacres in the days after news of the outbreak broke. Violence in the area slows response and inhibits community members from seeking healthcare. In addition, demonstrations have broken out in response to community members not being able to receive the bodies of their deceased. Such demonstrations led to an attack on the Rwampara Hospital Ebola Treatment Center (ETC) and a patient with confirmed EVD ran away in fear. RCCE is therefore critical to mitigating community distrust and fear.

In Uganda, the authorities have activated national- and district-level emergency measures in response to the outbreak, including enhanced surveillance, border screening at all official and informal points of entry, deployment of rapid response teams (RRTs), isolation of high-risk contacts and quarantine of all identified contacts. To date, no local transmission has been detected.

In South Sudan, the MoH—in partnership with WHO, International Medical Corps, the International Organization for Migration, Médecins Sans Frontières and other health partners—initiated national-level Ebola preparedness and emergency coordination activities on May 18 following the outbreak declaration in DRC and Uganda, and assessments of infectious disease units at health facilities are ongoing. Risk assessment and surveillance-strengthening activities have been initiated in the high-risk states of Central Equatoria and Western Equatoria.

International Medical Corps Response

With the support of the US Department of State and other donors, International Medical Corps RRTs are on the ground, actively engaging with ministries of health, key actors and response partners in affected areas to support the evolving emergency response efforts.

Democratic Republic of the Congo
In the DRC, International Medical Corps has received its accreditation as a responder in Ituri for this outbreak and has sent teams to Ituri, North Kivu and Kinshasa. International Medical Corps' RRT in Kinshasa is supporting national coordination and response efforts.

International Medical Corps' seven-person RRT arrived with PPE and medical supplies in Benia, in Ituri, on May 20. They are now coordinating closely with the MoH to support an ETC at Ituri General Hospital.

In Beni, in North Kivu, International Medical Corps been asked by the MoH to manage the ETC in Beni health zone. Within the ETC, our RRT team—which includes doctors, nurses, hygienists, pharmacists, and IPC experts—will conduct Ebola screenings. They also will oversee case management for suspected and confirmed cases, and establish IPC protocols for screening and triage, waste management, disinfection, safe and dignified burials, safe clinical procedures, and water, sanitation and hygiene (WASH).

In Goma, in North Kivu, our RRT is supporting the ETC at Virunga Hospital. The 10-bed transit center, which is located just 10 minutes from the center of Goma, accommodates patients with suspected cases while awaiting lab diagnosis. Patients are isolated from each other to avoid further transmission and receive supportive treatment. When an Ebola case is confirmed, our team is helping to ensure that proper IPC measures are followed, and ensuring safe transport to the nearby ETC for case management.

We will be providing training on May 22 for local organizations on community-based surveillance, helping to support and augment broader response efforts.

Drawing on our extensive experience with Ebola response—including during the 2025 Kasai outbreak, the 2019–2022 DRC outbreaks, and the 2014-2016 West Africa outbreak—we are coordinating with the MoH to support case management, in coordination with national authorities and partners. This includes management of ETCs and transit centers, screening and referral units, facility-based surveillance, IPC/WASH, logistics, just-in-time training and continuity of essential health services.

Uganda
In Uganda, International Medical Corps' local partner Africa Humanitarian Action (AHA) is leading our RRT and supporting response efforts in Kampala and high-risk border areas. The team has received an official request from the Uganda MoH to support its field response teams engaged in critical response activities, including surveillance, active case search, contact tracing, community engagement, and screening. The RRT also has been assigned to support EVD response efforts in Bundibugyo and Ntoroko districts, which border DRC. The MoH has deployed RRTs to these locations to conduct initial rapid assessments and determine priority needs; two of our RRT staff members will join as part of the assessment team.

South Sudan
In South Sudan, International Medical Corps has been in consultation with MoH, Emergency Operations Centers, the National Public Health Institutes, and other international and local partners on coordination and preparedness measures to counter an Ebola outbreak.

This week, as part of an effort to rehabilitate a former infectious disease unit (IDU) for use in an EVD response in Juba, our medical and logistics teams conducted a facility assessment with WHO and World Vision. Another potential IDU has been identified in Yambio, and we are in discussions on using this as an ETC.

On May 21, teams conducted trainings for local health organizations, including “Introduction to EVD” and “IPC in an EVD epidemic,” to help keep staff and the communities they serve safe.

In our field sites, our teams are scaling up their RCCE activities around Ebola and sensitizing healthcare workers on screening, case definitions and emergency standard operating procedures for EVD—including the importance of PPE and IPC measures. The team is also undertaking advocacy measures among institutional partners to increase available resources to prepare for, respond to and contain an EVD outbreak.