

SITUATION UPDATE



International Medical Corps staff members providing training in case management and infection prevention and control for 32 frontline healthcare providers in Ituri province.

As of May 25, the Democratic Republic of the Congo (DRC) had reported more than 900 suspected cases of the Bundibugyo strain of the Ebola virus disease (EVD), as well as 101 confirmed cases, with 10 confirmed deaths and more than 220 suspected deaths. Most cases are in Ituri province, and contact tracing is ongoing. Two deaths were recorded at a hospital in Bunia, leading to immediate quarantine of all hospital personnel.

Having first been noted in Ituri province, the outbreak has now spread into North Kivu and South Kivu provinces. In Uganda, two new cases have recently been confirmed, bringing the total to seven confirmed cases and one death, including cases in Kampala. Both of the new cases in Uganda involve healthcare workers who had contact with the initial two cases who had traveled from the DRC. On May 16, the World Health Organization (WHO) declared the outbreak to be a Public Health Emergency of International Concern (PHEIC), signaling that this outbreak has potential global impact. With porous borders between the DRC, Uganda, South Sudan, Rwanda, and Burundi, there is a high concern of cross-border transmission.

The Bundibugyo strain is a challenging strain of EVD to manage. Though typically the fatality rate is lower—30% to 50%, compared with the more common Zaire strain, which has a 70% to 90% fatality rate—the Bundibugyo strain has no approved vaccine or treatment protocol. 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.

This response is further impacted by the geographic scope of the outbreak. The hotspot for the virus is still 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, 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.

Violence in the region is an additional challenge to response. Ituri province has extremely high-levels of conflict-related instability and a heavy presence of non-state armed groups. Presence of the Allied Defense Forces (ADF), an Islamic State-linked Ugandan rebel group operating in the DRC, led to multiple massacres in the days after the announcement of the EVD outbreak. Furthermore, community distrust and the spread of misinformation

FAST FACTS

- As of May 25, the DRC had reported more than 100 confirmed cases, with 10 confirmed deaths, while more than 900 suspected cases and 220 suspected deaths have been reported. Uganda has confirmed seven cases and one death.
- Cases of the Bundibugyo strain of Ebola began in the Ituri province of the DRC, but have spread into North Kivu and South Kivu provinces, as well as into Uganda.
- Fear of cross-border transmission of the EVD is rising as the DRC shares porous borders with Burundi, Rwanda, South Sudan and Uganda.
- There is a serious security concern in Ituri province—which experiences chronic fighting by non-state armed groups—where there have been multiple attacks on Ebola Treatment Centers (ETCs) and hospitals where patients with suspected and confirmed cases are receiving treatment.

OUR RESPONSE

- International Medical Corps' rapid response teams have deployed to Ituri, Goma and Kinshasa in DRC, and to Kampala in Uganda.
- Our team is operating in 49 health facilities, including in ETCs and Ebola transit centers.
- Our teams in the DRC are constructing ETCs at the Bunia General Hospital in Ituri and at the Virunga General Hospital in North Kivu, and are providing critical hygiene supplies to surrounding health facilities in Ituri and North Kivu.
- Our team in Uganda is launching health and IPC activities in Ntoroko and Bundibugyo districts.
- Our team in South Sudan is conducting Ebola-relevant preparedness training for the Ministry of Health and is prepositioning PPE to support operational readiness for cross-border transmission.

related to EVD has led to multiple demonstrations outside of health facilities, including attacks on Ebola Treatment Centers (ETCs) by community members who want to retrieve the bodies of their deceased. This further underscores the critical need for RCCE measures, as well as mental health and psychosocial support (MHPSS) in communities.

The operating environment in eastern DRC was extremely fragile even before the outbreak of EVD, 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 transport capacity for samples. These conditions seriously increase the risk of transmission inside of health facilities and to healthcare workers. At least six healthcare-worker deaths have been reported in the affected areas—underscoring the risk of healthcare-associated transmission as well as the importance of PPE and adherence to protective measures for care providers, as well as training on these subjects.

In Uganda, as additional cases are confirmed in the country and in the capital, Kampala, the authorities have activated national- and district-level emergency measures in response to the outbreak, including enhanced surveillance, travel restrictions, 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.

In South Sudan, there are still no suspected or confirmed cases, though the risk remains high. The Ministry of Health (MoH)—in partnership with the 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 it is continuing to assess infectious disease units at health facilities. 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 and are actively responding to the outbreak and engaging with ministries of health, key actors and response partners.

Democratic Republic of the Congo

International Medical Corps' response in Ituri to the outbreak began as soon as we received the required approval and accreditation of our RRT team from the MoH.

In Beni, in North Kivu, International Medical Corps is making key facility upgrades involving IPC and water, sanitation and hygiene (WASH), to prepare and manage the ETC in Beni health zone, connected to Beni General Referral Hospital. Within the ETC, our RRT—which includes doctors, nurses, hygienists, pharmacists, and IPC experts—will conduct Ebola screenings, 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 WASH services.

Our RRT began supporting the ETC at Virunga Hospital in Goma, North Kivu, on May 22. The 12-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 helps to ensure that proper IPC measures are followed and ensures safe transport to the nearby ETC for case management.

We also have provided training for local organizations on Ebola-critical topics such as community-based surveillance, helping to support and augment broader response efforts.

In South Kivu, we have deployed staff to monitor epidemiological trends and to coordinate with local authorities as the risk of further transmission increases. Our team is waiting for the MoH to assign health zones for response in South Kivu, and will be supporting 15 health facilities in the coming days.

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, working closely 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

As confirmed cases of Ebola increase in Uganda, there is an urgent need for readiness in border districts.

International Medical Corps' local partner Africa Humanitarian Action (AHA) is leading our RRT and supporting response efforts in Kampala and the high-risk border districts of Bundibugyo and Ntoroko. These districts were assigned to us by the Ugandan MoH and have critical gaps in surveillance, PPE/IPC, isolation, laboratory, safe and dignified burials, and logistics, which put communities at risk for delayed detection, higher mortality and health-system disruption. Our RRT is rapidly scaling up Ebola preparedness and response measures by improving surveillance and alert management, IPC, case management, laboratory capacity, RCCE and emergency coordination.

Activities over the next three months will focus on procurement and deployment of key supplies, refresher training and simulations for MoH staff, activation of coordination structures, strengthened surveillance and screening, and improved logistics support, with early actions in the first few weeks and ongoing monitoring to help contain the outbreak in the region and surrounding cross-border areas.

South Sudan

In South Sudan, International Medical Corps has been engaged with the MoH and other partners, including the WHO, US Department of State, the Directorate-General for European Civil Protection and Humanitarian Aid Operations and other key stakeholders through preparedness coordination meetings, information sharing and joint planning. Working closely with the WHO and MoH, International Medical Corps has provided technical support and input to the South Sudan EVD Preparedness and Response plan.

We have conducted EVD orientation and preparedness training for our staff and staff from the Danish Refugee Council, strengthening understanding of EVD transmission, IPC measures, early detection, reporting procedures and workplace preventive practices, contributing to improved preparedness and reduced potential health risks within the shared working environment for more than 110 participants.

At our field sites, our teams are scaling up 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.