International Medical Corps

SITUATION UPDATE

Ebola Outbreak, DRC and Region
Situation Report #2
May 19, 2026

In this photo from an Ebola outbreak in Beni, DRC, a staff member decontaminates another staff member who had been caring for patients inside of the Red Zone.

FAST FACTS

- The World Health Organization has declared the Ebola Bundibugyo outbreak in the DRC and Uganda a Public Health Emergency of International Concern.
- As of May 19, the DRC has reported more than 500 suspected cases and at least 130 deaths.
- Uganda has confirmed two cases, including one death.

OUR RESPONSE

- International Medical Corps teams are in Ituri, the epicenter of the outbreak in DRC, and in Goma (along the Rwanda/DRC border), where cases have also been reported.
- International Medical Corps also has a Rapid Response Team in Uganda supporting that country's response.
- International Medical Corps teams in South Sudan are coordinating closely with the Ministry of Health to support readiness efforts.

The World Health Organization (WHO) has declared the current outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC) and Uganda 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, with two confirmed cases in Kampala. In South Sudan, where geographic proximity and population movements across a shared border with DRC increase the risk of transmission, the Ministry of Health (MoH) has launched preparedness efforts.

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

The outbreak is especially concerning because it is caused by the Bundibugyo strain, for which there are currently no approved vaccines or therapeutics. Response efforts therefore have to rely heavily on rapid surveillance, contact tracing, testing, infection prevention and control (IPC) measures, supportive clinical care, risk communication and community engagement, 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, with assessments showing only 34% coverage at Mongbwalu General Referral Hospital and less than 7% in other facilities. There are serious shortages of personal protective equipment (PPE), IPC materials, trained staff, triage capacity, isolation space and sample transport capacity. 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.

This outbreak both compounds and emphasizes severe pre-existing humanitarian needs. In Ituri, more than 1.9 million people were already in need of humanitarian assitance before the outbreak, including more than 923,000 internally displaced people. In North Kivu, chronic conflict, displacement and recurrent outbreaks have already left approximately 2.5 million people in North Kivu in need of humanitarian health assistance.

International Medical Corps Response

With the support of the US Department of State and other donors, International Medical Corps' Rapid Response Teams (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.

In the DRC, International Medical Corps has received its accreditation as a responder in Ituri for this outbreak and has sent teams to Ituri and Goma. The RRTs are positioning PPE stocks and other essential supplies to ensure safe operations and protect health workers on the frontlines while we await accreditation in Goma, which is expected this week. We have sent a team of seven additional response experts to Ituri, including the Emergency Management Lead from our response to the recent Marburg outbreak in Ethiopia, and we have activated our emergency roster to rapidly increase our RRT in the most affected areas.

Teams are also preparing to deploy to Beni and Butembo, where additional cases have been identified. Drawing on our extensive Ebola experience in the DRC, we are coordinating with the MoH to support case management—including management of Ebola Treatment Units and transit centers, screening and referral units, facility-based surveillance, IPC/water, sanitation and hygiene (WASH), logistics, just-in-time training and continuity of essential health services—in coordination with national authorities and partners. International Medical Corps' RRTs will also have a presence in Kinshasa to support national coordination and response efforts.

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. Over the last several days, the RRT has been actively participating in MoH-led meetings, coordinating with national authorities, and supporting finalization of needs assessments to help prioritize response efforts while integrating guidance from Africa CDC and WHO.

In South Sudan, our team is working closely with the MoH, as well as key partners such as WHO, Médecins Sans Frontières, the International Organization for Migration, the Global Health Cluster and the Public Health Emergency Operations Center (PHEOC) on readiness measures, with preparedness planning focused on surveillance, treatment-site functionality, health workforce orientation, community education and WASH. Current discussions have identified Juba and Yambio as key preparedness locations. In Juba, the MoH has identified an infectious-disease unit to serve as the primary potential treatment site, but the facility is not yet fully functional. International Medical Corps' team and the PHEOC are planning a joint assessment to determine what support is needed to make the site operational. In Yambio, a former infectious-disease treatment center is also being considered as part of preparedness planning.