

SITUATION UPDATE



In this photo from a previous International Medical Corps Ebola response, healthcare staff don personal protective equipment before treating patients.

On May 15, the World Health Organization and the Africa Center for Disease Control (CDC) reported that there were 246 suspected cases and 65 deaths related to cases of Ebola virus disease (EVD) in Ituri province, Democratic Republic of the Congo (DRC). Ituri, a small province in the northeast of the country that borders South Sudan and Uganda, is a mineral-rich region with a history of instability and violent conflict, usually driven by control over mines. The instability of the province, combined with the proximity to neighboring countries, increases the risk of transmission and cross-border infection.

Twenty samples were sent to a nearby laboratory for testing, 13 of which came back positive for the Bundibugyo strain of EVD, which has a fatality rate of between 21% and 51%. Though less fatal than the Zaire strain—which was most recently present in the DRC’s Kasai province in 2025, and which was responsible for the 2014–2016 West Africa Ebola outbreak that killed more than 11,000 people—the Bundibugyo strain is not fully covered by vaccines developed that protect against Ebola Zaire, leaving those who have received the vaccine still vulnerable to contracting the virus. A highly contagious hemorrhagic fever, EVD halts the body’s blood-clotting system, causing blood to leak from blood vessels in an affected person’s body and leading to internal bleeding, inflammation and loss of fluid. Untreated, the body goes into shock from fluid loss. Death often follows.

The two most affected health zones so far are Rwampara and Mongwalu. Both contain densely populated mining communities with transient populations, increasing the risk of transmission of the disease. Health infrastructure is already weak, with anywhere from only 7% to 34% of health facilities having proper infection prevention and control (IPC) and water sanitation and hygiene (WASH) coverage—leading to an inability to respond to patients with suspected cases and an increase in the risk of intrahospital transmission and the spread of the virus to healthcare workers. Four of the 65 EVD deaths so far have been healthcare workers.

There is a critical shortage of supplies, including personal protective equipment (PPE) and IPC materials. Clinical care is disorganized, there is an extremely limited number of trained health personnel and there is critically insufficient isolation and triage capacity.

FAST FACTS

- On May 15, the World Health Organization and the Africa Center for Disease Control reported an outbreak of Ebola virus disease (EVD) in Ituri province of the Democratic Republic of the Congo.
- There are so far more than 246 suspected cases and 65 deaths, including four healthcare workers. Uganda has confirmed one case so far, indicating the likelihood of further cross-border transmission.
- Ituri province, which is extremely impoverished, experiences frequent conflict and instability. The mineral-rich province is a hotbed for nonstate armed groups and violence.
- Thirteen lab-tested samples confirmed the presence of the Bundibugyo strain of Ebola, which has a fatality rate of between 21% and 51%.

OUR RESPONSE

- International Medical Corps, which currently has bases in Goma and Kinshasa, has been providing care in the DRC since 1999.
- We have already mobilized our rapid response team (RRT), and have staff in Kinshasa and Ituri working with local government officials and other partners.
- International Medical Corps has been a leading actor in EVD response and management in DRC since 2018, including multiple outbreaks between then and 2022, as well as the 2025 outbreak in Kasai province.
- International Medical Corps has provided significant contributions to EVD treatment and management research, including development and testing of vaccines and treatment protocols.

International Medical Corps Response

International Medical Corps first began operations in the DRC in 1999 and has extensive experience with Ebola, both in and outside of the DRC. Most recently, International Medical Corps provided urgent response and comprehensive support for the 2025 Ebola Zaire outbreak in Kasai province.

We have already mobilized our rapid response team (RRT) in both Kinshasa and Ituri, including trained medical staff, IPC and WASH specialists, case management leads, and staff skilled in risk communication and community engagement (RCCE) and supply-chain management.

As usual, we are working closely with national health authorities, including the Ministry of Health, the National Institute of Biomedical Research and the Ministry of Health, as well as partners organizations implementing in response.

Support is urgently needed to strengthen International Medical Corps' ability to respond to this Ebola outbreak during this time-sensitive period. Immediate procurement of appropriate supplies—such as PPE, IPC equipment, pharmaceuticals for patient support and WASH supplies—is needed, as well as support for key personnel in the field who are responding to the outbreak and conducting training.

Previous Responses

During the 2014–2016 Ebola epidemic in West Africa, which killed more than 11,000 people across Guinea, Guinea-Bissau, Liberia, Mali and Sierra Leone, International Medical Corps' team of 1,500+ staff treated more than 400 Ebola-positive patients in five treatment units. International Medical Corps supported government initiatives reducing transmission and providing training to frontline health workers. We engaged community members in workshops and person-to-person contacts, dispelling myths about Ebola and encouraging Ebola survivor families and community residents to speak about their experiences. International Medical Corps staff stayed well after the outbreak officially ended so that we could continue to build local health systems, re-equip healthcare facilities and provide mental health and psychosocial support to those affected by the epidemic.

In 2018, International Medical Corps conducted multi-sectoral efforts in Equateur region in western DRC. International Medical Corps provided infection prevention and control (IPC) training and support to more than 500 health staff—including nurses, laboratory technicians, doctors, hygienists—across six health zones, enabling them to protect themselves, their patients and their facilities from Ebola transmission.

Between 2018 and 2022, DRC experienced near-constant recurring outbreaks of Ebola all over the country, affecting and killing thousands. From 2018 onwards in North Kivu and Ituri, International Medical Corps constructed more than 105 screening-and-referral units (SRUs), conducting more than 2 million Ebola screenings. We created Ebola treatment centers, trained more than 1,700 health staff in IPC and drilled boreholes across Ituri and North Kivu, providing healthcare centers with access to clean water and rehabilitated waste management systems, including incinerators, sharps pits, burn pits and waste zones, which are essential to preventing Ebola as well as transmission of other communicable diseases.

In 2025, Kasai province saw its first Ebola outbreak since 2007. International Medical Corps rapidly responded, providing case management support, training healthcare workers in case management, IPC, WASH, Ebola response and community engagement. We also erected SRUs where suspected cases could be isolated, minimizing risk of transmission.

Research

International Medical Corps' health research contributed heavily to evidence-based guidelines for management of patients with confirmed and suspected EVD during the West Africa 2014–2016 Ebola epidemic and the various DRC outbreaks.

In 2019 in the DRC, International Medical Corps contributed to a consortium study team that determined that both MAb114 and REGN-EB3 treatment protocols for patients with confirmed Ebola virus were superior to ZMapp treatment, particularly with regards to reducing mortality. In 2021, in partnership with Brown University and the CDC, we conducted a vaccine hesitancy study of healthcare workers and community members in three Ebola-affected health zones in the DRC.

Also in 2021, International Medical Corps launched the Ebola Research Project, which utilizes existing data collected by our Ebola treatment facilities regarding patient care, lab testing and epidemiological investigations to conduct clinical and social research related to Ebola. This analysis has critically informed our programming and contributed to evidence-based guidelines for management of patients with suspected and confirmed EVD.