

## SITUATION UPDATE



*International Medical Corps healthcare providers at the Virunga Ebola Transit Center in North Kivu administer supportive care for a patient with a suspected case of EVD.*

As of June 2, the Democratic Republic of the Congo (DRC) and the World Health Organization (WHO) had reported that there are 321 confirmed cases of the Bundibugyo strain of Ebola virus disease (EVD) in the DRC, as well as 116 suspected cases, with 48 confirmed deaths and more than 240 suspected deaths. The number of suspected cases has decreased and the number of confirmed cases has increased in response to improved access to laboratory testing and increased diagnostic capacity. However, inconsistencies between reporting sources have led to different figures being reported.

The operating environment in eastern DRC was extremely fragile even before the outbreak. Ituri province is densely populated and characterized by high levels of mining-related mobility, informal health providers and chronic insecurity linked to the presence of non-state armed groups. The violence in the region has been further complicated by misinformation and community distrust, leading to multiple attacks on Ebola Treatment Centers (ETCs) and hospitals where patients with suspected and confirmed cases are receiving treatment. There also have been demonstrations outside health facilities, attempts by community members to retrieve the bodies of the deceased and attacks on community health workers, further underscoring the critical need for risk communication and community engagement (RCCE) measures, as well as mental health and psychosocial support (MHPSS), in communities.

Health facilities in affected areas are under severe strain. Infection prevention and control (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, significantly increasing the risk of transmission inside 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, adherence to protective measures for care providers and training on these subjects.

At the same time, continuity of other essential health services is increasingly threatened. Ebola outbreaks frequently disrupt access to non-Ebola healthcare, and in Ituri province some health facilities in areas where a single confirmed case has been detected have shut down entirely, reducing access to such routine services as vaccination, maternal and newborn care, malaria treatment and other critical primary healthcare. There is growing concern that under-resourced areas outside the epicenter may face similar pressures if response capacity is not expanded in advance.

### FAST FACTS

- The WHO reports that there are 321 confirmed cases in the DRC and 116 suspected cases, with 48 confirmed deaths and more than 240 suspected deaths. Uganda has confirmed nine cases and one death, and one suspected case.
- Cases of the Bundibugyo strain of Ebola began in Ituri province, but have since been confirmed in North Kivu and South Kivu provinces, as well as in Uganda.
- Case reporting has proved challenging due to insecurity in Ituri province, as well as limited access to laboratory testing and diagnostics.
- There are serious security concerns in Ituri province, 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 the DRC, and to Kampala in Uganda.
- 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 provinces.
- Our team in Uganda is providing health and infection-prevention and control services in Ntoroko and Bundibugyo districts.
- Our team in South Sudan is conducting preparedness training for Ministry of Health staff and is prepositioning personal protective equipment to help facilities get ready for a potential outbreak.

As additional cases have been confirmed in Uganda and in its capital, Kampala, 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, where there are still no suspected or confirmed cases, 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. Emergency Ebola-preparedness actions are ongoing across the DRC/South Sudan border.

## International Medical Corps Response

With the support of the US Department of State and other donors, International Medical Corps RRTs are actively responding to the outbreak and engaging with ministries of health, key actors and response partners. International Medical Corps, which is active in 51 health facilities across the region, has used a hub-and-spoke model since the outbreak was declared to provide case-management support at designated treatment and transit facilities, strengthen IPC in referring health facilities, conduct screening and triage, support RCCE in surrounding communities and train health workers on EVD response protocols.

### Democratic Republic of the Congo

International Medical Corps' response in **Ituri province** began as soon as our RRT received the required approval and accreditation from the MoH.

In Bunia, International Medical Corps is operating an ETC where case management for confirmed and suspected cases of EVD is underway. As of June 1, the Bunia ETC had reported six confirmed cases and three suspected cases. We are providing comprehensive case management, screening, triage and IPC upgrades at the site while working with authorities to further expand bed capacity as demand continues to grow. International Medical Corps is also supporting IPC improvements in 10 health facilities in Bunia, and is prepared to scale this support to 20 health facilities once allocation is confirmed.

International Medical Corps has so far trained 35 MoH staff in Bunia on IPC and the management of EVD. Participants included eight nurses, six medical doctors, 14 hygienists and seven other health facility staff. To reinforce community-based response activities, we have trained 40 community mobilizers and frontline actors on communication techniques in the EVD context. Active RCCE is underway in surrounding communities to build trust, improve early reporting and strengthen contact tracing.

In **North Kivu province**, International Medical Corps is operating the Virunga Transit Center at Virunga Hospital in Goma, where patients with suspected cases are isolated and receiving supportive treatment while awaiting laboratory diagnosis. On June 1, we screened 69 people at the Virunga Transit Center, identifying two suspected cases. International Medical Corps has also conducted IPC assessments in health facilities around the Virunga Transit Center and has begun delivering training and supplies as needed.

In Karisimbi Health Zone, International Medical Corps launched training sessions on IPC for healthcare providers and hygienists, with 50 participants attending on the first day of training. International Medical Corps has been asked to support the discharge and surveillance follow-up of the first two recovered patients of the outbreak, as well as provide discharge supplies.

In **Beni** (North Kivu province), International Medical Corps deployed to support immediate case management, in response to an urgent request from provincial authorities. The team established an eight-bed ETC in one day and has so far managed nine cases, including three confirmed cases that resulted in fatalities, and continues to treat six patients with suspected cases.

International Medical Corps is also supporting IPC upgrades, screening and triage in 10 health facilities in the surrounding area while conducting RCCE in nearby communities. Recognizing that the bulk of national and partner resources remains concentrated in Ituri, International Medical Corps is constructing a second, 20-bed ETC in the Beni area to address a projected increase in cases. Surveillance data indicate that at least five confirmed cases remain untraced, signaling the likelihood of further transmission.

In **Butembo/Matanda Health Zone** (North Kivu province), International Medical Corps has deployed a team to relieve pressure on the overwhelmed ETC in Katwa. International Medical Corps is constructing a transit center designed for



*The Ebola Transit Center at Virunga Hospital in Goma, North Kivu, is operated by International Medical Corps with funding from the US Department of State.*

rapid conversion into an ETC should bed capacity become strained. In addition, International Medical Corps is supporting 10 health facilities in the surrounding area with IPC, screening, PPE, training and RCCE.

In **South Kivu province**, where cases continue to rise, International Medical Corps is collaborating closely with the MoH to determine locations for additional transit centers and expanded support. We are working in a transit center in Katana, near Miti-Murhesa health zone—the site where three confirmed cases passed undiagnosed before detection. At the transit center, International Medical Corps is providing case-management support, IPC improvements, and screening and training across 10 health facilities, as well as targeted RCCE to address community mistrust and cultural challenges around safe burials. We also are supporting IPC activities while prepositioning support for additional health facilities in Uvira, where preparedness needs are growing as the risk of spread increases.

Across all operational areas, International Medical Corps is coordinating closely with the MoH and relevant partners to support case management, screening-and-referral units, facility-based surveillance, IPC/WASH, logistics, just-in-time training and continuity of essential health services. International Medical Corps is also part of broader efforts to strengthen contact tracing—one of the most urgent challenges in the current outbreak. Our support is helping strengthen mapping, daily monitoring and follow-up activities, to address the risk of undetected transmission across operational areas and beyond.

We also are preparing for possible expansion into additional high-risk areas, prepositioning surge teams and supplies in Kinshasa, with a fully trained cohort—including responders with experience from the 2018–20 and 2025 Ebola outbreaks—ready for immediate deployment. We are conducting assessments in high-risk areas—including Kinshasa and surrounding areas, Uvira, Tshopo province (including Kisangani) and Haut-Uélé province—to identify preparedness gaps and determine where rapid scale-up may be required.

Because the high number of suspected cases among healthcare workers has contributed to the closure of some health facilities, International Medical Corps is preparing to surge clinical staff from other regions to maintain continuity and access to lifesaving services. This groundwork will enable International Medical Corps to rapidly establish screening, IPC support, mobile referral units, additional ETCs and expanded contact tracing as needed. International Medical Corps continues to maintain the operational reach and readiness to scale support across more than 130 health facilities nationwide, including in hard-to-reach and conflict-affected areas.

### **Uganda**

As confirmed cases of Ebola increase in Uganda, International Medical Corps and African Humanitarian Action (AHA) are supporting just-in-time training sessions across three districts (Bundibugyo, Kampala and Ntoroko) in support of the EVD response. The initial phase is focusing on training that covers community-based surveillance RCCE, and IPC within local communities. In tandem with these community-level efforts, we are planning additional specialized training for healthcare workers that will focus specifically on clinical case management and rigorous IPC protocols.

To address critical infrastructure gaps, our teams are actively conducting assessments for ETCs and isolation centers in border districts, as no dedicated isolation facilities currently exist outside of Kampala. Alongside these assessments, AHA is investigating strategies to support the transport of suspected cases from these border areas, given that current transportation measures are insufficient from an IPC perspective.

To unify these operational threads, we are deploying additional support to Uganda and establishing more robust coordination support at the district level.

### **South Sudan**

International Medical Corps conducted a four-day training session on Ebola case management and IPC for 25 staff members, including 15 clinicians, who have since been deployed at the Juba Infectious Disease Unit (IDU). The South Sudan team has prepositioned PPE, and begun procurements to fill identified gaps and avoid shortages or stock outs of essential supplies in case an outbreak is declared.

Our team has also identified a former infectious-disease treatment center in Nimule, which is a key point of entry from Uganda, for use as an IDU in the event of an outbreak. The team will perform a facility readiness assessment and begin a four-day training session for MoH staff by the end of the week. The facility assessment will identify gaps related to the Nimule IDU's response capacity, including PPE, while the training will cover critical topics for frontline health workers engaged in EVD response, such as screening alerts and reporting, case management and referrals, RCCE, IPC measures and health worker self-care, including the importance of PPE and MHPSS.