International Medical Corps

SITUATION UPDATE

Ebola Outbreak, DRC and Region
Situation Report #6
June 11, 2026

At Mushungurhi Health Center in South Kivu, International Medical Corps staff members provide health workers with donations of IPC supplies and with training on a range of issues, including handwashing.

FAST FACTS

- On May 15, the DRC officially declared an outbreak of Ebola virus disease (EVD).
- As of June 10, 635 confirmed EVD cases and 127 confirmed EVD deaths had been reported in the DRC, with 19 confirmed cases and two confirmed deaths in Uganda.
- In the DRC, the outbreak remains centered in Ituri province, but cases have also been confirmed in North Kivu and South Kivu.
- In Uganda, reported cases remain linked to transmission originating in the DRC, including imported cases and secondary infections among contacts and healthcare workers.
- In South Sudan, no EVD cases have been confirmed, but risk of an outbreak remains high.

OUR RESPONSE

- Across the region, our teams are providing case management, infection prevention and control, screening and triage, risk communication and community engagement (RCCE), training and preparedness planning.
- We are supporting 51 facilities in the screening, identification and treatment of EVD.
- Our supported sites have conducted 8,278 EVD screenings and provided treatment to 59 patients.
- We have so far trained 255 people on EVD case management, response and transmission prevention.
- Our RCCE efforts have reached 27,357 people.

On May 15, the Democratic Republic of the Congo (DRC) Ministry of Public Health, Hygiene and Social Welfare officially declared an outbreak of Ebola virus disease (EVD), the 17th such outbreak in the country. Caused by the Bundibugyo virus, the outbreak continues to evolve rapidly, with cross-border transmission to Uganda and continued concern for neighboring countries. On June 5, the Africa Centers for Disease and Control (CDC) and the World Health Organization (WHO), together with other partners, launched a joint continental Ebola preparedness and response plan to help countries prepare for, rapidly detect and respond to the outbreak.

As of June 10, 635 confirmed cases and 127 confirmed deaths had been reported across the DRC, with 19 confirmed cases and two confirmed deaths in Uganda. The case fatality rate (CFR) across the affected areas ranges from 9% to 67%, and 272 cases have recovered to date. Because there is no approved vaccine and no specific treatment for the Bundibugyo strain of EVD, the response continues to rely on early detection, supportive care, infection prevention and control (IPC), contact tracing and strong community engagement. Contact tracing remains a significant challenge across affected areas. According to Africa CDC, 6,403 contacts have been listed, with an average active follow-up coverage of only 60% across affected provinces (52% in Ituri, 70% in North Kivu, 82% in South Kivu and 100% in Uganda). Despite ongoing efforts, several zones continue to report low follow-up coverage, undermining containment efforts.

In the DRC, the outbreak remains concentrated in Ituri province, but transmission has also been reported in North Kivu and South Kivu, showing continued geographic spread. Cases have now been reported in 25 health zones across the three affected provinces. The response continues to face major challenges related to insecurity and access. Security incidents affecting health facilities are disrupting surveillance and response activities and increasing the risk of undetected transmission.

In Uganda, all reported cases remain epidemiologically linked to transmission originating in the DRC. These include imported cases and secondary transmission among contacts and healthcare workers. No documented community transmission has been reported in Uganda to date. Cases have been identified in Kampala and Wakiso, and health authorities continue to maintain surveillance, contact tracing and case-management activities.

Neighboring countries, including South Sudan, remain at elevated risk due to cross-border population movement, trade routes and epidemiological links within affected areas. Preparedness efforts across the region remain critical to support rapid detection, referral, isolation and continuity of essential health services, should additional cases be

reported. A national EVD readiness assessment of South Sudan's health system led by the Ministry of Health (MoH) found that the country is critically under-prepared to effectively respond to and contain an EVD outbreak without significant intervention. South Sudan's Ebola preparedness is constrained by critical coordination and capacity gaps that leave high-risk areas exposed. There is a severe shortage of implementing partners with active case-management capacity, as well as limited availability of trained frontline healthcare workers and rapid response teams (RRTs), particularly in remote border regions. Weak coordination mechanisms, evidenced by ad-hoc partner mapping and resource tracking, have hindered a clear unified view of response coverage and needs. Meanwhile, porous borders and heavy cross-border movement heighten the risk of disease importation that is beyond the capacity of current screening systems. These challenges are compounded by the absence of clearly designated partners for IPC and risk communication and community engagement (RCCE) across geographic zones, limiting the effectiveness and reach of prevention and response efforts.

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
In Bunia, **Ituri province**, International Medical Corps is operating a 30-bed Ebola treatment center (ETC) where case management for confirmed and suspected cases of EVD is underway. The team is providing comprehensive case management, screening, triage and IPC upgrades at the site while working with authorities to expand bed capacity as demand continues to grow. The ETC currently is operating at 100% capacity, with 14 confirmed cases and 34 suspected cases. International Medical Corps is also supporting IPC improvements in surrounding health facilities and providing IPC training for healthcare workers, particularly in high-transmission areas. We are scaling up IPC measures and expanding to additional health facilities in Bunia and Rwampara, while expanding our RCCE programming to strengthen early reporting and safe behaviors that enable faster identification and isolation of suspected cases.

In **North Kivu province**, International Medical Corps is operating the seven-bed Virunga Transit Center at Virunga Hospital in Goma. At the transit center, patients with suspected cases are isolated and receiving supportive treatment while awaiting laboratory diagnosis. Screening and isolation activities continue to support timely referral and laboratory follow-up as case confirmation accelerates. As of latest reporting, 740 people had been screened at triage in Goma, and current status indicates that one suspected case is being managed through the ETC/triage pathway. 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 continues to support training and follow-up activities, launching IPC training for healthcare providers and hygienists, with 94 participants attending the training so far. International Medical Corps also has been asked to support the discharge and surveillance follow-up of the first two recovered patients of the outbreak, and to provide discharge supplies.

In Beni, International Medical Corps has deployed an RRT to support immediate case management, in response to an urgent request from provincial authorities. The team established an ETC in one day and continues to treat and isolate patients as they are identified. There currently are two confirmed cases and three suspected cases in the ETC. International Medical Corps has also supported IPC upgrades, screening and triage in health facilities in the surrounding area while conducting RCCE in nearby communities.

In Butembo/Matanda Health Zone, where International Medical Corps is operating an ETC, there are two confirmed cases and five suspected cases. International Medical Corps also is constructing a transit center designed for rapid conversion into an ETC should bed capacity become strained. In addition, International Medical Corps supports 10 health facilities in the surrounding area with IPC, screening, PPE, training and RCCE.

In **South Kivu province**, where cases and transmission risk continue to require ongoing readiness, International Medical Corps is now working in a transit center in Katana, near Miti-Murhesa health zone—the site where cases previously passed undiagnosed before detection. At the transit center, International Medical Corps is providing case-management support, IPC improvements, screening and training across 10 health facilities, as well as targeted RCCE to address community mistrust and cultural challenges around safe burials. in Uvira, International Medical Corps is supporting IPC activities while prepositioning support for additional health facilities. International Medical Corps continues to work closely with the MoH to determine locations for additional transit centers and expanded support.

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, logistics, just-in-time training, continuity of essential health services, and water, sanitation and hygiene. International Medical Corps is part of broader efforts to strengthen contact tracing, helping to strengthen mapping, daily monitoring and follow-up activities to address the risk of undetected transmission across operational areas and beyond.

We are preparing for possible expansion into additional high-risk areas, including prepositioning surge teams and supplies in the DRC's capital, **Kinshasa**, with a fully trained cohort 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 gaps in preparedness 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 of care 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 across the DRC, including in hard-to-reach and conflict-affected areas.

To date, International Medical Corps has trained 252 people in DRC, including 130 healthcare workers and 122 non-healthcare workers, on topics including communication tactics, EVD case definitions, clinical assessment, supportive treatment, management of complications, IPC, safe use of personal protective equipment (PPE), patient monitoring, referral procedures and survivor care.

Uganda
International Medical Corps is responding to the EVD outbreak in Uganda in coordination with our local partner African Humanitarian Action (AHA), which has been working closely with government agencies to support response efforts in affected areas, as well as preparedness actions in high-risk locations. With the support of International Medical Corps, through the infectious disease outbreak response mechanism of our Local Engagement & Response Network (LEARN), AHA is working as the response lead for Bundibugyo and Ntoroko districts on the border with the DRC, and is supporting the Kampala Capital City Authority (KCCA) in the capital. AHA is supporting KCCA efforts to conduct contact tracing and active case search, focusing on integrating high risk Congolese refugee communities within the Kampala city community-based surveillance system. These Congolese communities are at higher risk of exposure due to direct contact with nationals who may have recently travelled from the DRC or secondary contacts. AHA's RCCE support to refugee communities includes training refugee village health teams (VHTs)—the national community health worker program—and other local structures, including religious leaders and refugee-led NGOs such as SPOKES AFRICA. Similar supports are planned for Congolese refugee communities in border areas.

As part of its response, AHA procured and distributed 300 copies of community surveillance and reporting tools for VHTs, to strengthen community-level monitoring and reporting, and to support data collection, accountability and monitoring of community-based Ebola preparedness activities. EVD information materials also have been translated into relevant languages, to support improved reporting within communities. AHA has provided fuel support to surveillance teams to facilitate contact tracing and follow up on alerts, investigate suspected cases and strengthen early detections efforts in high-risk communities—contributing to broader efforts to ensure timely identification and reporting of suspected Ebola cases and to strengthen surveillance coverage within Kampala. AHA also conducted an RCCE-related meeting with refugee leaders and refugee spokespersons in Wakaliga and in suburbs located within the Rubaga Division, in the western part of Kampala, to inform RCCE activities.

AHA is facilitating assessments of refugee centers—including access centers, medical guest houses, offices and communal spaces—to support planning for IPC measures. Meanwhile, it has completed a second assessment in Bundibugyo and Ntoroko districts, where significant gaps across all response pillars persist. To address critical needs, AHA will begin assessing health facilities to identify optimal locations for supporting the establishment of screening and referral units within the border districts.

South Sudan
International Medical Corps is currently the only implementing partner with active capacity for Ebola case management in South Sudan. The eight-bed Juba infectious disease unit (IDU) that we support—established in 2020 as the nation's first and only Level 1 intensive-care unit—has been adapted to meet EVD facility compliance and is now fully functional for suspected or confirmed EVD patients, with local procurement of essential supplies underway. Since June 5, International Medical Corps has responded to two alerts of suspected EVD cases in Juba. Both patients were isolated from the general population for diagnostic testing, treatment and monitoring until laboratory confirmation indicated that both cases were negative. The team is assessing the potential for the scale-up of services at the Juba IDU if additional suspected cases are identified or if a case is confirmed.

In addition to the Juba IDU, International Medical Corps is supporting a functional IDU in Nimule. We recently completed training for 25 staff in Nimule, including 17 clinicians, funded by DG ECHO. Topics included introduction to EVD, case management, IPC, PPE and health worker well-being, including the importance of mental health and psychosocial support. To date, International Medical Corps has trained 123 staff in South Sudan, including 34 clinicians and 73 members of local NGOs, on critical topics for EVD preparedness and response.

We carried out minor repairs to the IDU in Nimule over the weekend, including rehabilitation of the generator and water supply, and are conducting a complete facility assessment to guide the next steps for revitalizing the IDU. We are procuring required medicines, medical supplies, PPE and IPC materials for the IDU that are expected to arrive this week. International Medical Corps also received an ambulance provided by the MoH for use in EVD preparedness

and potential response in Nimule, which will strengthen the referral pathway and enable safe and efficient transportation of suspected or confirmed EVD patients.

With funding from the US Department of State, International Medical Corps' LEARN project has trained five local NGOs in the DRC (51 participants) and South Sudan (56 participants) for potential EVD response. If activated, these NGOs will help enable a targeted rapid response in EVD-affected areas.

International Medical Corps' Impact				
Active locations of our response	**3** countries		**30** health zones	
People reached through EVD services	**8,278** EVD screenings	**63** alerts	**59** admissions	**18** confirmed cases
Supported and independent facilities conducting EVD activities	**2** transit centers	**3** ETCs	**2** IDUs	**44** other supported health facilities
People trained in Ebola-related IPC, RCCE and response	**164** healthcare workers		**211** non-healthcare workers	
Community members reached through RCCE efforts	**4** sessions		**27,357** people reached	