

## SITUATION UPDATE



*At the Bunia Ebola Treatment Center in Ituri province, International Medical Corps staff members assist each other in the donning of personal protective equipment prior to entering the hot zone.*

Since the Democratic Republic of the Congo (DRC) Ministry of Public Health, Hygiene and Social Welfare (MoH) officially declared an outbreak of Ebola virus disease (EVD) on May 15, the outbreak has evolved rapidly, crossing into three provinces in the DRC and across the Ugandan border. This is the 17th such outbreak in the DRC and is the second in the country in less than a year. This outbreak, caused by the Bundibugyo virus, is a continuing concern for neighboring countries and has been classified by the World Health Organization (WHO) as a Public Health Emergency of International Concern.

As of June 16, 875 confirmed cases and 202 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%. With no approved vaccine or specified treatment for this strain, the response is relying 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, 6,200 contacts have been listed, with an average active follow-up coverage of only 52.5% across affected provinces. 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, with transmission also being reported in North Kivu and South Kivu provinces. Cases have now been reported in 27 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. They also underscore the need for risk communication and community engagement (RCCE) and mental health and psychosocial support (MHPSS).

In Uganda, 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, porous borders with the DRC, 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.

### FAST FACTS

- On May 15, the DRC officially declared an outbreak of Ebola virus disease (EVD), later to be confirmed as the Bundibugyo strain.
- As of June 16, 875 confirmed EVD cases and 202 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, with cases also 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 cases of EVD have been confirmed, but risk of an outbreak remains high due to transient populations and porous borders with the DRC.

### 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 1,324 EVD screenings and provided treatment to 109 patients.
- We have so far trained 177 people on EVD case management, response and prevention.
- Our RCCE efforts have reached 36,120 people.

## International Medical Corps Response

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With the support of the US Department of State and other donors, International Medical Corps rapid-response teams are actively responding to the outbreak and engaging with ministries of health, key actors and response partners. International Medical Corps, which is active in more than 70 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, with the center at full capacity. 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. We are supporting IPC improvements in surrounding health facilities and providing IPC training for healthcare workers, particularly in high-transmission areas. We also 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.

In Karisimbi Health Zone, International Medical Corps continues to support training and follow-up activities, and 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 established an ETC that currently is managing two confirmed cases and two suspected cases, and in Butembo/Matanda Health Zone, our ETC currently is treating two confirmed cases and five suspected cases. We also are constructing a transit center designed for rapid conversion into an ETC should bed capacity become strained. In addition, International Medical Corps supports health facilities in the surrounding area with IPC, screening, PPE, training and RCCE.

In **South Kivu province**, where new cases and increased transmission risk continue to require ongoing readiness, International Medical Corps is working in a transit center in Katana, near Miti-Murhesa health zone—a site where cases previously had 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 supplies for additional health facilities. We continue 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 (SRUs), facility-based surveillance, IPC, logistics, just-in-time training, continuity of essential health services, and water, sanitation and hygiene (WASH). International Medical Corps is part of broader efforts to strengthen contact tracing, mapping, daily monitoring and follow-up activities to address the risk of undetected transmission across operational areas and beyond.

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. We continue 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.

### **Uganda**

International Medical Corps is responding to the EVD outbreak in Uganda in coordination with our local partner African Humanitarian Action (AHA), which 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.

AHA is supporting contact tracing and active case search, focusing on integrating high-risk Congolese refugee communities into Kampala's community-based surveillance system. To further strengthen surveillance, AHA provides fuel support to teams to facilitate contact tracing, follow up on alerts, investigate suspected cases and expand early detection coverage. Screening and referral interventions are expanding to support ambulance transport of suspected and confirmed cases.

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. Similar supports are planned for Congolese refugee communities in border areas. To reinforce community-level

monitoring, reporting and data accountability, AHA has procured and distributed community surveillance and reporting tools for VHTs, ensuring that EVD information materials are translated into relevant local languages to support improved reporting within communities. The team also has conducted RCCE-related meetings with refugee leaders and spokespersons in Wakaliga and in suburbs located within the Rubaga division, in the western part of Kampala, to inform ongoing activities. Future RCCE efforts will focus on organizing community dialogue sessions, developing and disseminating culturally appropriate risk-communication materials and accountability tools, and launching survivor-engagement initiatives.

AHA is facilitating assessments of refugee centers—including access centers, medical guest houses, offices and communal spaces—to support planning for IPC measures. It also 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 SRUs within the border districts. Following these assessments, planned IPC and WASH interventions will include conducting IPC training and mentorship, and providing necessary IPC supplies.

### **South Sudan**

International Medical Corps is currently the only implementing partner in South Sudan with active capacity for Ebola case management. The eight-bed Infectious Disease Unit (IDU) in Juba 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. Following our initial upgrading of the facility and training, International Medical Corps has conducted supportive supervision visits to the Juba IDU to support staff in pharmaceutical management.

We also have equipped an IDU in Nimule with necessary IPC materials and PPE as well as essential equipment, including infrared thermometers and stoscopes. As a result, both IDUs are ready for case-management services. We currently are preparing to deliver a training-of-trainers session for case management and IPC in the coming weeks; once trained, the new trainers will be able to cascade training and information across priority locations in South Sudan.