

SITUATION UPDATE



An International Medical Corps staff member leads an awareness session at the central market in Bunia, Ituri province, on the prevention and symptoms of Ebola.

Since the Democratic Republic of the Congo (DRC) Ministry of Public Health, Hygiene and Social Welfare officially declared an outbreak of Ebola virus disease (EVD) on May 15, the outbreak has evolved rapidly, spreading in three provinces in the DRC and across the Ugandan border. This is the 17th such outbreak in the DRC and comes just months after the most recent outbreak, in Kasai province, in 2025. Caused by the Bundibugyo strain, this outbreak has been classified by the World Health Organization (WHO) as a Public Health Emergency of International Concern.

As of June 23, 1,094 confirmed cases and 277 confirmed deaths had been reported across the DRC, with 20 confirmed cases and two confirmed deaths in Uganda. The most recent case in Uganda comes almost two weeks after the last confirmed case was identified, reinforcing the continued need for surveillance and readiness in the country. The case-fatality rate across the affected areas ranges from 10% to 53%. With no approved vaccine or specified treatment for this strain, the response relies on early detection, supportive care, infection prevention and control (IPC), contact tracing and strong community engagement. Despite ongoing efforts, contact tracing remains a significant challenge across affected areas. 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 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 community engagement and for 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, which will all be needed 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 23, 1,094 confirmed cases and 277 confirmed deaths had been reported in the DRC, with 20 confirmed cases and two confirmed deaths in Uganda.
- In the DRC, where the outbreak remains centered in Ituri province, 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 cases have yet 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, training and preparedness planning.
- We are supporting 71 facilities in the screening, identification and treatment of EVD.
- Our supported sites have conducted 23,572 screenings and provided treatment to 225 patients, including 74 confirmed cases.
- We have so far trained 354 people on case management, response and transmission prevention.

International Medical Corps Response

With the support of the US Department of State, DG ECHO and other donors, International Medical Corps 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 risk communication and community engagement (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.

International Medical Corps is 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 increasing 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 a seven-bed Ebola transit center at Virunga Hospital in Goma. At the center, patients with suspected cases are isolated and receiving supportive treatment while awaiting laboratory diagnosis. Our screening and isolation activities continue to support timely referral and laboratory follow-up as case confirmations accelerate.

In Beni, International Medical Corps has established an ETC that is currently managing three confirmed cases and six suspected cases, while in Butembo/Matanda Health Zone, our ETC is currently treating four suspected cases. International Medical Corps also is constructing an Ebola transit center designed for rapid conversion into an ETC should bed capacity become strained.

In **South Kivu province**, where cases and transmission risk continue to require ongoing readiness, International Medical Corps is now working in an Ebola transit center in Katana, near Miti-Murhesa health zone—a site where cases previously passed undiagnosed before detection.

In response to growing mental health response needs in areas affected by the outbreak, International Medical Corps is conducting MHPSS awareness campaigns specific to the EVD context. Our MHPSS training materials have been approved by the Ministry of Health (MoH) and are being used in all supported health facilities. In particular, International Medical Corps is training healthcare workers and community health workers in Beni, Bunia and Butembo using these materials.

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 will enable International Medical Corps to rapidly establish screening, IPC support, mobile referral units, additional ETCs and expanded contact tracing as needed.

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, MHPSS, IPC, logistics, just-in-time training, continuity of essential health services, and water, sanitation and hygiene (WASH) services. 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.

Uganda

African Humanitarian Action (AHA), International Medical Corps' partner in Uganda, has so far successfully investigated and verified 12 alerts, helping to ensure rapid detection and containment.

Our hygiene-promotion and community-health interventions have targeted critical behavior-change gaps, with our IPC/WASH teams successfully reaching 125 people (69 women and 56 men) with targeted hygiene promotion sessions designed to mitigate transmission risks.

We have scaled up print and broadcast RCCE initiatives to counter misinformation and maximize community awareness across diverse language groups. To ensure broad accessibility among both host communities and refugee populations in Kampala, AHA has printed and distributed 10,000 educational posters containing detailed information on Ebola signs and symptoms, as well as essential epidemiological facts and standard preventive measures. The posters have been translated into six languages (Amharic, Arabic, English, French, Luganda and Swahili).

A dedicated one-hour radio talk show featured the District Health Officer, as well as other technical focal points, communicating key messaging across four sub-counties in Bundibugyo and into neighboring districts of the DRC. The broadcast featured a call-in section during which experts responded directly to 14 calls from the public to address community-specific questions and concerns regarding Ebola.

South Sudan

International Medical Corps staff members conducted visits to the Juba and Nimule infectious-disease units (IDUs) to assess the operational status of each facility, identify remaining gaps and determine what improvements are needed to enhance patient flow, strengthen IPC measures and increase each IDU's capacity for EVD case management.

International Medical Corps plans to scale up EVD preparedness measures in two additional facilities in Yambio and Yei, high-risk areas that border that DRC. International Medical Corps will establish an IDU in Yambio, while in Yei we have identified an existing facility to upgrade for EVD compliance. We also plan to simultaneously support 12 associated health facilities to strengthen point-of-care screening, early warning surveillance, IPC compliance and referral linkages.

Additionally, in July International Medical Corps will hold a four-day training-of-trainers session with members of key stakeholder organizations on EVD case management.