

SITUATION UPDATE



A member of International Medical Corps' WASH team mixes chlorine and water for handwashing at our Ebola Treatment Center in Bunia.

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 into four 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 29, 1,333 confirmed cases and 399 confirmed deaths had been reported across the DRC, with 20 confirmed cases and two confirmed deaths in Uganda, and one confirmed case in France, imported from the DRC. There are currently 309 suspected cases in DRC, but no reports of suspected cases in Uganda. The case fatality rate (CFR) across the affected areas ranges from 10 to 28%. 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.

In the DRC, the outbreak remains concentrated in Ituri province, but transmission has also been reported in Haut-Uele, North Kivu and South Kivu provinces, showing continued geographic spread. Security incidents affecting health facilities continue to disrupt surveillance and response activities, increasing the risk of undetected transmission. They also underscore the need for community engagement as well as 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.

On June 30, the United Nations Development Programme (UNDP) released an assessment indicating that the current outbreak is “functioning as a highly regressive poverty shock” in the DRC, Rwanda, South Sudan and Uganda. Beyond the public health threat of the infectious disease, broader restrictions on travel and trade are devastating local economies and livelihoods. In the DRC alone, GDP losses are expected to exceed \$1 billion, with some 55,000 jobs lost. UNDP has called for governments, development partners and financial institutions to extend investments beyond traditional outbreak-response models, highlighting the need for health-systems strengthening, social protection, livelihoods and other multi-sectoral programs.

FAST FACTS

- On May 15, the DRC officially declared an outbreak of Ebola virus disease (EVD), later confirmed to be caused by the Bundibugyo strain.
- As of June 29, 1,333 confirmed EVD cases and 399 confirmed EVD deaths had been reported in the DRC, with 20 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 Haut-Uele, 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 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 80 facilities in the screening, identification and treatment of EVD.
- Our supported sites have conducted 53,217 EVD screenings and provided treatment to 314 patients, including 110 confirmed cases.
- To date in the DRC, we have trained 403 people on EVD 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 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 60-bed Ebola treatment center (ETC) where case management for confirmed and suspected cases of EVD is underway, with the center currently over capacity (31 confirmed and 44 suspected cases). The team is providing comprehensive case management, screening, triage and IPC upgrades at the site while working with authorities to expand bed capacity from 60 to 80 beds, as demand continues to grow. To date, in Bunia International Medical Corps has managed the treatment of 91 confirmed cases and discharged 18 recovered cases.

International Medical Corps is supporting IPC improvements in surrounding health facilities and providing IPC training for healthcare workers, particularly in high-transmission areas. We continue to scale up IPC measures and facility support in Bunia and Rwampara, while increasing our RCCE programming to promote health-seeking behavior, enabling faster reporting, identification and isolation of suspected cases. To date, we have conducted 20 RCCE sessions, including door-to-door awareness visits, small group discussions and community dialogue sessions. Key discussion topics include prevention of EVD, the importance of seeking medical attention after signs or symptoms of EVD, and best practices for community protection and vigilance.

In **North Kivu province**, International Medical Corps is operating a 12-bed Ebola transit center at Virunga Hospital in Goma. At the center, patients with suspected cases are isolated and receive supportive treatment while awaiting laboratory diagnosis. As case confirmations accelerate, our screening and isolation activities continue to support timely referral and laboratory follow-up.

In Beni, International Medical Corps has established an ETC that is currently managing two confirmed cases and 11 suspected cases. In Butembo/Matanda health zone, our ETC is currently treating two suspected cases, and in Virunga/Goma our transit center is currently treating two suspected cases. In Beni, International Medical Corps continues to construct an Ebola transit center, which is designed for rapid conversion into an ETC should bed capacity become strained. To date, in North Kivu International Medical Corps has managed the treatment of 19 confirmed cases and discharged five recovered cases.

In **South Kivu province**, International Medical Corps is working in an Ebola 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.

In response to growing mental health response needs in all 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. At the provider level, International Medical Corps is training healthcare workers and community health workers in Beni, Bunia and Butembo using these materials. To address the psychological distress at the patient level, our MHPSS team has introduced interpersonal psychotherapy sessions for those admitted or discharged for either suspected or confirmed EVD. We also have been providing additional MHPSS services, including psychological first aid, to those in distress caused by the outbreak.

International Medical Corps is preparing to surge clinical staff from other regions to maintain continuity of care and access to lifesaving services, as suspected cases among healthcare workers have led to the closure of health facilities. Surge staffing 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 continues to closely coordinate 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 also 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

In Uganda, International Medical Corps' partner African Humanitarian Action (AHA) continues to implement critical Ebola preparedness and response activities. We have reached 131 people via screening activities at the Ntoroko point of entry (PoE). Fortunately, no suspected EVD cases were identified through these screening efforts, and no referrals to ETCs were required. Though the main Ntoroko PoE remains closed to travelers arriving from the DRC, it has remained operational for those moving to and from Hoima, Kagadi and Kikuube districts within Uganda. All people

screened during this reporting period were Ugandan nationals. In addition to these activities, we conducted an IPC assessment as well as one supportive IPC supervision visit at a local health facility.

To strengthen early detection and reporting of priority cases and EVD-related events, we trained 61 people in the Ntoroko district on community-based disease surveillance. We also conducted an RCCE training session in Bundibugyo aimed at educating participants on risk communication, combatting misinformation and encouraging appropriate health-seeking behavior. The session reached 61 frontline personnel, including 38 parish-level Village Health Team coordinators, eight health assistants, seven Gombolola internal security officers and eight facility surveillance focal persons.

RCCE activities in Uganda have so far reached 256 people, while AHA has so far successfully investigated and verified 12 alerts in Uganda, helping to ensure rapid detection and containment.

South Sudan

International Medical Corps hosted two donor visits this week to the Juba infectious disease unit (IDU), including DG ECHO's Technical Assistant and the US Ambassador to South Sudan. Both visitors commended the preparedness efforts of International Medical Corps, particularly the measures taken to strengthen health-system readiness for EVD—including rehabilitation of IDUs, capacity building for service providers and frontline staff, and positioning of essential supplies, including personal protective equipment. In the coming weeks, International Medical Corps plans to increase bed capacity by 12 beds at both the Juba IDU and Nimule IDU, for a total of 20-bed capacity at each facility.

On June 30, our team traveled to Maridi and Yambio, cities in the southwestern Equatorial region, to meet with South Sudan health officials and conduct facility assessments of facilities identified to be converted into IDUs. The assessments help staff understand present capacity at the facilities, identify areas of potential needs and ensure non-duplication of existing efforts by other responders. Our team will also support six primary healthcare facilities in the areas surrounding the Maridi and Yambio IDUs.

International Medical Corps continues to actively participate in key EVD forums, including the daily national EVD coordination meetings led by the National Public Health Institute, Health Cluster meetings and case-management pillar meetings. Through these engagements, we continue to contribute to preparedness planning, response coordination and information sharing while strengthening outbreak-readiness efforts across South Sudan.