

## SITUATION UPDATE



*International Medical Corps health staff at work at the Ebola Treatment Center of Bunia General Referral Hospital.*

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 disease has spread into four provinces in the DRC and across the Ugandan border. This outbreak—the 17th in the DRC—comes just months after one 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 July 7, 1,708 confirmed cases and 580 confirmed deaths had been reported across the DRC, with 20 confirmed cases and two confirmed deaths in Uganda, and one confirmed case in France (of a health worker who had been working in the DRC). There are currently 237 suspected cases in the DRC, but no reports of suspected cases in Uganda nor South Sudan. 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. Security incidents affecting health facilities continue to disrupt surveillance and response activities, increasing the risk of undetected transmission. They also underscore the need for risk communication and community engagement (RCCE) activities, as well as mental health and psychosocial support (MHPSS). The outbreak has also seriously disrupted access to regular health services, pointing to the critical need for continuity of healthcare.

In Uganda, where cases have been identified in Kampala and Wakiso, health authorities continue to maintain surveillance, contact tracing and case-management activities. On July 4, Ugandan health authorities confirmed a case of Marburg virus disease, a viral hemorrhagic fever similar to EVD, after a child presented with EVD symptoms.

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

### 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 July 7, 1,708 confirmed EVD cases and 580 confirmed EVD deaths had been reported in the DRC, with 20 confirmed cases and two confirmed deaths in Uganda.
- On July 4, the Uganda Ministry of Health reported a positive case of Marburg, a hemorrhagic fever closely related to EVD.
- 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.
- 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 89 facilities of different types in the screening, identification and treatment of EVD.
- Our supported sites have conducted 121,777 EVD screenings and provided treatment to 422 patients, including 132 confirmed cases.
- We have so far trained 2,208 people in the DRC on EVD case management, response and transmission prevention.

lost. The 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.

## International Medical Corps Response

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With the support of the US Department of State, DG ECHO and other donors, International Medical Corps teams are actively responding to the outbreak across the region and collaborating closely 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 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. 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. In Bunia, International Medical Corps has so far managed the treatment of 110 confirmed cases and has 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 a second ETC that is currently managing three confirmed cases and 12 suspected cases. In Butembo/Matanda health zone, our third 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 additional Ebola transit center, which is designed for rapid conversion into an ETC should bed capacity become strained. In North Kivu, International Medical Corps has so far managed the treatment of 19 confirmed cases and has 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, where we are providing case-management support, IPC improvements, screening and training across 10 health facilities.

In response to growing mental-health needs in all areas affected by the outbreak, International Medical Corps is conducting MHPSS-related awareness campaigns specific to the EVD context, including psychological first aid (PFA). 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 EVD (confirmed or suspected). We also have been providing additional MHPSS services, including PFA, to those in distress caused by the outbreak.

Across all supported zones, where suspected cases among healthcare workers have led to the closure of health facilities, International Medical Corps is supporting continuity of care and access to lifesaving services. Surge staffing provided by International Medical Corps will enable us to more 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 expand 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

International Medical Corps and its partner African Humanitarian Action (AHA) continued to strengthen Ebola readiness and response in Uganda. Over the last week, teams screened 174 individuals for EVD, with no suspected cases identified and no referrals to ETCs required.

Progress was also made in strengthening IPC capacity, with 31 healthcare workers and frontline personnel trained on IPC protocols while teams conducted two facility IPC assessments and six supportive supervision visits to reinforce quality standards at previously supported clinics. Follow-up support was provided to facilities that had previously received IPC training-of-trainers (ToT) sessions, enabling newly trained staff to lead facility-level sessions on critical topics such as hand hygiene, proper use of personal protective equipment and safe healthcare-waste management. To further strengthen readiness, IPC supplies were distributed to Ntoroko and Bundibugyo districts. Pharmaceutical deliveries are planned in the coming days.

Community engagement efforts continued to build trust and promote preventive health behaviors over the last week. Hygiene promotion activities reached 110 people, while RCCE initiatives engaged an additional 206 community members through multiple channels. A live radio talk show generated strong participation, with 12 callers engaging directly with response teams. Community dialogue sessions, including one with 18 local leaders and community members and another specifically with traditional healers, helped address concerns, counter misinformation and strengthen collaboration in disease prevention and outbreak preparedness efforts.

### South Sudan

On July 3, International Medical Corps concluded a senior leadership field visit to Maridi and Yambio counties to assess Ebola preparedness and identify opportunities for additional readiness investments. Teams met with county commissioners, county health departments, state ministries of health, WHO representatives and other key stakeholders to evaluate existing response capacity and coordination structures. We conducted facility assessments at proposed infectious-disease unit (IDU) sites and surrounding health facilities, resulting in the identification of one IDU in each county able to be upgraded to Ebola-compliant standards. In Yambio, International Medical Corps also identified four primary health centers where we will train staff, strengthen referral pathways, provide essential medicines and supplies, and establish isolation areas for suspected Ebola cases.

We continue to strengthen preparedness infrastructure through partnerships. UNICEF has donated three tents to support expansion of the Nimule IDU, while WHO has installed two tents at the Juba IDU. International Medical Corps also is working with UNICEF to support planned IDUs and surrounding health facilities in Maridi and Yambio, helping to expand readiness in these high-risk areas.

International Medical Corps currently is co-facilitating a national ToT program led by WHO and the National Public Health Institute for 90 participants, leading sessions on occupational safety and health, PFA and Ebola clinical management, including screening, triage and ETC operations. The sessions will establish a national cadre of certified master trainers capable of cascading knowledge and skills across 15 high-risk counties. Building on this effort, International Medical Corps plans to provide additional county-level training to further strengthen frontline capacity for safe Ebola case management, healthcare worker protection and psychosocial support.

International Medical Corps' Impact			
Active locations of our response	3 countries		30 health zones
Individuals reached through EVD services in DRC	121,777 EVD screenings		422 admissions 132 confirmed cases
Supported and independent facilities conducting EVD activities	4 Ebola transit centers	3 Ebola treatment centers	2 infectious-disease units 80 other supported health facilities
Persons trained in Ebola IPC, RCCE, and response in DRC	1,343 healthcare workers		865 non-healthcare workers
Community members reached through RCCE in DRC	1,915 sessions		262,988 people reached