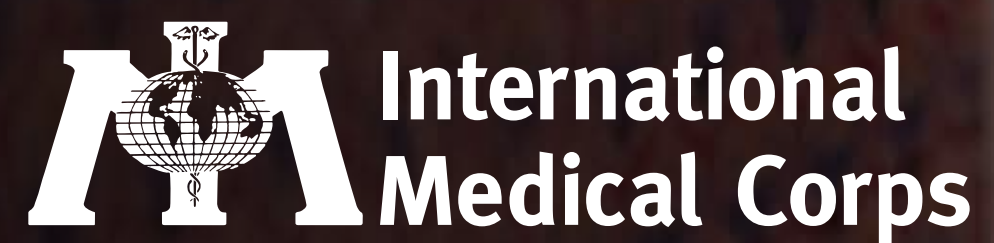


THREE-MONTH UPDATE

EBOLA

RESPONSE

📍 DEMOCRATIC REPUBLIC OF THE CONGO | SOUTH SUDAN | UGANDA

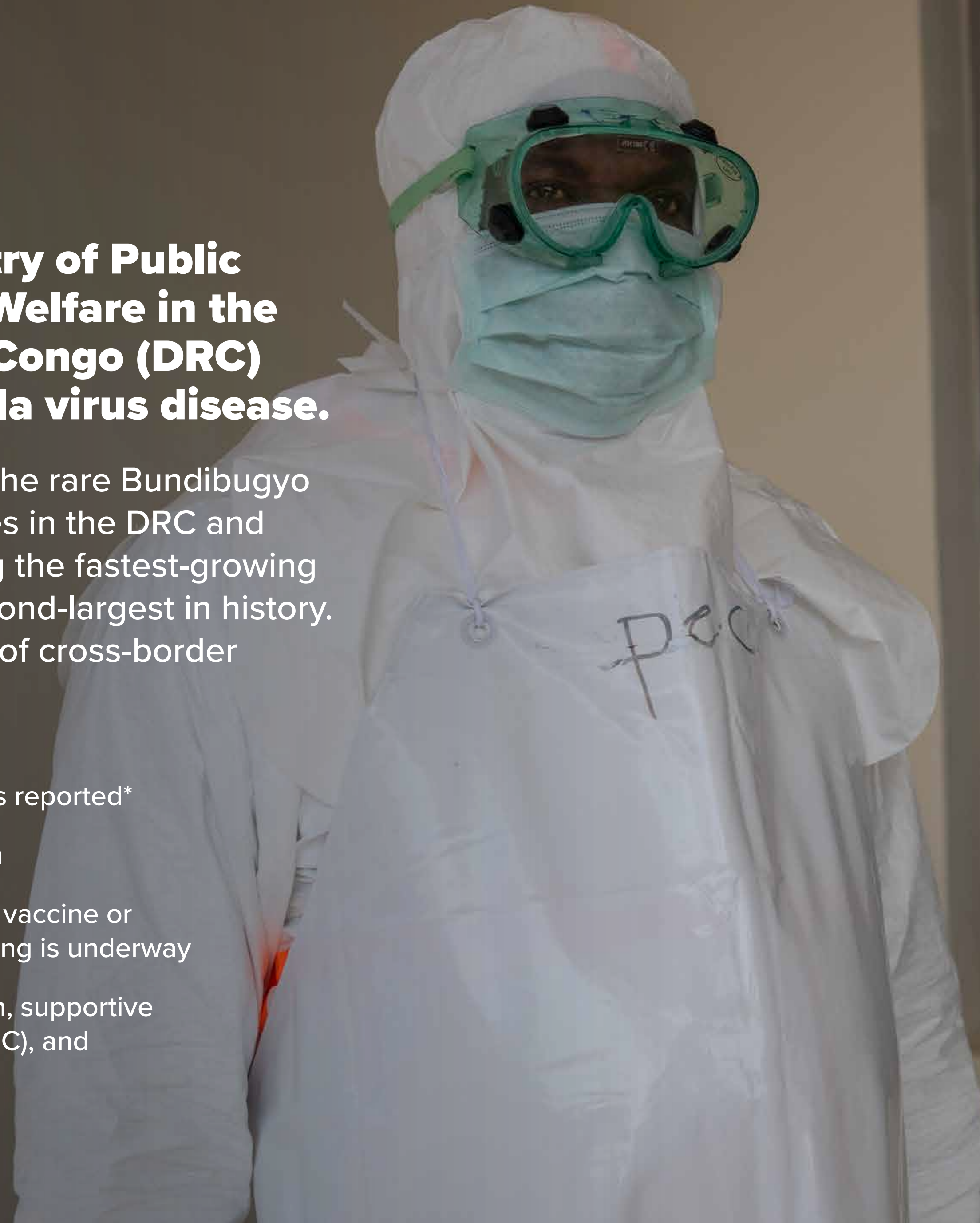


EMERGENCY OVERVIEW

On May 15, 2026, the Ministry of Public Health, Hygiene and Social Welfare in the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease.

Since then, the outbreak—caused by the rare Bundibugyo strain—has spread across six provinces in the DRC and across the Ugandan border, becoming the fastest-growing Ebola outbreak on record and the second-largest in history. South Sudan remains at elevated risk of cross-border transmission.

- ✚ 5,208 confirmed cases and 2,476 deaths reported*
- ✚ 47.4% case fatality rate across the region
- ✚ The Bundibugyo strain has no approved vaccine or specific treatment available, though testing is underway
- ✚ Containment depends on early detection, supportive care, infection prevention and control (IPC), and community engagement





EMERGENCY OVERVIEW

Our Response

With decades of history working in the region, and with the support of the US Department of State, DG ECHO and other donors, International Medical Corps rapidly mobilized to support Ebola response efforts in the DRC and Uganda,

- ✚ Operating 3 Ebola Treatment Centers (ETCs) and building one more
- ✚ Operating 7 transit centers and 2 infectious-disease units
- ✚ Supporting 240 health facilities in efforts to safely identify, refer and care for patients across three countries
- ✚ Strengthening screening, referral and IPC
- ✚ Training healthcare workers, engaging communities and providing mental health support

OUR RESPONSE

Democratic Republic of the Congo

The DRC remains the center of the outbreak. Our response is anchored by a network of ETCs, transit centers and referral facilities across Ituri, North Kivu and South Kivu, while we assess emerging needs as transmission expands into Bas-Uele, Haut-Uele and Tshopo provinces.

We are:

- ✚ Supporting 164 facilities across 9 health zones
- ✚ Providing surveillance, screening, triage, case management and IPC services
- ✚ Training frontline healthcare workers in Ebola prevention and case management, surveillance, community engagement, and mental health and psychosocial support (MHPSS) services
- ✚ Conducting community awareness sessions and delivering MHPSS services

DEMOCRATIC REPUBLIC OF THE CONGO

Ebola Treatment and Referral Network

Our **hub-and-spoke approach** links Ebola treatment and transit sites (hubs) with nearby health facilities (spokes), enabling early identification, isolation and referral of suspected cases while ensuring that patients receive appropriate care.

NORTH KIVU PROVINCE

- **Beni ETC**
20-bed capacity
41 confirmed and 190 suspected cases managed
8 patients recovered and discharged
Supports referral and case management across Beni Health Zone
63 healthcare workers trained in IPC and clinical management
- **Beni Ebola Transit Center**
9-bed capacity
Designed for rapid conversion into an ETC
Expands isolation and surge capacity
Strengthens referral pathways in North Kivu
- **Boikene Transit Center**
4-bed capacity
6 suspected cases managed
- **Bundji Transit Center**
6-bed capacity
25 suspected cases managed
- **Matanda Ebola Transit Center (Butembo)**
9-bed capacity and expanding to a 20-bed ETC by end of September
152 suspected cases managed
Clinical teams providing supportive care and isolation
Strengthening facility readiness for increased patient volume
- **Virunga Hospital Ebola Transit Center (Goma)**
8-bed transit center
Screening, isolation and stabilization of suspected cases
Safe referral to ETCs when indicated
Supports early detection in Goma and surrounding health zones

ITURI PROVINCE

- **Bunia ETC**
96 bed Bunia General Hospital ETC
282 confirmed cases treated
104 patients recovered and discharged
- **Rwankole ETC**
100-bed capacity, the largest in the DRC
70 admitted with 18 confirmed cases treated
3 patients recovered and discharged so far
- **Kigonze Ebola Transit Center**
8-bed capacity, opened in July
Serves an IDP camp of approximately 25,000 people

SOUTH KIVU PROVINCE

- **Katana Ebola Transit Center**
Supporting case management, IPC, screening and training
Strengthening screening and referral systems
60 healthcare workers trained in Ebola case management and IPC
Supporting 10 surrounding health facilities

Risk Communication and Community Engagement

Community engagement is a critical part of breaking Ebola transmission and supporting early detection—helping communities recognize potential cases, understand how to protect themselves and connect suspected cases with surveillance and response services.



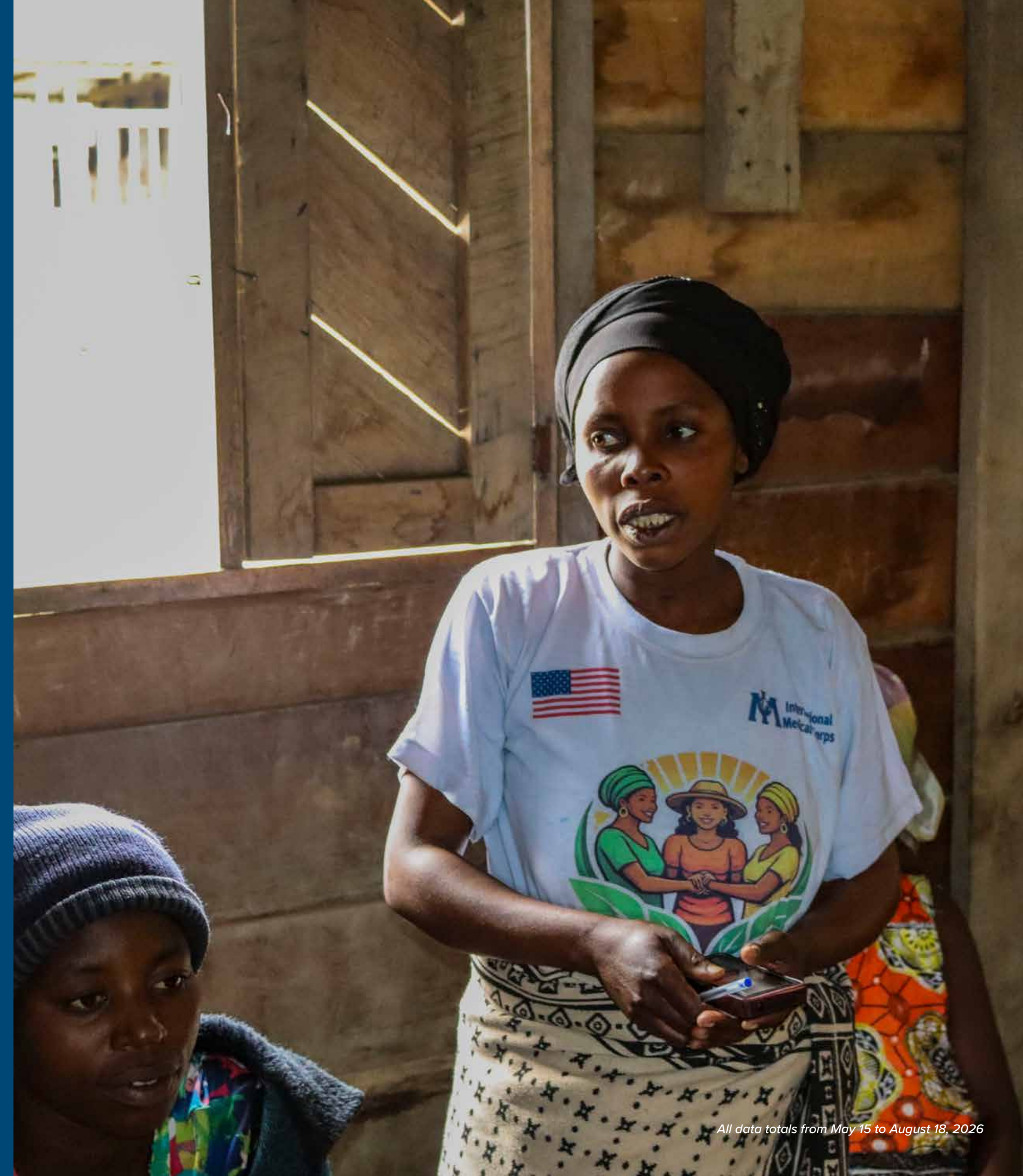
10,803 community engagement sessions conducted, reaching 499,162 people through door-to-door visits, small-group discussions, community dialogues and marketplace outreach



1.2 million people reached through radio broadcasts and other mass-media outreach, extending Ebola prevention and awareness messaging across affected and high-risk communities



205 community alerts/signals identified through community-based surveillance in Uganda, supporting rapid investigation and referral of suspected cases



DEMOCRATIC REPUBLIC OF THE CONGO

Mental Health and Psychosocial Support

Fear, grief and stigma surrounding Ebola continue to affect patients, families and frontline health workers, while misinformation has fueled demonstrations and, in some cases, attacks on healthcare staff and ETCs. International Medical Corps is integrating MHPSS with community engagement to help communities cope, address misinformation and maintain access to lifesaving care.



25,680 people provided with MHPSS services



4,717 people provided with psychological first aid



79 healthcare and community workers trained



Support provided to admitted and discharged patients, including how to cope with and prevent stigma



Follow-up provided to families and frontline workers, including stress management and well-being monitoring



All data totals from May 15 to August 18, 2026

OUR RESPONSE

Uganda

Partnering with African Humanitarian Action, we're strengthening screening, surveillance, community-based detection and IPC in high-risk border districts in Uganda. Uganda reported 20 confirmed cases linked to transmission originating in the DRC. With no sustained community transmission documented, health authorities continue surveillance, contact tracing and case-management activities as the risk of new cases from the DRC remains.

- ✚ 2,106 people screened at the Ntoroko and Bundibugyo points of entry
- ✚ 205 alerts received, 47 alerts verified and investigated
- ✚ 76 facilities supported in Ntoroko and Bundibugyo
- ✚ 561 healthcare workers and frontline personnel trained on IPC protocols
- ✚ 83,035 people reached directly through community awareness sessions, with an additional estimated 1.2 million reached through radio broadcasts
- ✚ 13 laboratory samples collected and transportation supported
- ✚ 10,903 information, education and communication materials distributed or donated



All data totals from May 15 to August 18, 2026

OUR RESPONSE

South Sudan

Strengthening Ebola Preparedness

Although South Sudan has so far reported no confirmed Ebola cases, its proximity to the DRC places border communities at continued risk. We are strengthening preparedness by expanding the country's Infectious Disease Unit (IDU) network, and will support rapid detection, isolation and treatment should Ebola cross the border.

- ✚ Expanding the Juba IDU, established by International Medical Corps in 2020, from 12 to 24 beds
- ✚ Expanding Nimule IDU from 10 to 24 beds
- ✚ Establishing 8 isolation sites across Yambio (4), Nimule (3) and Maridi (1), where 30 alerts were investigated, with 15 suspected cases meeting the case definition; six of those cases were managed at our IDUs (4 in Juba and 2 in Nimule), with all cases testing negative
- ✚ 110 healthcare workers and frontline personnel trained, with an additional 90 trainers reached through a national five-day training-of-trainers workshop across Ebola-response pillars

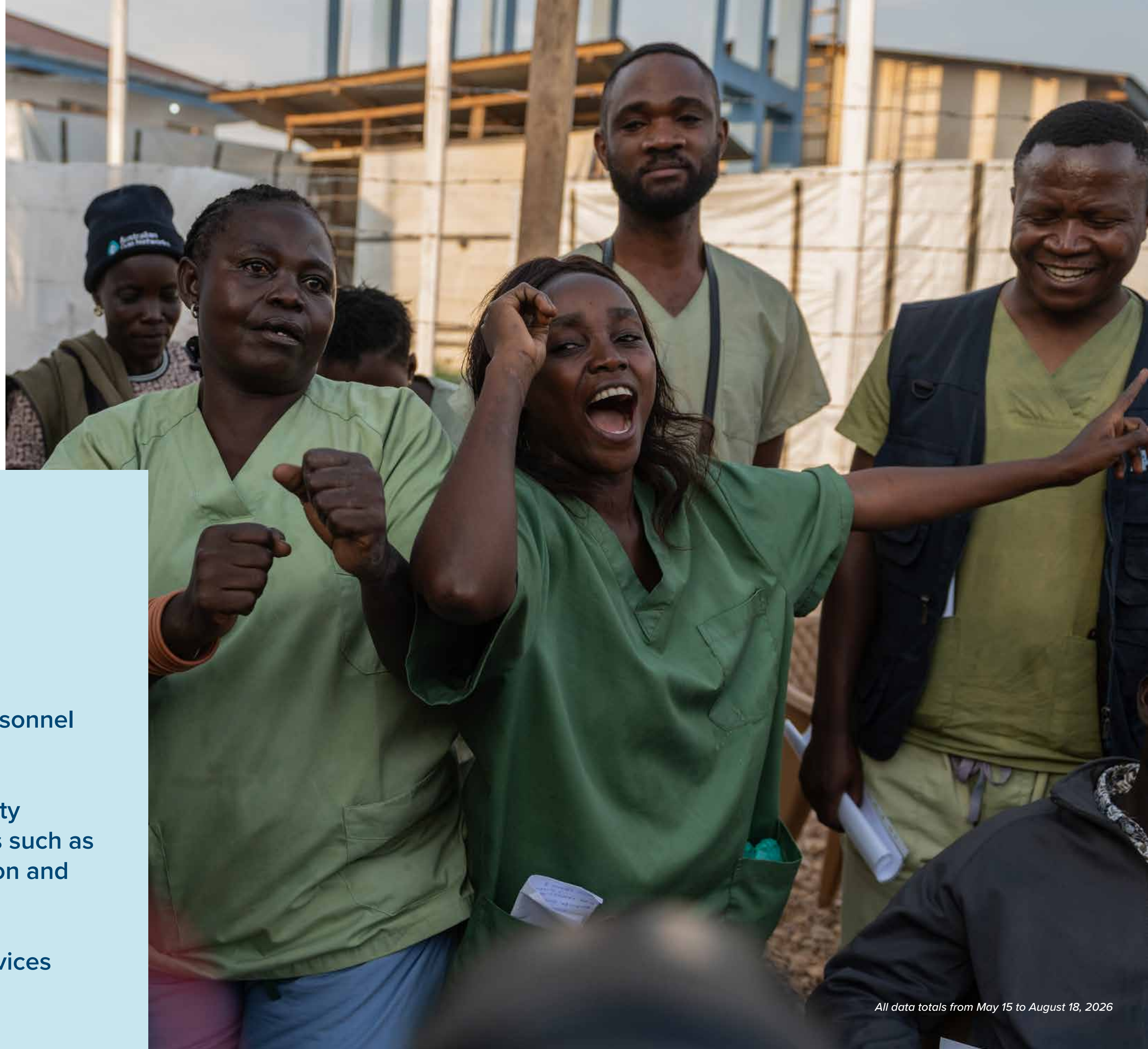


All data totals from May 15 to August 18, 2026

Three-Month Impact

Our activities across DRC, South Sudan and Uganda have resulted in:

- + **380,716** people screened for Ebola
- + **1,394** patients treated or isolated
- + **115** recovered patients discharged
- + **3,581** healthcare workers and frontline personnel trained
- + **582,197** people reached through community awareness-raising sessions covering topics such as IPC, transmission prevention, misinformation and identification of symptoms, among others
- + **30,397** people supported with MHPSS services



All data totals from May 15 to August 18, 2026

Looking Ahead

International Medical Corps will continue adapting our response as transmission patterns and needs evolve across the region.



📍 DRC

- ✚ Expand treatment and isolation capacity
- ✚ Strengthen referral facilities and contact tracing while assessing needs in newly affected areas
- ✚ Maintain essential health and MHPSS services
- ✚ Expand community engagement activities



📍 South Sudan

- ✚ Finish IDU upgrades
- ✚ Expand readiness in high-risk border areas



📍 Uganda

- ✚ Maintain surveillance and cross-border preparedness
- ✚ Strengthen facility and community preparedness



FROM THE FIELD

Turning Survival Into Hope

When a patient or group of patients overcome Ebola and are discharged from an ETC, we hold a certificate ceremony to mark the occasion.

Doctors, healthcare workers, and family and community members come together to celebrate their recovery with great emotion. For the medical teams, every survivor represents a renewed source of hope in the fight against Ebola. For the families, it is a moment of immense relief and profound joy to welcome their loved ones home alive, after many had feared they would never recover. And for the patients, it is a serious health challenge overcome—and a new chance at life.



Media Coverage

Our efforts to battle the outbreak of Ebola in Central Africa were featured in a wide range of major media outlets.



THANK YOU



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