International Medical Corps

SITUATION UPDATE

Ebola Outbreak, DRC and Region
Situation Report #11
August 6, 2026

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 five provinces and across the Ugandan border. This outbreak—the 17th in the DRC, the fastest-growing on record and now the second-largest in history—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 August 5, 3,973 confirmed cases and 1,801 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 270 suspected cases in the DRC, but no reports of suspected cases in Uganda nor South Sudan. The case fatality rate (CFR) in the DRC stands at 45.1%. 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.

Though the outbreak in the DRC remains concentrated in Ituri province, transmission has also been reported in Haut-Uele, North Kivu, South Kivu and Tshopo 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 a critical need for continuity of healthcare.

FAST FACTS

- On May 15, the DRC declared an outbreak of Ebola virus disease (EVD), later confirmed to be caused by the Bundibugyo strain.
- As of August 5, 3,973 confirmed EVD cases and 1,801 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, South Kivu and Tshopo provinces.
- In Uganda, reported cases remain linked to transmission originating in the DRC.
- No EVD cases have been confirmed in South Sudan, 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 159 facilities in the screening, identification and treatment of EVD.
- Our supported sites have conducted 305,504 EVD screenings and provided treatment to 988 patients, including 296 confirmed cases.
- We have so far trained 2,680 people in the DRC on EVD case management, response and transmission prevention.

In Uganda, where cases were identified in Kampala and Wakiso, health authorities continue to maintain surveillance, contact tracing and case-management activities. On July 28, the Uganda Ministry of Health declared the end of the EVD outbreak after 42 days from the discharge the last locally acquired case.

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. 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

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 **Ituri province**, International Medical Corps is operating an 80-bed Ebola treatment center (ETC) in Bunia, 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. International Medical Corps has so far managed the treatment of 204 confirmed cases and has discharged 72 recovered cases. We opened an additional ETC in Rwankole, with a capacity of 100 beds, on August 4, further expanding treatment capacity in the epicenter of the outbreak.

In Kigonze, International Medical Corps constructed an eight-bed Ebola transit center serving the population of an internally displaced persons (IDP) camp of approximately 25,000. This transit center, where patients with suspected cases are isolated and receive supportive treatment while awaiting laboratory diagnosis, was opened in July and provides screening, triage and safe isolation, with confirmed cases referred to ETCs. The Kigonze transit center is currently treating two suspected cases.

International Medical Corps is supporting IPC improvements in surrounding health facilities in Ituri province 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 7,462 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. 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 treating three confirmed cases and eight suspected cases. International Medical Corps continues to construct an additional Ebola transit center in Beni that is designed for rapid conversion into an ETC should bed capacity become strained. In Butembo/Matanda health zone, our third ETC is currently treating two suspected cases. International Medical Corps has so far managed the treatment of 78 confirmed cases in North Kivu, and has discharged seven 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 34 health facilities. We currently are providing treatment to five suspected patients in the transit center.

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. Recently, the MoH requested International Medical Corps to assess newly confirmed cases and response efforts in Kisingani, **Tshopo province**. 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 have continued to strengthen Ebola preparedness and surveillance activities across Ntoroko and Bundibugyo districts. We have screened 173 people at the Ntoroko main point of entry, and are continuing community-based surveillance through trained village health teams, who have reported 24 possible community signals. These activities generated six alerts, with samples successfully collected from all six cases. The team also directly supported district surveillance personnel in verifying all reported signals.

To reinforce facility-level readiness, we trained 26 health workers at Burondo Health Centre III and Bubukwanga Health Centre III in such subjects as screening and triage, hand hygiene, use of personal protective equipment (PPE), isolation procedures, chlorine preparation, respiratory hygiene and broader facility EVD preparedness.

We have reached 222 community members through RCCE initiatives, and have printed and distributed 200 pieces of informational materials. Following the MoH's formal declaration concluding the EVD outbreak response, we have strategically transitioned RCCE messaging toward long-term preparedness and prevention, focusing primarily on border districts due to their ongoing proximity to the DRC. The team is currently refining communication strategies and key messaging for broadcast on interactive radio talk shows.

South Sudan
Although South Sudan has not reported any confirmed EVD cases, the risk of cross-border transmission remains high. International Medical Corps continues to operate two infectious diseases units (IDUs) in Juba and Nimule to ensure that suspected cases are safely isolated, managed and supported while awaiting laboratory confirmation.

We have upgraded capabilities at the Juba IDU, and continue construction activities at the Nimule IDU, which should be completed next week. Upon completion, each facility will have a capacity of 24 beds and improved infrastructure, including additional toilets and shower facilities, to strengthen surge capacity and enhance WASH and IPC standards.

Construction of a third 24-bed IDU in Yambio County, Western Equatoria state, is also underway. In addition, work is ongoing to establish four holding stations, including three in Yambio County and one in Maridi County. The stations are being integrated within selected health facilities, in coordination with the respective county health departments, and will provide dedicated spaces for triage, temporary isolation and infection-prevention measures. The IDU in Yambio and the four holding stations, expected to be operational by the end of August, will further strengthen early detection and response capacity in high-risk areas.

International Medical Corps, in partnership with UNICEF, commenced a three-day case management training for healthcare professionals from health facilities across Juba and the Central Equatoria Region on August 5. The training will enhance frontline healthcare workers' capacity to detect, isolate, clinically manage and safely refer suspected cases of EVD and other viral hemorrhagic fevers, in line with national preparedness and response protocols. Forty-five healthcare professionals participated on the first day, followed by 20 participants on the second day. An additional 20 to 25 participants are expected to attend the final day, bringing the projected total number of trained healthcare professionals to approximately 85 to 90.

International Medical Corps' Impact				
Active locations of our response	**3** countries		**30** health zones	
Individuals reached through EVD services in DRC	**305,504** EVD screenings		**988** admissions	**296** confirmed cases
Facilities conducting EVD activities	**4** Ebola treatment centers	**4** Ebola transit centers	**2** infectious-disease units	**159** other supported health facilities
Persons trained in Ebola IPC, RCCE and response in DRC	**1,720** healthcare workers		**960** non-healthcare workers	
Community members reached through RCCE in DRC	**7,503** sessions		**453,639** people reached	