International Medical Corps

SITUATION UPDATE

Ebola Outbreak, DRC and Region
Situation Report #12
August 19, 2026

An International Medical Corps staff member disinfects surfaces at the Ebola Treatment Center of Bunia General Referral Hospital.

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 18, 5,021 confirmed cases and 2,378 confirmed 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 Bas-Uele, Haut-Uele, North Kivu, South Kivu and Tshopo provinces.
- In Uganda, the last confirmed case was discharged on July 16.
- 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 162 facilities in the screening, identification and treatment of EVD.
- Our supported sites have conducted 376,857 screenings and provided treatment to 1,374 patients, including 377 confirmed cases.
- We have so far trained 2,820 people in the DRC on EVD case management, response and transmission prevention.

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 six 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 18, 5,021 confirmed cases and 2,378 confirmed deaths had been reported across the DRC, with 20 confirmed cases and two confirmed deaths in Uganda. Though hundreds of suspected cases have been identified in the DRC in the last 24 hours, there currently are no reports of suspected cases in Uganda nor South Sudan. From August 2–9, 579 confirmed cases and 304 deaths were recorded—numbers that were significantly higher than any previous week of the outbreak. The case fatality rate in the DRC stands at more than 47%. 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 Bas-Uele, Haut-Uele, North Kivu, South Kivu and Tshopo provinces, with Bas-Uele province recording its first confirmed case on August 14. The WHO has assessed the risk in the DRC as very high due to the increasing potential for further spread within the country. 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.

In Uganda, where cases were identified in Kampala and Wakiso, health authorities continue to maintain surveillance, contact tracing and case-management activities.

On August 14, UN OCHA Emergency Relief Coordinator Tom Fletcher called for a rapid scale up to get ahead of the outbreak in the DRC, citing the need to increase safe and dignified burial capacity, treatment bed capacity, improved contact tracing and dedicated support for unmet humanitarian needs such as water, hygiene, healthcare and other basic services.

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 while 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, providing case-management support at designated treatment and transit facilities, strengthening IPC in referring health facilities, conducting screening and triage, supporting RCCE in surrounding communities and training 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, providing comprehensive case management, screening, triage and IPC upgrades at the site. International Medical Corps has so far managed the treatment of 244 confirmed cases and has discharged 96 recovered cases. On August 4 we opened an additional ETC in Rwankole with a capacity of 100 beds, further expanding treatment capacity in the epicenter of the outbreak. Sixty-seven patients, including 11 confirmed cases, have received treatment at the facility so far.

In Kigonze, at a camp of approximately 25,000 internally displaced persons (IDPs), International Medical Corps constructed an eight-bed Ebola transit center where patients with suspected cases are isolated and receive supportive treatment while awaiting laboratory diagnosis. The transit center has so far safely isolated 94 total patients, with 11 confirmed EVD cases transferred to treatment facilities. Eight suspected patients currently are receiving treatment in safe isolation.

We continue to support IPC improvements in surrounding health facilities in Ituri province and provide IPC training for healthcare workers. We are expanding 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 10,299 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 experiencing signs or symptoms of EVD, and best practices for community protection and vigilance.

In **North Kivu province**, International Medical Corps is operating a eight-bed Ebola transit center at Virunga Hospital in Goma. Currently, five suspected cases are safely isolated, receiving palliative care while awaiting test results.

In Beni, International Medical Corps has established an ETC that is currently treating six confirmed cases and seven suspected cases. This ETC has so far treated 235 patients, with 41 being confirmed cases. We are operating four additional Ebola transit centers in North Kivu—in Beni, Boikene, Bundji and Mtanda—that are safely isolating 20 suspected 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 six 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 confirmed or suspected cases of EVD. 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 healthcare 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 preparedness, surveillance, IPC, WASH, and RCCE activities across Ntoroko and Bundibugyo districts. Since August 14, 220 people have been screened at points of entry, with no suspected Ebola cases identified through screening. Community-based surveillance activities implemented through trained village health teams (VHTs) generated 18 community “signals” supporting ongoing monitoring and early-detection efforts.

We have reached 176 people through hygiene-promotion activities. AHA-supported VHTs in Ntoroko and Bundibugyo continued integrated hygiene-promotion, RCCE and surveillance activities, with messaging focused on the risk of Ebola transmission through cross-border movement, referral of suspected cases to district surveillance teams and infection-prevention practices.

We have reached 366 people through community engagement and awareness-raising initiatives, including conducting a radio talk show that generated six calls from community members seeking information and guidance. Key messages focused on Ebola community-case definitions, reporting suspected cases through district and regional hotlines, and Ebola prevention measures. In addition, VHTs conducted door-to-door outreach activities, while the AHA RCCE team carried out awareness sessions in Bundibugyo marketplaces, reaching some 200 additional people. This work continues to promote community awareness, preparedness and early reporting in high-risk border areas.

South Sudan
International Medical Corps continues to support EVD national preparedness in South Sudan. We have expanded the Juba infectious-disease unit (IDU) to a 24-bed capacity, and will completed the expansion of IDUs in Nimule and Yambio to 24 beds by the end of August.

International Medical Corps has so far managed six suspected cases, including four cases in Juba IDU and two cases in Nimule IDU. Overall, 15 suspected cases have been reported across South Sudan; all reported cases have tested negative.

We conducted a three-day case-management training course in partnership with UNICEF on August 7 that reached 80 healthcare professionals, enhancing 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.

International Medical Corps Activities and Impact				
Active locations of our response	**3** countries		**26** health zones	
Individuals reached through EVD services in DRC	**376,857** EVD screenings		**1,374** admissions	**377** confirmed cases
Facilities conducting EVD activities	**3** Ebola treatment centers	**7** Ebola transit centers	**2** infectious-disease units	**162** other supported health facilities
Persons trained in Ebola IPC, RCCE and response in DRC	**1,858** healthcare workers		**962** non-healthcare workers	
Community members reached through RCCE in DRC	**10,299** sessions		**493,439** people reached	