International Medical Corps

SITUATION UPDATE

Ebola Outbreak, DRC and Region
Situation Report #13
September 10, 2026

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

Since the Democratic Republic of the Congo (DRC) Ministry of Health officially declared an outbreak of Ebola virus disease (EVD) on May 15, the disease has become the largest outbreak the country has ever seen, as well as the second-largest and fastest-growing outbreak in global history. This outbreak, which is the second in the country in a year, has spread into six provinces and across the Ugandan border. 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 September 8, 6,843 confirmed cases and 3,310 confirmed deaths had been reported across the DRC, with 20 confirmed cases and two confirmed deaths in Uganda. As the last confirmed case was released from treatment in Uganda on July 16, it has officially declared its outbreak to be over. There are as yet no active reports of suspected cases in South Sudan.

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-Uélé, Haut-Uélé, North Kivu, South Kivu and Tshopo provinces, with the WHO concerned about 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, the UNOCHA Emergency Relief Coordinator called for a rapid expansion of response activities to get ahead of the outbreak, citing the need to increase the capacity for safe and dignified burials, the number of treatment beds, to improve contact tracing and to provide dedicated support for unmet humanitarian needs such as water, hygiene, healthcare and other basic services.

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 September 8, 6,843 confirmed EVD cases and 3,310 confirmed EVD deaths had been reported in the DRC.
- Uganda, where the last confirmed case was released from treatment on July 16, has officially declared its outbreak to be over. Final numbers in Uganda were 20 confirmed cases and two confirmed deaths.
- In the DRC, the outbreak remains centered in Ituri province, but cases have also been confirmed in Bas-Uélé, Haut-Uélé, North Kivu, South Kivu and Tshopo provinces.
- This outbreak has been classified by the World Health Organization (WHO) as a Public Health Emergency of International Concern.
- 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 more than 100 facilities in the screening, identification and treatment of EVD.
- Our supported sites in the DRC have so far conducted 626,380 EVD screenings and provided treatment to 1,911 patients, including 521 confirmed cases.
- We have so far trained 2,930 people in the DRC 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 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 infection prevention and control (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, providing case management for confirmed and suspected cases of EVD, as well as screening, triage and IPC upgrades. International Medical Corps has so far managed the treatment of 244 confirmed cases and has discharged 96 recovered cases. We opened an additional ETC in Rwankole, with a capacity of 110 beds, on August 4, further expanding treatment capacity in the epicenter of the outbreak. We have provided treatment to 118 patients at the facility so far, including 71 confirmed cases.

In Kigonze, 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—serving the population of a camp of approximately 25,000 internally displaced persons (IDPs). The Kigonze transit center has so far safely isolated 146 total patients, with 11 confirmed EVD cases transferred to treatment facilities. Currently, we are providing treatment to five suspected patients in safe isolation.

International Medical Corps is continuing to support IPC improvements in surrounding health facilities in Ituri province and to provide IPC training for healthcare workers there. We are continuing 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. Key RCCE discussion topics include prevention of EVD, the importance of seeking medical attention after detecting signs or symptoms of EVD, and best practices for community protection and vigilance.

In **North Kivu province**, International Medical Corps is operating an eight-bed Ebola transit center at Virunga Hospital in Goma. Currently, we are providing care to five suspected cases who are safely isolated and 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 281 patients, including 70 confirmed cases. We also are running four additional Ebola transit centers in North Kivu: in Beni, Boikene, Bundji and Mtanda.

In **South Kivu province**, in an Ebola transit center in Katana, near Miti-Murhesa health zone, 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 **Bas-Uélé, Haut-Uélé** and **Tshopo,** International Medical Corps is preparing to construct an ETC in Bafwasende and transit centers in Kisangani and Makiso. Our team is also preparing to begin critical EVD-related RCCE in affected communities.

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 psychological distress of patients, our MHPSS team provides 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 experiencing 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.

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. We also are part of broader efforts to expand contact tracing, which will strengthen mapping, daily monitoring and follow-up activities to better address the risk of undetected transmission across operational areas and beyond.

Uganda
International Medical Corps and our partner African Humanitarian Action (AHA) continue to support Ebola preparedness and surveillance results across Bundibugyo, Kampala and Ntoroko districts. We have provided training on community-based disease surveillance to 369 people, and have screened 2,665 people at points of entry and 1,022 at bus stations. Our surveillance systems have supported daily monitoring of 1,399 contacts, received 254 alerts

from village health teams, identified 94 alerts that met the Ebola case definition and collected 31 samples. Though one suspected case was identified through screening, all sampled alerts have tested negative for Ebola.

Our RCCE interventions have directly reached 1,858 people, supported 18 community dialogue sessions with 1,368 participants and distributed 11,398 educational materials. Fourteen radio talk shows generated an estimated 770,000 listener contacts and received 142 community calls, reflecting strong public engagement. In addition, we have visited more than 77,000 households through integrated community outreach that combined Ebola awareness, hygiene promotion and active case search. Capacity-building efforts included 19 training sessions that reached 729 people, covering topics such as surveillance, Ebola case detection, IPC, screening, triage and waste management.

We have further strengthened preparedness through IPC, WASH and psychosocial support activities, reaching 518 people through IPC training, conducting 16 IPC assessments and 32 supportive supervision visits at health facilities, and reaching 1,023 people through hygiene promotion activities. Our MHPSS services, which reached 308 people, including counseling, PFA, stigma reduction and community-based support.

Despite the official Ebola-free declaration, the risk to Uganda remains high, according to the WHO. As such, key preparedness, surveillance and training will continue to support Uganda's efforts to prevent additional cases.

South Sudan
International Medical Corps is continuing to support national EVD preparedness efforts across South Sudan and is actively participating in coordination and technical pillar meetings at both national and county levels. We regularly engage with the National Public Health Institute (NPHI), the MoH, county health departments and EVD technical working groups—including key coordination platforms for case management, IPC, surveillance and RCCE—to strengthen coordination, technical capacity and overall readiness for timely detection and response to potential EVD cases.

The Juba and Nimule infectious-disease units (IDUs) remain fully functional and have been structurally expanded to a capacity of 24 beds each, enhancing preparedness and surge response capacity. We conducted a three-day training session on EVD case management in Yambio and Maridi counties, targeting Health Sector Transformation Project partner health facilities. We trained 50 frontline healthcare workers on EVD case management, clinical care and IPC measures, strengthening response capacity in high-risk areas. To operationalize the Yambio IDU, we provided a four-day training session on case management and IPC for IDU staff.

International Medical Corps also participated in a cross-border coordination workshop involving representatives from NPHI, Africa CDC, WHO, the ministries of health of South Sudan and Uganda, and other partners responding to EVD. The workshop focused on strengthening cross-border collaboration—including surveillance, information sharing, case referrals, and coordination at points of entry—with the aim of formalizing health security cooperation and enhancing regional epidemic preparedness and response, and included a visit to the International Medical Corps-managed Juba IDU to review EVD preparedness and readiness measures.

International Medical Corps' Impact				
Active locations of our response	**3** countries		**28** health zones	
Individuals reached through EVD services in DRC	**626,380** EVD screenings		**1,911** admissions	**521** confirmed cases
Facilities conducting EVD activities	**3** Ebola treatment centers	7 Ebola transit centers	**2** infectious-disease units	**111** other supported health facilities
Persons trained in Ebola IPC, RCCE and response in DRC	**1,883** healthcare workers		**1,047** non-healthcare workers	
Community members reached through RCCE in DRC	**630,910** people reached			