International Medical Corps

# SITUATION UPDATE

**Ebola Outbreak, DRC and Region**
**Situation Report #15**
**November 10, 2026**




*Blandine Botonga, a doctor with International Medical Corps, exits the Ebola Treatment Center in Ituri province after treating patients.*

On May 15, the Ministry of Health (MoH) in the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD). Since then, the disease has become the largest outbreak the country has ever seen and the second-largest outbreak in global history. This outbreak, which is the second EVD outbreak in the country in a year, has spread into eight provinces as well as across the Ugandan border, and has led to cases in Kenya and Nigeria. 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 November 9, 10,920 confirmed EVD cases and 5,323 confirmed EVD deaths had been reported in the DRC, with 20 confirmed cases and two confirmed deaths in Uganda. On October 5, an imported case of EVD—a man who had traveled from the DRC via airplane to Nairobi, and later died—was confirmed in Kenya. Eight of his contacts would later test positive, with one additional death, though there has been no additional community spread. On October 26, a woman in Nigeria tested positive for EVD. She was evacuated to Switzerland, where she is recovering, and there have been no additional confirmed cases.

Though the outbreak in the DRC remains most severe in Ituri province, transmission has also been reported in Bas-Uélé, Haut-Uélé, North Kivu, North Ubangi, South Kivu, South Ubangi and Tshopo provinces. The virus, which is spreading most rapidly in Haut-Uélé and North Kivu, is exacerbating and burdening health systems already weakened by ongoing conflict, chronic underfunding and geographic isolation.

The WHO has assessed the risk in the DRC as very high, due to the increasing potential for further spread within the country. As the virus continues to spread close to borders with the Central African Republic, South Sudan and Uganda, the risk of cross-border transmission remains high. 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 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 of the last locally acquired case.

## 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 November 9, 10,920 confirmed EVD cases and 5,323 confirmed deaths had been reported there.
- On October 5, a case of imported EVD was confirmed in Kenya, where a patient had traveled from the DRC. There have been nine confirmed cases and two fatalities there.
- On October 26, a case of EVD was confirmed in Nigeria, where the patient had traveled from Uganda. She was medically evacuated to Switzerland and is recovering.
- No EVD cases have been confirmed in South Sudan or CAR, but risk of cross-border transmission remains high due to transient populations and porous borders with the DRC.
- In the DRC, the outbreak remains centered in Ituri province, but cases have also been confirmed in Bas-Uélé, Haut-Uélé, North Kivu, North Ubangi, South Kivu, South Ubangi and Tshopo provinces.
- Uganda, which released its last confirmed case on July 16, has officially declared its outbreak over.

## OUR RESPONSE

- Across the region, we 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 41 facilities in the screening, identification and treatment of EVD.
- Our supported sites in the DRC have conducted more than 1.2 million EVD screenings and provided treatment to 3,597 patients, including 1,076 confirmed cases.
- We have so far trained 3,834 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 across the region are actively responding to the outbreak 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 risk communication and community engagement (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 87-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 at the site. International Medical Corps has so far managed the treatment of 392 confirmed cases. On August 4, we opened an additional ETC, with a capacity of 110 beds, in Rwankole, further expanding treatment capacity in the epicenter of the outbreak. We have treated 404 patients at the facility so far, with 129 confirmed cases.

International Medical Corps is supporting IPC improvements in surrounding health facilities in Ituri province, as well as providing IPC training for healthcare workers. 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.

In **North Kivu province,** International Medical Corps is operating an eight-bed Ebola transit center at Virunga Hospital in Goma. In **Beni,** International Medical Corps has established an ETC that is currently treating 33 confirmed cases, while 28 suspected cases are being managed in the transit center there. The Beni ETC has treated 474 patients, with 238 being confirmed cases. We are running four additional Ebola transit centers in North Kivu: Boikene, Bundji, Matanda and Mukulya.

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. This transit center has so far provided treatment to 225 suspected patients.

In **Bas-Uélé, Haut-Uélé** and **Tshopo**, International Medical Corps is assessing its upcoming response in these newly affected provinces. We are preparing to construct transit centers in Bafwasende and Makiso in Tshopo province, while preparing to begin critical EVD related RCCE in the 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 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, we are 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. 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 our partner African Humanitarian Action (AHA) delivered substantial Ebola preparedness and surveillance services across Bundibugyo, Kampala and Ntoroko districts. Community-based disease surveillance training reached 610 participants, while screening activities covered 6,159 people at points of entry and 1,022 travelers at bus stations. Surveillance systems supported daily monitoring of 1,399 contacts, received 254 alerts from village health teams, identified 173 alerts that met the Ebola-case definition and collected 95 samples. Three suspected cases were identified through screening, but all sampled alerts tested negative for Ebola.

RCCE interventions directly reached 21,320 people, supported 21 community dialogue sessions with 1,383 participants, and distributed 11,813 pieces of informational materials. Sixteen radio talk shows generated an estimated 781,860 listener contacts and received 154 community calls, reflecting strong public engagement. In addition, our integrated community outreach teams visited more than 77,000 households, providing information that combined Ebola awareness, hygiene promotion and active case search. Capacity-building efforts included 31 training sessions

reaching 1,305 participants across topics such as surveillance, Ebola case detection, IPC, screening, triage and waste management.

IPC, WASH and psychosocial support activities further strengthened preparedness. We provided 518 people with IPC training, conducted 28 IPC assessments and 43 supportive supervision visits at health facilities, reached 1,023 people through hygiene promotion activities and provided 308 people with counseling, PFA, stigma reduction and community-based support services.

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

**South Sudan**

International Medical Corps continued to support EVD preparedness activities across South Sudan, working closely with the MoH, the National Public Health Institute, county health departments and other partners. The teams took part in weekly technical meetings, EVD coordination meetings and Health Cluster meetings to share updates, plan activities and address gaps in preparedness.

We continue to support three infectious disease units (IDUs) in Juba, Nimule and Yambio, as well as seven holding units across Maridi, Nimule and Yambio. Support includes providing facility maintenance, medical supplies, personal protective equipment, IPC materials and screening services. Over the last month, our supported holding units have screened 4,836 people.

Two people identified through EVD alerts were admitted to the Yambio IDU for further assessment and care. Both tested negative and were discharged. We also took part in simulation exercises in Juba and Yambio to test response readiness and identify areas that needed improvement in patient referral, case management and IPC.

To strengthen staff capacity, we provided training to 66 healthcare workers on psychosocial support, stress management, self-care and team building. In addition, we trained 12 RCCE mobilizers to support community awareness activities.

At the community level, International Medical Corps reached 5,655 people through household visits, school sessions and health education at health facilities. We also conducted four radio talk shows to share information on psychosocial support, stigma, rumors and misinformation, and to improve community awareness of EVD.

**Research**

International Medical Corps is participating in the Platform Adaptive Randomized Trial for New and Repurposed Filovirus Treatments (PARTNERS) trial, an international clinical trial evaluating potential treatments for Ebola and Marburg virus diseases. The WHO is the trial sponsor, while the Pandemic Sciences Institute at the University of Oxford is leading the international design, coordination and implementation of the trial. In the DRC, the PARTNERS trial is currently evaluating treatments for the Bundibugyo ebolavirus, led by the Institut National de Recherche Biomédicale with support from the Institute of Tropical Medicine of Antwerp and NGO partners, including International Medical Corps. We have participated in the trial since late August, initially supporting implementation at our Bunia ETC and subsequently expanding to include our Beni ETC as a trial site. The trial is evaluating two therapeutics: the monoclonal antibody MBP134 and the antiviral remdesivir. To date, International Medical Corps-supported sites in Bunia and Beni have enrolled nearly 90 patients in the trial.

Furthermore, International Medical Corps is spearheading an initiative evaluating the integration of our innovative loss and grief capacity-building model in the context of EVD. We are conducting this research initiative in partnership with Johns Hopkins University, utilizing qualitative and quantitative measures, and conducting it in conjunction with ongoing MHPSS activities associated with our EVD response in North Kivu.

| **International Medical Corps' Impact** | | | | |
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| **Active locations of our response** | **3** countries | | **28** health zones | |
| **People reached through EVD services in DRC** | **1,272,240** EVD screenings | | **3,597** admissions | **1,076** confirmed cases |
| **Facilities conducting EVD activities** | **3** Ebola treatment centers | **9** Ebola transit centers | **2** infectious-disease units | |
| **People in DRC trained in IPC, RCCE and response** | **1,440** healthcare workers | | **2,504** non-healthcare workers | |