SITUATION REPORT

IMA WORLD HEALTH
A Corus International organization

Ebola Virus Outbreak (Bundibugyo Strain), Ituri & South Kivu and North Kivu Provinces

No. 3, June 11, 2026

A staff member leads an Ebola briefing for CHWs and other community representatives in Goma, North Kivu.

Key Figures[1]:

- At least 689 confirmed cases
- 139 deaths
- Average daily suspected cases exceed 90
- 32 recoveries
- 29 affected health zones
- At least 5,418 contacts identified for follow-up
- 64.4% contact follow-up rate

Highlights

- Outbreak continues to spread rapidly, expanding from 13 to 29 health zones in the past week.
- No approved vaccine or therapeutics currently exist for the Bundibugyo Ebola variant.
- Members of the IMA World Health team participated in the discharge ceremony for North Kivu's first confirmed Ebola survivor at Heal Africa Hospital in Goma.
- 1,075 community representatives — including 60% community health workers (CHW) — were briefed on Ebola prevention, common misconceptions, frequently asked questions, and alert reporting procedures.

Situation Overview

The current Ebola outbreak in the Democratic Republic of the Congo (DRC) has evolved from a localized provincial crisis into a multi-provincial public health emergency. While Ituri Province remains the epicenter, accounting for 93.1% of all laboratory-confirmed cases, transmission has expanded rapidly. Active transmission is now occurring in 29 health zones across three provinces, many of which border Uganda, Rwanda, Burundi and Tanzania.

The proximity of affected health zones to neighboring countries prompted some governments to temporarily close border crossings in May, disrupting response operations and regional movement. Cases and deaths among healthcare workers and other frontline responders continue to be reported. In Uganda, what began when two people infected in the DRC sought care in medical facilities in Kampala has since developed into local transmission.

Humanitarian Situation

In Ituri Province, ongoing clashes between the DRC Armed Forces (FARDC) and non-state armed groups, including CODECO and ADF-NALU, continue to hinder outbreak response activities. In Mongbwalu, which was one of the first health zones to report confirmed cases, contact tracing follow-up rate remains below 10%. Confirmed Ebola cases have also been reported in internally displaced persons (IDP) camps in Ituri, increasing the risk of further transmission among vulnerable populations.

The presence of the M23/AFC armed group in North Kivu and South Kivu has similarly constrained access to affected communities and disrupted response operations. In both provinces, insecurity and access limitations are believed to contribute to under-reporting of confirmed cases, complicating efforts to assess the full scale of the outbreak.

IMA World Health Response Efforts

[1] BVD outbreak, Immunization for resilience update, June 7, 2026

With funding from the U.S. Department of State, IMA World Health is strengthening contact tracing, community-based surveillance and outbreak response capacity through the following activities:

- Infection prevention and control (IPC) training is underway for 632 healthcare workers, including 301 healthcare workers, 261 hygiene and sanitation staff, and 70 community health workers supporting community care sites.
- Two rented vehicles are improving the mobility of the surveillance team in Goma, enabling faster alert investigations and contact tracing in North Kivu.
- 1,075 community representatives have been briefed on Ebola prevention, common misconceptions, frequently asked questions, and alert reporting procedures. Participants include CHWs (60% of attendees), religious leaders, transport officials, teachers, traditional healers, and other informal service providers.
- Support is being provided to maintain the continuity of essential health services.
- Supplies are being mobilized to strengthen IPC measures in health facilities and other high-risk locations, including markets, bus stations, schools and border crossings.

IMA World Health and Corus International have contributed additional funding to deliver urgently needed personal protective equipment (PPE) to health facilities to help protect healthcare workers and support frontline response efforts.

Needs and Gaps

With no pharmaceutical countermeasure or vaccine available for the Bundibugyo strain, containment relies entirely on rapid behavioral modification and early isolation. Critical operational resource gaps and needs include:

- Immediate need to scale up the distribution of personal protective equipment (PPE), alcohol-based rubs, handwashing kits and other IPC materials to protect healthcare workers and other frontline health workers
- Traditional, unsecured funeral rituals remain the primary community super-spreading vector. Support is needed to set up, equip and support additional safe and dignified burial teams eliminate post-mortem transmission lines.
- Support to strengthen triage and the safe isolation of suspect cases at health facilities: Training, PPEs, resources to set-up/refurbish triage and isolation units as well as water points and dedicated sanitation facilities for cases.
- Limited contact tracing. Support for contact tracing including training and resources to improve the mobility of contact tracers, and food and nonfood items support to quarantined cases to enable them comply with quarantine.
- Support for the management of suspect and confirmed cases at holding centers (medicines for symptomatic treatment, PPE, food, nonfood items and tents to extend management capacity when needed)
- Support to reinforce the prevention and management of cases of sexual exploitation and abuse/PSEA of vulnerable populations, a common occurrence during emergency responses.

IMA World Health in the DR Congo

IMA World Health maintains a robust state of operational readiness in the DRC. Our deep integration within local networks and our long-standing presence in the DRC (over two decades) positions us uniquely to support community-embedded containment, behavior modification, and localized risk community and community engagement (RCCE) campaigns during this active and rapidly evolving health emergency.

For more information please contact:
Dr. Didier Kangudie, Country Director, email: DKangudie@corusinternational.org
Dr. Eta Mbong, MiHR Chief of Party, email: Embong@momentumihr.org