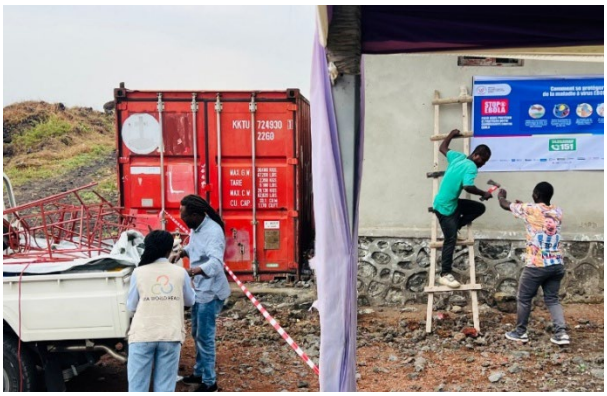
SITUATION REPORT

IMA WORLD HEALTH
A Corus International organization

Ebola Virus Outbreak (Bundibugyo Strain), Democratic Republic of the Congo
July 24, 2026, No. 5

IMA World Health Response Efforts

With U.S. Department of State funding through MOMENTUM Integrated Health Resilience, IMA World Health is strengthening surveillance, infection prevention, isolation site quality, risk communication and outbreak coordination while integrating the prevention of sexual exploitation and abuse across all activities.



IMA World Health distribution of IPC supplies at the Chemin du Ciel Cemetery, Karisimbi health zone.

- **Frontline workforce capacity:** 828 frontline health workers from confirmed-case and neighboring health zones have been trained in surveillance essentials and Ebola-specific IPC practice.
- **IPC monitoring systems:** BCZ IPC focal points have been trained to use the Ministry of Health IPC scorecard; assessments are now under way at 200 health facilities.
- **Digital alert management and mobility:** Health zone and DPS surveillance focal points have been trained on DHIS2 Tracker, while rental vehicles are supporting rapid response and alert follow-up.
- **Isolation site quality:** Two high-risk contact isolation units in Miti-Murhesa have been strengthened through staff training and donations of IPC commodities and safer food-preparation supplies.
- **Risk communication tools:** DRC's National Public Health Emergency Operations Centre is being supported to develop a picture-based Ebola flipchart for CHWs and other community actors, with field-testing and translation into principal local languages.
- **Connectivity for coordination:** Starlink kits have strengthened Internet connectivity for response coordination teams in eight North Kivu health zones and at the Provincial Health Divisions of Goma, Beni and Uvira.

With Corus International unrestricted funds, IMA World Health is following up with community leaders in Nyiragongo and Karisimbi, providing basic IPC supplies to main cemeteries in Goma, Karisimbi and Nyiragongo, collaborating with social media influencers and local health authorities to amplify accurate Ebola prevention messaging, and coordinating with the DPS Incident Management Team, OCHA and the Health Cluster.

Situation Overview

The Bundibugyo outbreak has spread beyond Ituri into a multi-provincial emergency where delayed detection, weak treatment access and gaps in transport, surveillance and contact tracing are driving higher fatality rates outside the epicenter. Conflict, insecurity, remote terrain and mistrust of response teams are accelerating transmission in overcrowded IDP settlements and host communities, while overextended isolation and quarantine sites leave some families fearful of seeking care or complying with safe burial practices, further exacerbating the situation.

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Key figures[1]

- 2,905 confirmed cases
- 519, recoveries and 1,269 deaths (43.7% case fatality rate)
- 47 affected health zones across 5 provinces
- 74.5% contact follow-up rate

Highlights

- **Outbreak is expanding rapidly:** Confirmed cases surpassed 2,000 within the first 60 days of the outbreak; transmission now spans Ituri, North Kivu, South Kivu, Haut-Uélé and Tshopo.
- **Ituri remains the epicenter:** 2,023 cases, or 86%, are concentrated in Ituri, while newly affected provinces are reporting higher case fatality rates.
- **Rising mortality signals late detection:** The national case fatality rate increased from 26.3% on June 23 to 39.7% on July 18, driven by mistrust, resistance, denial and delayed care-seeking.
- **No licensed countermeasures for Bundibugyo:** Containment depends on infection prevention and control, early identification and isolation, safe and dignified burials and sustained community engagement.
- **Clinical research i999s under way:** Two clinical trials have opened in Ituri, and a University of Oxford vaccine candidate is under consideration for trial.

Needs and Gaps

In the absence of licensed medical countermeasures for the Bundibugyo strain, rapid behavior change, early case detection and prompt, safe isolation are the decisive levers for breaking chains of transmission. Priority needs include:

- **Personal protective equipment and facility readiness:** Shortages persist, and many facilities lack functional triage areas, running water and sanitation infrastructure needed to reduce nosocomial transmission.
- **Safe patient and sample transport:** Additional ambulances, locally adapted secure transport and support for timely specimen transport are needed, particularly in conflict-affected areas.
- **Isolation capacity and essential supplies:** Additional beds, reliable access to safe water and essential medical supplies are needed across affected provinces.
- **Community trust and local leadership:** Hyper-local, community-led dialogue and sustained engagement of traditional healers, faith leaders, youth leaders and women's groups are needed to encourage early reporting and reduce hostility toward response teams.
- **Mental health and psychosocial support:** Resources are needed to scale psychological first aid and psychosocial support for cases, affected families and frontline workers.

IMA World Health in the DR Congo

With more than two decades of continuous presence in the DRC, IMA World Health is well positioned to support community-embedded containment, social and behavior change, and risk communication and community engagement during this rapidly evolving health emergency.

For more information please contact:

- Dr. Didier Kangudie, Country Director, DRC
- Dr. Eta Mbong, Chief of Party, MOMENTUM Integrated Health Resilience

[1] *DRC Ministry of Health, Bundibugyo Virus Disease Situation Report No. 69, 22 July 2026.*