



Ebola Outbreak in DRC and Uganda

Situation Report #1

May 20, 2026

The World Health Organization has declared a global health emergency after an outbreak of the Bundibugyo strain of Ebola virus in DRC and Uganda. Project HOPE is mobilizing a response in coordination with local partners to reduce both the spread of Ebola virus and the number of deaths caused by Ebola disease.

Situation Overview

The Ebola virus has advanced rapidly in Ituri Province, a region in the Democratic Republic of the Congo (DRC) that borders Uganda and South Sudan. On May 15, 2026, an outbreak was declared by DRC's Ministry of Public Health, Hygiene and Social Welfare. Since then, cases have been identified in the provincial capital of Bunia, other areas of DRC, and in Kampala, the capital of Uganda, where a man died after traveling from Ituri Province to seek medical care.

Health officials have identified the strain responsible for this outbreak as the Bundibugyo ebolavirus, a strain of Ebola for which there is no vaccine. On May 17,

Key Updates

- The Bundibugyo strain of Ebola virus has impacted communities in DRC and Uganda, with over 139 suspected deaths, 35 confirmed cases, and more than 600 suspected cases.
- As in other outbreaks, women and health workers appear to be disproportionately affected and face a significant risk of contracting the virus.
- This particular strain of Ebola virus does not have a vaccine that can prevent severe, life-threatening Ebola disease.
- Project HOPE is working with local partners to distribute personal protective equipment, including masks, gloves, goggles, face shields, and other protective clothing.
- Project HOPE responded to DRC's Ebola virus outbreak in 2025, as well as the 2013–2016 West Africa outbreak that killed over 11,000 people.

2026, the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern,” which constitutes a global health emergency.

DRC has reported 51 confirmed cases and Uganda has reported two confirmed cases associated with this outbreak. **Ebola-related deaths have been confirmed in both countries**, though the exact number is not known due to the fast-spreading nature of the disease and the current strain on the health system. **At the time of this report, the WHO suspects that at least 139 deaths and 600 cases have been caused by the current outbreak.**

In both DRC and Uganda, efforts are underway to conduct contact tracing, establish care facilities for suspected Ebola cases, and strengthen border screening efforts to reduce the spread of the virus and the life-threatening disease it causes. Rwanda has closed its border with the DRC and fears across the region are rising.

Since there is no vaccine, containing the current outbreak is the top priority, but there are significant obstacles to implementation. The region has a highly mobile population that supports the local gold mining industry, some areas are under limited government control, and there is an ongoing conflict that complicates health and humanitarian access. Suspected cases are present in DRC’s North Kivu Province, where people are also facing armed conflict, mass displacement, and a humanitarian crisis marked by severe resource shortages. As a result, health workers and the communities they serve are trying to survive in a situation where case finding, contact tracing, and caregiving are extremely difficult.

The Bundibugyo strain of Ebola virus is transmitted between people via bodily fluids, including saliva, sweat, and excrement, and can have an incubation period between two and 21 days. Health officials estimate that this particular strain has a 30–40% fatality rate. Early symptoms can be non-specific, which can lead to both delays in seeking care and difficulties in diagnosing cases. This dynamic poses significant risks to health workers and caregivers as they attempt to address the needs of ill patients and family members without proper knowledge of the associated risks and how to mitigate them. In addition, the spread of the virus can be worsened by important cultural practices at funerals and other community-level events. Stigma around isolating patients can also make ill patients hesitant to seek care and participate in screening efforts. **The establishment of strong risk communication and community engagement (RCCE) practices with impacted and at-risk populations will be vital to containing this outbreak.**

Project HOPE’s Response

Project HOPE is mobilizing a response to the worsening outbreak, in coordination with local partners. Immediate needs on the ground include the distribution of personal protective equipment (PPE), including masks, gloves, goggles, face shields, and other protective clothing that can help health workers and community members protect themselves when caring for ill patients. Other priority infection prevention and control (IPC) supplies include chlorine for sanitizing efforts, sample collection kits, and sample transport kits to help confirm suspected cases.

RCCE programming is needed to educate communities on how to reduce their risk of contracting Ebola virus by practicing effective water, sanitation, and hygiene (WASH) and IPC measures. Project HOPE is working in coordination with local partners in Uganda and DRC that are already engaged in target communities and prepared to support with both the rapid distribution of PPE and WASH supplies and

the provision of RCCE programming that equips community members with best practices and culturally aligned approaches for navigating this outbreak.

Project HOPE is engaged in outbreak response activities across the African continent. Our teams work in Ethiopia to improve virus detection, train frontline health workers, and establish community-level disease surveillance programs to respond to outbreaks. This intervention helped eradicate Marburg virus in Ethiopia earlier this year. In Ghana, Project HOPE is helping frontline health workers in the north of the country detect and manage epidemic-prone diseases like meningitis and viral hemorrhagic fevers.

In 2025, Project HOPE worked with local partners in DRC to respond to the Zaire strain outbreak of Ebola virus in Kasai Province. Project HOPE also responded to the 2014 West African Ebola outbreak in Sierra Leone, providing medicines, medical supplies, and medical consumables such as PPE.

For further information, contact media@projecthope.org

