



Ebola Outbreak in DRC and Uganda

Situation Report #2

May 26, 2026

Project HOPE's Emergency Response Team is deploying to Uganda and working with local partners to respond to the worsening outbreak of the Bundibugyo strain of Ebola virus in DRC and Uganda.

Situation Overview

Both suspected and confirmed cases of Ebola virus are on the rise in the northeast region of the Democratic Republic of the Congo (DRC) as a result of continued disease spread and increased testing across impacted areas. Currently, there are over 900 suspected cases and 223 suspected deaths in DRC, as well as 105 confirmed cases and 10 confirmed deaths, all within Ituri, North Kivu, and South Kivu provinces.

In Uganda, seven cases and one death have been confirmed, with five of those cases confirmed as a result of contact tracing following the first two cases. One of these individuals is a health worker who cared for the first case, highlighting an urgent need for the distribution of Personal Protective Equipment (PPE) and infection prevention and control (IPC) trainings for caregivers. Uganda has ceased air travel to DRC, closed multiple border crossings, and increased border crossing screenings. In

Key Updates

- **Project HOPE's Emergency Response Team**, including an epidemiologist and emergency physician with extensive Ebola experience, **has deployed to Uganda to respond to the worsening Ebola outbreak.**
- **The Bundibugyo strain of Ebola virus** has impacted both DRC and Uganda, with **over 900 suspected cases**, 223 suspected deaths, 112 confirmed cases, and 11 confirmed deaths.
- As case numbers continue to rise, there is increasing uncertainty on whether the virus has already reached South Sudan, which is facing a humanitarian crisis.
- With no vaccine available in the near future, local authorities and humanitarian partners are relying on **IPC practices, community education, and rapid hot spot identification** to stem the outbreak.

both DRC and Uganda, efforts are underway to conduct aggressive contact tracing, though the context in the DRC's Ituri Province has made this significantly more challenging as some areas are currently held by non-state actors.

Of particular concern is the fact that attacks on health facilities treating Ebola patients in the region have resulted in patients fleeing. This level of insecurity and the fear in impacted communities is exacerbating the outbreak, worsening care for patients, and putting frontline health workers at risk. To stop the spread and protect patients and health workers, **risk communication and community engagement (RCCE) programs are needed** to properly engage community members, identify individuals at risk, and coordinate safe and dignified burials of the deceased.

There are no suspected or confirmed cases reported in South Sudan, but testing capabilities are limited. The full picture of the outbreak is still developing.

Project HOPE's Response

Project HOPE is deploying a team to Uganda to respond to the worsening outbreak and coordinate with local partners. Project HOPE's Emergency Response Team will conduct a rapid assessment, identify any gaps in the current response, look for opportunities to strengthen the capacities of frontline health workers, and support the distribution of urgently needed PPE and IPC supplies.

Project HOPE is working in coordination with our local partner African Initiative for Relief and Development (AIRD) to deliver PPE and IPC supplies to frontline responders and affected communities in DRC and Uganda. AIRD has been active on both sides of the border between Uganda and the DRC, working with refugees and internally displaced people. Project HOPE previously supported and coordinated with AIRD to respond to an outbreak of the Zaire strain of Ebola virus in DRC's Kasai Province in 2025. Project HOPE continues to reach out to local and national partners across the region to monitor the spread of Ebola and ensure that partners are prepared and well-equipped to respond as cases may be identified in neighboring countries or regions in the coming days, weeks, and months.

Project HOPE is also prepared to quickly roll out mental health trainings and other resources for frontline responders to the Ebola outbreak, building on our established curriculum of Mental Health and Resiliency trainings that were designed to address the specific mental health needs of health workers responding to large-scale crises. This training program was implemented during the COVID-19 pandemic, including in Uganda where we trained 240 health workers and in South Sudan where we trained 247 health workers.

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. Project HOPE also responded to the 2014 West African Ebola outbreak in Sierra Leone, providing medicines, medical supplies, and medical consumables such as PPE.