



# MINISTRY OF HEALTH



A contact tracing team from Uganda's Ministry of Health stands with Project HOPE's team. Project HOPE is supporting contact tracing activities and training health workers in Uganda. Photo by Project HOPE staff, 2026.

# Ebola Outbreak in the DRC and Uganda

## Situation Report #4

June 16, 2026

**Project HOPE's Emergency Response Team is in Uganda supporting frontline contact tracing efforts and our partners in the DRC are preparing to distribute urgently needed infection prevention and control supplies.**

### Situation Overview

One month after the declaration of an Ebola virus outbreak in the Ituri province in of the Democratic Republic of the Congo (DRC), cases numbers continue to grow. As of June 16, 2026, the Ministries of Health in Uganda and the DRC report 827 confirmed cases of the Bundibugyo strain of Ebola virus and 194 confirmed deaths.

**The current Ebola outbreak is the third largest in recorded human history**, and the full scope of the spread cannot currently be captured due to conflict, gaps in surveillance, and limited access to testing across the three impacted provinces in the DRC. In the DRC, 31 health zones have reported cases of the Bundibugyo strain.

### Key Updates

- **The current Ebola outbreak is the third largest in human history**, and the full scope of the spread cannot currently be captured due to conflict, gaps in surveillance, and limited access to testing.
- Contact tracing is currently below the WHO's target benchmarks for containment.
- Ebola's long incubation period, which can last up to 21 days, and the similarity of the disease's symptoms to malaria, makes it difficult to identify.
- **Project HOPE is responding** by training health workers in disease surveillance and supporting contact tracing efforts in **Uganda**, as well as working with local partners to distribute critical PPE and IPC supplies in **the DRC**.

**Contact tracing obstacles pose a significant challenge to containing the spread of the virus.** Health officials report that only 56% of identified targets have been contacted, despite World Health Organization (WHO) guidelines recommending contacting 90–95% of identified targets when trying to contain an outbreak. The complex humanitarian situation in northeastern DRC, where non-state actors oversee both remote communities and important urban centers like Goma, is complicating contact tracing and broader containment efforts.

**In Uganda, health officials are working to rapidly increase the capacity of regional response teams and contact tracers** — to strengthen the country’s ability to identify suspected cases in high-risk communities. Ebola virus can be challenging to identify due to its long incubation period, which can last up to 21 days, and the similarity of Ebola disease’s symptoms to malaria, which is common across the region.

The fluid-borne Ebola virus poses a significant risk to frontline health workers and other caregivers treating ill patients and family members, creating widespread fear and the potential for devastating health worker and caregiver burnout. Personal protective equipment (PPE) and infection prevention and control (IPC) supplies remain in high demand to protect both frontline responders and caregivers alike.

## **Project HOPE’s Response**

**Project HOPE’s Emergency Response Team is in Uganda responding to the ongoing outbreak in coordination with the Ministry of Health and health authorities.** Our team is providing trainings and reinforcing capacity to ensure that those best positioned to prevent and stop the spread of Ebola have the tools they need to do so.

**Project HOPE is also supporting the Ugandan Ministry of Health’s contact tracing efforts,** helping frontline responders connect with impacted communities in the Kampala metro area. Project HOPE is currently providing a series of one-day surveillance trainings to District Rapid Response Teams in four health districts near Uganda’s border with the DRC: Kikuube, Hoima City, Arua District, and Arua City. Although cases remain lower in Uganda, more can be done to improve surveillance practices at the most at-risk health facilities in the capital city of Kampala and in districts bordering the DRC.

**In the DRC, Project HOPE is partnering with African Initiative for Relief and Development (AIRD) to deliver PPE to frontline health facilities.** An initial procurement of supplies is set to be distributed this week. Through AIRD, Project HOPE, will deliver an additional 12 pallets of critical PPE and IPC materials, including gloves, face masks, and biohazard equipment, in coordination with local health officials. These supplies will protect frontline workers and prevent further spread.

**Project HOPE is engaged in outbreak response activities across the African continent.** Our teams in Ethiopia work 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, supplies, and PPE.

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