

**EBOLA OUTBREAK:  
AT THE CORE OF A RESPONSE  
CHARACTERIZED BY SECURITY  
INSTABILITY AND COMMUNITY  
OPPOSITION.**

**CAT-DRC,  
JUNE 2026**

*Second concern*



Updated June 1, 2026

## NOTABLES EVOLUTIONS OF THE WEEK

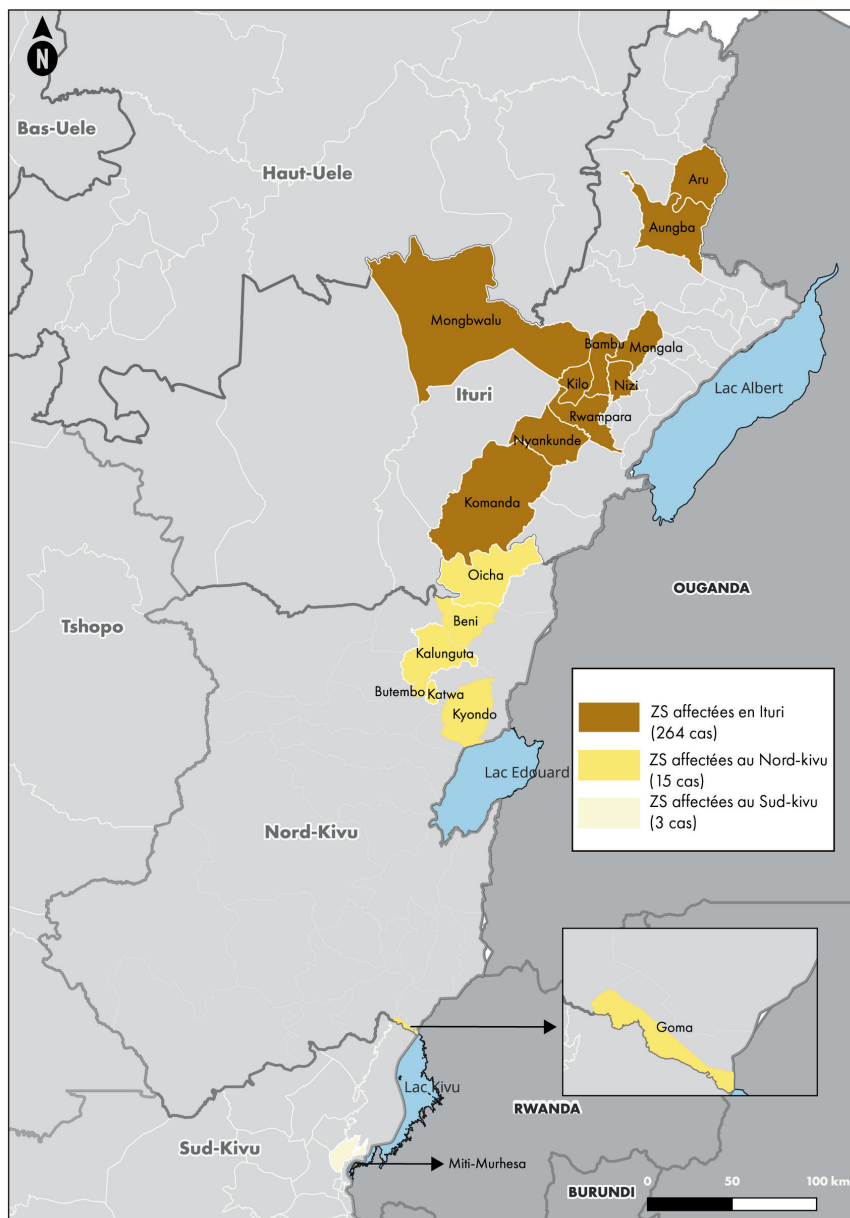
- Since May 15, 2026, the Ebola epidemic has been advancing swiftly. The number of confirmed cases escalated from 33 on May 19 to 282 on May 30, 2026, representing an increase of over eightfold in less than two weeks.
- Ituri continues to be the epicenter of the epidemic, succeeded by North Kivu and South Kivu, where new outbreaks are progressively surfacing. Between May 19 and 30, the epidemic extended to several additional health zones, including Aru, Aungba, Bambu, Damas, Gethy, Kilo, Lita, Mangala, and Nizi in Ituri; Beni, Kalunguta, Kyondo, and Oïcha in North Kivu; and Miti-Murhesa in South Kivu.
- In response to this situation, the World Health Organization now assesses the risk of national and regional transmission as very high. In Uganda, three additional cases have been reported, raising the total to five, including one fatality, which heightens concerns regarding cross-border transmission in the Great Lakes region.
- The response continues to encounter several significant constraints: ongoing insecurity, challenges in humanitarian and logistical access, misinformation, community resistance, and forced displacement associated with the activities of armed groups. The destruction of isolation centers in the Rwampara health zone exemplifies the enduring mistrust towards those engaged in the response.
- Border restrictions at critical crossing points between the DRC, Rwanda, and Uganda persist in impacting population movements and humanitarian efforts. On an international scale, numerous countries have intensified health protocols and entry restrictions for travelers who have recently visited the DRC, Uganda, or South Sudan.
- Operational priorities emphasize the enhancement of barrier measures, the contextual and security monitoring of affected and adjacent areas, the adaptation of intervention strategies, the fortification of community engagement, the management of rumors, and the anticipation of increasingly stringent humanitarian access constraints.

# Evolution of the epidemic

Since our analytical note dated May 22, 2026, the epidemiological situation in eastern DRC has continued to deteriorate rapidly. Amid a response that is gradually being organized, we are witnessing a slow yet definite expansion into new areas, a significant rise in suspected cases, and an exacerbation of operational constraints.

As of May 30, 2026, the Ministry of Health reported a cumulative total of 282 confirmed Ebola cases following laboratory analysis, more than double the 125 confirmed cases recorded three days prior. By May 27, disaggregated data published by health authorities indicated 906 symptomatic cases, compared to 575 on May 19, reflecting a 58% increase, as well as 223 suspected Ebola-related deaths, marking an approximate 50% rise compared to the same date on May 19. Furthermore, health authorities recognize the escalating challenges in surveillance, particularly in contact tracing, amid a backdrop of internal population displacement due to armed violence and community resistance to the Ebola virus disease and the various measures implemented by authorities in response.

Between May 19 and 30, 2026, the epidemic continued its geographic expansion into several new health zones (Map 1), particularly in Ituri (Aru, Aungba, Bambu, Damas, Gethy, Kilo, Lita, Mangala, and Nizi health zones), North Kivu (Beni, Kalunguta, Kyondo, and Oïcha health zones), and South Kivu, specifically in the Miti-Murhesa health zone. Concurrently, regional risks escalated due to an increase in cross-border alerts. In light of this evolving situation, the WHO now assesses the national risk as "very high," attributed to the rapid transmission of the disease, the absence of an approved vaccine for the Bundibugyo strain, ongoing insecurity in the affected regions, and the growing community resistance observed in various localities.



Map 1. Regions impacted by the dissemination of the Ebola virus, Bundibugyo variant (revised May 30, 2026).

The spread towards North Kivu and South Kivu is generating significant concern, especially in regions marked by high population mobility, the presence of armed groups, and considerable limitations on humanitarian access. The statistics from May 27, the latest available in a disaggregated format by province and health zone, provide a baseline for assessing the progression of the epidemic since May 19, the date of our previous report. The primary changes noted in the areas already impacted by that date are detailed in Table 1.

Table 1. Epidemiological status of Ebola virus disease, categorized by province and health zone, updated on May 27, 2026. Modifications relative to the data from May 19 are also included.

Province	Health Sector	Cas has suspicions		Death	
		Name	Evolution	Name	Evolution
Ituri	Mungwalu	339	12,25%	88	19%
	Bunia	249	268%	48	167%
	Rwampara	228	68%	69	82%
	Nyankunde	45	221,40%	11	1000%
	Nizi	6	New affected area	2	-
	Kilo	8	New affected area	2	-
	Bambu	6	New affected area	2	-
	Aru	4	New affected area	1	-
Nord-Kivu	Goma	1	0%	0	0%
	Butembo	7	600%	0	0%
	Katwa	1	0%	-	0%
	Oicha				
Sud-Kivu	Miti-Murhesa	1	0%	0	0%

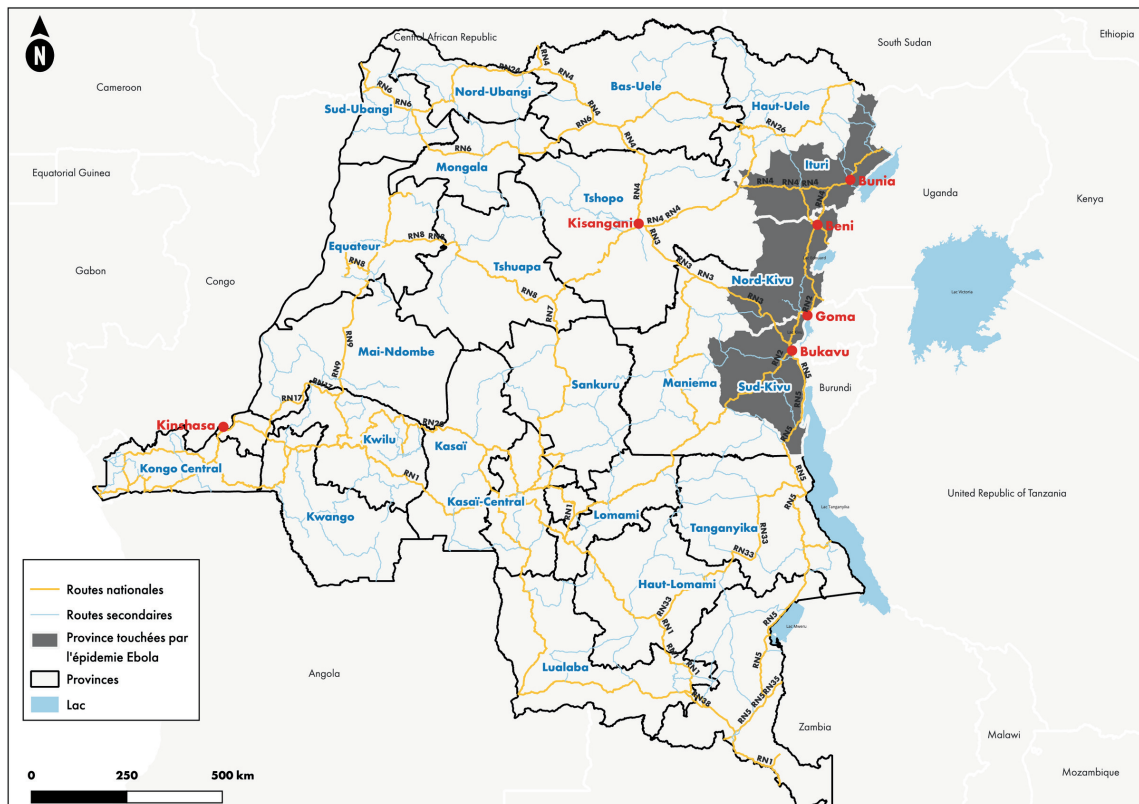
## Significant limitations central to the response

The response continues to encounter several significant constraints that hinder the management of the epidemic amid a context of rapid transmission:

- Forced internal displacement amid armed violence and high population mobility heightens the risk of interprovincial transmission** : The province of Ituri, the epicenter of the epidemic, hosts numerous significant displacement sites, particularly in the territory of Djugu, including Rhô, Djaiba, and Plaine Savo.

Although these locations are distant from the Mungbwalu health zone, a potential outbreak of Ebola in these densely populated regions would present a significant challenge to the response efforts, particularly in light of late detection, insufficient epidemiological surveillance, and limited capacity for contact tracing. Additionally, the persistent activities of armed groups continue to exacerbate forced displacement. In Mambasa, approximately 6,713 households have reportedly been displaced following multiple attacks attributed to the Allied Democratic Forces (ADF) in early May. It is important to highlight that a considerable proportion of identified contacts remain unmonitored, underscoring the escalating operational challenges in the response amid ongoing insecurity and forced displacement. Furthermore, despite the restrictions imposed by authorities, population mobility remains elevated between the affected health zones in Ituri and major urban centers such as Beni, Butembo, Goma, and Bukavu. This mobility constitutes a significant risk factor for the transmission of the disease.

- **Access, logistics, and supplies continue to face significant challenges** : Policies enacted as part of the response have markedly intensified logistical, access, and supply constraints by imposing restrictions on internal and regional mobility (including quarantine periods) and limiting traffic on key strategic routes, such as National Route 2 (RN2), thereby complicating operations further. While humanitarian actors are allowed to operate, heightened controls impede their movements and restrict the swift deployment of teams, the organization of field activities, and direct access to impacted communities. Additionally, the extended closure of Goma airport and disruptions at Beni and Bunia airports obstruct the deployment of personnel and the delivery of protective equipment and medical supplies to the affected regions.



Map 2. Overview of the road network in the DRC

- **The vulnerability of the health system in the affected health zones has resulted in the closure of several facilities :** The Ebola response in Rwampara and Mongbwalu is occurring within an already precarious local health system, marked by limited capacity for surveillance, infection prevention and control, triage, isolation, and management of suspected cases. Reported fatalities among healthcare workers (three to date), delayed case detection, and challenges in contact tracing highlight the operational deficiencies of local health facilities, some of which have been compelled to close for disinfection. Collectively, these factors pose significant challenges to the response and represent a substantial risk of disease transmission, even within healthcare settings.
- **Addressing misinformation, rumors, and community distrust :** Community perceptions regarding the epidemic are significantly characterized by a profound mistrust of health facilities and certain stakeholders involved in the response. Misinformation, fear of Ebola virus disease, stigmatization, and rumors persist in exacerbating community resistance in various localities. These perceptions result in the rejection or concealment of suspected cases, as well as a tendency to prioritize engagement with religious leaders or prayer groups over seeking medical assistance.

# Operational ramifications and related risks

The primary operational risks have sustained a high level of impact risk this week, as demonstrated in the updated matrix below :

Risk	Probability	Impact	Level
Community misinformation	Very high	High	Critical
Constraints on humanitarian access and mobility limitations	Average to high	High	Critical
Transmission during large-scale events	High	Very high	Critical
Extension géographique de l'épidémie	Very high	Very high	Critical
Déplacement des populations depuis les zones affectées	Average to high	Very high	High
Incident involving humanitarian workers	High	High	Critical
Community disapproval	Average to high	High	High
Logistical disruption	Average	High	High

## Recommendations

### Cross-cutting recommendations:

- Enhance community communication regarding modes of transmission, symptoms, prevention, and management of Ebola, while intensifying efforts to combat misinformation, rumors, and negative rhetoric surrounding the response.
- It is crucial to engage community, religious, and traditional leaders more actively in awareness-raising initiatives and to uphold transparent communication tailored to the local context, thereby mitigating mistrust towards health and humanitarian organizations.
- Furthermore, ongoing monitoring of community, security, and cross-border dynamics must be maintained. Regular local assessments of perceptions, rumors, and attitudes toward Ebola will enable intervention strategies to be tailored to the prevailing conditions.
- Ultimately, it is essential to enhance the monitoring of Ebola-related incidents and to develop business continuity scenarios in the event of a rapid epidemic spread, a decline in security, or heightened movement restrictions.

## For Mercy Corps and non-governmental organizations :

- Promptly reinforce the rigorous implementation of preventive measures in both office settings and field operations, while modifying community activities to mitigate the risks of transmission during public gatherings and consultations.
- It is advisable to restrict non-essential staff travel, enhance contextual and security monitoring of field movements, and consistently incorporate Ebola prevention and anti-rumor messaging into all programmatic activities.
- NGOs should enhance their monitoring of community perceptions, Ebola-related incidents, and rumors to swiftly identify areas at risk of resistance. Community-based communication strategies, adapted to local contexts, should be prioritized to prevent the reinforcement of perceptions regarding an "Ebola business."
- Ultimately, it is essential to perform regular community assessments, enhance community feedback mechanisms, and revise contextual, security, and operational analyses to swiftly adjust intervention strategies.

## Recommendations for implementing partners :

- Align awareness and community communication messages to eliminate contradictions and enhance the coherence of interventions.
- It is advisable to enhance the capabilities of local teams in rumor management, context-sensitive communication, and community alert mechanisms. A systematic approach for reporting perceptions, incidents, and alerts pertaining to Ebola should be instituted.
- Partners ought to enhance their collaboration with community liaisons, religious leaders, and local authorities to foster compliance with prevention measures. Consistent monitoring of local perceptions and disseminating analyses to response stakeholders will facilitate the adaptation of interventions and communication strategies.
- Refrain from any strategies that may exacerbate mistrust, stigmatization, or negative perceptions of NGOs and health facilities, while ensuring close collaboration with health authorities and other humanitarian entities.
- Ensure the active engagement of all stakeholders in the response within established coordination mechanisms (both state and humanitarian) to ensure the coherence, complementarity, and effectiveness of interventions.

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