Ebola Outbreak: Democratic Republic of the Congo and Uganda

UNHCR West and Central Africa/Eastern and Southern Africa | External Update #4 | 31 July 2026

A member of a Village Health Team in Uganda undergoes temperature screening before heading into the community to raise awareness of Ebola virus disease © UNHCR/July 2026

Highlights

- Uganda has officially declared the end of its 2026 Ebola outbreak, two and a half months after it was first announced. The declaration on 28 July followed completion of the mandatory 42-day monitoring period, which began after the last locally transmitted case of a Ugandan national was discharged on 16 June. A total of 20 confirmed cases were reported during the outbreak, including 18 recoveries and two deaths.
- **In the Democratic Republic of the Congo (DRC), Ebola continues to spread rapidly, with 3,360 confirmed cases and 1,487 deaths reported as of 27 July.** Declared on 15 May, the outbreak has reached 48 health zones across five provinces.
- **Ituri remains the epicentre, accounting for nearly nine in ten confirmed cases and deaths.** Transmission is also affecting North Kivu, South Kivu, Haut-Uele and Tshopo, reflecting the growing geographic spread and the need for sustained surveillance, community engagement and cross-border preparedness.
- **Forcibly displaced people face heightened risks as the outbreak expands near displacement sites.** The affected provinces currently host around 4.4 million forcibly displaced people, including 3.8 million internally displaced people (IDPs), around 274,000 refugees and asylum-seekers, and 290,000 returnees. Around 46,800 South Sudanese refugees also live in Ituri, the outbreak epicentre.
- **While no cases have been reported among refugees or asylum-seekers, 19 cases have been confirmed among internally displaced people,** including five deaths, mainly in Ituri. Many

displaced families and vulnerable host communities already live in overcrowded conditions with limited access to water, hygiene supplies and space to isolate safely.

- **The outbreak is unfolding amid armed conflict, attacks on health workers and frequent population movement, further complicating prevention and response.** Movement restrictions and disrupted health services are increasing protection risks for displaced and vulnerable people, including women, children and those needing urgent care.
- **UNHCR is supporting Government-led Ebola preparedness and response in displacement settings, with a focus on protection, risk communication, surveillance, water, sanitation and hygiene (WASH) and access to essential health care.** Humanitarian partners warn that funding is not keeping pace with escalating needs. Sustained support from partners remains critical to protect displaced and host communities and contain transmission in high-risk areas.

Needs and Response

Democratic Republic of the Congo

- Risk overview: Inter-sectoral data published by OCHA underscore the growing overlap between displacement and Ebola transmission in Ituri. In Irumu Territory, newly displaced people in the Ebola-affected health zones of Komanda and Lolwa face acute shelter, health, WASH and food needs, while a rapid assessment in Bambu Health Zone in Djugu Territory identified more than 46,000 people, mainly IDPs, requiring urgent shelter, essential items, health care and food assistance.
- In Djugu Territory, improved security has also enabled around 34,000 IDPs to return to villages in the Ebola-affected health zones of Lita and Nizi, although Nizi remains among the outbreak's epicentres. These simultaneous displacement, return and public health pressures are increasing needs, straining services and complicating surveillance and containment.
- At least five of Ituri's 69 coordinated IDP sites have reported Ebola cases, including related deaths. Inadequate WASH conditions, misinformation and mistrust of health services continue to heighten transmission risks, delay early case detection and undermine acceptance of safe and dignified burials.
- Response: UNHCR and partners strengthened Ebola risk communication in the Adumi and Tsinzi refugee settlements in Ituri Province, reaching 2,248 people, including 1,210 women and 1,038 men, with prevention messages.
- UNHCR and partners trained 34 community health workers and 10 hygiene promoters from Tsinzi refugee settlement on Ebola prevention and response. Additional sessions are planned in other refugee settlements to further strengthen community preparedness.
- UNHCR and partners continued to provide essential primary healthcare across all refugee settlements. In the past week, 950 consultations were conducted in Ituri, including 14 per cent for host community members. While service utilization remains below pre-outbreak levels, increased community awareness and stronger infection prevention and control measures are helping restore confidence in health services.
- A mobile laboratory in Kasenyi is now fully operational and ready to process samples, bringing to two the number of functional laboratories accessible to health zones hosting refugee populations and strengthening diagnostic capacity in refugee-hosting areas.
- Critical gaps and needs: Despite ongoing response efforts, Ebola preparedness in refugee sites remains under-resourced. Health centres need urgent rehabilitation, and isolation units are required to safely manage suspected cases while awaiting laboratory confirmation.

- Additional ambulances, rapid response personnel and logistics are needed to ensure safe referrals, investigate alerts quickly and manage suspected cases.
- Frontline health workers lack sufficient personal protective equipment, while limited safe water and sanitation in refugee sites continue to increase transmission risks and weaken infection prevention and control.
- Border movements: Following sustained UNHCR advocacy with authorities in the DRC and Rwanda on Ebola-related border restrictions, approval was granted for the voluntary repatriation of 529 Rwandan refugees, ending more than two months of waiting in transit centres for these households.
- In South Kivu, voluntary returns of Congolese refugees from Rwanda continued, reaching around 62,000 self-organized and facilitated returns to the DRC as of 21 July. UNHCR continued to provide health screening and WASH facilities at Kavimvira Transit Centre upon arrival to prevent disease transmission. Returns are taking place in areas with no active Ebola transmission. No new cases have been reported in South Kivu since the three cases in late May.
- While the borders with Rwanda and Uganda remain closed, the border with South Sudan has stayed open, allowing South Sudanese asylum-seekers to continue accessing the DRC and asylum procedures.

Uganda

- The Government of Uganda has maintained surveillance and preparedness after the Ministry of Health declared the country Ebola-free on 28 July. The declaration followed completion of the mandatory 42-day monitoring period, which began after the last locally transmitted case involving a Ugandan national was discharged on 16 June. Uganda discharged its final patient, a Congolese national, on 16 July, who had travelled from the DRC and had no active transmission links or contacts within Ugandan territory. Of the 20 confirmed cases reported in Uganda throughout the outbreak, the majority (15 cases) were imported from the DRC.
- UNHCR participated in coordination meetings at national, district and settlement levels to align response activities, strengthen preparedness and mobilize resources for Ebola preparedness and response.
- UNHCR and partners continued Ebola risk communication and community engagement through school outreach, religious and community leaders, and house-to-house sensitization. These efforts have reached tens of thousands of people, supporting high awareness and limited resistance to prevention measures.
- Training was completed for 1,582 members of Village Health Teams (VHTs) and community influencers, including 720 in Kikuube, 674 in Arua and 188 in Ntoroko districts. The trained teams have been deployed to support Ebola-related risk communication and community engagement.
- Active surveillance is ongoing in refugee settlements. Although the DRC-Uganda border remains closed, some refugees are reportedly using unmanned entry points, with community members reporting arrivals from the DRC to settlements. A total of 97 returnees from the DRC completed the 21-day monitoring period without testing positive, while 18 remain under monitoring.
- UNHCR has submitted to the Government a three-phase concept note for the gradual restoration of asylum admissions once Ebola-related border closures have ended, seeking to preserve access to territory and asylum procedures while ensuring predictable, proportionate and protection-sensitive public health measures.

- Continued surveillance, preparedness and cross-border monitoring remain essential due to ongoing transmission in eastern DRC and the risk of importation into Uganda.
- With borders still closed to asylum-seekers, sustained border monitoring and preparedness are needed for a potential increase in arrivals once restrictions are lifted.
- Preparedness also needs to be reinforced at border points and in refugee-hosting districts, including screening, infection prevention and control, and targeted risk communication.
- Continued support for community awareness and risk communication remains critical to sustain early detection, reporting and uptake of prevention measures.

Coordination and Regional Preparedness

UNHCR is currently implementing an Ebola Preparedness and Response Plan that requires USD 14.08 million from July to November 2026 to support preparedness and response activities in the DRC and Uganda, while also strengthening preparedness capacities in Burundi, Rwanda and South Sudan. The Appeal aims to protect refugees, asylum-seekers, IDPs and host communities from Ebola virus disease transmission, ensure continuity of essential services, and facilitate access to national response systems. Available funding has yet to match prioritized needs.

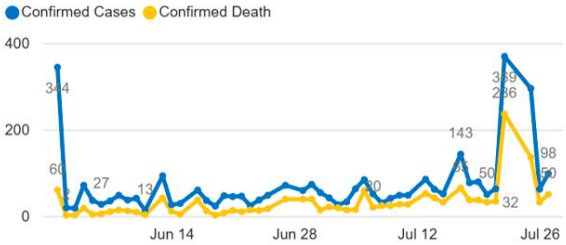
Democratic Republic of the Congo and Uganda
Ebola Bundibugyo Virus Disease Outbreak - 2026

Confirmed Cases**	Confirmed Deaths	Refugees		IDPs	
		Cases**	Deaths	Cases**	Deaths
3,380	1489	0	0	19	5

Cases, Deaths and Affected Health Zones by Province*

Province	Confirmed Cases	Confirmed Deaths	Affected Health Zones
Haut-Uélé	39	21	5 out of 13 (38.5%)
Ituri	2988	1238	28 out of 36 (77.8%)
Nord-Kivu	325	223	11 out of 34 (32.4%)
Sud-Kivu	3	1	1 out of 34 (2.9%)
Tshopo	5	4	3 out of 23 (13.0%)
Total	**3360**	**1487**	**48 out of 140 (34.3%)**

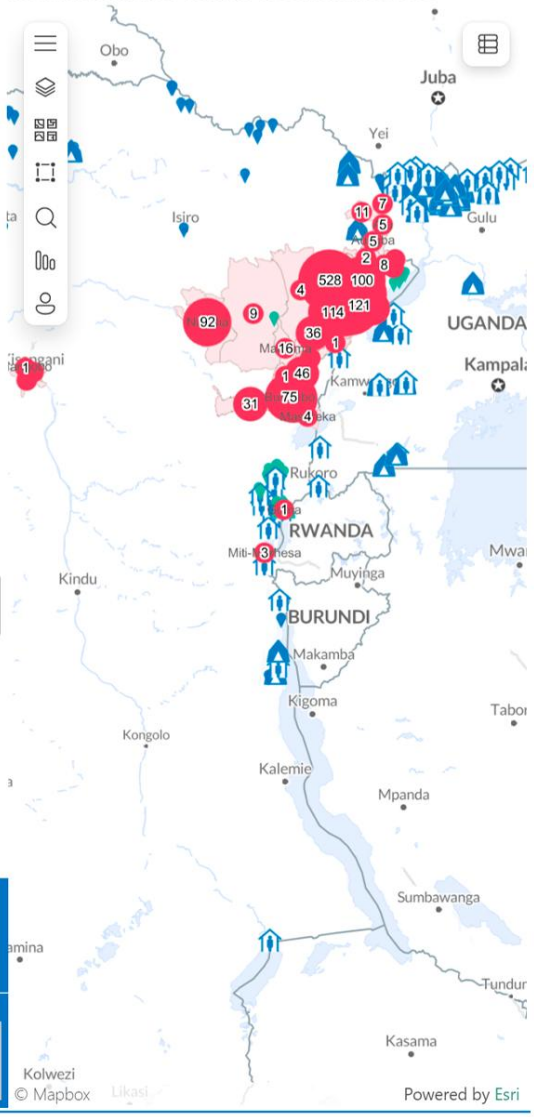
Confirmed Case(s) & Death(s) Per Day*



Confirmed Case(s) & Death(s) By Date & Health Zone*

Data Reporting Date	Confirmed Cases	Confirmed Death
6/1/2026	344	60
6/2/2026	19	2
6/3/2026	18	2
6/4/2026	71	18
6/5/2026	36	4
6/6/2026	27	5
6/7/2026	35	10
6/8/2026	48	14
6/9/2026	37	12
6/10/2026	41	9
6/11/2026	13	3
Total	**3360**	**1487**

Affected Districts & Number of Confirmed Cases*



UGANDA

Total number of confirmed cases in Uganda is 20 with 2 confirmed death as of 28 June 2026 (WHO, Ministry of Health of Uganda).
More details will be added as data is made available

Democratic Republic of the Congo

Daily data are reported from the Situation Reports (SitReps) of the National Institute of Public Health of the Democratic Republic of the Congo (INSP) starting from 1 June 2026. Data prior to this date are presented as cumulative figures only.

** Map, tables and charts are showing data only from Democratic Republic of the Congo. Detailed data from Uganda is not available*
*** Number of confirmed cases reported is the total number of detected cases including the number of deaths*
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
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