



EBOLA VIRUS DISEASE OUTBREAK

Democratic Republic of the Congo &
Uganda

Flash Update No. 2

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for every child

© UNICEF/UNI997618/Ndomba UNICEF WASH Officer Ciza Nyalundja explains Ebola prevention measures to pupils at Epo-Ville Primary School in Bunia, Ituri Province, DR Congo, on 22 May 2026.

Reporting Date: 5 June 2026

Highlights

- As of **2 June**, the **DRC** had reported **363 confirmed cases** and **62 confirmed deaths**, while **Uganda** had reported **15 confirmed cases** and **1 death**¹. The outbreak is caused by the **Bundibugyo Ebola virus**, for which there is no approved vaccine or treatment.
- In the **DRC**, the rise in confirmed cases alongside fewer suspected cases reflects expanded testing capacity, not necessarily a slowing of transmission.
- The outbreak in the **DRC** has expanded sharply – from **3 affected health zones to 25** across three provinces – significantly increasing the geographic scope and operational complexity of the response amid conflict, limited access, and a fragile health system.
- UNICEF's six-month response plan in **DRC** targets **3.7 million people**. To date, **150 metric tons** of supplies have been delivered to Bunia, two new field offices are being established in **Beni and Butembo**, and **36 staff** deployed to support the response. Some **1,300 community health workers** and **24 "Decontamination Teams"** have been trained and deployed across **6 high-priority health zones**, alongside **659 community mobilizers** in Bunia and Rwampara, working towards a target of **5,000 - 6,000 mobilizers** across the seven highest-priority zones.
- In **Uganda**, UNICEF is supporting the national response across **37 high-risk districts** and greater Kampala, including WASH/IPC supplies to **46 health centers** and risk communication and community engagement (RCCE) activities in **12 districts** and **4 points of entry** (Bunangana, Mpondwe, Busunga, and Vuura).
- **A growing number of case patients are recovering**. To date, **6 people in DRC** and **2 people in Uganda**² were discharged from Ebola Treatment Centers. A reminder that when patients seek care, lives can be saved.
- UNICEF is appealing for **US\$70.7 million** over six months; **US\$53.3 million** mobilized to date, leaving a gap of **US\$17.4 million**.

Situation Overview

UNICEF remains deeply concerned about the rapidly escalating Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda which continues to expand in both scale and geographic reach since the last update.

As of **2 June**, the **DRC** had reported **363 confirmed cases** and **62 confirmed deaths**, while **Uganda** had reported **15 confirmed cases** and **1 death**³. In the **DRC**, the rise in confirmed cases alongside a decline in suspected cases reflects expanded laboratory testing capacity, which is progressively confirming or ruling out previously suspected cases, rather than necessarily slowing transmission.

¹ WHO Emergencies and Alert Response page, accessed on 4 June 2026 at 5:00 p.m. CEST. Figures are subject to change as the situation evolves and additional verification becomes available.

² Same source as footnote 1.

³ Same source as footnote 1.

Cases are now confirmed across **Ituri, North Kivu, and South Kivu** provinces in **DRC**. In **Uganda**, confirmed cases have been detected in **Kampala**, where specialized health facilities are located and where DRC residents travel to seek care. In response, surveillance and quarantine measures are ongoing across 37 very high-risk districts. Health workers in Uganda are at particularly high risk, as several cases were patients from the DRC treated in Ugandan health facilities.

In the **DRC**, humanitarian access constraints, weak health systems, and limited laboratory capacity continue to hamper surveillance, contact tracing, and timely response, compounded by community mistrust and incidents of unrest affecting treatment facilities.

In **Uganda**, an anthropological study and two community pulse checks conducted to date indicate high awareness of the outbreak but a fragmented understanding of the disease, low perceived risk, and deepening mistrust — all of which undermine the adoption of preventive behaviors.

Encouragingly, early care continues to save lives. A growing number of people infected are recovering, with **6 people in the DRC** and **2 in Uganda** discharged from Ebola Treatment Centres to date. These outcomes underscore the importance of building trust to stop transmission and save lives - encouraging people to seek care early.

Situation in DRC

The most significant development since the last update is the sharp expansion of the outbreak's geographic footprint. The number of affected health zones has risen from **3 at the start of the response to 25** as of 2 June, requiring UNICEF and partners to respond across many fronts simultaneously. This dramatically increases the operational complexity and cost of the response, particularly in a setting marked by active conflict, restricted humanitarian access, and fragile health systems. Each newly affected health zone requires its own surveillance, infection prevention, community engagement, and case management capacity, stretching an already overburdened response.

Ituri Province remains the epicenter, accounting for most cases. The outbreak is believed to have originated in the **Mongwalu** health zone - a high-traffic mining area - before spreading to **Rwampara** and **Bunia**, the provincial capital and hub of the response, as patients travelled in search of care. Hospitals in Bunia were quickly overwhelmed, prompting the establishment of field treatment facilities. Smaller numbers of cases have since been confirmed in North Kivu - including in Goma, a major urban and transit hub under complex security conditions - and in South Kivu.

Community mistrust and incidents of unrest affecting treatment facilities continue to constrain the response. Fear, stigma, misinformation, and distress among affected families and communities can further undermine timely care-seeking, disclosure of symptoms, contact follow-up, safe isolation, and the reintegration of survivors.

Maintaining humanitarian access remains critical. Restrictions on cross-border cargo movement and reduced air access along key supply corridors into eastern DRC have at times slowed the delivery of essential supplies. UNICEF and partners continue to work closely with national authorities across the region to enable the rapid movement of life-saving cargo and humanitarian personnel, in full alignment with the public health measures of each government.

Situation in Uganda

The number of cases in Uganda has risen since the last update, with 15 cases and one death⁴ confirmed. The first 11 confirmed cases are epidemiologically linked to the introduction from DRC, while the most recent four are linked independently. Contact tracing is being actively pursued, with **720 listed contacts** - including household and hospital contacts - under follow-up as of 3 June.

The Government of Uganda has activated national surveillance and quarantine measures, closed its border with the DRC, and enhanced patrols along it. Building on the response infrastructure established during the 2025 Sudan Virus Disease outbreak, Uganda's containment efforts aim to limit onward transmission. However, the porous 800-kilometre border shared with eastern DRC and high cross-border mobility mean the risk of further importation remains significant.

⁴ WHO Emergencies and Alert Response page, accessed on 4 June 2026 at 5:00 p.m. CEST. Figures are subject to change as the situation evolves and additional verification becomes available.



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UNICEF WASH Officer Francine Ntakobajira Nchangu assembles IPC-WASH kits in Bunia, Ituri Province, DR Congo, on 27 May 2026. These kits will be distributed as part of the Ebola response in health facilities and schools to help prevent the spread of the virus.

UNICEF Response

Within 48 hours of the outbreak being confirmed, UNICEF activated its highest emergency classification - a **Level 3 Corporate Emergency** - to enable a rapid response. UNICEF's and partners' response operates across three tracks: active outbreak response in the DRC and Uganda; readiness in three neighboring countries assessed by WHO as being at very high risk (South Sudan, Burundi, and Rwanda); and preparedness and contingency planning across seven further at-risk countries (Angola, the Central African Republic, the Republic of Congo, Ethiopia, Kenya, Tanzania, and Zambia).

UNICEF continues to deliver across its five priority areas - risk communication and community engagement; infection prevention and control and WASH; community-based surveillance; continuity of essential services; and leadership and coordination. As of 5 June, UNICEF has procured over **US\$2 million** worth of medical, IPC, and WASH supplies through offshore procurements to support response and preparedness activities in the DRC, Uganda, South Sudan, Zambia, and Congo Brazzaville, and has deployed **38 staff** to support the response.

Democratic Republic of the Congo

UNICEF's six-month response plan in the DRC targets **3.7 million people** across affected and high-risk zones. In the early days of the response, UNICEF delivered an initial 50 metric tonnes of much-needed WASH and infection prevention and control (IPC) supplies to Bunia from Kinshasa. With support from DG ECHO, this was followed by a further **100 metric tonnes** of medical and IPC supplies - enough to meet the immediate needs of around 100,000 people for six months - for distribution to frontline health facilities.

Since the last update, two new field offices are being established in **Beni and Butembo** to extend the response into newly affected areas of North Kivu, with additional operational presence across eastern DRC under consideration.

To reach the most affected communities, UNICEF has helped train some **1,300 community health workers** and deploy **659 community mobilizers** to Bunia and Rwampara, with an immediate target of **5,000 - 6,000 community mobilizers** to be trained and deployed across the seven highest-priority health zones. These mobilizers support community engagement, community case finding, contact tracing, rumor management, and the referral of suspected

cases. UNICEF has also helped train **24 local "Decontamination Teams"** in high-risk health zones in Ituri. These are trained community teams that carry out rapid decontamination of households and public spaces following a confirmed or suspected case, helping to break chains of transmission, and are positioned to respond within 24 hours of an alert.

Specialized pediatric clinical care and referral systems are being established within Ebola Treatment Centers, and the first Ebola Treatment Unit with childcare is now operational in Ituri. Mental health and psychosocial support are being integrated across the care pathway - including support in treatment settings, nutritional care for children, temporary care arrangements for children separated from caregivers, and support to affected families, survivors, and bereaved households to reduce stigma and promote safe recovery and reintegration.

Uganda

In Uganda, UNICEF and partners support the Ministry of Health-led National Bundibugyo Virus Disease Response Plan across **37 very high-risk districts**, including greater Kampala and districts bordering the DRC.

UNICEF is supporting Risk Communication and Community Engagement (RCCE) interventions in **12 districts** and **4 Points of Entry (PoE)**, including through the deployment of RCCE staff, the mobilization of film vans for community sensitization, daily social and community listening, the airing of media campaigns on nine radio stations and three TV stations, targeted stakeholder engagements, and the printing and dissemination of Information, Education and Communication (IEC) materials. As of 2 June 2026, **104,961 people** (46,350 male and 58,611 female) have been reached with Ebola prevention messages across the 12 districts, including 500 Congolese refugees and their community leaders, as well as 120 transporters engaged on Ebola prevention and reporting in Kampala. UNICEF has provided WASH/IPC supplies to **46 health facilities** in the high-risk districts, including Kampala. These supplies include soap, gloves, hand sanitizers, handwashing facilities, buckets, bleach, and chlorine.

UNICEF continues to support the Ministry of Education and Sports to strengthen Ebola preparedness in schools through joint coordination, the dissemination of child-friendly risk communication materials, and the orientation of District Education Officers on school response measures. Initial deployment of Mental Health and Psychosocial Support (MHPSS) services is being prepared across isolation facilities, Ebola Treatment Units (ETUs), and communities, including through psychological first aid, basic counselling, and remote/tele-support services. IEC materials with key messages on PSEA, GBV, and access to services are being developed to ensure affected populations are informed of available support and safe reporting channels.

UNICEF further continues to support the MoH to plan for community-based surveillance through partner coordination on the training, orientation, and deployment of Village Health Teams (VHTs) and Community Health Workers (CHWs), with a focus on border and refugee-hosting districts. UNICEF has begun providing support to children in quarantine - 12 children under the age of 17, including a newborn - and has initiated the procurement of breast milk substitute for children in isolation at the Ebola Treatment Unit in Mulago National Referral Hospital in Kampala.

Neighboring countries - readiness and preparedness

UNICEF is scaling up Ebola preparedness and readiness efforts across at-risk countries, supporting national authorities, communities, and partners to strengthen prevention, detection, and response capacities in line with the Africa CDC/WHO-led inter-agency planning framework.

Across priority countries, UNICEF is supporting coordination and preparedness planning, readiness assessments, surveillance, and cross-border collaboration, while scaling up critical preparedness measures. These include also procuring and pre-positioning contingency supplies such as personal protective equipment (PPE), WASH and hygiene materials, strengthening treatment centre readiness, training health workers, and community actors, and expanding risk communication, community engagement and mental health and psychosocial support (MHPSS) activities.

In the neighboring countries assessed as being at highest risk of cross-border transmission - **South Sudan, Burundi and Rwanda** — UNICEF is intensifying support along key movement corridors linked to affected areas in eastern DRC, with a focus on strengthening readiness at health facilities and priority points of entry, reinforcing rapid response capacities, and enhancing community awareness and engagement.

In other at-risk countries - **Angola, the Central African Republic, the Republic of Congo, Ethiopia, Kenya, Tanzania and Zambia**, UNICEF is supporting preparedness and contingency planning, risk monitoring, and strengthening national readiness capacities.



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A forklift at a UNICEF warehouse loads Infection Prevention Control (IPC)/Water sanitation and Hygiene (WASH) materials intended for use in support of the Uganda national Ebola response. WASH interventions are critical in preventing and controlling BVD transmission in healthcare facilities, communities, Points of Entry, refugee settlements, markets, and quarantine or isolation centers.

Coordination and Partnership

UNICEF's response is fully integrated into government-led structures, working alongside Ministries of Health, WHO, OCHA, and Africa CDC. As a key partner in the WHO–Africa CDC Incident Management Support Team, UNICEF co-leads or contributes to key response pillars - including community engagement, infection prevention and control, supply, and continuity of essential services - and supports governments across the region on preparedness and cross-border planning.

Communities are at the center of the response. Lessons from previous Ebola outbreaks — and from recent mpox intensification campaigns in eastern DRC - show that success depends on earned trust, meaningful community participation, and a response that addresses both the public health emergency and the continuity of essential services to support the underlying humanitarian needs of affected populations.

Funding

In line with the WHO/Africa CDC-led continental response framework and governments' response plans, UNICEF is seeking an initial **US\$70.7 million** over six months to support life-saving response in the DRC and Uganda and critical preparedness measures across 10 neighboring countries. Of this, **US\$53.3 million** has been mobilized, leaving a gap of approximately **US\$17.4 million**. Immediate, flexible funding is urgently needed to sustain frontline operations, scale up community engagement and infection prevention and control measures, and accelerate preparedness in high-risk countries to ensure early detection, rapid containment, and the interruption of transmission chains before the outbreak spreads further across the region.

Beyond the immediate outbreak response requirements currently identified through country-level plans, additional resources are needed to sustain essential services and strengthen systems operating under severe strain. Continuity of services is a critical component of the response, including education, child protection, gender-based violence prevention and response, health, and other community-based services. In affected and high-risk settings, long-term investments in community health capacity, infection prevention and control, surveillance, WASH systems, social service continuity for education and learning, gender-based violence prevention and

response, and child protection - as well as community engagement - will be critical not only for outbreak containment, but also for building resilience and preparedness against continued transmission and future public health shocks.

UNICEF extends its **sincere appreciation** to its core and flexible funding partners, whose early and unearmarked support has been instrumental in enabling a rapid response from the onset of the emergency. UNICEF is grateful for the support received to date from the Mastercard Foundation, the United States Government, and other donors, as well as for the critical contribution of the European Union Humanitarian Air Bridge through ECHO Humanitarian Flights in enabling the timely delivery of emergency supplies.

Given the cross-regional scale of this emergency, UNICEF's **Global Humanitarian Thematic Funding (GHTF)** remains one of the most flexible mechanisms to ensure the response can keep pace with a rapidly evolving situation.

For further information

John Agbor

Representative
UNICEF DRC
jagbor@unicef.org

Dr. Robin Nandy

Representative
UNICEF Uganda
rnandy@unicef.org

**Dr. Douglas James
Noble**

Global Incident Manager
– Ebola
Associate Director,
Public Health
Emergencies UNICEF,
New York
djnoble@unicef.org

Lucia Elmi

Director, Office of
Emergency Programmes
(EMOPS)
UNICEF, New York
lelmi@unicef.org

Sara Alhattab

Communication
Specialist
UNICEF, New York
salhattab@unicef.org