



EBOLA

The Threat Is Back

CONGO DRC

MISSION REPORT:

EBOLA Congo DRC

North Kivu South Kivu

Interventions:

PPE

Early supportive care
(rehydration and electrolyte
management)

Approved monoclonal
antibodies (mAb114 and
REGN-EB3)

Isolation and Treatment
Surveillance

Contact Tracing

Infection Prevention and
Control (IPC)

Safe and Dignified Burials

Social Mobilization

Primary Prevention

EBOLA 2026: REPORT FROM THE FIELD

Drive Against Malaria Foundatrion

In 2026, Central Africa will once again face a severe Ebola outbreak. The Democratic Republic of Congo and Uganda will be particularly affected. International health organizations have scaled up their response and warn that the true scale of the epidemic may be greater than official figures suggest.

Refugee Camp Kpangba in Great Danger

The UN refugee agency UNHCR has confirmed the first deaths from Ebola in a refugee camp in eastern Congo. Aid workers warn of a high risk that the disease could spread rapidly in the overcrowded camps. The two victims were internally displaced people living in the Kpangba camp, which houses 30,000 internally displaced people, according to the UNHCR in a report published on Thursday.



EBOLA IS A HIGHLY CONTAGIOUS AND DEADLY DISEASE

Bundibugyovirus: 30% to 50% risk of death

For many, Ebola is a disease known primarily from news reports. However, for Drive Against Malaria aid workers who also worked in the field during previous outbreaks, the current situation evokes familiar memories.

Ebola is a rare and deadly disease that can kill those infected.

Test-kits and Medicines are Missing

The best-known viruses within the Ebola virus genus are the Ebola virus, the Sudan virus, and the Bundibugyovirus. There is an approved treatment and a preventive vaccine for the Ebola virus. However, the current Ebola outbreak in the Democratic Republic of Congo is caused by the Bundibugyo Ebola virus, for which no approved vaccine or treatment is available.

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TEST KITS AND MEDICINES ARE MISSING

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The diagnosis can be difficult to make because early symptoms, such as fever and sore throat, are common.

To confirm an Ebola diagnosis, special tests must be performed. These tests require test kits that are not specific to the disease itself, but to each individual virus to detect it.

However, there is currently a shortage of these test kits for the Bundibugyovirus, which significantly delays the confirmation of cases and, consequently, the implementation of contact tracing and patient isolation.

Ebola is highly contagious and can be transmitted from both animals and humans. Human-to-human transmission occurs through close contact with blood, secretions, or other bodily fluids from infected individuals.

EBOLA IN CONGO DRC

CONFLICT AREA
UNREST
RICH IN MINERALS
SEVERE POVERTY

FIGURES AND REALITY

The actual situation in conflict zones is always different.

Therefore, people must wear full personal protective equipment to prevent contracting or spreading the virus. Medical teams can offer patients the best chances of survival by treating the symptoms of the virus and alleviating any other conditions. Once a patient has recovered from Ebola, he or she is immune to the form of the virus they contracted.

Official figures and the reality on the ground

During missions in the Central African Republic, for example, it became apparent that an initial estimate of a few hundred (< 600) cases eventually rose to (> 6,000) thousands of cases once local Drive Against Malaria teams actually reached the villages and carried out systematic diagnostics.

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ESPECIALLY IN CONFLICT ZONES,
THE ACTUAL SITUATION
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Especially in conflict zones, remote regions, and areas with limited communication, the actual situation deviates significantly from the initial reports.

Official statistics form an important starting point, but presence in the field is essential to understand the true scale of a health crisis.

The local population forms the heart of an effective Ebola response.

The current Ebola outbreak once again underscores an important insight: successful disease control begins within the community itself.



THE CIRCUMSTANCES IN CONGO DRC : EXTREME POVERTY



Field observations in Ebola-affected areas in North and South Kivu of the Democratic Republic of the Congo

Limited resources for infection prevention and control (IPC), inadequate infrastructure, and insufficient protective equipment for frontline healthcare workers.

Recent field reports and photos from local Drive Against Malaria (DAM) teams in North and South Kivu highlight the extremely difficult living and healthcare conditions in communities currently affected by the ongoing Ebola outbreak.

Observations indicate widespread poverty, deteriorating living conditions, the poor state of houses and buildings due to high humidity, limited sanitation facilities, and limited access to essential services. Many households have limited resources to respond to public health emergencies.

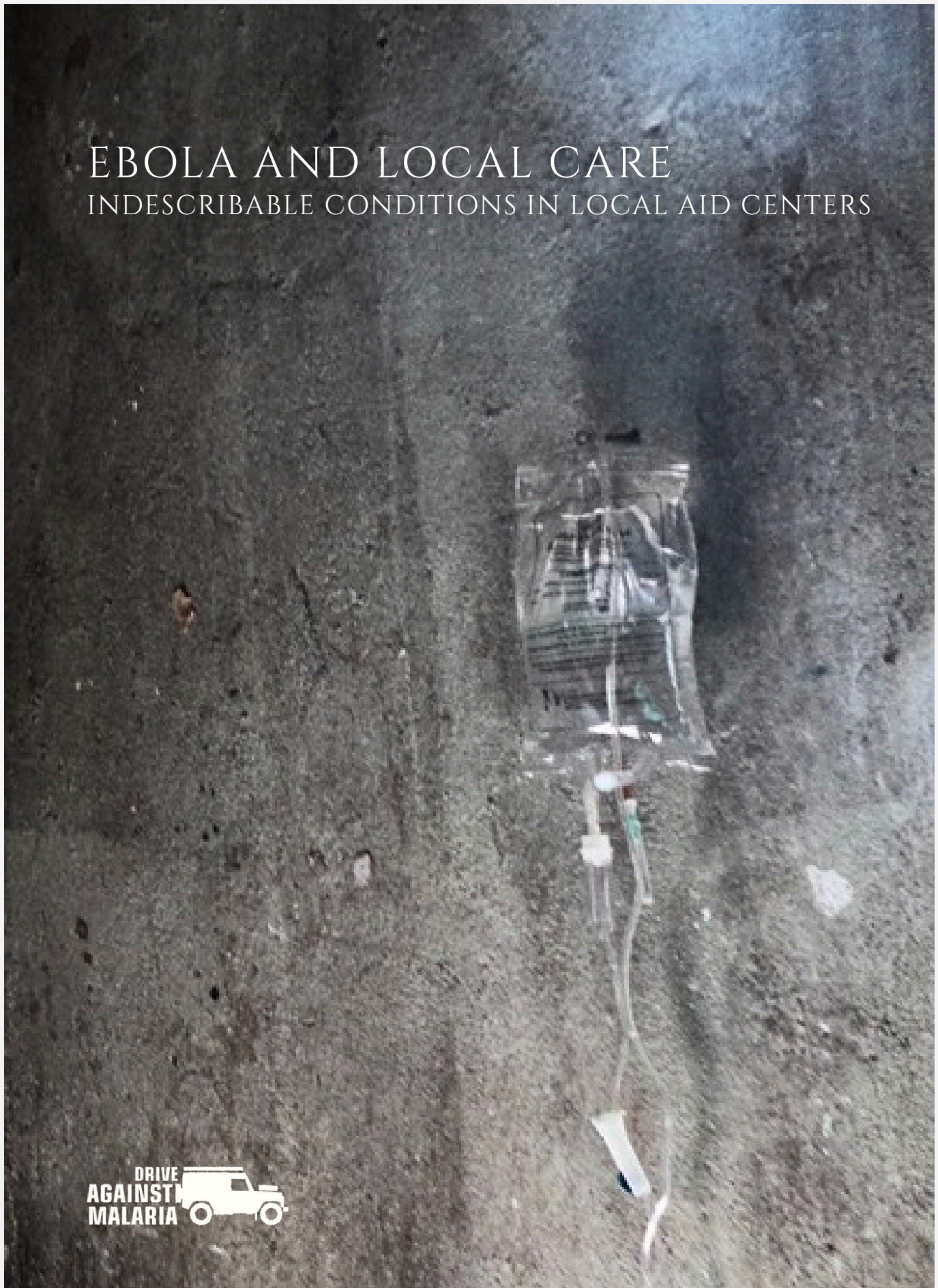
Local healthcare institutions are facing significant operational constraints. Reports point to shortages of medical equipment, limited resources for infection prevention and control (IPC), inadequate infrastructure, and insufficient protective equipment for frontline healthcare workers.

EBOLA AND LOCAL CARE

INDESCRIBABLE CONDITIONS IN LOCAL AID CENTERS



**DRIVE
AGAINST
MALARIA** 





THE AID CENTERS: PROVIDING CARE UNDER DIFFICULT CIRCUMSTANCES

Critically Ill Children - Inadequate Facilities - Moldy Walls

At various locations, healthcare providers continue to provide care under extremely difficult circumstances, despite limited access to basic protective equipment.

These underlying vulnerabilities significantly increase the public health risks associated with the transmission of Ebola.

Extremely poor living conditions, limited access to clean water, inadequate sanitation facilities, and limited healthcare capacity can hinder early detection of cases, isolation measures, and an effective response to an outbreak.



DAM HELPS THE LOCAL POPULATION : SHE IS THE HEART OF EFFECTIVE EBOLA CONTROL

The essence of the local population

Local health workers, volunteers, village leaders, and residents—in the midst of the affected areas—are the first to recognize cases of illness, report suspicious symptoms, and disseminate health information. They know the local situation, speak the language, and enjoy the trust of the community. Our experience from previous Ebola outbreaks has also shown that medical interventions alone are insufficient.

Without the active involvement of the local population, it becomes much more difficult to detect cases, carry out contact tracing, and prevent further spread of the virus.

The local population therefore forms not merely a part of the response, but the heart of an effective Ebola fight.





EBOLA AND MALARIA: AVOID CONFUSION

Timely distinguished with RDTs

The importance of rapid malaria diagnostics. A second essential point is distinguishing between Ebola and malaria in a timely manner.

The first symptoms of both diseases are very similar. Fever, headache, muscle pain, and severe fatigue are common in both malaria and Ebola.

This can lead to misdiagnoses, especially in remote areas where advanced laboratory diagnostics are not readily available.

During previous Ebola outbreaks, patients with malaria were sometimes considered possible Ebola cases, causing the

treatment for malaria was delayed. Conversely, Ebola patients were sometimes initially treated for malaria, causing precious time to be lost and allowing further spread of the virus to remain possible.

Rapid malaria diagnostics using Rapid Diagnostic Tests (RDTs) therefore remains an essential part of every Ebola response to prevent confusion. Quickly confirming or ruling out malaria can save lives and helps healthcare workers take the appropriate follow-up steps.

Currently, DAM's local staff are active in the Eastern DRC to combat the outbreak. Our medical and logistical teams are working day and night with the Congolese health authorities.

DAM received reports of deaths resulting from a 'suspected viral hemorrhagic fever' that had been spreading since early April.

Since then, we have identified suspected cases in various locations and set up temporary isolation units for affected patients.



A PROTECTIVE SUIT WILL
PROTECT MANY LIVES

BUT WORKING IN
TROPICAL HEAT ALSO
DEMANDS THE UTMOST
FROM HEALTHCARE
WORKERS



DRIVE
AGAINST
MALARIA





**PHOTO - Drive Against Malaria Foundation
Congo DRC**

IN THE EPICENTER OF THE OUTBREAK

We must maintain good contact with the local population.

In Mongbwalu – currently considered the epicenter of the outbreak in Ituri – an Ebola Treatment Center (ETC) is being established with beds for suspected and confirmed cases. Teams are supporting the hospital there by creating temporary isolation capacity, performing triage, and strengthening infection prevention and control (IPC) measures. Aid teams have renovated and reopened an 80-bed Ebola Treatment Center in Goma. We have also set up an isolation ward at Kyeshero Hospital and supported staff training. Local teams have started strengthening infection prevention and control measures.

This also includes essential personal protective equipment (PPE) such as gloves, masks, goggles, aprons, and safety shoes. Several tons of supplies continue to arrive in the Democratic Republic of Congo every week.

In South Kivu, where multiple cases have been confirmed, teams have started setting up two ETCs (Emergency Treatment Centers) in Bukavu and Lwiro. At the same time, we are training healthcare workers in infection prevention and control measures.

In addition to medical activities, the medical, logistical, and health promotion teams of DAM continue to maintain contact with the community and conduct educational activities.

More than just medical care

Ebola control consists of much more than treating patients. During previous outbreaks, simple measures often proved to be of great importance.



PREVENTING PANIC IS IMPORTANT

Clean and uncontaminated drinking water is a huge challenge

Education regarding symptoms, disseminating information via local volunteers, setting up checkpoints, temperature measurements, making clean drinking water available, and providing Oral Rehydration Salts (ORS) can all contribute to limiting further spread and reducing mortality.

Preventing panic is equally important. Fear and rumors can cause patients to hide, families not to seek help, or healthcare workers to be distrusted. Building trust within the community is therefore just as important as medical treatment.

SOME CHILDREN ARE LEFT BEHIND
ALONE IN THE PANIC





ALL ORGANIZATIONS IN CONGO URGENTLY NEED FINANCIAL SUPPORT

An important experience that still holds true today:

There is an enormous financial deficit, while the need is growing.

The current Ebola outbreak shows that the lessons from previous epidemics are still relevant. Successful control of Ebola requires rapid detection, reliable diagnostics, protection of healthcare workers, and international cooperation. But above all, it calls for strong involvement from local communities.

Experience from previous outbreaks shows that Ebola is not only combated in hospitals and treatment centers.



The fight against Ebola is primarily won in villages, communities, and families, where local people play a crucial role every day in protecting their own community.

That was true during the outbreaks of the past, and it remains just as true in 2026.

Currently, DAM's medical teams are active in the Democratic Republic of Congo and the region. Donate now to ensure that our expert staff can continue saving lives. We urgently need your support to fight and contain Ebola.

Drive Against Malaria (DAM) continues to monitor the situation through its local field teams and remains fully committed to national and international efforts to reduce the transmission of the disease and protect vulnerable communities.

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