MERCY CORPS

CRISIS ANALYSIS
DR CONGO

EBOLA IN ITURI AND NORTH KIVU: MANAGING RUMOURS, STIGMA AND COMMUNITY TENSIONS

CAT-DRC,

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Fifth edition

NOTABLE EVOLUTIONS AS OF JUNE 23

- The health situation linked to the Ebola outbreak, declared on 15 May 2026, continues to deteriorate. Between 13 and 20 June 2026, confirmed cases increased by 28.2%, rising from 782 to 1,003, while 60 recoveries were recorded.
- Ituri remains the epicentre of the outbreak, with 916 confirmed cases, compared with 84 in North Kivu and 3 in South Kivu. The outbreak has also spread to additional health zones, including Fataki and Drodro in Ituri, as well as Musienene in North Kivu. In total, 34 health zones are now affected.
- In Uganda, no new confirmed cases have been reported since 5 June 2026. The national caseload remains stable at 19 cases, including 14 imported from the DRC and 5 secondary infections. However, this stabilisation remains fragile given the continued spread of the outbreak in eastern DRC.
- As of 23 June 2026, commercial flights at Bunia airport remain suspended, limiting Ituri's connectivity and complicating the movement of economic and humanitarian actors. Humanitarian flights and response operations, however, remain operational.
- The response continues to be hampered by insecurity, access constraints, misinformation and community resistance. Nonetheless, community engagement, surveillance, diagnostic and case management efforts are being strengthened to help limit the spread of the outbreak.
- Enhanced health screening at borders and points of entry remains in place in several countries across the region, affecting cross-border movement as well as some humanitarian and commercial operations. Several states are also maintaining screening and surveillance measures for travellers arriving from the DRC or from areas affected by the outbreak.

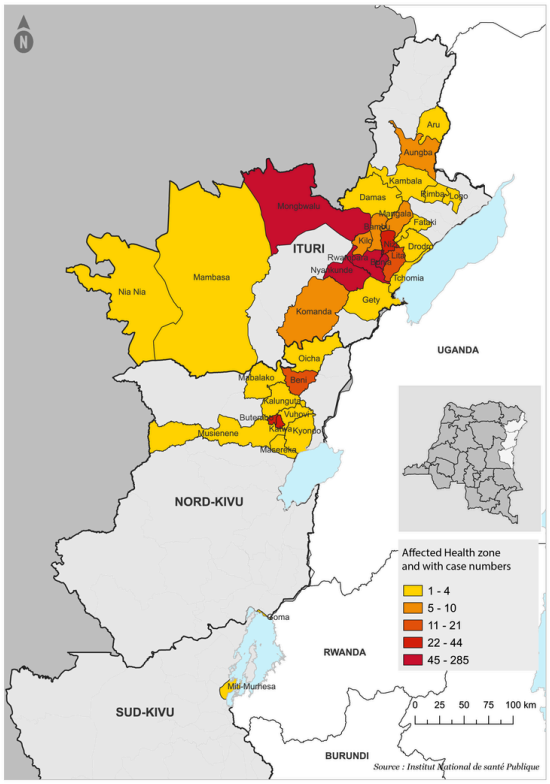
1. Evolution of the outbreak

The Ebola virus disease outbreak, caused by the Bundibugyo strain, continues to progress in eastern DRC, with ongoing geographical spread and persistent operational challenges. As of 20 June 2026, health authorities had reported 1,003 confirmed cases and 254 deaths, representing an increase of 221 cases since 13 June (+28.2%). Ituri remains the epicentre of the outbreak, accounting for approximately 91.3% of confirmed cases.

New cases have been confirmed in the health zones of Fataki and Drodro in Ituri, as well as in Musienene in North Kivu. In total, 34 health zones are now affected across Ituri, North Kivu and South Kivu. Bunia, Rwampara, Mongbwalu and Nyankunde remain the main transmission hotspots, while the emergence of cases in new areas underlines the urgency of strengthening surveillance, early detection and contact tracing.

In Uganda, the situation has remained stable since 5 June 2026, with the cumulative number of confirmed cases unchanged at 19.

The progression of the epidemic is increasing not only surveillance and case management needs, but also the social risks associated with fear, mistrust and rumours. In affected areas, these dynamics may fuel community-level accusations and undermine both social cohesion and acceptance of the response.



Map 1. Areas affected by the Ebola virus disease outbreak, as of 23 June 2026

2. Rumour and disinformation monitoring, and risks of community stigmatisation

Analytical summary

Beyond the epidemiological evolution of the outbreak, rumours circulating on social media and information collected by the CAT in Bunia point to a growing risk of community stigmatisation in some affected health zones in Ituri. These narratives, which link the outbreak to malicious intent, financial interests or specific communities, may affect the reporting of suspected cases, acceptance of the response, care-seeking behaviour and social cohesion.

In some areas, particularly Mongbwalu, Rwampara, Nyankunde and Komanda, rumours attribute the introduction or spread of Ebola virus disease to the Hema or Nande communities. Although these allegations have no established epidemiological basis, they risk turning a public health crisis into a source of community tension.
This dynamic echoes patterns observed during the tenth Ebola outbreak in North Kivu and Ituri.

At the time, some narratives portrayed Ebola as a disease introduced to target certain communities, weaken them politically or prevent them from exercising their rights. The postponement of elections in some affected areas of Beni and Butembo further reinforced this political and community-based interpretation of the outbreak. Other rumours claimed that the outbreak was being sustained by the authorities, humanitarian actors or health workers in order to benefit from funding, feeding into the “Ebola business” narrative.

These precedents show that rumours around Ebola are not merely a communication challenge. When they associate the disease with a specific community, they can fuel collective stigmatisation, reduce vigilance among other groups and weaken adherence to prevention measures. Rumours targeting health facilities and response actors further heighten this risk by deepening mistrust towards healthcare services. They may delay care-seeking, encourage self-medication and lead symptomatic individuals to avoid reporting for fear of being stigmatised.

Past experience in Ituri shows that survivors, affected families and individuals who cooperate with the response may be exposed to rejection or accusations, particularly following a transfer, disinfection, safe and dignified burial, or contact-tracing follow-up.

In areas where Hema or Nande communities are mentioned in rumours, communication should avoid any association between Ebola and community identity. Instead, it should emphasise modes of transmission, risk behaviours, family protection, early care-seeking, and the fact that anyone exposed to the virus can contract the disease.
Rumour monitoring remains essential, as rumours can contribute to under-reporting, delayed care-seeking, the concealment of sick individuals, household transmission, and resistance to response interventions.

Operational implication

Identified risk	Potential implications for the response
Ethnicisation de la MVE	Stigmatisation of the communities mentioned, alongside reduced vigilance among groups that consider themselves “unaffected”.
Rumours directed against healthcare workers	Delays in seeking care; refusal of referral or transfer; mistrust of health facilities..
Community rejection and stigmatisation of Ebola survivors and affected families	“Concealment of cases; fear of cooperating with the response; social isolation.”
Mistrust of Ebola response efforts	Under-reporting; resistance to response interventions; risk of incidents targeting response teams.

Main incidents and operational indicators observed between 15 May and 22 June 2026

CAT monitoring indicates that rumours, fear and community mistrust continue to affect acceptance of the Ebola Virus Disease response. In Ituri, the incidents in Kpangba and the reluctance observed in Mongbwalu highlight the risks of obstruction, delayed intervention and fragile community cooperation, despite improvements linked to proximity-based engagement and the involvement of local leaders.

In North Kivu, the assault on a response team in the Mabolio neighbourhood of Beni illustrates the security risks that health workers and community relays continue to face in a context shaped by the circulation of rumours and false information. Key narratives observed include the association of Ebola virus disease with specific communities, such as the Hema or the Nande, as well as allegations that response actors or health personnel are financially benefiting from the continuation of the outbreak.

3. Operational conclusion :

The progression of the Ebola outbreak in Ituri and North Kivu is unfolding in an environment already marked by insecurity, mistrust of institutions, and community tensions. In this context, rumours and accusations linking Ebola virus disease to particular communities, health workers, or response actors represent a major risk to the effectiveness of the response. They may weaken early case reporting, delay care-seeking, expose survivors and affected families to stigmatisation, and increase the risk of incidents targeting response teams.

The response should therefore treat rumours not merely as a communication issue, but as an operational factor that can influence transmission dynamics, community acceptance, and social cohesion. A conflict-sensitive approach, grounded in the de-ethnicisation of messaging, the involvement of trusted leaders, and the protection of affected people, will be essential to limiting the spread of the outbreak while preventing a further deterioration of intercommunal tensions.

4. Recommandations :

- **De-ethnicise Ebola communication** by avoiding any direct association between Ebola virus disease (EVD) and a specific community. Instead, prioritise references to health zones, transmission chains, risk behaviours and protective measures.
- **Strengthen community engagement** with local and religious leaders, community health workers, women, young people and trusted health workers in order to limit rumours, improve acceptance of the response and facilitate case reporting.
- **Maintain regular monitoring of community perceptions and rumours,** particularly those linking Ebola to Hema or Nande communities, accusations against health workers, the “Ebola business” narrative, and calls to refuse care.

- **Establish a rapid response mechanism for sensitive rumours t**hat could lead to delays in seeking care, refusal of transfer, concealment of sick people, hostility towards response teams or community stigmatisation.
- **Promote joint messaging delivered by leaders from different communities** to reduce the risk of stigmatisation and strengthen trust.
- **Clarify the patient care pathway** by explaining, in simple terms, reception, triage, testing, treatment, communication with families, patients' rights and return to the community.
- **Protect survivors and affected families** by preventing the rejection of recovered patients, monitored contacts and households that have accepted disinfection or safe and dignified burial procedures.
- **Adapt messages to local tensions** by prioritising conflict-sensitive communication focused on solidarity and collective protection.

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