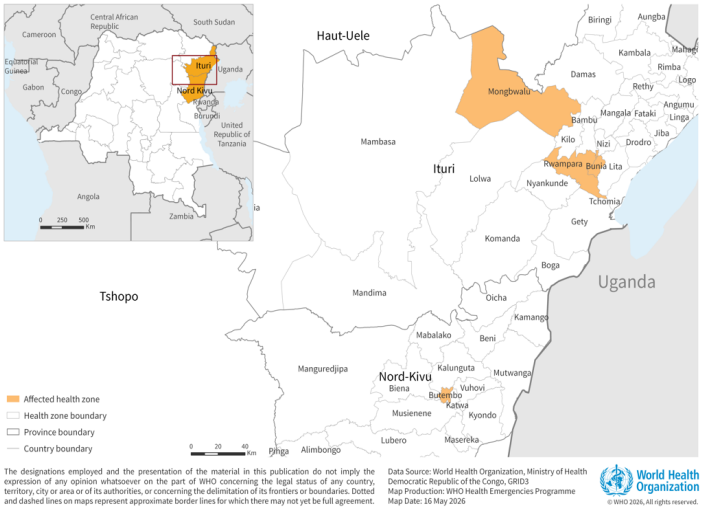
Ebola

18 May 2026

On 17 May, the World Health Organization declared a Public Health Emergency of International Concern (PHEIC) regarding the outbreak of Ebola in Congo (DRC) and Uganda. The outbreak is rapidly evolving, the full extent is uncertain at this time and is likely to grow significantly, including in geographic extent. International SOS is monitoring the situation closely, and providing updates through our medical and security alerts, and the Ebola page of the Global Health Threats website.

The Ebola outbreak was first declared on 15 May in Ituri province in DRC, with the first case thought to have been a nurse who was admitted to a hospital there on 24 April. As of 17 May, there are more than 390 suspected infections, 105 suspected deaths across Ituri and North Kivu provinces. A single person in Kinshasa, who had travelled from Ituri, was initially announced to be confirmed infected, however subsequent testing has revised the status to “not considered a confirmed case”. Uganda has reported two confirmed imported cases, unconnected to each other, in people who had travelled from DRC into Kampala.



The outbreak is caused by the Bundibugyo strain of Ebola virus, for which there is no approved vaccine or specific treatment. It is impacting areas characterised by numerous operational challenges, including densely populated urban centres with highly mobile populations and frequent cross-border movement, all of which elevate the risk of further transmission. The large number of suspected cases makes thorough contact tracing extremely challenging, and it is likely to be at least months before the outbreak is brought under control.

Congo (DRC) has experienced several Ebola outbreaks in the past. A very large outbreak from 2018-2020, caused by the Zaire strain (for which there is a vaccine), affected Ituri and North Kivu provinces, with cross border spread into Uganda. By the time it ended, there had been more than 3,000 cases and over 2,000 deaths.

What is Ebola?

Ebola is a potentially severe illness, killing an average of half of those it infects. Initial infections in humans occur after close contact with wild animals. The virus is thought to reside in bats and can spread to non-human primates. Humans can be infected after contact with infected animals, through contact with an infected person’s body fluids, or via contaminated objects.

The disease can then spread within a community by human-to-human transmission. The disease is caused by several types of orthoebolaviruses (formerly ebolavirus), which infect internal organs, causing bloody diarrhoea and vomiting. In the past, the disease was called Ebola Haemorrhagic Fever (EHF) due to the bleeding that can occur. It is now referred to as Ebola Virus Disease (EVD or Ebola). The cause of death among Ebola patients is usually blood loss or organ failure. There are several treatments and vaccines available for some types of Ebola.

How do people become infected?

Humans are infected following contact with infected blood or bodily fluids through broken skin or mucous membranes.

- **From animals to human**
  How Ebola actually gets from animals or the environment and then into humans is unclear. The virus probably "resides" in bats. It may infect an intermediate species, such as monkeys or gorillas (non-human primates), that eat infected or partially-eaten fruit dropped by infected bats. Infection may happen during butchering, handling or cooking bushmeat (meat of wild animals). These include chimpanzees, gorillas, fruit bats, monkeys, forest antelopes and porcupines. Humans can also get infected by consuming undercooked meat of a dead "intermediate" animal.

- **Human to human**
  The virus spreads to those in direct contact with the blood or body fluids of an infected person (either dead or alive). This can happen when caring for a sick person or through certain funeral practices such as communal washing of the body. This is why the virus often spreads within families, friends and to healthcare providers.
  People infected with Ebola are contagious once they develop symptoms and are infectious as long as body fluids contain

the virus, which can be many months. Generally, the more severe the symptoms are, the more infectious the person is. The dead body of an Ebola victim is highly contagious.
Even after the virus is undetectable in the blood and the person has recovered it can linger in some body fluids, such as semen, breast milk, and other "immune privileged" sites such as inside the eye and the central nervous system. Transmission has occurred through sexual contact months after men had cleared the virus from their blood.

Ebola does not spread through the air the way colds and flu viruses do.

- **From objects or environment**
  Infection can occur if a healthy person is exposed to a contaminated environment or items such as soiled clothing, bed linen, gloves, protective equipment and medical waste (for example - needles, syringes).

How soon after exposure to the virus does a person show symptoms?

Symptoms develop between 2 and 21 days after exposure, generally at around 8-10 days.

What are the symptoms?

There is a sudden onset of fever, weakness, muscle pain, headache and sore throat. Vomiting, diarrhoea, rash and abdominal pain follow in most cases. The disease can progress to cause organ failure and bleeding, both internally and externally, which leads to death.

Can Ebola be fatal?

Yes. The average fatality rate is around 50%. However, in past outbreaks, fatality rates have varied from 25% to 90%.

How is Ebola diagnosed?

A suspected diagnosis is made based on a person's possible exposure to the virus and their symptoms. The disease can be confirmed by a blood test. Such tests require highly specialised equipment and secure handling. Only a few laboratories routinely have this capability. A number of tests, including rapid tests to detect Ebola are available.

What is the treatment for Ebola?

For the Bundibugyo strain of Ebola there is no specific treatment, patients generally receive supportive therapy, including replacement of fluid and electrolytes, blood transfusions, supplemental oxygen and the treatment of any additional bacterial infections.

Who is at risk?

People who have direct unprotected contact with infected people and their contaminated items are at highest risk of infection. This typically includes:

- Healthcare workers taking care of patients infected with Ebola.
- Family members and other people who are in direct contact with sick people, or dead bodies at funerals.
- People who have direct contact with infected animals.

Is there a vaccine?

There are currently no approved vaccines for the Bundibugyo strain of Ebola virus. There is a vaccine against the Zaire strain.

How do I prevent Ebola infection?

- Do not participate in high-risk activities – such as funerals in outbreak areas (do not touch / wash dead bodies).
- Avoid hospitals that are treating suspected Ebola cases.
- Avoid direct contact with sick people and their bodily fluids. This includes items that may have been contaminated with fluids like bedding and clothing.
- Pay strict attention to hygiene.

What is the general risk to travellers?

Business travellers are generally at low risk of infection.

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Are there any travel restrictions?

There WHO recommends strengthened screening at borders between Congo (DRC), Uganda and South Sudan and along major travel routes, with restrictions on travel for confirmed cases and monitored contacts. Neighbouring countries are advised to increase preparedness through surveillance, rapid response teams, and laboratory readiness.

WHO advises against travel or trade restrictions, noting these are ineffective and may hinder response efforts, and instead encourages clear public communication and targeted risk reduction measures.

What should managers do?

It is important for managers to monitor trusted sources, clearly communicate with teams and review preparedness plans. Response plans and resources are available on Site Monitor and FAQs and Ebola Infographic available on Global Health Threats website.