Response-Med

REMOTE MEDICAL SUPPORT

EBOLA VIRUS DISEASE (BUNDIBUGYO VIRUS)
Situation Report: Central and East Africa
Reporting Date: 04 May 2026

Introduction:

The Ebola Virus Disease (EVD) outbreak caused by the Bundibugyo virus continues to evolve in the Democratic Republic of the Congo (DRC), with limited cross-border transmission reported in Uganda. As of 03 June 2026, a total of 378 confirmed cases and 63 confirmed deaths have been reported across the two countries.

The outbreak remains concentrated in eastern DRC, particularly Ituri Province, although transmission has also been confirmed in North Kivu and South Kivu provinces. Uganda has reported fifteen confirmed cases linked to the DRC outbreak.

The absence of a licensed vaccine or approved treatment for the Bundibugyo strain continues to present significant operational challenges. Control efforts therefore depend heavily on rapid case detection, laboratory confirmation, contact tracing, infection prevention and control (IPC), community engagement, and supportive clinical care.

Key Figures as of 03 June 2026:

DRC:

- 363 laboratory-confirmed cases, including 62 confirmed deaths (CFR: 17.08%)
- 308 suspected cases under investigation following reclassification of previously suspected cases after laboratory testing
- 29 confirmed healthcare worker infections, including 6 deaths, highlighting continued challenges in infection prevention and control (IPC)
- Three provinces affected: Ituri, North Kivu, and South Kivu. Ituri remains the epicenter of the outbreak.
- Twenty-five (25) affected health zones across the three provinces
- A cumulative 4,341 contacts have been identified, with 2,012 monitored

Uganda:

- 15 laboratory-confirmed cases, including 1 death (the index case)
- 5 confirmed cases are healthcare workers
- 668 contacts have been identified
- One district (Kampala) remains affected

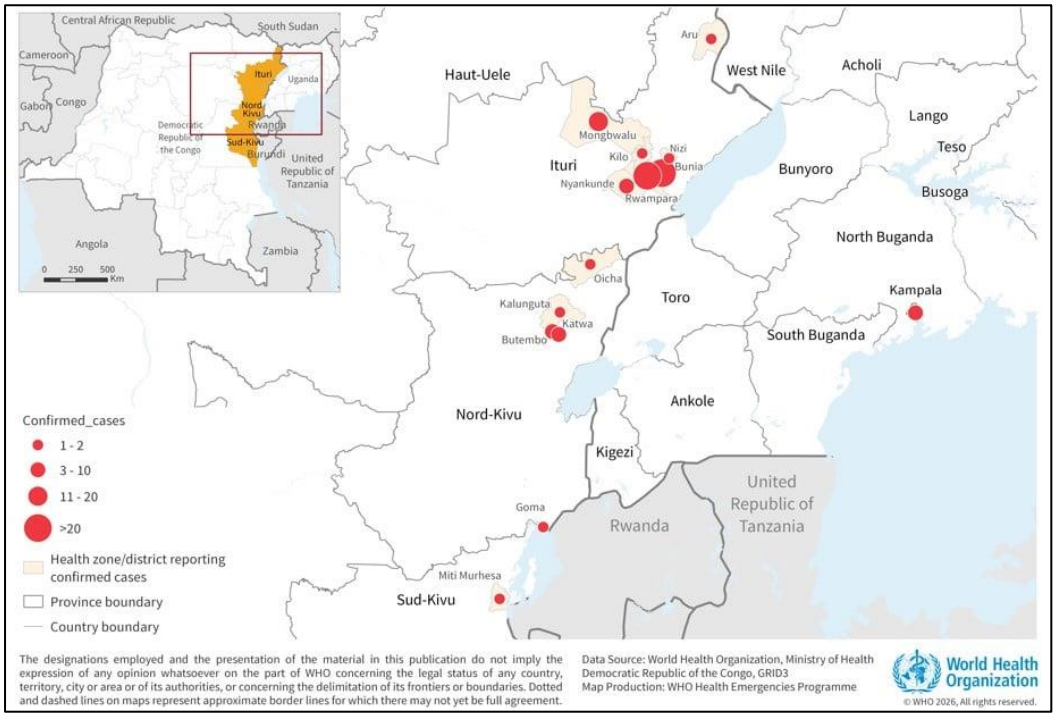
Continental Epidemiological Status

Continental Overview								
Date	Confirmed Cases	Confirmed Deaths	CFR (%) (Confirmed)	Suspected Cases	Suspected Deaths	CFR (%) (Suspected)	Confirmed Cases (HCW)	Confirmed Deaths (HCW)
27/05/2026	129	18	14	1077	246	23	19	06
28/05/2026	133	19	14	906	223	25	19	06
29/05/2026	212	19	09	1139	246	22	19	06
30/05/2026	263	43	16	1199	259	22	29	06
31/05/2026	291	43	14.8	321*	No updates	N/A	29	06
01/06/2026	330	49		321*	No updates	N/A	34	05*
02/06/2026	359	61		225*	259		34	05*
03/06/2026	378	63		308*	259		34	05*

NB* The tested suspected cases and deaths are now being reclassified; hence the numbers will reduce as testing capacity ramps up. Africa CDC did not report suspected deaths from 31 May 2026.

Geographic Distribution of Cases in Africa:

Distribution of suspected and confirmed cases of Bundibugyo virus disease in Democratic Republic of the Congo and Uganda, as of 29 May 2026:



Democratic Republic of Congo (DRC)

The outbreak is centered in:

- Ituri (epicenter)
- North Kivu.
- Sud-Kivu Province — Miti-Murhesa Health Zone

Affected Health Zones:

- 16 Health Zones reporting confirmed cases

DRC Epidemiological Status

The outbreak remains centred in Ituri Province, which accounts for the majority of confirmed cases. Transmission has also been confirmed in North Kivu and South Kivu provinces, demonstrating continued geographic spread beyond the initial outbreak area.

A total of 363 confirmed cases and 62 confirmed deaths have been reported. Twenty-nine(29) healthcare workers have been infected, including five fatalities, highlighting continuing infection prevention and control challenges within healthcare settings.

Key operational concerns include:

- Ongoing transmission across three affected provinces
- Healthcare worker infections and fatalities
- Community resistance to some public health interventions
- Weak contact tracing performance in some areas
- Shortages of essential medicines and IPC supplies
- Security constraints affecting response operations in eastern DRC
- Delays in sample transportation and laboratory confirmation

Nineteen new confirmed cases and two deaths were reported on 03 June 2026, indicating that active transmission remains ongoing.

Date	Confirmed Cases	Confirmed Deaths	CFR (%) (Confirmed)	Suspected Cases	Suspected Deaths	CFR (%) (Suspected)	Confirmed Cases (HCW)	Confirmed Deaths (HCW)
27/05/2026	121	17	14	1077	246	22.83	16	06
28/05/2026	125	17	13.6	906	223	24.61	16	06
29/05/2026	203	17	8.37	1139	246	21.60	16	06
30/05/2026	254	42	16.54	1199	259	21.60	26	06
31/05/2026	282	42	14.89	321*	No updates	N/A	26	06
01/06/2026	321	48		321*	No updates	N/A	29	05*
02/06/2026	344	60		225*	259		29	05*
03/06/2026	363	62		308	259		29	05*

NB* The tested suspected cases and deaths are now being reclassified; hence the numbers will reduce as testing capacity ramps up.

Uganda

Affected District:

- Kampala

Uganda Epidemiological Status

Uganda has reported fifteen confirmed cases and one death linked to the outbreak in DRC. Five confirmed cases are healthcare workers, emphasizing the importance of strict infection prevention and control measures.

Ugandan authorities have activated national Ebola response mechanisms, including:

- Enhanced surveillance and contact tracing
- Isolation and treatment facilities
- Border health screening and surveillance
- Rapid diagnostic testing capacity

A total of 668 contacts have been identified.

Date	Confirmed Cases	Confirmed Deaths	CFR (%) (Confirmed)	Suspected Cases	Suspected Deaths	CFR (%) (Suspected)	Confirmed Cases (HCW)	Confirmed Deaths (HCW)
27/05/2026	8	1	12.50	0	0	N/A	3	0
28/05/2026	8	1	12.50	0	0	N/A	3	0
29/05/2026	9	1	11.11	0	0	N/A	3	0
30/05/2026	9	1	11.11	0	0	N/A	3	0
31/05/2026	9	1	11.11	0	0	N/A	3	0
01/06/2026	9	1		0	0	N/A	5	0
02/06/2026	15	1		0	0	N/A	5	0
03/06/2026	15	1		0	0	N/A	5	0

Understanding Ebola and the Bundibugyo Strain:

Ebola Virus Disease (EVD) is a severe viral hemorrhagic fever caused by viruses from the Ebolavirus genus. The disease starts with non-specific symptoms including fever, fatigue, malaise, muscle pain and headache before progressing to vomiting, diarrhea, abdominal pain, rash, impaired kidney and liver function, and — in severe cases — internal and external hemorrhage, shock and multi-organ failure.
Historically, Ebola Case Fatality Rates (CFR) have ranged from 25% to as high as 90% depending on the viral strain, healthcare access, speed of diagnosis, and availability of supportive care.

Three different viruses are known to cause large Ebola outbreaks: Ebola virus (Zaire), Sudan virus, and Bundibugyo virus. Approved vaccines and treatments are currently only available for the Zaire strain. Outbreak control for Bundibugyo therefore relies on a package of interventions including:

- Intensive supportive care of patients
- Infection prevention and control (IPC)
- Contact tracing and isolation

- Safe and dignified burials
- Community engagement and risk communication

Transmission

It is thought that fruit bats of the Pteropodidae family are natural hosts of the Orthoebolavirus. The virus enters the human population when people have close contact with the blood, secretions, organs or other body fluids of infected animals.

People can become infected through direct contact (through broken skin or mucous membranes) with:

- The blood or body fluids of a person who is sick with or has died from Ebola disease
- Objects or surfaces contaminated with body fluids from a person sick with the disease

People cannot transmit the disease before they develop symptoms, and they remain infectious as long as their blood contains the virus.

Healthcare workers have frequently been infected while treating patients — particularly when IPC measures are inadequate. Burial ceremonies involving direct contact with the deceased have contributed significantly to previous outbreaks

Symptoms

The incubation period ranges from 2 to 21 days. Symptoms can be sudden and include fever, fatigue, malaise, muscle pain, headache and sore throat, followed by vomiting, diarrhea, abdominal pain and rash. Some patients develop internal and external hemorrhage — bleeding from the nose, gums, vagina and injection sites. The impact on the central nervous system can result in confusion, irritability and aggression.

Diagnosis

It can be difficult to clinically distinguish Ebola disease from other infectious diseases such as malaria, typhoid fever and other hemorrhagic fevers, because early-stage symptoms are similar. Confirmation of Ortho ebolavirus infection is made using:

- Reverse transcriptase polymerase chain reaction (RT-PCR) assay
- Antibody-capture enzyme-linked immunosorbent assay (ELISA)
- Antigen-capture detection tests
- Virus isolation by cell culture

Prevention and Control

Avoid contact with body fluids, including:

- Blood, urine, faeces, saliva, sweat, vomit, breast milk, amniotic fluid, semen and vaginal fluid from people who are sick
- Semen from someone who has recovered from Ebola disease until testing shows the virus is no longer present.

Also avoid contact with:

- Clothes, bedding, needles, medical equipment or other items that may have touched an infected person's blood or body fluids
- The body of someone who is suspected or confirmed to have had Ebola disease
- Bats, forest antelopes, primates and blood, fluids or raw meat from unknown animals

Why This Outbreak Is Different

1. The Bundibugyo Strain

The current outbreak is caused by the Bundibugyo strain of Ebola virus (BVD), first identified in Uganda in 2007. Unlike the Zaire strain — for which effective vaccines and treatments have been developed — Bundibugyo presents with:

- No approved vaccines,
- No proven targeted treatments,
- Limited historical outbreak data.

This creates major operational challenges. During previous Zaire outbreaks, the rVSV-ZEBOV (Ervebo) ring vaccination strategy helped slow transmission dramatically. That tool is not available here. WHO has stated clearly that there is no licensed vaccine or specific therapeutic against Bundibugyo virus. Early detection

Outbreak control therefore depends entirely on:

- Early detection
- Aggressive contact tracing
- Infection prevention and control (IPC)
- Community engagement
- Supportive clinical care

A critical four-week gap between symptom onset (25 April 2026) and laboratory confirmation (13 May 2026) allowed extensive uncontrolled community transmission before any formal public health intervention. WHO has described this detection delay as a critical epidemiological failure.

2. Cross-Border Transmission

The outbreak began in Ituri Province in northeastern DRC but has spread into Uganda through cross-border movement. A confirmed case has also been reported in Sud-Kivu Province — hundreds of kilometers from the original epicenter — in a rebel-controlled area, raising serious concerns about undetected transmission chains and surveillance gaps. This region experiences:

- Frequent population movement and informal trade
- Refugee flows involving millions of internally displaced persons
- Artisanal gold-mining activity with highly mobile workforces
- Porous international borders difficult to monitor or control

Public health experts note that viruses move faster than formal surveillance systems in these settings. Africa CDC warned that the outbreak represents a regional threat requiring coordinated multinational action rather than isolated country responses.

Security Context

Eastern DRC remains one of the most operationally difficult humanitarian environments in the world. Armed conflict involving AFC/M23, ADF and CODECO militia groups is directly impeding the Ebola response. Of particular concern:

- Goma in North Kivu — a major urban and transit hub — has reported Ebola activity and is currently under M23 control.
- A confirmed Ebola case has been reported near Bukavu, South Kivu, also in rebel-controlled territory.
- UNHCR reports 6.9 million internally displaced people in DRC, with more than 5 million in eastern provinces.
- Rebel zones block access for response teams, sample transport, surveillance and community engagement.

Current Response

Government of Kenya

The Ministry of Health (MoH) has enhanced national preparedness following the WHO declaration of a Public Health Emergency of International Concern (PHEIC) for the Ebola Disease outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda.

Key current measures include:

- Activation of National Ebola Preparedness and Response coordination structures.
- Operational readiness of the Public Health Emergency Operations Centre (PHEOC) for surveillance and coordination.
- Strengthening of Incident Management Systems (IMS) at national and county levels
- Deployment readiness of Rapid Response Teams (RRTs)
- Enhanced surveillance for Viral Hemorrhagic Fevers (VHFs), particularly in high-risk counties and border regions.

- Intensified screening and surveillance at airports, land borders, and other Points of Entry.
- Strengthened laboratory diagnostic capacity and healthcare facility preparedness.
- Continuous training of healthcare workers on Ebola detection, infection prevention and control (IPC), and case management.
- Enhanced public awareness, risk communication, and community engagement activities.
- Ongoing coordination with WHO, Africa CDC, the East African Community (EAC), Uganda, DRC, and other regional partners.

Government of Kenya Public Advisory

- Maintain good hand hygiene through regular handwashing or use of alcohol-based hand sanitizers
- Avoid direct contact with bodily fluids of sick individuals
- Avoid handling sick or dead animals, including wildlife
- Seek immediate medical attention if experiencing symptoms consistent with Ebola Disease, particularly following travel to affected areas or contact with suspected cases
- Cooperate fully with public health screening and surveillance measures where required

The Ministry further advises the public to obtain information only from official Ministry of Health communications and recognized public health agencies and to avoid sharing unverified information that may contribute to misinformation or public anxiety.

Republic of Rwanda

The Government of Rwanda continues to maintain enhanced surveillance and preparedness measures in response to the Ebola outbreak in the DRC and Uganda.

Effective 22 May 2026:

- Entry restrictions for travelers arriving from or transiting through DRC.
- Mandatory quarantine requirements for eligible returning residents.
- Enhanced screening and surveillance at border crossings and airports.

Rwandan authorities continue to review and adjust public health measures based on evolving epidemiological risk assessments and WHO recommendations.

World Health Organization (WHO)

WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC) on 17 May 2026.

WHO continues to support affected countries through:

- Technical expert deployment
- Surveillance and laboratory support
- Contact tracing and case investigation
- Emergency medical supplies and IPC equipment
- Community engagement activities
- International coordination and preparedness support

WHO has assessed the outbreak risk as:

- Very high at the national level in the DRC
- High at the regional level
- Low at the global level

WHO continues to emphasize that no approved vaccine or specific treatment currently exists for the Bundibugyo strain responsible for this outbreak, although research and clinical evaluation of candidate countermeasures are ongoing.

Africa Centers for Disease Control and Prevention (Africa CDC)

Africa CDC has maintained a strong focus on regional preparedness and African-led outbreak response.

Key priorities emphasized by Africa CDC include:

- Strengthening cross-border surveillance and information sharing
- Coordinated regional response planning among affected and at-risk countries
- Expansion of laboratory diagnostic capacity
- Support for healthcare worker protection and infection prevention measures
- Strengthening emergency preparedness systems across Member States
- Accelerating development of African manufacturing capacity for vaccines, diagnostics, and therapeutics

Africa CDC Director-General Dr. Jean Kaseya has continued to advocate for increased African self-reliance in outbreak response and medical countermeasure production.

United States Centers for Disease Control and Prevention (CDC)

The U.S. CDC has activated its Emergency Response Center and increased deployments to affected countries. CDC has also issued travel notices for Uganda and DRC. The agency stresses that the risk to the general public outside affected regions remains low, but rapid containment is essential.

The U.S. CDC continues to support international response activities through technical collaboration, surveillance support, and coordination with global health partners.

Current CDC priorities include:

- Enhanced monitoring of the outbreak situation in the DRC and Uganda
- Support for epidemiological investigations and outbreak response efforts
- Travel health advisories and guidance for travelers to affected areas
- Coordination with international partners to strengthen surveillance and preparedness measures

The CDC continues to assess the risk to the U.S. public as low while emphasizing the importance of rapid containment within affected regions.

Current Outlook

The outbreak continues to evolve rapidly, with increasing confirmed and suspected case numbers reported in the DRC and limited cross-border transmission documented in Uganda.

Several critical factors will influence the trajectory of the outbreak:

- Effectiveness and speed of case detection and laboratory confirmation
- Contact tracing performance and follow-up rates
- Community acceptance and cooperation with public health measures
- Protection of healthcare workers and healthcare facilities
- Cross-border coordination and surveillance
- Security conditions in affected areas, particularly in eastern DRC
- Availability of international funding and operational support
- Progress in evaluation of potential vaccines and therapeutics for Bundibugyo virus disease

Although no licensed vaccine or approved treatment currently exists for Bundibugyo virus disease, regional health authorities, WHO, Africa CDC, and partner organizations continue to scale up response activities aimed at interrupting transmission and preventing wider regional spread.

References

Africa CDC Epidemic Intelligence Weekly Report, May 2026

DRC: INSP-RDC (Institut National de Santé Publique)

WHO Situation Report - Disease Outbreak News

WHO PHEIC Declaration – Ebola Bundibugyo Outbreak

WHO Daily Epidemiological Update on Acute Public Health Events: Ebola disease (Bundibugyo virus)

CDC Ebola Disease Current Situation

Bundibugyo Virus Disease Outbreak I Situation Report, Issue No. 17 – June 3, 2026

Republic of Kenya Ministry of Health Press Statement on Ebola Virus – 19 May 2026

Uganda Ministry of Health Ebola Press Release

Ministry of Health Rwanda: Statement on Ebola Outbreak in the DRC

Beacon: Disease Events

WHO: Ebola Disease Fact Sheets