



ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT



Korea Disease Control and
Prevention Agency



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**First alert : October 21, 2026 | Ebola Disease Caused by Bundibugyo virus
In Nigeria**

Sub-Location Affected

Abuja

Event Description

On October 20, 2026, Nigeria confirmed one imported case of Ebola disease caused by Bundibugyo virus (BDBV) in the Federal Capital Territory (FCT), Abuja. The patient, a woman who travelled from Uganda, developed symptoms four days after arrival and sought care on October 11. The Nigeria Centre for Disease Control and Prevention (NCDC) activated its incident management system, while authorities and WHO strengthen surveillance; 44 contacts are being monitored.



Figure 1. Countries confirming Ebola disease caused by BDBV as of October 21, 2026

Epidemiological Information

- **On October 3, 2026**, a woman who travelled from Uganda arrived in Nigeria, then developed symptoms On October 7. She then sought medical care at a private health facility in Abuja on October 11, where she received care for several days. **On October 20, laboratory testing confirmed infection** with BDBV. She was subsequently isolated and is currently receiving medical care.
- **On October 20, 2026**, the Federal Government of Nigeria confirmed one imported case of Ebola disease caused by Bundibugyo virus (BDBV) in a woman with a recent travel history to Uganda, in the Federal Capital Territory (FCT), Abuja.

- **As of October 20**, authorities had identified and monitored 44 contacts. Public health teams are continuing efforts to identify additional potentially exposed individuals, including healthcare workers, patients, caregivers, and travel contacts.

Investigations are ongoing to establish the likely source of infection and reconstruct the patient's full travel and exposure history. Although the patient recently travelled from Uganda, the location where the infection was acquired has not yet been established.

- The case occurred within the context of the ongoing outbreak of Ebola disease caused by BDBV in the Democratic Republic of the Congo (DRC), which was first reported on May 5, 2026. As of October 18, the outbreak in DRC resulted in 9,552 confirmed cases and 4,602 deaths.

Cross-border spread associated with travel from the DRC has been documented in several countries. Uganda reported an imported outbreak beginning on 11 May 2026, resulting in 20 confirmed cases and two deaths by July 28, 2026. France reported an imported case on June 24, with no secondary cases subsequently identified. Germany reported an imported case on July 13, with no evidence of local transmission or secondary infections. In recent weeks, Kenya reported nine cases linked to an imported case, becoming the fourth country outside the DRC to report BDBV transmission associated with the ongoing outbreak. Notably, Nigeria subsequently detected an imported case in a traveller returning from Uganda despite Uganda having declared the outbreak over on 28 July 2026, underscoring the potential for delayed detection and international spread even after affected countries are declared outbreak-free. These events highlight the continued risk of cross-border transmission associated with population movement from areas affected by BDBV and the importance of maintaining surveillance and preparedness measures following outbreak containment.

Response Measures

- The NCDC activated its Incident Management System (IMS) to coordinate the national response. Priority activities include rapid case detection, contact tracing and monitoring, case management, and strengthening infection prevention and control (IPC) measures to limit further transmission.
- The World Health Organization (WHO) and partners are supporting national authorities through case investigation, contact tracing, enhanced surveillance, infection prevention and control activities, and the provision of essential response supplies, including personal protective equipment (PPE) for healthcare workers.

Recommendations

- Based on currently available information, the World Health Organization (WHO) does not recommend any restrictions on travel to or trade with affected countries and continues to monitor and, where necessary, verify travel- and trade-related measures implemented in response to the outbreak.
- WHO advises countries to maintain robust surveillance systems, rapidly identify and test suspected cases, ensure timely isolation and contact tracing, and strengthen infection prevention and control measures in healthcare settings. Early case recognition, laboratory confirmation, and optimized supportive care are critical to reducing mortality and improving community trust and acceptance of response activities.
- The occurrence of imported cases in multiple countries, including infections detected after the affected country had declared its outbreak over, highlights the need for continued vigilance, particularly among travellers from affected areas and their contacts, even after transmission appears to have been interrupted.

Sources:

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3. World Health Organization – African Region (WHO AFRO) (October 20, 2026) *Nigeria confirms imported case of Ebola Bundibugyo virus disease*. WHO AFRO. Retrieved October 21, 2026 from <https://afro.who.int/countries/nigeria/news/nigeria-confirms-imported-case-ebola-bundibugyo-virus-disease>
4. World Health Organization (October 8, 2026) *Disease Outbreak News: Ebola disease caused by Bundibugyo virus - Democratic Republic of the Congo*. WHO. Retrieved October 21, 2026 from <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON619>

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