ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT

With Support by:

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First alert : November 5, 2026 | **Ebola Disease Caused by Bundibugyo virus In the United Kingdom (UK)**

Sub-Location Affected

United Kingdom (UK)

Event Description

On November 4, 2026, a British healthcare worker who tested positive for Ebola while supporting the outbreak response in the Democratic Republic of the Congo (DRC) was being medically evacuated to the United Kingdom (UK) for specialist treatment. The patient was in stable condition and expected to arrive on November 4–5, followed by transfer via specialist ambulance to a high-consequence infectious disease (HCID) unit. British authorities assessed the risk to the UK public as low, with no serious public health impact or disruption to international travel and trade anticipated.



Figure 1. Countries confirming Ebola disease caused by BDBV as of November 4, 2026

Epidemiological Information

- **On November 4, 2026,** a British healthcare worker deployed by a humanitarian organization to support the Ebola response in the Democratic Republic of the Congo (DRC) tested positive for Ebola. The patient, whose identity has not been disclosed, was in stable condition and undergoing medical evacuation to the United Kingdom (UK) for specialist treatment at an HCID unit.
- **On November 4, 2026,** a spokesperson for the British Government confirmed the infection in a British citizen in the DRC. Authorities stated that the risk to the UK public

remained low, with no serious public health impact or disruption to international travel and trade anticipated.

- According to the UK Health Security Agency (UKHSA), only four confirmed imported Ebola cases have been recorded in Britain since 1976.
- 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 27, the outbreak in DRC resulted in 10,193 confirmed cases and 4,960 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 British Government arranged the patient's medical evacuation from the DRC to the UK for specialist treatment at a high-consequence infectious disease (HCID) unit, with transfer by specialist ambulance upon arrival. British authorities stated that the National Health Service (NHS) has procedures in place to manage suspected and confirmed Ebola infections.
- The World Health Organization (WHO) stated that it has supported several medical evacuations at the request of partner organizations and governments.

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:

1. BlueDot (Event Alert), issued on November 4, 2026.
2. Reuters (November 4, 2026) *British healthcare worker with Ebola to be evacuated from Congo to UK, document shows.* Reuters. Retrieved November 5, 2026, from https://www.reuters.com/business/healthcare-pharmaceuticals/british-healthcare-worker-with-ebola-be-evacuated-congo-uk-document-shows-2026-11-04/?utm_source=chatgpt.com
3. 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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