ASEAN Biological Threats Surveillance Centre

Situation Report of Ebola Disease Outbreak caused by the Bundibugyo virus (BDBV) in The Democratic Republic of the Congo

August 14, 2026

With Support by:
Canada
Korea Disease Control and Prevention Agency

Situation at a Glance

- On **May 17, 2026,** the World Health Organization (WHO) Director-General officially declared the **Ebola disease outbreak caused by the Bundibugyo virus (BDBV) a Public Health Emergency of International Concern (PHEIC)** under the International Health Regulations (2005).
- As of May 22, WHO assessed the outbreak risk as Very High in DRC, and Low globally. These risk levels remained unchanged.
- **As of August 11**, Institut National De Sante Publique, the Democratic Republic of the Congo (DRC) had confirmed a total of 4,567 cases with 2,128 deaths (CFR: 46.6%) across 53 health zones in five provinces. A total of 918 patients recovered, representing a recovery rate of 20.1%.

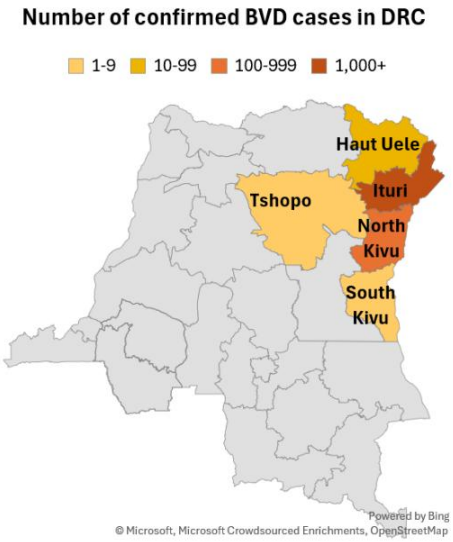

Figure 1. Regions affected by Bundibugyo virus disease in DRC, as of August 11, 2026

Table 1. Distribution of Suspected and Confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo (DRC), as of August 11, 2026

Province	Health Zone Affected	Confirmed Cases	Confirmed Deaths	CFR (%)
Ituri	28	3,912	1,702	43.5
Nord-Kivu	12	528	369	69.9
Haut-Uele	6	115	51	44.3
Tshopo	6	9	5	55.6
Sud-Kivu	1	3	1	33.3
Total	**53**	**4,567**	**2,128**	**46.6**

Source: Institut National De Sante Publique DRC

- Healthcare workers remained affected, with 159 confirmed infections reported across three provinces as of August 7, 2026, the majority occurring in Ituri Province. No further updates on healthcare worker infections or deaths have been provided in subsequent routine situation reports.

Table 2. Cases among Healthcare Workers (HCW)

Province	Confirmed cases among HCWs	Confirmed deaths among HCWs	CFR (%)
Ituri	141	43	30.5%
Nord-Kivu	14	3	21.4%
Haut-Uele	4	0	0.0%
Total	**159**	**46**	**28.9%**

Source: Institut National De Sante Publique DRC

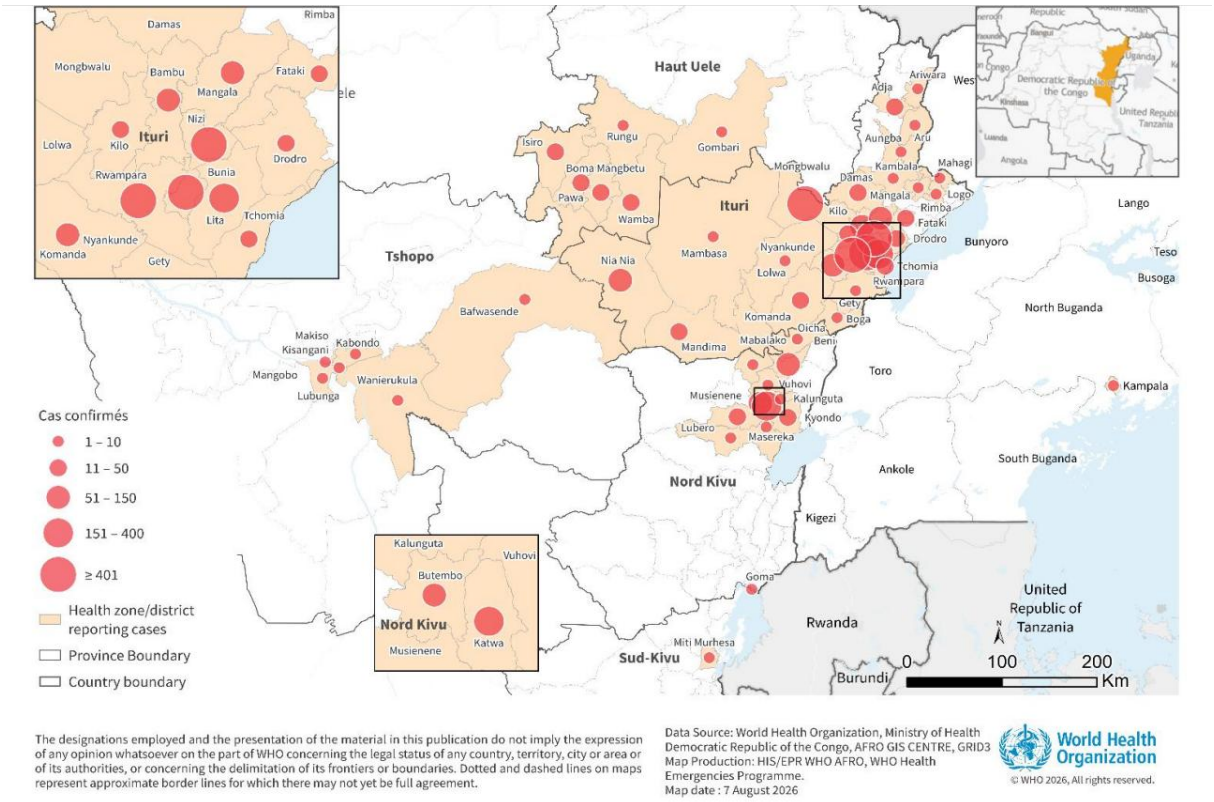

Figure 2. Distribution of cumulative confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo as of August 7, 2026 (Source: WHO)

Situation Update

Democratic Republic of the Congo

- **On May 5**, 2026, WHO received an alert regarding a high-mortality outbreak in Mongbwalu Health Zone, Ituri Province, including four healthcare worker deaths within four days. Retrospective investigations identified the earliest suspected case as a healthcare worker who developed fever, haemorrhaging, vomiting, and severe malaise on 24 April and later died in Bunia.
- **On May 15,** Laboratory testing confirmed Bundibugyo virus disease (BVD), and the Ministry of Health officially declared the country's 17th Ebola outbreak. At the time, 246 suspected cases and 80 deaths had been reported across Rwampara, Mongbwalu, and Bunia health zones.
- **On May 24**, the outbreak expanded to 11 health zones across Ituri, North Kivu, and South Kivu, with 105 confirmed cases and 10 deaths (CFR: 9.5%), alongside 906 suspected cases and 223 suspected deaths.
- **By June 8**, Africa CDC reported 626 confirmed cases and 112 deaths in DRC (CFR: 17.9%). A total of 19 cases recovered, representing 3.0% of confirmed cases.
- **Between June 14 to 20,** the country reported 174 new cases and 66 deaths (CFR: 37.9%), bringing cumulative totals to 1,094 confirmed cases and 277 deaths.

- **From June 21 to 27,** transmission intensified further, with 318 new cases and 113 deaths (CFR=35.5%).
- **On July 9**, the DRC Ministry of Public Health officially expanded the list of affected provinces including **Tshopo** and **Haut-Uele**. Initial investigations indicated that the reported cases were linked to the movement of infected individuals from Ituri into the two provinces.
- **By August 11, DRC** confirmed a total of 4,567 cases and 2,128 deaths (CFR=46.6%). The number of recoveries was 918, representing 20.1% of confirmed cases.

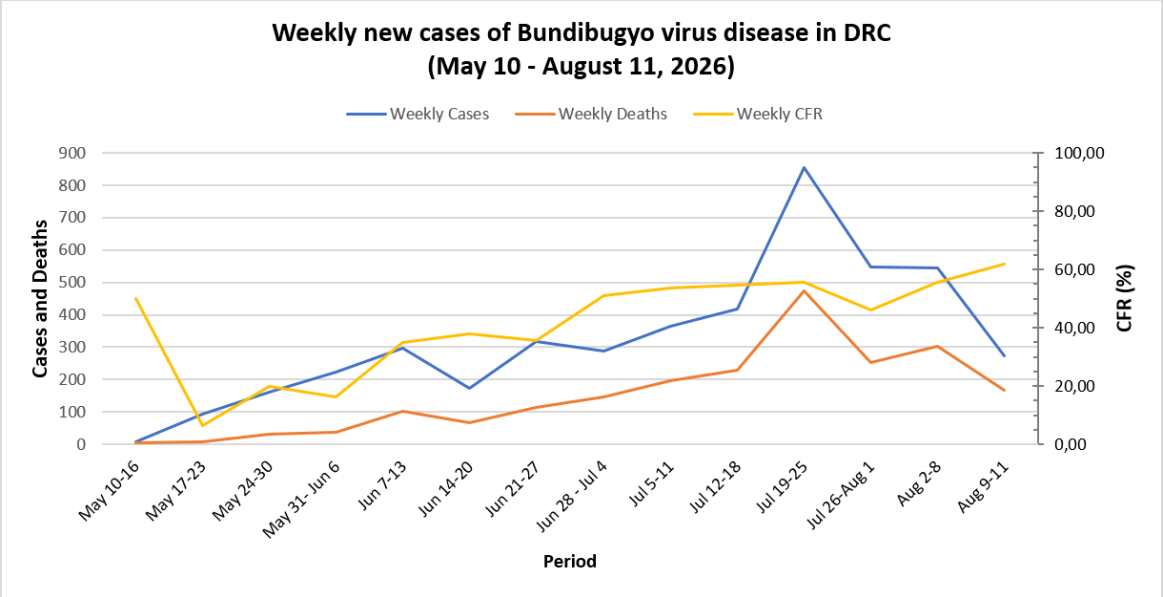

Figure 3. Weekly new cases of BVD in the DRC (May 10 – August 11, 2026)
(Sources: Africa CDC, Institut National De Sante Publique DRC)

The BVD outbreak continued to expand in DRC, driven by sustained transmission in the country. Weekly reported cases increased from 8 during May 10–16 to a peak of 856 during July 19–25, reflecting widespread transmission across affected provinces (Figure 3). Weekly cases subsequently declined to 546 during August 2-8. In the last three-days period on August 9–11, DRC confirmed 273 additional cases, suggesting a continuous transmission.

Mortality trends followed a similar pattern, rising from 4 deaths during May 10–16 to a peak of 475 deaths during July 19–25, and declined the following week. The weekly case fatality ratio (CFR) fluctuated throughout the outbreak, remaining above 45% since late June and increasing to 61.8% during August 9-11.

Overall, the outbreak remains active in the DRC, with ongoing transmission, high mortality, and continued geographic spread reported across affected provinces.

Uganda

- **On May 11, 2026,** Uganda reported its first case of BVD in an elderly traveller from the DRC. He was hospitalized in Kampala and died on May 14. Laboratory testing confirmed BDBV infection on 15 May, and the body was repatriated to the DRC the same day. The last confirmed case was reported on 21 June 2026, and transmission remained limited in Kampala. **By July 28, 2026, Uganda officially declared the end of the Ebola outbreak after completing the required period of enhanced surveillance with no further transmission detected**. Overall, the outbreak resulted in 20 confirmed cases and two deaths (CFR: 10.0%), with 18 patients recovering (90.0%).

France

- **On June 24, 2026,** France reported an imported laboratory-confirmed BDBV case in a physician returning from a humanitarian mission in Ituri Province, DRC. The patient was isolated after self-reporting symptoms upon arrival on June 23. PCR testing confirmed infection, and five contacts identified from the flight were placed under monitoring. No secondary cases have been reported.

Germany

- **On July 13, 2026,** an imported BVD case involving a United States humanitarian worker was medically evacuated from the DRC to Germany after testing positive for BDBV. At the time of reporting, no evidence of local transmission or secondary cases had been reported in Germany.

Epidemiology

- Bundibugyo virus disease (BVD) is a severe Ebola disease caused by the Bundibugyo virus, an Orthoebolavirus. The current event is the 17th Ebola outbreak reported in the DRC since 1976. It is transmitted through direct contact with infected bodily fluids. The incubation period is 2–21 days, and symptoms range from fever and fatigue to severe gastrointestinal illness and haemorrhagic manifestations. Differentiating BVD from other common febrile diseases is challenging without laboratory testing.
- Effective outbreak control depends on early case identification, isolation of patients, contact tracing, safe burial procedures, adherence to IPC protocols, and strong community engagement, as there are currently no licensed vaccines or specific antiviral treatments for BVD.

The WHO Recommendations

- On May 22, 2026, WHO issued its Temporary Recommendations, emphasizing the need for coordinated outbreak control, strengthened cross-border collaboration, and sustained surveillance and preparedness efforts to reduce the risk of further regional spread and support an effective public health response.
- On May 26, 2026, technical guidance on implementing border health and international travel measures was issued, including the considerations outlined in the technical note. Early case detection, timely laboratory confirmation, and optimized supportive care remain critical to reducing mortality and improving community trust, acceptance, and engagement with response activities.
- Based on the current risk assessment, WHO does not recommend any restrictions on travel to, or trade with, affected countries and continues to monitor and assess travel- and trade-related measures associated with the outbreak.
- WHO continues to emphasize the need for a substantial scale-up of response activities across all pillars, including surveillance, laboratory testing, infection prevention and control (IPC), clinical care, logistics, community engagement, and support for essential health services, to contain the outbreak.
- WHO has convened multiple technical advisory groups, including the Strategic Advisory Group of Experts on Immunization (SAGE), to evaluate candidate vaccines and therapeutics for Bundibugyo virus disease (BVD).

Risk to the ASEAN Region (Based on Flight Connectivity from Ebola Outbreak Areas)

Currently, there are no direct (non-stop) flights from the outbreak source airports (Kinshasa – DRC) to all ASEAN Member States (AMS). This allows for significant reduction on immediate importation risk, as passenger volume is diluted across connecting routes, and additional screening opportunities exist at transit hubs.

Despite no direct flights, all ASEAN-bound travel requires 1-stop connections, primarily through major global hubs. Further details on flight connectivity can be accessed in the Situation Report of Ebola Disease Outbreak in The Democratic Republic of the Congo and Uganda - 18 May 2026.

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