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 7, 2026

With Support by:

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 4**, Institut National De Sante Publique, the Democratic Republic of the Congo (DRC) had confirmed a total of 3,973 cases with 1,801 deaths (CFR: 45.3%) across 51 health zones in five provinces. A total of 776 patients recovered, representing a recovery rate of 19.5%.

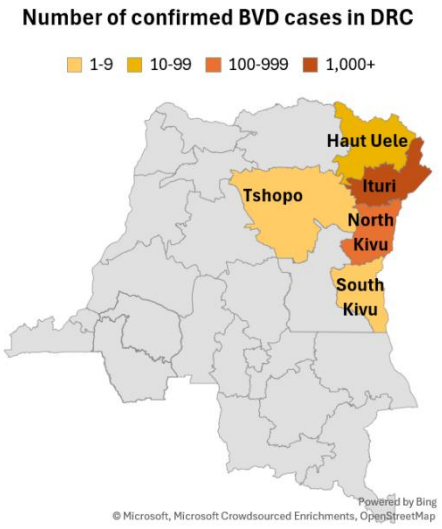

Figure 1. Regions affected by Bundibugyo virus disease in DRC, as of August 4, 2026

Table 1. Distribution of Suspected and Confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo (DRC), as of August 4, 2026

Province	Health Zone Affected	Confirmed Cases	Confirmed Deaths	CFR (%)	Cured	Recovery Rate (%)
Ituri	28	3,460	1,464	42.3	773	22.3
Nord-Kivu	12	436	292	67.0	0	0
Haut-Uele	5	67	39	58.2	1	1.5
Tshopo	5	7	5	71.4	1	14.3
Sud-Kivu	1	3	1	33.3	2	66.7
Total	**51**	**3,973**	**1,801**	**45.3**	**776**	**19.5**

Source: Institut National De Sante Publique DRC

- Healthcare workers remained affected with 157 confirmed cases reported across three provinces, predominantly in Ituri.

Table 2. Cases among Healthcare Workers (HCW)

Province	Confirmed cases among HCWs	Confirmed deaths among HCWs	CFR (%)
Ituri	140	43	30.7%
Nord-Kivu	14	3	21.4%
Haut-Uele	3	0	0.0%
Total	**157**	**46**	**29.3%**

Source: Institut National De Sante Publique DRC

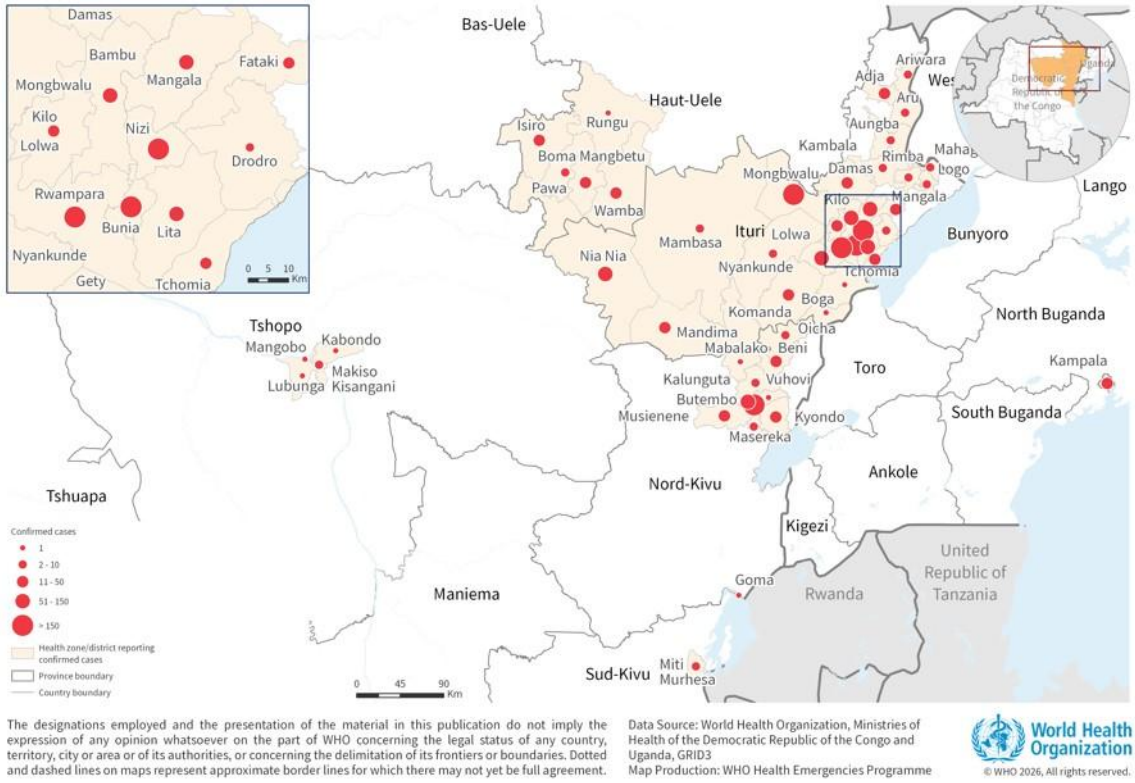

Figure 2. Distribution of cumulative confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo as of July 30, 2026 (Source: WHO)

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 4, DRC** confirmed a total of 3,973 cases and 1,801 deaths (CFR=45.3%). The number of recoveries was 776, representing 19.5% of confirmed cases.

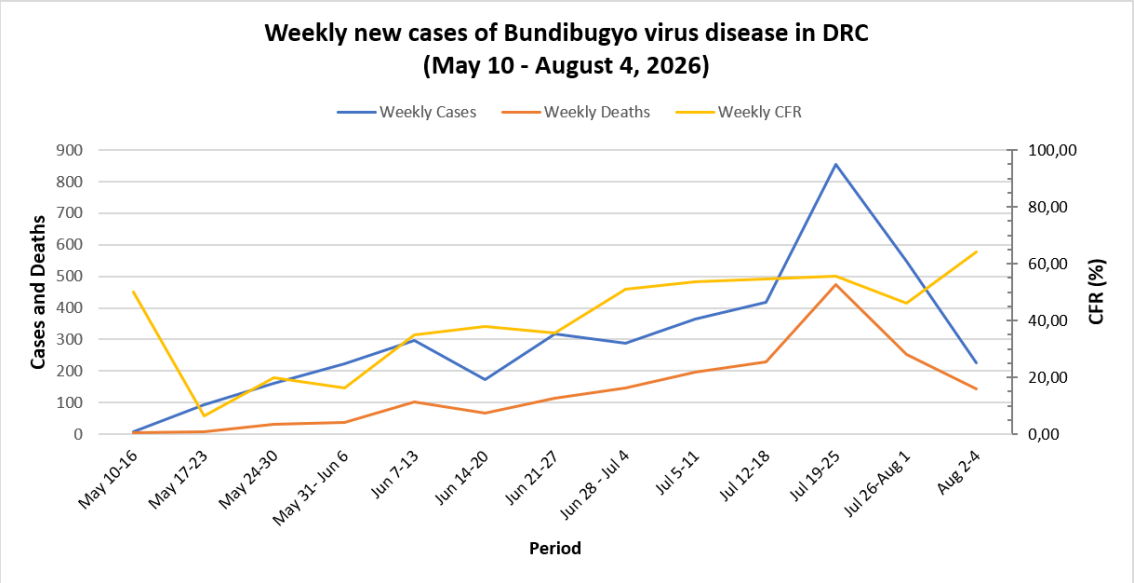

Figure 3. Weekly new cases of BVD in the DRC (May 10 – August 4, 2026)
(Sources: Africa CDC, Institut National De Sante Publique DRC)

The outbreak continued to expand through July, driven by sustained transmission in the DRC. Weekly reported cases increased from 8 during May 10–16 to a peak of 856 during July 19–25, reflecting ongoing transmission across multiple affected provinces. Although cases declined to 548 during July 26 to August 1, preliminary data from August 2–4 recorded an additional 225 cases, indicating continued intense transmission.

Mortality trends followed a similar pattern, rising from four deaths in the first week (May 10-16) to 475 deaths during July 19–25, before declining to 252 the following week. Preliminary data from August 2–4 reported a further 144 deaths. The weekly CFR fluctuated throughout the outbreak, reaching 64.0% during August 2–4, although recent estimates should be interpreted cautiously due to reporting delays and incomplete weekly data.

Both cases and deaths continued to rise through July. alongside the geographic expansion of the outbreak into Haut-Uélé and Tshopo provinces. Despite some week-to-week fluctuations, transmission remains widespread, with sustained case reporting across multiple health zones.

Overall, the outbreak remains active in the DRC, with continued high levels of transmission and mortality 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.

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.

References

1. Africa Centres for Diseases Control and Prevention (2026). *Bundibugyo Virus Disease Outbreak Situation Report July 14, 2026.* Africa CDC. Available from: https://khub.africacdc.org/records/resource/bundibugyo-virus-disease-outbreak-situational-report-july-13-2026
2. Institut National De Sante Publique (2026). *SitRep N°082/MVE B_04/08/2026.* Institut National De Sante Publique. Available from: https://insp.cd/sitrep-n082-mve-b_04-08-2026/
3. The Ministry of Health Uganda (2026). *Press Statement Ebola Bundibugyo Virus Disease Outbreak 2026.* Ministry of Health Uganda. Available from: https://health.go.ug/download/press-statement-ebola-bundibugyo-virus-disease-outbreak-2026/
4. The Ministry of Health Uganda (2026). *Uganda is Officially Ebola Free.* Ministry of Health Uganda. Available from: https://health.go.ug/uganda-is-officially-ebola-free/
5. The Ministry of Health, Families, Autonomy, and Persons with Disabilities, France (2026). *Ebola : identification d'un 1er cas chez un médecin humanitaire de retour de mission en République démocratique du Congo (RDC)*. The The Ministry of Health, Families, Autonomy, and Persons with Disabilities, France. Available from: https://sante.gouv.fr/actualites-presse/presse/communiques-de-presse/article/ebola-identification-d-un-1er-cas-chez-un-medecin-humanitaire-de-retour-de
6. World Health Organization (2026). *Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo*. World Health Organization. Available from: https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON614
7. World Health Organization (2026). *Experts convened by WHO advise on candidate treatments and vaccines for Ebola disease caused by Bundibugyo virus.* World Health Organization. Available from: https://www.who.int/news/item/28-05-2026-experts-convened-by-who-advise-on-candidate-treatments-and-vaccines-for-ebola-disease-caused-by-bundibugyo-virus
8. World Health Organization (2026). *Implementation of border health and international travel-related temporary recommendations issued by the Director-General of WHO to States Parties not sharing land borders with areas with documented Bundibugyo virus detection: technical note, 26 May 2026*. World Health Organization. Available from: https://iris.who.int/items/b07def43-df30-41b8-83e0-deb33bcfd697
9. World Health Organization (2026). *WHO Director-General's remarks at the Virtual Ministerial Briefing on the Bundibugyo Ebola Outbreak – 25 May 2026.* World Health Organization. Available from: https://www.who.int/news-room/speeches/item/who-director-general-s-remarks-at-the-virtual-ministerial-briefing-on-the-bundibugyo-ebola-outbreak-25-may-2026
10. World Health Organization (2026). *EBOLA BUNDIBUGYO VIRUS DISEASE OUTBREAK Democratic Republic of the Congo | Uganda Weekly External Situation Report 11, Data as of 26 July 2026.* World Health Organization. Available from: https://www.afro.who.int/countries/democratic-republic-of-congo/publication/ebola-bundibugyo-virus-disease-outbreak-3

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