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 21, 2026

With Support by:

Situation at a Glance

- On **May 17, 2026,** the World Health Organization (WHO) 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).
- On June 6, 2026, WHO reassessed the outbreak risk as very high in DRC, high in countries sharing land borders with DRC, and Low in the rest African region and globally. These risk levels remained unchanged.

Table 1. Distribution of Confirmed BDBV cases in the Democratic Republic of the Congo (DRC), as of August 17, 2026

Province	HZ Affected	Cases	Deaths	CFR (%)
Ituri	28	4,391	1,958	44.6
Nord-Kivu	12	645	440	68.2
Haut-Uele	6	153	69	45.1
Tshopo	7	14	7	50.0
Sud-Kivu	1	3	1	33.3
Bas Uele	2	2	1	50.0
Total	**56**	**5,208**	**2,476**	**47.5**

Source: Institut National De Sante Publique DRC

- **As of August 17**, a total of 5,208 cases with 2,476 deaths (CFR: 47.5%) have been confirmed across 56 health zones in six provinces. A total of 1,115 patients recovered, representing a recovery rate of 21.4%.
- 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.

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**.
- **On August 12,** a further case of death was confirmed in the province of Bas Uele, bringing the total number of affected provinces to six.
- **By August 17, DRC** confirmed a total of 5,208 cases and 2,476 deaths (CFR=47.5%). The number of recoveries was 1,115, representing 21.4% of confirmed cases. The outbreak has now surpassed DRC's 2018–2020 outbreak in deaths and is the largest Ebola outbreak ever reported in DRC.

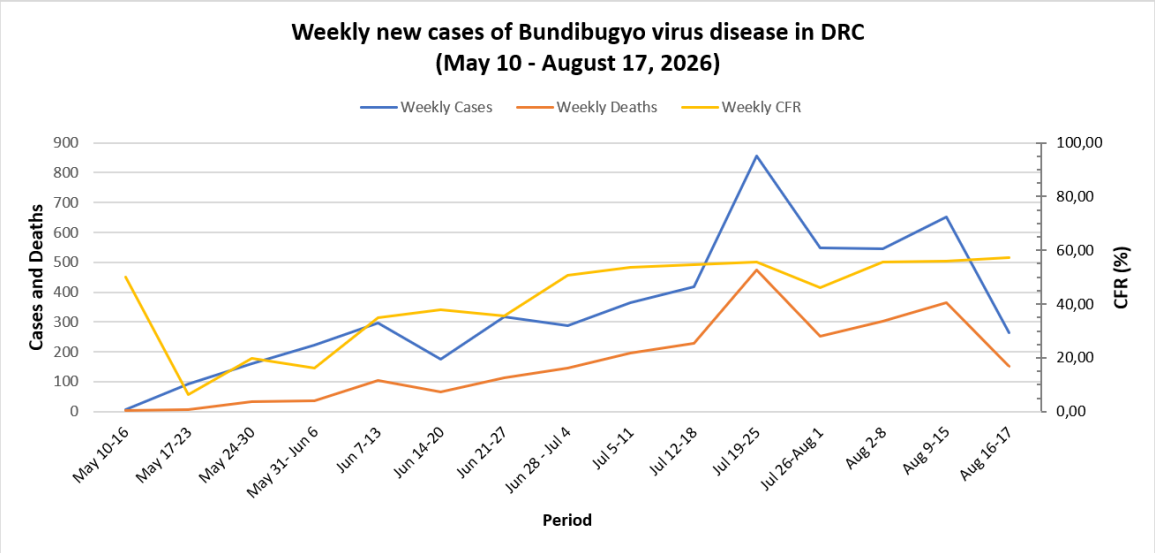

Figure 1. Weekly new cases of BVD in the DRC (May 10 – August 15, 2026)
(Sources: Africa CDC, Institut National De Sante Publique DRC)

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) From August 16 to 17, there were 263 additional cases confirmed.

Similar patterns were observed in mortality trends, with a rise from four deaths during May 10–16 to a peak of 475 deaths during July 19–25 and declined the following week. However, a gradual surge occurred over the past two weeks, with 303 and 365 deaths reported respectively. The weekly CFR fluctuated throughout the outbreak, remaining above 45% since late June, peaking at 57.41% during August 16-17.

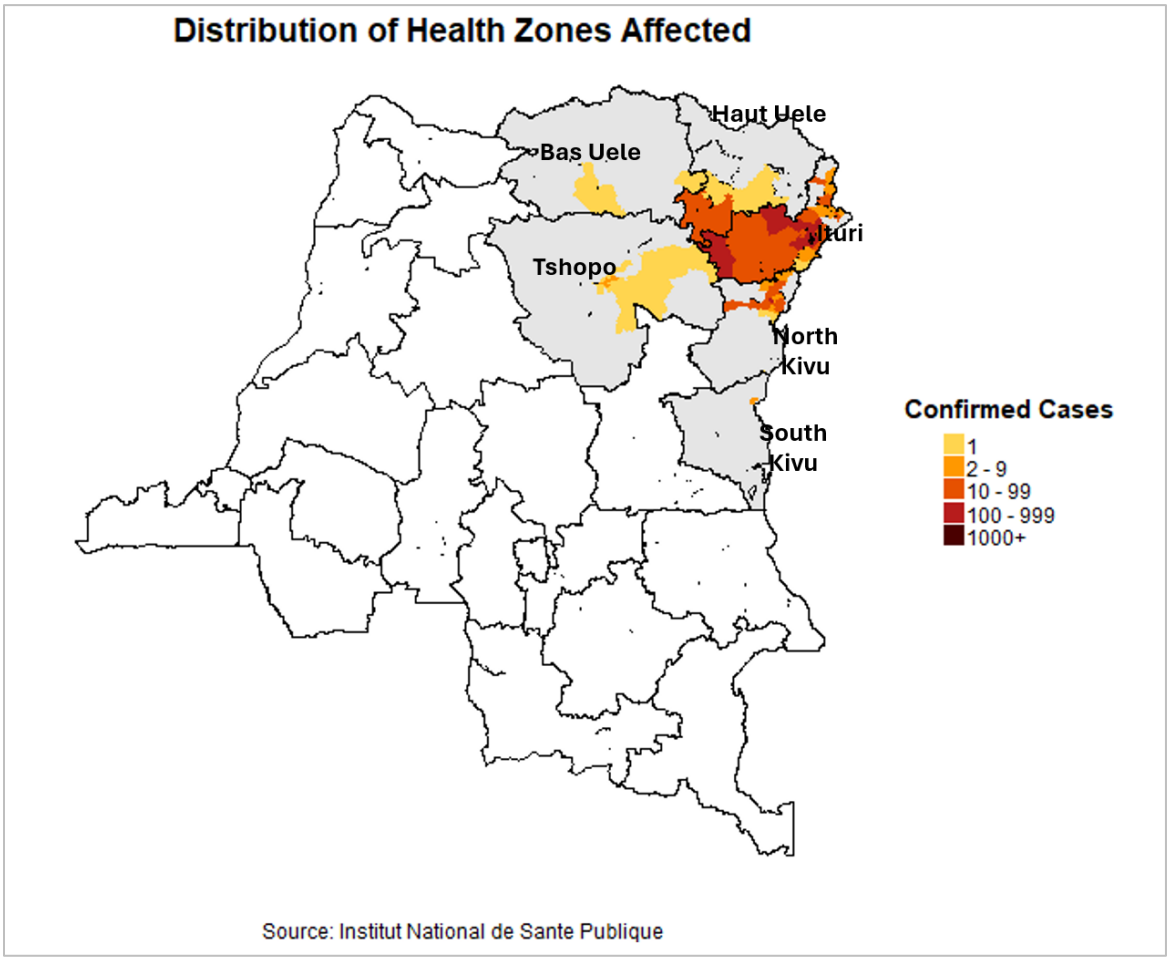

Figure 2. Distribution of Health Zones affected, as of August 17, 2026

Overall, the outbreak remains active in the DRC, with ongoing transmission, high mortality, and continued geographic spread reported across affected provinces, as shown in Figure 2. Although response measures have been intensified in affected areas, new cases continue to be reported, indicating that transmission has not yet been fully contained.

Ituri remains the most affected province, contributing 84.3% of all confirmed cases reported to date. Specifically, the highest proportions of cases were recorded in Bunia (23.4%), followed by Rwampara (16.9%), Mongbalu (11.4%), and Nizi (10.7%). Together, these four health zones accounted for 62.4% of all confirmed cases, demonstrating a limited number of geographic hotspots.

Meanwhile, cases reported from other provinces indicate that transmission is not confined to Ituri alone and that the risk of further spread persists. Continued population movement, challenges in accessing healthcare services, and delays in case detection may contribute to ongoing transmission and the emergence of new affected areas.

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.

Response Operations

- Case management, surveillance, and response activities continued across affected provinces. Surveillance at points of entry and points of control (PoE/PoC) remained active, while Risk Communication and Community Engagement (RCCE) interventions continued to support community awareness, contact tracing, and outbreak response efforts. Infection Prevention and Control (IPC) measures and Safe and Dignified Burial (SDB) activities also remained ongoing in affected areas.
- Logistics operations continued to support the response through personnel training, the delivery of nutrition and IPC supplies, and fuel distribution. Efforts to strengthen response capacity also included ongoing monitoring of patients in isolation, as well as continued construction and expansion of Ebola Treatment Centres (CTEs) and associated isolation facilities.
- On August 18, 2026, WHO reported that two Bundibugyo-specific vaccines have now entered human trials, another candidate showing cross-protection in animals is being advanced toward Phase III, and the WHO-sponsored PARTNERS therapeutics trial has enrolled 100 patients. This is encouraging but does not materially reduce near-term transmission risk.
- On August 20, WHO and Africa CDC welcomed the allocation of Ebola vaccine doses to the DRC by the International Coordinating Group (ICG) on Vaccine Provision to support response efforts against the ongoing Bundibugyo virus disease outbreak. The deployment of candidate vaccines is expected to contribute to outbreak control while generating evidence on vaccine effectiveness and safety against Bundibugyo ebolavirus.

The WHO Recommendations

- 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.
- Although no sustained transmission has been reported outside the DRC, WHO continues to emphasize the risk of international spread. Cross-border preparedness efforts have been strengthened through enhanced collaboration among the DRC and neighboring countries.
- The Emergency Committee reaffirmed the importance of maintaining the outbreak's Public Health Emergency of International Concern (PHEIC) status and continuing intensive response, preparedness, and surveillance activities across the region.

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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