ASEAN Biological Threats Surveillance Centre

Situation Report of Ebola Disease Outbreak caused by the Bundibugyo virus (BDBV)

in The Democratic Republic of the Congo & Uganda

July 31, 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, High in Uganda, and Low globally. These risk levels remained unchanged.

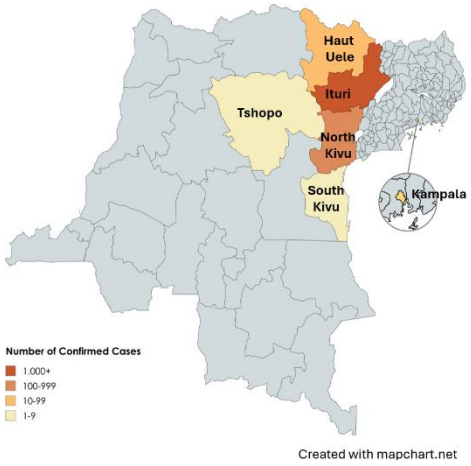

Figure 1. Regions affected by Bundibugyo virus disease in DRC and Uganda, as of July 27, 2026

- **As of July 27**, Africa CDC and WHO reported 3,360 confirmed cases and 1,487 confirmed deaths (CFR: 44.3%) in the Democratic Republic of the Congo (DRC), with cases identified across 48 health zones. A total of 597 patients recovered, representing a recovery rate of 17.8%.
- **On July 28,** the Ministry of Health of Uganda officially declared the end of the Ebola outbreak after completing the required follow-up period with no further transmission detected. Overall, the country reported 20 confirmed cases and two deaths (CFR: 10.0%), with 18 patients recovering, corresponding to a recovery rate of 90.0%.

Table 1. Distribution of Suspected and Confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo and Uganda, as of July 27, 2026

Country	Health Zone/ District Affected	Confirmed Cases	Confirmed Deaths	CFR (%) Confirmed	Cured	Recovery Rate (%)
DRC	48	3,360	1,487	44.3%	597	17.8%
Uganda	2	20	2	10.0%	18	90.0%
Total	**50**	**3,380**	**1,489**	**44.1%**	**615**	**18.2%**

Source: Africa CDC, Ministry of Health of DRC

- Healthcare workers, particularly in DRC, remained affected, with 134 confirmed cases reported. In Uganda, four healthcare worker cases were reported, with no new infections since June 1.

Table 2. Cases among Healthcare Workers (HCW)

Country	Confirmed cases among HCWs	Confirmed deaths among HCWs	CFR (%)
DRC	134	40	29.9%
Uganda	4	0	0.0%
Total	**138**	**40**	**29.0%**

Source: Africa CDC, Ministry of Health of DRC,

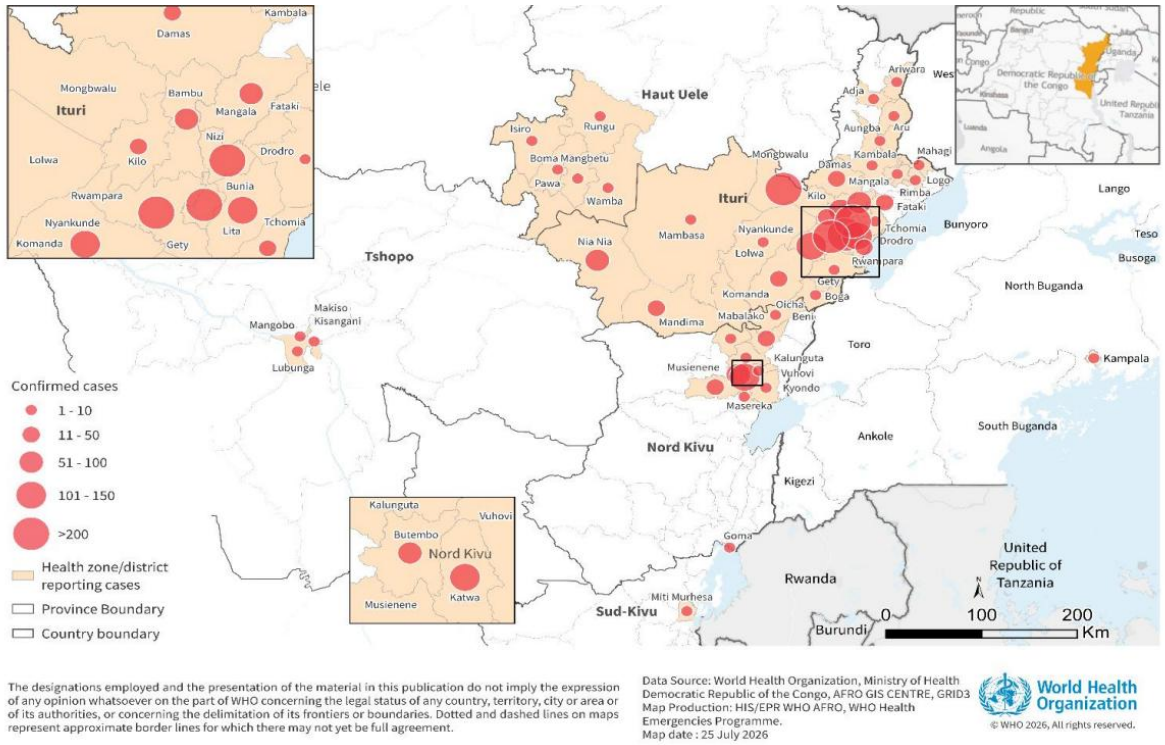

Figure 2. Distribution of cumulative confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo as of July 15 and Uganda as of July 26, 2026 (Source: WHO)

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 July 27, DRC** confirmed a total of 3,360 cases and 1,487 deaths (CFR=44.3%). The number of recoveries was 597, representing 17.8% of confirmed cases.

Uganda

- **On May 11**, 2026, the first imported case was identified in an elderly man from the DRC who was admitted to a private hospital 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.
- **On May 16**, a second imported case was confirmed in Kampala in an individual returning from DRC with no known epidemiological links to the first case. No local transmission had been identified in Uganda at the time of reporting.
- **As of May 24**, the cumulative case count reached seven confirmed cases, including one death (CFR: 14.3%). Cases identified through contact tracing included healthcare workers and other close contacts, with transmission remaining largely confined to known exposure chains.
- **On June 21**, one additional confirmed case was reported, marking the first new case since 5 June.
- **By July 28, 2026**, the Ministry of Health of Uganda had officially declared the end of the Ebola outbreak following 42 consecutive days without a new case. The outbreak recorded 20 confirmed cases and two deaths (CFR: 10.0%), while 18 patients recovered (90.0%).

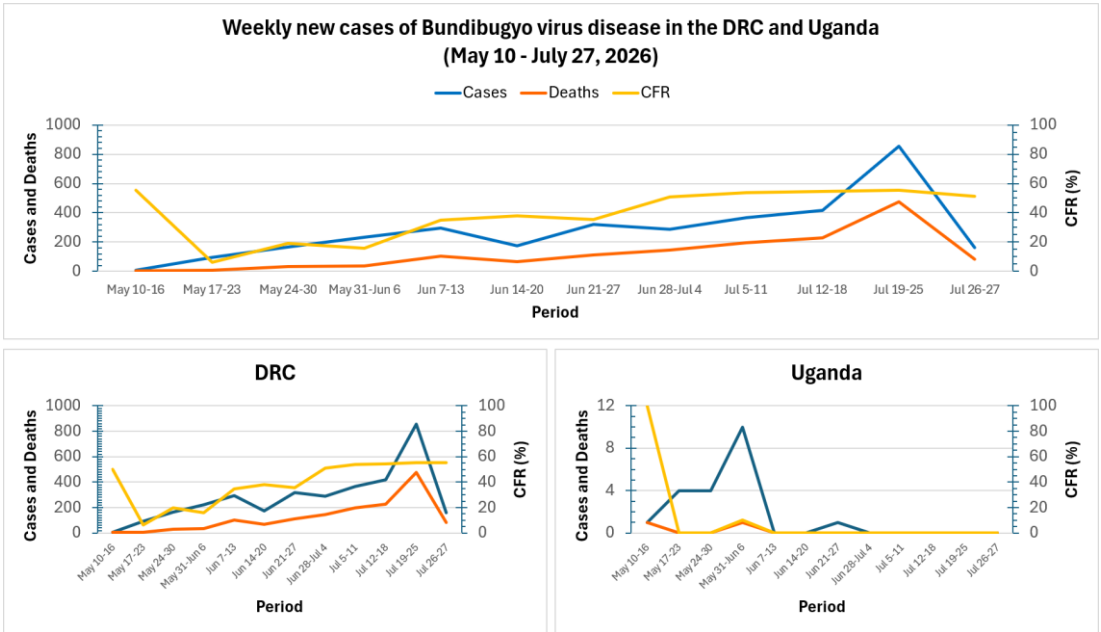

Figure 3. Weekly new cases of BVD in the DRC and Uganda (May 10 – July 27, 2026)
(Sources: Africa CDC, Institut National De Sante Publique DRC)

The outbreak showed a marked increase in weekly reported cases through late June, driven largely by transmission in the DRC. Weekly cases rose from 9 during May 10–16 to a peak of 856 during July 19-25, reflecting sustained expansion of transmission. Preliminary data from July 26 to 27 recorded an additional 160 cases, indicating continued intense transmission.

Mortality trends followed a similar pattern, increasing from 5 deaths in mid-May to 103 during June 7–13, before declining to 66 from June 14 to 20. Deaths subsequently rose to 113 during June 21–27 and further to 475 during July 19-25, highlighting the continuing severity of the outbreak. The weekly CFR fluctuated overtime, reaching 54.55% from July 12-18, slightly decreased in the following weeks.

These trends were primarily driven by the DRC with sustained increases in cases and death. In contrast, Uganda reported limited transmission, with cases peaking at 10 during May 31 to June 6 and no additional cases reported for more than two weeks before a single new case was identified during June 21–27, with no further cases reported.

Overall, the outbreak remains active and expanding in the DRC, while Uganda recently ended the outbreak status.

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 23 June. 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 19, 2026, the WHO Director-General convened an IHR Emergency Committee, which determined that the Bundibugyo virus disease (BVD) outbreak constitutes a Public Health Emergency of International Concern (PHEIC), but not a pandemic. The Committee issued tiered recommendations based on countries' risk levels:
    1. **Affected countries (DRC):** Focus on strengthening outbreak response systems, including surveillance, contact tracing, clinical care, infection prevention and control (IPC), community engagement, and border measures. Efforts should also ensure safe burials, maintain supply chains, and support research on treatments and vaccines.
    2. **Neighboring countries:** Emphasize preparedness, including enhancing surveillance, laboratory capacity, rapid response, and cross-border coordination. Early detection and immediate response to suspected cases are critical, alongside community awareness and readiness to use investigational medical countermeasures.
    3. **All other countries:** Prioritize travel-related measures, including detection and management of suspected cases among travelers, public risk communication, and international coordination. Countries should also prepare for potential case importation and ensure timely reporting to WHO.
- WHO guidance emphasizes that travel restrictions are not recommended, meaning flights should not be suspended and travelers should not be denied entry solely based on origin. Instead, countries should adopt a risk-based and preparedness-focused approach to manage cross-border health risks. Key considerations include travel advice and communication, preparedness at points of entry (PoE), training and awareness, and detection and management of suspected cases, including contact tracing during travel as well as environmental and operational measures

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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