Outbreak Situation Report · No. 47

Bundibugyo Virus Disease Outbreak

Executive Situation Brief — DRC & Uganda

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CONTINENTAL KEY INDICATORS

1,548	494	255	9,971	100
TOTAL CONFIRMED CASES DRC 1,528 + Uganda 20	**CONFIRMED DEATHS** DRC 492 + Uganda 2 · CFR 31.9%	**RECOVERIES** DRC 239 + Uganda 16	**ACTIVE CONTACTS** DRC 9,971 + Uganda 0	**HEALTHCARE WORKERS INFECTED** DRC 96 + Uganda 4

COUNTRY SITUATION — NEW IN THE LAST 24 HOURS

INDICATOR	DRC	UGANDA
New confirmed cases	26	0
New deaths among confirmed cases	19	0
Total confirmed cases	1,528	20
Total confirmed deaths	492	2
Case fatality rate (%)	32.2%	10%
Contacts under follow-up	9,971	0
Contacts seen / active follow-up (%)	8,126 / 81.5%	--
Health zones affected	36	1
New health zone affected	0	0

KEY HIGHLIGHTS

In the past 24 hours, the DRC reported 26 new confirmed cases, including 21 in Ituri and five in North Kivu, bringing the national cumulative total to **1,528 confirmed cases and 492 confirmed deaths**. With Uganda unchanged at 20 confirmed cases and two deaths, the combined DRC–Uganda total is now **1,548 confirmed cases and 494 confirmed deaths**, corresponding to a combined CFR of **31.9%**. Ituri remains the outbreak epicentre, accounting for **90.7% (1,387/1,528)** of DRC confirmed cases and **83.5% (411/492)** of DRC confirmed deaths, while **North Kivu continues to record the highest provincial CFR (58.0%)**.

The outbreak remains in an **active transmission phase**, driven primarily by **Ituri Province**, with continued severity in North Kivu. No new health zone was affected during the reporting day; the DRC total remains 36 affected health zones, and the combined DRC–Uganda total remains 37. The absence of new confirmed cases in South Kivu since 26 May 2026 is encouraging, but sustained surveillance remains essential. Overall risk remains very high in affected provinces and high for cross-border spread.

RESPONSE OPERATIONS SUMMARY (DRC)

AREA	ACTION / STATUS
Coordination	• A national coordination meeting chaired by the Director General of INSP was held with response teams and technical and financial partners to review field activities.
Detection	On 03 July 2026, 1,071 new alerts were reported across the three affected DRC provinces. Of these, 902 (79.7%) were investigated, leading to the identification of 185 suspected cases, including 67 deaths. • A total of 329 new contacts were listed, including 132 in four health zones in Ituri and 197 in three health zones in North Kivu.

	• Contact tracing continued, with 9,971 contacts under follow-up in Ituri and North Kivu; 8,126 were seen, corresponding to an overall follow-up rate of 81.5%. • Forty-four contacts became suspected cases, all in Ituri. • A total of 501 contacts completed 21 days of follow-up, including 384 in four health zones in Ituri and 117 in two health zones in North Kivu. • Follow-up of contacts linked to the confirmed case in France continued in Kinshasa; no new update was reported in the latest SitRep, so the previous information is retained.
PoE/PoC	• Across Ituri and North Kivu, 68 of 69 PoC/PoE were activated or reinforced (98.5%). A total of 148,579 people passed through PoE/PoC; 95.9% were screened, 94.0% washed their hands, and 98.2% were sensitized. Nine alerts were notified, six living alerts were validated, three dead bodies were intercepted, and no referred suspected case tested positive. • In Ituri, alerts were notified at PoCs and six living alerts were validated. In North Kivu, one dead body travelling from Uganda to the DRC was intercepted at the Kasindi PoE in Beni.
Laboratory Testing	• In Ituri, 54 samples were collected and analyzed, with 21 testing positive (38.8% positivity). In North Kivu, 93 samples were collected and analyzed, with five testing positive (5.4% positivity). In South Kivu, five samples were collected and remained under analysis. • Diagnostic laboratories were installed in Komanda, Nizi, Mambasa and Nia-Nia health zones in Ituri.
Research	• A clinical trial was launched in CTE/CME facilities. No new research update was reported in the latest SitRep.
Treatment	• Ten patients were declared recovered after negative control tests, including nine in Ituri and one at CTE Katwa in North Kivu. This brings cumulative DRC recoveries to 239 and combined DRC–Uganda recoveries to 255. • Ten institutional deaths were recorded among confirmed patients in CTE/CT facilities: eight in Ituri and two in North Kivu. In addition, nine community deaths were reported among the 26 newly confirmed cases, bringing the total number of confirmed deaths reported in the past 24 hours to 19. • A total of 774 hot meals were provided, including 150 for confirmed cases, 127 for suspected cases, 446 for PPLs, and 52 for caregivers. • At the end of the reporting day, 628 patients were in isolation or hospitalization. Overall bed occupancy stood at 89.4%, with North Kivu saturation reported at 138.8% in the SitRep challenges table.
IPC / WASH	• In Ituri, 77 EDS alerts were notified, of which 54 were completed and 23 remained pending follow-up. Fifteen households around confirmed cases were identified and decontaminated; 10 means of transport were decontaminated; 35 providers were briefed on BVD; three health facilities and four public or specific sites were decontaminated; eight health facilities were assessed for IPC/WASH; 29 health facilities received follow-up support; 80 RECOs and community leaders were briefed; and IPC kits were distributed to CS Kutumba and CSR Kalivuli, accompanied by practical briefing on PPE use, hand hygiene, and environmental decontamination. • In North Kivu, IPC scorecard assessments were conducted in eight health facilities in Beni, with an average compliance score of 28.1%. Three health facilities were decontaminated after suspected BVD cases passed through them, and 183 health providers were briefed on key IPC topics during supervision of priority facilities.
Community Trust	• Ituri: 285 social mobilization activities reached 36,499 people with messages on BVD prevention, community-based surveillance, case management, decontamination, and EDS in affected health zones. In Bunia and Nia-Nia, 400 educational talks and household visits were organized by 282 RECOs, reaching 850 households and 7,330 people. • Community feedback highlighted the need to improve patient care, place handwashing devices in streets, support churches with additional devices, involve recovered patients in sensitization, limit passenger numbers in public transport,

	address questions about relapse after recovery, and respond to concerns that some patients return home because of overcrowding at CTEs. • CREC support to other pillars included support to confirmed-case listing for surveillance and support to surveillance, IPC and EDS activities in Nia-Nia Health Zone. • North Kivu: 1,818 RECOs visited 14,620 households and sensitized 36,601 people in Goma, Karisimbi, Nyiragongo, Vuteste, Vulamba, Ngengere, and Kyangike, reaching 87% coverage against a 95% target. Seven educational talks sensitized 915 people, while 165 providers and community actors were trained. The SitRep notes that sex-disaggregated figures require verification.
Continuity of Care	• Twenty midwives and nurses in Bambu Health Zone, Ituri, were trained on sexual and reproductive health in the context of BVD. In Ituri, 109 PPLs have been confirmed, including 34 deaths and 46 recoveries.
Logistics	• Ituri: 26 vehicles and four ambulances were made available to response pillars. Works continued at CTE Rwampara; PCI and medical-care inputs were delivered to CSR SOTA; a CREC kit was delivered to HGR Rwampara; PIC and surveillance kits were delivered to the provincial incident management system and Nyankunde; PIC kits were provided to CTE CME; and WHO PEC/PCI inputs were received. • North Kivu: PCI kits totaling 145 parcels and a 1,695 kg PEC kit were delivered to Beni.
PSEA	• In Ituri, PSEA activities continued through actor briefings and community sensitization in Bunia, Rwampara, Mongbwalu, and Aru. The SitRep reports 114 actors briefed on PSEA, 98 RECOs sensitized at a displacement site, and additional briefings for transport workers, ISTM-Nyakunde staff and students, and community groups in Rwampara and Bunia.
Security	• The security situation in Bunia and surrounding areas remained calm but unpredictable. A vandalism incident was reported at PoC Irumu Centre following the arrest of an individual by security services. Reinforced dialogue with local authorities, community leaders, and security services remains a priority to maintain access to high-risk areas.

RESPONSE OPERATIONS SUMMARY (UGANDA)

Area	Action / Status
Detection	• Contact tracing and daily follow-up of identified contacts are ongoing to support early symptom detection, prompt isolation, and interruption of transmission chains. • More than 4,772 travelers were screened at 32 points of entry nationwide. • A total of 831 contacts completed 21 days of follow-up. No contact remains under active follow-up. • Community-based surveillance continues through engagement with community health workers, local leaders, and community networks to detect and report suspected cases and unusual health events.
Laboratory Testing	• Laboratory testing is ongoing, with continuous analysis of submitted samples to support case confirmation and clinical management. A total of 1,787 samples have been tested, with 20 confirmed cases (test positivity of 1.2%). • Two mobile laboratories are operational at border points in Bwera and Arua.
Treatment	• Two patients are currently admitted and receiving appropriate clinical care and treatment. • Following case confirmation, decontamination activities are conducted in affected households, health facilities, and community settings.
IPC / WASH	• MoH has conducted WASH risk assessments in all high-risk districts and health facilities. • MoH has mentored health workers and other key stakeholders on appropriate WASH interventions as a critical preventive measure.

	• MoH has supported the collection, transportation, treatment, and safe disposal of Ebola waste. • MoH supported the distribution of critical WASH supplies to high-risk health facilities.
Security	No security concerns were reported.

AFRICA CDC ACTIONS THIS REPORTING PERIOD

Area	Action / Status
Surveillance	• Deployed epidemiology and data management experts to Uganda and the Democratic Republic of the Congo to support data harmonization and surveillance coordination. • Supported the rollout and implementation of the DHIS2 data management toolkit in Ituri Province, DRC, to strengthen outbreak data collection, reporting, and analysis. • Co-developed regular daily BVD situation reports in the DRC to inform operational planning, decision-making, and response activities.
Laboratory	Nine GeneXpert machines and reagents were recently delivered to bolster diagnostic capacity, and testing facilities were expanded to six health zones.
Data Systems	Introduced a digital disease outbreak data capture tool in the DRC to improve real-time data collection, analysis, and reporting.
Supplies Tracking	Co-developed a medical supplies tracking dashboard with WHO, along with an inventory list and donation guidelines to coordinate partner contributions.
Coordination	Regular IMST coordination meetings are ongoing with all partners. Supported the Government of the DRC in running the incident management system at subnational levels. Africa CDC continued to engage at the highest political levels and with leadership across partner organizations.

KEY CHALLENGES & PRIORITY ACTIONS

Key Challenges	Priority Actions Required
Reluctance toward post-mortem sampling (EDS / swabs) and community resistance	Intensify Risk Communication and Community Engagement (CREC), involve religious and community leaders, and strengthen team security
Insufficient CTE capacity and saturation in North Kivu (138.8%), with overall occupancy at 89.4%	Accelerate construction and expansion of CTEs, and deploy additional temporary structures
Suboptimal contact follow-up performance (81.5% vs. 95% target), with 9,971 contacts under follow-up	Strengthen contact tracing teams, improve daily supervision, and reinforce RECO deployment and motivation in affected health zones
Alert reporting and investigation gaps in selected affected health zones, with 1,071 new alerts reported and 902 investigated (79.7%)	Strengthen community surveillance, improve rapid alert reporting and investigation, and focus supervision on low-performing health zones
Confirmed cases not yet fully ventilated by health zone, including 17 cases awaiting precise attribution	Conduct data reconciliation, remove possible duplicates, and clarify health zone and patient status through active field verification
Insufficient supply of essential medicines (MEG) and medical inputs	Advocacy and urgent procurement of essential medicines
Insufficient PCI inputs and limited IPC training, with continued infection risk among health workers (96 HCW cases, 19 deaths; CFR 19.8%)	Urgent replenishment of supplies and strengthening of PCI training
Backlog of unanalyzed samples at the North Kivu laboratory and delayed diagnosis, contributing to high provincial CFR (58.0%)	Deploy a laboratory catch-up plan and strengthen diagnostic capacities
Insufficient ambulances and isolation structures, with a gap of 20 centers	Urgent deployment of logistical resources and additional infrastructure
Continuity of essential health services remains fragile in affected areas despite ongoing continuity-of-care activities	Ensure effective implementation of free care, maintain essential medicine supply, and protect access to routine services for vulnerable groups

IN SUMMARY:
The response continues to face significant operational pressure, with **9,971 active contacts under follow-up across DRC and Uganda**, **329 new contacts listed in the DRC**, and **628 patients in isolation or hospitalization in the DRC**. High mortality in **North Kivu (CFR 58.0%)**, suboptimal contact follow-up performance (**81.5% vs. 95% target**), and treatment capacity saturation in North Kivu (**138.8%**) underscore the need for earlier detection, rapid clinical management, expanded treatment capacity, and intensified community engagement. Sustained population mobility and cross-border movement continue to increase the risk of spread. Priority actions include strengthening hotspot surveillance, improving alert investigation, expanding treatment and isolation capacity, reinforcing IPC/WASH and community engagement, maintaining essential health services, and sustaining coordinated partner support.

NOTES TO THE READER

This report compiles daily updates on the ongoing disease outbreak, with continuous changes in various variables and indicators; interpretation of the figures and graphs should be done with caution. In particular:

- *The case fatality ratio (CFR, %) in this report is calculated using reported daily cases and deaths. It does not represent the final case fatality after patient outcomes are known, which may take weeks or months after the outbreak ends. This approach may underestimate the actual CFR and may give a misleading impression of quality of care; therefore, the figure should be interpreted with caution and contextual understanding.*
- *Contact lists and follow-up percentages are continually updated as new contacts are added and others complete 21 days of follow-up. Follow-up varies by day and week, and calculations are based on average estimates.*
- *Cases listed as suspected or probable will be reclassified based on laboratory results, epidemiological links, and other investigation findings. Case counts and death records may therefore vary over the course of the outbreak.*

Any significant changes will be communicated in subsequent updates.