

Bundibugyo Virus Disease Outbreak DRC- UGANDA

Epidemic Intelligence Unit| Surveillance and Disease Intelligence Division | Africa CDC| Issue No: 13

BUNDIBUGYO DISEASE SITUATIONAL REPORT, Issue No.13_May 30, 2026

Safeguarding Africa's Health

KEY UPDATES IN THE LAST 24 HOURS

- Fifty-one (51) new confirmed cases and no new deaths were reported from DRC
- Of the 3,200 contacts listed, only 967 (30.2%) are under follow-up in the provinces of Ituri and North Kivu.

DRC

- New confirmed cases: 51 reported from Ituri and South Kivu provinces
- New confirmed death: 25
- New suspected cases: 60
- New suspected death: 13
- New contacts listed: 213
- New recovery: 01 from Goma, North Kivu province

Uganda

- No New confirmed cases
- No New confirmed deaths
- No new confirmed deaths
- No new suspected cases
- No new suspected deaths
- New contacts listed:

CONTINENTAL OVERVIEW

As of 30 May 2026, a total of 272 confirmed cases, 1,119 suspected cases, and 259 suspected deaths and 43 new deaths among confirmed cases of BVD have been reported from the Democratic Republic of the Congo (DRC) and Kampala, Uganda¹. These cases were reported from 15 health zones in the DRC and 1 District in Uganda (see table below). Among confirmed cases, 10 new confirmed cases are health care workers with cumulative of 29 cases and six deaths have been reported among health workers in DRC (26 cases; 6 deaths) and Uganda (3; 0)².

272	43	15.8	1,199	259	21.6	3,780³	2	29	06
CONFIRMED CASES	DEATHS (CONFIRMED CASES)	CFR (%) (CONFIRMED CASES)	SUSPECTED CASES	DEATHS (Suspected)	CFR (%) (SUSPECTED CASES)	CONTACTS LISTED	CURED and DISCHARGED	CONFIRMED CASES AMONG HWS	HCW DEATHS

NB* The tested suspected cases and deaths are now being reclassified; hence the numbers will reduce as testing capacity ramps up.

¹ the distribution of cases and deaths changes following ongoing data harmonization ad different levels of the health systems with the support of the IMST deployed experts

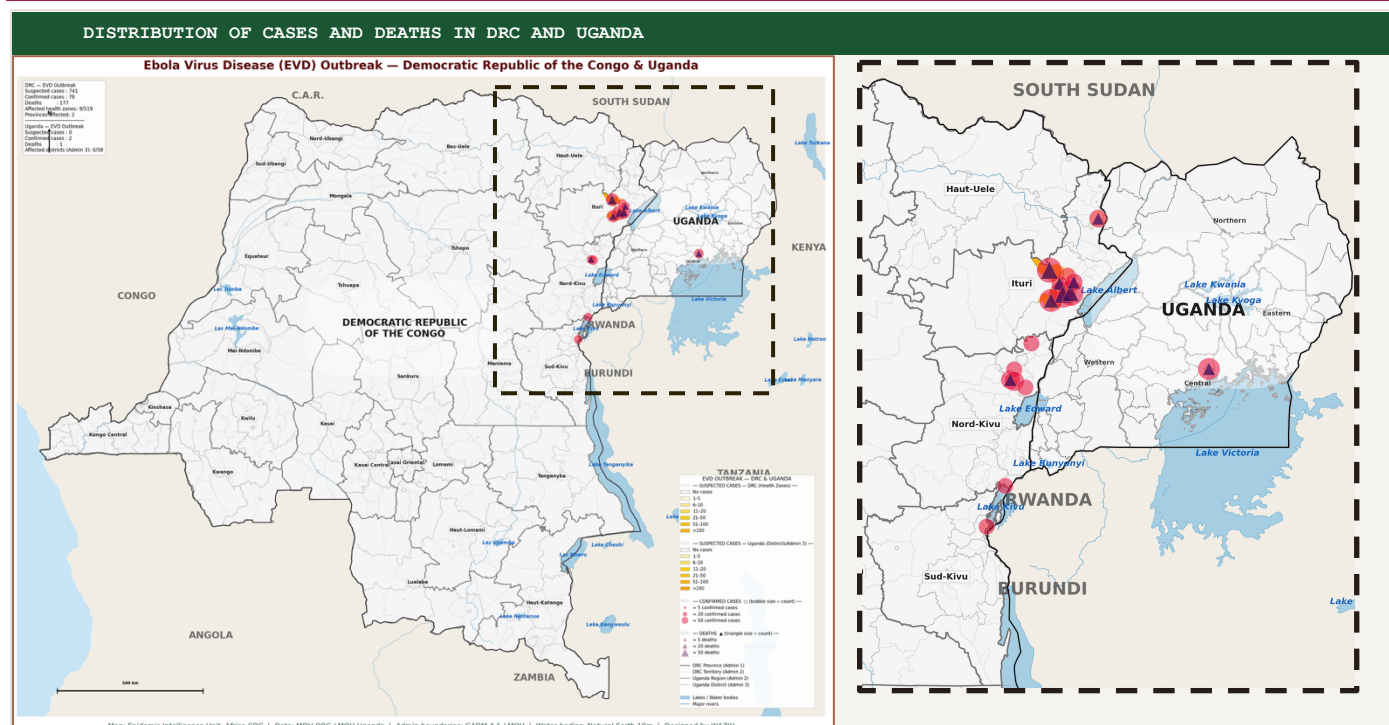
² Number of health workers has been revised following further investigations and verification

³ includes newly listed contacts who are not eligible for follow-up on the day of listing

GLOBAL OUTLOOK

- Travel restrictions by countries such as the USA, Canada, Bahrain, Jordan, Rwanda, and Uganda remain the same, implementing travel restrictions for travelers who have been in the DRC, Uganda, or South Sudan within the last 21 to 30 days.

GEOGRAPHIC DISTRIBUTION OF CASES IN AFRICA



Distribution of Cases, Deaths in DRC and Uganda, 30 May 2026

Province	Health Zone	New confirmed cases	Cumulative confirmed cases	Contacts under follow up	Proportion of contacts followed up
Ituri	8/36 (22%)	49	240	2671	18%
North Kivu	6/34 (18%)	0	11	529	90.7%
South Kivu	1/34 (3%)	2	3	ND	0%
Uganda	Kampala	0	9	518*	59%
Total	16 HZs/District	51	263	3,718	

DRC - ITURI, KINSHASA, NORTH KIVU AND SOUTH KIVU PROVINCES

263	42	16.5	1,199	259	21.6	3,200	2	29	06
CONFIRMED CASES	DEATHS/CONFIRMED CASES	CFR (%) / CONFIRMED CASES	SUSPECTED CASES	DEATHS (suspected)	CFR (%) (SUSPECTED CASES)	CONTACTS LISTED	CURED and DISCHARGED	Confirmed cases among HWs	HCW DEATHS

NB* The tested suspected cases and deaths are now being reclassified; hence the numbers will reduce as testing capacity ramps up.

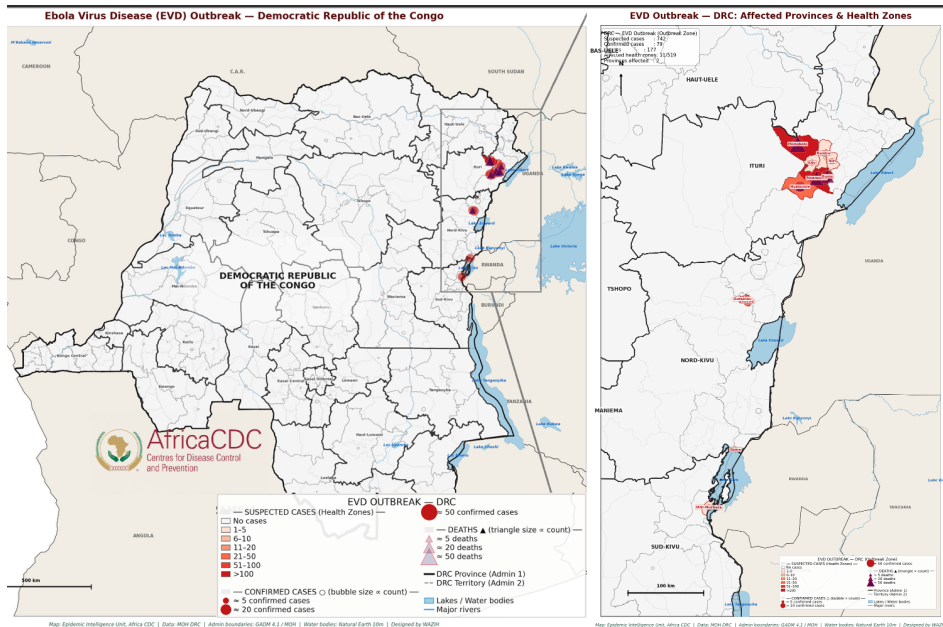
EPIDEMIOLOGICAL SITUATION IN DRC

- Since the last update (30 May 2026), DRC reported 51 new confirmed, 60 suspected cases, and 13 new deaths from suspected cases and 25 new deaths among confirmed cases in Ituri, North Kivu, and South Kivu provinces.

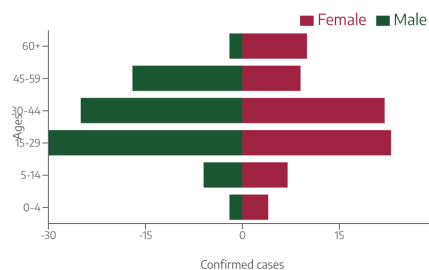
** Includes newly listed contacts who are not eligible for follow-up on the day of listing

- The increase in new confirmed cases and deaths is due to the backlog of laboratory results and postpartum samples that had been pending analysis. Most of these patients had already been isolated
- Overall, 263 confirmed, 1,199 suspected cases, and 259 deaths among suspected cases were reported across 15 zones in Ituri, North Kivu, and South Kivu provinces. Most of the confirmed cases (240) are reported from Ituri province.
- As of 30 May, a total of 3,200 contacts have been identified across the affected provinces; however, only 967 (30.2%) are currently under active follow-up in Ituri and North Kivu.
- Age and gender distributions are available for 159 confirmed cases, of which 84 were males (52.8%) and 80% were between 20 and 60 years old.

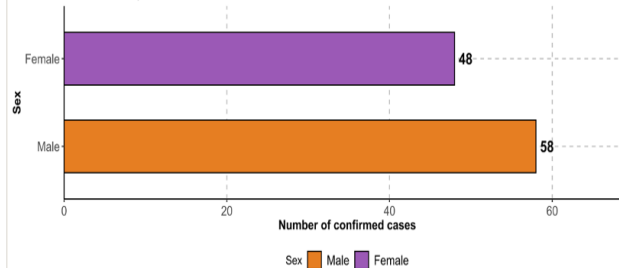
DISTRIBUTION OF CASES, AND DEATHS IN THE DRC



Age-sex distribution (confirmed) [2026-05-02 - 2026-05-30]
(n=157)



Confirmed Bundibugyo Virus Disease cases by sex (n = 106)
Data as of 26 May 2026



RESPONSE INTERVENTIONS:

Surveillance

- Of the 3200 contacts listed, 967 were followed giving a follow-up rate of 30.2%
- Contact follow-up rate in Ituri stands at 18% while in North Kivu it stands at 90%
- Alert reporting and validation, case investigations, active case finding, contact listing and follow-up, retrospective record review of cases and deaths are ongoing, with reclassification of cases as testing increases and data pipelines and put in place.
- Training of IPC specialists on BVD on general case definition as well as case mapping.
- Identification of 5 points of care (PoC) in Mongbwalu Health Zone (Poipo, Pluto, Njebi, Pont-Frigo, Kilo) to make them operational

Laboratory

- Africa CDC delivered 3,000 Radi-One test kits to Bunia, Ituri province
- Established cold chain arrangements for the storage and management of RADIONE reagents at the Bunia laboratory.

- One confirmed patient tested negative on a repeat sample collected on 27 May 2026 and was subsequently declared cured and discharged from the ETC on the same day.

Case Management

Africa CDC deployed three additional responders to support case management, surge coordination, and logistics, while continuing to support ETC operationalisation, nutrition, MHPSS, and health facility assessments.

Infection Prevention and Control (IPC)

- Continued IPC mentoring, facility assessments, and decontamination activities were conducted to enhance infection prevention and healthcare facility readiness.

Risk Communication, Rumor Management and Community Engagement (RCCE)

- No New updates

Logistics

- No new updates

CHALLENGES FOR THE RESPONSE

- Significant gaps in case management and IPC capacity, including limited ETC capacity and shortages of medicines, PPE, and critical supplies, continue to affect effective patient care and infection control.
- Human resource shortages and insecurity are constraining response operations, resulting in reduced access to affected communities and delays in surveillance, case detection, contact tracing, and response activities.
- Absence of triage systems in healthcare facilities and limited implementation of comprehensive response actions around confirmed cases in Ituri province
- Inadequate training of contact tracing personnel and limited availability of vehicles for field investigations.
- Low involvement of Community Animation Actors (APA), community leaders, and local influencers in response activities.
- Resistance to post-mortem testing, the spread of rumors and traditional remedies, and the limited availability of BVD communication materials continue to negatively affect community engagement, trust, and health-seeking behavior.
- Weak contact tracing systems, inadequate training of response personnel, low alert reporting, and suboptimal contact follow-up rates continue to affect surveillance activities across affected health zones.
- Partial and incomplete surveillance data remain a challenge, with some figures subject to change following harmonization and validation processes.
- The absence of standardized Transit Centers and Ebola Treatment Centers (ETCs), together with shortages of essential medicines in isolation facilities and referral hospitals, continue to compromise patient management and continuity of care.
- The escape of a confirmed case from CH Salama has increased the risk of further community transmission.
- Shortages of IPC materials, including PPE, disinfectants, and chlorine, as well as delays in transporting samples to laboratories in Goma and Kinshasa, continue to affect infection prevention, diagnosis, and response operations.
- Insufficient financial resources, limited operational support, and persistent insecurity, including the fire incident at the Rwampara treatment center and ongoing armed group activities in Ituri and Mongbwalu, continue to hinder effective outbreak response implementation

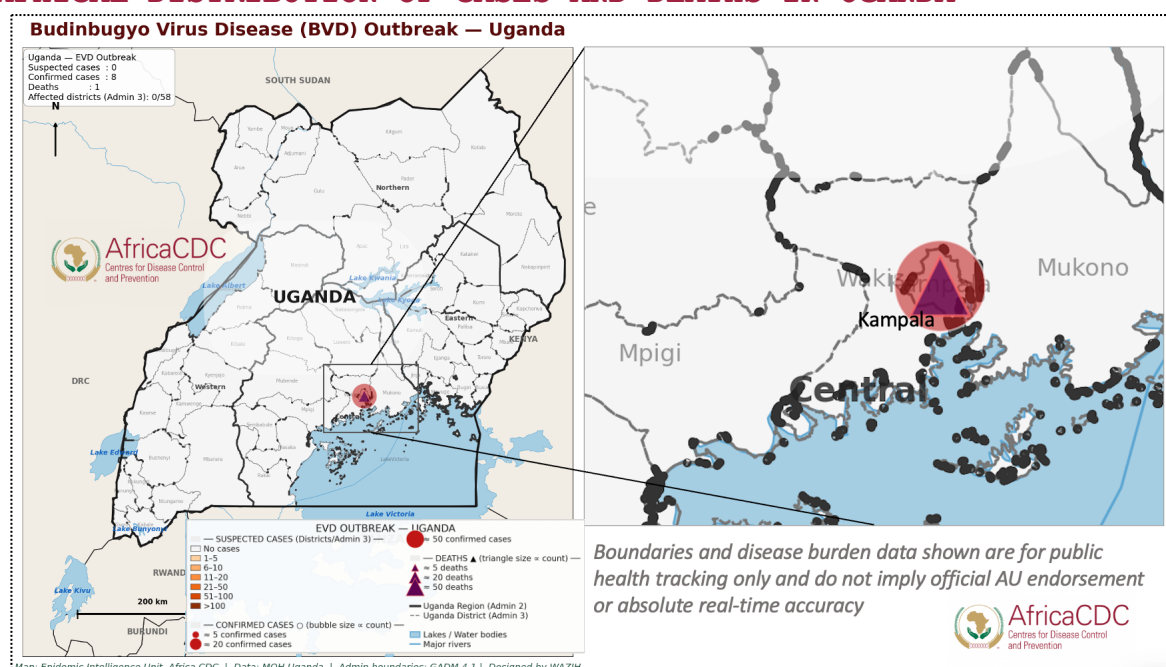
UGANDA – KAMPALA

9	1	11.1	0	0	0	580*	3	0
CONFIRMED CASES	DEATHS/CONFIRMED CASES	CFR (%) / CONFIRMED CASES	SUSPECTED CASES	DEATHS (SUSPECTED)	CFR (%) / SUSPECTED CASES	CONTACTS LISTED	CONFIRMED CASES AMONG HWs	HCW DEATHS

EPIDEMIOLOGICAL SITUATION IN UGANDA

- No new confirmed BVD case reported in the last 24 hrs in Uganda
- As of 30 May 2026**, a total of nine (9) confirmed cases and one (1) death were reported (CFR: 11.1%), among which three (3) cases are health care workers.
- All confirmed cases are admitted to the designated Ebola treatment facility and are receiving appropriate treatment.
- Known contacts are listed for follow-up, and high-risk contacts are evacuated to the quarantine centers.

GEOGRAPHICAL DISTRIBUTION OF CASES AND DEATHS IN UGANDA



RESPONSE INTERVENTIONS:

Coordination

- No new updates

Surveillance

- No new updates

Laboratory

- No new updates

Continuity of essential services

** Includes newly listed contacts who are not eligible for follow-up on the day of listing

- Conducted a national webinar on continuity of essential health services during the outbreak response, engaging over 300 healthcare workers from across Uganda to strengthen preparedness and service delivery

• **WASH**

- No new updates.

Case Management

- No new updates

Infection Prevention and Control (IPC)

- No new updates

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RCCE

- No new updates

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AFRICA CDC RESPONSE TO THE ONGOING EBOLA OUTBREAK

Laboratory

- Africa CDC deployed three additional responders to support case management, coordination, and logistics, while continuing support for ETC operationalization, nutrition, MHPSS, and health facility assessments.
- Africa CDC delivered laboratory reagents for 4800 tests to DRC, of which 2000 tests arrived to Bunia
- Africa CDC and WHO held partners meetings to discuss the IMST structure and partner coordination mechanism.
- Africa CDC teams deployed in DRC and Uganda continue to support data management efforts- introduced the DHIS2 outbreak toolkit to support outbreak data management- data capture and analysis (DRC) and response coordination, RCCE and surveillance (Uganda)

CHALLENGES FOR THE RESPONSE

- **Low contact follow-up rate at 30% in DRC**
- Inadequate capacity for safe and dignified burials.
- Inadequate decontamination at health facilities further increases the risk of healthcare-associated infections.
- Insufficient PPE materials field response teams
- Confirmed cases at designated centers refuse isolation due to inadequate standards at the treatment facilities.
- Healthcare facilities are experiencing stockouts of essential medical commodities, which challenge the continuity of care and encourage patients to seek treatment elsewhere.
- Inadequate ambulances to transport suspected cases.
- Community resistance to household decontamination activities in Rwampara HZ
- The multidisciplinary RRT has not yet been deployed to Mongbwalu, Aru, and other high-risk health zones.

RECOMMENDATIONS

- **Community Engagement and Trust Building:** Strengthen community engagement and risk communication activities to improve trust in treatment centers and encourage acceptance of isolation and treatment among confirmed cases
- **Deploy multidisciplinary RRTs:** Strengthen surveillance, case investigation, IPC, laboratory support, risk communication, and case management activities in Mongbwalu, Aru, and other high-risk health zones
- **Enhance Surveillance:** Fast-track the deployment of community health workers to bridge the gap in contact tracing and active case finding.

- **Decentralized Lab Capacity:** Urgent procurement of reagents and diagnostic machines is required to reduce turnaround times and clear the sample backlog.
- **Strengthen IPC:** Initiate community-level infection prevention activities and ensure all health facilities undergo decontamination; and improve the IPC gaps in health facilities based on the score card assessment findings.
- **Safe Access:** Coordinate with peace and security partners to ensure response teams can safely access conflict-affected areas.

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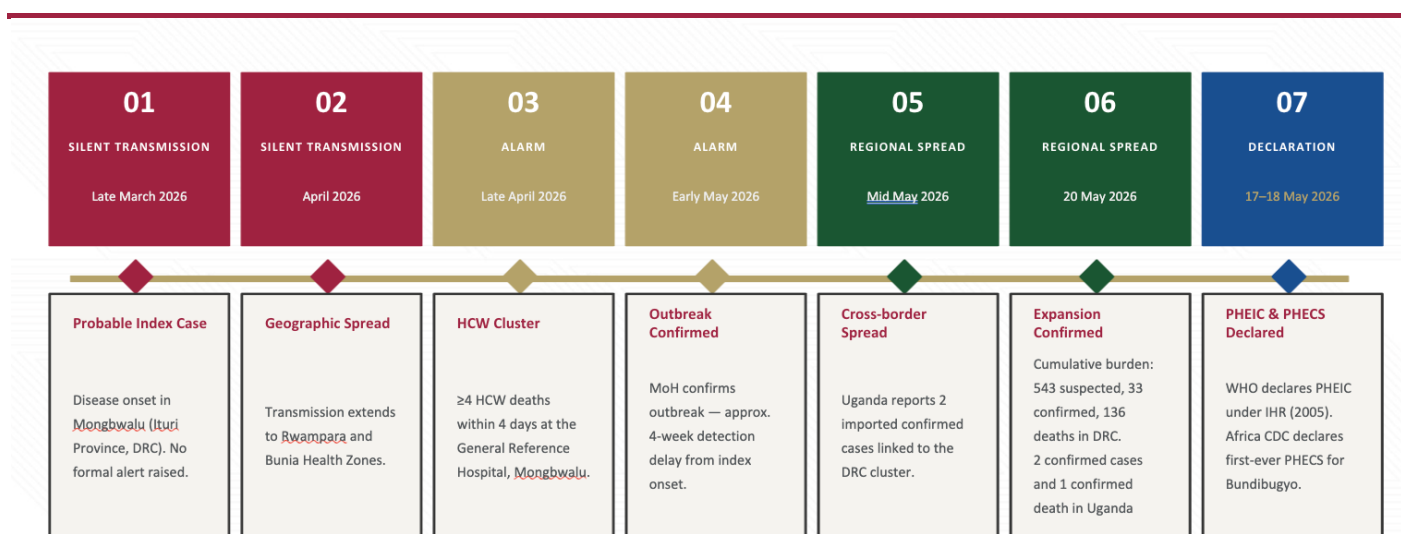
UNOFFICIAL INFORMATION, NOT FOR WIDER DISTRIBUTION!

Nothing new in the last 24 hours

REFERENCE

- [US says American contracted Ebola in Congo as CDC announces new travel screening measures | US news | The Guardian](#)
 - [CDC Statement on the Use of Public Health Travel Restrictions to Prevent the Introduction of Ebola Disease into the United States | Ebola | CDC](#)
 - [UAE monitoring Ebola as Bahrain and Jordan ban visitors from central African states | The National](#)
 - [Rwanda closes Goma border crossing following Ebola emergency | Africanews](#)
 - [Resolutions for Uganda National Ebola Task Force <https://x.com/i/status/2057471796497035293>](#)
 - [Facilities torched as Ebola deaths climb - Taipei Times](#)
 - [Government of Canada introduces temporary border measures in response to the Ebola disease outbreak - Canada.ca](#)
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ANNEX



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www.africacdc.org
X i @ africacdc

The outbreak profile is provisional and may be revised following ongoing epidemiological and laboratory investigations

