Bundibugyo Virus Disease Outbreak
DRC- UGANDA

Epidemic Intelligence Unit| Surveillance and Disease Intelligence Division | Africa CDC| Issue No: 14

BUNDIBUGYO DISEASE SITUATIONAL REPORT, Issue No.14_May 31, 2026 *Safeguarding Africa's Health*

KEY UPDATES IN THE LAST 24 HOURS

- Nineteen (19) new confirmed case and no new deaths were reported from DRC
- Four healthcare workers in Bunia Ituri recovered
- Official handover of 15 motorcycles in ituri, to support BVD response

DRC

- New confirmed cases: 19
- No new death among confirmed death
- No update on new suspected death: suspected cases have been revised
- No update on new contacts listed
- New recovery: two HCW in Ituri

Uganda

- No New confirmed cases
- No New confirmed deaths
- No new confirmed deaths
- No new suspected cases
- No new suspected deaths

CONTINENTAL OVERVIEW

As of 31 May 2026, a total of 291 confirmed cases, 321 suspected cases (220 under investigation and 101 in isolation) , and 259 suspected deaths, 43 deaths among confirmed cases and six recoveries of[1] and Uganda[OBJ]. The four new recoveries are Health Care Workers in Ituri. The outbreak is reported from 15 health zones in the DRC and 1 District in Uganda (see table below). Among confirmed cases, 29 cases and five deaths have been reported among health workers in DRC (26 cases; 5[2]0)[3].

291	43	14.7	321*	259		3,780[4]	6	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

[3] Number of health workers has been revised following further investigations and verification
[4] includes newly listed contacts who are not eligible for follow-up on the day of listing

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

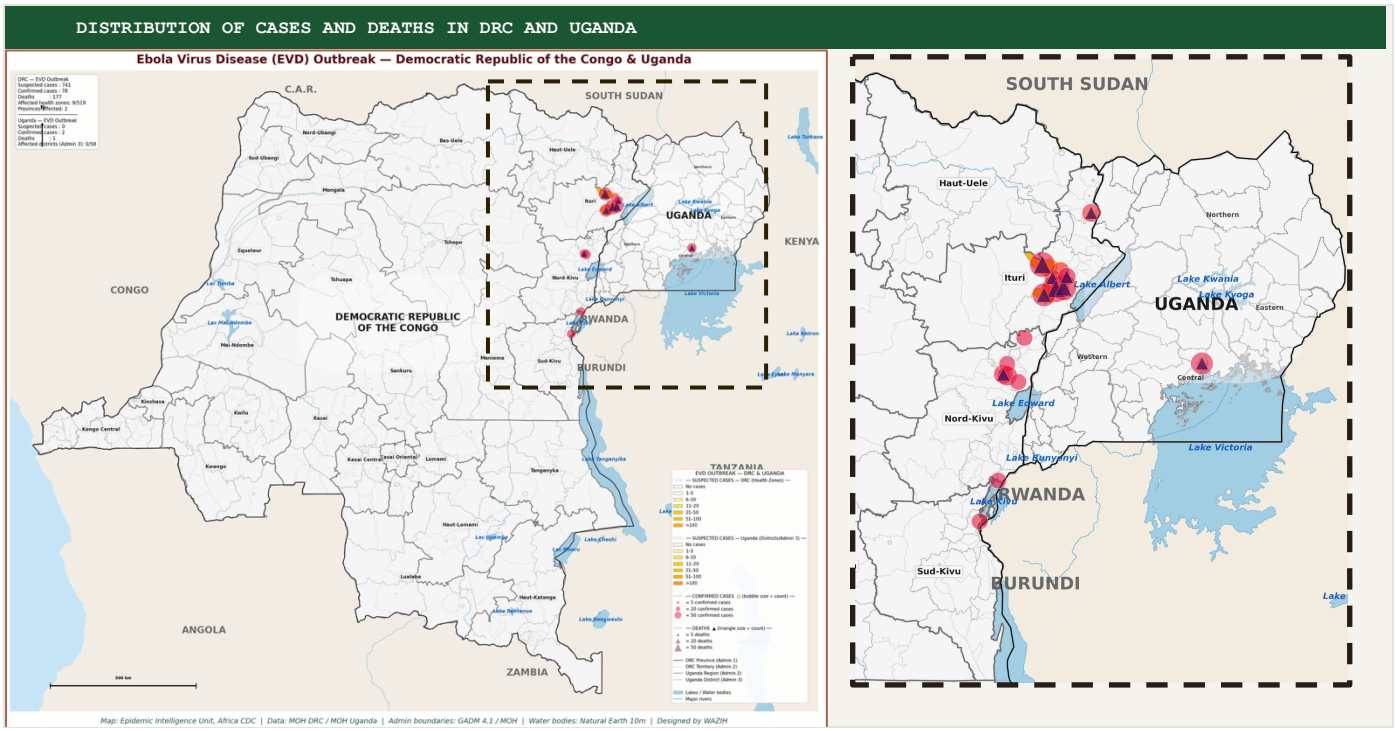
GLOBAL OUTLOOK

- On 31 May 2026, a suspected BVD case with symptoms consistent with Ebola was reported in Cagliari, Italy. The patient, had recently returned from the DRC, was admitted to Santissima Trinità Hospital and placed in isolation for testing. Italian health authorities activated emergency response protocols, while confirmatory laboratory investigations were negative for EVD.

- The High Court of Kenya suspended plans by the United States to establish an Ebola quarantine facility for American citizens in the country, following public concerns over potential cross-border infection risks.

- 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, 31 May 2026

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

282	42	14.8	321[5]	259		3,200	4	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

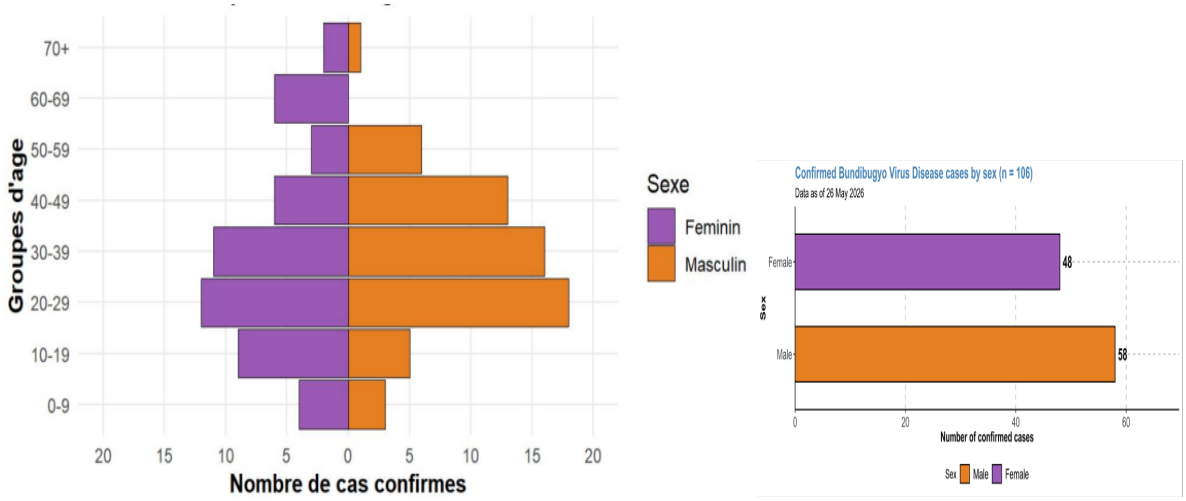
- Since the last update (30 May 2026), 19 new confirmed cases and no new deaths were reported from DRC.
- A total of 101 suspected cases are under isolation

[5] *As of 30 May, the total suspected cases were 1199. Suspected case and death numbers are currently being reclassified as testing capacity increases. We will keep updating as more classification is available.*

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

- Overall, 282 confirmed cases of which 238 were active cases and 42 deaths among confirmed cases (CFR: 15%) , were reported. Additionally, 321 suspected cases, of which 101 suspected cases are under isolation and 259 deaths among suspected cases 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 the 30 May, a total of 3,200 contacts has been identified across the affected provinces; however, only 967 contacts (30.2%) are currently under active follow-up in Ituri and North Kivu provinces.
- Age and gender distribution is available for 159 confirmed cases of which 84 were males (52.8%), and 80% are between 20 to 60 years old.

DISTRIBUTION OF CONFIRMED CASES BY AGE AND GENDER



RESPONSE INTERVENTIONS:

Surveillance

- Reorganized the surveillance pillar and strategically deployed epidemiologists across key sub-pillars and affected health zones to strengthen coordination, surveillance, and response operations.
- Implemented an early warning and event-based surveillance system at the ISP Bunia IDP site in collaboration with partners to enhance the timely detection and reporting of public health threats
- Supported the briefing and orientation of Community Health Workers on community-based surveillance and contact tracing within the affected health zone to strengthen early detection, reporting, and follow-up of suspected cases and contacts.
- On 30 May 2026, a total of 149 alerts were reported, of which 84 (56.3%) were investigated and 73 (86.9%) validated; among the validated alerts, 33 (45.2%) underwent sample collection for laboratory testing.
- On 31 May 2026, a total of 13,960 travellers at five POEs/PoC in Bunia, Rwampara, Tchomia, Aru and Nyakunde. A total of 13,187 were screened (99%). 13,187(97%) washed their hands and 13,960 (99%) were sensitized on BVD

Laboratory

- Laboratory testing continued at the Bunia Laboratory and the INRB Kinshasa. On 30 May 2026, 52 new samples were analyzed, of which 19 tested positive, representing a 36.5% positivity rate.

Case Management

- No update

Infection Prevention and Control (IPC)

- Officially launched IPC/WASH training for 280 healthcare providers, including personnel from public, private, and traditional health sectors in the Mongbwalu Health Zone, to strengthen infection prevention, control, and water, sanitation, and hygiene practices during the outbreak response.

Risk Communication, Rumor Management and Community Engagement (RCCE)

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

- Conducted community sensitization on Ebola Virus Disease (EVD) prevention and alert reporting, reaching 250 members of the Adventist Church during a Swahili-language worship service.
- Conducted school-based Ebola awareness sessions reaching 1,636 students, including 990 girls, across schools, focusing on EVD prevention measures in schools and at home.
- Conducted community sensitization on Ebola Virus Disease (EVD) prevention measures for 45 motorcycle taxi drivers across two transport hubs, strengthening awareness among a key mobile population group.

Logistics

- Delivery of 5 tonnes of UG-PDSS-supported essential medicines to the Bunia Health Zone.
- A total of twenty-seven (27) vehicles and four (4) ambulances were allocated to the respective pillars to facilitate operational mobility across the following axes: Rwampara, Nyakunde, Bunia, Nizi, Bambu, Mongbwalu, and Ariwara.
- Continued distribution of UNICEF-supported motorcycles to the following health zones: Rwampara (21), Mangala (2), Biringi (1), Linga (1), Rethy (2), and Lolwa (1).
- Monitoring of the construction work of the CTE at the HGR Bunia, at the CME Bunia, at the HGR Rwampara

Security

- The security situation in the city of Bunia (Bunia and Rwampara health zones) is relatively calm.

CHALLENGES FOR THE RESPONSE

- Reluctance towards post-mortem sampling: Formal refusal by families to have diagnostic tests (swabs) carried out on the bodies of the deceased in morgues.
- Persistent gaps in the identification and systematic monitoring of contacts across active and high-risk health zones.
- Critical gaps in case management and health system capacity, including shortages of essential medicines in isolation units and referral hospitals, and weaknesses in Ebola treatment and isolation services in Rwampara and Nyankunde.
- Operational and surveillance challenges, including difficulties in transporting samples to reference laboratories and low alert reporting across health zones in Ituri, North Kivu, and South Kivu.
- Community and response constraints, including spread of rumors, reliance on traditional remedies, and logistical support provided through 27 vehicles and 4 ambulances to improve mobility across key response axes.

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

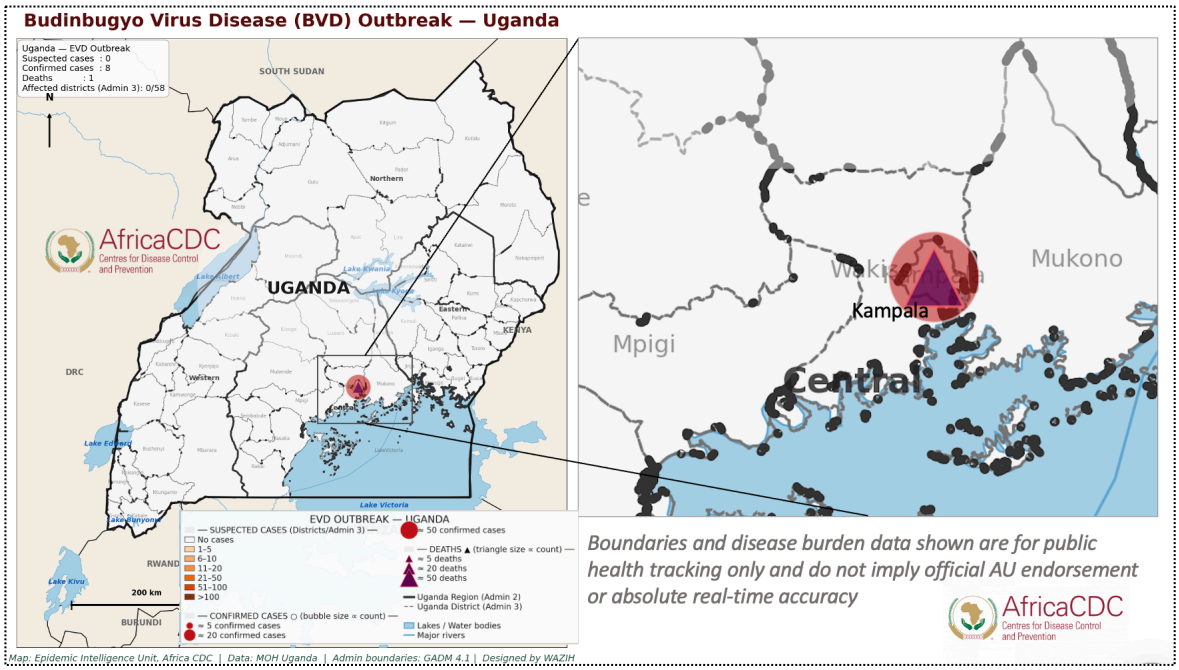
UGANDA – KAMPALA

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 31 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

- No new updates

WASH

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

- No new updates.

Case Management

- No new updates

Infection Prevention and Control (IPC)

- No new updates
-

RCCE

- No new updates
- .

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 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,

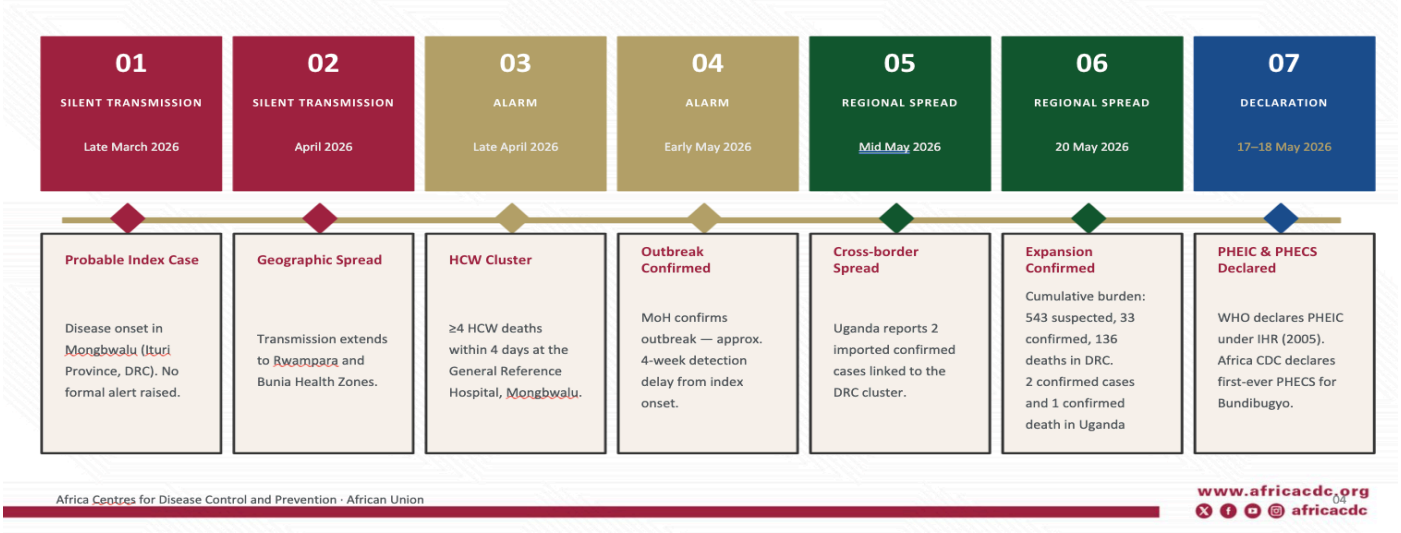
NOT FOR WIDER DISTRIBUTION!

- Local community members in DRC believe that there is a cure for Ebola in Uganda and as such several attempts to cross the border have been made though unsuccessful. Ugandan authorities have strengthened border security to limit cross border movement.

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
- Suspected Ebola case in Cagliari: patient in hospital | Euronews

ANNEX



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

