Executive Situation Brief · Report No.109

Bundibugyo Virus Disease Outbreak

Democratic Republic of the Congo & Uganda · Reporting date 04 September 2026 · Published 05 September 2026

Bottom line for decision-makers

DRC remains the only active outbreak setting, with 6,522 confirmed cases, 3,134 deaths, 1,516 recoveries and 817 patients in isolation/CTE. On 04 September, DRC reported 86 new cases across Ituri (53), North Kivu (31) and Haut-Uélé (2), and 39 deaths: 30 community deaths and 9 intra-CTE deaths. Ituri remains the epicentre, with 80.9% of cumulative DRC cases and 61.6% of new cases. Kayna health zone in North Kivu was newly affected. Uganda's outbreak was declared over on 28 July 2026; Uganda is retained only in historical continental totals.

Continental cumulative indicators — as of 04 September 2026

6,542 **Confirmed cases** DRC 6,522 · Uganda 20	**3,136** **Deaths** DRC 3,134 · Uganda 2	**47.9%** **Case fatality** DRC 48.1% · Uganda 10.0%	**1,534** **Recovered** DRC 1,516 · Uganda 18	**189** **HCW infected** DRC 185 · Uganda 4
86 **New confirmed cases, 04 Sep** Ituri 53 · North Kivu 31 · Haut-Uélé 2	**817** **In isolation / CTE** DRC patients in isolation/CTE	**86.0%** **Contact follow-up** 21,909/25,500 contacts · 04 Sep	**62** **Affected HZs / districts** DRC 61 · Uganda 1	**49** **HCW deaths** DRC 49 · Uganda 0

SITUATION AT A GLANCE

- **Transmission remains concentrated in Ituri:** 5,277 of 6,522 DRC cases (80.9%) and 2,378 of 3,134 deaths are in Ituri. Ituri also reported 53 of 86 new cases and 23 of 39 deaths on 04 September.
- **Mortality remains high:** DRC CFR is 48.1%; daily deaths totalled 39, including 30 community deaths and 9 intra-CTE deaths. North Kivu remains high at 65.8%, while Bas-Uélé is 75.0% on a small cumulative case base.
- **Surveillance remains strong but lower than the previous day:** 2,144 alerts were recorded in the six affected provinces; 1,955 were verified (91.2%), 399 were validated as suspected cases, all were investigated, and 222 were transferred to CT/CTE.
- **Overall disease pattern and trajectory:** Contact follow-up declined to 86.0% (21,909/25,500) but remains above the 85% threshold. Haut-Uélé (72.1%), Tshopo (73.9%), North Kivu (83.3%) and Bas-Uélé (69.7%) remain below target, while Ituri is above threshold at 89.8%. Operational continuity is constrained by community resistance, weak PoE/PoC reporting and functionality, and saturated isolation capacity in North Kivu and selected Ituri sites.

Response operations — 04 September operational snapshot

Case management. DRC reports 817 patients in isolation/CTE. Ituri has 495 patients for 978 beds (50.6%); North Kivu has 237 for 220 beds (107.7%); Haut-Uélé has 62 for 128 beds (48.4%); Tshopo has 7 for 25 beds (28.0%); and Sud-Kivu has 16 for 25 beds (64.0%). New recoveries were reported in Ituri (19) and North Kivu (2), bringing DRC recoveries to 1,516.	**PoE/PoC, laboratory and vaccination.** PoE/PoC recorded 267,016 travellers, with 98.1% screened, 98.1% handwashing compliance and 99.0% sensitized. Nine alerts were notified, one live alert was validated and one corpse was intercepted. Laboratories confirmed 86 positives: Ituri 53/341 samples, North Kivu 31/189 and Haut-Uélé 2/37; Bas-Uélé tested 5 samples and Tshopo tested 3, all negative. Vaccination continued in Bas-Uélé, reaching a cumulative 486 vaccinated people; Tshopo supervision continued, with no updated cumulative total reported.
RCCE. RCCE activities focused on contact follow-up, IPC behaviours, rumour management and alert reporting. In Ituri, local leadership engaged communities in Bayaku groupement, while CTE-based individual interviews reached 9 people and sensitization reached 35 people. North Kivu completed 13,465 household visits reaching 40,196 people, 49 educational talks reaching 1,638 people, 3 briefings, 5 community dialogues and 6 mass communication activities; 156 alerts were notified by community actors. Tshopo sensitized 1,302 people, resolved 2 of 3 refusals, clarified 2 rumours, collected 2 feedbacks, distributed 106 leaflets, published 2 online articles and trained 36 people in CREC.	**IPC/EDS and logistics.** Ituri opened 12 rings out of 41 expected, decontaminated 69/71 households and 4/5 FOSA, completed 59 EDS and swabbed 52 bodies. North Kivu received 44 EDS alerts plus 21 carry-overs, completed 46 EDS and swabbed 44 bodies. Tshopo could not open rings around the 20th, 21st and 22nd cases, but supported 11 ESS, briefed 112 providers and 51 supervisors, installed 7 triage units and reported 46/79 ESS with IPC kits and triage circuits. Bas-Uélé briefed 52 providers, supplied IPC/WASH inputs to 10 PoCs and assessed four ESS. Logistics supported 4 inter-CTE transfers and food for 462/495 hospitalized patients in Ituri, 7 successful ambulance trips in North Kivu, vehicle support and isolation-site construction in Tshopo, and supply packing plus alert-verification mobility in Bas-Uélé. **SMSPS, security and PSEA.** SMSPS supported 28 confirmed and 34 of 96 suspected cases in North Kivu, with 50 result announcements, 54 PPL supported, 93 households accompanied and 14 survivors followed in the community; Haut-Uélé accompanied 24 confirmed cases and made 12 result announcements, including 4 positives. Security teams in North Kivu completed 7 discipline-maintenance activities, supported EDS burials at Bundji, Butala, Kasitu and Kimbangu, and covered IPC teams in two Butsili households; Bas-Uélé assessed security at PoC PK4 route

	Kisangani. In Ituri, 107 agents were briefed on PSEA and signed the code of conduct; Bas-Uélé sensitized 60 people, bringing its cumulative PSEA reach to 76.

Risks to watch

- Transmission remains concentrated in Ituri, followed by North Kivu; Kayna is newly affected in North Kivu, and Bas-Uélé has the highest CFR on a small case base.
- Contact follow-up remains below target in Haut-Uélé (72.1%), Tshopo (73.9%), North Kivu (83.3%) and Bas-Uélé (69.7%), despite national performance of 86.0%.
- North Kivu exceeds CTE/CT capacity at 107.7%; Ituri's CME is saturated for confirmed cases, while Nizi, Lita, Mambasa and Logo are saturated for suspected cases and Nizi and Bambu face expansion delays.
- PoE/PoC completeness is weak in Sud-Kivu (55.5%), Haut-Uélé (64.0%) and Tshopo (83.3%); Bas-Uélé did not report, and Ituri has only 1/11 strategic PoE/PoC functional.
- Community resistance and security constraints continue to affect isolation, swabbing, EDS, transfers and field access, especially in Ituri, North Kivu and Tshopo.
- IPC implementation remains weak in Ituri, Bas-Uélé and Tshopo because of incomplete ring opening, insufficient teams, non-functional waste areas, missing triage circuits, supply gaps and resistance around the latest Tshopo cases.

Calls to action

- Sustain 100% suspect investigation and close contact-follow-up gaps in Haut-Uélé, Tshopo, North Kivu and Bas-Uélé.
- Stabilize isolation capacity in North Kivu and saturated Ituri sites, especially Nizi, Lita, Mambasa, Logo and Bambu.
- Restore PoE/PoC functionality and reporting in Ituri, Sud-Kivu, Haut-Uélé, Tshopo and Bas-Uélé.
- Resolve IPC/WASH, logistics and mobility bottlenecks, prioritizing Ituri, Bas-Uélé and Tshopo.
- Intensify RCCE, SMSPS, PSEA, security and data-quality support to reduce community deaths, resistance and transmission risks.

Prepared by **Dr Merawi Aragaw, Wazih N. Cho, Kyeng Mercy and Bethlehem Tibebu**, Africa CDC Epidemic Intelligence Unit, Surveillance & Disease Intelligence Division. Source: DRC MVE SitRep No.113/MVEBDB/04/09/2026; Uganda BVD cumulative totals retained from the dashboard.