Bundibugyo Virus Disease Outbreak
DRC–UGANDA

Epidemic Intelligence Unit | Surveillance and Disease Intelligence Division | Africa CDC | Issue No. 25

BUNDIBUGYO VIRUS DISEASE SITUATIONAL REPORT, Issue No. 25
Date of Report: 11 June 2026
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Safeguarding Africa's Health

KEY UPDATES IN THE LAST 24 HOURS

- Seventeen (17) new confirmed cases, including 5 deaths, were reported from Bunia (6), Rwampara (5), Mongbwalu (4), and Nizi (2) Health Zones in Ituri Province.

DRC

- New confirmed cases: 17 from Bunia (6), Rwampara (5), Mongbwalu (4), Nizi (2), HZs
- New death among confirmed: 05
- No update on suspected deaths
- New contacts listed: 234
- No new recoveries or discharges:

Uganda

- No new confirmed cases
- No new confirmed deaths
- No new suspected cases
- No new suspected deaths
- No new recoveries reported
- No new contacts listed

CONTINENTAL OVERVIEW

As of 11 June 2026, a total of 708 confirmed cases and 141 deaths among confirmed cases; and 37 BVD recoveries were reported in DRC and Uganda. The outbreak is reported from 29 health zones in the DRC and 1 District in Uganda.

Ituri remains the epicenter, accounting for 93.8% of all confirmed cases in the DRC. While the overall lethality rate stands at 20.2%, significant provincial variations exist—Nord-Kivu reports a high lethality of 60.0% compared to Ituri's 17.6%. (see table 2 below)

	CONFIRMED CASES	DEATHS (CONFIRMED CASES)	CFR (%) (CONFIRMED CASES)	CONTACTS LISTED	CURED AND DISCHARGED
Total	**708**	**141**	**19.9%**	**6,835**	**37**
DRC	**689**	**139**	**20.2**	**6,043**	**32**
UGANDA	**19**	**2**	**10.5**	**792**	**5**

Note: Tested suspected cases and deaths are being reclassified; the totals may decrease as testing capacity increases.

GLOBAL OUTLOOK

Eighteen(18) countries have implemented advisories, entry restrictions, screening, quarantine requirements, or transport disruptions. 10 of these countries out of Africa have made extraterritorial restrictions and measures, including entry restrictions, health screening, advisories, and aviation disruption, 8 within Africa with Intra-African restrictions and measures, including border screening, transport controls, and movement restrictions. Africa CDC and the WHO do not recommend restrictions on travel or trade, in line with IHR and AU regulations.

GEOGRAPHIC DISTRIBUTION OF CASES IN AFRICA

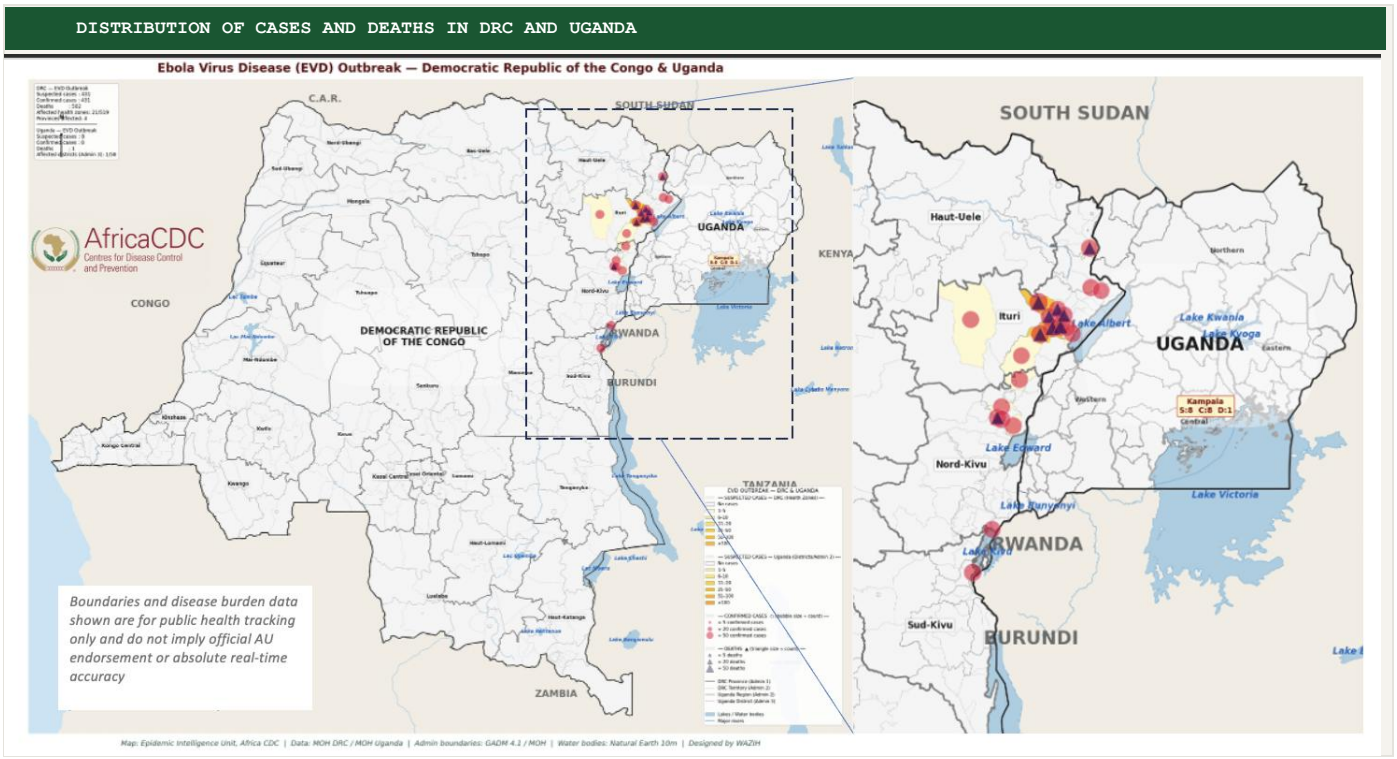


Table 2. Distribution of cases and deaths in the DRC and Uganda, 11 June 2026

Country	Admin 1	Health Zone	New Confirmed Cases	Cumulative Confirmed Cases	Cumulative Deaths	Contacts Under Follow-up[completed]	Proportion Followed Up
DRC	Ituri	19/36 (44.4%)	17	646	114	4,782	17.4% (830)
	North Kivu	9/34 (20.6%)	0	40	24	1037	67.5% (700)
	South Kivu	1/34 (3%)	0	3	1	224	82.6% (185)
Uganda	Kampala		0	19	2	792[388]	100%
	Total	30 HZs/District	17	708	141	6,835	

See Annex 3 for the full breakdown.

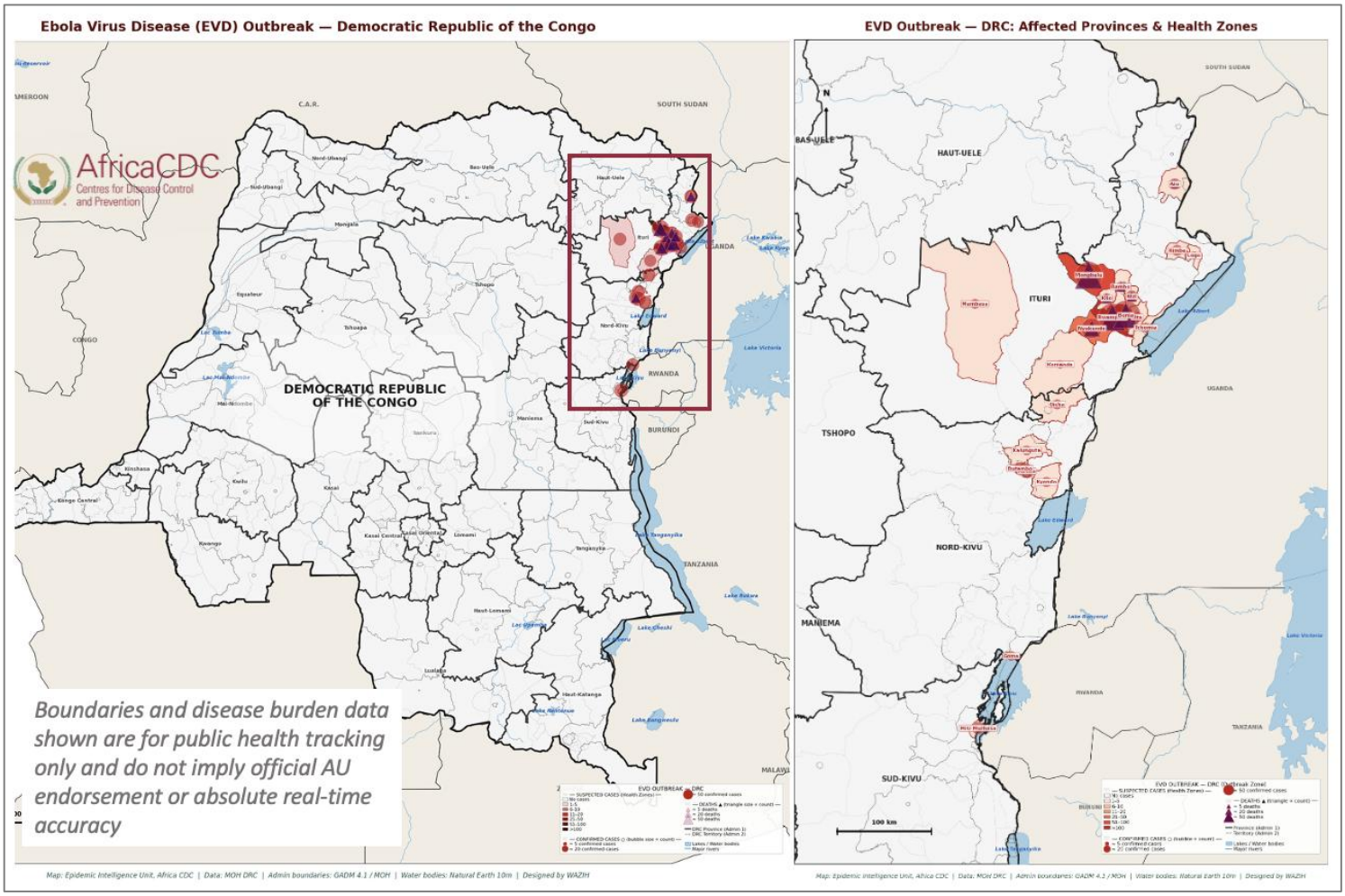
DRC - ITURI, NORTH KIVU AND SOUTH KIVU PROVINCES

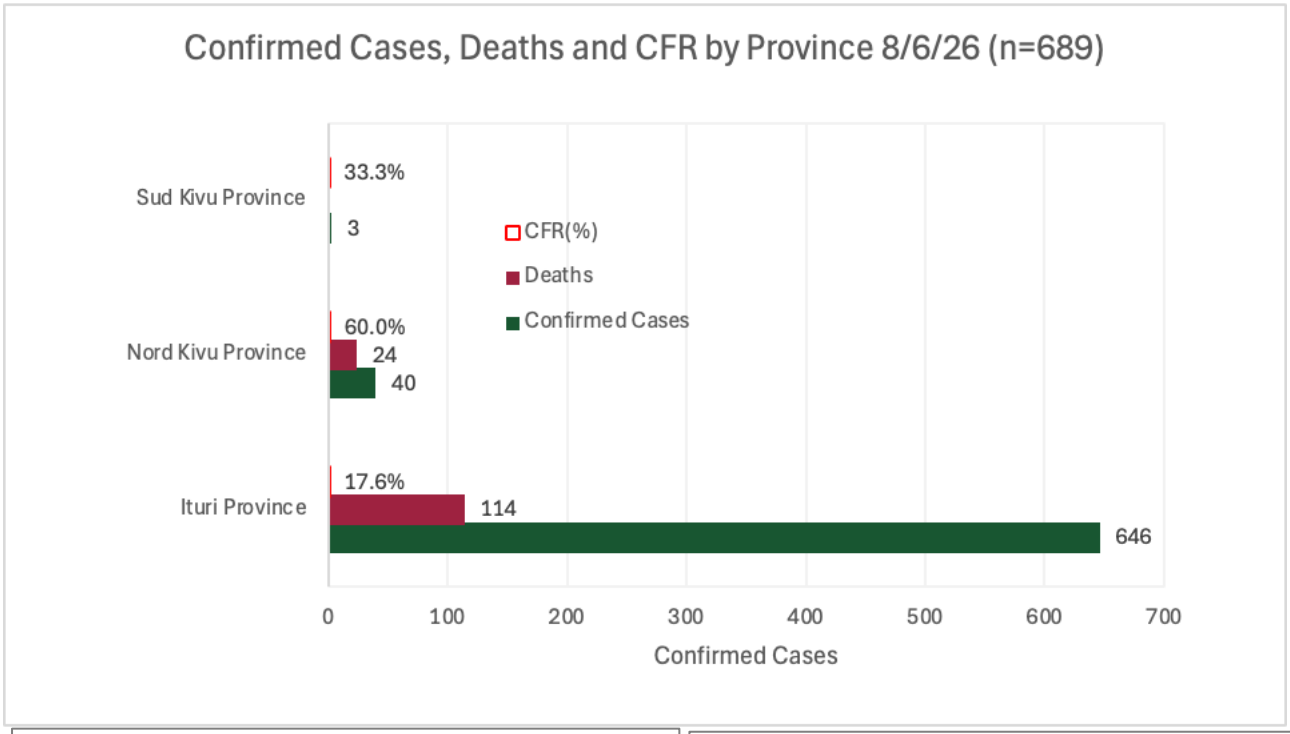
689	139	20.2	6,043	32
CONFIRMED CASES	DEATHS (CONFIRMED CASES)	CFR (%) (CONFIRMED CASES)	CONTACTS LISTED	CURED AND DISCHARGED

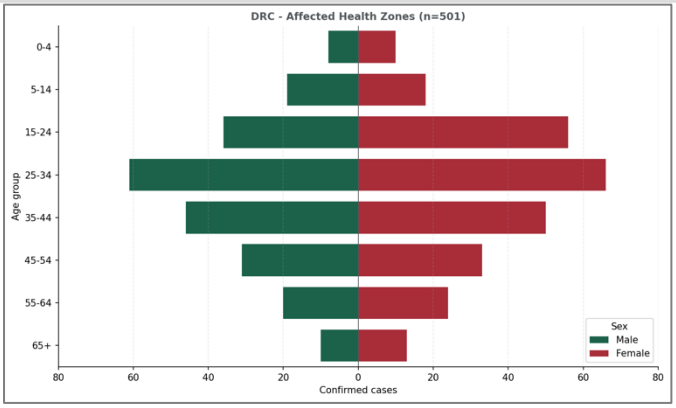
NB The tested suspected cases and deaths are now being reclassified; hence the numbers will reduce as testing capacity ramps up.*

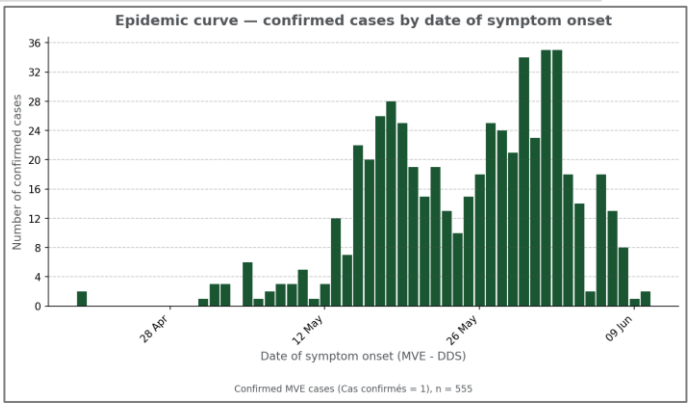
- Since the last update (11June 2026), 17 new confirmed cases including five new deaths and nine recoveries have been reported. The confirmed cases are from Bunia (6), Rwampara (5), Mongbwalu (4), Nizi (2) HZs.
- Overall, 689 confirmed cases and 139 deaths among confirmed cases (CFR: 20.2%) were reported. Additionally, 315 Patients currently admitted in isolation and receiving inpatient care across 29 health zones in Ituri, North Kivu, and South Kivu provinces.
- Ituri Province remains the epicenter of the outbreak, with 93.8% of the cases from 19 out of 36 health zones affected.
- The last confirmed cases in South Kivu Province were reported on 26 May 2026
- As of the 11th of June 2026, a total of 6,043 contacts has been identified across the affected provinces; however, only 1,715 contacts (28.4%) are currently under active follow-up in all provinces: Ituri 17%, North Kivu 71%, and South Kivu 93%.
- The contact tracing rate in Ituri is alarmingly low at 17.4%, largely because data from the high-burden zones of Bunia and Rwampara (representing 55.6% of the province's contacts) were not available for the reporting period

DISTRIBUTION OF CONFIRMED CASES IN THE DRC





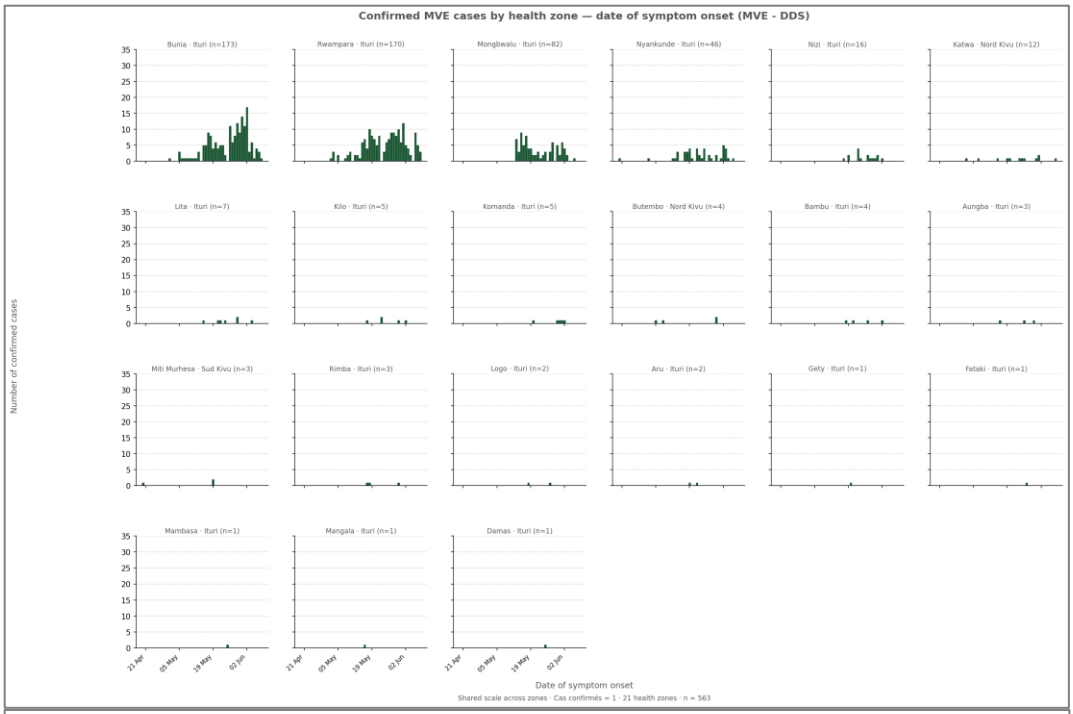


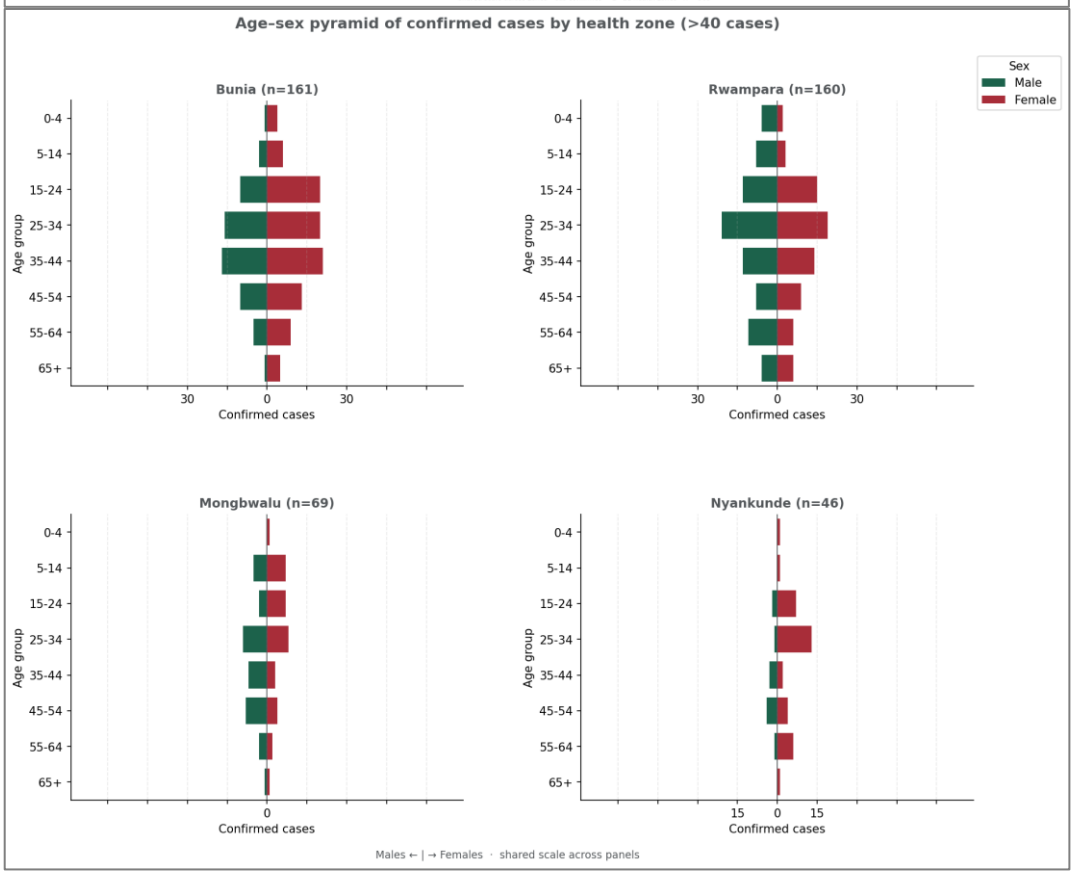


- While the overall lethality rate stands at 20.2%, significant provincial variations exist—Nord-Kivu reports a high lethality of 60.0% compared to Ituri's 17.6%.

KEY GEOGRAPHIC FOCUS AREAS

- **Ituri:** Bunia (191 cases), Rwampara (142 cases), and Mongbwalu (136 cases) are the primary hotspots.
- **Nord-Kivu:** Katwa (16 cases) and Beni (9 cases) are the most affected zones.
- **Sud-Kivu:** Miti-Murhesa is the only affected zone and has **remained "silent" (no new case**s) since May 26, 2026.





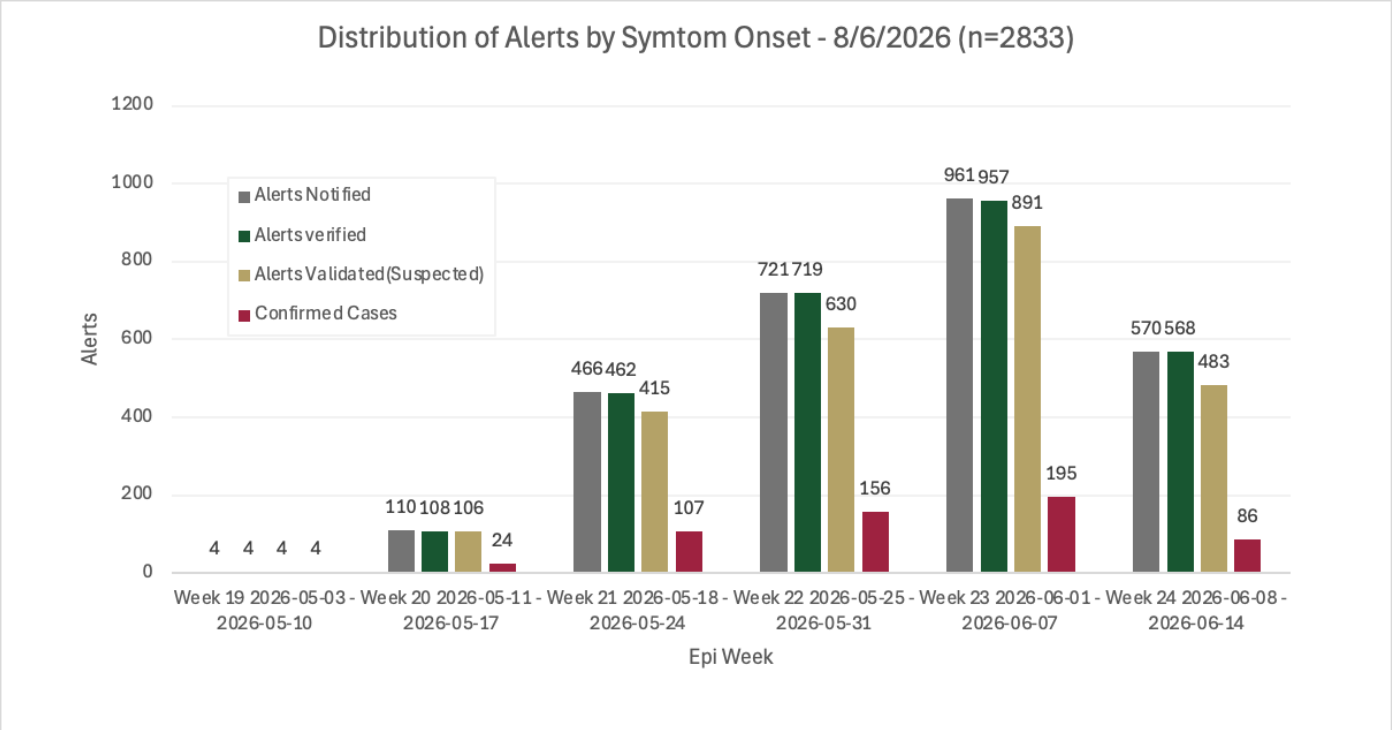
RESPONSE INTERVENTIONS

COORDINATION

- Supervision visits were conducted by the Public Health Emergency Operations Center (PHEOC/COUSP) and the National Incident Management Team in the ETCs of Butembo and Katwa Health Zones.
- A coordination assessment mission was conducted in Beni and Butembo as part of the response
- Training of national and provincial Incident Management System (IMS/SGI) members was successfully completed.

SURVEILLANCE.

- Field surveillance and response activities are ongoing, including confirmed case investigations, active case finding, contact tracing and follow-up, and retrospective review of cases and deaths
- One 11 June 2026, a total of 419 alerts were reported across the three affected provinces, of which 377 (90.0%) were investigated. Among these, 168 suspected cases, including 64 death alerts, were recorded across the affected province.
- Alert investigation rates were 100% in North Kivu and South Kivu, while Ituri reported an investigation rate of 70.6%, indicating gaps in alert investigation capacity.
- On 11 June 2026, A total of 234 new contacts was identified and listed during the reporting period, including 115 in Lita Health Zone, 101 in Nizi, 14 in Bambu, and 4 in Kambala, reflecting ongoing transmission and contact tracing activities in newly and previously affected areas.
- Incomplete or missing addresses for some cases are affecting case investigation, contact tracing,
- However, the contact tracing rate in Ituri is alarmingly low at 17.4%, largely because data from the high-burden zones of Bunia and Rwampara (representing 55.6% of the province's contacts) were not available for the reporting period



POE

- On 11 June 2026, screening activities continued at active points of entry and control, with 12,891 travelers screened in Ituri Province, of whom 11,345 complied with handwashing measures, while six travellers refused. Overall, 8,440 individuals were sensitized on BVD awareness.
- Points of Control were activated along the Bunia–Kasenyi–Tchomia axis to strengthen traveler screening and surveillance activities.
- Advocacy meetings were conducted with the Kunda Groupement Chief to facilitate the implementation of response activities at the arrival point of Shari PoC
- Updated contact lists are not consistently available at all PoEs and PoCs.
- Lack of an operational collaboration framework with airport and port authorities to ensure the availability of traveler manifests for both arrivals and departures.
- Low coverage of affected areas due to the limited activation of planned PoCs.

LABORATORY

- On 11 June 2026, In Ituri Province, 35 new samples were collected and analyzed, of which 17 tested positive, corresponding to a test positivity rate of 48.6%.
- In North Kivu Province, 172 samples remained pending laboratory testing, with turnaround times exceeding five days, indicating significant delays in diagnostic confirmation and reporting.

CASE MANAGEMENT

- On 11 June 2026, a total of 315 patients remained in isolation, comprising 138 confirmed cases and 177 suspected cases. The majority of patients were in Ituri Province (272; 86.3%), followed by North Kivu (31) and South Kivu (12).
- A cardiac monitor and pulse oximeter were delivered to CTE Rwampara to enhance clinical monitoring and patient management capacity.
- Insufficient capacity of standard ETCs despite the opening of the Rwampara ETC
- Community resistance continues to hinder the implementation of Safe and Dignified Burial (SDB/EDS) activities.
- An estimated 100 Land Cruiser vehicles/ambulances are required to support SDB/EDS teams and strengthen field operations.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

- Psychological impacts were observed among healthcare personnel, including fear, demoralization, and absenteeism linked to anxiety over Ebola exposure.

INFECTION PREVENTION AND CONTROL (IPC)

- Inadequate IPC supplies (PPE, handwashing stations, chlorine) in North Kivu
- Day 2 of IPC and SDB training conducted in Nyankunde Health Zone with support from FHI360.
- Day 4 of WHO-supported IPC training conducted for 100 healthcare workers from 24 health areas in Bunia Health Zone.
- Day 3 of IPC training conducted for 100 healthcare providers and supervisors in Rwampara Health Zone.
- IPC/WASH training launched in Komanda Health Zone with support from Save the Children, targeting 36 health technicians and 36 teachers.

RISK COMMUNICATION, RUMOR MANAGEMENT AND COMMUNITY ENGAGEMENT (RCCE)

- Recording of RCCE call-in messages continued during the reporting period.
- Sensitization activities targeting travelers continued at Mudzi-Bala PoC.
- Community awareness activities continued in public places, including markets, schools, and churches.
- Monitoring and follow-up of RCCE activities continued across the affected health zones.

NUTRITION

- On 11 June 2026, 382 hot meals were distributed to suspected and confirmed cases in ituri and provided 15 specialized diets to children with malnutrition and to confirmed cases

CONTINUITY OF ESSENTIAL HEALTH SERVICES

- Absence of generators in all ETCs, affecting continuity of essential clinical services and power supply.
- Assessments were conducted in five health facilities in Nizi Health Zone to evaluate readiness and compliance with EVD prevention and response measures.
- Corrective action plans were developed for previously assessed health facilities to address identified gaps and strengthen preparedness and response capacities.

RESEARCH AND INNOVATION

- Research protocols shared by the national level were reviewed and analyzed to provide technical inputs and feedback.
- Preparatory activities commenced for the establishment of clinical trial sites.

LOGISTICS

- Two ambulances from the National Police continued to support patient transport and emergency response activities.
- Three vehicles remained deployed on field missions across the affected health zones.
- At HGR Nyankunde, installation and setup of the ETC continued, with several beds already installed.
- The ETC at HGR Bunia is fully operational and providing services.

- The ETC at HGR Rwampara is also operational and receiving patients.
- WHO-supported Starlink kits have been installed and are operational in Bunia Health Zone, Rwampara Health Zone, and at the Provincial Health Division

SECURITY

- No new update.

CHALLENGES FOR THE RESPONSE

- Community Mistrust and Misinformation: Resistance to Safe and Dignified Burial (SDB/EDS) activities, fear of healthcare facilities, and reliance on traditional healers also continue to undermine response efforts.
- Infrastructure Deficiencies: Multiple health facilities in Mongbwalu, including CECCA-20 and Abelkozo, are in a state of advanced dilapidation and lack adequate medical infrastructure or potable water. Some facilities also continue to operate without functional triage systems, generators, blood banks, or proper waste management areas
- Resource and Supply Gaps: Ongoing shortages of laboratory equipment (printers and refrigerators), a lack of specialized vehicles (hearses and ambulances), and recent ruptures in vaccine stocks. Additional gaps include insufficient fuel for surveillance teams, lack of internet connectivity at PoEs/PoCs, and inadequate availability of handwashing materials for communities.
- Personnel Constraints: Many health workers are currently unpaid or not receiving incentives, contributing to staffing shortages in emergency and isolation units. Some newly affected health zones also continue to operate without sufficient partner presence or technical support.
- Environmental Obstacles: Poor road conditions and insecurity continue to hinder the movement of response teams and the delivery of essential supplies.
- Infrastructure and Service Gaps (HGR Kilo): Lack of a triage system (BDV and non-BDVpatients share services), an unbarricaded isolation area, no blood bank (reliance on familial donors), and no incinerator.
- Medical Supply Shortages: Critical rupture of tuberculosis medications (RHZE and RH) at HGR Kilo and a shortage of printer cartridges for lab results.
- Human Resource Constraints: Severe shortage of medical staff at HGR Kilo, leading to 24/7 workloads and a high risk of burnout. Vaccination activities are currently suspended.
- Operational Delays: Community feedback highlighted "exaggerated slowness" in the interventions of EDS teams.
- Psychological and Nosocomial Risks: High levels of psychose and demoralization among staff due to the risk of intra-hospital transmission.

IMMEDIATE PRIORITY ACTIONS

- **Laboratory:** Implement a catch-up plan for the sample backlog in Nord-Kivu and train providers on RADIONE PCR usage.
- **Surveillance:** Urgently address the contact tracing gap in Ituri, specifically in Bunia and Rwampara.
- **IPC:** Strengthen infection control and staff training at Nyankunde and other areas reporting nosocomial risks.
- **Preparedness:** Continue briefing health personnel at the Hôpital du Cinquantenaire in Kinshasa for potential cases in the capital.
- **Coordination:** Deploy a standardized daily dashboard with Key Performance Indicators (KPIs) for all technical pillars.

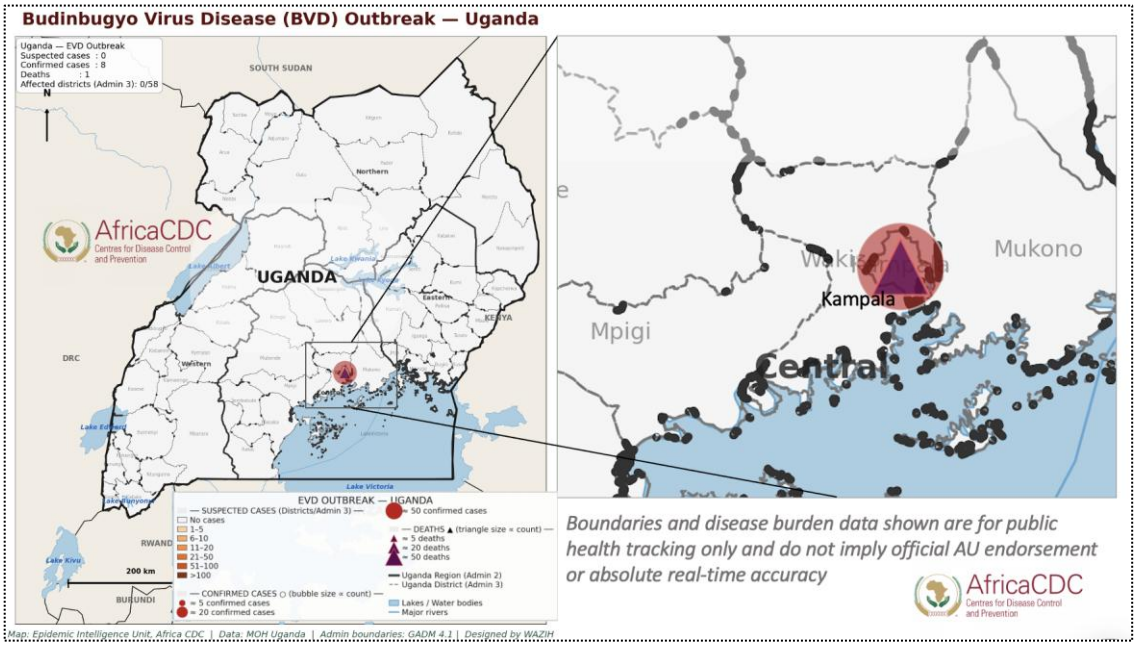
UGANDA - KAMPALA

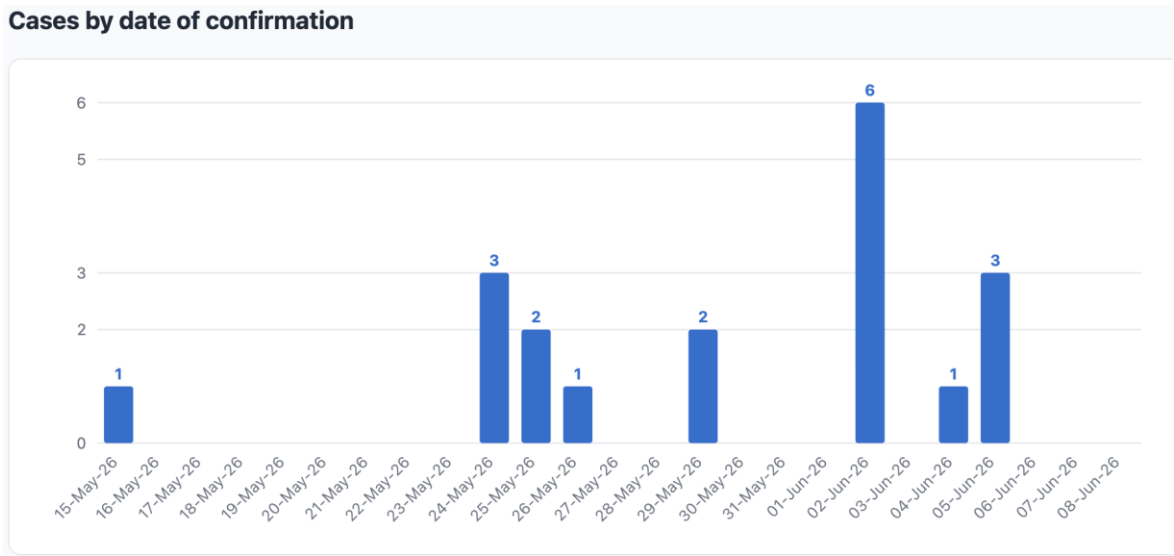
19	2	10.5	792	5
CONFIRMED CASES	DEATHS (CONFIRMED CASES)	CFR (%) (CONFIRMED CASES)	CONTACTS LISTED	CURED AND DISCHARGED

EPIDEMIOLOGICAL SITUATION IN UGANDA

- No new confirmed BVD cases were reported today.
- As of 11 June 2026, a total of 19 confirmed cases (14 imported; 5 Ugandan) and two (2) deaths were reported (CFR: 10.5%), among which five (5) cases are health care workers (1 Congolese; 4 Ugandans).
- A total of 13 confirmed cases are on admission to the designated Ebola treatment facility and are receiving appropriate treatment.
- A total of 792 contacts has been listed for follow-up, and high-risk contacts have been evacuated to the quarantine centers.
-

GEOGRAPHICAL DISTRIBUTION OF CASES AND DEATHS IN UGANDA





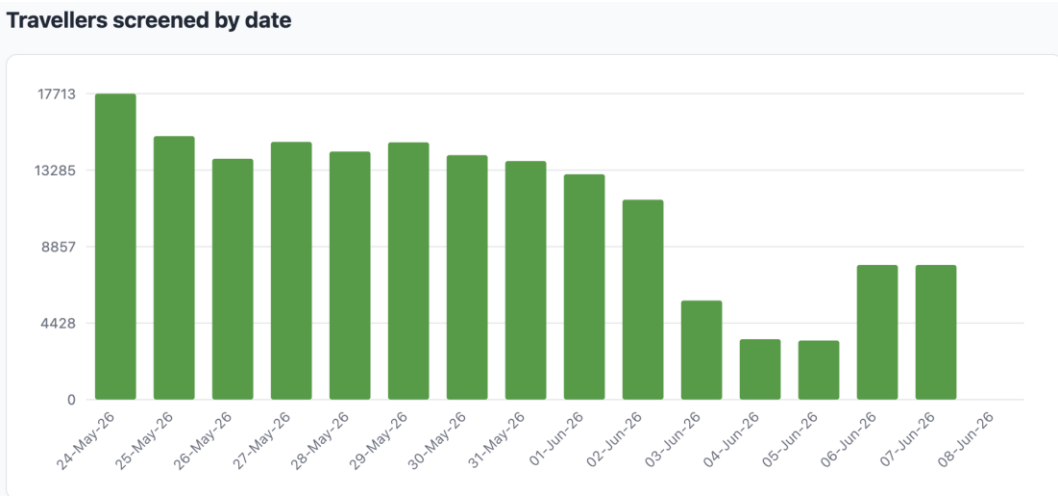
RESPONSE INTERVENTIONS

COORDINATION

- Activated the national and district task forces for Ebola
- Activated the national and regional emergency operation centers
- Temporary border closure between Uganda and DRC for all non-essential travels initially four weeks.
- Held talks with the Congolese community and the ambassador in Uganda on border health to harmonise initiatives.
- Engaged with heads of mission and ambassadors to update them on the Ebola situation in Uganda.
- Held diplomatic engagements with regional representatives on the current Ebola situation, including EAC, IGAD, and others
- The Ministry of Health hosted the WHO Director General, Dr Tedros Adhanom Ghebreyesus, for a two-day working visit. He The DG pledged WHO support to a joint Uganda-DRC response plan.

SURVEILLANCE

- A total of 694 alerts were received, and 594 were verified.
- Contact tracing and daily follow-up of identified contacts are ongoing to ensure early detection of symptoms, prompt isolation, and interruption of transmission chains.
- 792 contacts were listed, 388 have completed follow-up, and 404 are still active.
- Case investigations are ongoing to identify sources of infection, establish transmission links, and inform targeted public health interventions.
- PoE/PoC activities screened 14,078 travelers, sensitized 13,794 travelers, and detected 5 death alerts.
- 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.
- Mortality surveillance and death investigations are ongoing to identify potential Ebola-related deaths, support safe and dignified burials, and prevent further transmission.



LABORATORY

- Laboratory testing is ongoing, with continuous analysis of submitted samples to support case confirmation and clinical management. A cumulative of 956 samples have been tested with 19 confirmed cases (test positivity of 1.9%)
- Two mobile laboratories at the border points in Bwera and in Arua
- Two mobile labs were deployed (Bwera in Kasese and Arua City), backed by CERSL Wandegeya and UVRI Entebbe, receiving samples through a robust integrated sample transportation network that picks samples across the whole country, with a turnaround time of results of less than 24 hours

CONTINUITY OF ESSENTIAL SERVICES

- MoH has developed and circulated the Standard Operating Procedures (SoPs) to be adhered to by the general public

- MoH has strengthened observation of infection prevention and control in health facilities across the country to ensure continued access to health services.
- MoH continues to monitor access to health services for possible disruptions and ensures early action.

INFECTION PREVENTION AND CONTROL (IPC) /WASH

- MoH has undertaken WASH risk assessment 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
- Supported distribution of critical WASH supplies to high-risk health facilities

CASE MANAGEMENT

- 84 beds with 10 critical care units at the main isolation centre at Mulago isolation facility.
- 56 beds with 4 critical care beds at Entebbe isolation facility
- 32 beds at Mulago Field Isolation Facility.
- All cases treated in a dedicated ETU, with favorable outcomes so far.
- 15 Emergency Ambulance vehicles have been set aside for evacuation of high-risk contacts, Ebola suspects and confirmed cases. 7 ambulances of these are in Kampala metropolitan area and 8 are along the Uganda-DRC border at POE/health facility.
- A total of 13 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.
- The identification and assessment of additional health facilities visited by confirmed cases remains ongoing.
- Several decontamination teams have reported stockouts of decontamination supplies and PPE.

RCCE

- Risk communication and community engagement scaled up nationwide, with emphasis on the 19 DRC-border districts, Kampala, and Wakiso.
- Conducted engagement with hotel owners, transporters and truck drivers to improve awareness on ways to protect tourists and prevent transmission
- The MoH has instituted Mass Gathering SOPs to ensure the prevention and control of EVD spread. Organisers should seek approval.

AFRICA CDC RESPONSE TO THE ONGOING EBOLA OUTBREAK

- Co-developed EVD supplies dashboards in collaboration with WHO.
- Developed an EVD supplies inventory list and donation guidelines to support coordinated resource management and partner contributions.
- Africa CDC teams deployed in the DRC and Uganda continue to support data management efforts, including the introduction of the DHIS2 outbreak toolkit to strengthen outbreak data capture, analysis, and response coordination, as well as RCCE and surveillance support in Uganda.

CHALLENGES FOR THE RESPONSE

- Low contact follow-up coverage persists in the DRC.
- Inadequate capacity for safe and dignified burials. Inadequate decontamination at health facilities further increases the risk of healthcare-associated infections.
- Field response teams face insufficient PPE supplies.
- 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 continues in Rwampara Health Zone.
- 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; avoid information overload and conflicting messages;
- **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 and AVOHC experts to strengthen contact tracing and active case findings, and improved data quality and analytics
- **Strengthen IPC:** Initiate community-level infection prevention activities, ensure health facilities are decontaminated, and address IPC gaps identified through scorecard assessments; address gaps in SBD teams and supplies including vehicle across all health zone in Ituri Province
- **Safe Access:** Coordinate with peace and security partners to ensure response teams can safely access conflict-affected areas.

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, the CFR is calculated based on the daily cases and deaths; not in the true sense of case fatality after the prognosis of a patient is known, which needs weeks/months after the outbreak is over. This underestimates the actual CFR and can also give a false impression of the quality of care. Hence, the interpretation of this figure should be done with extreme caution and an understanding of the context.
- Contact lists and follow-up (%) are continually updated as more are added; some may be discharged after 21 days of follow-up. Follow-up of contacts varies by day and week, and the calculations are based on average estimates.
- Cases listed as suspected or probable will be further reclassified based on lab results, epidemiological links, and so on. Hence, there will be variability in case counts and death records over the course of the outbreak.

Any significant changes will be further communicated.

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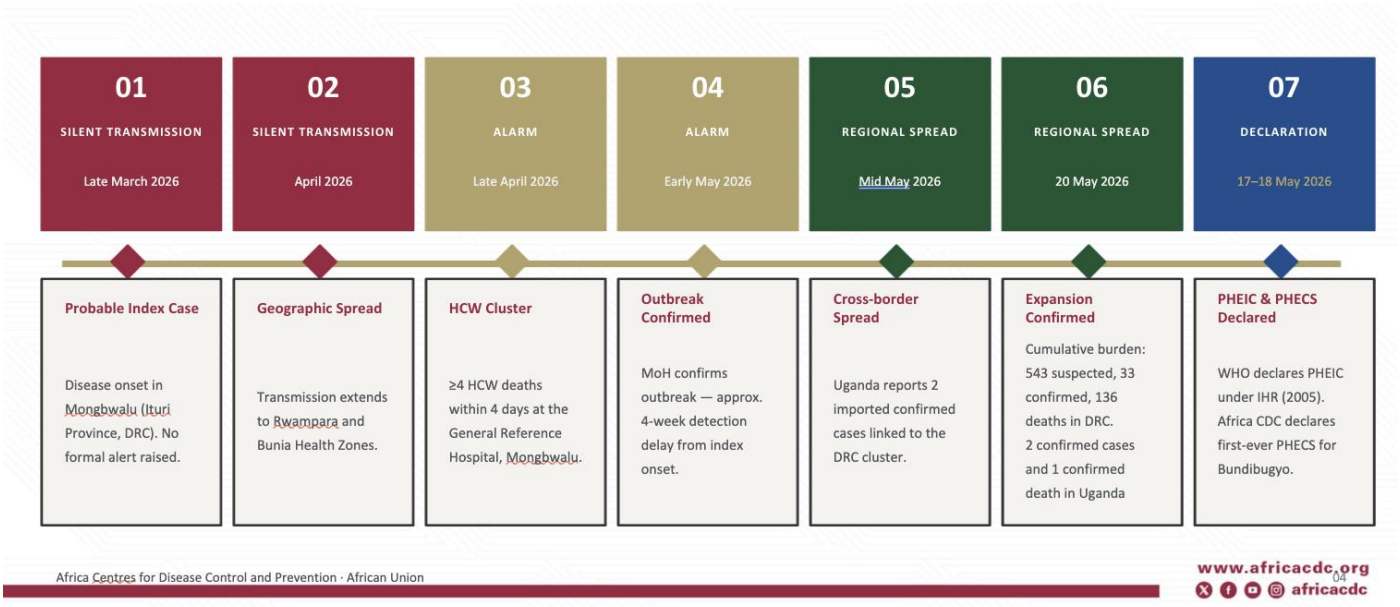
UNOFFICIAL INFORMATION, NOT FOR WIDER DISTRIBUTION!

- No new update

REFERENCES

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- Uganda National Ebola Task Force resolutions: https://x.com/i/status/2057471796497035293
- Taipei Times. Facilities torched as Ebola deaths climb.
- Government of Canada. Government of Canada introduces temporary border measures in response to the Ebola disease outbreak.
- Euronews. Suspected Ebola case in Cagliari: patient in hospital.

ANNEX



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

Operational ETC/CT Facilities 04-06-2026