Bundibugyo Virus Disease Outbreak Situation Report June 15, 2026

Executive Summary

As of June 15, 2026, the Bundibugyo Virus Disease (BVD) outbreak continues to escalate in the Democratic Republic of the Congo (DRC), with secondary transmission identified in Uganda. The outbreak has reached a cumulative total of 856 confirmed cases and 198 deaths, reflecting an overall case fatality rate (CFR) of 23.1%. Ituri Province in the DRC remains the epicenter, accounting for over 91% of all confirmed cases.

While the situation in Uganda appears to be stabilising, with no new cases reported since June 5, the DRC is seeing a steady week-on-week increase, indicating active community transmission. The response is currently hampered by significant challenges, including a funding gap, suboptimal contact tracing (64.4% follow-up rate), and security incidents involving resistance to Safe and Dignified Burial (SDB) teams.

Epidemiological Status

Continental Overview

The outbreak is currently present in 31 health zones in the DRC and 1 district in Uganda.

Country	Confirmed Cases	Deaths (Confirmed)	CFR (%)	Contacts Under Follow-up	Recoveries
DRC	837	196	23.4%	6,475	49
Uganda	19	2	10.5%	192	7
Total	**856**	**198**	**23.1%**	**6,667**	**56**

Democratic Republic of the Congo (DRC)

The DRC has reported 29 new confirmed cases and 4 new deaths in the last 24 hours. The outbreak has spread across three provinces:

- **Ituri Province:** The primary hotspot with 767 cases (91.6% of DRC total). Major clusters are in Bunia (215), Mongbwalu (185), and Rwampara (159).
- **North Kivu Province:** 67 cumulative cases. This province exhibits a disproportionately high lethality rate of 56.7%.
- **South Kivu Province:** 3 cumulative cases. No new cases have been reported here since May 26, 2026.

Uganda

The situation in Uganda is centered in the Kampala district.

- **Confirmed Cases:** 19 (14 imported from DRC, 5 local Ugandan cases).
- **Healthcare Workers:** 4 confirmed cases among healthcare workers; no deaths in this group.
- **Status:** No new cases reported since June 5, 2026. Currently, 10 patients are receiving care in designated treatment facilities.

Response Interventions and Operations

Surveillance and Laboratory

- **Alerts:** On June 15, 766 alerts were reported, with an 88.5% investigation rate. While North and South Kivu achieved 100% investigation rates, Ituri lagged at 68%.
- **Testing Positivity:** Of 137 samples analyzed recently, 29 were positive, representing a 21% positivity rate.
- **Infrastructure:** Two mobile laboratories have been deployed at the Uganda-DRC border points (Bwera and Arua City) to ensure a turnaround time of less than 24 hours.

Case Management and IPC

- **Occupancy:** Healthcare facilities in Ituri are reaching saturation, with a 97.3% occupancy rate.
- **Patient Care:** 376 patients are currently in isolation across the affected provinces.
- **Infection Prevention and Control (IPC):** Activities include training healthcare workers (58 in Ituri, 61 in North Kivu) and decontaminating households. In South Kivu, 4.6 tons of IPC and PPE supplies are being prepared for distribution.

Risk Communication and Community Engagement (RCCE)

Efforts to build community trust are ongoing, reaching over 7,200 people in Ituri and South Kivu through household visits and radio broadcasts. RCCE teams are focusing on resolving resistance to patient referrals and supporting the acceptance of safe burials.

Coordination and Research

- **Cross-Border Collaboration:** Uganda and the DRC met in Aru to implement a Joint Ebola Response Plan. A joint treatment facility is scheduled to launch in Aru/Kasenyi on June 20.
- **Africa CDC Involvement:** Africa CDC has introduced the DHIS2 outbreak toolkit for better data capture and is mobilizing "solidarity funding" through high-level AU meetings.

Key Challenges and Barriers to Response

The response faces several critical vulnerabilities that threaten to sustain community transmission:

1. **Suboptimal Contact Tracing:** Only 64.4% of listed contacts are being monitored, far below the 95% target. This is attributed to incomplete case addresses and insufficient community resource persons.
2. **Resource Scarcity:** There is a confirmed funding gap of USD 21.5 million. This has led to stockouts of Essential Generic Medicines (EGMs) in referral hospitals and insufficient PPE in North Kivu.
3. **Security and Resistance:** An attack on SDB teams occurred in Pluto, Mongbwalu. Additionally, some confirmed cases are refusing isolation due to perceived inadequate standards at treatment centers.
4. **Operational Gaps:** There is a shortage of ambulances for transporting suspected cases and a reluctance to perform post-mortem sampling, which delays case confirmation and leads to an underestimation of the outbreak's scale.

Global Outlook and Travel Measures

Despite recommendations from the Africa CDC and the WHO against travel or trade restrictions, 18 countries have implemented measures:

- **10 Countries (Non-African):** Have imposed extraterritorial restrictions, including aviation disruptions and quarantine requirements.
- **8 Countries (African):** Have implemented intra-African restrictions such as border screening and movement controls.
- **Border Status:** The Ugandan government has temporarily closed its border with the DRC for all non-essential travel for an initial four-week period.

Strategic Recommendations

- **Community Trust:** Prioritize engagement to reduce resistance to isolation and household decontamination.
- **Surveillance Acceleration:** Fast-track the deployment of community health workers and AVOHC experts to bridge the gap in contact tracing.
- **Logistics and Supply Chain:** Address the IPC and PPE gaps immediately to prevent healthcare-associated infections (nosocomial risk).
- **Safety Coordination:** Work with peace and security partners to ensure response teams can safely operate in conflict-affected zones of Ituri.
- **Capacity Expansion:** Accelerate the construction of planned Ebola Treatment Centers (CTEs) to prevent saturation in Ituri.