



**Situational report updates on the Ebola Disease outbreak caused by Bundibugyo virus, Democratic Republic of the Congo and Uganda: Epidemiological and public health response  
27 May 2026**

## **Background**

On 15 May 2026, the Ministry of Health (MoH) in the Democratic Republic of the Congo (DRC) and Uganda declared an Ebola disease outbreak after the laboratory confirmation of Bundibugyo virus disease (BVD) among symptomatic cases. In the DRC, eight laboratory-confirmed BVD cases, including healthcare workers presenting at different healthcare facilities, were reported. The cases were reported from three health zones (Mongbwalu, Bunia, and Rwampara in Ituri province. This is the 17<sup>th</sup> Ebola disease outbreak to be declared in DRC since the first outbreak in 1976. The MoH in Uganda concurrently confirmed the BVD outbreak following the laboratory confirmation of one case in Kampala, imported from the DRC on 15 May 2026. Subsequently, the second laboratory confirmed imported case was reported on 16 May 2026 in Kampala, linked to the index case. <sup>1,2</sup>

BVD is a severe and fatal viral zoonotic disease caused by Bundibugyo virus, which is one of the four *Orthoebolavirus* species known to cause disease in humans. In the previous BDV outbreaks in 2007 (Uganda) and 2012 (DRC), the case fatality rates ranged from 30 to 50%. The incubation period ranges from two to 21 days. Initially, the symptoms may be non-specific, with common early symptoms including fever, headache, muscle pain, sore throat, and fatigue. The disease may progress to organ dysfunction, gastrointestinal symptoms, and haemorrhage in some cases. The differential diagnoses may include malaria and other endemic febrile illnesses.<sup>1</sup> Since there is currently no approved or licenced vaccines or specific treatment for BVD, control measures rely on the rapid identification of cases, isolation and care, prompt contact tracing, safe and dignified burials, and effective community engagement. However, early symptomatic treatment and supportive care are lifesaving.<sup>1</sup>

## **The situation in South Africa**

No laboratory-confirmed cases of Bundibugyo virus disease (BVD) have been reported in South Africa as of 27 May 2026. Currently, the general risk to the South African public is considered low. However, healthcare workers should be on high alert and maintain a high index of suspicion for any persons presenting with compatible viral haemorrhagic fever symptoms and with a recent travel history to affected areas in the DRC and Uganda.<sup>1</sup> The National Institute for Communicable Disease (NICD), in collaboration with the national Department of Health (NDOH), has issued preparedness guidance for BVD following the outbreaks declared by health authorities in DRC and Uganda on 15 May 2026.<sup>3</sup>

## **Situation in the Democratic Republic of the Congo and Uganda**

As of 27 May 2026, the DRC MoH and DRC National Institute of Public Health reported approximately 1 077 suspected cases, including 246 deaths among the suspected cases. A total of 121 confirmed cases and 17 deaths among the confirmed cases, including four healthcare workers, were reported. <sup>4, 5, 6</sup> The case fatality rate (CFR) among the suspected cases is 22.8% (246/1 077) and 14% (17/121) among the confirmed cases. The confirmed cases were reported from 13 health zones in the provinces of Ituri (110 confirmed cases), North Kivu (10 confirmed cases), and South Kivu (one confirmed case). The deaths were reported in children under 15 years old and in those older than 15 years old. The majority of the cases were reported from Ituri province, in the Mongbwalu, Bunia, and Rwampara health zones. <sup>5, 6</sup>

In Uganda, Kampala, two new confirmed cases involving two healthcare workers have been reported on 25 May 2026, bringing the total number of confirmed cases to seven, including one death (CFR: 14.3%), as of 27 May 2026, linked to the DRC outbreak. <sup>4,6</sup>

### Public health response

WHO declared the DRC and Uganda Ebola disease outbreak caused by Bundibugyo virus a Public Health Emergency of International Concern (PHEIC) on 16 May 2026, as per the IHR defined provisions.<sup>1</sup> Public health response in both countries includes deployment of the rapid response teams, strengthening laboratory confirmation, contact tracing, isolation and treatment of cases, and cross-border coordination between the high-risk countries.<sup>1</sup> Response efforts in the eastern DRC are largely affected by insecurity, population movement, weak contact follow-up, and challenges with extensive mining in the areas.<sup>1</sup> The risk of spread of the outbreak is assessed to be very high at the national level in DRC, high at the regional level, and low globally.<sup>1</sup> WHO does not recommend any travel or trade restrictions with the affected countries due to these outbreaks.<sup>1</sup>

### References

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3. NICD (May 2026). Bundibugyo virus disease updates. <https://www.nicd.ac.za/bundibugyo-virus-disease-updates/>
4. US CDC (27 May 2026). Ebola Disease: Current Situation. <https://www.cdc.gov/ebola/situation-summary/index.html>
5. DRC National Institute of Public Health (27 May 2026). Situation report of the 17th Ebola Virus Disease outbreak in DRC. SitRep MVE No 012/2026. <https://insp.cd/sitrep-mve-n-012-2026/>
6. BEACON (27 May 2026). Bundibugyo virus disease outbreak in DRC and Uganda. <https://beaconbio.org/en/report/?reportid=3a84fad3-efb7-4b5a-b661-5162341ee9d4&eventid=1a9a0ef4-262f-45a1-9018-aa8f99d93a7c>