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Situational update on the Ebola disease outbreak caused by Bundibugyo virus, 26 June 2026.

The Ebola outbreak caused by the Bundibugyo virus that was declared on 15 May 2026 in the Democratic Republic of the Congo (DRC) and Uganda, is ongoing[1]. Additional cases continue to be reported in their respective countries, with one imported into a country outside Africa. On 24 June 2026, France reported its first confirmed case in a returning healthcare worker who had been deployed to the DRC on a humanitarian mission[2]. As of 25 June 2026, a cumulative total of 1 176 confirmed cases, including 306 deaths (CFR, 26.0%), have been reported in three countries (DRC, Uganda, and France), with the DRC accounting for the largest proportion of cases. A summary of case numbers and deaths is shown in Table 1[3,4,5].

Table 1: Number of Bundibugyo virus disease cases and deaths in DRC, Uganda and France as at 25 June 2026

Country	Confirmed cases	Deaths	CFR %
DRC	1 155	304	26.3%
Uganda	20	2	10.0%
France	1	0	0%
Total (countries reporting cases)	**1 176**	**306**	**26.0%**

Democratic Republic of the Congo

As of 25 June 2026, 1 155 confirmed cases, including 304 deaths (CFR 26.3%), 385 admissions and 138 recoveries have been reported[3]. Cases have been reported across 34 health zones in three provinces (Ituri, North Kivu and South Kivu). Ituri accounts for the largest proportion of cases and deaths (1 054 cases, 250 deaths), followed by North Kivu (98 cases, 53 deaths) and South Kivu (3 cases, 1 death). About 9 305 contacts have been identified, with a contact follow-up rate of 79.2%.

Uganda

As of 25 June 2026, 20 confirmed cases, including two deaths (CFR 10%, 2/20), 15 recoveries, and three hospitalisations, have been reported[4]. Of the 20 confirmed cases, 15 were imported, and five were linked to the imported cases. Where geographical information was available, cases were reported in Kampala and Wakiso. Cumulatively, about 831 contacts have been identified, of which 814 have completed their 21-day monitoring period, and nine are under monitoring[4].

France

As of 24 June 2026, one imported case linked to the current outbreak in the DRC has been reported. The case involves a healthcare worker who was deployed to the DRC. The case is reported to be in a stable condition, and contacts are being identified[2,5].

Public health response, current risk assessment and travel advice

With support from partners and the World Health Organization (WHO), both affected countries have instituted various public health response measures to contain and prevent further spread. The public health response activities include, but are not limited to, the deployment of rapid response teams, strengthening of surveillance and laboratory confirmation, contact tracing, isolation and treatment of cases, cross-border coordination between high-risk countries, engaging donors and resource mobilization [1,6]. Response efforts in the eastern DRC are largely affected by insecurity, population movement, weak contact follow-up, and challenges associated with extensive mining in the areas[6].

The WHO assess the risk of spread as very high in the DRC, high in Uganda, high in neighbouring countries sharing land borders with DRC and Uganda, low at the regional level, and low globally[7]. WHO does not recommend any travel or trade restrictions with the affected countries due to these outbreaks[1].

Situation in South Africa

The National Institute for Communicable Disease (NICD), in collaboration with the National Department of Health (NDOH), issued preparedness guidance for BVD following outbreaks declared by health authorities in DRC and Uganda on 15 May 2026[8].

As of 25 June 2026, there have been no laboratory-confirmed cases of BVD in South Africa linked to the current outbreaks in the DRC and Uganda. However, healthcare workers should remain vigilant and maintain a high index of suspicion for individuals presenting with febrile illness and a recent travel history to affected areas in the DRC and Uganda. Additionally, malaria should be considered in the differential diagnosis of febrile illness in returning travellers. If a suspected BVD case is identified (as per the case definition), testing should be requested via the NICD Hotline at 0800 212 552 (a 24-hour service for healthcare professionals only), with a detailed clinical, travel, and exposure history. Testing for viral haemorrhagic fevers (VHFs) in South Africa is available only at the NICD. VHFs, including BVD, are Category 1 Notifiable Medical Conditions in South Africa and require immediate reporting to the relevant authorities and notification within 24 hours of clinical suspicion to the Notifiable Medical Condition surveillance system. For more information on notifiable medical conditions and how to notify cases, visit the NICD website[9].

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