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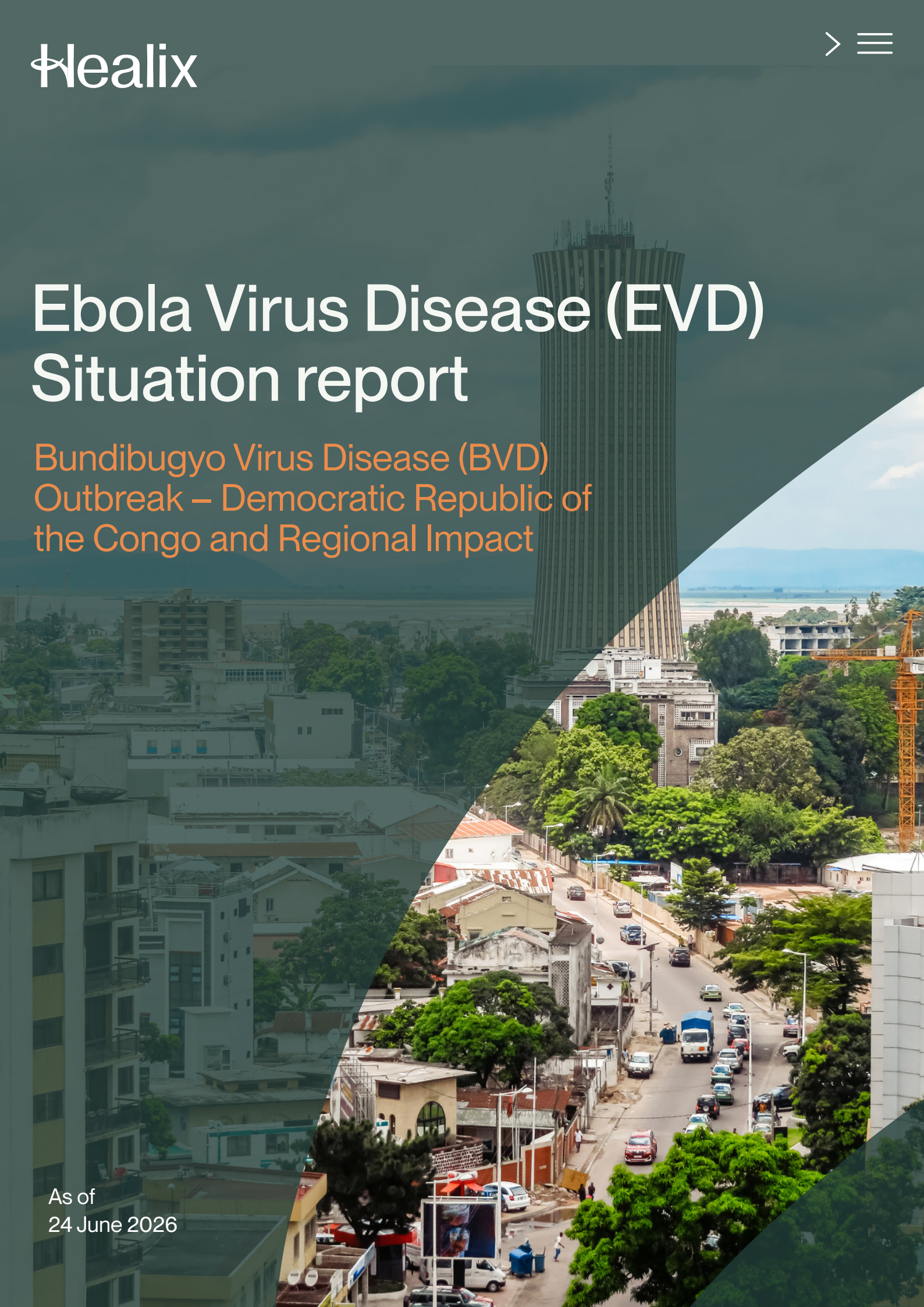
Ebola Virus Disease (EVD) Situation report

Bundibugyo Virus Disease (BVD) Outbreak – Democratic Republic of the Congo and Regional Impact



As of
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Executive Summary

An outbreak of Bundibugyo virus disease (BVD), a rare strain of Ebola Virus Disease (EVD), is ongoing in the Democratic Republic of the Congo (DRC), with cross-border spread to Uganda. BVD is a severe viral haemorrhagic disease transmitted through direct contact with infected blood or bodily fluids, contaminated materials or infected human remains.

The outbreak is characterised by high confirmed case numbers, delayed early recognition, the absence of a licensed vaccine or strain-specific treatment, and significant response challenges caused by conflict, insecurity and population movement in affected areas.

The World Health Organization declared a Public Health Emergency of International Concern (PHEIC) on 16 May 2026. Regional spread risk remains elevated, especially for Uganda and South Sudan, while the risk of global spread remains low.

Key Takeaway

The current Bundibugyo virus disease outbreak presents a serious medical and operational risk in DRC and surrounding countries. Early escalation of suspected exposure, proactive travel planning and strong infection prevention measures are essential.

General Information About EVD

What is EVD?

Ebola Virus Disease is a serious and often fatal illness caused by viruses in the Ebolavirus family. The current outbreak involves the Bundibugyo strain, which is less common than the Zaire strain seen in several previous outbreaks.

How EVD spreads

- Direct contact with blood, vomit, faeces, urine, saliva, sweat, breast milk or semen from an infected person.
- Contact with contaminated clothing, bedding, equipment or surfaces.
- Handling, washing or preparing the bodies of deceased infected individuals.
- Exposure in healthcare settings where infection prevention and control measures are insufficient.

EVD is not spread through the air like influenza or COVID-19. Risk is greatest through close physical contact with a symptomatic person or their bodily fluids.

Common symptoms

- Fever
- Fatigue and weakness
- Headache and muscle pain
- Sore throat
- Vomiting and diarrhoea
- Rash
- Bleeding in severe cases
- Shock and organ failure

Incubation period: 2 to 21 days.

Treatment and vaccination

There is no specific approved treatment for Bundibugyo virus disease. Early diagnosis and supportive care such as fluids, electrolyte replacement, symptom control and organ support improve survival. Unlike some other Ebola strains, there is currently no vaccine available for Bundibugyo virus, which significantly complicates outbreak control.

Current Outbreak Snapshot

Democratic Republic of the Congo (as of 22 June)

- **1094** confirmed cases
- **277** confirmed deaths
- **136** suspected cases under investigation
- **34** health zones affected across Ituri, North Kivu and South Kivu
- Ituri Province accounts for **799** cases **(91%)** and **158** deaths
- Worst affected locations include Bunia, Rwampara, Mongbwalu and Nyankunde
- **6,856** identified contacts under follow-up across the three provinces

Uganda (as of 24 June)

- **20** confirmed cases and **2** deaths
- **14** cases involve Congolese nationals who travelled to Uganda to seek care
- **5** cases involve Ugandan nationals
- Most cases have been identified in Kampala
- At least five healthcare workers and one driver are reported among the confirmed cases
- **831** identified contacts under follow-up

As of 24 June, France confirmed an imported case of Ebola. The case involves a doctor who had returned from a humanitarian mission in the DRC. The patient was immediately admitted to an appropriate facility and the risk to the population in France remains very low. The exposure risks associated with this case are currently unclear, though contact tracing efforts are underway.

Security Implications

The outbreak is occurring in a complex and insecure operational environment, particularly in Ituri Province, where longstanding conflict and instability are undermining public health response efforts.

- Conflict and insecurity complicate access for response teams and disrupt public health operations.
- Displaced populations, miners and migrant workers increase mobility and make contact tracing more difficult.
- Misinformation, distrust of authorities and resistance to outbreak control measures are being reported.
- Attacks on facilities and unrest linked to burial restrictions have occurred.
- The possibility of further unrest, patient flight and untraceable exposed contacts remains significant.

Operational implications for organisations

- Rapid changes to official requirements and public health directives.
- Disruption to staffing, ground movement and programme continuity.
- Heightened scrutiny of staff, contractors and drivers at checkpoints and borders.
- Potential restrictions on movement near treatment facilities or communities under surveillance.
- Increased duty-of-care, reputational and business continuity exposure.

Medical Implications

Healthcare capacity in affected areas is constrained by limited infrastructure, weak isolation capability, delayed diagnostics and pressure on facilities from both outbreak response and routine care.

Clinical considerations

- Early Ebola symptoms can mimic malaria, influenza, typhoid and other febrile illnesses.
- Patients with non-Ebola illness may be inadvertently directed to Ebola treatment facilities.
- Routine healthcare access may be disrupted or associated with higher infection risk.
- Local healthcare facilities should be assumed to present elevated exposure risk during the outbreak response period.

Practical medical advice for travellers and staff

- Avoid non-essential travel to affected areas.
- Avoid unnecessary hospital attendance.
- Take anti-malarial prophylaxis and use meticulous mosquito bite prevention.
- Seek medical advice early if unwell, especially if fever develops.
- Before attending a healthcare facility, discuss this with your medical assistance provider and notify them immediately if you may have been exposed to Ebola.

Travel, Border and Access Implications

Short-notice travel disruption is credible due to containment measures, especially for travellers arriving from or transiting through DRC, Uganda and South Sudan. Measures vary by country and can be introduced with little warning.

- Thermal screening and non-contact temperature checks
- Health questionnaires and visual symptom assessment
- Secondary screening or isolation if symptoms are detected
- Mandatory quarantine for some travellers
- Entry bans for some nationalities or recent travel histories
- Flight suspensions, airport closures and border closures

Examples of current restrictions

- Bunia airport has closed again after briefly reopening.
- Uganda has closed its border with DRC except for critical movements and outbreak response.
- Rwanda has closed the Goma–Rubavu crossing and is denying entry to foreigners who have travelled through DRC within the last 30 days.
- Multiple countries globally have introduced screening, quarantine or entry restrictions for travellers linked to DRC, Uganda or South Sudan.

Evacuation Implications

Ebola-related medical evacuation is far more complex than standard medevac operations and should be assumed to require extended timelines, senior-level coordination and public health authority approval.

Core evacuation constraints

- Most civilian air ambulance operators are unwilling to transport Ebola patients.
- Very few civilian operators have the equipment, crews and risk appetite required.
- Aircraft availability may take significantly longer than usual to secure.
- Receiving countries are generally unwilling to import Ebola cases unless they are their own citizens.
- Approvals require close coordination with national public health authorities and border agencies.
- The capability of civilian air ambulance providers to evacuate confirmed Ebola cases is largely untested

Likely evacuation pathway

- Evacuations are more likely to be to the patient's home country than to a regional centre of excellence.
- For European or North American patients, coordination often escalates to the state or military level.
- Historically, military aircraft have often been used in preference to civilian air ambulances for confirmed Ebola cases.

Most important operational principle

Where there has been a genuine exposure, **evacuation before symptoms develop is strongly preferable**. Transporting an exposed but asymptomatic person is safer, faster and easier to arrange than evacuating a patient with established disease. It also improves the likelihood of early access to high-quality care if symptoms develop after arrival.

Personal Prevention Measures

- Do not engage closely with anyone displaying symptoms of illness.
- Avoid travel to outbreak areas unless operationally essential.
- Wash hands frequently and use alcohol-based hand sanitiser.
- Avoid contact with blood, bodily fluids and contaminated surfaces.
- Do not touch or prepare human remains.
- Avoid bushmeat and ensure food is thoroughly cooked.
- Peel fruit where possible.
- Comply fully with official public health screening, quarantine and reporting requirements.
- Seek urgent medical advice if symptoms develop.
- Take anti-malarial prophylaxis and take steps to avoid mosquito bites (as malaria can mimic the symptoms of early Ebola).

Operational Mitigation for Organisations

- Review the necessity of travel to DRC, Uganda and neighbouring countries.
- Refresh business continuity and contingency plans for staff in the region.
- Monitor border, visa and airline changes continuously.
- Minimise activities that could result in injury or hospital attendance.
- Ensure staff understand symptom recognition, escalation and exposure reporting pathways.
- Prepare for quarantine, isolation and delayed onward movement.
- Coordinate early with security, medical and assistance providers if exposure is suspected.
- Ensure staff understand the importance of taking anti-malarial prophylaxis and avoiding mosquito bites (as the symptoms of malaria can mimic early Ebola symptoms.)

Forecast and Outlook

Confirmed case numbers are likely to continue increasing in the near term. Additional screening measures, travel restrictions and localised movement controls may be introduced at short notice. If containment efforts become more effective, transmission may stabilise over the coming weeks; however, continued spread would likely prompt stricter controls and place already fragile health services under further pressure.

Disclaimer: This document is intended as a practical fact sheet for operational and medical risk awareness. It should be read alongside the latest government and public health guidance, organisational travel protocols, and case-specific medical assessment where relevant.

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Find out more

If you'd like to understand more about how we work or explore how we can support you, get in touch.

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