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EBOLA DISEASE OUTBREAK UPDATE: DRC & UGANDA

GET Global Emerging Pathogens Treatment Consortium

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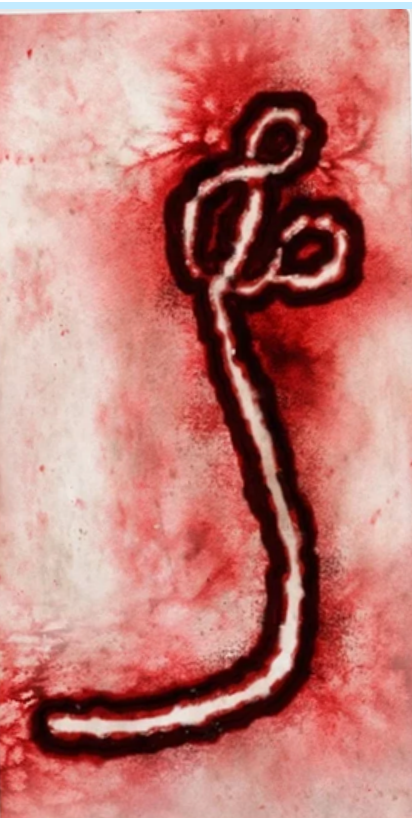


EBOLA DISEASE OUTBREAK UPDATE:
Democratic Republic of Congo & Uganda

Overview of the Outbreak

The Democratic Republic of the Congo (DRC) is experiencing its 17th Ebola outbreak, caused by the Bundibugyo virus (BDBV) — one of the Orthoebolavirus species and distinct from the more familiar Zaire ebolavirus.

The outbreak was officially declared a Public Health Emergency of International Concern (PHEIC) on 22 May 2026. Cases have since spread across the border into Uganda through imported cases linked to cross-border movement.

ABDBV is a severe and often fatal zoonotic disease. Fruit bats are the suspected natural reservoir. Human infection occurs through close contact with blood or secretions of infected wildlife, subsequently spreading person-to-person via direct contact with bodily fluids, contaminated surfaces, or during unsafe burial practices. Transmission is amplified in healthcare settings where infection prevention and control (IPC) measures are inadequate.

Key clinical facts: Incubation period is 2–21 days. Individuals are not infectious before symptom onset. Early symptoms, fever, fatigue, myalgia and headache are non-specific and overlap with malaria, making clinical diagnosis difficult without laboratory confirmation (PCR or antigen/antibody assays).

■ No approved vaccine or specific treatment currently exists for BVD. WHO's Strategic Advisory Group of Experts on Immunisation (SAGE) has been convened to evaluate candidate vaccines and therapeutics.

Current Situation

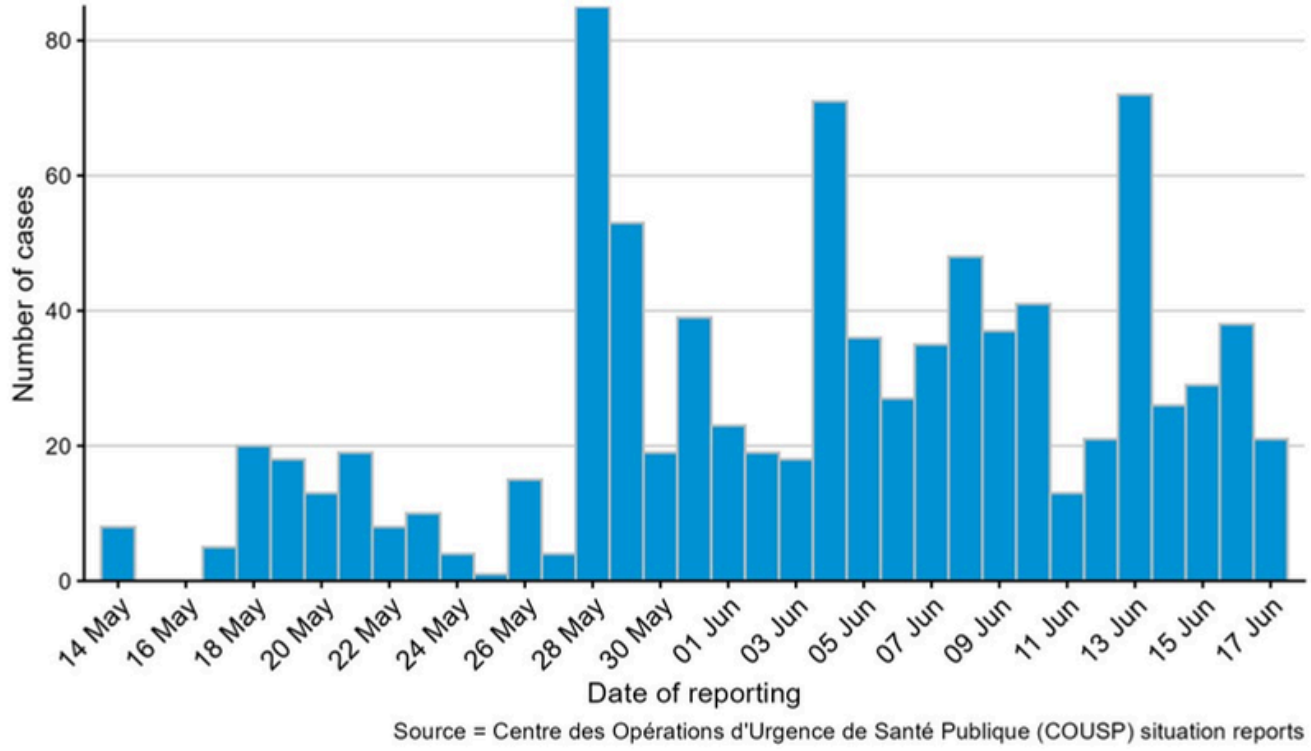
Democratic Republic of the Congo

Confirmed Cases	Confirmed Deaths
915	234 (CFR: 26.0%)

■■ DRC

As of 17 June 2026
• 896 confirmed cases | 232 deaths | CFR: 26%
• 78 patients recovered
• 6,367 contacts under follow-up

Since the last update on 13 June, 220 new confirmed cases and 96 deaths were added — partly reflecting a backlog of previously collected samples now being tested as diagnostic capacity scales up. The reported CFR of 26% is likely an underestimate, as many deaths that occurred before the outbreak declaration remain under investigation.



Source = Centre des Opérations d'Urgence de Santé Publique (COUSP) situation reports

Uganda

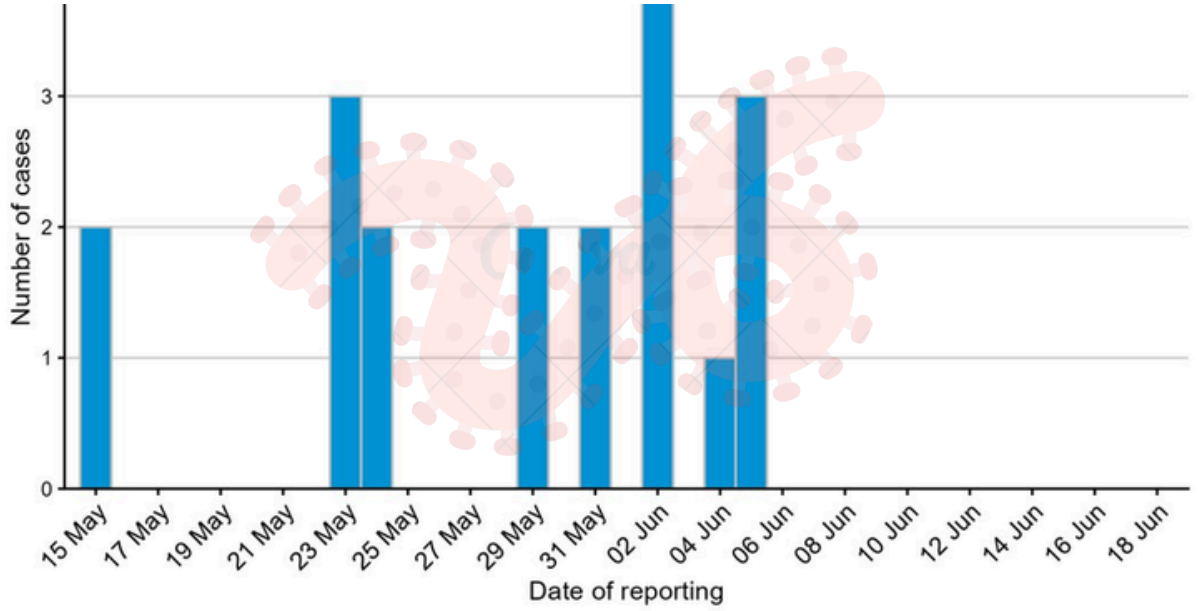
Confirmed Cases	Confirmed Deaths
19	2 (CFR: 20.1%)

As of 18 June 2026

- 19 confirmed cases | 2 deaths | 10 recoveries
- 14 imported + 5 secondary cases
- Last confirmed case: 5 June 2026

All cases are in Kampala and Wakiso districts. No community transmission has been documented. Exposure risks remain associated with healthcare settings and cross-border movements. Of 826 contacts, 122 remain under active follow-up

4 healthcare workers are among the confirmed cases (revised from a previously reported 5 following reclassification).

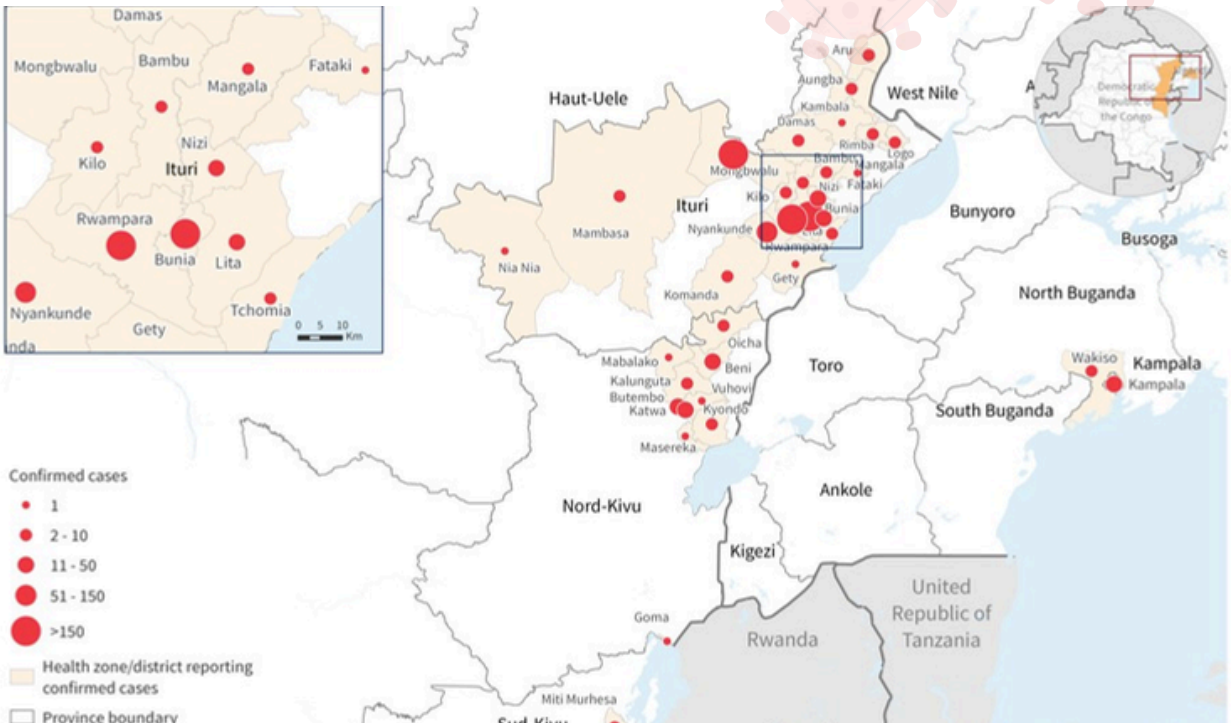


Geographic Distribution

Democratic Republic of the Congo

The outbreak epicentre remains Ituri Province, DRC, accounting for 91% (817 cases) of all confirmed cases (CFR 22.7%). The highest burden is in Bunia (247), Rwampara (195), Mongbwalu (189), and Nyankunde (68) health zones. Cases are now confirmed across 33 health zones in three provinces: Ituri (21/36 HZ), North Kivu (11/35 HZ), and South Kivu (1/34 HZ).

Epidemiological investigations indicate that transmission had likely been occurring in some newly reporting health zones for several weeks before confirmation, suggesting undetected spread rather than recent introduction. In Uganda, cases remain confined to the Kampala Metropolitan Area (Kampala and Wakiso districts), all epidemiologically linked to the DRC outbreak along the historically affected eastern DRC–western Uganda corridor.



Operational Challenges

Health authorities and humanitarian organizations face a complex constellation of factors that significantly impede effective outbreak containment:

Laboratory Capacity and Sample Backlogs

Hundreds of suspected case samples remain untested, with new cases identified daily pending confirmatory results. The true epidemiological scale of the outbreak remains unknown and is likely substantially higher than current confirmed case counts. This limitation severely constrains the ability to ascertain disease burden accurately and identify transmission patterns for targeted response.

Armed Conflict and Insecurity

Eastern DRC, including Ituri and North Kivu provinces, represents one of the world's most severe conflict-affected regions. Ongoing insecurity directly compromises response operations by:

- Restricting movement of response teams to affected communities
- Limiting access to healthcare facilities and case management sites
- Impeding contact tracing and safe burial operations

Population Mobility and Displacement

Large-scale population movement driven by conflict-related displacement, combined with high mobility linked to extensive mining activity in the region, creates formidable surveillance and contact management challenges. Tracing exposed individuals and monitoring their health status becomes operationally challenging when populations are dispersed across geographic boundaries and conflict zones.

Community Engagement and Trust

In certain areas, communities have historically demonstrated resistance to external health interventions, including during previous Ebola outbreaks. Building community trust and ensuring meaningful engagement remains a critical but time-intensive component of the response. This necessitates leadership-centered approaches anchored in local community structures and sustained dialogue with affected populations.

Public Health Guidance

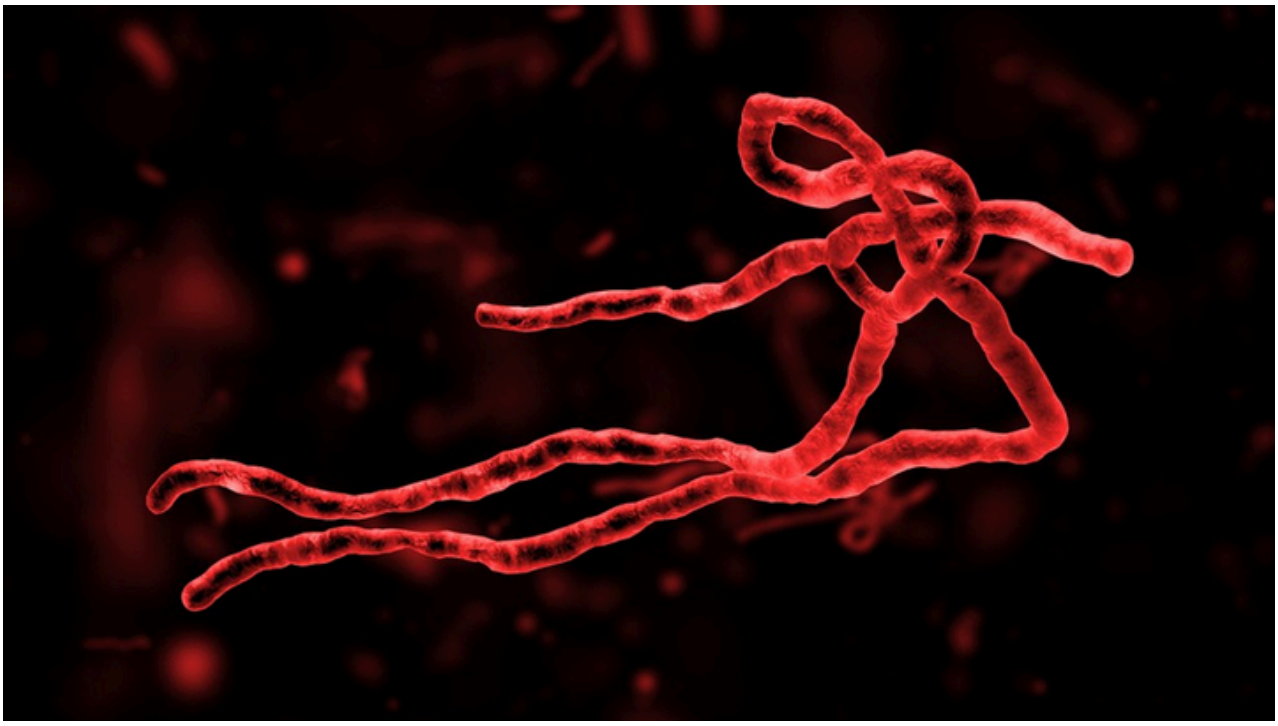
For Residents of Affected Areas

- Avoid direct physical contact with individuals displaying Ebola symptoms (fever, vomiting, diarrhoea, unexplained bleeding, or severe fatigue)
- Do not touch the bodies of deceased individuals; contact local health authorities immediately for safe and dignified burial assistance
- Practice regular hand hygiene using soap and water, particularly following contact with potentially symptomatic individuals or prior to eating
- Seek immediate medical care upon development of symptoms; inform healthcare workers of any possible exposure or travel history to affected areas

For Travellers

• Avoid all non-essential travel to Ituri, North Kivu, and South Kivu provinces in the DRC
• If travel is unavoidable, maintain strict avoidance of contact with symptomatic individuals, wild animals, or animal carcasses
• Monitor health status closely for 21 days following return from affected areas (representing the maximum Ebola incubation period)
• If symptoms develop post-travel, contact healthcare facilities in advance; do not present unannounced. Inform providers of travel history and follow their instructions
• Review current travel advisories from your national health authority prior to and during any travel to the affected region

The Global Emerging Pathogens Treatment Consortium (GET) was established in 2014 as a direct response to the 2014-2016 Ebola virus disease outbreaks in West Africa. GET is legally registered in Nigeria, Accra, Ghana, Sierra Leone, and the United States of America. Our primary purpose is to develop African-led and Afrocentric strategies within an international context to address emerging biosecurity threats effectively.



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