

# **EBOLA DISEASE OUTBREAK UPDATE: DRC & UGANDA | JUNE 1, 2026**



# Table of Contents



1

Overview of Outbreak

2

Current Situation

3

Geographical Spread

4

Challenges Facing the Response

5

Guidance for the Public

# EBOLA OUTBREAK IN CENTRAL AFRICA

## Democratic Republic of Congo & Uganda

### Overview of the Outbreak

**O**n 15 May 2026, the Ministry of Health of the Democratic Republic of Congo (DRC) officially confirmed an outbreak of Ebola virus disease in Ituri Province, northeastern DRC, the country's 17th Ebola outbreak since the virus was first identified there in 1976, occurring just five months after the end of the previous outbreak in December 2025. The outbreak is caused by the Bundibugyo ebolavirus, a rare strain of the Ebola virus family for which no approved vaccine or targeted treatment currently exists. The earliest known suspected case, a man in Ituri Province, began experiencing symptoms on 24 April 2026 and died three days later. As of 29 May 2026, more than 906 suspected cases and at least 246 suspected deaths have been reported across three provinces in the DRC, Ituri, North Kivu, and South Kivu, with 125 laboratory-confirmed cases and 17 confirmed deaths. The outbreak has since crossed international borders, with Uganda confirming nine cases and one death in its capital city, Kampala, at least three of which are directly linked to travel from DRC.

### Current Situation

The following figures are drawn from WHO, CDC, and MSF reporting as of 29–30 May 2026. Given that hundreds of samples remain pending, all numbers should be considered a minimum estimate.

906 Suspected Cases (DRC)	17 Confirmed Deaths (DRC)	9 Confirmed Cases (Uganda)	1 Deaths (Uganda)
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### Breaking the DRC figures down further:

- 906 suspected cases reported across Ituri, North Kivu, and South Kivu provinces
- 125 laboratory-confirmed cases, including 17 confirmed deaths
- 246 suspected deaths among suspected cases
- Healthcare workers are among those infected, raising concerns about facility-based transmission

### In Uganda:

- 9 confirmed cases reported in Kampala, at least 3 directly linked to travel from DRC
- 1 confirmed death (case fatality rate: 14.3% among confirmed cases)
- Cases include two healthcare workers confirmed on 25 May 2026

# Background: What Is This Outbreak?

## The Bundibugyo Virus

This outbreak is caused by the Bundibugyo ebolavirus, one of the rarest strains of the Ebola virus family. The Bundibugyo virus was first discovered less than 20 years ago in western Uganda. This is only the third time it has ever been identified as the cause of an outbreak. Like all Ebola viruses, it causes severe haemorrhagic fever, damaging blood vessels and vital organs. Early symptoms include fever, headache, sore throat, fatigue, and muscle aches.

## Geographic Spread

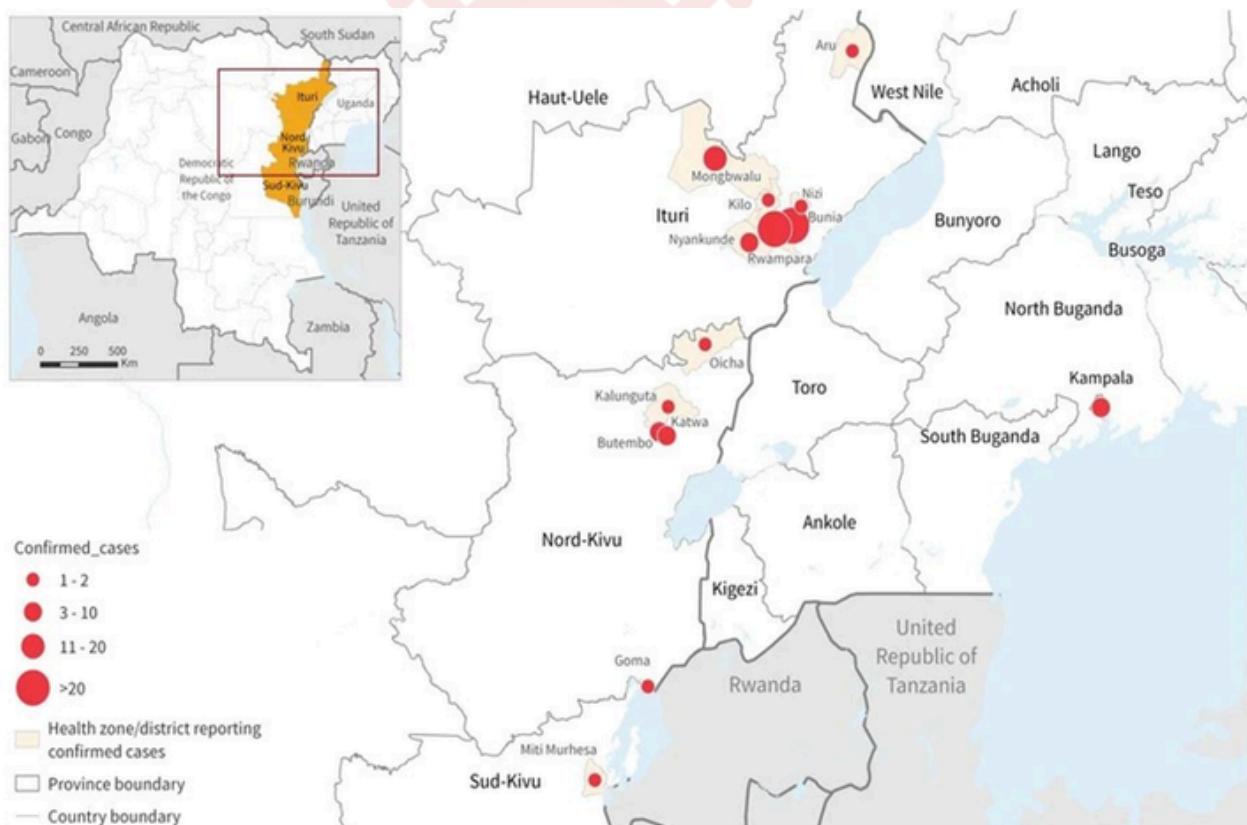
The outbreak originated in Ituri Province but has spread significantly since its detection, both within DRC and across international borders into Uganda.

### Democratic Republic of Congo

- Ituri Province — Epicentre of the outbreak. The three most affected health zones are Mongbwalu, Bunia, and Rwampara.
- North Kivu Province — Cases imported from Ituri have been confirmed in this province, which borders Uganda and Rwanda.
- South Kivu Province — At least one case imported from Tshopo province reported on 21 May 2026.

### Uganda (Cross-Border Spread)

- Kampala (capital city) — Nine confirmed cases have been reported in Uganda's capital, making this a significant urban transmission concern. At least three cases are directly linked to travel from DRC. Two healthcare workers were confirmed positive on 25 May 2026.



## Challenges Facing the Response

Health authorities and humanitarian organizations are battling a combination of factors that are significantly hampering containment efforts:

- **Untested Samples and Unknown Scale**

MSF has explicitly warned that hundreds of samples remain untested, meaning new cases are being identified daily without confirmation. The true number of infections is unknown and likely considerably higher than reported figures.

- **Armed Conflict and Insecurity**

Eastern DRC — including Ituri and North Kivu — is one of the most conflict-affected regions in the world. Ongoing insecurity is directly limiting the movement of response teams, access to affected communities, and the ability to conduct contact tracing and safe burials.

- **Population Movement**

Large-scale population movement driven by conflict and displacement, as well as high mobility linked to extensive mining activity in the region, is making it extremely difficult to trace contacts and monitor exposed individuals.

- **Community Distrust**

In some areas, communities have historically resisted outside health interventions, including during previous Ebola outbreaks. Building trust and ensuring community engagement is a critical but time-consuming component of the response.

## Guidance for the Public

### People near Affected Areas

- Avoid any physical contact with people showing Ebola symptoms: fever, vomiting, diarrhea, unexplained bleeding, or severe fatigue
- Do not touch the body of anyone who has died, contact local health authorities immediately for safe and dignified burial assistance
- Wash hands frequently with soap and water, especially after contact with a sick person or before eating
- Seek medical care immediately if you develop any of the above symptoms, and inform healthcare workers of any possible exposure or travel 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, avoid any contact with sick individuals, wild animals, or animal carcasses
- Monitor your health closely for 21 days after returning from any affected area, this is the maximum incubation period for Ebola
- If you develop symptoms after travel, do not visit a clinic or hospital unannounced; call ahead, inform them of your travel history, and follow their instructions
- Check for travel advisories from your national health authority before and during any travel to the 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.



## **FIND OUT MORE ABOUT THE ORGANIZATION**

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