



## Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo & Uganda

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### Summary

On 15 May 2026, an outbreak of severe illness with high mortality in the Democratic Republic of the Congo (DRC) was confirmed as Ebola disease caused by Bundibugyo virus, with limited cross-border spread to Uganda.

On 17 May 2026, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC).

Sustained transmission has since led to a rapid increase in case numbers, with spread across multiple health zones in eastern DRC and extension into Uganda.

The [WHO](#) has reported<sup>1</sup>:

- 1,274 confirmed cases including 360 confirmed deaths in the DRC (as of 27 June 2026).
- 20 confirmed cases including two confirmed deaths and one probable death in Uganda (as of 29 June 2026).
- One confirmed case in France (as of 29 June 2026)

Health authorities in both the DRC and Uganda are implementing public health measures, supported by the WHO.<sup>2</sup>

The Australian Centre for Disease Control (CDC) is continuing to work closely with WHO and other government agencies to monitor the situation.

WHO assesses the risk of the outbreak to be:

- very high for the DRC
- high for Uganda and for countries with land borders adjoining countries with documented cases
- low for the rest of the Africa region
- low at the global level.<sup>3</sup>

The risk to Australia remains low.

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### CDC situation reassessment plan

- The risk to human health in Australia from Bundibugyo virus disease (BVD) remains low.
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- The Australian CDC will continue to monitor the situation internationally.
  - The risk to human health in Australia will be reassessed if there is evidence of escalating outbreak size, change in epidemiological outbreak characteristics or uncertainty of evidence, or spread of disease to new areas, international travellers, or major travel networks within existing impacted regions.

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**Relevance to Australia**

- The current risk to human health in Australia from BVD remains low, noting:
    - The outbreak remains geographically concentrated in eastern DRC but is occurring in a complex epidemiological and humanitarian context.
    - Transmission requires contact with infected body fluids, reducing likelihood of casual importation.
  - WHO continues to advise that no country should close its borders or place any restrictions on travel and trade.
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## Current situation

### Case detection and reporting

- For further information on earlier cases and public health response in the DRC and Uganda, please refer to the [previous situation report](#).<sup>4</sup>
- On 15 May 2026, an outbreak of severe illness with high mortality in the DRC was confirmed as Ebola disease caused by Bundibugyo virus. Limited cross-border spread to Uganda was reported.<sup>3</sup>
- On 17 May, WHO declared the outbreak a PHEIC.<sup>3</sup>
- Sustained transmission has since led to a rapid increase in case numbers, with spread across multiple health zones in eastern DRC and extension into Uganda.
- In DRC as of 27 June 2026:
  - 1,274 confirmed cases, including 360 confirmed deaths, and 239 suspected cases have been reported across Ituri, North Kivu and South Kivu provinces.<sup>1</sup> The number of confirmed cases continues to increase.
  - 178 individuals have recovered from the disease.<sup>1</sup>
  - Over 9,000 contacts have been identified for follow-up, with an overall follow up rate of 87.1% (as of 27 June).<sup>5</sup> Contact tracing activities remain challenging due to population movement and ongoing conflict.
- In Uganda as of 29 June 2026:
  - Case numbers remain unchanged from the previous report, with 20 confirmed cases including two confirmed deaths and 1 probable death reported in Kampala and Wakiso districts. 15 individuals have recovered from the disease<sup>1</sup>.
  - All cases have been in people with a travel history to the DRC or their contacts. There is no current evidence of community transmission in Uganda.<sup>2</sup>
  - Over 830 contacts have been identified for follow up with an average follow-up rate of 99%.<sup>6</sup>

- On 24 June 2026, France Ministry of Health confirmed the first BVD case detected outside of DRC and Uganda<sup>7</sup>.
  - The case is a French humanitarian doctor who had returned from an affected area in DRC. The individual was isolated promptly in France after reporting symptoms, and contact tracing is underway.<sup>7</sup>
  - The European Centre for Disease Control and Prevention (ECDC) assess the risk of onward transmission as very low.<sup>8</sup>
- Changes in suspected case and death counts reported by WHO likely reflect ongoing epidemiological investigations and laboratory testing, including the clearance of testing backlogs and reclassification of suspected cases as either confirmed or non-cases.<sup>2</sup>
- Current evidence suggests there remains undetected transmission and ongoing spread in the DRC. Case numbers are expected to change and are indicative only.

## Public health response

- The Australian CDC continues to work closely with the WHO and Australian government agencies to monitor the situation.
- Australia has strong border health measures in place to screen for people who may be symptomatic with very serious communicable diseases like Ebola.
  - At international airports, signage will direct recent travellers from the DRC or Uganda to notify a biosecurity officer if they are unwell in the airport and scan a QR code for Australian CDC public health information and [advice relating to Ebola virus disease](#).
- Travellers from either the DRC or Uganda who get unwell within 21 days of arriving in Australia should:
  - call their healthcare professional immediately – tell them about symptoms and travel history
  - if they need to call emergency services – tell them about symptoms and travel history
  - not visit a clinic or hospital in person without calling ahead – they might take extra steps to protect others.
- Health authorities in both DRC and Uganda, with support from WHO, continue to strengthen public health response measures, including coordination through emergency meetings and deployment of rapid response teams. This is alongside enhancing epidemiological surveillance, diagnostic services and capacity, infection prevention and control measures, case and contact management, risk communication, community engagement and support at points of entry and exit.
- The response remains challenging, particularly in the DRC, due to ongoing conflict and insecurity, which are constraining access, disrupting surveillance and response activities, and increasing the risk of undetected transmission<sup>2</sup>.
- The WHO advises against imposing travel or trade restrictions, noting these may have unintended impacts on response efforts and population movement.
- There are no currently available licensed vaccines or specific therapeutics for BDBV, though research and development are ongoing with support from the WHO.

## Epidemiology

- Ebola Virus Disease caused by Bundibugyo virus is spread from animals to humans, and between people, through direct contact with infected bodily fluids.<sup>2</sup>

- The incubation period for BVD ranges from 2 to 21 days and individuals are considered infectious from onset of symptoms.<sup>2</sup> Early symptoms are non-specific and can include fever, muscle pain, fatigue and sore throat, progressing in some cases to gastrointestinal symptoms, organ dysfunction, and haemorrhagic manifestations.<sup>2</sup>
- Two previously outbreaks of BVD were reported in 2007 and 2012.<sup>9</sup>
- In this current outbreak:
  - Cases have been reported across three provinces in eastern DRC, with some extension into Uganda.<sup>2</sup>
  - Healthcare workers are among the confirmed cases, indicating potential healthcare-associated transmission.<sup>3</sup>
  - Across both countries, cases are predominantly working-age adults (20 – 49 years). In Uganda, a higher proportion cases have occurred among males, whereas the DRC shows a relatively even distribution between females and males.<sup>9</sup>
- In Australia, there have been no recorded human cases of Ebola disease to date, and the current risk of importation remains low.

## Public health guidelines and resources

- [Ebola virus disease – CDNA National Guidelines for Public Health Units | Australian Centre for Disease Control](#)
  - [Ebola disease | Australian Centre for Disease Control](#)
  - [Guidance for managing departing and returning aid workers | Australian Government Department of Health, Disability and Ageing](#)
  - [Ebola information for frontline health professionals | Australian Centre for Disease Control](#)
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9. World Health Organization (21 June 2026). Weekly External Situation Report 06–Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo and Uganda. Accessed 29-06-2026:  
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