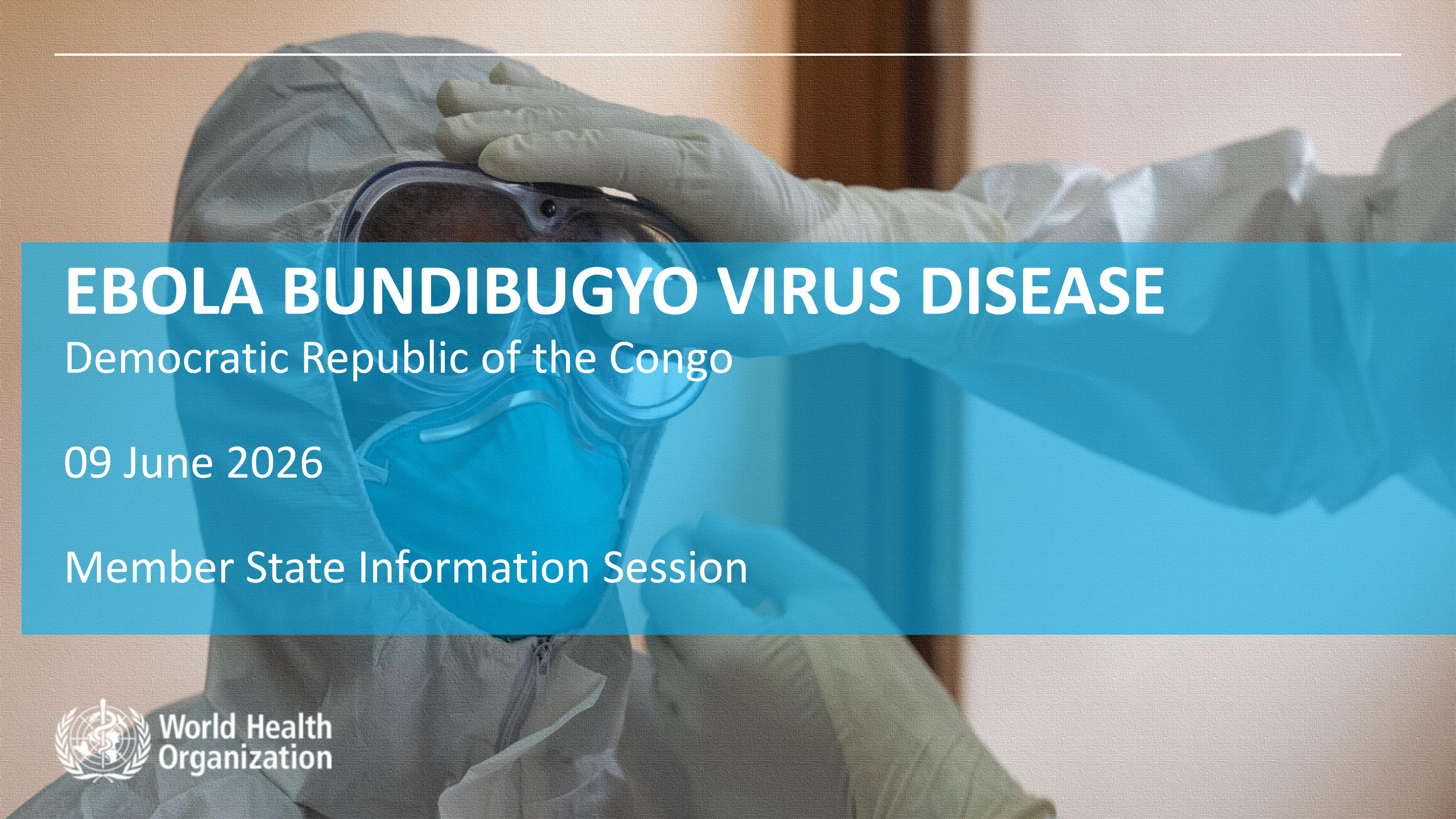




EBOLA BUNDIBUGYO VIRUS DISEASE

Democratic Republic of the Congo

09 June 2026

Member State Information Session



World Health
Organization

Epidemiological overview - cumulative

In the **Democratic Republic of the Congo (DRC)** – Data as of 07 June 2026

-	-	550 (+35)	19 (+7)	-	101 (+10)	25	16***
Suspected cases	Probable cases	Confirmed cases	Recovered cases	Suspected deaths**	Confirmed deaths	Health zones with confirmed cases	HCW infections

In **Uganda** – Data as of 08 June 2026

-	01	19	05	01	02	02	05
Suspected cases**	Probable case	Confirmed cases	Recovered cases	Probable death	Confirmed death	Districts with confirmed cases	HCW infections



Data Source [MOH DRC](#) and MOH Uganda – [link 1](#), [link 2](#)

* The number of suspected cases has been revised downward, following investigations and sample testing, which confirmed some cases and discarded others.

** Suspected cases and deaths have been temporarily excluded from the count pending the results of ongoing investigations. These investigations will determine whether they can be confirmed and classified as probable cases or definitively discarded.

*** Data as of 27 May 2026

Contact tracing (08 June)

Democratic Republic of the Congo

Province	Contacts under monitoring	Contacts seen in previous 24 hours	Follow-up proportion
Ituri	4 454	2 678	60.1%
North Kivu	738	587	79.5%
South Kivu	226	224	99.1%
TOTAL	5 418	3 489	64.4%

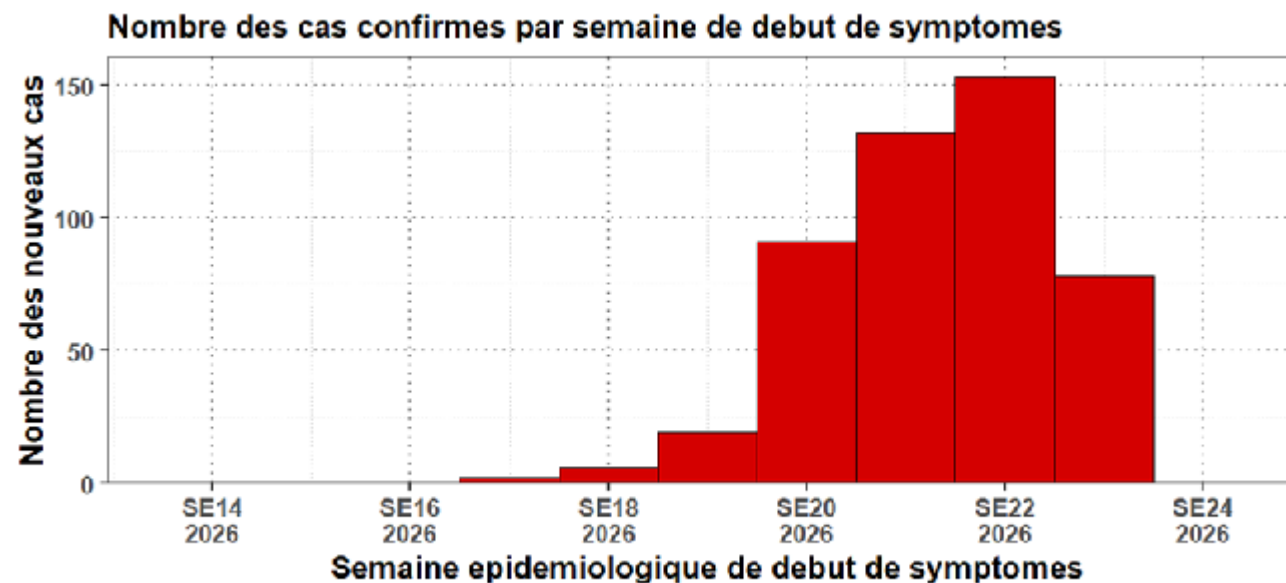
Uganda

Province	Contacts under monitoring	Contacts seen in previous 24 hours	Follow-up proportion (6 June)	Completed 21-day follow-up
TOTAL	388	358	92%	380

Situation update – Trend in confirmed cases

As of 07 June 2026

- 481 out of 550 confirmed cases line listed (87%)
- Note: trends could change after integrating of the remaining case-based data

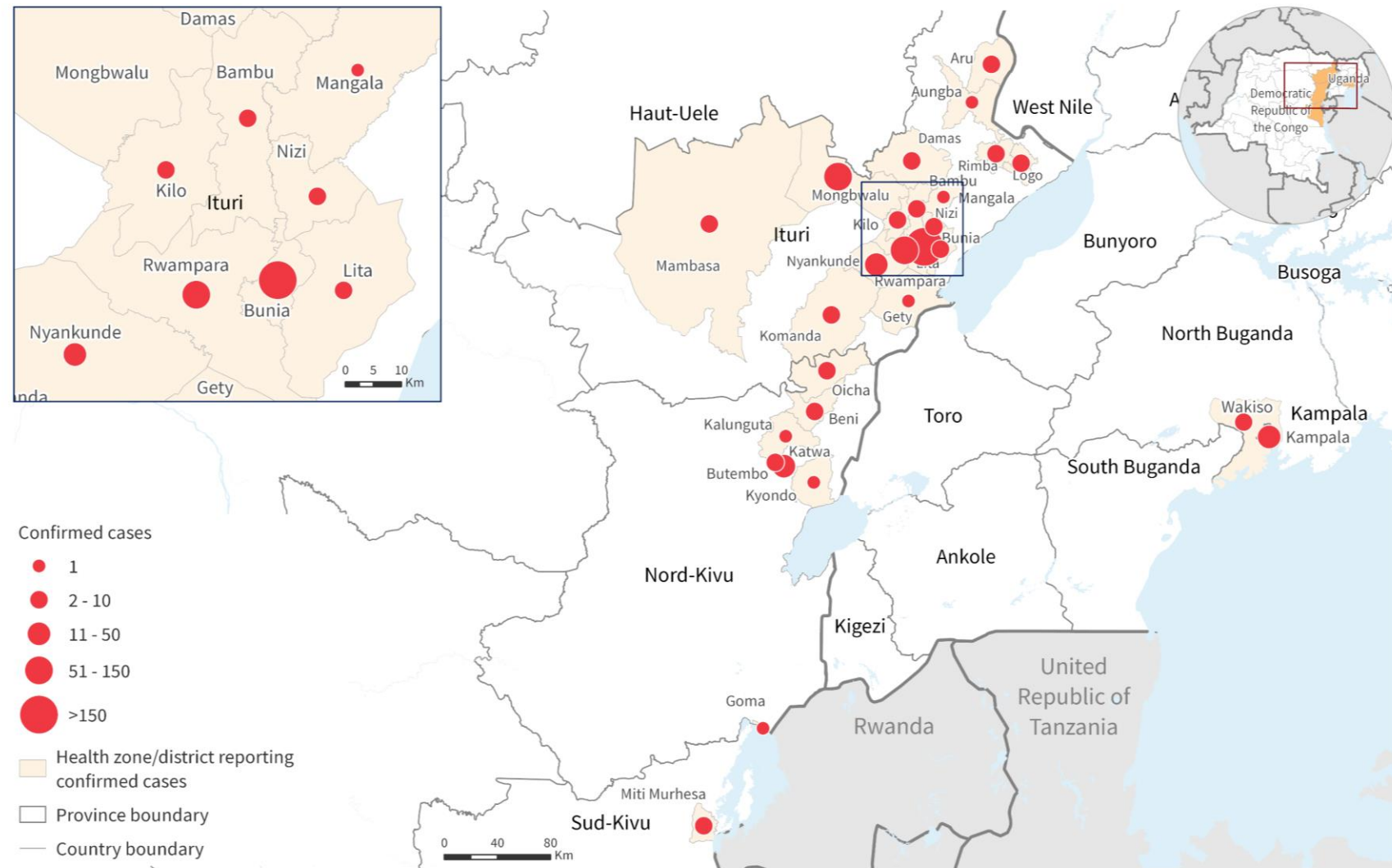


Source : DHIS2 Tracker - Riposte MVE, juin 2026. Données incluses dans l'analyse : n cas confirmés = 481.

Confirmed cases

- **25 health zones in 3 provinces** reporting confirmed cases in DRC
 - Ituri - 17 HZ
 - Nord Kivu – 7 HZ
 - South Kivu – 1 HZ
- **2 districts** reporting confirmed cases in Uganda

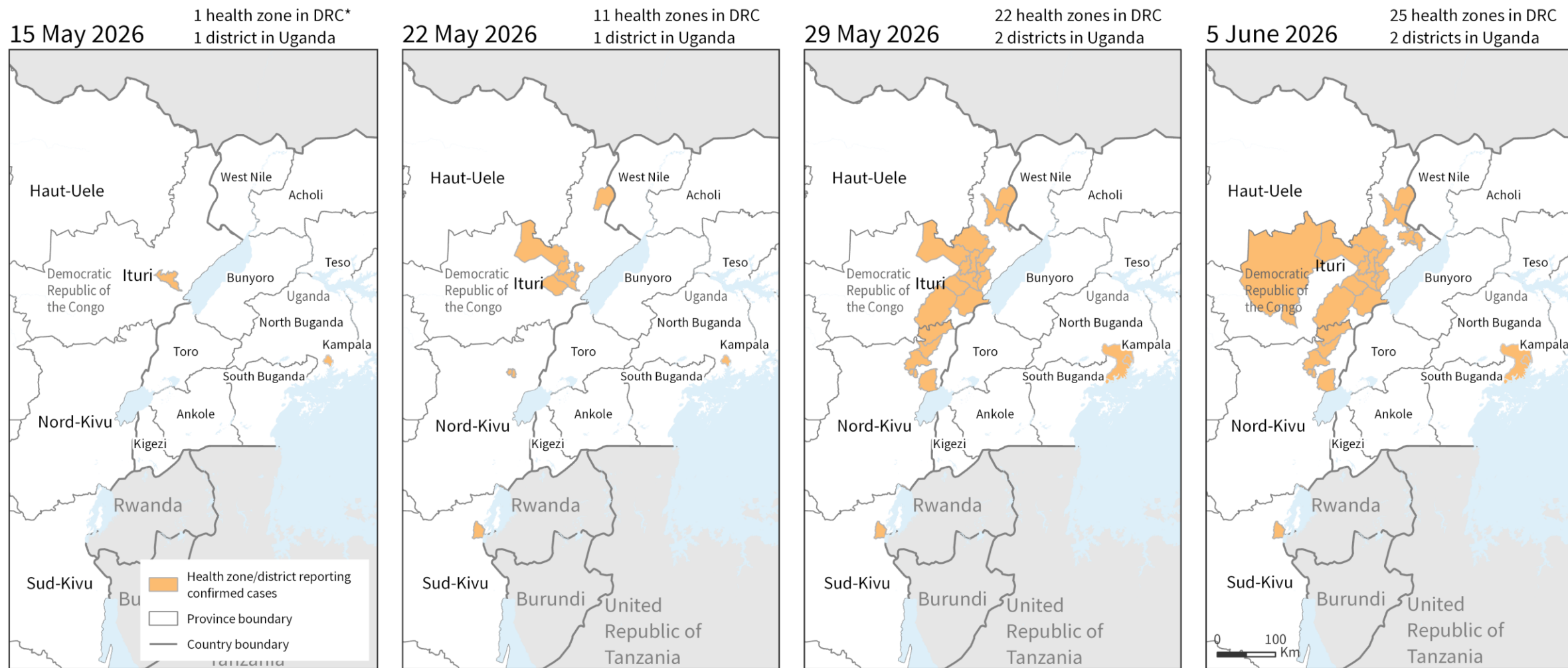
Distribution of confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo and Uganda, as of 8 June 2026.



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, Ministries of Health of the Democratic Republic of the Congo and Uganda, GRID3
Map Production: WHO Health Emergencies Programme

Health zones or districts reporting confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo and Uganda



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* On 15 May 2026 (date of the BVD outbreak declaration), 13 confirmed cases were reported in Rwampara health zone. Suspected and probable cases were reported in Bunia and Monbwalu health zones.

Data Source: World Health Organization, Ministries of Health Democratic Republic of the Congo and Uganda, GRID3
Map Production: WHO Health Emergencies Programme

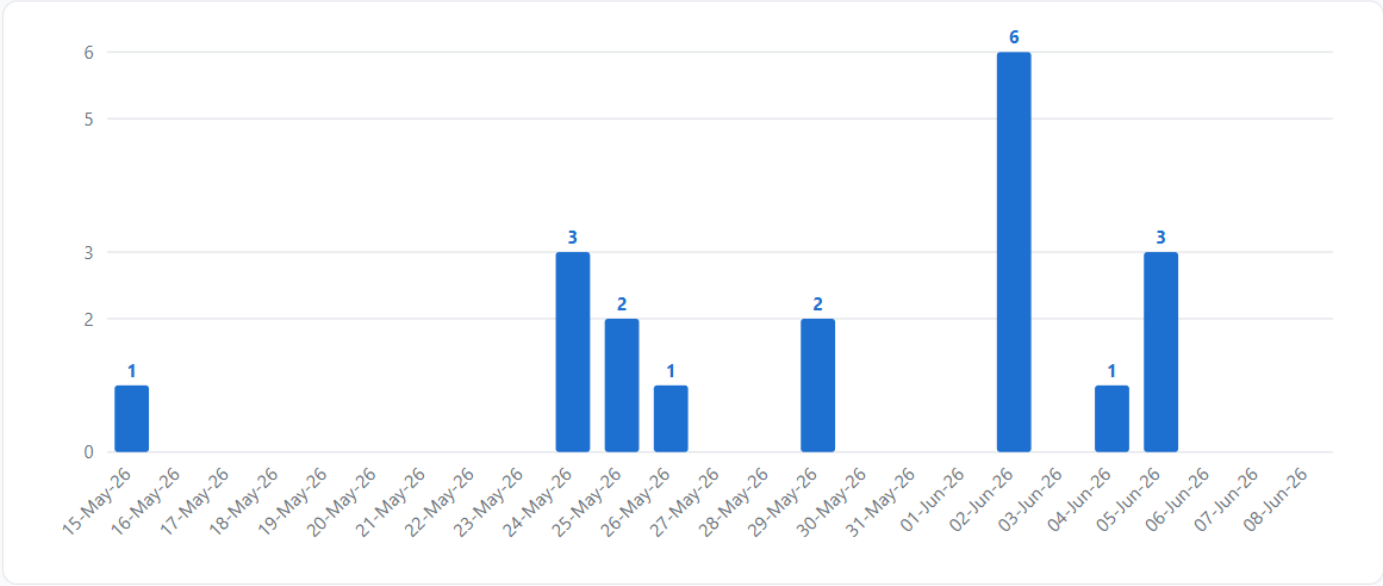
Uganda: situation update

Data as of 08 June 2026

- Of the 19 confirmed cases, **14 are imported cases** and **5 are local cases among contacts of cases**.
- 11 current admissions, 5 recoveries.
- Activated Ebola treatment units (ETUs) with:
 - 84 beds with 10 critical care units at the main isolation centre at Mulago isolation facility.
 - 56 beds with 4 critical care beds at Entebbe isolation facility
 - 32 beds at Mulago Field Isolation Facility.
- 956 persons tested (2% positivity).

0 Newly confirmed (past 24 hours)	19 Confirmed cases	1 Probable case	5 HCW infections
3 Total fatalities Confirmed (2) and probable (1)	6 Cumulative confirmed cases among contacts	388 Total contacts under active follow up (92% followed up)	380 Completed 21-day follow-up

Cases by date of confirmation



WHO Risk Assessment

Overall risk and confidence (based on information available at time of assessment)

15 May - V1

Overall risk		
National	Regional	Global
High	High	Low

Confidence in available information		
National	Regional	Global
Moderate	Moderate	Moderate

Overall risk and confidence (based on information available at time of assessment)

20 May - V2

Overall risk		
National	Regional	Global
Very High	High	Low

Confidence in available information		
National	Regional	Global
Moderate	Moderate	Moderate

Overall risk and confidence (based on information available at time of assessment)

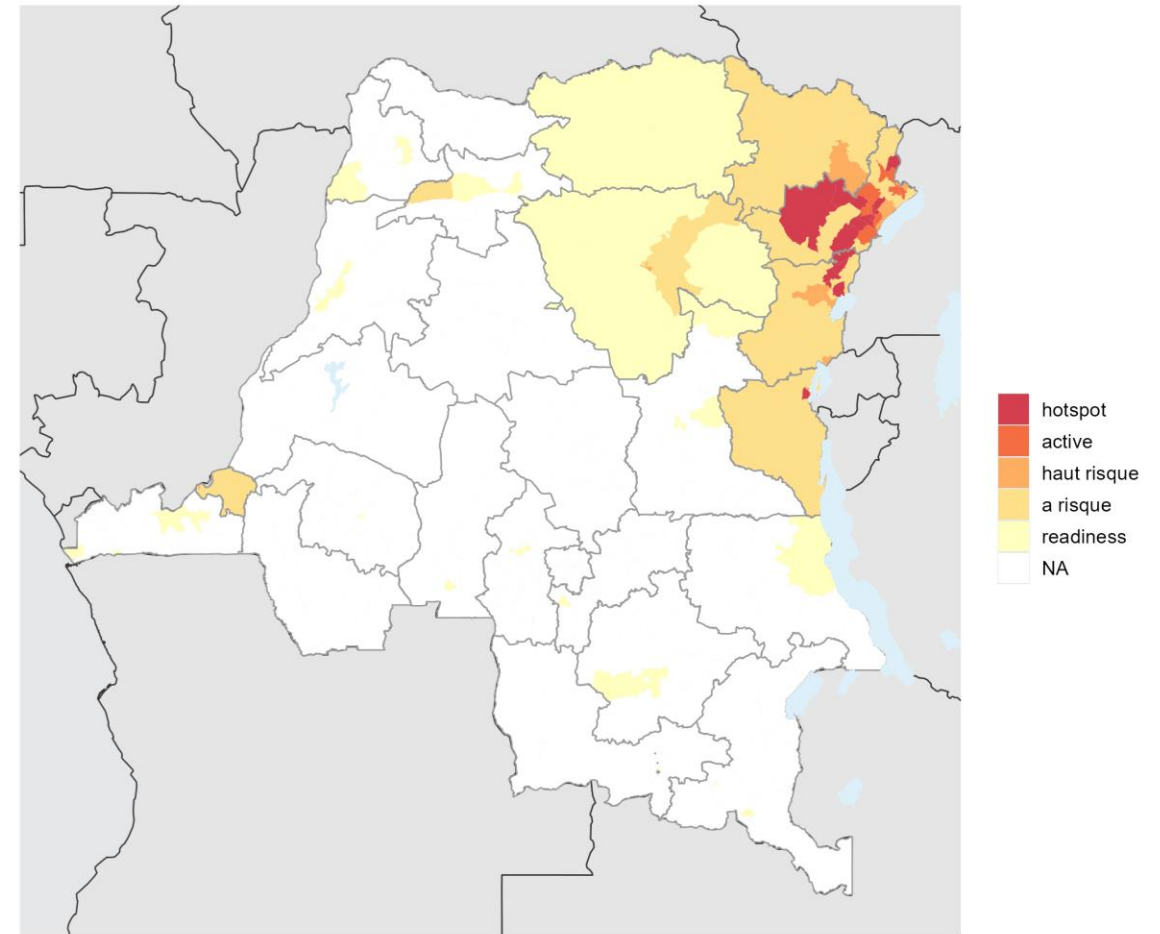
5 June – V3

Overall risk				
Democratic Republic of the Congo	Uganda	Countries with land borders adjoining countries with documented BDBV detection	Rest of the African Region	Global
Very High	High	High	Low	Low

Link to [WHO Rapid Risk Assessment-Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo and Uganda V2](#)

Sub-national risk prioritization by health zone for Democratic Republic of the Congo (as of 08 June)

Categories	Number of Health Zones
A1: hotspot	17
A2: active	8
B1: high risk	19
B2, B3: at risk	115
C: readiness	58
Other	302



Strategic priorities and response focus, in support of the leadership of the DRC government

Immediate Priorities

- **Rapid operational scale-up across hubs** (ETCs, labs, IPC, workforce, supply chains, safety and security)
- **Comprehensive mapping:** epidemiology, infrastructure, partners, mobility
- **Strong partner coordination** aligned to national plans and One-UN approach through the system-wide IASC scale up activation
- **Community-centred response:** strengthen RCCE, engagement, and trust-building

Core Response Capacities

- **Surveillance & epidemiology:** case investigation, contact tracing, real-time data
- **Laboratory systems:** decentralized testing, rapid confirmation
- **Clinical care:** scalable treatment capacity and safe isolation
- **IPC & SDB:** HCWs protection, PPE availability, decontamination, safe and dignified burials
- **Continuity of essential services** and workforce protection

Cross-cutting Priorities

- **RCCE integration** across all pillars
- **Research readiness** (therapeutics & vaccines)
- **Prevention of sexual exploitation, abuse and harassment (PSEAH)**



Snapshot of WHO operations to date

- **COORDINATION:** WHO is supporting the government of DRC's leadership at the field level. IASC System-wide Scale-Up is underway, and senior WHO teams on the ground. Over 100 people have been deployed into the affected areas across all pillars, and further expansion of operations is ongoing, including through partner networks (GOARN, Standby Partners).
- **SURVEILLANCE AND TESTING:** WHO is scaling decentralized testing by replenishing supplies and equipment and reinforcing national lab networks. Support to increasing capacity for alert investigation and contact tracing is ongoing, as well as analysis of trends and population movement to inform operations.
- **CLINICAL CARE:** WHO is supporting the MoH and >9 international partners to establish and sustain ETCs, with current efforts focused on Bunia and plans to expand. Current capacity is 250 beds. WHO provides direct clinical supervision, mentoring, and training within ETCs to strengthen the quality of supportive care. WHO led the development of a response capacity dashboard—tracking treatment beds, laboratory capability, and partner resources. High bed occupancy in Bunia underscores the need for continued expansion of treatment infrastructure and clinical care capacity.
- **OPERATIONS SUPPORT AND LOGISTICS:** WHO, in collaboration with WFP, is mobilizing significant logistics capacity to support the response led by the MoH, including aircraft, helicopters, trucks, and mobile warehouses, while also developing common logistics services for partners, including additional assets for in-country and regional cargo movement, team transport, and MEDEVAC operations.
- **INFECTION PREVENTION AND CONTROL & WASH:** WHO is supporting the establishment of IPC coordination mechanisms, deployment of technical expertise, training of frontline responders, health facility IPC assessments, strengthening of screening and triage systems, provision of IPC supplies and PPE, and implementation of safe and dignified burial activities to reduce the risk of healthcare-associated and community transmission.
- **RESEARCH :** WHO is working closely with national counterparts, Africa CDC, and partners including CORC, ANRS, CEPI, and GAVI to advance an evidence-based research agenda for vaccines and therapeutics. A WHO vaccine target product profile is under development, and Technical Advisory Groups have identified priority candidates for clinical evaluation. WHO is also supporting the implementation of a randomized clinical trial for therapeutics and providing technical support for a post-exposure prophylaxis trial.
- **TECHNICAL GUIDANCE:** Links to available (new and updated) guidance are provided in the Annex.



Strengthening preparedness in surrounding countries

Rapid review of capabilities following risk assessment and prioritization of countries and areas.

Readiness assessments are informing identification of support needed and deployment of multidisciplinary readiness teams.

Supporting national plans developed in priority countries based on readiness assessment and checklist results.

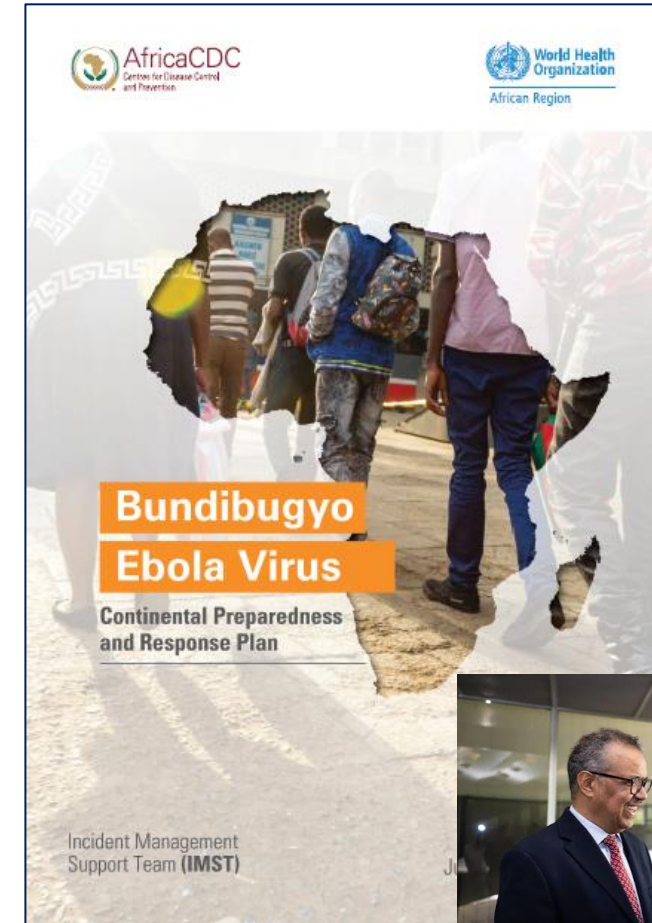
Plans emphasize capacities and capabilities for:

- rapid detection and timely response
- community-centred interventions
- continuity of essential health services
- protection of frontline health workers
- prevention of regional and international spread.

Operational prioritization	Countries	Response
Priority 1A	Democratic Republic of the Congo and Uganda (active outbreak)	Full multi-pillar response
Priority 1B	South Sudan, Rwanda, and Burundi (immediate neighbors with high cross-border risk)	Operational readiness, recommended readiness actions, intensified risk monitoring and cross-border coordination
Priority 2	Central African Republic, Congo, United Republic of Tanzania, Zambia, Angola, Kenya, Somalia, Ethiopia (direct land borders or high traffic with Priority 1A countries)	Minimum operational requirements, recommended readiness actions and continuous risk monitoring
Priority 3	All other Member States	Risk monitoring and alert dissemination through IHR National Focal Points

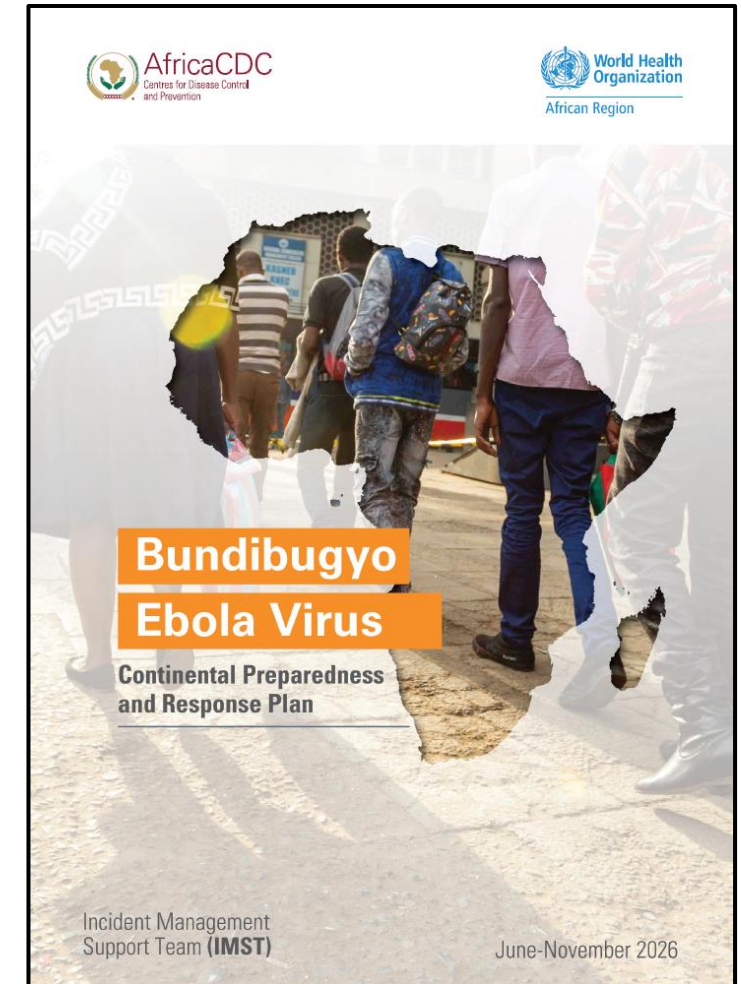
Continental Preparedness and Response Plan for Ebola disease due to Bundibugyo virus, in support of national plans for efficient and coordinated resource mobilization

- On 17 May 2026, the Director-General determined the Bundibugyo virus disease outbreak a Public Health Emergency of International Concern (PHEIC).
- Six month plan (June- November 2026) was jointly developed by WHO and Africa CDC, with inputs from partners.
- Informed by national response plans developed by countries.
- **One plan, one budget, one team** – coordinated support to achieve the goals of the Continental Plan



Continental Preparedness and Response Plan

	Budget Plan
DRC and Uganda National Response Plans	US \$265M
Member States in Preparedness Phase	US \$79M
Partners including Africa CDC, WHO, UNICEF, UNHCR, IFRC, WFP, FIND	US \$518M
<i>...of which WHO's Budget is \$115M</i>	



WHO budget to support to the delivery of the Continental Preparedness and Response Plan

Response Pillars	Amount (US\$)
Coordination, leadership and governance	\$ 10,316,799.59
Risk communication and community engagement	\$ 10,419,235.51
Surveillance and epidemiology	\$ 20,181,051.31
Laboratory systems and genomic sequencing	\$ 9,795,046.43
Case management and clinical care	\$ 15,616,157.41
Infection prevention and control, WASH, and safe and dignified burials	\$ 18,056,966.40
Research and knowledge management and access to medical countermeasures	\$ 8,670,618.30
Operations support, logistics and workforce deployment	\$ 12,162,300.17
Continuity of essential health and social services and community health systems	\$ 4,576,710.38
Preparedness and readiness	\$ 5,205,114.52
TOTAL	\$ 115,000,000.00

WHO roles and responsibilities: coordinated three-level support

Global level

- Global leadership and coordination
- Norms and standards
- Specialized operational support
- Supplies and logistics
- Coordinated Financial Tracking Mechanism and resource mobilization
- Leveraging emergency partners and networks (i-MCM-Net, R&D blueprint, others)

Regional level

- Joint continental coordination with Africa CDC
- Facilitate other regional coordination mechanisms
- Tailor strategic and operational guidance to the regional content
- Operational support
- Monitoring, evaluation and impact assessments
- Cross-border coordination

Country level

- Support national strategy coordination and implementation:
 - Countries with active outbreaks (DRC, Uganda)
 - Immediate neighbors with high cross-border risk (South Sudan, Rwanda, and Burundi)
 - Countries with direct land borders or high traffic with active outbreak (Central African Republic, Republic of Congo, Tanzania, Zambia, Angola, Kenya, Ethiopia)
 - All other Member States



Public Health Response



Coordination

Actions

- The governments of both DRC and Uganda are coordinating the response in each respective country with support from WHO, Africa CDC and other key partners.
- Concept of Operations adopting a decentralized approach in affected areas to implement activities across each pillar.
- Incident Management System activated at all levels to streamline efforts and bring necessary resources together. WHO is deploying experts across all pillars to scale up activities.
- IASC System-wide Scale-Up for Control of Infectious Disease Threats: Many humanitarian actors are present in Ituri, North Kivu and South Kivu – UN agencies, NGOs, IASC Cluster partners, regional coordination mechanisms are active.

Gaps/concerns

- There are many actors and stakeholders in the affected area and involved in the response – critical to keep all coordinated under a coherent mechanism, led by national authorities.
- Ensuring accountability and effective leadership at each operational hub will be important
- Several areas are under armed group control, complicating access and safety and security
- Given the current information on the outbreak, this response will likely be prolonged – sustained and sufficient financing will be required.

Scaled up Operations Support and Logistics

An already broad geographic spread of the outbreak means that an operational presence will be needed in multiple locations, with an additional need for safety and security measures and equipment. The absence of a vaccine and licensed treatments will put a heavier burden on public health measures requiring voluminous supply support. This will require a high level of funding to sustain the response at scale.

WHO mobilized essential supplies within the first hours of outbreak confirmation.

WHO Actions

- WHO, in collaboration with WFP, has mobilized significant logistics capacity to support the response led by the MoH, including aircraft, helicopters, trucks, and mobile warehouses, while also developing common logistics services for partners, including additional assets for in-country and regional cargo movement, team transport, and MEDEVAC operations.
- Two helicopters have arrived in Bunia and are already being used for transport.
- Coordination with partners to share pipeline and stock data is ongoing: WHO, UNICEF, MSF and Africa CDC, and requests ongoing with other partners.
- WHO has mobilized internal financing to support the initial push phase. Procurement plan finalized including supplies for critical diagnostics, clinical scale up, IPC and safe and dignified burials.
- Discussions with DG ECHO for Humanitarian Air Bridge support, as well as potential access to other services. These will be plugged in to the overall logistics service plan being developed jointly by WHO and WFP/Logistics Cluster