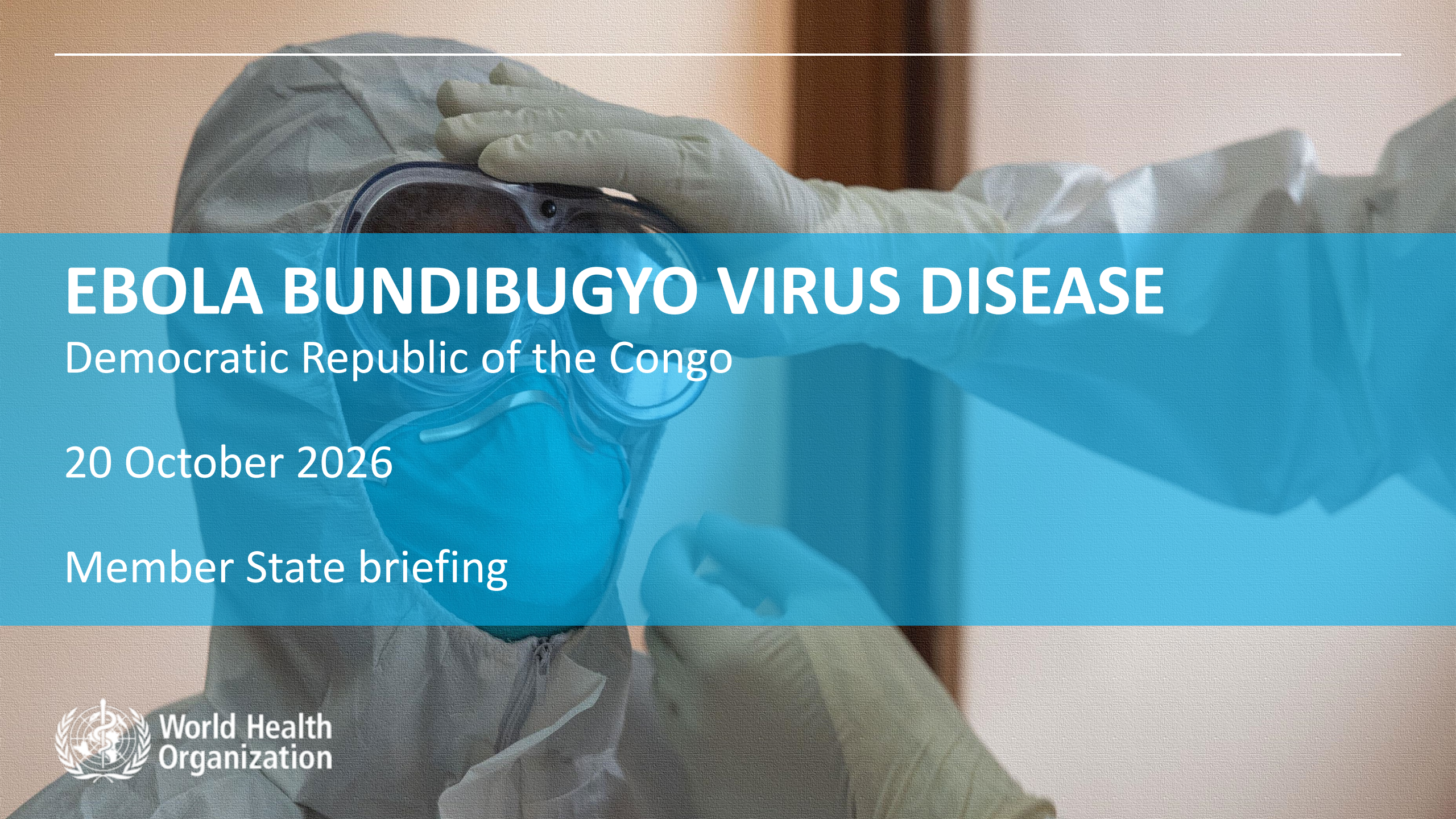


EBOLA BUNDIBUGYO VIRUS DISEASE

Democratic Republic of the Congo

20 October 2026

Member State briefing

World Health Organization

Epidemiological overview - cumulative

Democratic Republic of the Congo (DRC) – Data as of 18 October 2026

Date of reporting: October 18 2026. Active health zones: ≥1 case notified in the last 21 reporting days. Source: COUSP Situation Report.

Province	Days since last case	Total			Last day of reporting		Last 7 days of reporting		Last 21 days of reporting	
		Cases	Deaths	CFR	Cases	Deaths	Cases	Deaths	Cases	Deaths
Ituri	0	6,960	3,217	46%	42	20	266	118	779	369
Nord-Kivu	0	2,084	1,176	56%	48	20	173	84	543	262
Haut-Uele	0	415	177	43%	7	1	32	15	80	37
Tshopo	1	73	25	34%	0	0	14	3	30	9
Bas-Uele	9	13	4	31%	0	0	0	0	3	0
Sud-Kivu	142	3	1	33%	0	0	0	0	0	0
Nord-Ubangi	2	2	1	50%	0	0	2	1	2	1
Sud-Ubangi	26	2	1	50%	0	0	0	0	0	0
Total	**0**	**9,552**	**4,602**	**48%**	**97**	**41**	**487**	**221**	**1,437**	**678**

Source: COUSP Situation Report. Date of reporting: October 18 2026.

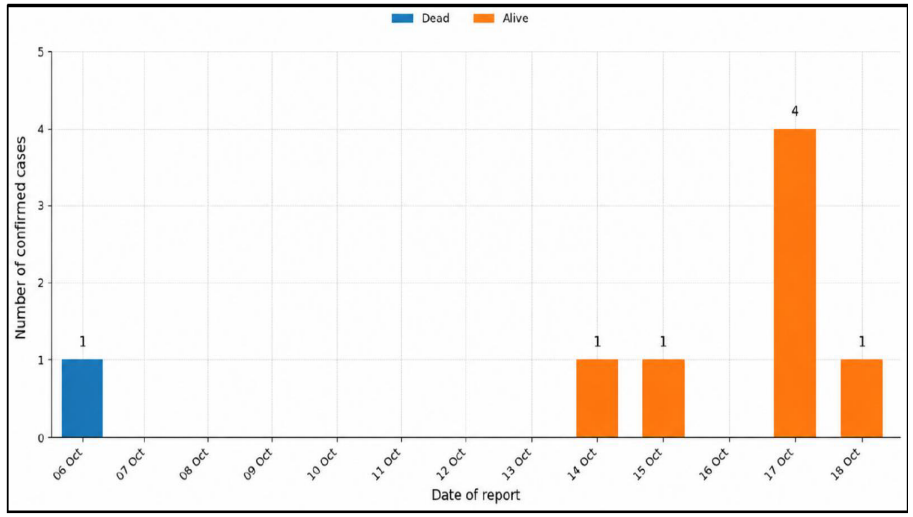
Epidemiological overview

Kenya – Data as of 19 October 2026

- Confirmed cases: 8
- Cases in isolation: 7
- Confirmed death: 1

Contacts

- Cumulative contacts: 135 (127 + 8)
- Contacts under f/u: 118
- Contact f/u rate: 98.3%



Kenya: County reporting confirmed Bundibugyo virus disease cases

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, Ministry of Health of Kenya
Map Production: WHO Health Emergencies Programme

World Health Organization

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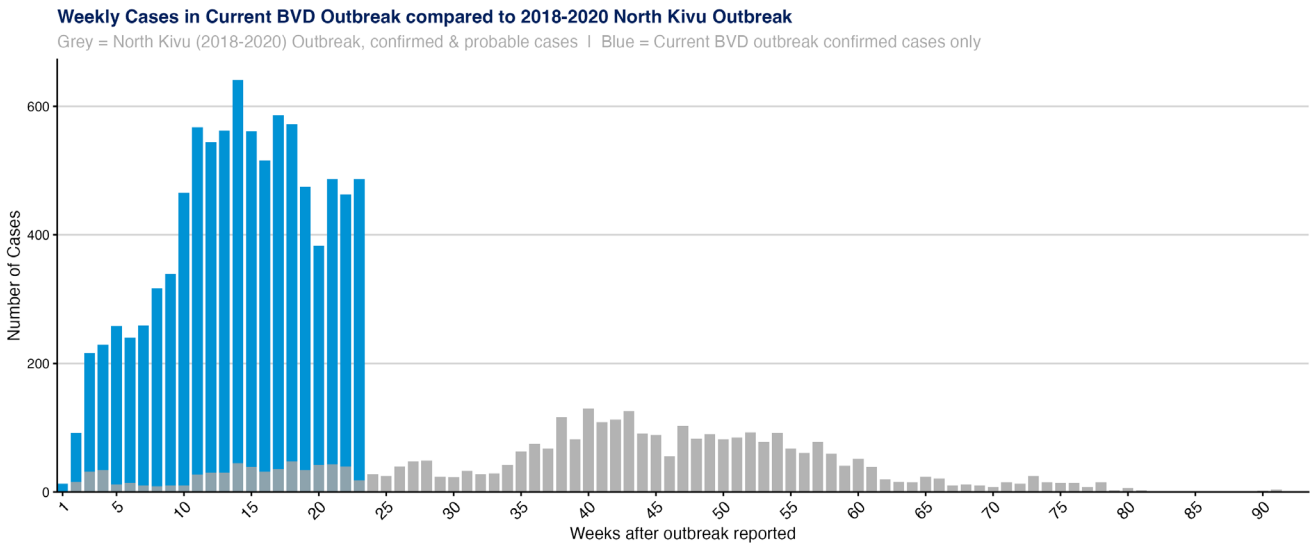
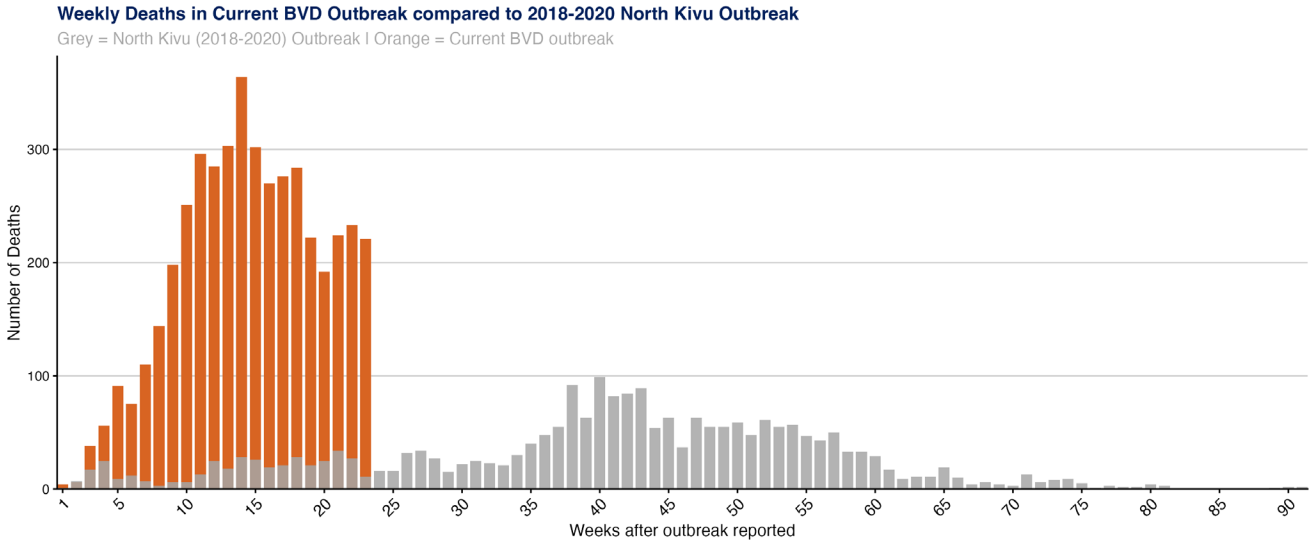
Cases in Current BVD Outbreak compared to 2018–2020 North Kivu Outbreak

Grey = North Kivu (2018–2020), confirmed & probable cases | Blue = Current BVD outbreak, confirmed cases

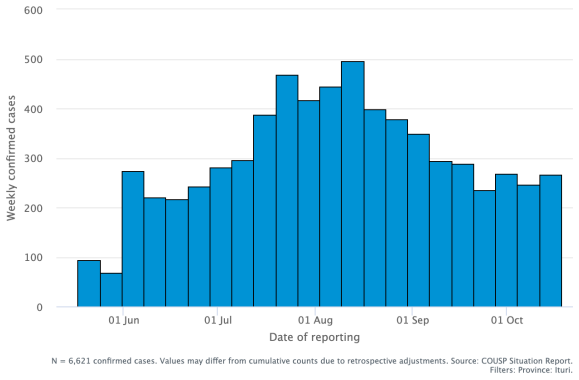




Feature / Dimension	10th Ebola Outbreak (2018–2020)	17th Ebola Outbreak (2026, Active)
Official Declaration	1 August 2018 – 25 June 2020 (**~22 months**)	15 May 2026 (Active **5 months**)
Pathogen Species	*Zaire ebolavirus* (EBOV)	*Bundibugyo ebolavirus* (BDBV)
Total Cases	**3,470** (3,317 confirmed)	**9,552** confirmed cases
Total deaths	**2,287 deaths**	**4,602** confirmed deaths
Crude case Fatality Ratio (CFR)	**66%**	**48.2%**
Provinces	North Kivu, Ituri and South Kivu	North Kivu, Ituri, South Kivu, Haut-Uele, Bas Uele, Tshopo, Sud Ubangi, Nord Ubangi
Health Zones	**29**	**66**
Regional Spread	Exportation of cases to **Uganda**	Exportation of cases to **Uganda, France and Kenya**

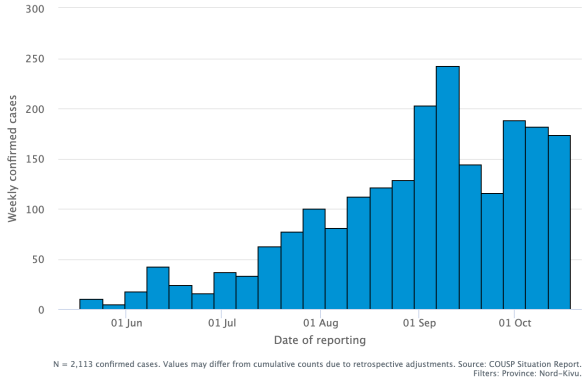
Epidemiological overview - weekly **confirmed** cases by province

Ituri



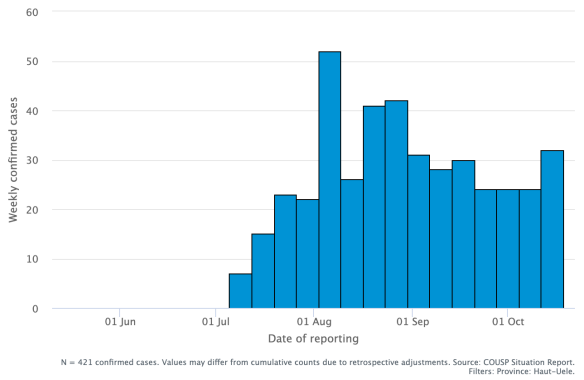
N = 6,621 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Ituri.

North Kivu



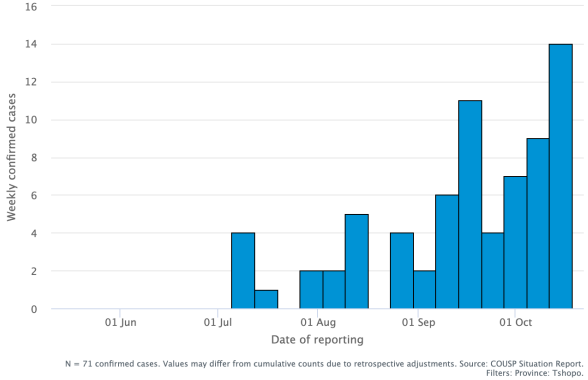
N = 2,113 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Nord-Kivu.

Haut Uele



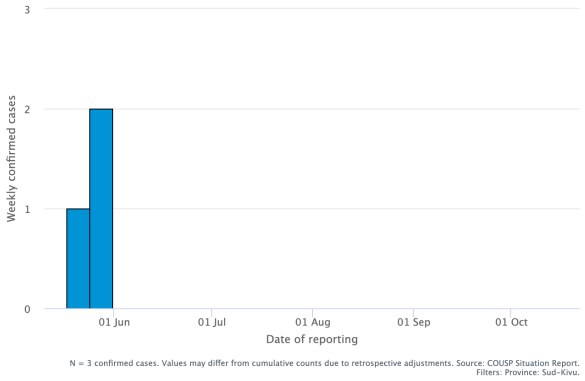
N = 421 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Haut-Uele.

Tshopo



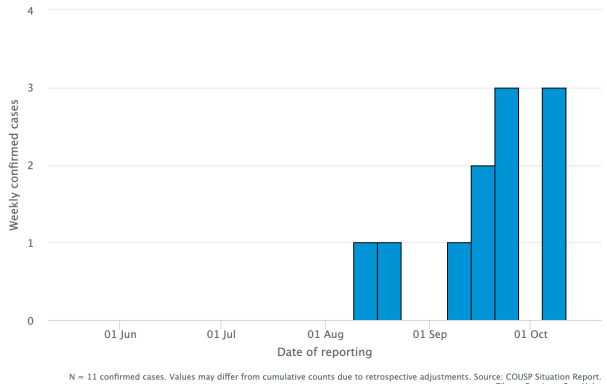
N = 71 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Tshopo.

Sud- Kivu



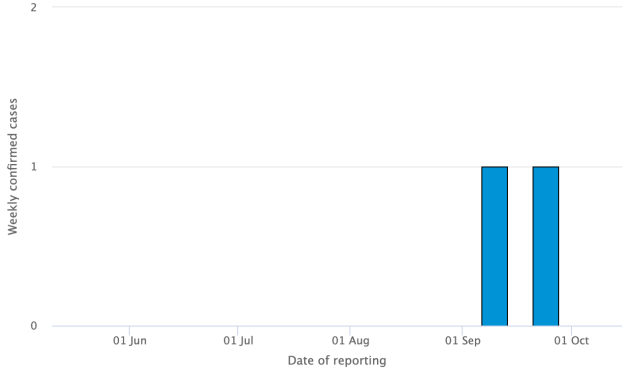
N = 3 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Sud-Kivu.

Bas-Uele



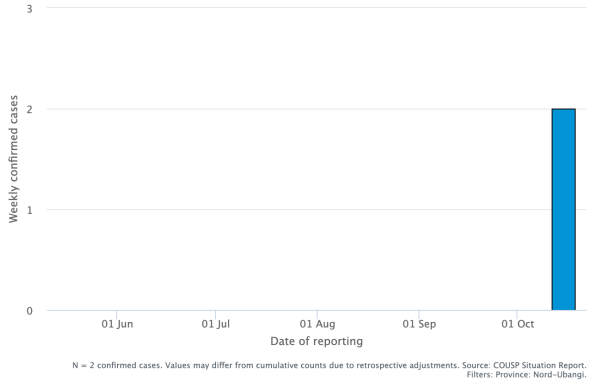
N = 11 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Bas-Uele.

Sud-Ubangi



N = 2 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Sud-Ubangi.

Nord-Ubangi



N = 2 confirmed cases. Values may differ from cumulative counts due to retrospective adjustments. Source: COUSP Situation Report. Filters: Province: Nord-Ubangi.

World Health Organization

Data Source MOH DRC , Updated as of epi week 42

Health zones reporting confirmed Ebola Bundibugyo virus disease cases in the Democratic Republic of the Congo

18 June 2026

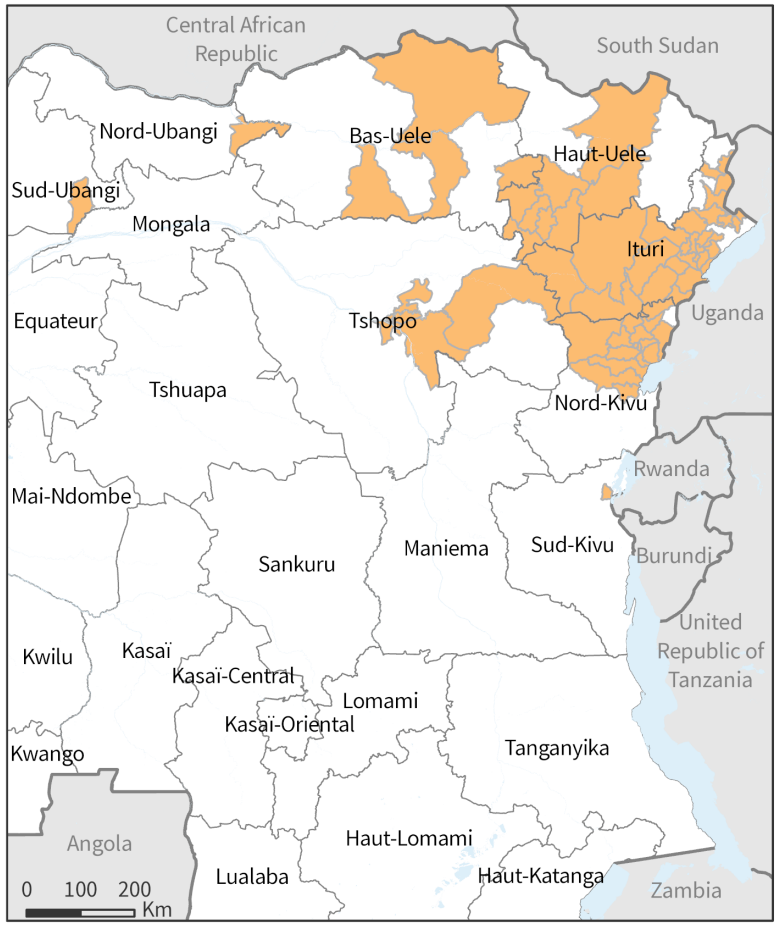
34 health zones
3 provinces

18 August 2026

56 health zones
6 provinces

18 October 2026

66 health zones
8 provinces



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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.

** The health zone of Goma in Nord-Kivu province is not visually distinguishable on the map due to its small geographic size and the scale of the map. Goma began reporting cases on 18 May 2026.

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

World Health Organization

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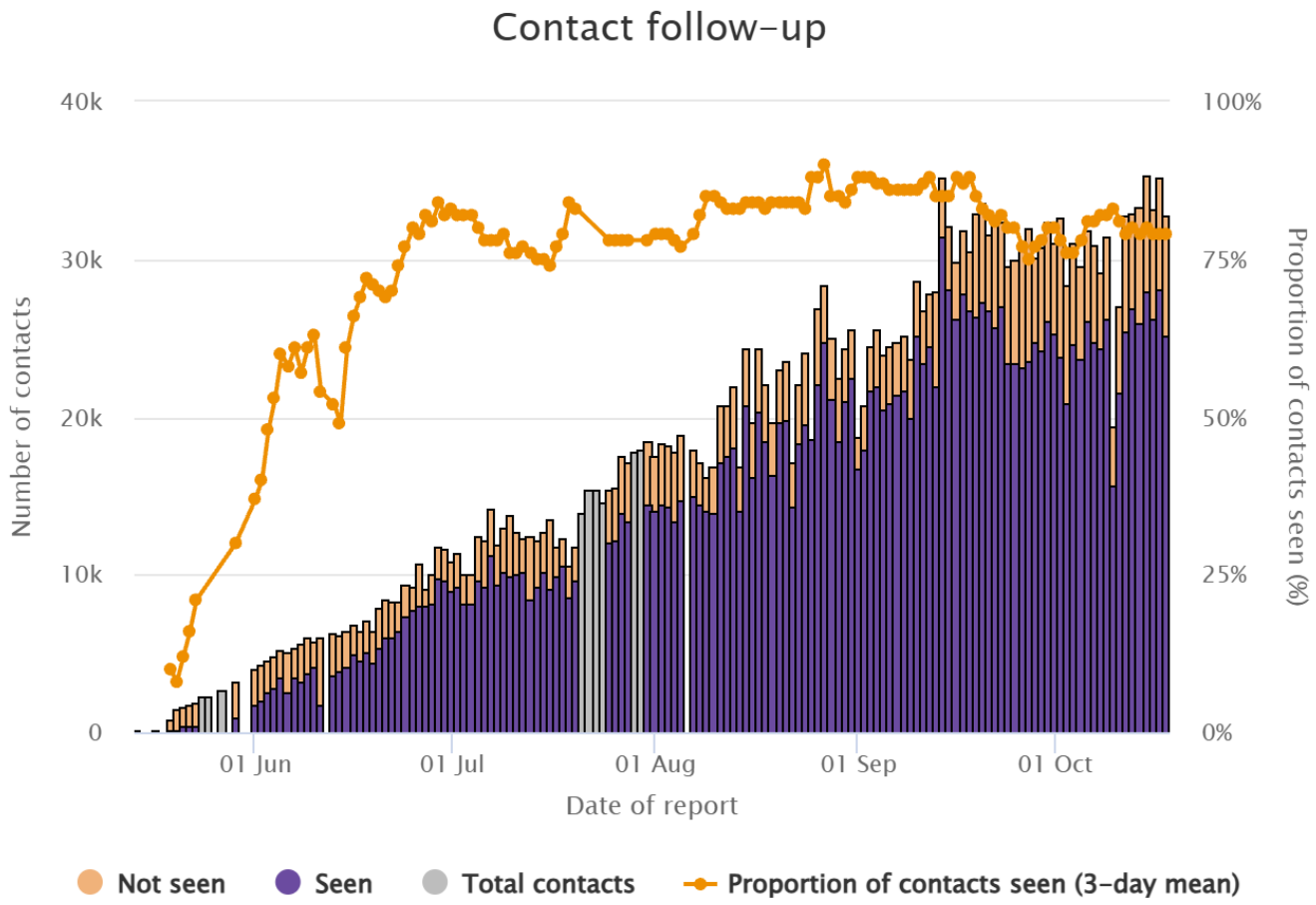
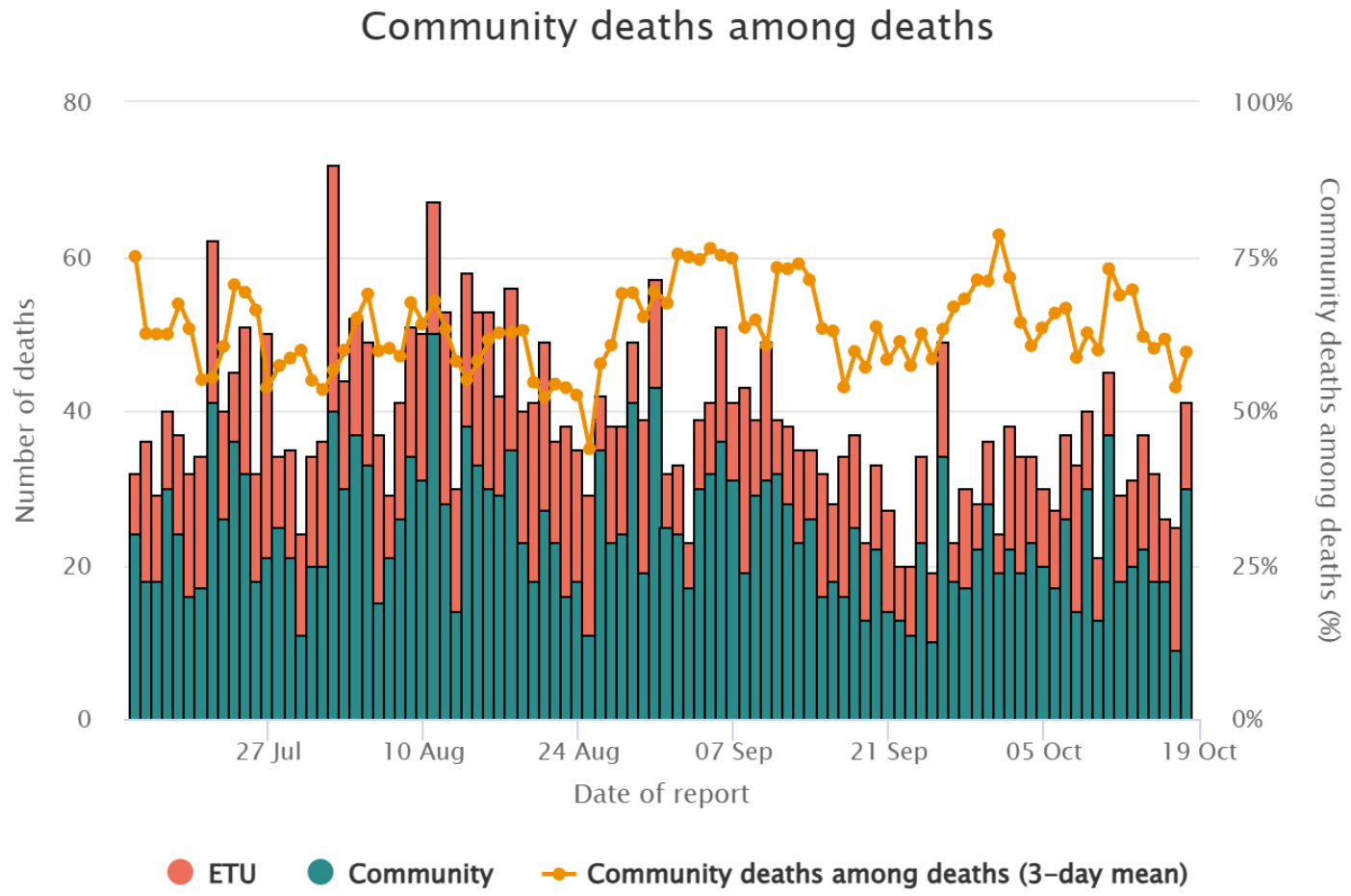
Drop in contact follow-up in recent period



Source: COUSP Situation Report.

World Health Organization

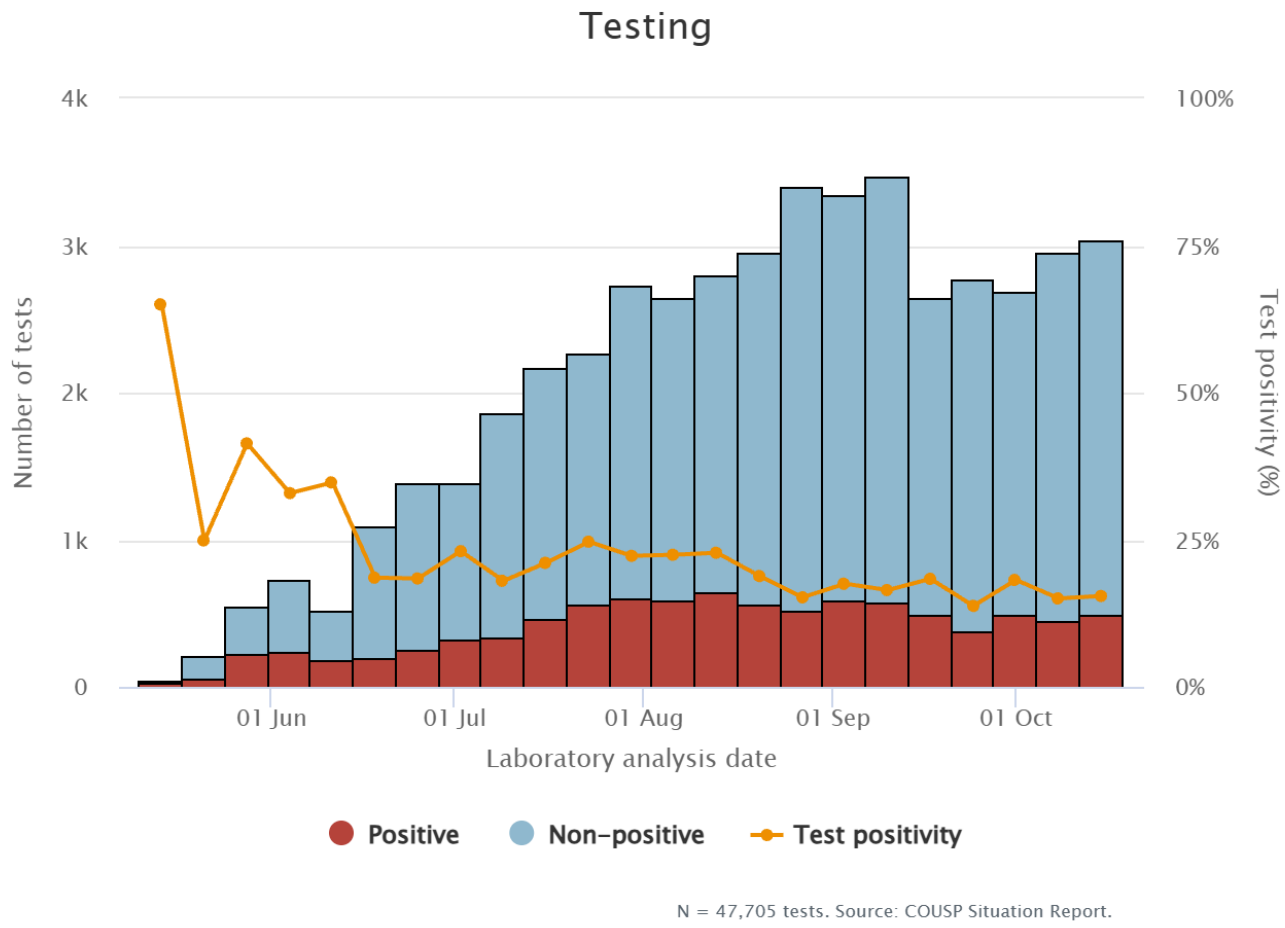
The proportion of community deaths >50%



Source: COUSP Situation Report.

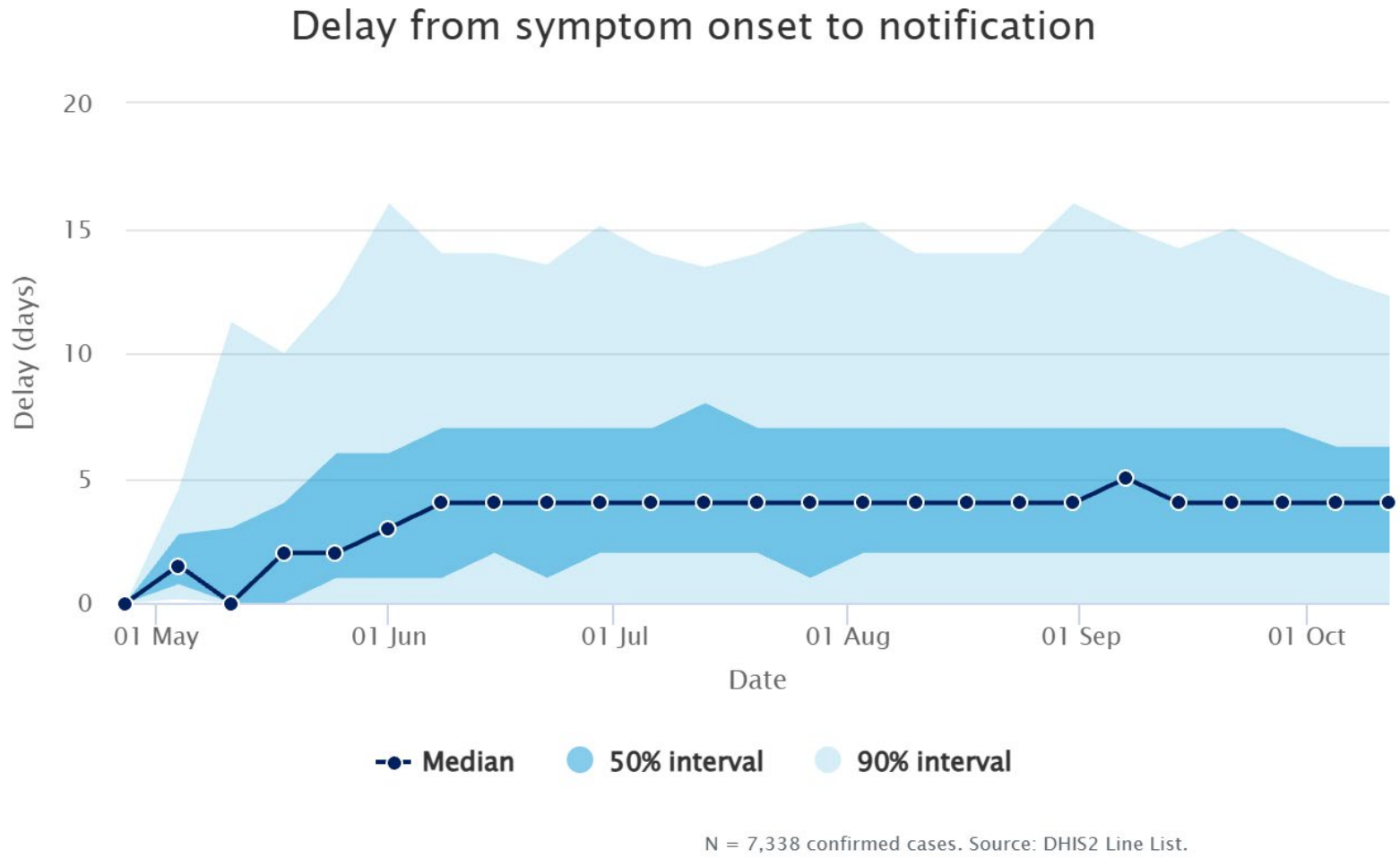
World Health Organization

Reduction in test positivity



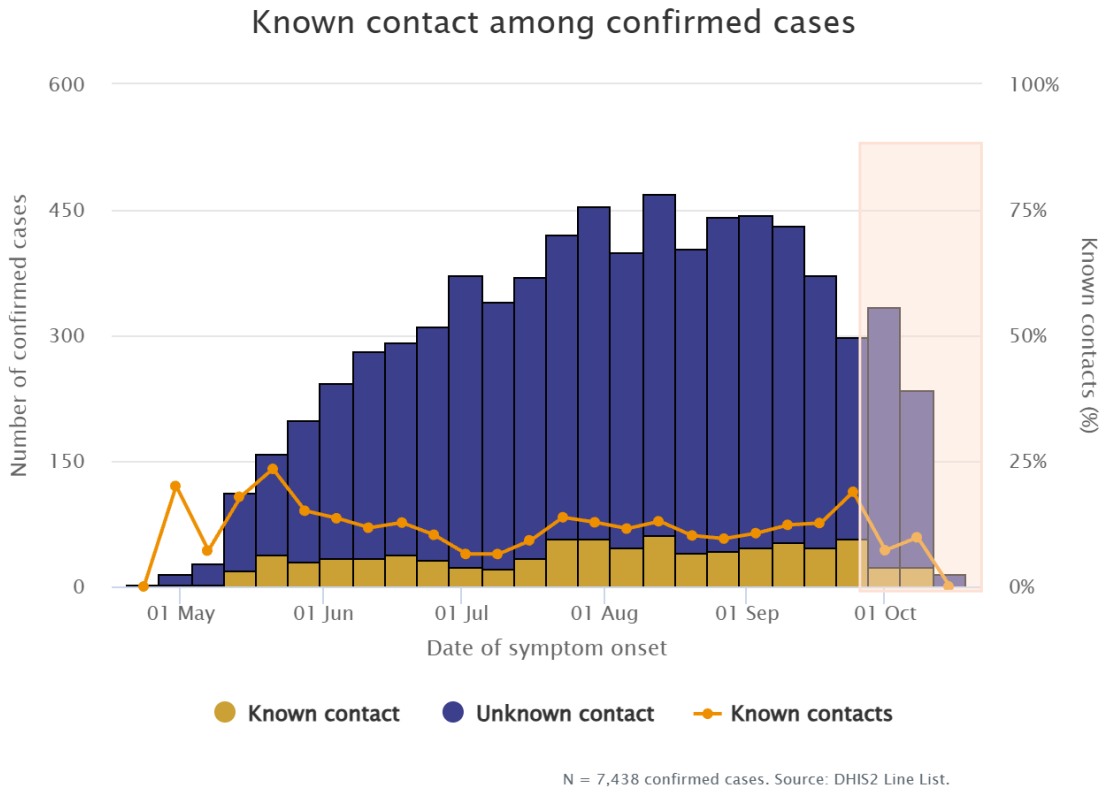
World Health Organization

No improvement in delay between symptom onset and notification

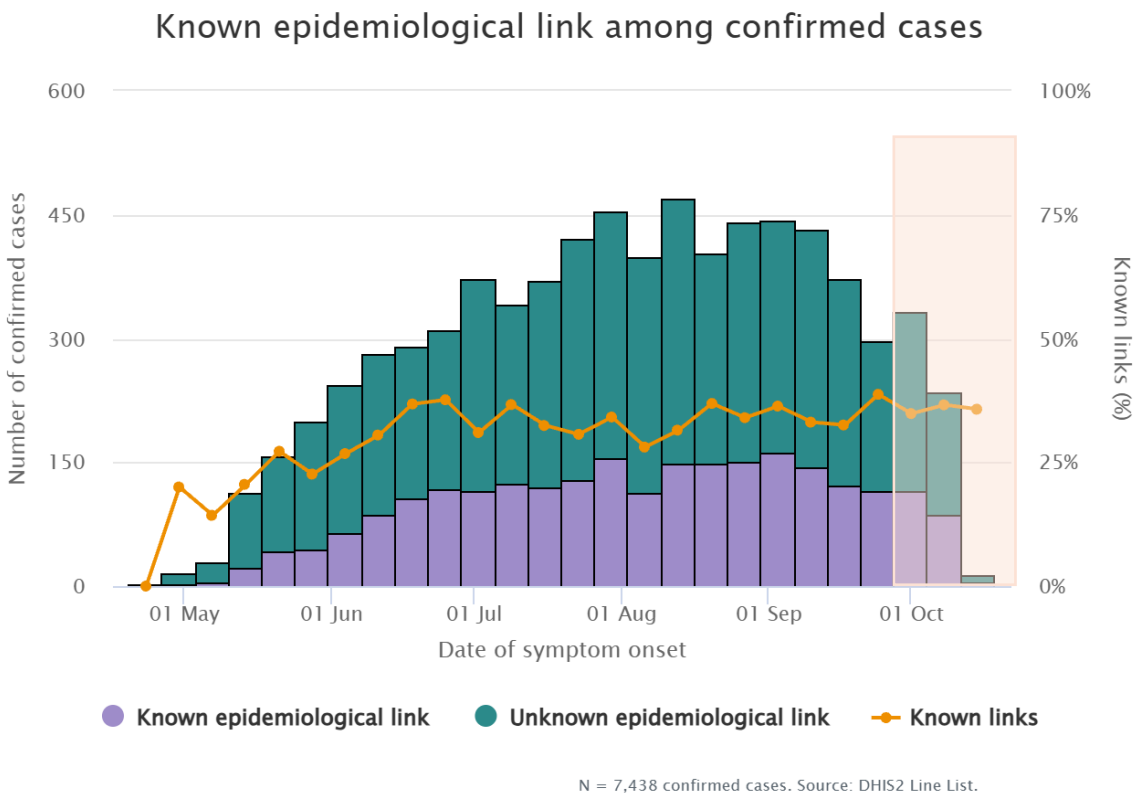


World Health Organization

Transmission



No improvement in the proportion of cases coming from contact lists

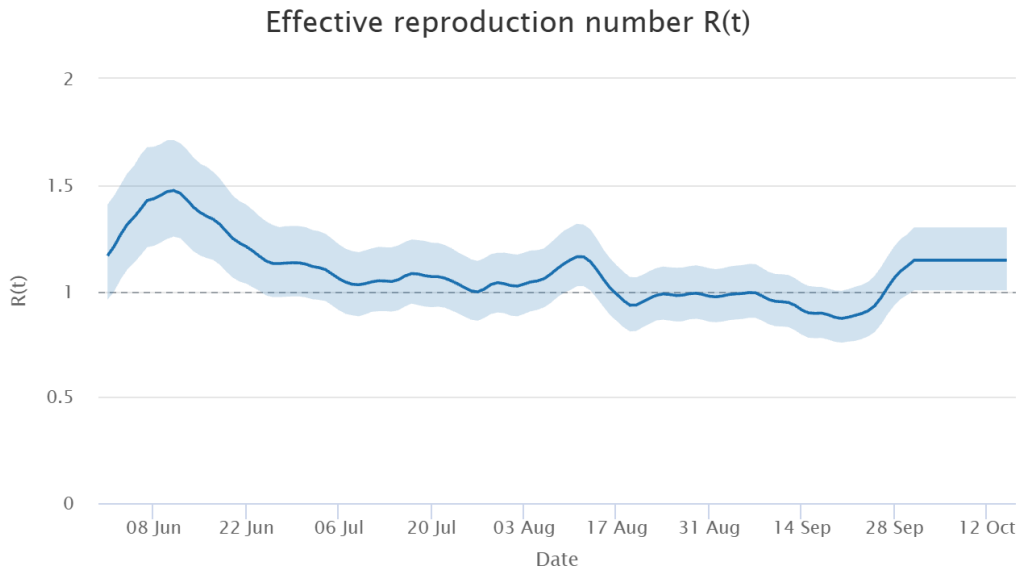


Minimal improvement in proportion of cases epidemiologically linked after investigation

World Health Organization

Current dynamics (Rt, modelling)

- Some positive signs, but heterogeneity in transmission



Source: Imperial College London projection.
Filters: From 2026-06-01 to 2026-10-15.

Region	Current R(t)	Date
Mandima	2.71 (1.85–3.91)	15 October 2026
Oicha	1.71 (0.89–3.20)	15 October 2026
Ituri (other) - operational	1.67 (1.25–2.19)	15 October 2026
Other - (operational)	1.48 (0.71–2.72)	15 October 2026
Nizi	1.35 (0.85–1.98)	15 October 2026
Nord-Kivu (operational)	1.28 (1.07–1.51)	15 October 2026
Beni	1.25 (0.88–1.75)	15 October 2026
Haut Uele & Nia Nia	0.91 (0.61–1.24)	15 October 2026
Greater Bunia	0.89 (0.65–1.19)	15 October 2026
Bunia	0.74 (0.41–1.19)	15 October 2026
Central Ituri	0.72 (0.43–1.15)	15 October 2026
Rwampara	0.63 (0.35–0.99)	15 October 2026
Mongbwalu	0.48 (0.25–0.93)	15 October 2026
Komanda	0.36 (0.09–0.83)	15 October 2026
Total	**1.15 (1.00–1.30)**	**15 October 2026**

Source: Imperial College London projection.

IMPERIAL Institut National de Santé Publique NRB UMIE AfricaCDC World Health Organization CEPI

Operations – Clinical Management

937
Hospitalized Patients

2208 (52 CTE/73 CT)
Active beds

211
Health personnel trained in the HUB Bunia
During 7 cohorts

Bed occupancy rate (19/10/2026)

- Ituri 38%
- North Kivu 70%
- Tshopo 33%
- Haut-Uele 39%
- **National 48%**

Challenges and priorities

- Meet the needs for medical, laboratory and biomedical inputs
- Ensure coverage of new affected areas (North Kivu, Haut-Uele)
- Identify additional partners to support care structures
- Continue to support the transfer of responsibility for the CTEs in Ituri to MOH to enable partners to expand to other provinces and sensitive areas
- Continue to scale up the referral system-ambulances c

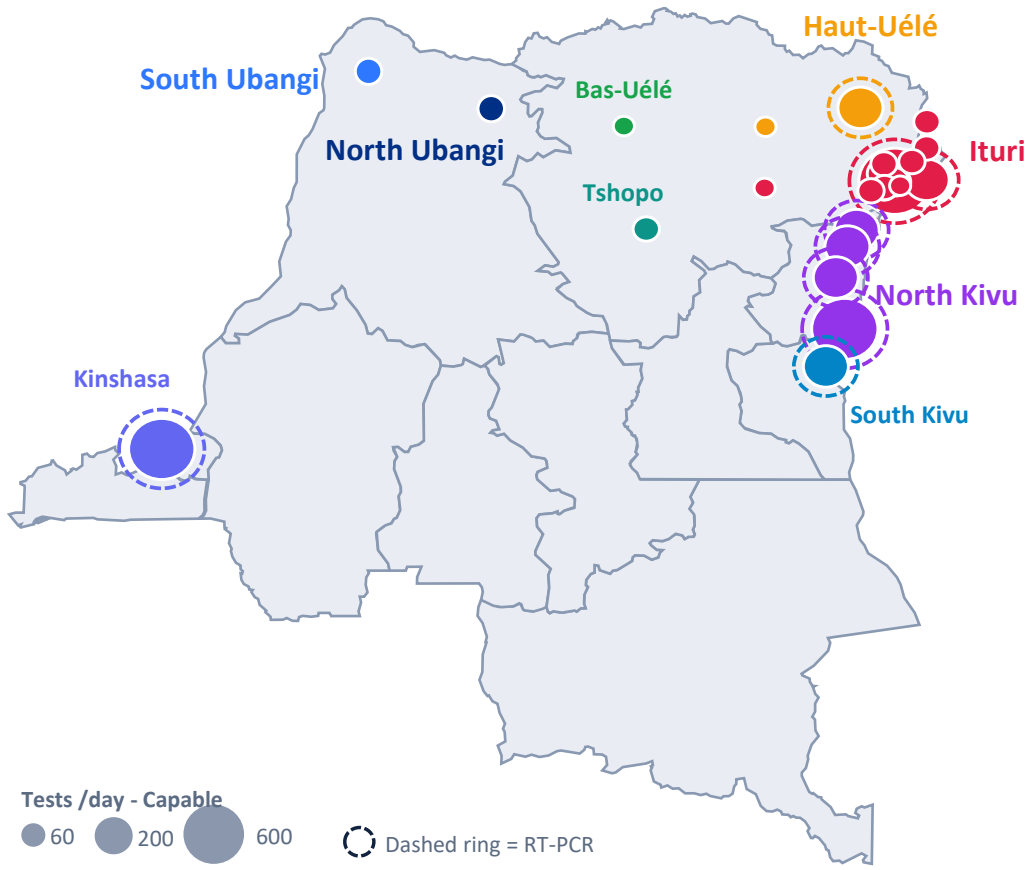
Next steps

- Expansions of care capacity in Haut Uele and North Kivu and hot spots of Ituri
- Opening of 2nd training HUB in Beni to accelerate strengthening the training of health personnel working in CTEs
- Case Management Support for the Rapid Response Team in Hotspots (Bole Bole)

Laboratory response to BVD | Extension of laboratories in the DRC

Data from 15 May to 19 October 2026

30	9	11	23	>5000
LABS	PROVINCES	Labs with open RT-PCR	Labs with near POC platforms	Capacity Tests / Day



Province	Labs	Open RT-PCR
Kinshasa	1	**1**
Ituri	16	**3**
Haut-Uélé	3	**1**
Bas-Uélé	1	—
Tshopo	1	—
North Kivu	5	**5**
South Kivu	1	**1**
South Ubangi	1	—
North Ubangi	1	—
TOTAL	**30**	**11**

- **Laboratories with capacity to test for Bundibugyo virus in the DRC.**

BVD Clinical trial updates in DRC

	Therapeutics		Vaccine
	PARTNERS	**EBO-PEP**	**TUMAINI**
Focus	**Treatment** • Remdesivir • MBP134 • Maftivimab (to be soon added)	**Post-exposure prophylaxis** • Obeldesivir • Remdesivir	**Vaccination (against comparator)** • Ervebo • ChADOx1 • Moderna
Population	Confirmed cases	High-risk contacts with 5 days of exposure	Contacts of confirmed/probable BVD cases
Approach	Phase III adaptive randomized platform	Obeldesivir RCT + remdesivir cohort (pregnant / breastfeeding; <12 yo)	Phase 2/3 adaptive platform in rings
Reported progress	Launched on 2 July >650 participants 5 active sites (2 add'l sites upcoming)	Launched on 14 July 380 participants 3 active DRC sites + mob team	TAG-CVP on 19 & 22 Oct to review ChADOx1 & Moderna phase I data Site preparation (Bunia) TUMAINI initiation visit planed Oct 20

Operational readiness to detect, contain and respond rapidly to BVD

Actions to date

- ✓**Readiness framework established across the 3 WHO levels.**
- ✓**Priority-country readiness assessments and costed contingency planning mostly completed** and focusing on high-risk subnational areas and border corridors.
- ✓**Deployed multidisciplinary readiness support** and technical expertise, through partners' network
- ✓**Strengthened core operational capabilities** including surveillance, RRTs, laboratories, IPC, clinical management, RCCE and community referral.
- ✓**Developed practical readiness tools and learning** including the Filovirus Readiness Toolkit, training/SimEx catalogue, EPI-WIN series, OpenWHO courses and Community Protection/RCCE resources.
- ✓**Advanced cross-border readiness** through coordination among DRC and neighbouring countries.

Key challenges

- **Moving from assessments into funded action.**
- **Operational coordination and information-sharing to be strengthened** to avoid gaps and/or duplications.
- **Persistent capability gaps** (e.g. clinical management, IPC, logistics/supplies, border health, community detection/referral and continuity of essential services)

Priorities

- **Implement readiness monitoring system** to assess readiness, monitor implementation of activities, identify gaps, and track progress over time.
- **Shift from readiness assessment to verified operational capability**: test in high-risk location a small set of minimum first-case capabilities.
- **Prioritize field implementation and flexible financing** for the highest-risk districts/border areas.
- **Embed PHC and Community Protection in readiness**, so signal can be detected at PHC while maintaining essential services

World Health Organization

Thank you