UK Health Security Agency

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Event: Outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda

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Contact:
Infection specialists seeking clinical advice on suspected Ebola virus cases should contact the Imported Fever Service (IFS) on 0844 778 8990 to discuss testing and management (available 24/7).
Laboratories seeking information regarding testing: contact Rare Imported Pathogens Laboratory (RIPL) 01980 612348 (available 9am to 5pm, Monday to Friday).
Health protection teams seeking urgent public health advice related to suspected cases should contact the IFS on 0844 778 8990 (available 24/7). For any urgent issues not related to suspected cases, Health Protection Teams may contact the EIZ team in hours via EpiIntel@ukhsa.gov.uk (9am-5pm weekdays) or EEI duty doctor via +44 20 7123 0333 out of hours.

IRP Level: Enhanced

Distribution: Please see page 3 for information with regards to the distribution instructions for this Briefing Note.

Summary:

- On 17 May 2026, WHO declared a Public Health Emergency of International Concern for a new outbreak of Ebola virus disease (EBOD) caused by Bundibugyo virus in the DRC and Uganda
- **Clinicians should be aware of this outbreak and should consider EBOD when assessing unwell patients presenting where there is a history of travel to the DRC, Uganda, or to other countries where there is a risk of EBOD, or a link to a suspected case, within 21 days before onset of illness.**
- **Clinicians should follow the ACDP guidance for risk assessment and management of viral haemorrhagic fevers to safely assess and test such patients.**
- NHS infection services should discuss suspected cases with the Imported Fever Service (IFS) to discuss urgent testing. Confirmed cases will be managed via the HCID network. Suspected cases should also be notified to the health protection teams.

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- UKHSA is monitoring and assessing the risk to public health in the UK and facilitating UKHSA's cross-government communications and actions. The UKHSA Returning Workers Scheme (RWS), which aims to protect and monitor the health of those who may travel from the UK to affected areas for their work, has been activated. Organisations deploying workers to affected areas where they may be exposed to Ebola through their work, should register those workers with the scheme.
- Further information on EBOD can be found here.
- More information on the outbreak will be updated here.

Background

- Orthoebolaviruses are filoviruses which can cause a severe and often fatal haemorrhagic fever called Ebola virus disease (EBOD). In the UK, EBOD is classified as a high consequence infectious disease (HCID)
- On 15 May 2026, Africa Centre for Disease Control and Prevention (CDC) reported a confirmed EBOD outbreak in Ituri Province, Democratic Republic of Congo (DRC).
- DRC's National Institute for Biomedical Research (INRB) laboratory testing detected 13 samples positive for Ebola virus, with further sequencing identifying the Bundibugyo strain.
- On 15 May 2026, Uganda's Ministry of Health declared an outbreak of EBOD caused by Bundibugyo virus following laboratory confirmation in an individual with recent travel history to Ituri Province, DRC, who sought medical care at a hospital in Kampala, on 11 May 2026.
- There are currently significant uncertainties around the true number of cases and geographic spread associated with this outbreak. In addition, there is limited understanding of the epidemiological links between confirmed and suspected cases. A high positivity rate of the initial samples collected in various areas, case reports in Kampala, Uganda, and an increasing trend in suspected cases and clusters of deaths across Ituri Province, DRC, potentially indicate a larger outbreak than what is currently being detected and reported, with significant local and regional risk of spread.
- The case fatality rate in previous EBOD outbreaks ranges from 25% to 90%. 4 species of orthoebolavirus are known to cause disease in humans including Bundibugyo virus (orthoebolavirus bundibugyoense, BDBV). Historically, there have been fewer large outbreaks of BDBV, but outbreaks have been reported in Uganda and the DRC. There are currently no licensed therapeutics or vaccines for the treatment of EBOD caused by BDBV.
- The incubation period for EBOD is typically 2 to 21 days with an average of 8 to 10 days. Initial symptoms include severe headache, malaise and high fever and myalgia, with symptoms of nausea, vomiting and diarrhoea developing after a few days. Symptoms of severe haemorrhagic fever usually develop after these initial symptoms.
- Ebola viruses can spread from person-to-person through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs, or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding,

clothing) contaminated with these fluids. Sexual transmission of the virus can occur, and the virus has been found to remain in semen for several weeks after clinical recovery. Transmission of the virus via contaminated injection equipment or needle-stick injuries is associated with more severe disease. Close contact with the body or body fluids of people who have died of EBOD during preparation for burial is a recognised source of infection.

- This outbreak represents the 17th EBOD outbreak in the DRC. Previous outbreaks have occurred in Kasai Province (2025), North Kivu Province (2022) and Équateur Province (2022).
- Further information on EBOD can be found here.

Implications & Recommendations for UKHSA Regions

Suspected EBOD cases should be discussed with the Imported Fever Service. The epidemiological situation remains under close review. Cases and contacts should be managed in line with current guidance.

Implications & Recommendations for UKHSA sites and services

Clinicians and Infection Specialists should discuss all suspected EBOD cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990 so that testing can be expedited.

Implications & Recommendations for NHS

Clinicians should be alert to the possibility of EBOD in unwell patients presenting where there is a history of travel to the DRC, Uganda, or to other countries where there is a risk of EBOD, or a link to a suspected case, within 21 days before onset of illness. Clinicians treating patients where EBOD is suspected should use the ACDP VHF algorithm to facilitate risk assessment and discuss this assessment with local infection specialists. Clinicians are reminded of the importance of testing for malaria, but to consider the possibility of dual infection in the context of an evolving outbreak.

Infection Specialists should discuss all suspected EBOD cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990. IFS will advise on whether testing is indicated and request appropriate samples, as well as advise on immediate clinical management of suspected cases and differential diagnosis. Samples should be sent to RIPL as directed by the IFS. For information about transport of specimens and guidance for handling samples at local laboratories see the RIPL manual.

Cases of confirmed EBOD will be managed through the specialist network of HCID centres.

Implications and recommendations for Local Authorities

Local Authority Directors of Public Health are asked to forward this briefing note to their relevant staff.

References/ Sources of information

Ebola virus disease: clinical management and guidance - GOV.UK
Viral haemorrhagic fever: ACDP algorithm and guidance on management of patients - GOV.UK
Ebola and Marburg: returning workers scheme (RWS) - GOV.UK

Instructions for Cascade:

- Devolved Administrations to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- Regional Deputy Directors to cascade to Directors of Public Health
- UKHSA microbiologists to cascade to non-UKHSA labs (NHS and private laboratories) and NHS Trust infection leads
- NHS Trust infection leads to cascade to all local frontline services (e.g. Emergency Medicine, General Medicine and Acute Medicine)
- NHS labs/NHS infection leads/NHS microbiologist/NHS infectious disease specialists to cascade to their teams
- National NHSE EPRR to cascade to NHS Regions and acute trusts
- UKHSA Border Health to cascade to team