



Serial Number: BN2026/030

Date: 07 October 2026

Event: Expanding Outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and confirmed case in Kenya.

Notified by: Clinical Cell, NRC066 Ebola in the DRC CPT

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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.

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**Incident
Response
Plan Level:** CPT

CPT Leads: Sherine Thomas, Sam Collins, Elizabeth Smout and Soili Larkin.

Distribution: Please see page 4 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 (BDBV) in the DRC and Uganda.
- On 28 July 2026 the Ministry of Health of Uganda declared the end of the BDBV outbreak in Uganda, after 42 days without a new confirmed locally transmitted case.
- The outbreak however continues to expand within the DRC and as of 3 October 2026, the DRC Ministry of Health has reported 8,544 confirmed Ebola cases and 4,114 confirmed deaths in the ongoing outbreak, across 64 health zones in 7 provinces. The outbreak continues to expand within the DRC. Ituri province continues to be the epicentre of the outbreak, but with a significant increase in cases in neighbouring provinces such as North Kivu. To date, 2 cases have been reported in South Ubangi province in North Western DRC, which is geospatially separated from other affected areas. There is increased risk of cases being exported to nearby countries, particularly those bordering the affected regions. Further information on this outbreak and surrounding areas can be found [here](#).
- On 06 October 2026, the Ministry of Health of the Republic of Kenya confirmed an imported case of BDBV in a Kenyan citizen with a history of travel to the DRC. The individual had travelled by road from DRC before boarding a plane in Kampala, Uganda.
- **Clinicians should be aware of this expanding outbreak in the DRC and should consider EBOD when assessing unwell patients presenting where there is a history of travel to the DRC or to other countries where there is a risk of EBOD, including Kenya, 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 investigate suspected cases.
- NHS infection services should discuss suspected cases with the Imported Fever Service (IFS) who will advise on testing. Suspected cases should also be notified to health protection teams as advised by the IFS. Confirmed cases will be managed via the HCID network.
- The [UKHSA Returning Workers Scheme \(RWS\)](#), which aims to protect and monitor the health of those travelling from the UK to affected areas for work purposes, has been activated and **recently expanded to cover affected areas and areas at high risk from the expanding outbreak**. Organisations deploying workers to affected areas should register them with the scheme.
- Further information on EBOD can be found [here](#).
- Information on the outbreak is regularly updated [here](#).

Background and Interpretation:

- 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).
- 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 than other orthoebolaviruses. Outbreaks have previously been reported in Uganda and the DRC.
- There are currently no licensed therapeutics or vaccines approved 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 nausea, vomiting and diarrhoea developing after a few days, and subsequent progression to severe haemorrhagic fever.
- Viruses which cause EBOD 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 can occur, and the virus has been found to remain in semen for several months after clinical recovery.
- Close contact with the blood 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 and Recommendations for UKHSA Regions:

Suspected EBOD cases should be discussed with the Imported Fever Service. Cases and contacts should be managed in line with current guidance.

Implications and 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 for support with risk assessment and for testing, if indicated.

Implications and 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 or other at-risk countries, or a link to a confirmed or suspected case, within 21 days before onset of illness. Clinicians treating suspected cases should use the ACDP VHF algorithm to facilitate risk assessment and discuss with local infection specialists. Clinicians are reminded of the importance of timely local testing for malaria. In the context of an evolving outbreak, dual infection should be considered but is uncommon in returned travellers.

Infection Specialists should discuss all suspected EBOD cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990. IFS will coordinate VHF testing if indicated and advise on immediate clinical management. 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 user 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](#)
- [Outbreaks under monitoring in 2026 - GOV.UK](#)

Instructions for Cascade:

This briefing note is intended to be cascaded to the following groups and stakeholders:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
UKHSA Field Services
UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- UKHSA UKOT Programme SPOC
- DHSC CMO (excluding internal UKHSA briefing notes)
- OHID Regional Directors of Public Health
- National NHSE Emergency Preparedness, Resilience and Response (EPRR)
- NHSE National Operations Centre

- **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, Acute Medicine, Paediatrics, Obstetrics and gynaecology).
- **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.