

SUMMARY

- The Bundibugyo Ebola outbreak in Congo (DRC) which began over 5 months ago, continues to grow with geographic expansion into new provinces and countries.
- An infected traveller from Congo (DRC) travelled into Kenya, and several people in contact with them have developed symptoms while in quarantine and have been confirmed infected.
- Nigeria has reported an imported case in an individual who had travelled from eastern Congo (DRC) through Uganda.
- Risk of cross-border transmission remains due to population movement, regional connectivity and security issues.
- Health screening measures, entry requirements and travel restrictions have been enacted by some countries and may be amended with limited notice as the situation evolves.

TRAVEL ADVICE

Congo (DRC): Consider deferring non-essential travel to the country due to restrictions for travellers from Congo (DRC). Defer non-essential travel to Bas-Uele, Haut-Uele, Ituri, North Ubangi, South Ubangi and Tshopo provinces due to the Ebola outbreak. Defer all travel to North and South Kivu provinces and rural areas of Ituri province.

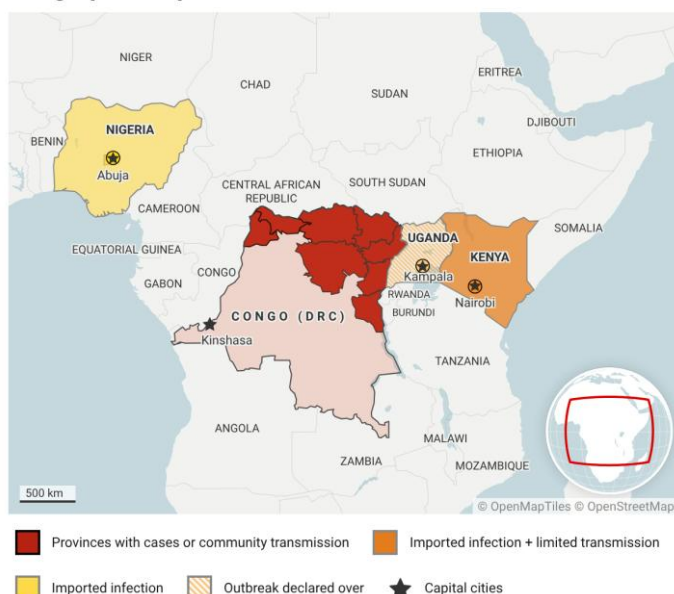
Uganda: Consider deferring non-essential travel due to the Ebola outbreak in Congo (DRC) and related travel restrictions.

HEALTH ADVICE

- Monitor the situation closely.
- Abide by official directives and adhere to region specific travel advice due to the Ebola outbreak and ongoing conflict.
- Do not participate in high-risk activities such as funerals in outbreak areas. (Do not touch/wash dead bodies.)
- Avoid hospitals that are treating suspected Ebola cases.
- Avoid direct contact with sick people and their bodily fluids. This includes items that may have been contaminated with fluids like bedding and clothing.
- Do not travel if you are sick. Some locations have implemented screening, and travellers may face quarantine and testing.
- If you require medical attention, call International SOS and we will direct you to a suitable facility.
- Managers can review the Ebola module in the Site Monitor resource centre, accessible from Quantum.

SITUATION OVERVIEW

Geographical spread of Ebola outbreak



On 17 May, the World Health Organization (WHO) declared the Ebola outbreak in Congo (DRC) and Uganda a Public Health Emergency of International Concern (PHEIC). The outbreak is caused by the Bundibugyo strain of Ebola, for which there is no approved vaccine or strain-specific treatment and is now among the largest Ebola outbreaks ever reported.

Congo (DRC): Cases continue to rise, with more than 9,500 infections across eight provinces, including more than 4,600 deaths confirmed. The [outbreak](#) is concentrated in Ituri province, which remains the epicentre. Bas-Uele, Haut-Uele, North Kivu and Tshopo provinces have reported community transmission across multiple health zones. North Ubangi province has reported two cases in a health zone that borders Bas-Uele. South Ubangi declared an outbreak on 11 September following a confirmed case in the province. The infected individual had an extensive travel history, although it is uncertain where the infection was contracted. The travel took place over three weeks and began in South Kivu province, which last reported an infection in late May. Since then, South Ubangi has reported one additional case.

Kenya: On 6 October, health authorities [reported](#) the country's first imported Ebola case, involving a Kenyan citizen who had been residing in Congo (DRC). The individual fell ill in Congo (DRC), received treatment at several facilities, then travelled to Kampala, Uganda, where he stayed overnight before flying to Nairobi on 3 October. Upon arrival, he was transferred to a Nairobi hospital, isolated and confirmed to have Ebola. He died on 5 October and was buried on 6 October in accordance with Ebola response protocols. Since then, authorities have confirmed eight additional infections among this individual's contacts, including relatives, healthcare workers and a patient attendant. A public health response is underway, and authorities have identified at least 135 contacts, of whom 134 have been traced and are in quarantine.

Nigeria: On 20 October, the country [reported](#) an imported Ebola infection in an individual who had recently travelled to eastern Congo (DRC), and preliminary information indicates she transited through Uganda before arriving in Nigeria on 3 October. She developed symptoms on 7 October and sought care at a private health facility in the Federal Capital Territory on 11 October. She tested positive for Ebola on 20 October and is currently in isolation, receiving medical care. Health authorities have launched a public health response, including contact tracing and monitoring, and have identified at least 44 contacts.

Uganda: On 26 August, the [outbreak](#) in Uganda was declared over. The outbreak involved both imported infections and limited secondary transmission among close contacts and healthcare workers.

SCREENING, BORDER CLOSURES AND ENTRY RESTRICTIONS

Several countries have imposed entry restrictions, mandatory quarantine or enhanced entry screening, while some land border crossings remain closed. Changes to entry requirements and border closures can occur at any time and with little warning. See the Global Health Threats Page [Screening, Border Closures and Entry Restrictions](#) for details.

RISK ANALYSIS AND TREND FORECAST

Congo (DRC): The most likely scenario in Congo (DRC) remains continued transmission with moderate under-detection of new cases.

- **Geographic expansion continues.**
Over the past month, geographic expansion has continued, with newly affected provinces and imported cases detected in Kenya and Nigeria. Transmission in border and non-contiguous health zones, combined with porous borders and population movement along major transport routes, including the Congo River corridor, increases the potential for further spread within Congo (DRC) and additional exported cases. Despite enhanced surveillance and screening measures, the risk of further spread remains significant.
- **Ongoing community transmission.**
Delayed case detection remains a major challenge, contributing to ongoing community transmission and a high number of deaths outside treatment centres. Contact tracing remains below operational targets, particularly in Ituri, North Kivu and Tshopo provinces. While weekly case numbers have declined nationally, these trends should be interpreted cautiously because of the limited number of identified contacts per case and the high number of community deaths. Additional challenges, including insecurity and community resistance, may be affecting case detection and reporting, creating potential gaps in surveillance.
- **Operational challenges continue to affect the response.**
Response activities continue to expand, including enhanced surveillance, increased treatment capacity and ongoing vaccination activities targeting frontline workers. However, insecurity, community resistance and logistical challenges continue to hinder response efforts.

Kenya: Further importations and subsequent transmission remain possible.

All cases developed symptoms while in quarantine, reducing the risk of onward transmission. All but one contact is currently quarantined, although additional cases may occur among them within 21 days of their last exposure. Public health measures are limiting the risk of wider spread beyond known contacts.

Nigeria: Further infections may occur among contacts.

Available information is currently limited. The case was symptomatic for 13 days before diagnosis, creating opportunities for exposure, particularly among healthcare workers treating the patient before a diagnosis was confirmed. While dozens of contacts have been identified, contact tracing is likely still ongoing and additional exposed individuals may be identified. Some contacts may have since travelled, increasing the risk of spread to other areas. The source of the infection is under investigation. Nigeria does have previous experience managing Ebola outbreaks, and rapid implementation of public health measures is expected to help limit further transmission.

Uganda: Prior outbreak declared over. Further importations remain possible.

There is currently no evidence of ongoing Ebola transmission in Uganda; however, risk remains due to the country's proximity to affected provinces in Congo (DRC).

What to Watch: Key Risk Factors Influencing Outbreak Control

Risk Factors	If Conditions Improve	If Conditions Worsen
Delayed detection of cases	Cases are identified and isolated more quickly, reducing opportunities for the virus to spread.	More infections go undetected, allowing transmission to continue unnoticed.
Infection prevention and control (IPC) challenges	Fewer infections occur in healthcare settings among patients and healthcare workers.	Increased risk of transmission in healthcare facilities and other care settings.
Community transmission	Transmission chains are identified and interrupted more rapidly.	Ongoing spread in communities may continue without being fully detected.
Insecurity and conflict	Response teams can reach affected communities more consistently to conduct surveillance, vaccination, and case investigations.	Disruptions to response activities may delay detection of cases and limit control measures.
Population mobility	Movement-related risks can be monitored and managed more effectively.	Infected individuals may introduce the virus into new areas, increasing the risk of geographic spread.

International SOS is monitoring the situation closely and providing updates through:

- Medical and security alerts
- The [Global Health Threats website](#), including:
 - The [Ebola information](#) page
 - Updates on [Ebola screening measures, border closures, entry restrictions and quarantine requirements](#)
 - [Ebola FAQs](#)

VACCINE AND TREATMENT TRIALS

There are currently no approved vaccines or treatments specifically for Bundibugyo virus disease. In response to the outbreak, several vaccine and therapeutic candidates are being evaluated through clinical trials and research studies.

Vaccine development efforts [include](#) a Phase 1 trial of the ChAdOx1 BDBV vaccine, with the first participant vaccinated on 27 July. Moderna and IAVI have also begun a Phase 1 trial of the mRNA-1469 vaccine, which began on 30 July. Minipharma Group are developing a vaccine candidate. A preliminary study has shown the existing Ebola vaccine for the Ebola (Zaire) strain, Ervebo, may provide limited protection against the Bundibugyo strain, although additional research is needed to confirm these results. Efforts to evaluate vaccine efficacy are ongoing across three trials, with vaccination underway in two and the third expected to begin in the coming weeks.

The WHO has [prioritised](#) multiple antiviral and monoclonal antibody candidates for evaluation, including remdesivir, MBP134, and mautivimab. Clinical studies are also underway to [assess](#) obeldesivir as a post-exposure prophylactic option for individuals at high risk of infection following exposure to a confirmed case.

Disclaimer: This information has been developed for educational purposes only. It is not a substitute for professional medical advice. Should you have questions or concerns about any topic described here, please consult your healthcare professional.