BRIEFING DOCUMENT: BUNDIBUGYO OUTBREAK
November 2026

SUMMARY

- In May, officials declared an outbreak of Bundibugyo Ebola in Congo (DRC), which continues to grow with geographic expansion into new provinces and countries.
- Since the start of the outbreak, four countries have reported imported cases, Uganda, France, Kenya and Nigeria.
- 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 all areas of Congo (DRC) due to the impact of onward travel.

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.

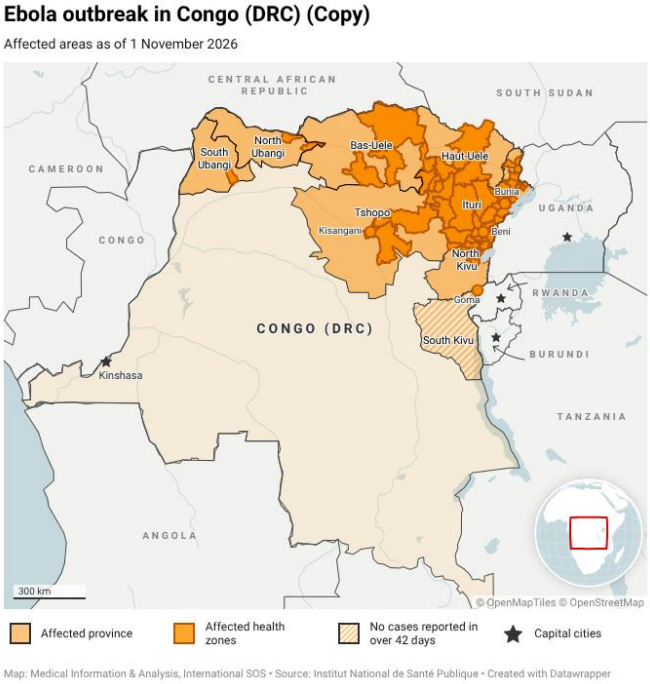
Uganda: Consider deferring non-essential travel due to the Ebola outbreak in Congo (DRC) and related travel restrictions.

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



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.

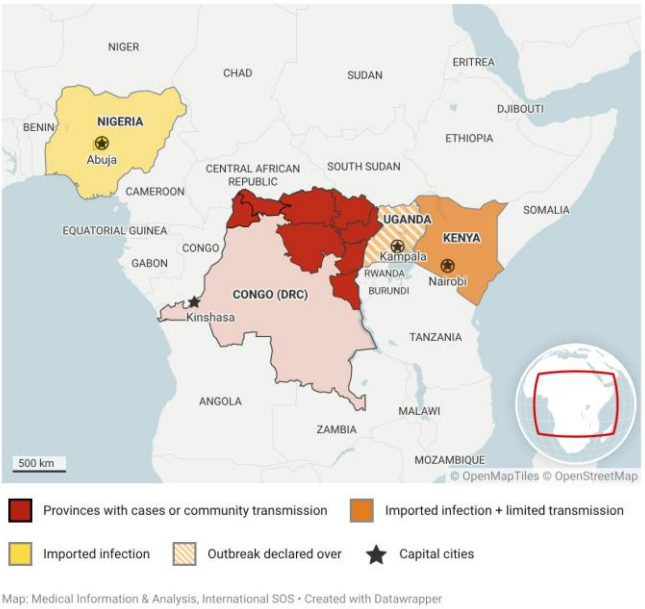
Congo (DRC): Cases continue to rise, with more than 10,500 infections across eight provinces, including more than 5,100 deaths confirmed. The outbreak is concentrated in Ituri province, which remains the epicentre. Bas-Uele, Haut-Uele, North Kivu and Tshopo provinces have reported community transmission across multiple health zones. North Ubangi province has recorded several cases, although community transmission has yet to be confirmed. Two provinces have gone more than 21 days (one incubation period) without reporting a case. South Ubangi last reported an infection on 22 September, while South Kivu has not reported one since late May.

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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) and travelled to Kenya through Uganda. They died in a health facility on 5 October. Since then, authorities have confirmed eight additional infections among the individual's contacts, including relatives, healthcare workers and a patient attendant. A public health response is ongoing, with all contacts traced, either in quarantine or having completed it.

Nigeria: On 20 October, the country reported an imported Ebola infection in an individual who had travelled to Uganda in mid-September, arriving in Nigeria on 3 October. After returning to Nigeria, she developed symptoms and sought care in a health facility in the Federal Capital Territory, where she later tested positive for Ebola. Since then, the patient has been transferred to Switzerland for ongoing treatment with her husband, who is under monitoring. Health authorities have launched a public health response, including contact tracing and monitoring, and have identified 62 contacts.

Geographical spread of Ebola outbreak in Africa



Map: Medical Information & Analysis, International SOS • Created with Datawrapper

Genetic testing found that the viruses identified in the Nigeria and Kenya cases were closely related to a virus sample collected in Beni, Congo (DRC), on 12 October. However, genetic testing alone cannot determine where, when or from whom the infections were acquired. It therefore remains unclear whether the case in Nigeria was connected to the transmission chain in Kenya or whether both infections had another, unidentified source. The viruses did not carry the genetic markers associated with Uganda's known transmission chains from May and June. Investigations into the source of her infection are ongoing.

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.

France: On 24 June, French health authorities confirmed a healthcare worker tested positive for Ebola after returning to France from supporting the outbreak response in Congo (DRC). The patient has since recovered and been discharged. No further cases were reported.

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.

Effective 3 November, the United States requires all passengers on international flights to or through the Congo (DRC) to sign an attestation confirming they have not been present in Congo (DRC) within the past 21 days.

See the Global Health Threats Page Screening, Border Closures and Entry Restrictions for more details.

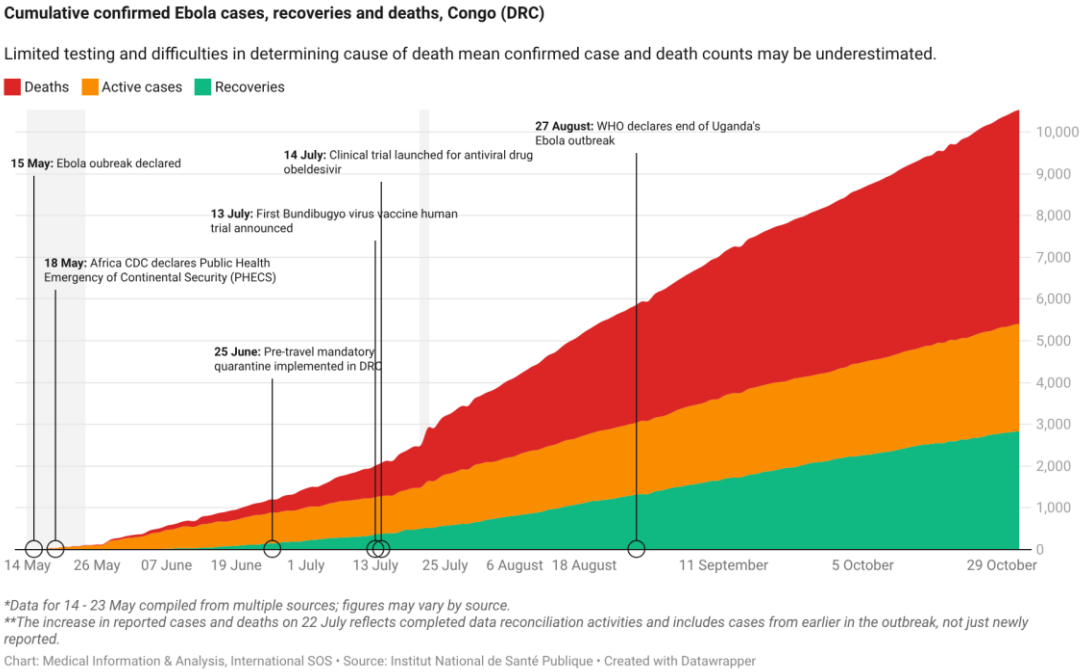
VACCINE AND TREATMENT TRIALS

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 are ongoing, with three candidates under evaluation. Two novel vaccines for Bundibugyo virus, ChAdOx1 BDBV and mRNA-1469, are under phase 1 clinical trials. A preliminary study of Ervebo, the existing vaccine for the Ebola (Zaire) strain, suggests it may provide limited protection against the Bundibugyo strain. Vaccine efficacy is being evaluated in three ongoing trials, with vaccination underway in all three, primarily among frontline workers.

The WHO has prioritised multiple antiviral and monoclonal antibody candidates for evaluation, including remdesivir, MBP134, and oral NV-387. 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.

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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, 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 Haut-Uele, 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 contacts have been traced and are either in quarantine or have completed the 21-day period. However, additional cases may arise among those still in quarantine; they are expected to complete on 11 November. Public health measures are limiting the risk of wider spread beyond known contacts.

Nigeria: Further infections may occur among contacts.
The case was symptomatic for 13 days before diagnosis, creating opportunities for exposure to people who had direct unprotected physical contact with bodily fluids. High-risk contacts are in quarantine, while other contacts are in home quarantine under strict monitoring. No further cases have been identified. Nigeria has previous experience managing Ebola outbreaks, and rapid identification and quarantine of contacts, and implementation of infection control, are expected to 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).

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What to Watch: Key Risk Factors Influencing Outbreak Control

Factor	Current Situation	What This Means
Community transmission	Weekly case numbers have not yet shown a sustained decline, with cases reported in eight provinces, including some far from the epicentre. Several health zones have reported new cases after entering the control phase, having gone more than 21 days without a reported infection.	The outbreak remains uncontrolled. Ongoing cases across multiple provinces and the re-emergence of cases in previously controlled areas point to continued community transmission and persistent gaps in detection.
Contact tracing	Contact tracing remains suboptimal, with contact lists for confirmed cases representing less than a quarter of the expected volume. New cases are rarely linked to previously identified infections, suggesting that most transmission chains remain unidentified.	The outbreak is likely larger than reported, with substantial transmission occurring outside known surveillance networks. WHO estimates that actual case numbers may be two to four times higher than those reported.
Deaths in the community	Most reported deaths are occurring in the community rather than in healthcare settings, indicating ongoing undetected transmission and the potential for unsafe burial practices.	Community deaths are associated with higher mortality and can generate unrecognised transmission chains, making cases more difficult to detect and the outbreak more challenging to contain.
Population mobility	Four countries have reported imported cases, including three in Africa. Porous borders and frequent population movement create opportunities for long-distance transmission and exposure of large numbers of people to infection.	The risk of further geographic spread remains elevated as frequent population movement and cross-border travel create opportunities for the virus to spread beyond currently affected areas.

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

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.

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