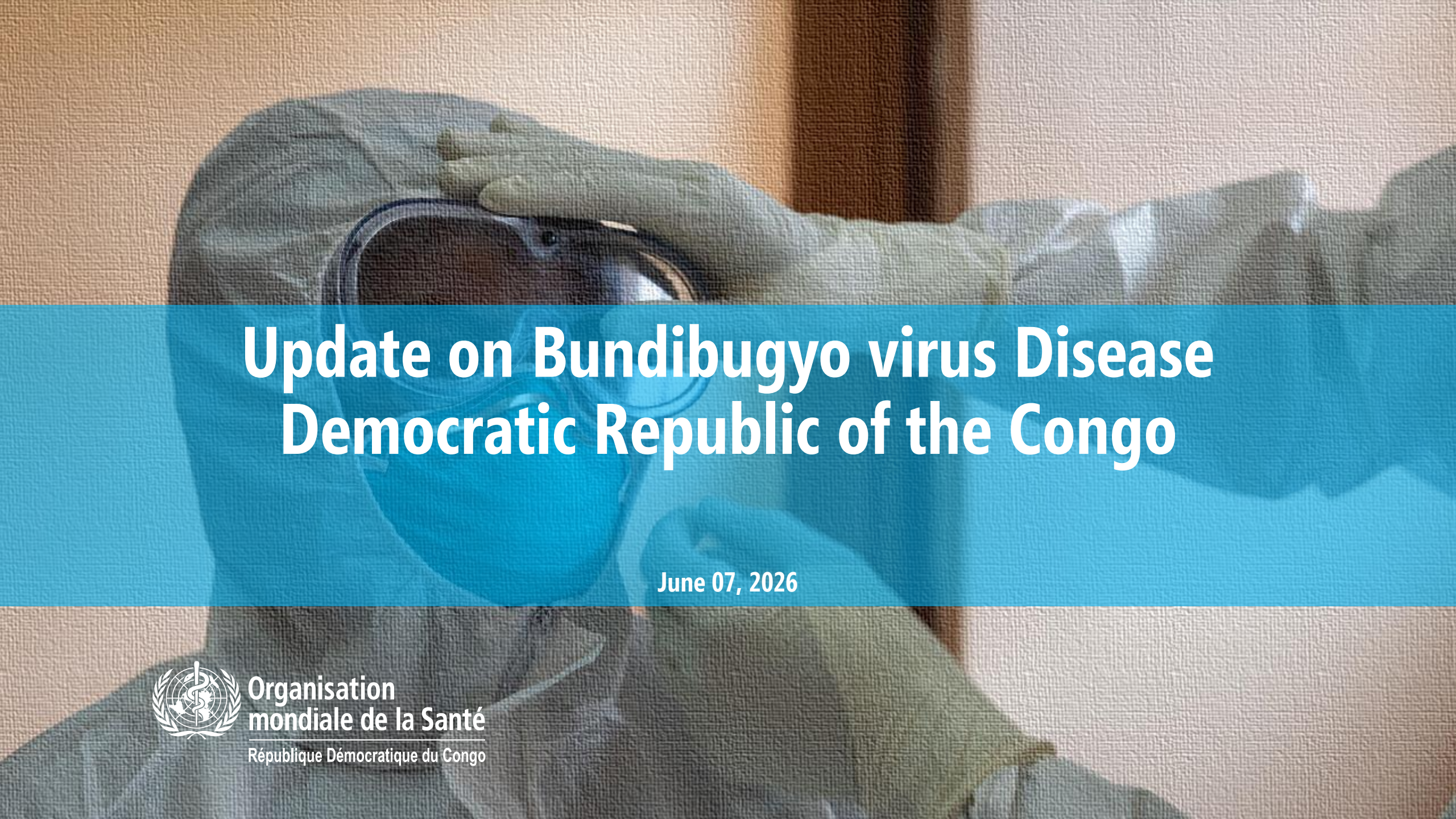




Update on Bundibugyo virus Disease Democratic Republic of the Congo

June 07, 2026



**Organisation
mondiale de la Santé**
République Démocratique du Congo

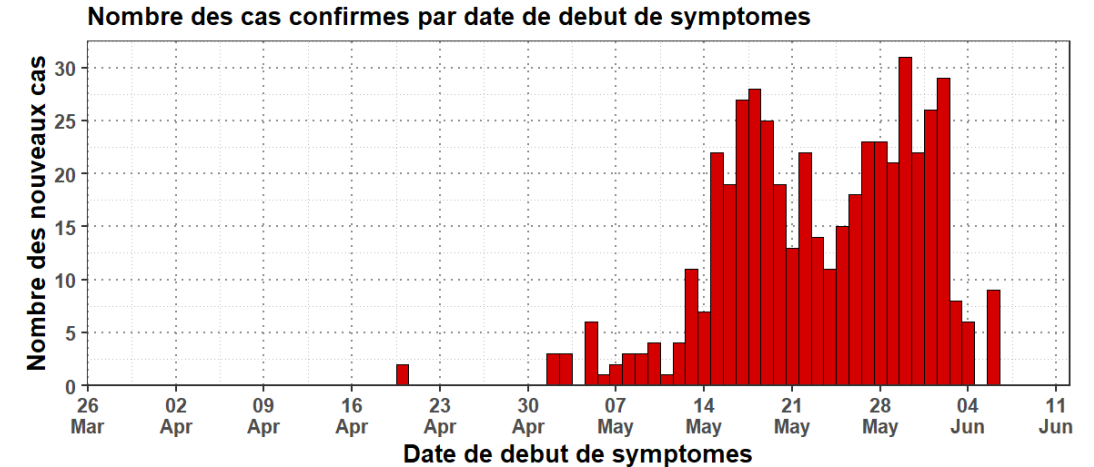
Situation Update

June 8, 2026

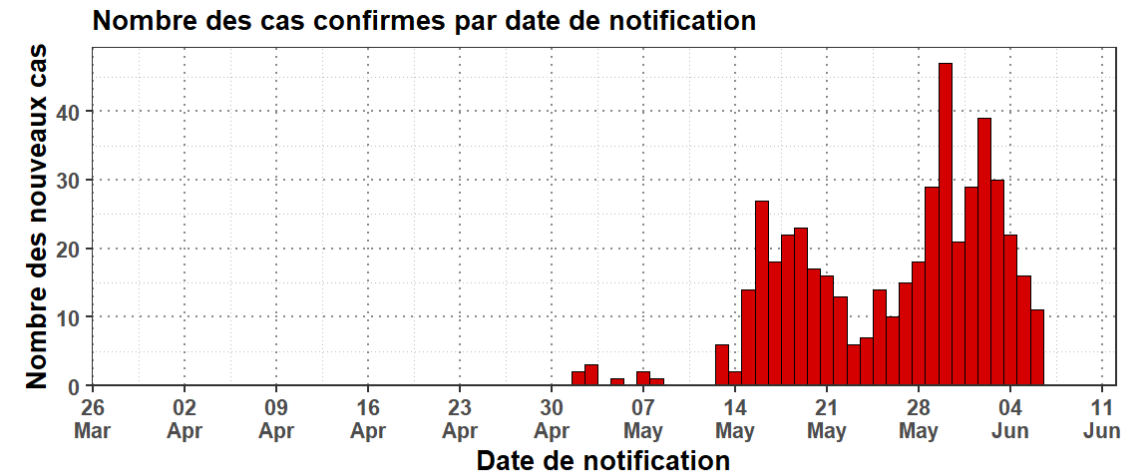
Cumulative in DRC and Uganda: **569 confirmed cases** and **103 confirmed deaths**

New confirmed cases (24H):

- samples tested **137** and **35 positives**
 - Rwampara (13)
 - Bunia (10),
 - Mongbwalu (6),
 - Beni (4) and
 - Nyankunde (2)
- No new health zone affected
- Cumulative confirmed cases : **550**
- Cumulative recovered cases : **19**
- Deaths in Confirmed cases : **101**
- CFR **18.3%**
- Case-based data: **481** (in DHIS-2)



Source : DHIS2 Tracker - Riposte MVE, juin 2026. Données incluses dans l'analyse : n cas confirmés = 481.

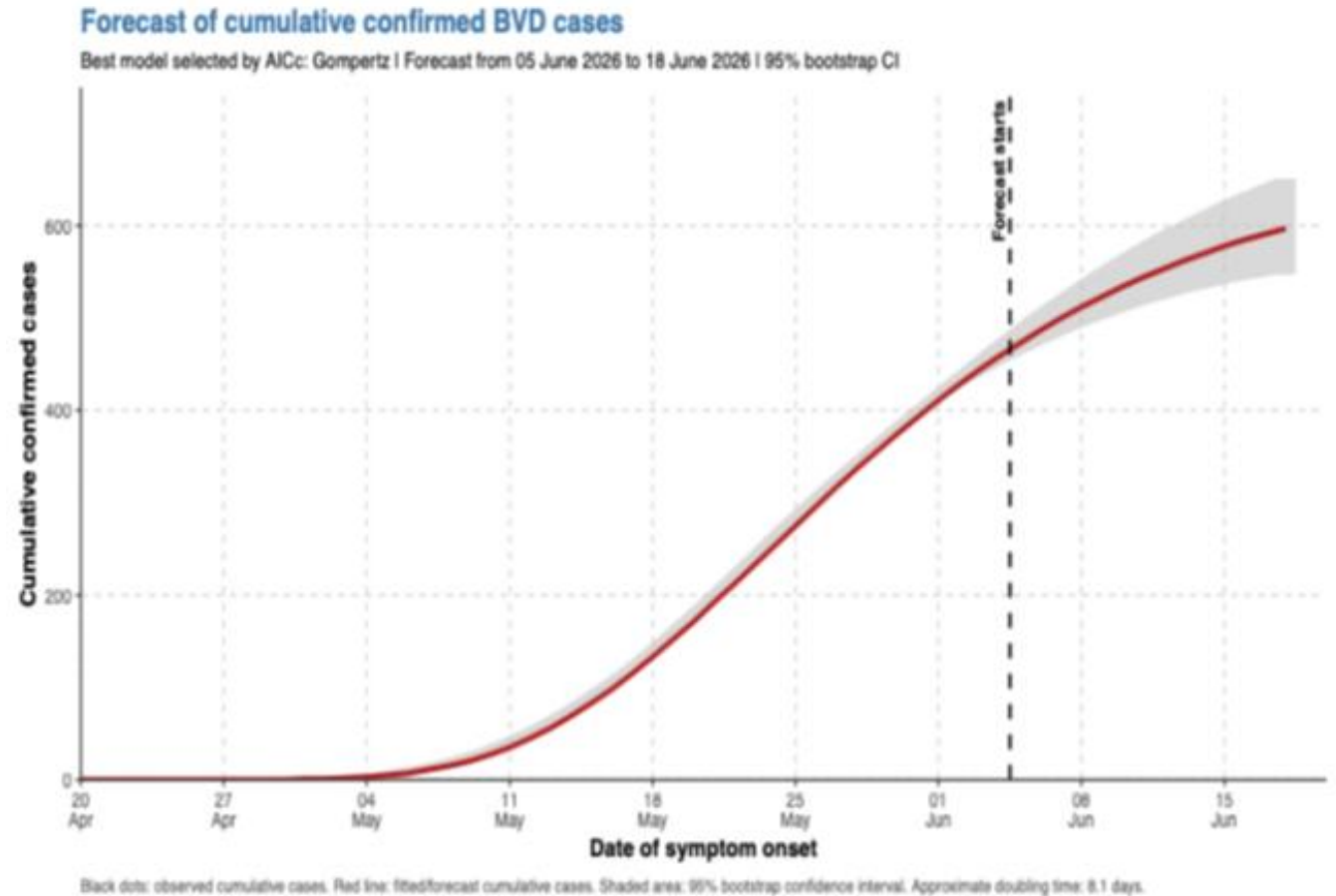


Source : DHIS2 Tracker - Riposte MVE, juin 2026. Données incluses dans l'analyse : n cas confirmés = 481.

Trends in confirmed cases and forecasting in DRC

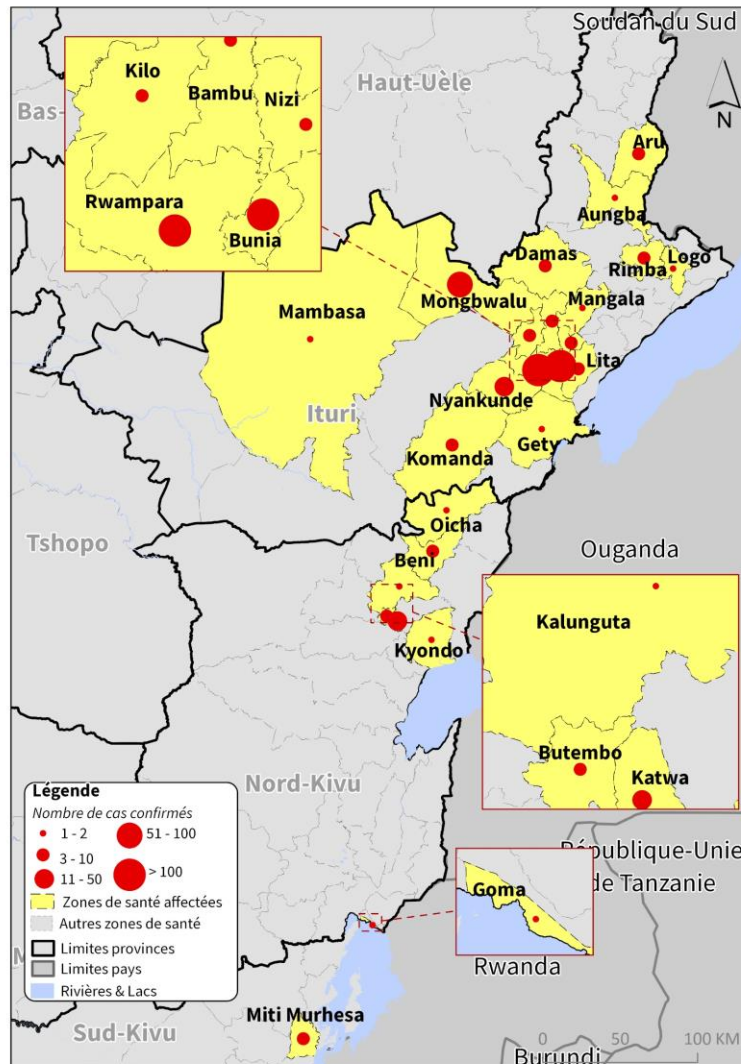
June 8, 2026

- **Rapid expansion phase since mid-May**
 - Sustained increase in confirmed cases
 - Ongoing transmission and/or improved detection
- **Continued short-term growth expected**
 - 580-630 cases by **15 June**
 - Increasing uncertainty over time
- **Fast outbreak growth**
 - Doubling time: **~8 days**
 - Case burden could double in just over one week

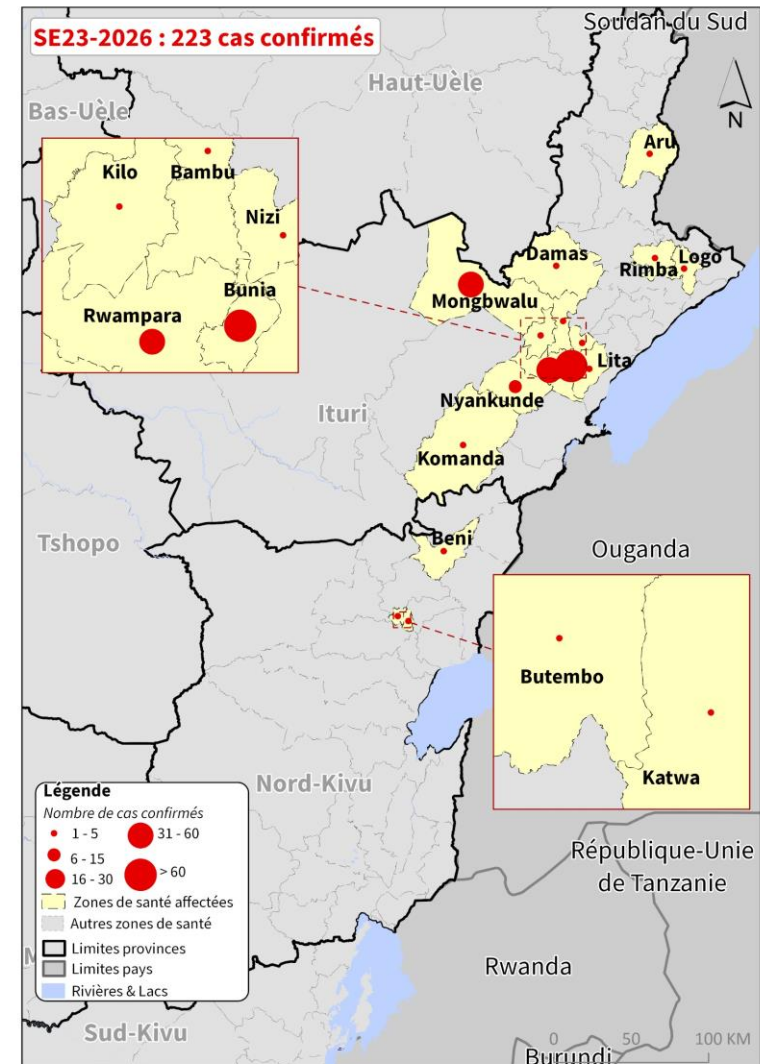


Situation Update – Spatial Distribution of Confirmed Cases

June 8, 2026



- 25 HZ affected in 3 provinces

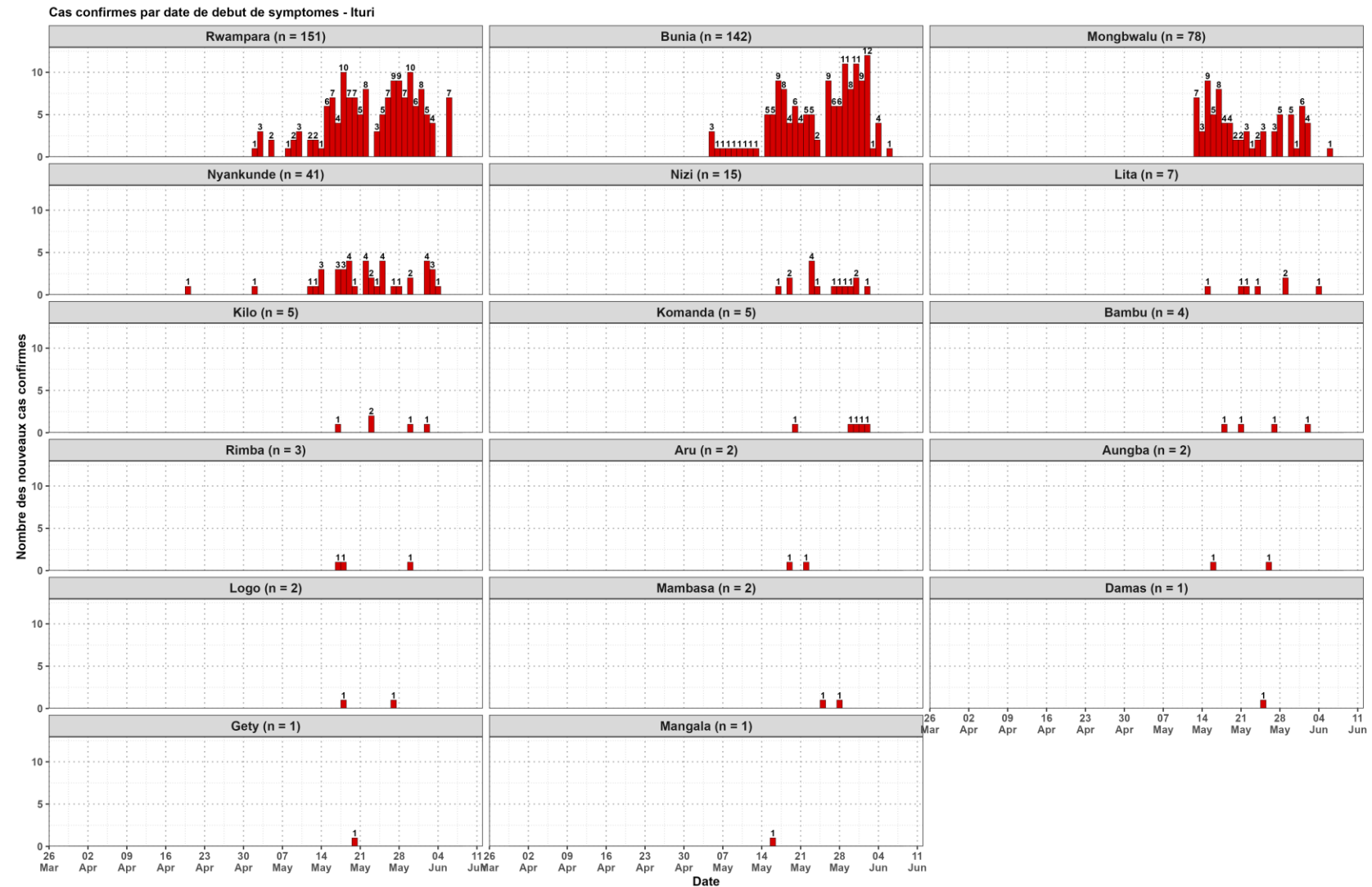


- EW 23/206: 16 HZ confirmed cases in 2 provinces⁴

Situation Update - Trend in Confirmed Cases by Health Zone (In Ituri)

June 8, 2026

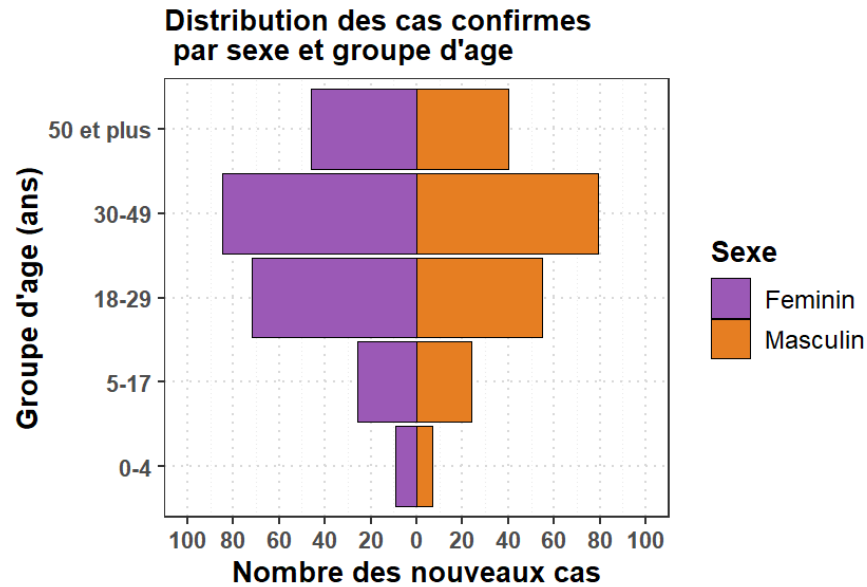
- Case-based data for 462 cases out of **550** cases
- First cases to report symptoms were in Nyakunde and Miti-Murhesa HZ
- Bunia, Rwampara, Mongbwalu and Nyankunde** HZ reporting the highest number of confirmed cases → peaks in Epi-curve



Source : DHIS2 Tracker - Riposte MVE, juin 2026. Données incluses dans l'analyse : cas confirmés avec date de début de symptômes et ZS renseignées dans Ituri = 462.

Situation Update: Distribution of Confirmed Cases by Age and Sex

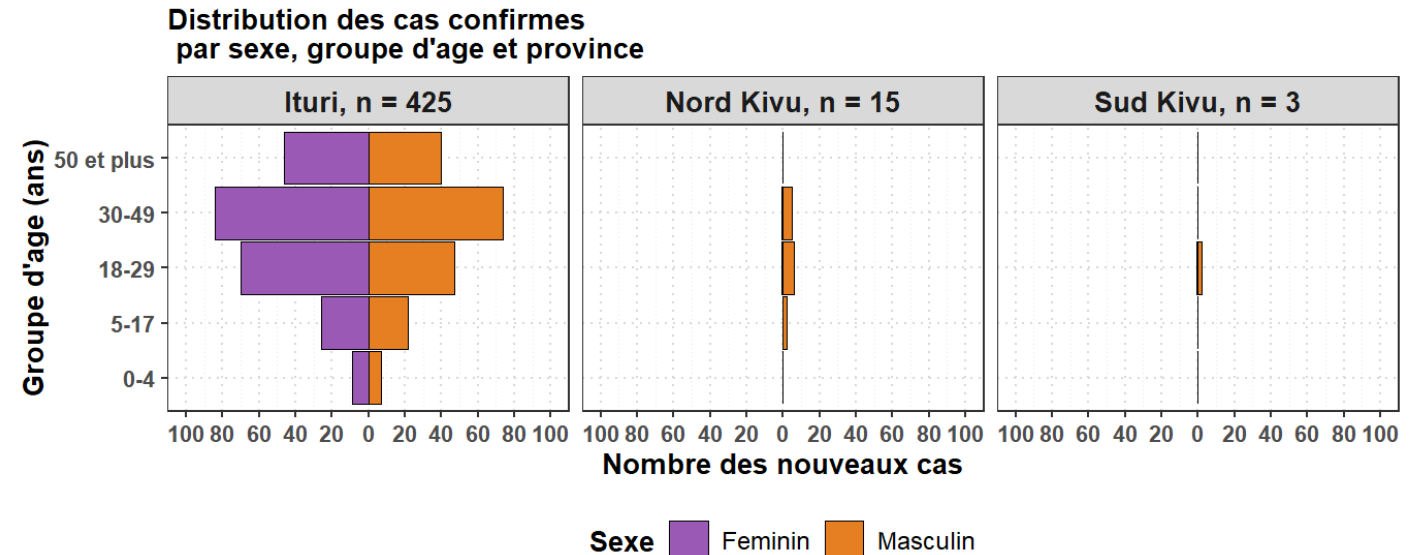
08 June 2026



Source : DHIS2 Tracker - Riposte MVE, juin 2026.
: n cas confirmés avec âge et sexe renseignés = 443.



Overall situation



Source : DHIS2 Tracker - Riposte MVE, juin 2026.
: n cas confirmés avec âge et sexe renseignés = 443.



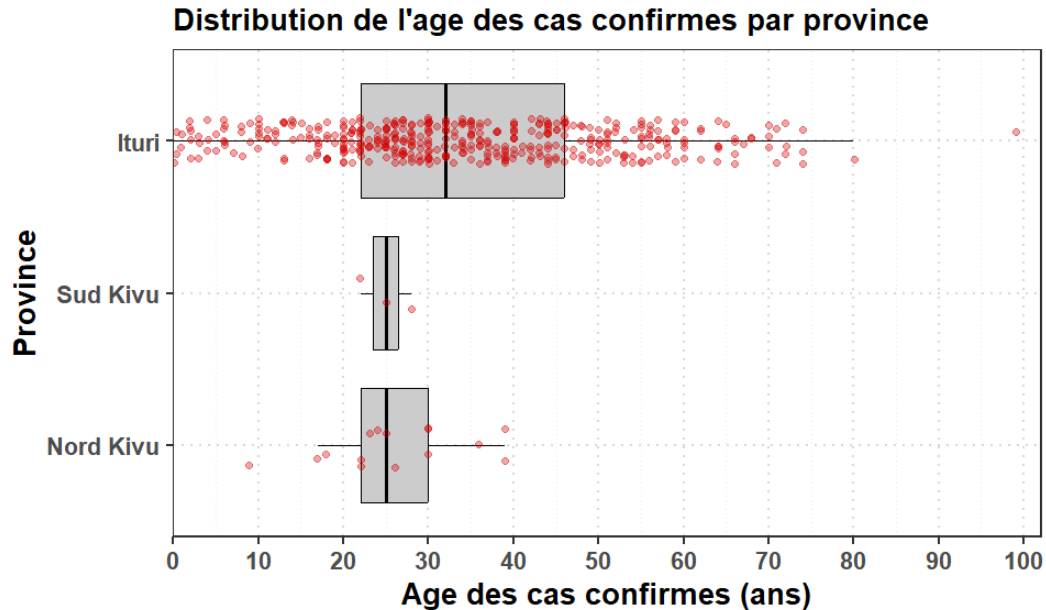
By provinces

Source: Case based data

- Men account for most exportations to NK (Katwa, Butembo, Miti)
- Young adults aged 30 to 49 years are more affected

Situation Update: Daily Trends of BVD Cases by Age Strata

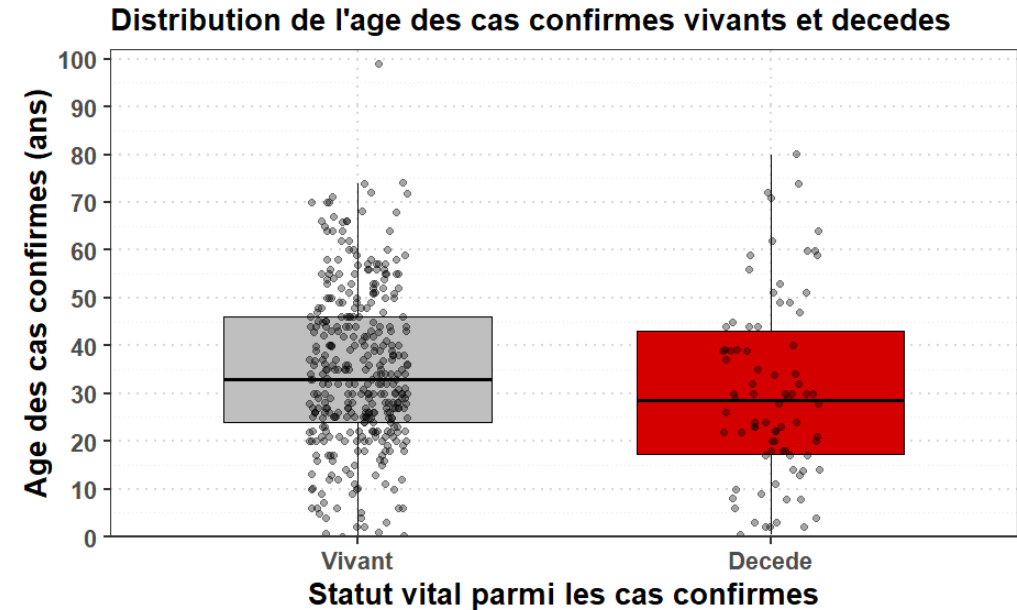
8 June 2026



Source : DHIS2 Tracker - Riposte MVE, juin 2026.
: n cas confirmés avec âge renseigné = 443.



- The disease mainly affects the Ituri province and primarily impacts young adults, although all age groups can be affected.



Source : DHIS2 Tracker - Riposte MVE, juin 2026.
: n cas confirmés avec âge renseigné = 443.

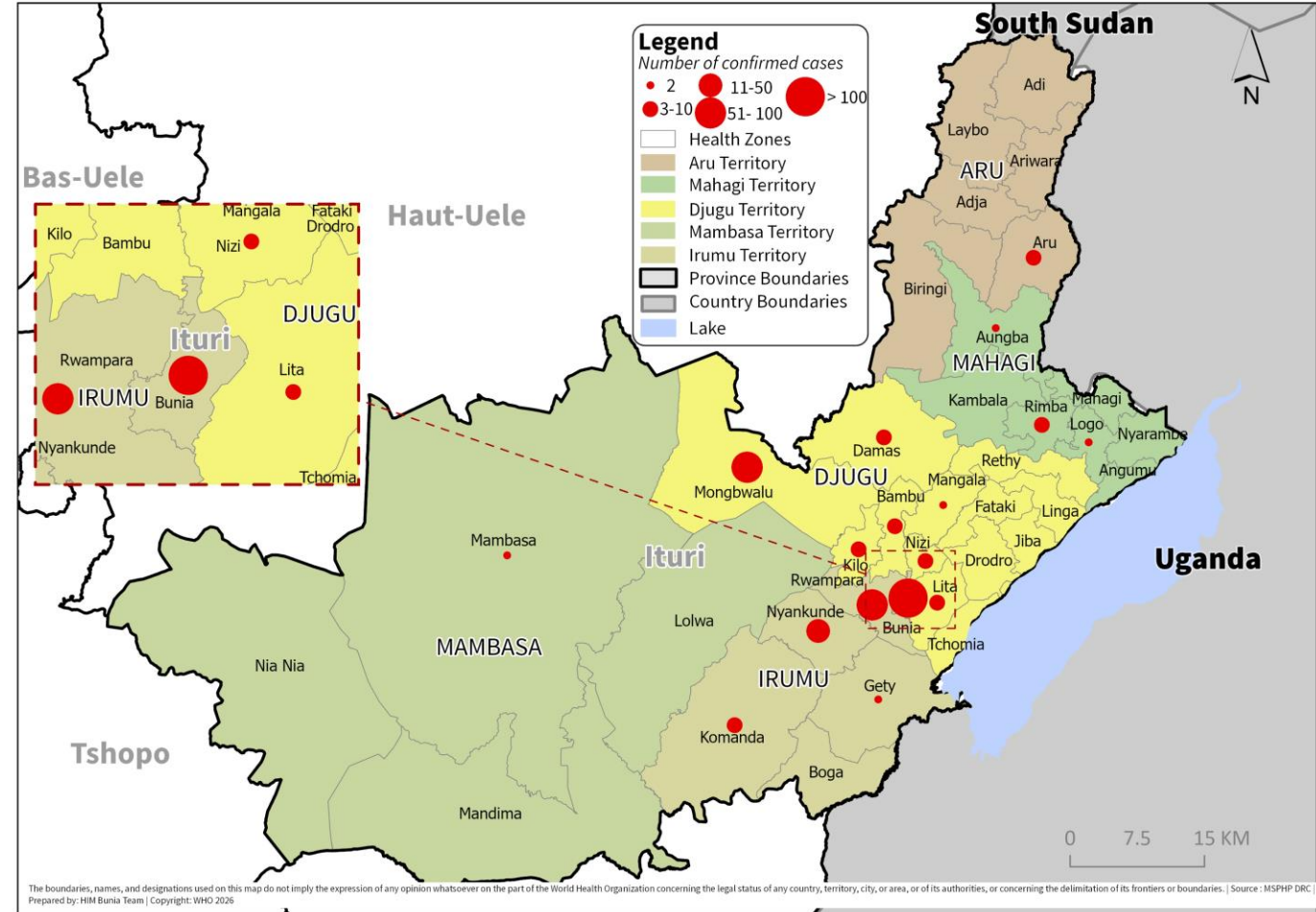


- Living and deceased cases have relatively similar age distributions. Most affected individuals are young or middle-aged adults, especially between 20 and 45 years old.
- Deaths are not limited to older people: they also occur among young adults and, in some cases, children.

Situation update – Ituri Province

08 June 2026

- **27 new** confirmed cases in 24H
- No new health zone affected
- Cumulative confirmed cases : **518**
- Deaths in Confirmed cases: **80**
- CFR **15.4%**
- **17/36 HZ affected**



Situation update – North Kivu Province

08 June 2026

- **4 new** confirmed cases in 24H (Beni HZ)
- No new health zone affected
- Cumulative confirmed cases : **29**
- Deaths in Confirmed cases: **20**
- CFR **68.9%**
- Case-based data 19/25
- **7/34 HZ affected**



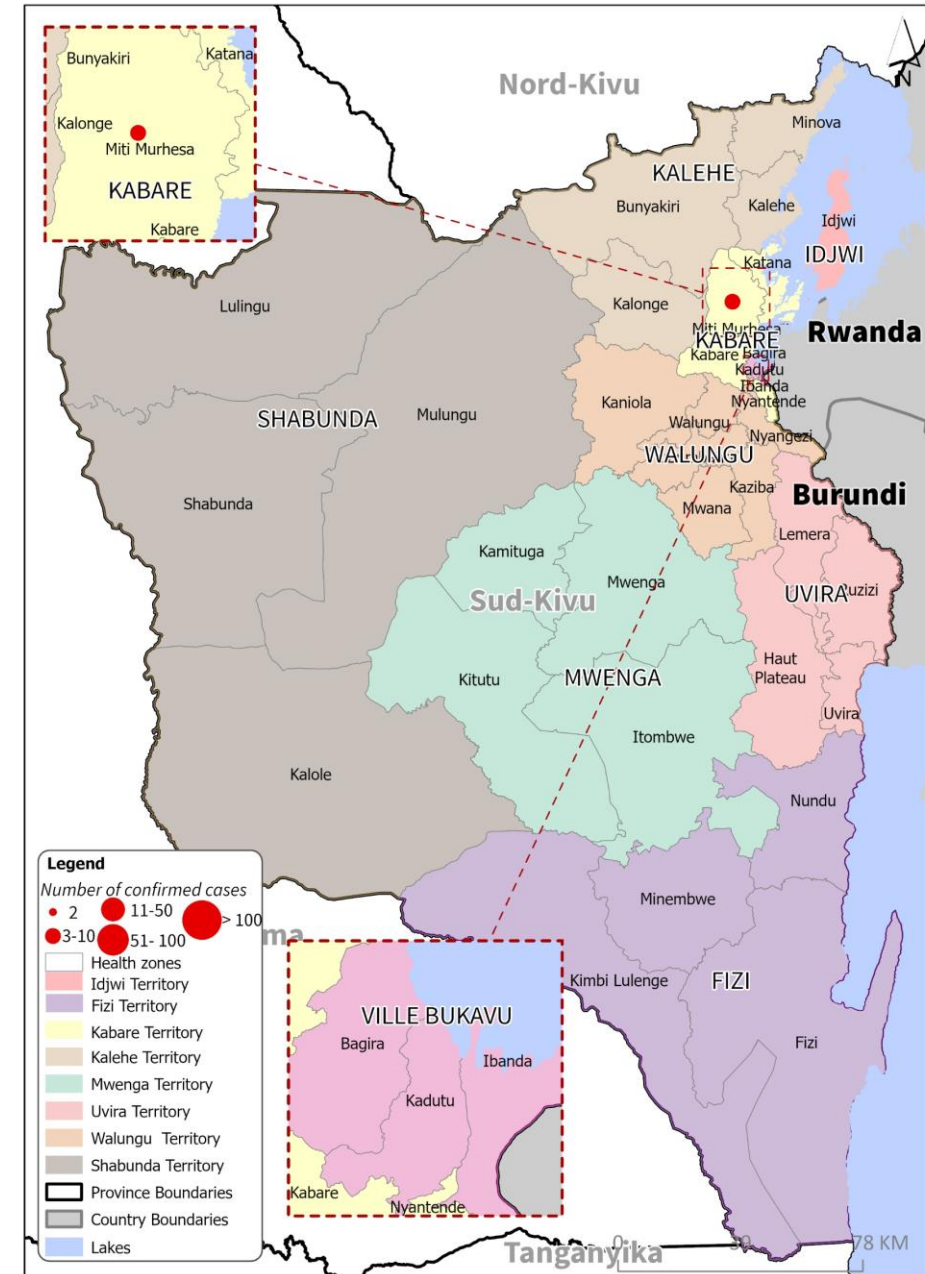
- **7/34 HZ affected**

Situation update – South Kivu Province

08 June 2026

0 new confirmed cases in 24H

- Cumulative confirmed cases : **3**
 - **Miti-Murhesa HZ**
- Deaths in Confirmed cases: **1**
- CFR **33.3%**
- **1/34 HZ affected**



Security Situation in Ituri Province

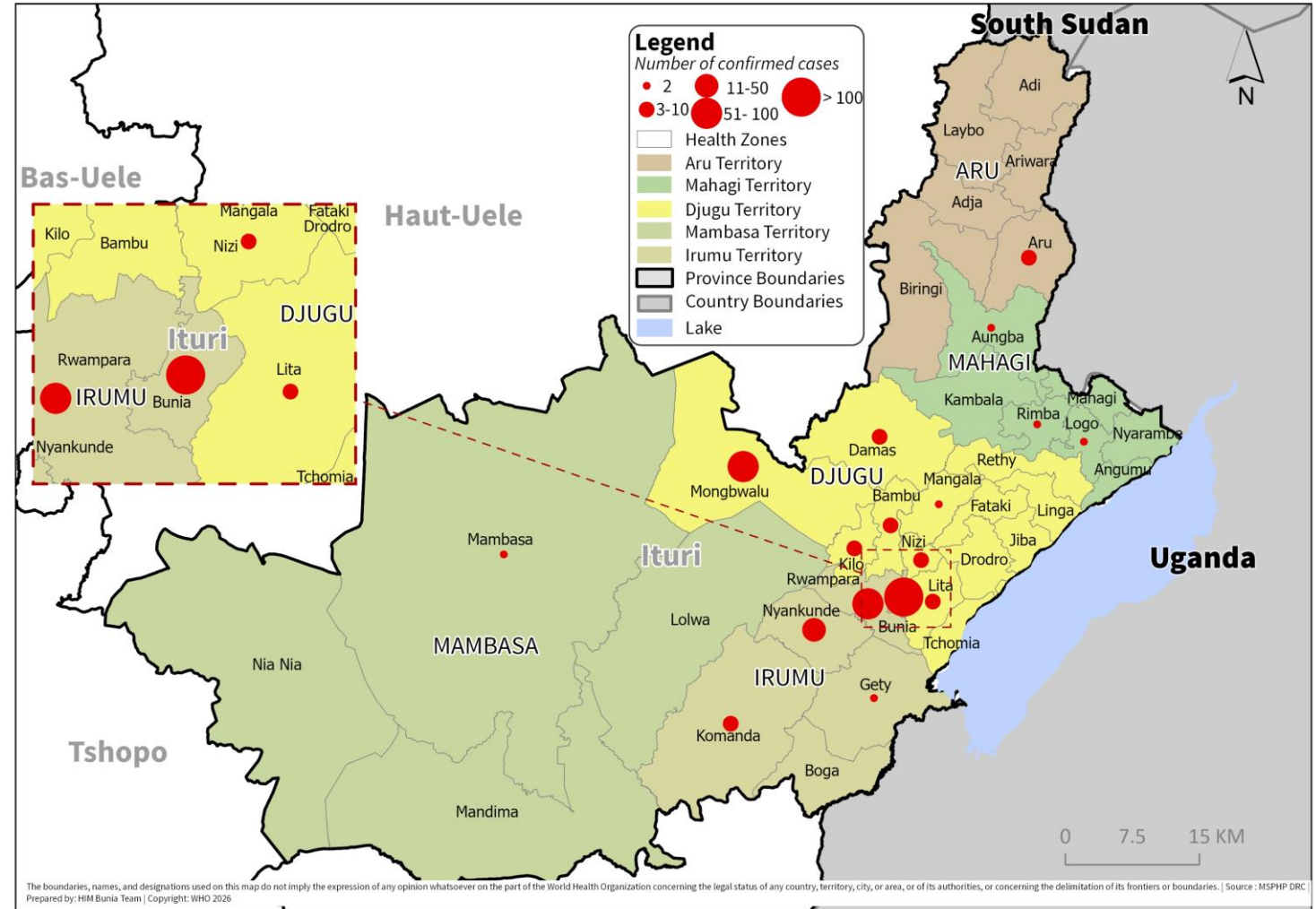
June 8, 2026

Hotspots of AGs violence

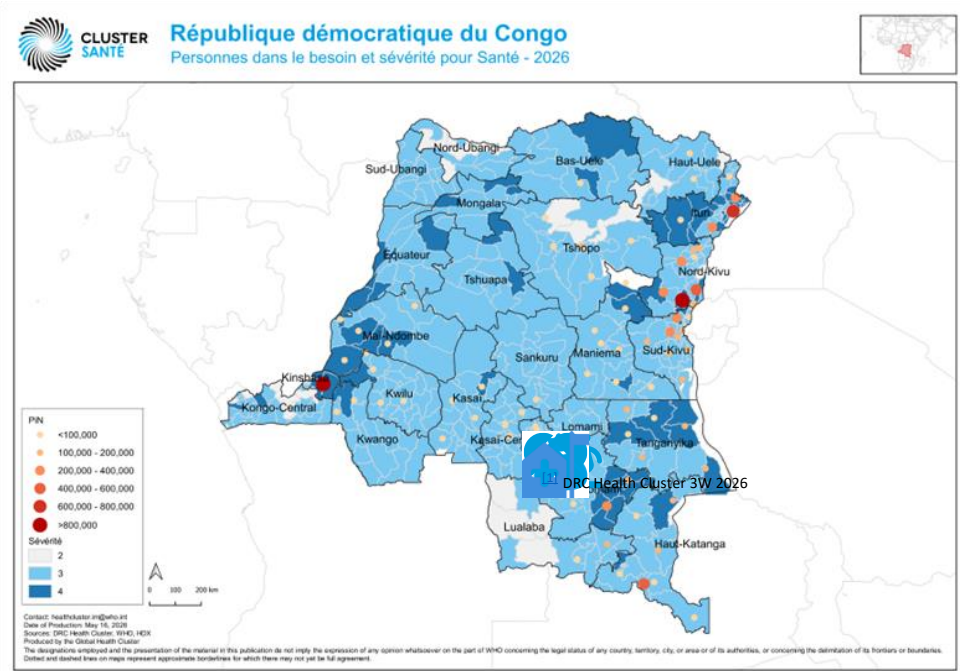
- **Djugu Territory**
 - CODECO & ZAIRE/CRP
- **Irumu Territory**
 - FPIC, FRPI & CHINI YA TUNA
- **Mambasa Territory**
 - MAI-MAI & ADF REBELS

Hotspots Areas :

- **Djugu Territory**
 - CRP attacks against FARDC positions & civilians
 - CODECO attacks against civilians
- **Irumu Territory**
 - ADF attacks against civilians
 - FRPI Area
- **Mambasa Territory**
 - ADF & Mai-Mai attacks against FARDC positions & civilians
 - ADF attacks against Wazalendo positions



Operating in a Humanitarian Context



- **Malaria** remains the leading cause of illness in the eastern provinces.
- **Food insecurity:** 9.9 million people in NK, SK, Ituri and Tanganyika will experience high levels of acute food insecurity Jan to June 2026.
- **GBV:** NK, SK, Ituri and Tanganyika accounted for 81% of 138K sexual violence cases reported in 2025.

	 Total population	 People in Need of humanitarian health assistance	 People targeted for health assistance	 Funding received For health assistance	 Total number HC partners	 Total no. health facilities supported by partners
DRC	102.3M	7.5M	2.5M	30%	101 35 reporting to 5W	412
Ituri	4.8M	1.2M	642K	=	17	113
N. Kivu	9.1M	2.5M	1.1M	=	23	172

In DRC, 14.9 M people in need of humanitarian assistance in 2026, 7.5 M people in need of health assistance. Full Plan is **only 34% funded**, health only **30% funded** as of 21 May 2026.

Ituri: No. of IDPs 926K; No. Refugees 36K; No. **Attacks on humanitarian workers** 11 since Jan 2026.

North Kivu: No. of IDPS 1.2M; no. Refugees 154K; No. **Attacks on humanitarian workers** 44 since Jan 2026.

Non-government control areas: 1.2 million people in need of humanitarian health assistance, where **Health Cluster supports over 300 health facilities** through principled humanitarian response (prior to outbreak).

Uganda Situation highlights

Variable	Last 24hrs	Cumulative	
Confirmed cases	00	19	
Probable	00	01	
Deaths (confirmed)	00	02	10.5% (CFR)
Total deaths (confirmed and probable)	00	03	15.0%
Health worker infections	00	05	25.0%
Health worker deaths	00	00	
Secondary confirmed cases from known contacts	00	06	31.6%
Confirmed cases in the ETU	00	11	
Recoveries	00	04	(80%)

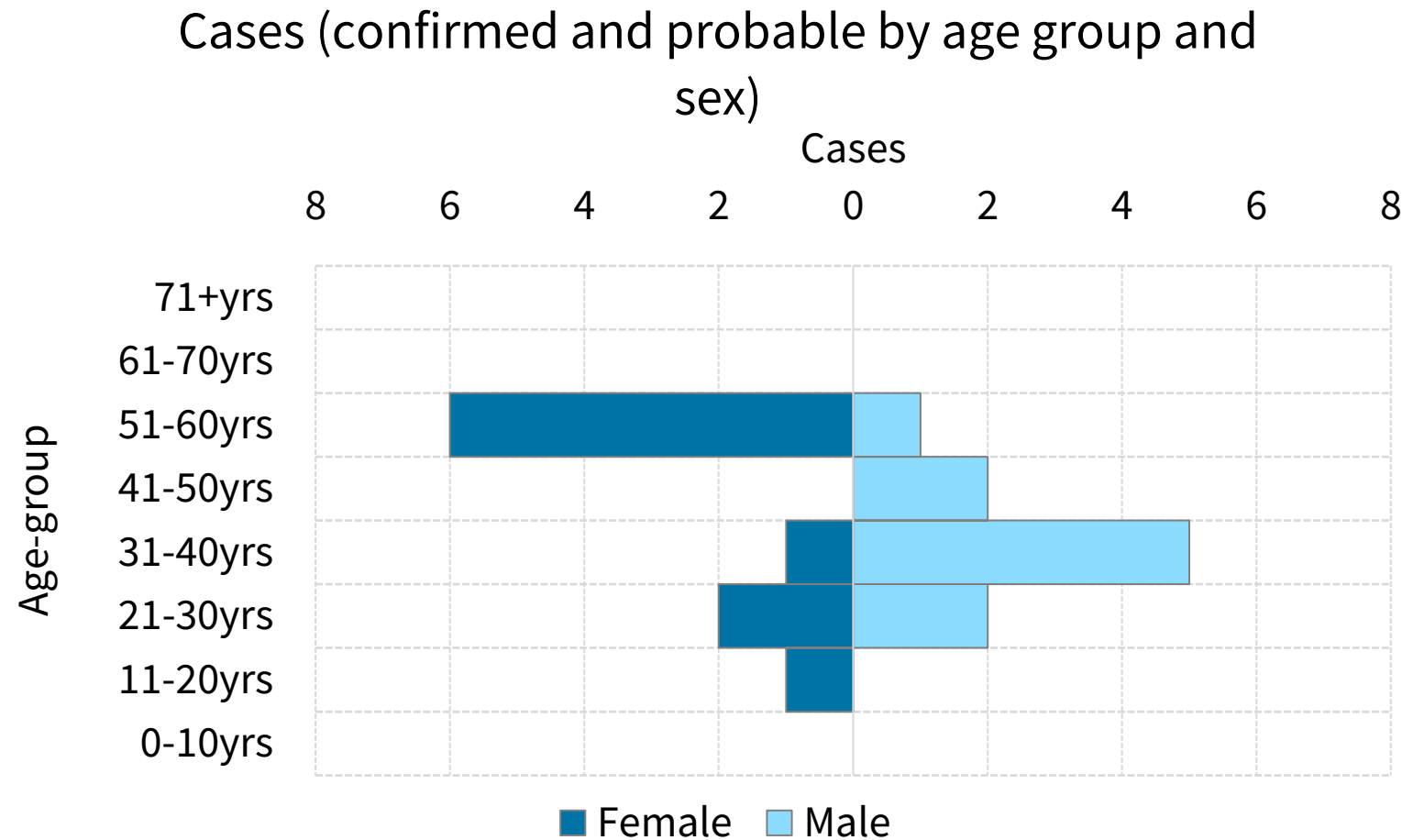
Age and sex distribution of cases

Total cases: 20

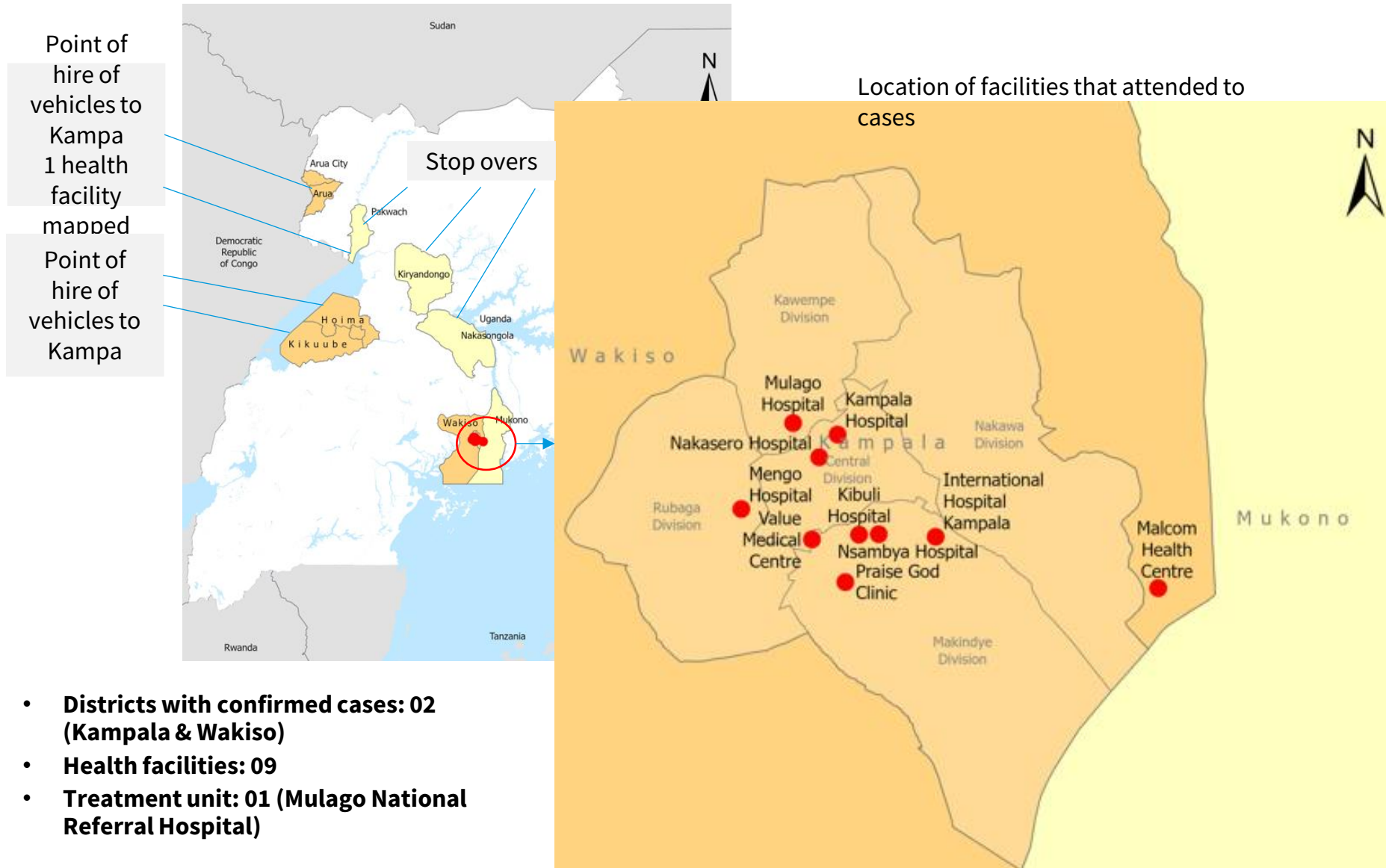
Male; 10 (50%), Female; 10 (50%)

Age range; 17-59

Median age: 43



Geographical locations



- **Districts with confirmed cases: 02 (Kampala & Wakiso)**
- **Health facilities: 09**
- **Treatment unit: 01 (Mulago National Referral Hospital)**

THANK YOU

ANNEX

Operational update

Coordination

What has been done

- WHO deployed 106 experts across all technical pillars of the response, strengthening the Government-led Incident Management System at national, provincial, and health zone levels.
- 12 million USD mobilized out of the 41 million USD CONOPS budget, with active resource mobilization ongoing to close the gap.
- WHO Director-General, AFRO Regional Director, and WHE Executive Director on mission in DRC, with field visits to Bunia, Goma, and Kampala to reinforce cross-border coordination.
- Elaboration of WHO SPRP and CONOPs
- Continental IMST for BVD and joint SPRP launched

Key challenges

- Need to ensure **full decentralization of zonal operational coordination** and effective teams in place as key priority. The number and size of zones at risk is significant challenge
- Further **surge staff** warranted
- Commercial air transport to Bunia limits the logistics and HR deployment despite UNHAS operating
- Support **operational logistics not yet fully in place** to enable operations: fleet, cash, communication, dedicated coordination space at each level

Surveillance

What has been done

- **15 epidemiologists deployed** to strengthen alert investigation and contact tracing across affected health zones in Ituri, North Kivu, and South Kivu.
- **100 frontline healthcare workers** briefed on Bundibugyo virus disease surveillance, case definitions, and alert management.
- **20,000 surveillance tools** distributed to health zones to standardize data collection, alert reporting, and contact listing.

Key challenges

- Lack of **laboratory capacity** hampering testing of suspected cases and unclear pathways for case isolation in remote Health Zones
- **Significant gaps in case investigation and contact tracing** (<80% & <55%, respectively)
- **Delays in detection** – need to raise awareness in community and healthcare facilities given high-risk of nosocomial transmission
- Alerts from **community deaths** too low and SDB teams not fully operational yet in key health zones
- High **mobility** of the population requiring increased capacity for detection and isolation outside the Province in areas at risk
- **Community based surveillance and contact tracing** (through ‘relais communautaires’) not yet in place

Laboratory

What has been done

- Deployment of lab expert to support diagnostics
- Procurement and donation of 2016 RadiOne tests to decentralize testing in Bunia Provincial Public Health Lab
- Testing capacity established in Kinshasa, Bunia, Goma, **and in Mongbwalu**
- Ongoing support to the MOH for transportation of samples from isolation centres to reference laboratories
- **EUL process activated**, with ongoing coordination with Africa CDC to develop a diagnostic validation platform and expand the range of recommended tests

Key challenges

- **Shortages in supplies**, compounded by embargo on critical standard PCR assay kits (Altona PCR kits).
- Lab operations **halted in Goma** last week due to **reagents stock out**.
- **Limited decentralised testing capacity** in the DRC. Urgent need to scale up upon supplies arrival
- Delays in sample transportation
- Platforms currently in use (RadiOne) are based on a non-validated commercial diagnostic test.
- GenXpert with pan-ebola test undergoing validation – potential solution in a few weeks through existing network

Mental Health Services and Psychosocial Support

What has been done

- Support for the coordination of SMSPS stakeholders in the MVE response (a 4W mapping exercise is currently being developed under the leadership of the WHO for the SMSPS Task Force).
- Support from the WHO Focal Point for the meeting of the Francophone SMSPS Reference Group dedicated to strengthening SMSPS activities specific to the MVE response

Indicateurs clés	Total
Suspected cases that received MHPSS intervention	41
Confirmed cases that received MHPSS intervention	14
Contacts who have received MHPSS support	129
Family carers and support workers who have received MHPSS support	352
Number of laboratory results reported in support of the surveillance and laboratory pillars	26
Number of DSB supported by PSA in support of IPC	11
People who have received psychoeducation in the community as part of the RCCE initiative	552
FHWs who have received MHPSS support	161

Key challenges

- Shortage of clinical psychologists and mental health professionals (MHPs) in Ebola treatment centres and healthcare facilities.
- Healthcare facility staff not trained in mhGAP GIH
- Insufficient community-based mental health and psychosocial support (MHPSS) interventions and case-based support
- Insufficient essential emergency psychotropic medicines.

Risk Communication and Community Engagement

What has been done

- **Sensitization and Awareness:** in schools, religious sites, markets, traditional healers, (around **165,440**)
- **Community feedback collected** and responded in a daily basis
- Radio broadcasts: 16 radio programs broadcast through community radio stations, reaching an estimated audience of 125,000 listeners.
- Infodemic management:
 - Daily social listening report for DRC+ Uganda+ neighboring countries,
 - 17 digital contents produced and disseminated (WhatsApp, Facebook, TikTok) with the support of local journalists and community influencers, reaching 47,000 people (an average of 455 views/interactions per content).

Key challenges

- **Community denial of BVD** as the source of the outbreak.
- Communities accusing health workers of creating **business around a disease** they believe did not exist locally.
- **Continuity of care outside** of BVD care and maintaining essential health services.
- Ensuring adequate support to communities already affected by many other priorities and humanitarian context
- Reports of attacks on medical staff including a zone chief medical officer for insisting on SDB.

Case management

What has been done

- **ETC CME Rwampara rehabilitated and 30 health professional deployed from Kinsha**
- **ETCs operational and being built.** Current bed space 90 beds, with expected 190 beds by 10 June. Covers Mongbwalu, Rwampara, Nyankunde and Bunia (x 2)
- Development and validation of **guidelines**
- **Patient flow and separation** (confirmed/suspected) done in key temporary treatment centres to limit infection risk
- **Dashboard developed** for monitoring of bed capacity
- **First confirmed recovery declared** on 27 May 2026: a patient treated at the Rwampara ETC tested negative on two consecutive INRB RT-PCR assays

Key challenges

- Current plans still below needs in terms of **bed space**
- No clearly defined **isolation spaces for suspected cases** in areas without existing/temporary treatment centres
- **Laboratory delays and gaps** requiring syndromic management of suspected cases and mixing of patients who may be true cases
- Identify requirements for case management in further health zones (North Kivu, Aru etc.)
- Need to **surge in staff to cover routine functions** (staff in affected facilities are high-risk contact)

Un centre de traitement contre Ebola réhabilité à Bunia

L'OMS a soutenu la réhabilitation d'un centre de traitement à Bunia, afin de renforcer la réponse en cours à l'épidémie d'Ebola.



Continuity of Essential Health Services

What has been done

- **4** GRH (Rwampara, Bunia, Mongbwalu, Nyankunde): essential medicines needs estimated
- **8** facilities assessed; corrective plans drafted
- HCWs impact: **23 confirmed, 5 deaths, 73 pending**
- Service decline: missed **NCD/ANC/ATM** visits; ↑ staff workload; financial access gaps
- Mitigation measures: defined, pending implementation
- CHES: **3 HZ** evaluators briefed; focal points set; digitization (Kobo) ongoing
- Gynecology: engagement secured; IPC training urgent in maternities
- Evaluation analysis: response implications ongoing

Key challenges

- Availability of medications in at least 1 assessed health facilities (risk of stock-out)
- Need of psychological support for health workers and community
- Availability of IPC equipments in health facilities (PPE) for CHES
- Human resources from WHO at different sub-level

Infection Prevention and Control

What has been done

- **220 frontline healthcare workers briefed** on standard IPC precautions and Bundibugyo-specific IPC protocols.
- **IPC kits donated to 30 health facilities** to strengthen immediate infection prevention capacity.
- **Supported 78 Safe and Dignified Burials** in affected communities to prevent transmission through traditional funeral practices.
- **70 IPC/WASH local supervisors** supported across 289 health facilities in the 7 initially affected health zones, providing hands-on mentoring and supervision.
- **IPC standards evaluated in 27 health facilities** using standardized WHO IPC score cards. All facilities scored below 50%,

Key challenges

- **Major IPC risk in health facilities** – driver of health worker and patient infection (healthcare associated infections) across formal and informal healthcare facilities
- **Weak health system reflected by low IPC score (<50%)** for most facilities at baseline with insufficient screening, triage and temporary isolation capacity, lack of PPE
- **Health workers** have very **limited IPC knowledge** resulting in increased risk of infection
- Due to increasing geographic spread of outbreak rapid increase in number of health facilities requiring support (initially approximately 200, now more than 600) – resulting in challenges to scale up rapidly required resources – including **HR surge** and **IPC supplies/material**,
- Critical need to engage and train **traditional healers**

Operations Support and Logistics

What has been done

- **62.8 tons (347 cubic metres)** of medical equipment, consumables, and supplies transported to support the response operations across all three affected provinces.
- 26 vehicles allocated to support operations
- Starlink kits (10)
- Rehabilitation of **WHO-supported ETC** in CME Hospital
- **MONUSCO** airlift, Ethiopian Airlines support.

Key challenges

- **Uganda and Rwanda borders closed**
- **Quantification of needs in other health zones at risk**

Resource Mobilisation

What has been done

- Continental Plan launched today **05 June 2026** budget **US\$ 517M**
- So far **US\$ 12.3M** has been mobilized UK FCDO & Germany
- Firm pledges include **US\$ 63.3M** from Gates F, Mohamed bin Zayed F, World Bank
- **DG ECHO** Commissioner will be undertaking a mission in Bunia on Sunday

Opportunities

- A follow up appeal to be launched **next week**
- **Advocacy** for MS to contribute to **APHEF**
- **Advocacy** MS to prioritize domestic financing
- Advocacy for donors to direct funding towards **readiness** and **preparedness efforts**
- Advocacy for **OCHA** to direct more resources to WHO as the leading UN implementing health agency

Critical Points of Attention

- **Patient escapes (20 cases, 3 confirmed)** — reinforce CTE security and retention measures immediately
- **Contact follow-up at 55.5% (target 95%)** — urgent scale-up needed in Ituri (53%) and North Kivu (64.4%)
- **Lab delays: 147 samples pending >5 days in North Kivu** — scale RADIONE deployment beyond Mongbwalu
- **Community resistance: 699 incidents** — persistent rumors ("empty coffins," traditional treatments) undermining response
- **Funding gap: \$12M secured vs \$41M planned (WHO CONOPS)**— operations continuity at risk across all three provinces
- **Scale-up required:** active transmission hotspots and priority readiness zones; mobile labs for Aru, Mongbwalu, Butembo, Beni; ETCs in Bunia
- **Cross-border coordination mechanisms DRC-Uganda-South Sudan not yet fully operational** — high-level mission to Beni next week