

Temporary recommendations

Epidemic of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo, with two confirmed cases exported to Uganda

Geneva, 22 May 2026

On 17 May 2026, pursuant to paragraph 2 of *Article 12 - Determination of a public health emergency of international concern, including a pandemic emergency* of the [International Health Regulations \(2005\)](#) (IHR), the Director-General of the World Health Organization (WHO) (DG), after having consulted the States Parties where the event was known to be occurring, determined that the epidemic of Ebola disease caused by *Bundibugyo virus* in the Democratic Republic of the Congo, with two confirmed cases exported to Uganda, constitutes a public health emergency of international concern (PHEIC), but did not meet the criteria of pandemic emergency, as defined in the IHR. The DG statement issued on [17 May 2026](#) also contained “WHO advice” to States Parties to respond to and prepare for the event.

On 19 May 2026, the DG convened the first meeting of the [IHR Emergency Committee](#) regarding the epidemic of Ebola disease caused by *Bundibugyo virus* in the Democratic Republic of the Congo, with two confirmed cases exported to Uganda (hereafter “Committee”). The Committee’s advice aligned with the determination by the DG that the event constitutes a PHEIC, but does not meet the criteria for pandemic emergency. The Committee acknowledged that the epidemic is occurring in one of the most challenging operational environments possible, therefore, any response must incorporate key contextual information to improve the chances of a successful response. The DG, considering the advice of the Committee, he is hereby issuing the following temporary recommendations to all States Parties to respond to and prepare to respond to the PHEIC.

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These temporary recommendations are issued for subsets of States Parties according to the public health risk associated with the by Bundibugyo virus disease epidemic they face.

All current WHO interim technical guidance can be accessed on [this page](#) of the WHO website. WHO evidence-based guidance has been and will continue to be updated in line with the evolving situation, updated scientific evidence, and WHO risk assessment.

The implementation of these temporary recommendations by States Parties shall be with full respect for the dignity, human rights and fundamental freedoms of persons, in accordance with the principles set out in Article 3 of the IHR.

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For States Parties with documented detection of Bundibugyo virus (the Democratic Republic of the Congo and Uganda)

As of 22 May 2026, the WHO Secretariat assessed the risk for these States Parties as “Very high” for the Democratic Republic of the Congo and as “High” for Uganda.

It is noted that the epidemiological situation in the two States Parties differs in terms of magnitude of the epidemic and contexts where response efforts are being implemented.

Specifically, as of 22 May 2026, Uganda has reported two confirmed cases of Bundibugyo virus disease (BVD), both with epidemiological link traceable to areas in the Democratic Republic of the Congo with documented BVD transmission. In Uganda, as of the same date, no onwards transmission among contacts of the two confirmed BVD cases was documented.

The epidemic is caused by *Bundibugyo virus* (BDBV), a virus belonging to the Orthoebolavirus genus. Unlike Ebola virus causing Ebola virus disease, there is no currently approved therapeutics or vaccines against Bundibugyo virus. While candidate therapeutics are considered for clinical trials and work in ongoing to fast-track candidate vaccines evaluation, the control of the epidemic relies on scaling-up public health interventions as outlined below.

Coordination and high-level engagement

- Declare the Bundibugyo virus disease (BVD) epidemic a health emergency, at national or sub-national level, in accordance with domestic laws, and as appropriate.
- Activate national disaster or health emergency management mechanisms and activate or establish an emergency operation centre, under the authority of the Head of State or relevant government authority, to coordinate response activities across Government sectors, administrative levels, and partners to ensure efficient and effective implementation and monitoring of comprehensive BVD control measures. These measures must include enhanced surveillance, including case identification; contact tracing; infection prevention and control (IPC), risk communication and community engagement; laboratory diagnostic testing, case management, and safe and dignified burials. Coordination and response mechanisms should be established at national level, as well as at subnational level in areas where BDBV has been detected and at-risk areas.
- Establish and maintain up to date a register of signals consistent with BVD (“alerts”), including status of their investigation.
- Establish and maintain up to date a line list of suspected cases – including identified through syndromic surveillance, probable cases, and confirmed BVD cases.
- Establish and maintain up to date the list of contacts of all confirmed and probable BVD cases; monitor each contact for 21 days after the date of last known exposure; Both, the evolution of the epidemic and resources available may require the risk-based prioritization of contacts requiring identification and monitoring.
- Negotiate, as applicable, and establish security corridors, including cross-border, to allow responders to safely reach affected communities, as well as to allow communities to seek appropriate health care.
- Notify WHO, through the relevant WHO IHR Contact Point in the WHO Regional Office, the detection of suspected, probable and confirmed BVD cases on a daily basis, as per WHO case definitions available [here](#).

Risk communication and community engagement

- Implement large-scale trust building and community engagement interventions - using all trusted available communication channels, and working closely with local religious and traditional leaders, and

traditional healers -, so that communities are fully aware of the risk and benefits of control measures, and pro-actively contribute and support the early detection and early isolation of cases; the identification and monitoring of contacts; and safe and dignified burial practices

- Strengthen community awareness, engagement and participation, to establish and strengthen trust, including by identifying and addressing cultural norms and beliefs that may serve as barriers to their full participation in the response; and by integrating interventions and community feedback, within the wider response, to address the needs of the population, particularly in contexts of the protracted humanitarian crisis in the Eastern provinces of the Democratic Republic of the Congo.
- Train community leaders on the rationale underpinning public health measures, including the isolation of cases, monitoring of contacts, and safe burials in a dignified, non-stigmatizing, and non-punitive manner.
- Activate local networks, including community health workers, Red Cross volunteers, and other trusted community actors to promote protective behaviours; facilitate early detection and referral of suspected BVD cases; support contact tracing activities; and collect and relay community feedback to enhance the acceptance of public health measures.
- Enable adherence to movement restrictions, associated with the application of control measures, by providing food, water, communication, financial and psychosocial support.

Surveillance and laboratory

- Strengthen surveillance and laboratory capacity, decentralized across first sub-national administrative levels (e.g., provinces) with documented BDBV detection, as well as in their neighbouring first sub-national administrative levels, through:
 - Dedicated surveillance and response teams within each health zone and in neighbouring health zones determined to be at high-risk for the introduction of BVD;
 - Active case finding and enhanced community surveillance for clusters of unexplained illness or deaths;
 - The investigation of “alerts” within 24 hours from detection;
 - The scale-up and strengthen RT-PCR laboratory capacities for timely testing for BDBV, including the establishment of protocols for safe sample collection, sample referral pathways, biosafety training for laboratory workers;
 - The decentralization of the laboratory capacities should be considered to allow for quick turn-around time and support patient care, as well as any clinical trials that may take place. Field laboratories should be set-up in accordance with biosecurity and biosafety standards. A near point of care assay might be considered provided that its performance is validated against current RT-PCR standards.
 - **NB: The GeneXpert platform cannot detect *Bundibugyo virus* (BDBV).**
- Identify and monitor, for 21 days after the date of last known exposure, the health of contacts of suspected probable, and confirmed BVD cases. On a daily basis, the health status of contacts being monitored should be assessed and recorded. Any contact developing symptoms compatible with BVD should be assessed, isolated, tested and cared for.
- Establish a mechanism to monitor the evolution of indicators related to the performance of contact tracing activities.

Infection prevention and control in health facilities and in the context of care

- Strengthen measures to prevent nosocomial infections, including systematic mapping of health facilities, the establishment and dissemination of protocols for triage, targeted IPC interventions and sustained monitoring and supervision.

- Provide continuous IPC training to health care workers, including the proper use of personal protective equipment (PPE).
- Provide health facilities with sufficient supplies of appropriate PPE equipment to ensure the safety and protection of their staff, resources for timely payment of their salaries and, as appropriate, hazard pay.
- Establish channels for health workers to report and be assessed following exposures, and have access to psychosocial support and, when possible post-exposure prophylaxis under compassionate use or clinical trial. All health worker occupational exposure must be investigated to allow for immediate corrective actions.
- Consider building community IPC capacity by training community leaders, and emphasizing that hand hygiene not only contributes to bring the BVD epidemic under control, but also reduces the risk of transmission of other communicable diseases present in the same areas. Hand hygiene shall be facilitated at critical spots, such as schools, churches, bars, markets, local gatherings sites, points of entry, etc..

Patient referral pathway and access to safe and optimized intensive care

- Establish dedicated BVD isolation and treatment centers or units for suspected, probable, and confirmed cases, located within, or close to, areas with documented BDBV detection, with sufficient staff who are specifically trained and equipped to implement optimized intensive supportive care.
- Establish protocols for transferring suspected BVD patients safely to dedicated health care facilities for their isolation, assessment and treatment in a humane and patient-centred approach. This includes trained ambulance teams, mechanisms to notify the receiving health care facility, the application of appropriate IPC precautions during transfer, and decontamination protocols for vehicles and equipment.
- Establish protocols for the handling and disposal of medical waste, in accordance with biosafety principles.
- Establish survivor follow-up programmes, including clinical care, counselling, semen testing and sexual health advice and condoms where appropriate, along with psychosocial support and stigma-reduction programmes.
- Maintain the package of essential health services, including by providing IPC equipment for them to operate safely. This includes, at minimum, malaria diagnosis and treatment, and maternal and child health services.

Safe and dignified burials

- Establish protocols ensuring funerals and burials are conducted by well-trained personnel, with provision made for the presence of the family and cultural practices, and in accordance with relevant national laws and regulations.

Operations, supplies and logistics

- Establish logistics support to maintain a robust supply pipeline for PPE, diagnostics, therapeutics, and other medical commodities, IPC materials, including for safe burial.

Border health, international travel and mass-gathering events

- Enhance, through arrangements between countries sharing borders, surveillance at ground crossings and border areas.
- Implement measures, in accordance with national laws and regulations, to prevent suspected, probable, and confirmed BVD cases, as well as their contacts from undertaking international travel, unless the travel is part of an appropriate medical evacuation.
- Prevent the cross-border movement of the human remains of deceased suspected, probable or confirmed BVD cases, unless authorized through bilateral arrangements.

- Implement exit screening at all points of entry - airports, ports and ground crossings -, consisting of, at a minimum, a questionnaire encompassing history of potential exposure to BVD, a temperature measurement and, in case of fever, an in depth assessment of the risk of BVD, by personnel trained and equipped with PPE. Any traveller determined to present with an illness consistent with BVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation.
- Report to WHO, through the relevant WHO IHR Contact Point in the WHO Regional Office, the implementation of any international traffic related measure adopted.
- Consider postponing mass gatherings until BVD transmission is interrupted.

Research and development of medical countermeasures

- Engage, when feasible, with research partners and international institutions to:
 - Define a robust laboratory strategy, urgently implement head-to-head comparison studies of PCR diagnostics to validate or invalidate the PCR platform (Radione ®) currently used in the field.
 - Implement ethically approved, scientifically robust clinical trials to advance the development and use of candidate therapeutics for treatment and post-exposure prophylaxis and for vaccines.
 - Establish, with a view to support research, expedited and efficient national regulatory and ethics reviews, community engagement, pharmacovigilance (where applicable), data sharing and equitable access arrangements.

For States Parties with land borders adjoining States Parties with documented BDBV detection

As of 22 May 2026, the WHO Secretariat assessed the regional risk “High”.

- Establish a national coordination mechanisms articulated with subnational levels.
- Enhance rapidly the status of readiness to respond to BVD cases, including establishing active surveillance across health facilities, with zero reporting; enhancing community-based surveillance for clusters of unexplained deaths; establishing access to laboratories qualified to test for BVD; raising the awareness of health workers regarding BVD; training health workers on IPC precautions; establishing rapid response teams for the investigation and management of BVD patients and their contacts; establishing a mechanism for the identification and monitoring of contacts.
- Establish the capacity at national reference laboratory(ies) to timely and safely perform testing for BDBV along with relevant differential testing. Considerations may be given to shipment to an international reference laboratory for inter-laboratory comparison as part of external quality assurance implementation.
- Conduct international contact tracing operations as necessary, including obtaining information from airlines and other conveyances operations; identifying contacts associated with conveyances on an international voyage, and communicate with States Parties known as final destination of those contacts.
- Intensify risk communication and community engagement activities, in communities residing in border areas and at points of entry, including airports and ports with direct connection with States Parties with documented BDBV detection, and provide the general public with accurate and up to date information regarding the BVD epidemic and measures to reduce the risk of exposure.
- Exercise arrangements in place to respond to BVD through simulation exercises relating to management of BVD ”alerts”, including cross-border; sample referral; activation of rapid response teams and mechanisms.

- Establish, with a view to support research, expedited and efficient national regulatory and ethics reviews, community engagement, pharmacovigilance (where applicable), data sharing and equitable access arrangements.
- Border health and international travel
 - Provide travelers with accurate and up to date information regarding the BVD epidemic and measures to reduce the risk of exposure, including discouraging travel to areas with documented BDBV detection.
 - Enhance, through arrangements between countries sharing borders, surveillance at ground crossings. This includes establishing coordination mechanisms for the detection and assessment of travelers with unexplained febrile illness; and the timely sharing of information regarding contacts who have, or may have, crossed the border, thus enabling continuity of follow-up.
 - Pre-position PPE, other IPC materials, sample collection kits, case investigation forms, and safe burial supplies in border areas adjacent to those with documented BDBV detection.
 - Activate health contingency plans at airport and ports, involving conveyance operators, to detect, assess, and manage travellers from States Parties with documented BDBV detection, presenting with symptoms compatible with BVD, and the identification of their contacts, according to established protocols. This entails the availability of trained personnel, referral mechanisms, application of IPC measures.
 - Coordinate with conveyance operators to facilitate timely communication, prior to arrival and to relevant authorities, of any suspected BVD cases on board conveyances, and to identify contacts associated with conveyances on an international voyage. The identification of such contacts entails, where applicable, the communication of personal details to the States Parties known as final destination of those contacts.
 - At the time these temporary recommendations are issued, neither the suspension of flights or waterways routes with States Parties with documented BDBV detection, nor denial of entry to travellers and conveyances arriving from those States Parties, are recommended.
 - Report to WHO, through the relevant WHO IHR Contact Point, the implementation of any international traffic related measure adopted.
- Treat as a health emergency, including through a formal declaration according to domestic laws, the detection of a suspected or confirmed BVD case, of a contact thereof, or of a cluster of unexplained deaths. This include investigating any of those events within 24 hours and, by instituting case isolation and management; establishing a definitive diagnosis; and undertaking the identification and monitoring of contacts.
- Notify to WHO immediately, through the relevant WHO IHR Contact Point in the WHO Regional Offices, any suspected, probable or confirmed BVD case, as per WHO case definitions available [here](#).

In the presence of a BVD case, temporary recommendations for State Parties States Parties with documented BDBV detection apply.

For all other States Parties

As of 22 May 2026, the WHO Secretariat assessed the risk for these States Parties as “Low”.

- Make arrangements to detect, assess, report and manage travelers with unexplained febrile illness arriving from areas with documented BDBV detection. These include, but are not limited to, disseminating the definition of BVD cases to public and private health care facilities, including travel clinics, and general practitioners; identifying laboratories to conduct testing for BDBV; identifying isolation facilities allowing for safe assessment and clinical care.
- Provide non-governmental organizations and other entities deploying personnel internationally to respond to the BVD epidemic with information on risk, measures to minimize the risk of exposure, and advice for managing a potential exposure.
- Prepare to facilitate the evacuation and repatriation of nationals (e.g., health workers) who have been exposed to BVD cases.
- Provide the general public with accurate and up to date information regarding the BVD epidemic and measures to reduce the risk of exposure, including discouraging travel to areas with documented BDBV detection.
- Border health and international travel
 - Provide accurate and up to date information regarding the BVD epidemic to travel clinics, other health facilities and professionals, and discourage travel to areas with documented BDBV detection.
 - Provide incoming travelers, at points of entry, with information about measures to take should they develop symptoms compatible with BVD within 21 days after arrival.
 - Coordinate with the transport sector, including conveyance and points of entry operators, for the timely management of suspected BVD cases, including communication prior to arrival if the individual is on board; as well as for the identification of their contacts on board conveyance. The identification of such contacts entails, where applicable, the communication of personal details to the States Parties known as final destination of those contacts.
 - At the time these temporary recommendations are issued, neither the suspension of flights from States Parties with documented BDBV detection, nor denial of entry to travellers and conveyances arriving from those States Parties, are recommended.
 - Report to WHO, through the relevant WHO IHR Contact Point, the implementation of any international traffic related measure adopted.
- Notify to WHO immediately, through the relevant WHO IHR Contact Point in the WHO Regional Offices, any suspected, probable or confirmed BVD case, as per WHO case definitions available [here](#).

In the presence of a BVD case, temporary recommendations for States Parties with documented BDBV detection apply.

All States Parties

Reporting on the implementation of temporary recommendations

- Report quarterly to WHO on the status of, and challenges related to, the implementation of these temporary recommendations, using a standardized tool and channels that will be made available by WHO, also allowing for the monitoring of progress and the identification of gaps of the national response.