# Partner Situational Awareness Report
# 2026 Ebola Response
# Tuesday, June 23, 2026

## Key Situational Updates:

The data in this SITREP reflect Bundibugyo virus disease (BVD) case information reported from the Democratic Republic of the Congo (DRC) Ministry of Health (MoH) as of June 21 and the Uganda (UG) MoH as of June 22:

| Cases & Deaths* | Total | DRC | UG |
|---|---|---|---|
| Confirmed Cases | 1,068 | 1,048 | 20 |
| Probable Cases | 1 | -- | 1 |
| Confirmed Deaths | 269 | 267 | 2 |
| Probable Deaths | 1 | -- | 1 |

* Investigation of additional cases is ongoing, and case counts are expected to change. The DRC MoH does not include probable cases in their official reporting. On May 29, 2026, the DRC MoH updated their total suspected case counts to remove suspected cases that have been ruled out after investigation, and on May 30, 2026, the DRC MoH updated their total confirmed deaths following investigation. Also, on May 29, 2026, WHO reported a case in Wakiso District in UG, but this has not been confirmed. Suspected cases and suspected deaths in DRC have been temporarily excluded from the count pending ongoing investigations and data standardization. The UG MoH does not include suspected cases in their official reporting.

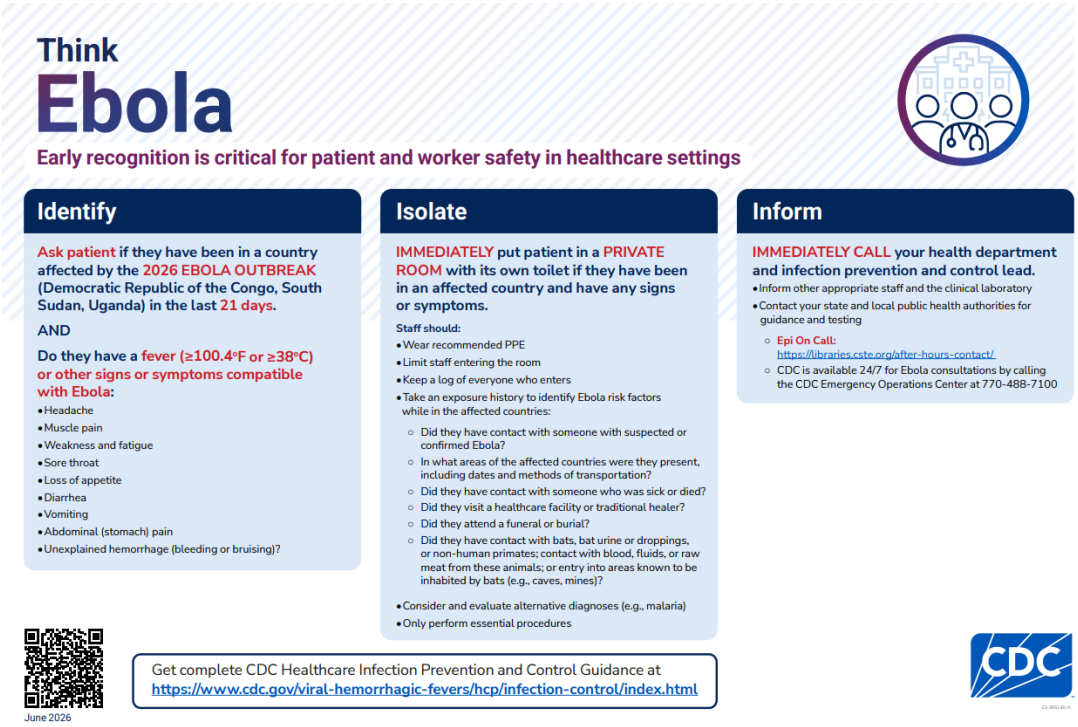
To date, **no Ebola cases associated with this outbreak have been reported in the United States**, and the anticipated risk to the general U.S. population remains low

## Domestic Preparedness:

- As of June 23, CDC has screened **4,108 passengers** (cumulative since May 21, 2026). The average number of passengers screened per day is 124.
- Travel Health Notices (updated June 15, 2026)
    - **Level 3 THN for affected provinces of DRC:** CDC issued a Level 3 Travel Health Notice for DRC, recommending avoiding non-essential travel to ***Ituri, North Kivu***, ***and South Kivu*** provinces.
    - **Level 2 THN for Uganda and non-affected provinces of DRC:** CDC also issued a Level 2 Travel Health Notice for Uganda and DRC, urging travelers to practice enhanced health precautions when visiting Uganda and the non-affected provinces of DRC and to monitor themselves for symptoms while in the country and for 21 days after leaving.

## Background:

- On May 15, 2026, the ministries of health in DRC and Uganda both declared outbreaks of BVD. Laboratory analysis by the National Institute of Biomedical Research (INRB) in Kinshasa confirmed an Ebola outbreak caused by BVD in samples from suspected cases.
- On May 17, 2026, the WHO Director-General determined that the Ebola disease outbreak caused by BVD in DRC and Uganda constitutes a Public Health Emergency of International Concern under the International Health Regulations.
- Ebola disease is caused by viruses in the genus *Orthoebolavirus*.
- People can become infected through direct contact with the blood or body fluids of an infected sick or deceased person, contact with contaminated materials, or contact with infected animals such as bats or nonhuman primates.
- BVD was first identified in 2007 during an outbreak in Uganda and has been associated with outbreaks in Uganda and DRC, with estimated case fatality ratios of approximately 25–50%. There are no currently approved medical countermeasures for BVD.
- The number of BVD cases surpassed 1,000 within the first 38 days of the outbreak, making this outbreak the third largest Ebola outbreak and the largest Bundibugyo outbreak on record.




Link: Think Ebola

## Additional Resources

- General:
  - Think Ebola One-pager
  - Early Recognition is Critical for Ebola Infection Control
  - Information for Travelers Returning from Ebola-Affected Areas
  - Ebola Homepage
  - Signs and Symptoms of Ebola Disease
  - Ebola Outbreak: What CDC is Doing

- Public Health:
    - Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers (VHFs) | CDC
    - External: CSTE Epi on Call Directory
    - External (ASPR): Partners & Regional Contacts | NETEC
- Clinical:
    - Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF) | Viral Hemorrhagic Fevers (VHFs) | CDC
    - What Clinicians Should Know about Ebola Bundibugyo Virus | COCA a| CDC
- Travel:
    - Interim Guidance for Public Health Assessment and Management of Travelers from Countries Affected by the 2026 Ebola Outbreak | Ebola | CDC
    - Information for Travelers Returning from Ebola-Affected Areas | Ebola | CDC
    - CDC Summer Travel | Summer Travel | CDC
- Social Media
    - Traveling? Get the Facts About Ebola
    - Ebola is not like COVID-19

## Frequently Asked Questions

**What should U.S. clinicians do if they suspect Ebola?**

- Public health officials and CDC can help assess risk, help decide whether testing is needed, and ensure proper infection prevention and control precautions are used.
- If Ebola Bundibugyo is suspected, clinicians should immediately contact their state, tribal, local, or territorial health department. (CSTE Epi on Call Directory)
- Clinicians should ask their patients about travel history and consider Ebola, specifically Bundibugyo virus disease, in a patient who has compatible symptoms and possible exposure within the 21 days before symptoms began.

**What should healthcare facilities do if they suspect a patient has Ebola?**

- Immediately contact your health department (CSTE Epi on Call Directory) or CDC's Emergency Operations Center at 770-488-7100 (request on-call member of Ebola clinical consult team/VSPB epidemiologist).
- Immediately separate the patient from others (isolate) while being evaluated.
- Healthcare workers should use proper personal protective equipment and follow infection prevention and control precautions. Clinical teams should coordinate with public health officials and CDC to assess the patient's symptoms, travel history, and possible exposure risk.
- CDC offers guidance and training for U.S. hospitals evaluating patients who might have Ebola or another viral hemorrhagic fever.

## CDC Strategic Goals for the 2026 Ebola Response

**Goal 1: Domestic Preparedness**

- Support preparedness for and communication with U.S. public health departments, laboratories, healthcare facilities and the American public.
- Protect Americans from health threats through enhanced screening at U.S. Ports of Entry

**Goal 2: International Outbreak Response**

- Rapidly detect, monitor and contain the BVD outbreak.
- Reduce BDBV (Bundibugyo virus) transmission in health care and community settings through effective infection prevention and control (IPC) measures, risk communication, and community engagement.
- Provide laboratory guidance and technical assistance to ensure timely, accurate diagnostic testing to support management and containment of the BVD outbreak.
- Strengthen border health coordination to reduce risk of BDBV transmission across regions
- Implement public health research

**Goal 3: Coordination of an Effective Public Health Response**

- Coordinate across the U.S. Government and with other critical partners to effectively respond and control the outbreak

Questions or feedback about the 2026 Ebola Partner Situational Awareness Report? Please email eocevent429@cdc.gov and CC Tiffany Pomares (oft0@cdc.gov).