

# PAHO



## Public Health Emergency of International Concern (PHEIC) related to Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda. Implications for the Americas Region.

17 May 2026

Considering the declaration of a Public Health Emergency of International Concern (PHEIC) within the International Health Regulations (IHR), the Pan American Health Organization (PAHO) provides a summary of the advice which currently apply to countries in the Americas Region otherwise considered unaffected.

### Summary of the situation in East Africa

On 5 May 2026, the World Health Organization (WHO) was alerted of an outbreak of an unknown disease with a high mortality rate in the Mongbwalu health zone, Ituri Province, Democratic Republic of the Congo, including deaths among health care workers. On 15 May 2026, the National Institute of Biomedical Research in Kinshasa confirmed Bundibugyo virus disease in 8 tested samples. The same day, the Ministry of Health officially declared the country's 17th Ebola outbreak.

As of 15 May 2026, 246 suspected cases and 80 deaths had been reported in three health zones: Rwampara, Mongbwalu, and Bunia. In addition, 24 suspected cases remained in isolation, and unusual clusters of community deaths consistent with Bundibugyo virus disease in Ituri and North Kivu were under investigation.

On 15 May 2026, Uganda confirmed an imported case from the Democratic Republic of the Congo in a man who died in Kampala, Uganda. On 16 May 2026, a second imported case was confirmed in Kampala, with no apparent epidemiological link to the initial case. As of the time of this report, no local transmission had been identified in Uganda.

On 16 May 2026, the Director-General of WHO determined that Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda constitutes a public health emergency of international concern, in accordance with Article 12—Determination of a Public Health Emergency of International Concern of the International Health Regulations (2005) (IHR). The WHO Director-General, after consulting with the States Parties where the event is currently known to be occurring, determined that the event constitutes a PHEIC, although it does not meet the criteria for a pandemic emergency, as defined in the IHR.

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**Suggested citation:** Pan American Health Organization / World Health Organization. Public Health Emergency of International Concern related to Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda. Implications for the Americas – 17 May 2026. Washington, D.C.: PAHO/WHO; 2026.

**Figure 1:** Health zones affected by Bundibugyo virus disease in the Democratic Republic of Congo, as of 16 May 2026.



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Americas Region

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 Map production:  
 PAHO Health Emergencies Department (PHE)  
 Health Emergency Information and Risk Assessment Unit (HIM)

**Source:** World Health Organization. Outbreak Site: Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo & Uganda, modified by the Pan American Health Organization. Available from: <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602>

## Epidemiology

Bundibugyo virus disease is a severe and often fatal form of Ebola disease, caused by the Bundibugyo ebolavirus. A zoonotic disease; suspected to be transmitted from fruit bats, the initial transmission may occur through contact with blood or secretions of these infected animals, followed by person-to-person transmission through direct contact with the blood, secretions, organs, or other bodily fluids of infected individuals, as well as contaminated surfaces.

Transmission can spread in healthcare settings when infection, prevention and control measures are inadequate, as well as during unsafe funeral practices. The incubation period ranges from 2 to 21 days, and people are generally not infectious before the onset of symptoms. Initial symptoms can include fever, fatigue, muscle pain, headache, and sore throat, which may progress to gastrointestinal symptoms, organ dysfunction, and, in some cases, hemorrhagic manifestations.

In previous outbreaks of Bundibugyo ebolavirus disease, the case fatality rate has ranged from approximately 30% to 50%. There is currently no authorized vaccine or specific treatment against the Bundibugyo virus. Therefore, early detection, isolation, supportive clinical care, contact tracing, safe and dignified burials, and community engagement are all critical to control this outbreak.

It is important to highlight that this virus has historically been detected only in Africa, where it is considered endemic. This nor other highly pathogenic filoviruses such as Ebola or Marburg have been identified in the Americas Region. Nevertheless, given the context of international mobility, it is essential to maintain and strengthen preparedness and response capacities for the early detection of potential imported cases.

## Advice for Member States

**No country should close its borders or impose restrictions on travel or trade.** Such measures are usually implemented out of fear and have no basis in science. They push the movement of people and goods to informal border crossings that are not monitored, thus increasing the chances of the spread of disease. Most critically, these restrictions can also compromise local economies and negatively affect response operations from a security and logistics perspective.

PAHO reiterates to its Member States that this advice is currently in effect under the International Health Regulations:

- National authorities should work with airlines and other transport and tourism industries to ensure that they do not exceed WHO's advice on international traffic.
- States Parties should provide travelers to Bundibugyo virus disease affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure.
- The general public should be provided with accurate and relevant information on the Bundibugyo virus disease outbreak and measures to reduce the risk of exposure.
- State Parties should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Bundibugyo virus disease.

- Entry screening at airports or other ports of entry outside the affected region are not considered needed for passengers returning from areas at risk.

PAHO also recommends that Member States strengthen surveillance for the early detection of suspected cases, especially in people with a history of travel or exposure in affected or at-risk areas. Countries should ensure the availability of operational case definitions, mechanisms for immediate reporting, timely epidemiological investigation, isolation of suspected and confirmed cases, and contact tracing and monitoring for 21 days.

It is recommended to reinforce infection, prevention and control measures in health care settings, including triage, isolation, proper use of personal protective equipment (PPE), training of health care personnel, safe waste-management, environmental cleaning and disinfection, and monitoring of occupational exposures.

Countries should ensure timely access to national or regional laboratory networks with established mechanisms for sample referral, including appropriate procedures for collection, packaging, and safe transport.

It is recommended to strengthen risk communication and community engagement, with clear messages on signs and symptoms, seeking preemptive care, prevention of exposure to bodily fluids, and safe and dignified burial practices.

## References

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2. World Health Organization. Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda declared a public health emergency of international concern. Geneva: WHO; 2026. Available from: <https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern>.
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