AMREF Flying Doctors

Health Advisory

Ebola Bundibugyo Virus Disease Outbreak

Democratic Republic of Congo & Uganda

There for you; we safely go where no one else goes, since 1957

Ebola Bundibugyo Virus Disease Outbreak — Democratic Republic of Congo and Uganda

Date: 25 May 2026
Status: Active outbreak; situation evolving rapidly

AMREF Flying Doctors is closely monitoring the evolving Ebola Bundibugyo virus disease outbreak affecting eastern Democratic Republic of Congo and Uganda. We are maintainingactive surveillance of updates from the World Health Organization, Africa CDC, AMREF Health Africa, national Ministries of Health, and other verified public-health and humanitarian sources.

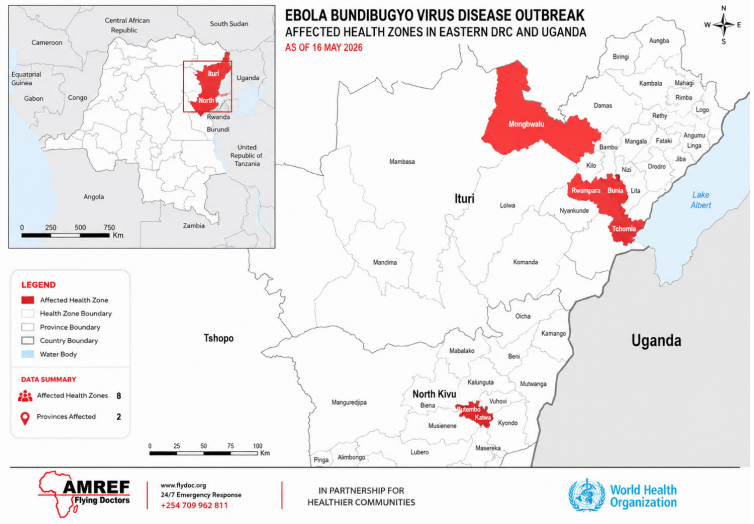
WHO has declared the outbreak a **Public Health Emergency of International Concern,** while noting that it is **not currently classified as a pandemic emergency.** WHO assesses the risk as **high at national and regional levels**, and low at global level. The outbreak is caused by **Bundibugyo virus**, a species of Ebola virus for which there are currently **no approved vaccines or specific therapeutics**; management is therefore based on early detection, isolation, supportive care, infection prevention and control, contact tracing, and safe referral pathways.

1. Current situation update

As of the latest public reporting available on 20–21 May 2026, the outbreak has expanded beyond the initial epicentre in **Ituri Province** and has been reported in **North Kivu**, with confirmed concern also emerging in **South Kivu**. CDC reported, as of 19 May, **536 suspected cases, 105 probable cases, 34 confirmed cases, and 134 suspected deaths**, including **two confirmed cases in Uganda**, one fatal, in persons who had travelled from DRC. CDC also reported that the outbreak had been identified across **11 health zones in Ituri and North Kivu.**

WHO's 20th May update indicated that the scale of the epidemic is likely larger than the confirmed numbers suggest, with **almost 600 suspected cases and 139 suspected deaths**, and an expectation that numbers may continue to rise because the virus appears to have circulated before detection. WHO has also highlighted urban spread, deaths among healthcare workers, significant population movement, insecurity in Ituri, and mining-related mobility as key risk drivers.

A confirmed case has also been reported in South Kivu, several hundred kilometres from the outbreak epicentre, in an area under rebel control. This development is operationally significant because it suggests possible wider geographic spread and raises concerns about undetected transmission chains, access constraints, and delays in surveillance and response.



2. Security update: rebel activity and access risks

The outbreak is occurring in one of the most complex security environments in the region. Eastern DRC continues to experience active armed conflict, population displacement, and contested territorial control involving armed groups, including **AFC/M23, ADF**, and **CODECO**. Reporting from the affected area indicates that Ebola response activities are being complicated by ongoing armed violence, rebel-controlled zones, and insecurity affecting both healthcare workers and humanitarian responders.

Of particular concern, **Goma in North Kivu** has reported Ebola activity and is under M23 control according to current reporting. A separate confirmed Ebola case has been reported in a rural area near **Bukavu, South Kivu**, also within territory controlled by the rebel alliance. This has implications for patient movement, ground access, permissions, security escorts, surveillance, and cross-line coordination.

The broader humanitarian context remains severe. UNHCR reports that DRC has approximately **6.9 million internally displaced people**, with more than **5 million** in the eastern provinces of **North Kivu, South Kivu, and Ituri**. Large-scale displacement increases the risk of disease spread, complicates follow-up of contacts, and makes safe patient referral more difficult.

3. Healthcare challenges in the affected region

The healthcare system in the affected provinces is under significant pressure. WHO has highlighted healthcare-associated transmission concerns, including reported deaths among healthcare workers, which suggests gaps in infection prevention and control and the potential for amplification within health facilities.

Humanitarian and clinical responders have reported shortages of basic medical and response supplies, including medicines, masks, and motorbikes needed for field surveillance and contact tracing. Local hospitals and clinics are reported to be overwhelmed or insufficiently equipped for high-risk viral haemorrhagic fever management, particularly where isolation capacity, trained staff, PPE, diagnostics, and safe transport are limited.

Because Bundibugyo virus disease has no approved vaccine or disease-specific treatment, the response depends heavily on rapid identification, isolation, supportive care, contact tracing, safe burial practices, community engagement, and strict IPC. Delays at any point in this chain increase the risk to patients, healthcare workers, families, and transport teams.

4. Air and ground transportation challenges

Clients should anticipate significant constraints affecting medical movement in the region. Ground movement in parts of Ituri, North Kivu, and South Kivu may be affected by insecurity, checkpoints, displaced populations, poor road conditions, changing front lines, and the need for security clearance. These factors can delay ambulance access, patient extraction, sample transport, and movement of medical teams.

Air operations may also be affected by changing local security conditions, availability of safe landing sites, landing permissions, airport control, fuel availability, crew security, airspace coordination, and infection-control requirements for suspected or confirmed Ebola cases. Operations into or out of affected zones may require additional time for route assessment, receiving-facility confirmation, diplomatic or regulatory clearance, public-health authorisation, decontamination planning, and aircraft-specific risk assessment.

International travel restrictions and public-health screening measures may also change at short notice. For example, CDC has already reported enhanced screening, traveller monitoring, and entry restrictions linked to recent presence in DRC, Uganda, or South Sudan.

Other jurisdictions may introduce similar controls depending on their national risk assessments.

5. AMREF Flying Doctors operational posture

AMREF Flying Doctors remains operational and continues to support clients across the region, subject to aircraft availability, regulatory approvals, security clearance, medical risk assessment, and infection prevention requirements.

For any request involving travel from, to, or through affected areas, AMREF Flying Doctors will apply enhanced screening and risk assessment, including:

a. A detailed **21-day travel and exposure history** for the patient, accompanying persons, and referring facility contacts.
b. Symptom screening for fever, vomiting, diarrhoea, bleeding, severe weakness, abdominal pain, headache, or known exposure to a suspected or confirmed Ebola case.
c. Confirmation of diagnosis, clinical status, isolation arrangements, and infection-control measures at the referring facility.
d. Medical Director or senior clinical escalation before acceptance of any suspected, probable, or confirmed Ebola-related mission.
e. Confirmation that the receiving facility has appropriate isolation, IPC, and public-health notification arrangements.
f. Case-by-case review of aircraft suitability, crew safety, PPE, decontamination, route planning, and regulatory permissions.
g. Security assessment for all movements in Goma, Ituri, North Kivu, South Kivu, and any other area with reported transmission or active armed-group activity.

AMREF Flying Doctors will not undertake routine movement of suspected or confirmed Ebola patients without a formal HCID-level assessment, appropriate approvals, and confirmation that the mission can be conducted safely for the patient, crew, receiving facility, and public. Where transport is not clinically or operationally safe, AMREF Flying Doctors will advise on stabilisation, local referral, remote clinical support, and

6. Guidance for AFD clients

Clients operating in or near affected areas are advised to:

- Maintain updated staff movement records and 21-day exposure histories.
- Avoid non-essential travel to affected health zones and areas of active insecurity.
- Ensure febrile or symptomatic personnel do not travel commercially or by routine ambulance.
- Isolate and report suspected cases immediately to local health authorities.
- Strengthen workplace screening, hand hygiene, PPE readiness, and referral protocols.
- Pre-identify local isolation and referral facilities.
- Engage AMREF Flying Doctors early for risk assessment before attempting patient movement.
- Maintain contingency plans for delayed evacuation due to security, regulatory, or public-health constraints.

7. AMREF Flying Doctors commitment

AMREF Flying Doctors recognises the seriousness of the current outbreak and the additional complexity created by insecurity, population displacement, and constrained healthcare capacity in eastern DRC. Our priority remains the safe, ethical, and clinically appropriate movement of patients while protecting medical crews, aviation crews, clients, receiving facilities, and the wider public.

We will continue to monitor the situation closely and will update clients as verified information becomes available.

For medical assistance, case review, or evacuation enquiries, clients should contact AMREF Flying Doctors through our official 24/7 operations and medical coordination channels.