Partner Situational Awareness Report
2026 Ebola Response
Thursday, June 11, 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 10, 2026, and the Uganda (UG) MoH as of June 11, 2026:

Cases & Deaths*	Total	DRC	UG
Confirmed Cases	695	676	19
Probable Cases	1	0	1
Confirmed Deaths	138	136	2
Probable Deaths	1	0	1
Areas Affected**	N/A	29	1

*Investigation of additional cases is ongoing and case counts are expected to change. Data for DRC are as of June 10, 2026, and data for UG are as of June 11, 2026. 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.

**"Areas Affected" represent Health Zones in DRC (of 519) and Districts in UG (of 135) with reported cases.

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 11, CDC has screened over **3,300 passengers** (cumulative since May 21, 2026). The average number of passengers screened per day is 161.

- Travel Health Notices
    - **Level 3 THN for DRC:** CDC issued a Level 3 Travel Health Notice for DRC, recommending avoiding non-essential travel to Ituri, Nord-Kivu, and Sud-Kivu provinces. Travelers to DRC are urged to take precautions to avoid exposure to

Ebola and to monitor themselves for symptoms while in DRC and for 21 days after leaving the country.
    - **Level 2 THN for Uganda:** CDC also issued a Level 2 Travel Health Notice for Uganda, urging travelers to practice enhanced health precautions when visiting the country 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.
- People with Ebola are only considered infectious after they start having symptoms.
- To date, there are no FDA-licensed or authorized vaccines or therapeutics for Bundibugyo virus, a type of Ebola. Treatment consists of intensive supportive care and fluid replacement.
- Updated situation information can now be found at www.cdc.gov/ebola

Select Resources

- General:
    - A new centralized CDC webpage for Ebola information is now available: Ebola | CDC
    - Outbreak situation summary webpage
- Latest reporting:
    - On June 5, CDC published 3 early release reports in the Morbidity and Mortality Weekly Report:
        - Notes from the Field: Outbreak of Ebola Disease Caused by Bundibugyo Virus — Democratic Republic of the Congo and Uganda, May 2026 | MMWR

        - Assessment of Risk to the U.S. Population from the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026 | MMWR
        - Modeled Scenario Projections for the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026 | MMWR
        - Rollout of the reports included a telebriefing featuring the CDC 2026 Ebola Response Incident Manager (IM), Dr. Satish Pillai and the Director of CDC's Center for Forecasting and Outbreak Analytics (CFA), Dr. Jason Asher.
- Public Health:
    - Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers (VHFs) | CDC
    - External: 24-hour Health Department Contacts - CSTE
- Clinical:
    - 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

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, when needed.
- If Ebola Bundibugyo is suspected, clinicians should immediately contact their state, tribal, local, or territorial health department.
    - Health Department Directories | Public Health Gateway | CDC
- 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 hospitals do if they suspect a patient has Ebola?

- Immediately contact your health department (Health Department Directories | Public Health Gateway | CDC) 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).