

Ebola

24 June 2026

On 17 May, the World Health Organization declared the Ebola outbreak in Congo (DRC) and Uganda a Public Health Emergency of International Concern (PHEIC). The outbreak is now among the largest Ebola outbreaks reported. The full extent of the outbreak remains unclear and further increases in case numbers and geographic spread are likely. Response efforts continue to be challenged by insecurity, high population mobility, gaps in contact tracing, logistical constraints and community resistance. Several countries have imposed entry restrictions or enhanced entry screening, while some land border crossings remain closed. **Changes to entry requirements and border closures can occur at any time and with little warning. Congo (DRC) and Uganda are conducting screening of all travellers exiting the country. International SOS is monitoring the situation closely, and providing updates through our medical and security alerts, and the [Ebola page](#) of the [Global Health Threats website](#) (including [Ebola screening, border closures, entry restrictions and quarantine measures](#) and [FAQs](#))**

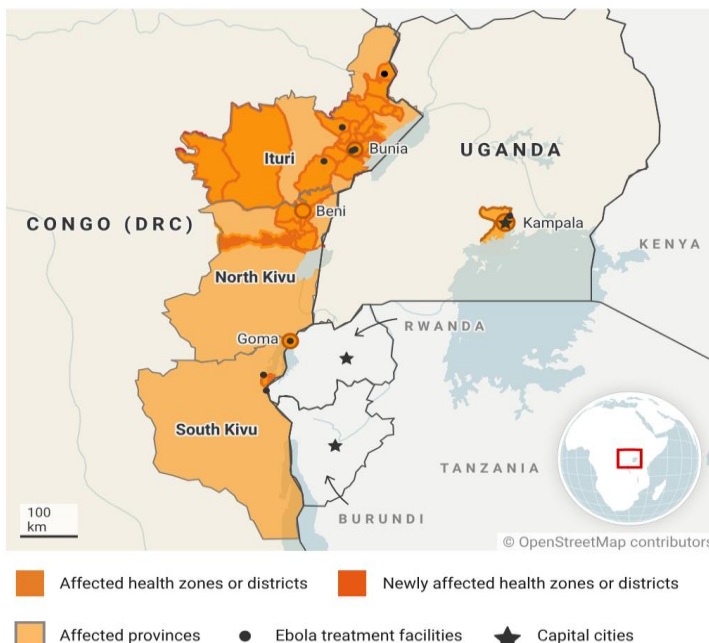
ADVICE

- Monitor the situation closely
- Abide by official directives and adhere to region specific travel advice due to the Ebola outbreak and ongoing conflict.
- Do not participate in high-risk activities such as funerals in outbreak areas. (Do not touch / wash dead bodies.)
- Avoid hospitals that are treating suspected Ebola cases.
- Avoid direct contact with sick people and their bodily fluids. This includes items that may have been contaminated with fluids like bedding and clothing.
- Do not travel if you are sick. Some locations have implemented screening, and travellers may face quarantine and testing.
- If you require medical attention, call International SOS and we will direct you to a suitable facility.

As of 24 June, cases in Congo (DRC) continue to rise with more than 1,000 infections, including more than 250 deaths

Ebola outbreak in Congo (DRC) and Uganda

Affected areas as of 21 June 2026



Map: Medical Information & Analysis, International SOS • Source: Institut National de Santé Publique • Created with Datawrapper

confirmed. The outbreak is concentrated in Ituri province, which remains the epicentre. North Kivu province has reported dozens of cases and South Kivu province has identified limited activity, with the last infection reported at the end of May. In Uganda, case numbers have remained relatively stable, with most infections linked to cross-border movement from Congo (DRC), and limited localised transmission reported in Kampala and Wakiso districts. The outbreak is caused by the Bundibugyo strain of Ebola, for which there is no approved vaccine or strain-specific treatment. The outbreak is also occurring in densely populated urban centres with highly mobile populations and frequent cross-border movement. Additionally, the number of contacts identified in Congo (DRC) remains far below expected levels for the size of this outbreak, and capacity for safe and dignified burials is still limited, increasing transmission risk. The outbreak will likely last for months.

This is the seventeenth Ebola outbreak in Congo (DRC). In 2018-2020, DRC experienced a very large outbreak caused by Ebola virus disease (Zaire strain), in which there were more than 3,000 cases and over 2,000 deaths.

On 24 June, Health authorities confirmed an infection of Ebola in France. The infection was identified in a humanitarian doctor returning from an Ebola-affected area in Congo (DRC). The individual was promptly transferred to a specialised facility where they are receiving treatment under strict isolation protocols.

What is Ebola?

Ebola is a potentially severe illness, killing an average of half of those it infects. Initial infections in humans occur after close contact with wild animals. The virus is thought to reside in bats and can spread to non-human primates. Humans can be infected after contact with infected animals, through contact with an infected person's body fluids, or via contaminated objects.

The disease can then spread within a community by human-to-human transmission. It is caused by several types of orthoebolaviruses (formerly ebolavirus), which infect internal organs, causing bloody diarrhoea and vomiting. The cause of death among Ebola patients is usually blood loss or organ failure. There are several treatments and vaccines available for some types of Ebola.

How do people become infected?

Humans are infected following contact with infected blood or bodily fluids through broken skin or mucous membranes.

- **From animals to human**

How Ebola gets from animals or the environment and then into humans is unclear. The virus probably "resides" in bats. It may infect an intermediate species, such as monkeys or gorillas (non-human primates), that eat infected or partially-eaten fruit dropped by infected bats. Infection may happen during butchering, handling or cooking bushmeat (meat of wild animals). These include chimpanzees, gorillas, fruit bats, monkeys, forest antelopes and porcupines. Humans can also get infected by consuming undercooked meat of a dead "intermediate" animal.

- **Human to human**

The virus spreads to those in direct contact with the blood or body fluids of an infected person (either dead or alive). This can happen when caring for a sick person or through certain funeral practices such as communal washing of the body. This is why the virus often spreads within families, friends and to healthcare providers. People infected with Ebola are contagious once they develop symptoms and are infectious as long as body fluids contain the virus, which can be many months. Generally, the more severe the symptoms are, the more infectious the person is. The dead body of an Ebola victim is highly contagious. Even after the virus is undetectable in the blood and the person has recovered it can linger in some body fluids, such as semen, breast milk, and other "immune privileged" sites such as inside the eye and the central nervous system. Transmission has occurred through sexual contact months after men had cleared the virus from their blood.

Ebola does not spread through the air the way colds and flu viruses do.

- **From objects or environment**

Infection can occur if a healthy person is exposed to a contaminated environment or items such as soiled clothing, bed linen, gloves, protective equipment and medical waste (for example - needles, syringes).

How soon after exposure to the virus does a person show symptoms?

Symptoms develop between 2 and 21 days after exposure, generally at around 8-10 days.

What are the symptoms?

There is a sudden onset of fever, weakness, muscle pain, headache and sore throat. Vomiting, diarrhoea, rash and abdominal pain follow in most cases. The disease can progress to cause organ failure and bleeding, both internally and externally, which leads to death.

Can Ebola be fatal?

Yes. The average fatality rate is around 50%. However, in past outbreaks, fatality rates have varied from 25% to 90%. How is Ebola diagnosed?

A suspected diagnosis is made based on a person's possible exposure to the virus and their symptoms. The disease can be confirmed by a blood test. Tests require highly specialised equipment and secure handling. Only a few laboratories routinely have this capability. A number of tests, including rapid tests to detect Ebola are available.

What is the treatment for Ebola?

For the Bundibugyo strain of Ebola there is no specific treatment, patients generally receive supportive therapy, including replacement of fluid and electrolytes, blood transfusions, supplemental oxygen and the treatment of any additional bacterial infections.

Who is at risk?

People who have direct unprotected contact with infected people and their contaminated items are at highest risk of infection. This typically includes:

- Healthcare workers taking care of patients infected with Ebola.
- Family members and other people who are in direct contact with sick people, or dead bodies at funerals.
- People who have direct contact with infected animals.

Is there a vaccine?

There are currently no approved vaccines for the Bundibugyo strain of Ebola virus. There is a vaccine against Ebola virus disease (previously Zaire) and Sudan virus disease.

How do I prevent Ebola infection?

- Do not participate in high-risk activities – such as funerals in outbreak areas (do not touch / wash dead bodies).
- Avoid hospitals that are treating suspected Ebola cases.
- Avoid direct contact with sick people and their bodily fluids. This includes items that may have been contaminated with fluids like bedding and clothing.
- Pay strict attention to hygiene.

What is the general risk to travellers?

Business travellers are generally at low risk of infection.

Are there any travel restrictions?

The WHO recommends strengthened screening at borders between Congo (DRC), Uganda and South Sudan and along major travel routes, with restrictions on travel for confirmed cases and monitored contacts. Neighbouring countries are advised to increase preparedness through surveillance, rapid response teams, and laboratory readiness.

WHO advises against travel or trade restrictions, noting these are ineffective and may hinder response efforts, and instead encourages clear public communication and targeted risk reduction measures.

What should managers do?

This is an evolving situation, monitor trusted sources, clearly communicate with teams and review preparedness plans. Response plans and resources are available on [Site Monitor](#), and news items, [Ebola screening, border closures, entry restrictions and quarantine measures](#), [FAQs](#), and an Ebola Infographic are available on the [Global Health Threats website](#).

Disclaimer

This information has been developed for educational purposes only. It is not a substitute for professional medical advice. Should you have questions or concerns about any topic described here, please consult your healthcare professional.