Public Health Clinical alert

4 June 2026

Ebola disease outbreak in the Democratic Republic of the Congo and Uganda

Key information

- There is an ongoing outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda.
- The risk of importation to Australia is very low and Australia is well-prepared.
- Consider Ebola disease in a febrile patient with a history of travel to an affected area within 21 days of symptom onset or contact with a confirmed Ebola case or their bodily fluids.
- **If you suspect a case of Ebola disease, isolate the patient and urgently notify ACT Public Health on (02) 5124 9213.**

Background

- Bundibugyo virus is one of four *Orthoebolavirus* species known to cause Ebola disease in humans.
- Bundibugyo virus spreads from person to person via direct and indirect contact with the blood, secretions or other bodily fluids of infected people (living or deceased).
- The incubation period is usually 8-10 days (range 2 to 21 days).
- The case fatality rate for Bundibugyo virus infection is estimated to be 30-50%.

Current situation

- There is an outbreak of Ebola disease in DRC and Uganda, caused by Bundibugyo virus.
- On 16 May 2026, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern.
- As of 30 May 2026, the WHO has reported:
    - 282 confirmed cases including 42 confirmed deaths and 220 suspected cases in the DRC.
    - Nine confirmed cases including one confirmed death in Uganda.
- The current risk of importation to Australia is very low.

Signs and symptoms of Ebola disease

- Early symptoms of Ebola disease are non-specific and include fever, fatigue, muscle pain, headache and sore throat. This is usually followed by gastrointestinal symptoms, and may progress to organ dysfunction and profuse internal and external bleeding.

- Consider Ebola disease in:
    - A patient with fever (≥38°C) AND
    - history of travel to an affected area OR contact with a confirmed Ebola disease case OR contact with Ebola disease-infected blood/body fluids, tissue or objects, within 21 days of symptom onset.

If you suspect your patient has Ebola disease

- Immediately isolate the patient in a single room with the door closed (or a negative pressure room with own bathroom if available). Restrict entry to the isolation room.
- For community patients**,** seek urgent advice from the on-call infectious diseases physician and immediately notify ACT Public Health by phone on (02) 5124 9213.
- Use standard, contact and airborne precautions, including appropriate PPE. At a minimum, this is:
    - a fluid repellent N95/P2 respirator;
    - eye protection (face shield or goggles);
    - disposable long-sleeved fluid-resistant gown; and
    - two pairs of disposable gloves (nitrile gloves are preferred, and the outer glove should have a long cuff).
- Do not collect blood or other clinical samples until advice is received from Clinical Microbiology at ACT Pathology.
- Appropriate PPE must also be used for cleaning and laundry/waste management. Further advice will be provided in the event of a suspected or confirmed case.
- In a hospital or ambulance setting, immediately isolate the patient and follow your internal procedures for notification and management.

Resources

- Ebola disease information for frontline health professionals | Australian Centre for Disease Control
- Ebola disease situation reports | Australian Centre for Disease Control
- National Guidelines - Infection prevention and control principles and recommendations for Ebola disease

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