

## DAY 14 UPDATES (06<sup>th</sup> June 2026)

### Background

On 15 May 2026, the Uganda Ministry of Health declared an outbreak of Ebola Bundibugyo Virus Disease following the confirmation of an imported case from the Democratic Republic of Congo (DRC).

### Summary of epidemic situation

As of 06<sup>th</sup> June 2026, Uganda has reported a total of 19 confirmed cases of EVD of which 5 are Ugandans and 14 are DRC nationals (Table 1). **No new confirmed cases today.**

**Table 1: Summary of EVD Outbreak Epidemiological Situation in Uganda**

Indicator	Number	Comments
Newly confirmed cases in past 24 hours	00	
Cumulative confirmed cases	19	14 DRC nationals and 5 Ugandans
Probable cases	02	Deceased DRC National
Total deaths (Confirmed cases)	02	CFR = 10.5%
Confirmed cases from DRC	14	
Confirmed cases from Uganda	05	4 health workers and 1 driver of C01
Health care worker infections	04	

## Summary report for the Kampala Metropolitan Area Team

### Records review

A total of 5,859 medical records were reviewed at 4 hospitals within Kampala Metropolitan Area (Table 1).

### Alerts identified

Sixteen EVD alert were identified from records review and these were handed over to the alert management desk for further verification.

**Table 1: Summary of records review at four hospital in Kampala Metropolitan Area**

Health facility	Records reviewed	Alerts / Flagged cases
St. Francis Hospital Nsambya	2,522	2
Kisubi Hospital	348	3
Mengo Hospital	1,189	11
Nakasero Hospital	1,800	0
<b>TOTAL</b>	<b>5,859</b>	<b>16</b>

### Challenges

- Some patients meeting the EVD alert criteria were referred to higher-level facilities without blood sample collection
- Verification of flagged cases was delayed due to limited access to electronic medical records outside normal working hours
- Incomplete recording of patient demographic and clinical information reduced the quality of epidemiological analysis and risk assessment

### Lessons learned

- Collecting samples at the point of alert detection before referral is critical for timely diagnosis, surveillance, and outbreak response
- Timely access to laboratory results and surveillance platforms strengthens case management and public health decision-making

## Summary report for the Kikuube District Team

### Alert identification

Today, the team received an alert of a sudden in the community (Nsunzu A, near Nsonga Point of Entry/ Nsonga Landing Site, Kikuube District). The sudden death was of a 32-year-old female whose body was reported to be oozing blood from the mouth, nose, eyes, and vagina. We alerted the District Incident Management team and a blood sample was taken off and sent to Kampala for testing.

### Summary of contacts

No new contacts were identified today. Nine contacts completed follow-up today and sixteen (16) contacts are currently under follow-up in Kikuube District, and all were followed up today (Table 2). No contacts developed symptoms.

The team continued to provide supervisory and technical support to the village health teams (VHTs) who are currently monitoring the 16 contacts within the community in Kikuube District. Today, the team followed- up 100% of the contacts in Kikuube District; four (4) were on day 14 and twelve (12) were on day 15 (Table 3).

**Table 2: Summary of contact listing and follow-up status**

Indicator	Number	Comments
Total contacts listed	34	06 evacuated to Kampala
Gender:		
Male	25	
Female	09	
Contacts followed-up in Kikuube District	25	
Contacts currently under follow up today	16	
Contacts followed up today	16 (100%)	
Contacts who developed symptoms	00	None
Contacts lost to follow-up	00	None
New contacts listed today	00	These are associated with C015
Contacts who have completed 21-day follow-up	12	

**Table 3: Summary of contact by day of follow-up**

Day of follow-up	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Number of contacts	00	00	00	00	00	00	00	00	00	00	00	00	00	04	00	12	00	00	00	00	00

**Active case search in Kikuube District**

The team reviewed medical records at Mombasa HC III within Kyangwali Refugee Settlement in Kikuube District. We reviewed 2,726 out-patient and in-patient records of which 1,724 (63% belonged to females). There were no suspected EVD cases detected from these records.

**Challenges**

- Symptoms were not captured in detail within the Outpatient Department (OPD) register
- There are some VHTs who are not yet able to efficiently navigate and update the Go-Data system with contact updates

**Lessons learnt**

- Continuous mentorship, refresher training, and hands-on support are necessary to enhance VHT competency in using the Go.Data system
- Comprehensive documentation of patient symptoms at the point of care is essential for accurate case investigation, surveillance, and decision-making