

## DAY 16 UPDATES (08<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 08<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 3,064 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	757	4
Nakasero Hospital	1,067	1
Our Lady of Consolata Kisubi Hospital	849	10
Mengo Hospital	391	1
<b>TOTAL</b>	<b>3,064</b>	<b>16</b>

### **Challenges**

- Incomplete and inconsistent documentation on EVD screening forms, including missing dates, absent patient identifiers, and no record of the completing healthcare worker.
- Weak linkage between EVD screening tools and routine departmental registers, limiting retrospective tracing of alert cases.
- Missing temperature recordings in a significant proportion of patient files reviewed.
- Inability to trace some alert cases because of incomplete contact information.

### **Lessons learned**

- Routine active case search remains an effective strategy for early identification of potential Ebola cases. Despite most alerts eventually being ruled out, the review process successfully identified patients requiring further investigation and prevented potential missed opportunities for early detection.
- Functional screening and holding areas significantly strengthen outbreak preparedness. Facilities with designated holding areas and clear isolation procedures were able to promptly identify, isolate, and investigate patients meeting the Ministry of Health EVD alert definition while minimizing the risk of healthcare-associated transmission.
- Retrospective record review and telephone follow-up are valuable complementary surveillance tools. Follow-up of previously identified alert cases helped establish patient outcomes and provided reassurance that no ongoing community transmission had been missed.
- Complete and accurate documentation is essential for effective outbreak investigations. Missing dates, absent temperature recordings, and poor linkage between screening tools and routine registers limited the ability to trace some alert cases and delayed verification of patient outcomes.

- Healthcare workers continue to maintain a high index of suspicion during the outbreak. The prompt identification and referral of alert cases across multiple facilities demonstrated increased awareness and adherence to Ministry of Health surveillance guidelines.
- Timely access to laboratory results is critical for rapid public health decision-making. Delays in obtaining EVD results may prolong unnecessary isolation, complicate patient management, and delay closure of alert investigations.
- Strong collaboration between surveillance teams, clinicians, laboratory personnel, and IPC focal persons enhances the effectiveness of active case search activities. The coordinated response observed across facilities facilitated timely investigation, sample collection, and patient management.
- Even patients ultimately diagnosed with other conditions such as malaria, typhoid fever, or chronic illnesses may initially present with symptoms compatible with Ebola Virus Disease. Therefore, maintaining vigilance and systematically applying the EVD case definition remains essential throughout the outbreak period.