

## DAY 18 UPDATES (10<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 10<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 4,710 medical records were reviewed at 5 hospitals within Kampala Metropolitan Area (Table 1).

#### Alerts identified

Thirty-seven EVD alerts 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 hospitals in Kampala Metropolitan Area**

Health facility	Records reviewed	Alerts / Flagged cases	Key outcome
St. Francis Hospital Nsambya	797	4	2 sampled, 1 absconded, 1 malaria case
Nakasero Hospital	841	2	Further assessment recommended
Kisubi Hospital	879	8	No confirmed suspect identified
Value Family Hospital	168	1	27 recovered
Doctors Hospital Seguku	452	8	All recovered
<b>TOTAL</b>	<b>3,172</b>	<b>19</b>	

### Challenges

- One alert case declined further EVD assessment and left the facility before sample collection, limiting confirmation of the patient's disease status.
- Laboratory results for some alert cases were still pending at the time of report compilation.
- Follow-up of some alert cases may be challenging if patients become unreachable after leaving the facility.
- Some healthcare workers were hesitant to share patient information due to concerns regarding patient confidentiality and privacy, which occasionally delayed verification and follow-up of flagged cases.

### Lessons Learnt

- Continuous screening at facility entry points remains critical for early detection of alert cases.
- Active review of patient records complements routine screening and enhances identification of patients requiring further investigation.
- Malaria and other common illnesses continue to present with symptoms similar to EVD, emphasizing the importance of thorough clinical assessment and laboratory investigation.
- Continuous engagement and sensitization of healthcare workers on the public health importance of outbreak investigations can improve cooperation during active case search activities.
- Routine review of patient records remains an effective strategy for identifying potential EVD alerts that may not be detected during initial clinical assessment.
- Negative malaria test results among patients presenting with febrile illnesses emphasize the importance of maintaining a high index of suspicion for other priority diseases, including EVD.