

DAY 22 UPDATES (14th 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 14th 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 13,416 medical records were reviewed at 12 hospitals within Kampala Metropolitan Area (Table 1).

Alerts identified

Three EVD alerts were identified from records review and 2 of them are still under follow up. One of the alerts of the alerts was handed over to the alert management desk for further follow up.

Table 1: Summary of records review at seven hospitals in Kampala Metropolitan Area

Facility	Records Reviewed	Alerts	Brief remarks
Mildmay Hospital	52	0	No new alerts; earlier suspect case returned a negative EVD PCR result
Nakasero Hospital	10,165	1	Alert under investigation; EVD sample requested
St. Francis Hospital Nsambya	1,381	0	No alert
SAS Medical Centre, Lubowa	51	0	No alert
Evalina Children's Clinic	503	1	Alert under clinical evaluation; sample collected
Doctors' Hospital Sseguku	803	1	Alert not reachable by telephone on follow-up
The Clinic Kitende	96	0	No alert
St James Medical Centre	13	0	
Oceans Medical Centre	16	0	
Value Family Hospital	68	0	
BK4 Medical Centre	28	0	
Kisubi Hospital	285	0	
Total	13,416	3	

Positive observations across all facilities

- Functional entry screening points with temperature monitoring were maintained at most facilities.
- Healthcare workers across facilities demonstrated consistent vigilance in identifying and referring patients with EVD-compatible presentations.
- Visible EVD risk-communication (IEC) materials and functional handwashing facilities were available at several facility entry points.
- Facility management and staff were largely cooperative and provided ready access to records, supporting efficient review.
- On-site capacity building was delivered to staff at several medical centres, transforming them into more active surveillance nodes.

- There is increased health worker awareness following on-site training.
- IPC measures, including hand hygiene stations and temperature screening, were operational.

Challenges

- Incomplete and fragmentary clinical records at some facilities with missing signs, symptoms and contact details, undermining retrospective review and contact tracing.
- Denial of access to records at Unic Medical Centre, which claimed no records were kept, representing a serious surveillance blind spot.
- A newly established facility (Denam Medical Centre) with no patient registers or systems yet in place, risking loss of any early-warning signal from its catchment.
- Equipment deficits, particularly the absence of non-contact (infrared) thermometers at several lower-tier private clinics, forcing reliance on subjective fever assessment.
- Electronic medical record systems that do not support symptom-based filtering and slow networks with outdated software slowing review at some facilities.
- Unanswered follow-up telephone calls hindering verification of some alert cases.

Lessons Learnt

- Functional screening points alone are insufficient for effective surveillance; proper documentation of screened individuals is equally important for accountability and retrospective case investigation.
- Complete and accurate clinical documentation is essential for effective active case search and timely follow-up; incomplete records constrain epidemiological investigation.
- Sustained active case search and healthcare worker vigilance remain critical even during periods with no alerts and after negative laboratory results.
- Electronic medical record systems that allow symptom-based searches can substantially improve the efficiency and effectiveness of active case search.