DAY 23 UPDATES (15th 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 15th 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 1,761 medical records were reviewed at 5 hospitals within Kampala Metropolitan Area (Table 1).

Alerts identified

No EVD alerts were identified from records review.

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

Facility	Records Reviewed	Alerts	Brief remarks
Kajjansi Medicare	71	0	Incomplete records due to patients leaving with clinical forms; staff oriented.
ARCH Medical Centre	51	0	One previous alert (3rd June) followed up and recovered; advised on documentation.
Doctors' Hospital Sseguku	1,073	0	Child with fever (38.5°C) ruled out; EMR lacks symptom filtering.
St. Magdalene HC III, Lweza	566	0	13 flagged cases ruled out; IPC absent at entry (later partially improved).
Kajjansi Medicare	71	0	Incomplete records due to patients leaving with clinical forms; staff oriented.
Total	**1,761**	**3**	

Positive observations across all facilities

- Successful follow-up: A previous alert case from ARCH Medical Centre was traced and confirmed to have fully recovered.
- Staff cooperation at most facilities: Facility management and staff at all the facilities were largely cooperative and receptive to mentorship.
- On-site capacity building: Health workers at four facilities received hands-on orientation on active case search, case definitions, and IPC practices.
- Immediate corrective action: A handwashing station was established at the entrance of St. Magdalene HC III during the visit, demonstrating responsiveness to recommendations.
- Good documentation at one facility: Doctors' Hospital Sseguku generally maintained complete and well-organised patient records, facilitating effective review.
- Transparent documentation of denials: The two facilities that denied access have been formally documented and reported, preventing hidden surveillance gaps.

Challenges

- Incomplete documentation of signs, symptoms, and temperature measurements were often missing from registers at some facilities. This was worsened by patients leaving with clinical forms at one facility.
- Lack of IPC at entry points: One of the health facilities had no handwashing facilities or temperature screening at the main entrance, a critical vulnerability.
- Equipment deficits: One facility lacked a functional infrared thermometer, forcing reliance on subjective fever assessment.

- Electronic medical record (EMR) limitations: The EMR in one facility could not filter by symptoms (e.g., fever), requiring slow, manual record review. In addition, one of the health facilities experienced intermittent EMR downtime.
- Inconsistent screening documentation**:** Temperature measurements were not consistently recorded alongside clinical notes.

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.