



Ebola Virus Disease- Preparedness framework

Kerala State RRT Meeting – 21st May, 2026

Context of Emergency RRT



Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern

17 May 2026 | Statement | Geneva | Reading time: 8 min (2246 words)

Background

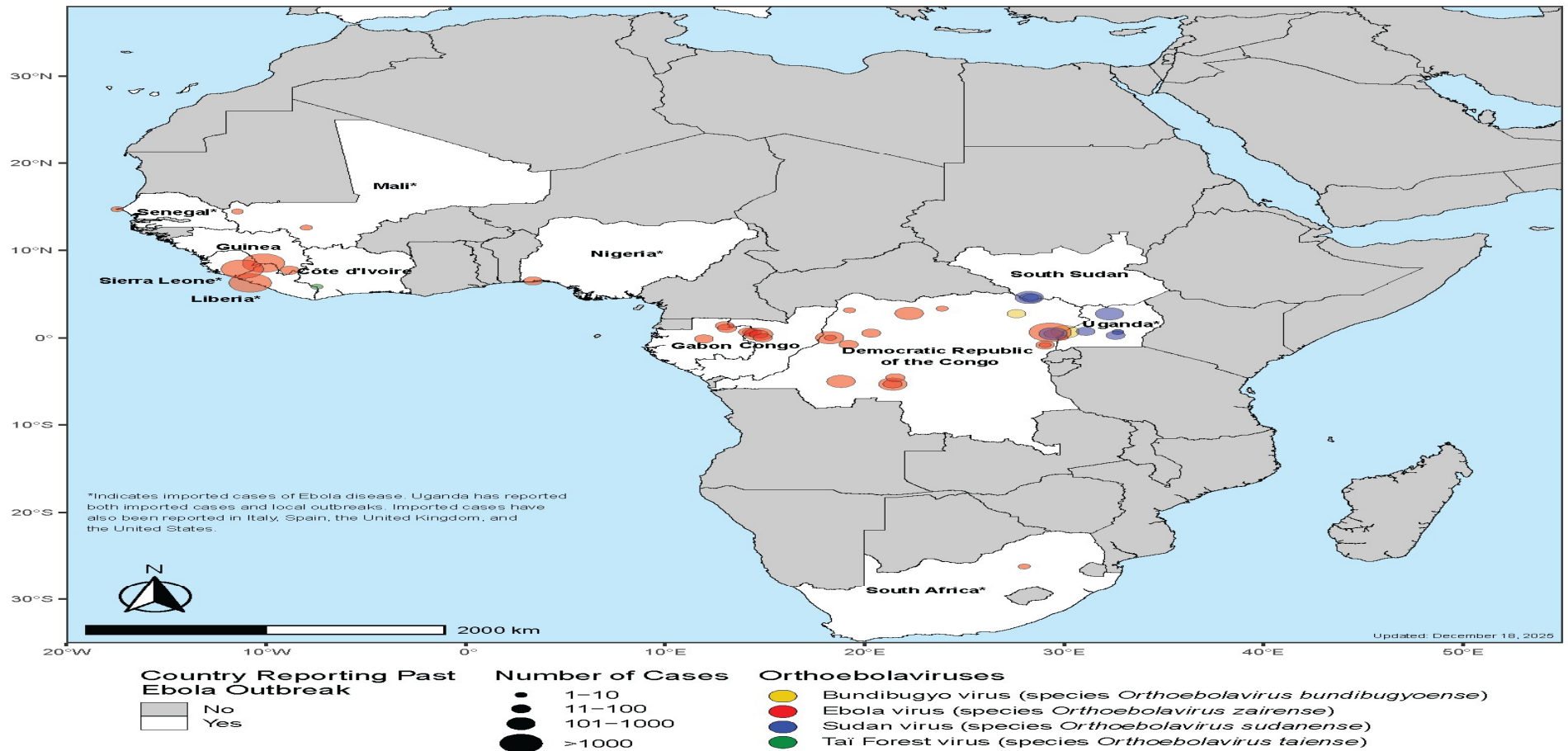
- Ebola virus disease (EVD), is a viral disease caused by Ebola virus a member of the filovirus family, which occurs in humans and other primates.
- Human-to human transmission, occurs from direct contact with the blood or secretions, organs or body fluids of an infected person or who died with it.
- Incubation period ranges from 2-21 days (The average is 8 to 10 days).
- It presents as fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding.
- The average Ebola disease case fatality rate is around 50%
- There is currently no specific treatment for this disease.
- There is an FDA-approved vaccine for the prevention of Ebola virus (species *Orthoebolavirus zairense*), however there is no vaccine for the Bundibugyo virus.

Natural History of Ebola

	Time since symptom onset	Clinical features	Typical patient
Early febrile or mild stage	0–3 days	Non-specific features: fever, weakness, lethargy, and myalgia	Ambulatory, able to compensate for fluid losses; no indication for intravenous fluid administration
Gastrointestinal involvement	3–10 days	Same as early stage plus diarrhoea, vomiting, or both, or abdominal pain	Unable to compensate for fluid losses because of emesis or large volume losses; indication for intravenous fluid administration
Complicated stage	7–12 days	Same as gastrointestinal involvement stage plus haemorrhage, shock, organ failure, and neurological complications	Critically ill, usually hypovolaemic, often with confusion or seizures

Ebola disease Outbreaks since 1976

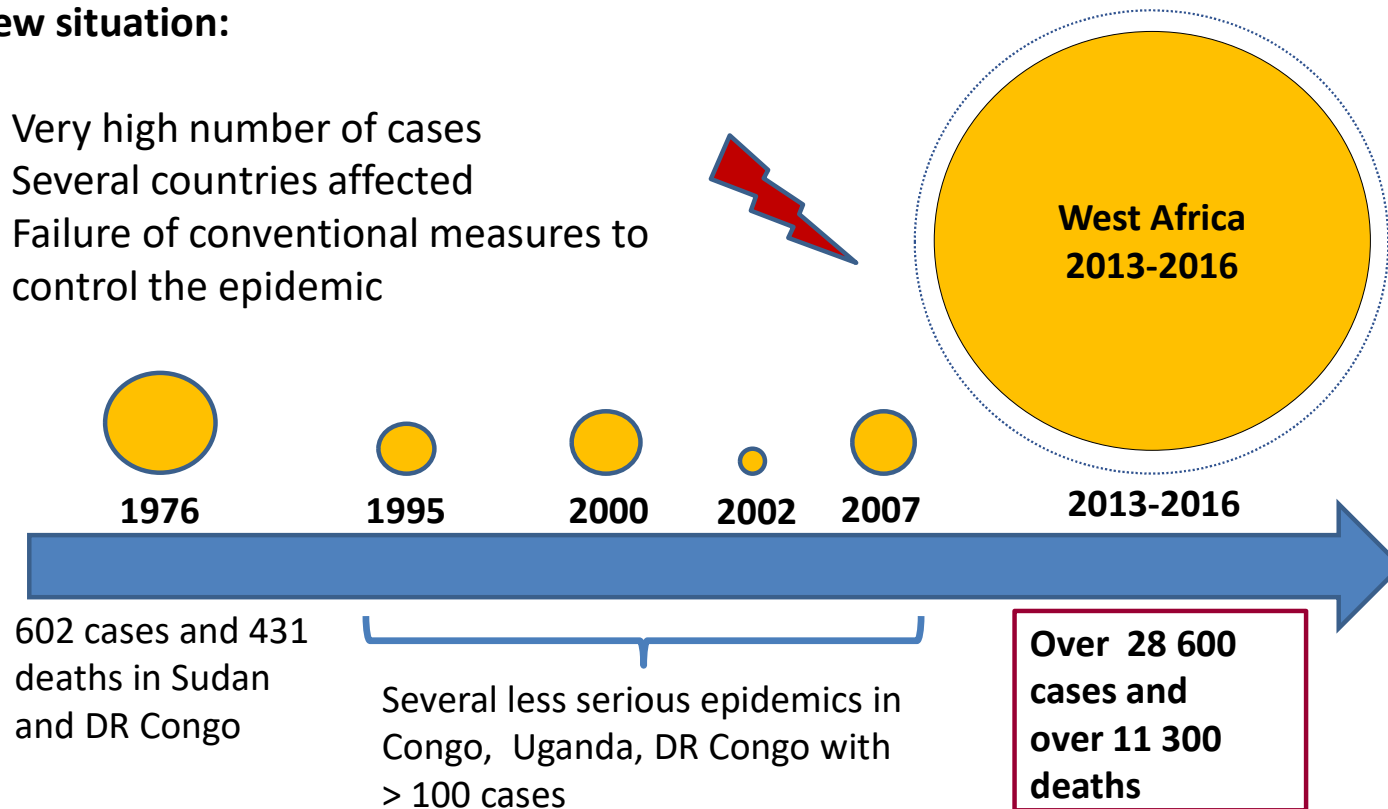
Ebola disease outbreaks by species and size, since 1976



2013-2016-West African Ebola outbreak

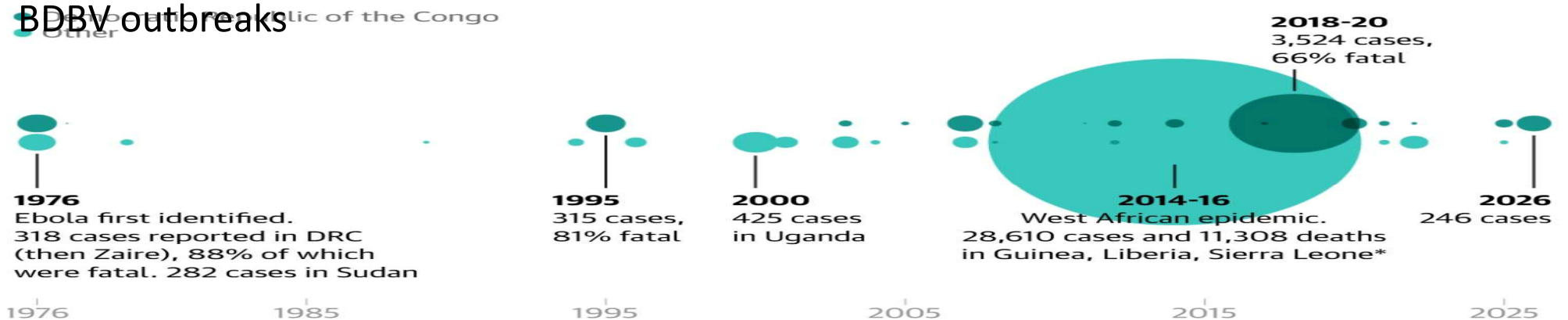
New situation:

- Very high number of cases
- Several countries affected
- Failure of conventional measures to control the epidemic



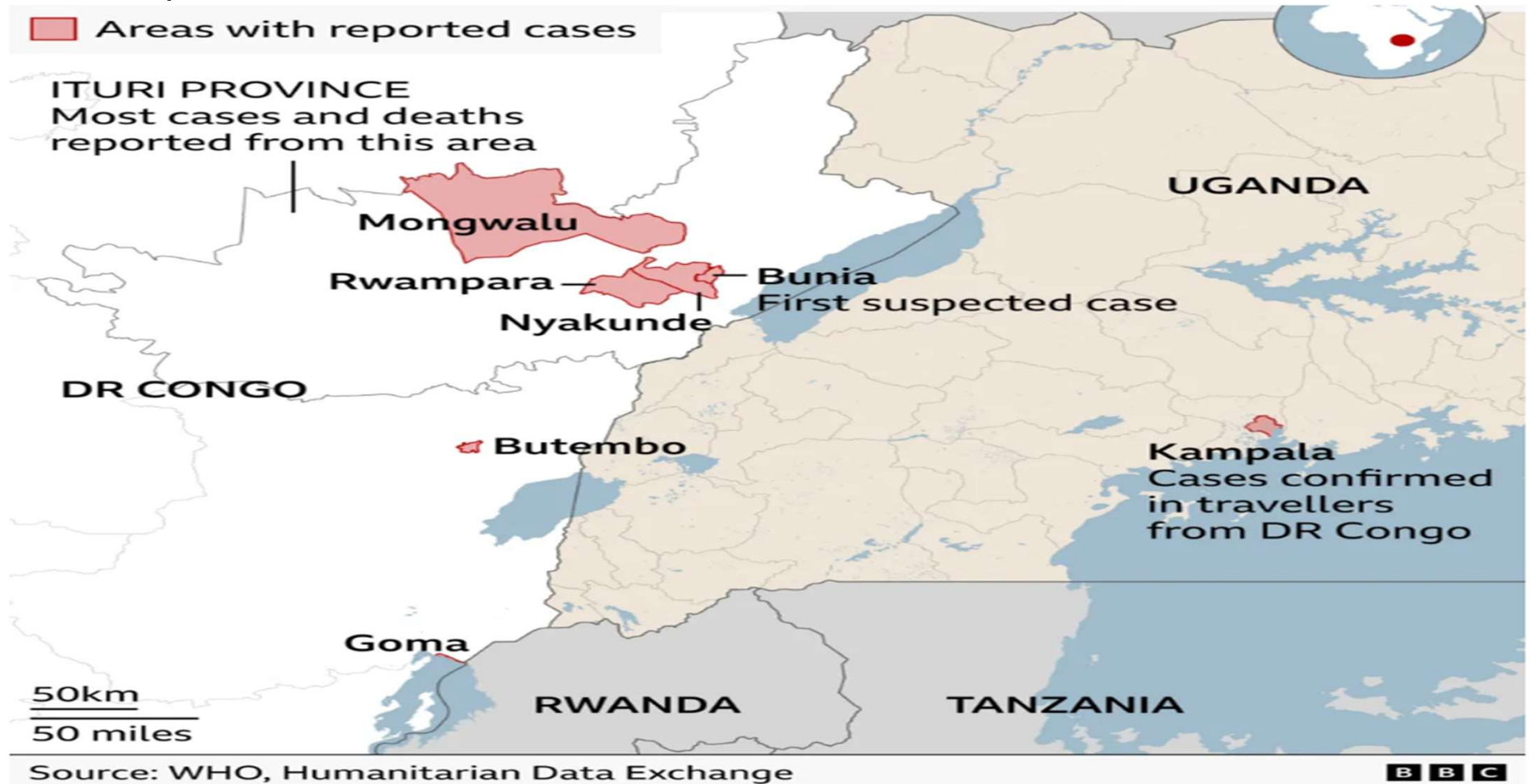
Ebola Virus Disease outbreak 2026

- On May 17, 2026, the World Health Organization (WHO) declared the outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda a Public Health Emergency of International Concern (PHEIC)
- This marks the 17th Ebola outbreak in DRC and only the second caused by Bundibugyo Virus (BDBV)
- Two DRC genomes sequenced: INRB successfully obtained two near-complete BDBV genomes.
- The phylogeny reveals this is a new spillover event, distinct from previous 2007 and 2012 BDBV outbreaks



Guardian graphic. Source: CDC. Note: in some years multiple out breaks are shown within the same total. *36 more linked cases reported in other countries

Geospatial distribution-current outbreak





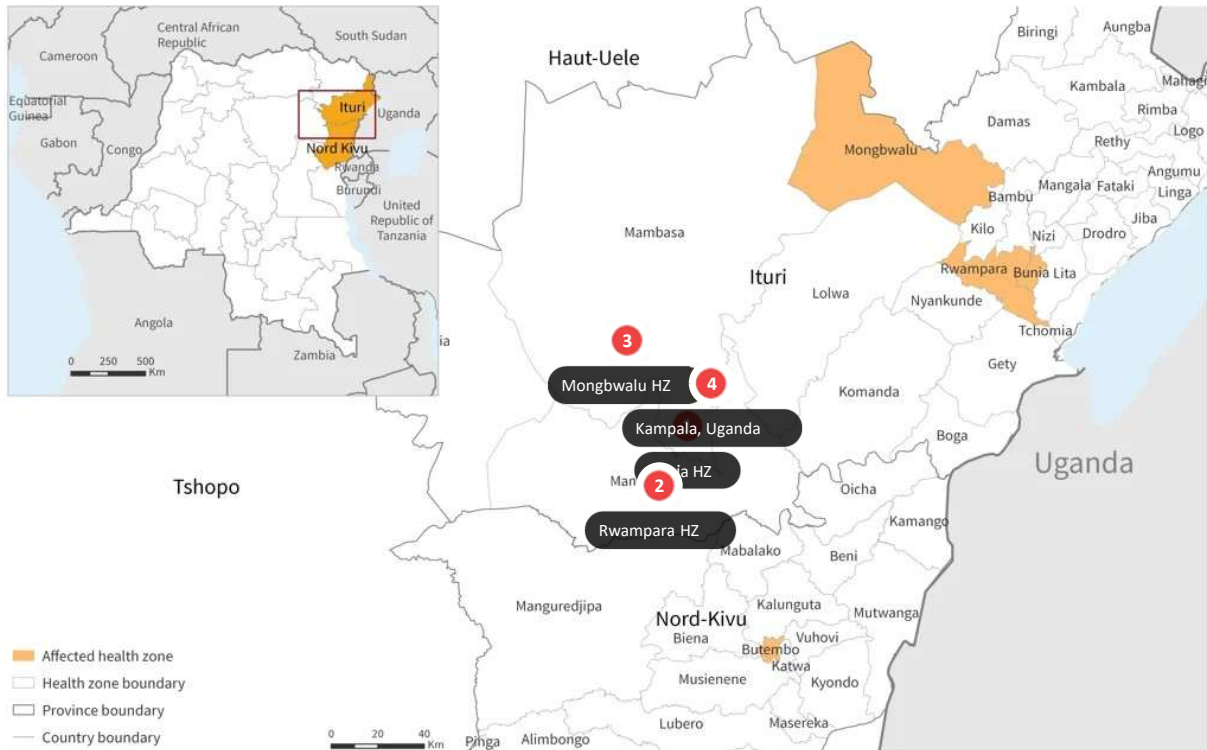
Geography and Affected Areas

● Active Outbreak

Ituri Province, DRC & Cross-Border Transmission to Uganda

Outbreak Map

📍 Markers indicate localized transmission



Affected Health Zones

- Bunia Health Zone** (Active)
 - 3 confirmed cases
- Rwampara Health Zone** (High Risk)
 - 6 health areas affected
- Mongbwalu Health Zone** (Active)
 - 3 health areas affected
- Kampala, Uganda** (Imported)
 - 2 imported cases

Cross-Border Risk
 Ituri's role as a commercial/migratory hub increases risk of regional exportation to Uganda and South Sudan.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo, GRID3
 Map Production: WHO Health Emergencies Programme
 Map Date: 16 May 2026



© WHO 2026, All rights reserved.

Situational Update *(Source: CDC, As of 19 May 2026)*

- **5 May 2026-** WHO was alerted of a high-mortality outbreak of unknown illness in Mongbwalu Health Zone, Ituri Province, Democratic Republic of the Congo (DRC),
- **15 May 2026-** Confirmation of Bundibugyo virus disease (BVD) in 8 out of 13 samples (RT-PCR)
- **19 May 2026-** A total of **536** suspected cases, **105** probable cases, **34** confirmed cases, and **134** deaths (2 confirmed cases including 1 death in Uganda in people who traveled from DRC.) [as per CDC [Ebola Disease: Current Situation | Ebola | CDC](#)]
- *On May 17, an American who was exposed as part of their work caring for patients in DRC tested positive for Ebola Bundibugyo disease. Patient and high risk contacts have been moved to Germany for management.*



Why a PHEIC?

PHEIC Criteria Met



Extraordinary Event: The outbreak of Bundibugyo virus disease (BVD) is an extraordinary event with potential for significant international impact



International Spread: Documented cross-border transmission to Uganda with confirmed cases in Kampala



Coordination Required: The event requires coordinated international response to control transmission and prevent further spread



Key Factor: Uncertainties in true size and geographic spread due to detection gaps

Recommended Actions

Activate EOC

Surveillance

IPC Measures

Contact Tracing

PHEIC Declared



Risk Assessment

High Risk: Documented cross-border transmission

Moderate: Detection gap and HCW infections

Low: Limited community spread in Uganda



Critical: 4 healthcare worker deaths within 4 days



Timeline

15 May 2026: Outbreak declared in DRC

16 May 2026: PHEIC determination

17 May 2026: WHO issues recommendations

Updated: 20 May 2026 Source: WHO PHEIC News

Actions initiated by other countries

- WHO declared a Public Health Emergency of International Concern on 17 May 2026
- Africa CDC emergency: Africa CDC declared a public health emergency of continental security on 18 May 2026
- On May 18, 2026, US CDC and DHS implemented enhanced travel screening, entry restrictions, and public health measures to prevent Ebola virus disease from entering the United States amid ongoing outbreaks in East and Central Africa.
 - Enhance public health screening and traveler monitoring for individuals arriving from areas affected by Ebola outbreaks in the region.
 - Entry restrictions on non-US passport holders if they have been in Uganda, DRC, or South Sudan in the previous 21 days.
 - Coordinate with airlines, international partners, and port-of-entry officials to identify and manage travelers who may have been exposed to Ebola virus.
 - Enhance port health protection response activities, contact tracing, laboratory testing capacity, and hospital readiness nationwide.
- Bahrain and Jordan have suspended entry of travelers from affected countries.

Measures initiated by GoI

- Meetings conducted with Ministry of External Affairs, Ministry of Home Affairs, Ministry of Civil Aviation, Ministry of Health and Family Welfare, ICMR, NCDC, for the response and preparedness for EVD Outbreak
- POEs have been alerted and sensitized towards enhanced screening & surveillance
- SOPs for each stakeholder drafted
- CD Alert on EVD being updated.
- PHEOC of IDSP, NCDC has been activated to monitor the situation closely.

SOPs finalized for..

1. Arrival screening strategy
2. Pre-arrival planning
3. Quarantine and management protocol
4. Clinical management
5. Referral protocol
6. Laboratory testing facility for Ebola virus infection- available at ICMR-NIV Pune specifically for Bundibugyo strain detection
7. Training and preparedness - On contact tracing, isolation, disease management, PPE, laboratory protocol and IPC guidelines.

SoP is expected to be finalized and shared shortly.

Key expectations from States/UTs

- All IDSP State Surveillance Units to remain prepared for initiating urgent actions based on inputs from PoEs/CSU IDSP.
- Identification of Designated Isolation centres linked to APHOs.
- Preparedness for Medical Management measures including
 - Logistic availability (PPE kits, N-95 etc.)
 - Sample collection & transport,
 - Waste disposal as per Biomedical Waste Management Rules (IPC Guidelines).
- Risk Communication and Community Engagement
 - Real-time countering of rumors.
 - Avoid panic and misinformation.

Surveillance activities in India

Surveillance activities to be undertaken in scenario of an EVD case detected in India

- Presently Ebola Virus Disease is not officially reported in India
- In the event a probable case which is epidemiologically linked to EVD is identified in the country, the concerned District Surveillance Units (DSUs) will undertake isolation, contact tracing, and laboratory testing of the case(s) as well as contacts.
- Every probable/suspect case will be treated as an outbreak and responded through deployment of NJORT comprising of experts from NCDC/MoHFW, ICMR, DAHD, and MoEFCC.
- Overall coordination regarding deployment NJORT will be handled by PHEOC of IDSP

Kerala- specific preparedness action plan framework

- Mapping of Keralites in DR Congo , Uganda and South Sudan.
- Mapping of Airline direct flights and transit flights connecting DR Congo , Uganda and South Sudan to India including the transit time.
- State RRT meeting to assess preparedness: meeting to include airport health officials as well.
- Logistic preparedness with regard to availability of PPE to be ensured.
- Antivirals- favipiravir and remdesivir for compassionate use if needed.

- Testing pathways: co-ordination with IAV and NIV.
- Medical colleges/tertiary care centres to identify isolation rooms and ICU with proper doffing and donning facility: as Ebola is a Biosafety Level 4 pathogen.
- Incubation period varies from 2 to 21 days and hence all passengers returning from DR congo and Uganda should be followed by health authorities daily over telephone to identify symptom onset. For this, the list of passengers arriving in Keralam from this countries should be tracked real time and details handed over to Kerala health.
- Ebola preparedness Mock drill to be conducted in all districts-1. Airport based 2. Identifying symptoms in a returned traveller from DR Congo/Uganda/South Sudan.

- Refresher training on steps in donning and doffing to be conducted in all institutions. As Ebola is a biosafety level 4 pathogen with high contact transmissibility potential, buddy system to be employed while doffing.
- Triaging to be established in all hospitals with regard to patients returning from DR Congo and Uganda who develop symptoms within 21 days of reaching Kerala. These patients should be triaged from emergency room itself and through red channel should be taken to isolation room. So it will be prudent to display sign boards in all emergency rooms with regard to patients returning from DR Congo/Uganda [Update the list real time]. All hospitals should inform district surveillance officers immediately regarding such patients. Patients should be assessed by Institutional medical board to decide on testing for Ebola virus infection.
- Real time updation of countries involved in Kerala health portal.

Thank you