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WHO Declares Ebola PHEIC — Bundibugyo Strain in DRC and Uganda

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WHO Declares Ebola PHEIC — Bundibugyo Strain in DRC and Uganda

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WHY IN NEWS:

The **World Health Organization (WHO)** declared a **Public Health Emergency of International Concern (PHEIC)** on **May 17, 2026** for an Ebola outbreak caused by the **Bundibugyo virus** in the **Democratic Republic of Congo (DRC)** — specifically **Ituri Province** — and **Uganda** (Kampala). The spread of confirmed cases to **Kinshasa** (~1,000 km from the epicentre) and a cross-border case in Uganda’s capital triggered the declaration. This is the **9th PHEIC declaration in WHO history** (counting both Mpox declarations separately).

OUTBREAK TIMELINE AND STATUS

DATE	EVENT
Early May 2026	Bundibugyo Ebola cases first confirmed in Ituri Province, northeastern DRC
May 14, 2026	Cross-border case confirmed in Kampala, Uganda
May 16, 2026	DRC: 8 lab-confirmed cases, 246 suspected cases, 80 suspected deaths; Uganda: 2 confirmed (1 death)
May 16, 2026	Confirmed case detected in Kinshasa (~1,000 km from Ituri epicentre)
May 17, 2026	WHO Director-General declares PHEIC under International Health Regulations (IHR) 2005

Current Case Count (as of May 16, 2026)

COUNTRY	LAB-CONFIRMED	SUSPECTED CASES	SUSPECTED DEATHS
DRC (Ituri Province)	8	246	80
Uganda (Kampala)	2	Under investigation	1 (confirmed)
DRC (Kinshasa)	1	—	0

THE BUNDIBUGYO VIRUS — SCIENTIFIC PROFILE

Ebola Genus Classification

The genus **Orthoebolaviruses** (formerly *Ebolavirus*) comprises **6 species**:

SPECIES	FIRST IDENTIFIED	CFR (APPROX.)	VACCINE STATUS
Zaire ebolavirus	1976, DRC	~50–90%	rVSV-ZEBOV (Ervebo) – WHO prequalified 2019
Sudan ebolavirus	1976, South Sudan	~50%	Candidate vaccines in trials
Bundibugyo ebolavirus	2007, Uganda	~25%	No approved vaccine
Tai Forest ebolavirus	1994, Côte d’Ivoire	Low (1 human case)	None
Reston ebolavirus	1989, USA (from Philippines)	Non-pathogenic in humans	None
Bombali ebolavirus	2018, Sierra Leone	Unknown (no human cases confirmed)	None

Key Characteristics of Bundibugyo Ebolavirus

- **First identified:** 2007 in **Bundibugyo district, western Uganda** – hence the name
- **Reservoir host:** Presumed to be fruit bats (Pteropodidae family), though not definitively confirmed for Bundibugyo strain
- **Transmission:** Direct contact with bodily fluids of infected humans or animals; not airborne
- **Case Fatality Rate (CFR):** ~25% – significantly lower than Zaire strain (~50–90%) but still high
- **Incubation period:** 2–21 days (same across all Ebola species)
- **No approved vaccine or specific antiviral** for Bundibugyo strain (Ervebo/rVSV-ZEBOV targets only Zaire strain)

Why Bundibugyo Spread Matters

- 1 **No existing vaccine:** The approved Merck vaccine (Ervebo) and J&J regimen (Ad26.ZEBOV/MVA-BN-Filo) cover only **Zaire ebolavirus** – ineffective against Bundibugyo
- 2 **Urban spread:** Kinshasa (population ~17 million) is a megacity – urban Ebola is exponentially harder to contain than forest outbreaks

- ③ **Cross-border case in Kampala:** Uganda’s capital is a transport hub; risk of international spread elevated
- ④ **Healthcare system fragility:** Ituri Province (DRC) has been a conflict zone; healthcare infrastructure severely degraded

PHEIC — MECHANISM AND SIGNIFICANCE

What is a PHEIC?

A **Public Health Emergency of International Concern (PHEIC)** is defined under **Article 12 of the International Health Regulations (IHR) 2005** as:

“An extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.”

IHR 2005 — Key Provisions

PARAMETER	DETAIL
Full name	International Health Regulations (2005)
Adopted	2005 (revised); came into force June 2007
Binding on	196 countries (all WHO member states + 2 additional)
Authority	WHO Director-General — sole authority to declare PHEIC
Process	Emergency Committee convened → DG reviews → Declaration issued
Obligations triggered	States must report, coordinate response, share data; DG may recommend Temporary Recommendations
WHO’s position on travel bans	Did NOT recommend blanket travel bans (consistent with IHR Article 43 — measures must be proportionate)

All PHEICs in WHO History

#	EVENT	YEAR DECLARED	STATUS
1	H1N1 Influenza (Swine Flu)	2009	Ended 2010
2	Polio (wild poliovirus)	2014	Ongoing (as of 2026)
3	Ebola – West Africa (Zaire strain)	2014	Ended 2016
4	Zika Virus	2016	Ended 2016
5	Ebola – DRC Kivu (Zaire strain)	2019	Ended June 2020
6	COVID-19	2020	Ended May 2023
7	Mpox (Monkeypox) – 1st declaration	2022	Ended May 2023
8	Mpox – re-declared	August 2024	Ongoing
9	Ebola – Bundibugyo (DRC/Uganda)	2026	Active

INDIA'S RESPONSE

Risk Assessment

WHO assessed India's risk from this outbreak as **LOW** due to:

- No direct flight routes from Ituri Province to India
- India's quarantine and surveillance systems strengthened post-COVID
- No confirmed travel links from Kampala to India in the outbreak period

Immediate Measures Activated

- **Airport thermal screening and isolation protocols** activated for passengers arriving from **DRC, Uganda, and affected African regions**
- **Point of Entry (PoE) surveillance** under **IHR 2005** – India's designated PoEs (airports, seaports, ground crossings) placed on heightened alert
- **Ministry of Health and Family Welfare (MoHFW)** issued travel advisories

India's Biosurveillance Architecture

SYSTEM	FULL NAME	ROLE
IDSP	Integrated Disease Surveillance Programme	National surveillance network under NCDC; monitors epidemic-prone diseases across all states/UTs
NCDC	National Centre for Disease Control	Nodal agency under MoHFW; coordinates outbreak response; Delhi HQ
NVBDCP	National Vector Borne Disease Control Programme	Coordinates vector-borne and tropical disease surveillance
NIV	National Institute of Virology	Pune; India's premier virology lab; designated BSL-4 facility; capable of handling Ebola samples
AIIMS	All India Institute of Medical Sciences	Designated isolation hospitals; infection prevention protocols activated

ONE HEALTH FRAMEWORK — RELEVANCE

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is a collaborative, multisectoral, and transdisciplinary approach — working at local, regional, national, and global levels — to achieve optimal health outcomes recognising the interconnection between people, animals, plants, and their shared environment.

DIMENSION	EBOLA CONTEXT
Human health	Outbreak in dense urban populations (Kinshasa, Kampala)
Animal health	Fruit bats as presumed reservoir; bushmeat hunting as spillover risk
Environmental health	Deforestation in DRC pushing bat populations closer to human settlements
Governance	IHR 2005, WHO, FAO, OIE (WOAH) coordination needed

India is a member of the **Global Health Security Agenda (GHSa)** and has committed to strengthening One Health capacity under the **National One Health Mission (2022)**.

UPSC RELEVANCE

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- **Ebola classification:** Orthoebolaviruses genus, 6 species, differences between strains (Zaire vs. Bundibugyo)
- **PHEIC mechanism:** IHR 2005, Article 12, Emergency Committee procedure, Temporary Recommendations
- **India's biosurveillance:** IDSP, NCDC, NIV, BSL-4 labs, Point of Entry surveillance
- **One Health framework:** zoonotic spillover, role of ecosystem disruption

GS Paper 2 — Governance and International Relations

- **WHO's mandate:** PHEIC as an instrument of global health governance; IHR 2005 obligations
- **Global Health Security:** GHSA, Pandemic Treaty negotiations (IHR amendment process)
- **India-Africa relations:** health diplomacy; vaccine equity debates; DRC conflict context
- **Travel ban controversy:** IHR Article 43 — proportionate measures; WHO recommendation against blanket bans

Keywords: PHEIC, IHR 2005, Bundibugyo ebolavirus, Orthoebolaviruses, WHO, DRC, Uganda, IDSP, NCDC, NIV Pune, One Health, Zaire ebolavirus, rVSV-ZEBOV (Ervebo), BSL-4, Global Health Security Agenda.

Sources: WHO, Ministry of Health and Family Welfare, PIB, NCDC

★ FACTS CORNER — KNOWLEDGEPEDIA

PHOIC (PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN):

Defined under Article 12, IHR 2005

Only the WHO Director-General can declare a PHOIC

Triggers mandatory international reporting and coordination obligations

WHO may issue Temporary Recommendations (travel, trade, health measures)

IHR 2005 is binding on 196 countries; came into force June 15, 2007

9th PHOIC declaration (May 17, 2026) — Ebola Bundibugyo, DRC/Uganda; 2019 DRC Kivu and 2024 Mpox re-declaration are also in the count

IHR 2005 (INTERNATIONAL HEALTH REGULATIONS):

Legally binding international agreement under WHO

Requires states to develop core public health capacities (surveillance, response)

Article 43: States may take additional health measures, but they must not be more restrictive than WHO recommendations without scientific justification; blanket travel bans generally non-compliant

India's IHR Focal Point: Ministry of Health and Family Welfare

ORTHOEBOLAVIRUSES (EBOLA GENUS) — 6 SPECIES:

Zaire ebolavirus — most deadly (CFR ~50–90%); approved vaccine: rVSV-ZEBOV (Ervebo); first identified 1976

Sudan ebolavirus — CFR ~50%; vaccines in trials

Bundibugyo ebolavirus — CFR ~25%; no approved vaccine; first identified 2007, Uganda

Tai Forest ebolavirus — 1 human case (1994); non-fatal

Reston ebolavirus — non-pathogenic in humans; found in macaques from Philippines

Bombali ebolavirus — identified 2018, Sierra Leone; no confirmed human cases

IDSP (INTEGRATED DISEASE SURVEILLANCE PROGRAMME):

Launched: 2004 under World Bank assistance; now under NCDC, MoHFW

Operates across all states/UTs via district, state, and central surveillance units

Monitors 33 epidemic-prone diseases including Ebola, cholera, dengue, malaria

Uses S (suspected), P (probable), L (laboratory-confirmed) reporting formats

Early Warning and Response System (EWARS) component for outbreak alerts

ONE HEALTH FRAMEWORK:

Concept: human, animal, and environmental health are interconnected and must be managed together

Endorsed by: WHO, FAO, UNEP, WOA (OIE) — the “Quad” agencies

India: National One Health Mission launched 2022; ICAR, ICMR, DBT coordination

~75% of emerging infectious diseases are zoonotic (animal-to-human spillover)

Ebola spillover linked to deforestation and bushmeat hunting in Central Africa

NIV PUNE (NATIONAL INSTITUTE OF VIROLOGY):

India’s premier virology research institute; under ICMR

Located: Pune, Maharashtra

Houses India’s only BSL-4 (Biosafety Level 4) laboratory — capable of handling the world’s most dangerous pathogens including Ebola

Played pivotal role in COVID-19 diagnostics and vaccine trials

Can receive and test samples from suspected Ebola cases in India

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