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Ebola virus disease in DRC

Health authorities in the Democratic Republic of the Congo have confirmed an outbreak of Ebola virus disease

On 4 September 2025, health authorities in the Democratic Republic of the Congo (DRC) confirmed an outbreak of Ebola disease (EBOD) affecting Bulape and Mweka health zones in Kasai province [1]. Samples tested confirmed the cause of this outbreak as Ebola virus disease (EVD) caused by Ebola (Zaire) virus (orthoebolavirus zairensis) [1].

As of 6 September 2025, a total of 37 cases (five confirmed) and 15 deaths [2], including four health workers [1], have been reported. Case numbers are likely to increase, and rapid response teams have been deployed to assist with response activities [1].

There are six species of Ebola virus, four of which are known to cause disease in humans [3]. Outbreaks of EBOD are a known risk for the DRC [4]. The last outbreak of EBOD in DRC was in April 2022, affecting the north-western Equateur province [5]. In Kasai province, EBOD was last reported in 2007 and 2008-2009 [1]. Genomic analysis suggests the current outbreak has resulted from a new zoonotic spillover event and is not directly linked to the 2007 Luebo or 2008/2009 Mweka EVD outbreaks [6].

EBOD is a severe, often fatal illness in humans and is introduced into the human population through contact with the blood, organs and other bodily fluids of infected wild animals such as forest antelopes, bats, chimpanzees and gorillas. The virus can be spread from person to person through direct contact (through broken skin or mucous membranes) with the blood or other bodily fluids of infected persons. People can also become infected through contact with objects, such as contaminated needles or soiled clothing. Burial practices that involve direct contact with the body or bodily fluids of an infected person who has died of EBOD may also contribute to transmission, particularly when mourners touch or wash the body, which may still carry high levels of the Ebola virus [7, 8].

Where there are insufficient infection prevention and control measures, including the use of personal protective equipment (PPE), healthcare workers or those caring for infected individuals at home are at risk of infection through close contact with EBOD patients. Sexual transmission has been documented, and the virus can be present in semen for several weeks after recovery [9].

Country-specific information can be found on our [Country Information pages](#) and [Outbreak Surveillance section](#).

Advice for travellers

Before you travel

If you are travelling to DRC, check the [Foreign, Commonwealth & Development Office \(FCDO\) travel advice](#) before you go. Remember to check entry requirements for any other countries you plan to visit, as enhanced screening measures may be put in place at some borders.

Destination-specific travel health advice can be found on TravelHealthPro's [Country Information](#)

[pages.](#)

There is no licensed vaccine available for general use in UK residents to prevent EBOD. Licensed vaccines are available under a 'ring vaccination' strategy, to protect those at highest risk from becoming infected with Ebola (Zaire) virus [10].

Travellers should check the [UK Health Security Agency \(UKHSA\)](#) and [ECDO](#) for latest updates on EBOD outbreaks.

While you are away

For tourists and other travellers to the DRC, the risk of exposure to EBOD linked to this outbreak is low and very low if not travelling to the outbreak area. Precautions should be followed to prevent infection, these include:

- Avoid contact with symptomatic patients/their bodily fluids, corpses and/or bodily fluids from deceased patients, and all wild animals, alive and dead.
- Avoid handling or eating bush/wild meat (the meat of wild or feral mammals killed for food).
- Wash hands regularly and carefully using soap and water (or alcohol gel when soap is unavailable).
- Practise safer sex (using barrier contraception).

When you return

Get medical advice if you become ill within 21 days of returning home. Call NHS 111 or contact your GP by phone. Although it is very unlikely you have EBOD, you should mention your dates and itinerary of travel and any potential exposure to the virus.

Other infectious diseases like malaria are present in the DRC. You should be aware of the signs and symptoms of malaria and should seek immediate medical attention if these occur either while you are in the DRC or up to a year after you return to the UK.

Advice for humanitarian and other workers

If you are travelling to the DRC, or are already working in this country, follow the advice from your deploying organisation.

The risk to UK humanitarian or aid workers in the affected areas in the DRC is likely to be higher than for tourists or travellers in other areas of the DRC.

The exposure risk for those working directly with individuals with EBOD, can be mitigated by safe systems of work, and the trained use of appropriate and readily available personal protective equipment (see [WHO guidance](#) and [ACDP guidance](#)).

Make sure you are familiar with your deploying organisation's risk assessment and guidance regarding EBOD. This should include their EBOD mitigation strategy for workers, any appropriate training, and the protective measures they have in place, including personal protective equipment (PPE) provision, at the destination. For those working in affected areas, the risk will vary, depending on activities undertaken. For those working with infected individuals, strict barrier techniques should be implemented, and all staff provided with, and trained in, the use of protective equipment [11].

Organisations deploying individuals to affected areas where they might be directly exposed to Ebola virus through their work (for example humanitarian and healthcare organisations) should

register with UKHSAs [Returning Workers Scheme \(RWS\)](#).

This outbreak is being closely monitored, and the risk will be re-evaluated if the epidemiological situation changes. Travellers should monitor NaTHNaC and [FCDO](#) updates on a regular basis for more information.

Resources

- [Ebola disease in brief](#)
- [UK Health Security Agency: Ebola virus disease: clinical management and guidance](#)
- [UK Health Security Agency: returning workers scheme \(RWS\)](#)
- [UK Health Security Agency: Ebola and Marburg haemorrhagic fevers: outbreaks and case locations](#)

References

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