

## Proinde Circular 7 July 2026: Ebola: Bundibugyo Virus Prompts Heightened Port Health Vigilance

Although the World Health Organisation (WHO) has declared the current Ebola outbreak in the DR Congo and Uganda a PHEIC, health authorities assess the risk of transmission to Brazil as low. Nevertheless, epidemiological surveillance at international ports and airports has been heightened

### Key Developments

#### Outbreak details

The index case emerged in late April 2026 in a mining zone within the Ituri province in the Democratic Republic of the Congo (DRC). Initial detection gaps allowed the virus to spread undetected for several weeks. Regional armed conflict has displaced over 100,000 people, severely hindering contact tracing and localised containment efforts. The virus has since crossed borders into additional DRC provinces and neighbouring Uganda.

#### Bundibugyo virus (BDBV) features

The current outbreak is driven by the Bundibugyo virus (BDBV), which has a case fatality rate between 30% and 50% - historically lower than that of the Zaire ebolavirus strain. There are currently no approved vaccines or specific therapeutic treatments available for BDBV. The incubation period ranges from 2 to 21 days. Viral transmission occurs only after symptom onset, via direct contact with infected blood, bodily fluids, or contaminated surfaces.

#### PHEIC declaration

In May 2026, the World Health Organisation (WHO) formally declared the BDBV outbreak a Public Health Emergency of International Concern (PHEIC). The WHO explicitly clarified that the situation does not meet the criteria for a global pandemic emergency. International borders remain open, with no widespread travel bans in place.

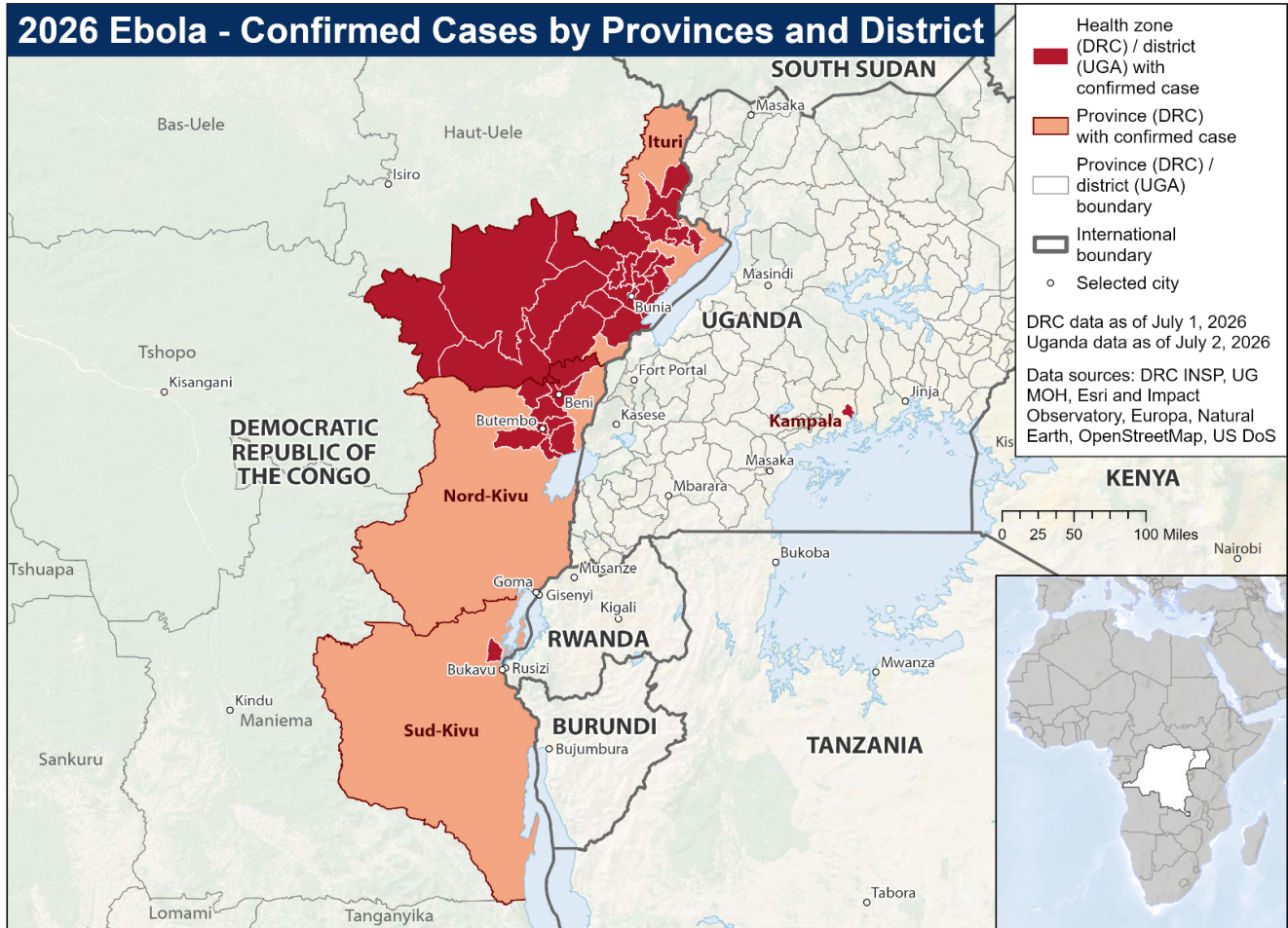
### Brazilian Regulatory Response

#### Low risk & heightened surveillance protocols

Federal and state health authorities consider the risk to Brazil as low. Nonetheless, the Brazilian National Health Surveillance Agency (ANVISA), the federal port health authority, has issued [Normative Instruction IN 448/2026](#) in alignment with [Technical Note 26/2026/SEI/COVIG/GGPAF/DIRE5/ANVISA](#). These instruments update the mandatory temporary health measures across all national ports, airports and land border crossings.

## Mandatory case notification

Ebola is classified as a notifiable disease in Brazil. Under federal laws, any suspected case must be reported immediately – defined strictly as within 24 hours – to the local ANVISA headquarters and the Centre for Strategic Health Surveillance (CIEVS) through the vessel’s local agents.



Ebola Bundibugyo outbreak in DR Congo and Uganda as of 1 July 2026. Source: CDC

## Legal case definitions

Shipmasters must apply the following criteria from the National Contingency Plan to identify suspected cases:

- **Clinical criterion:** Acute onset of fever (>38°C) with severe headache, muscle pain, vomiting, diarrhoea, abdominal pain, unexplained bleeding, or an erythematous maculopapular rash on the trunk with fine peeling.
- **Epidemiological criterion:** Within 21 days prior to symptom onset, the individual has a history of travel to an area with active BDBV transmission, contact with infected biological fluids, or exposure to bats, rodents or primates in endemic regions.

## Practical Recommendations

In accordance with ANVISA's IN 448/2026, Technical Note 26/2026, and [Collegiate Board Resolution RDC 932/2024](#), vessels arriving from abroad must adhere to the following operational recommendations:

- **Pre-arrival screening:** Masters must order routine body temperature checks and health screenings for all crew and passengers, particularly if the vessel has called at ports in the DR Congo or Uganda within the previous 21 days.
- **Accurate MDH submission:** Submit a fully completed Maritime Declaration of Health (MDH) in the standard IHR 2005 format to ANVISA within mandated legal timeframes before arrival at any Brazilian port.
- **Fomite and contact monitoring:** All onboard travellers who have had direct contact with a suspected case, or with their fomites (contaminated materials), must be placed under active symptom monitoring for a mandatory period of 21 days.
- **Strict biosecurity & PPE:** Restrict physical access to isolation areas. Enforce rigorous hand hygiene. Ensure care providers wear full personal protective equipment (PPE), including gloves, fluid-resistant gowns, and face and eye protection.
- **Risk assessment activation:** Upon detecting a suspected case, the master must immediately coordinate with port health authorities and agents to trigger a formal risk assessment (as per Annexe I of RDC 932/2024) to determine whether local contingency plans must be activated.
- **Emergency port notification:** Report any suspected illness to the nearest port health authority and local agents using the quickest available communication channels, prior to entering port limits.
- **Environmental disinfection:** Any cleaning or disinfection of an affected ship or its compartments must be carried out using methods and chemical agents approved under ANVISA's RDC 661/2022.

Detailed international updates can be found on the official [WHO Ebola Portal](#).

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