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BY MONITOR TEAM

The authorities have stepped up vigilance at border crossing points across the country following an outbreak of Ebola Virus Disease in the Democratic Republic of the Congo.

Earlier this week, the Ministry of Health listed several border districts as being at high risk.

Manning the border points has been challenging because of the numerous illegal crossing points, coupled with the thin staff at the districts.

Screening is mainly being carried out by health personnel at the designated border crossing points, leaving out numerous undesignated points. This has caused concern among locals and health experts.

In the West Nile Sub-region, an alarm has been sounded by the health team about the porous nature of the border areas where people cross to and from the DR Congo for trade, farming, leisure and to visit relatives.

Speaking to the *Daily Monitor* on Wednesday, Ms Leticia Avako, a resident of Arua City said: "I usually cross to the DR Congo in Ariwara every market day. It is where I earn money for survival."

She added: "No money can buy life. Our people should limit or stop crossing for either trade or even burials in Congo because many of us have relatives there. But also, there is need to establish screening points at Lia and Odramacaku or Vurra border points."

She said the undesignated crossing points are a danger to locals. "Some of the youth use shortcuts to cross for disco in Ariwara or to smuggle goods. They should stop and value their lives," Ms Avako said.

The District Health Officer for Maracha, Dr Paul Onzubo, told the *Daily Monitor* on Wednesday: "While official border points may have screening systems, many locals still prefer illegal routes to go for burials, trade and also for farming. This remains our big threat."

He said Maracha lacks designated border points with the DR Congo.

"We do not have screening points and only rely on surveillance reports. If we could have some screening points, it would be a big step ahead."

He explained that as part of the efforts, the Ministry of Health has dispatched surveillance teams and neurologists to districts to boost the existing teams.

At Koboko District, yesterday leaders agreed to establish two screening points at Birijaku and Oraba border points.

The Koboko Resident District Commissioner, Mr Emmy Mitala, said they have also reinstated committees that will oversee the implementation of screening exercises and strengthening of surveillance.

"We have agreed to have two screening points at the border with Congo (Birijaku) and South Sudan (Oraba). We

# Border districts move to stop spread of Ebola



Travellers at the Uganda-DR Congo border in Koboko District. PHOTO BY RASHUL ADIDI.

have prepared our health teams to carry out community sensitisation," he said.

Ten out of 13 districts in the West Nile sub-region comprising Arua City, Zombo, Koboko, Yumbe, Maracha, Pakwach, Moyo, Adjumani, Nebbi and Arua border the DR Congo and South Sudan.

## No protective gear

As part of efforts to stop the disease, leaders have also banned entertainment events for 30 days to prevent large gatherings, which experts say rapidly spread the ailment.

Health officer Pax Lokwang expressed concern that they have run out of personal protective equipment for health workers.

The Alur Kingdom Director of Communications, Mr David Rupiny, said: "We advise against organising any cultural gatherings like Agwara and Ndara dances, last funeral rites, and celebrations that bring in large public gatherings."

Mr Rupiny added: "We encourage all Alur Kingdom chiefs and all cultural and religious leaders to take the lead and guide the subjects both in Uganda and DRC accordingly during this period of the outbreak."

## Situation in Bullisa

Bullisa District health authorities have heightened Ebola surveillance and screening measures at major entry points.

During yesterday's Ebola task force meeting, the Bullisa District Health Educator, Mr Robert Mugabe, said screening activities have been intensified at Wanseko Ferry Crossing and Butiaba Landing Site, which are considered critical entry routes into Uganda.

He added that health teams are carrying out continuous screening of travel-

## EBOLA IN FIGURES

According to World Health Organisation (WHO), as May 16, 2026, eight laboratory-confirmed cases, 246 suspected cases and 80 suspected deaths have been reported in Ituri Province of the DRC across at least three health zones, including Bunia, Rwampara and Mongwalu.

In addition, two laboratory confirmed cases (including one death) with no apparent link to each other had been reported in Kampala, Uganda, within 24 hours of each other, on May 15 and 16, among two individuals travelling from the DR Congo.

lers and nearby communities using the water transport routes to prevent any possible importation of the disease.

## Hotspot area of Bundibugyo

The Bundibugyo Resident District Commissioner, Maj (rtd) Edward John Mungabirwe, said: "We have intensified mandatory screening at the six border points and strengthened the Ebola task force surveillance activities."

He said health teams are working with security personnel to monitor cross-border movement and quickly identify suspected cases, especially along high-risk entry routes shared with the DR Congo.

Residents have been urged to remain vigilant, report any symptoms early, and follow all health guidelines.

## Kagadi District

The Kagadi District Surveillance Officer, Ms Kanyunyuzi Priscar, said: "The

Taskforce has put in place the screening of persons moving in and out through Ndaiga Sub-county that borders DRC in the district."

She said that at Kitebele and Kabukanga borders, screening, hand washing, and face masks have also been prioritised.

The district has also prepared isolation centres to aid the monitoring of the signs and symptoms of the disease.

The LC3 Chairperson of Ndaiga Sub-county, Mr Luke Odaga, said they have received face masks, sanitisers, and screening equipment.

At the busy Kisoro border in Mupaka Town Council, Mr Emmanuel Ndekezi called for strengthened screening services and strict observation of the standard operating procedures to control the spread of Ebola.

The LC1 chairman for Bunagana Central cell in Bunagana Town Council in Kisoro District, Mr Bubakare Nikwegye, commended the government for providing Ebola screening mechanisms at the Bunagana border post.

He called for vigilance in the border communities to prevent the spread of the disease.

The Kanungu District Health Officer, Dr Birungi Mutahunga, said: "We have prepared the Ebola treatment unit at Kihiki Health Centre IV. Security teams deployed at border points to ensure SOPs are followed. We have also reactivated the epidemic response team that is sharing information."

## Masaka

According to the Kyotera District Health Officer, Dr Edward Muwanga coordination meetings are ongoing to come up with a robust plan to handle Ebola cases if they emerge.

Officials said response teams between Mutukula-Kyotera border and Mutuku-

la-Tanzania border would meet today to chart a way forward.

"We have received two alerts on Ebola, one in Kasensero and another one at Kalisizo Police Station Clinic," he added.

He said the alert from Kasensero was verified and was found to be negative, adding that the one at Kalisizo Police clinic was still being verified.

## The current situation

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Health experts warn that Ebola prevention in border regions requires more than screening checkpoints alone.

They argue that communities must trust authorities and understand the risks associated with uncontrolled movement during outbreaks.

For now, the people living at the border districts continue balancing survival and caution- trading across borders, visiting relatives and hoping the deadly virus does not find its way into their communities.

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