

Practice Notice

2026 Ebola Faith Leader Response

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Background/Context

- An outbreak of Ebola disease caused by *Bundibugyo* virus was declared by the World Health Organization in the Democratic Republic of the Congo (DRC) and Uganda in May 2026.¹ As of 24 June, more than 1,000 cases and nearly 300 deaths were confirmed due to Ebola.
- Ebola spreads through direct contact with the blood or other body fluids of someone who is sick with, or has died from Ebola.²
- Early symptoms include fever, fatigue, headache, and muscle pain which can seem like malaria or flu and delay diagnosis.²
- There is currently no approved vaccine or specific medicine for this strain, so early care, infection prevention measures, and safe burials are especially important.^{1,2}
- Pastors and other faith leaders are among the most trusted voices in their communities and have proven crucial in promoting safe burial and prevention in past Ebola outbreaks.³

Methodology

This notice is based on a review of recent reports, fact sheets, and published research summarized and translated into short, practical messages specifically for pastors and church leaders serving congregations in DRC, Uganda, and bordering countries.

Recommendation

Ways faith leaders can help control an Ebola outbreak:

- Share accurate information about Ebola and gently correct false rumors.
- Encourage community participation and cooperating with health guidelines – including contact tracing and isolation.
- Urge people with symptoms or known high-risk contacts to go quickly to a health facility.
- Be ready to adjust faith practices involving touch, such as handwashing, pausing greeting embraces, not sharing communion cups, etc. in outbreak areas.
- Support safe and dignified burials – use trained burial teams, do not touch or wash the body, and help families have a respectful, faith-filled service while staying safe.
- Reduce stigma toward affected individuals – welcome survivors back with dignity, support bereaved families, and speak against blame and fear directed at patients or health workers.

**Ebola is not
caused by
spirits, curses, or
witchcraft. It is
caused by a
virus.**

This practice recommendation is provided by the Meros Center, which supports Christian Health Ministries around the world. Additional information and resources can be found at www.meroscenter.org. This summary is intended to share emerging evidence relevant to community health practices, but individual clinical decisions should be made by qualified clinicians using the appropriate standard of practice for their setting.

Key Points

Several findings from current evidence are especially important for church and ministry settings.

- Ebola spreads through direct contact with someone who is sick or has died from the disease, or by touching items contaminated with their body fluids (like blood, feces, or vomit).
- Religious leaders can help change behavior, strengthen risk communication, and community cooperation when they share accurate messages about Ebola and model safe behavior.
- Getting medical care quickly with fluids and treatment for symptoms helps people survive Ebola.
- Funerals and body preparation, including washing the deceased, remain high-risk events unless safe and dignified burial procedures are followed.²
- Outbreaks are controlled faster when communities see health workers and faith leaders listening, explaining clearly, and working together, rather than imposing rules without dialogue.
- Misinformation and stigma are real dangers. Beliefs that Ebola is caused by witchcraft or is a punishment have delayed care-seeking and increased transmission in past outbreaks.
- Regional conflicts slow down efforts to control epidemics, so religious leaders can also strengthen conflict resolution skills in communities to build trust and support Ebola control.
- Limitations: This practice notice is based on a rapidly changing outbreak and a desk review of existing reports and studies, rather than new field data. There is limited research specific to the Bundibugyo strain, and displacement in eastern DRC creates major gaps in information.

Conclusion

The 2026 Ebola (Bundibugyo virus) outbreak in DRC and Uganda is a serious health emergency with no approved vaccine or specific treatment for this strain,¹ which makes community trust, early care, and safe burials especially important.

Past experience shows that when pastors and other faith leaders are engaged early and share clear, compassionate messages, communities are more likely to accept safe burials, seek care quickly, and follow prevention guidance.³ This practice notice is designed to help pastors lead with faith and wisdom, protect their congregations, and stand alongside health workers in bringing the outbreak under control.

References

1. World Health Organization. Disease Outbreak News; Bundibugyo Virus Disease, Democratic Republic of the Congo (The) and Uganda. 17 May 2026. <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602>
2. World Health Organization. Ebola disease. Fact sheet. 24 April 2025. <https://www.who.int/news-room/fact-sheets/detail/ebola-disease>
3. Lyons P, Winters M, Jalloh MF, Nordenstedt H, Molsted Alvesson H. Building confidence in crises: the roles of Sierra Leonean religious leaders during the 2014-2016 Ebola outbreak. *Global Health Action*. 2025;18(1):2555046. <https://doi.org/10.1080/16549716.2025.2555046>