ASSESSMENT

Fact-finding mission on airport exit screening

EU Health Task Force mission to Democratic Republic of Congo and Uganda in response to the Bundibugyo virus disease outbreak 2026

29 June 2026

Executive summary

Between 15 and 21 June 2026, the EU Health Task Force (EUHTF), led by the European Centre for Disease Prevention and Control (ECDC) and including experts from two Member States, conducted a fact-finding mission to the Democratic Republic of the Congo (DRC) and Uganda to assess airport exit screening procedures in the context of the ongoing outbreak of Ebola disease caused by the Bundibugyo virus.

This report provides a snapshot of the infrastructure and procedures in place for exit screening in the main international airports of each capital city: N'djili International Airport in Kinshasa (DRC) and Entebbe International Airport in Kampala (Uganda).

Exit screening in these airports, including symptom checks and exposure assessment, can contribute to reducing the risk of onward transmission by identifying travellers who are symptomatic before they board, and preventing them travelling with symptoms. It also helps dissuade people who are ill from travelling, and enhances public and stakeholder confidence in the public health response. However, it cannot fully prevent the exportation of cases, as the absence of symptoms at departure does not exclude subsequent onset of disease upon or after arrival.

The mission team found that both countries have established coordinated exit screening systems, supported by strong political commitment and national leadership to prevent international transmission of Ebola disease. These function alongside domestic containment efforts based on extensive experience of managing previous Ebola disease outbreaks.

In both countries, the mission team observed a high degree of transparency and willingness to engage with stakeholders through facilitating access to systems and operations. The site visit at both airports demonstrated that the exit screening systems in place are in line with international standards and benefit from effective multi-sectoral collaboration, involving public health authorities, aviation actors, border services, security forces, and international partners. Screening processes have clear referral and escalation pathways supported by trained medical personnel and infection, prevention and control (IPC) measures.

While the systems in place are functional, the mission identified opportunities for further targeted interventions, particularly in relation to passenger processing, digital integration, IPC measures and risk communication. These findings have been communicated to the national authorities in both countries. Regular training, supervision and monitoring over time by national teams and international partners will help to sustain and further improve practices.

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Introduction

Since May 2026, an outbreak of Ebola virus disease caused by the Bundibugyo virus has been affecting the Democratic Republic of the Congo (DRC), with additional cases reported in Uganda. The outbreak has primarily impacted the eastern provinces of DRC, with evidence of both local and cross-border transmission (imported cases into Uganda). In Uganda, cases have been identified in Kampala and surrounding areas, highlighting the role of major transport hubs in the regional epidemiological context.

While previous ECDC risk assessments have highlighted the inherent limitations of entry and exit screening measures for Ebola virus disease, exit screening in particular can contribute to the early identification of travellers who are symptomatic and deter travel among those at risk of transmitting the virus. This contributes to the overall strategy of reducing the likelihood of cross-border and international transmission. In addition, exit screening constitutes an important component in strengthening international confidence in the public health response.

To support national response efforts and strengthen preparedness in the affected areas, ECDC mobilised the EU Health Task Force (EUHTF) and conducted a fact-finding mission to assess exit screening systems in both countries. The mission was supported by national authorities and international partners including the World Health Organization (WHO) and the International Organization for Migration (IOM). The **objectives** of the mission were to assess the governance, practical implementation and operational effectiveness of screening procedures, based on WHO guidance, in the main international airports in each capital city: N'djili International Airport in Kinshasa (DRC) and Entebbe International Airport in Kampala (Uganda).

Key findings

The EUHTF assessment mission to the DRC and Uganda confirmed that exit screening systems at the main international airports in both countries are well established with a clear focus on preventing the international transmission of Ebola disease.

A key overarching observation is the **strong political commitment** and national ownership demonstrated in both countries. Exit screening is prioritised at the highest levels of government, with Ministries of Health leading coordinated responses supported by structured governance frameworks. In DRC, coordination through an appointed Incident Manager from the Institut National de Santé Publique (INSP), provides centralised oversight, while in Uganda strong leadership is exercised through the Ministry of Health and the National Public Health Emergency Operations Centre (NPHEOC), supported by a fully activated incident management system. Across both countries, authorities articulated a clear and consistent objective to limit cross-border transmission and safeguard international public health, reinforced by regional and cross-border collaboration mechanisms.

The assessment highlighted **effective multi-sectoral coordination as a core strength,** supported by regular and structured coordination. This includes routine partner coordination and international engagement, such as cross-border meetings with neighbouring countries and global and regional partners, ensuring alignment of response activities. In both countries, exit screening is implemented through close collaboration between public health authorities, airport and aviation stakeholders, border and migration services, security forces, and international organisations such as WHO and IOM. At both Kinshasa and Entebbe airports, a wide range of actors are actively ensuring that screening processes are integrated across operational, regulatory, and clinical domains. This coordinated approach supports shared situational awareness, operational decision-making, and consistent implementation of measures across sectors.

A key underlying strength of the systems observed in both countries is the **extensive experience** and pre-established governance structures for managing Ebola and other public health emergencies, which has translated into the rapid activation and effective functioning of established response structures. Both DRC and Uganda have previously managed multiple Ebola outbreaks, and this experience is clearly reflected in the maturity of coordination mechanisms, the familiarity of staff with procedures, and the structured design of screening pathways. Importantly, a culture of continuous learning and adaptation is established, with authorities actively reviewing and updating standard operating procedures in consultation with international partners to integrate lessons learned and strengthen resilience for future events.

The airport visits highlighted that **existing infrastructure and operational capacities** at the major points of entry (international airports) are being leveraged and adapted for the current response. Airport screening systems build on pre-existing facilities, surveillance structures, and border health programmes, which have been reinforced and scaled up as needed. This includes the use of dedicated screening areas, medical offices, and holding/isolation facilities, as well as the integration of new tools such as digital health declarations into established workflows (see Annex 1). The presence of trained hygiene teams, IPC infrastructure, and surveillance linkages to national systems further demonstrates that core capacities required under the International Health Regulations (IHR) are in place and actively operationalised. Together, this combination of existing infrastructure and the adaptive use of resources supports a robust and sustainable framework for exit screening.

In Uganda, the initial screening station located at the entrance to the airport includes hand sanitising stations, temperature screening through fixed thermal imaging, and screening personnel reviewing and assessing digital health declarations (https://poes.health.go.ug/declare/, Annex 2). Entebbe International Airport (Uganda) has a dedicated space near the primary screening site that they use for secondary screening, where medical staff interview travellers. Plans are underway to further develop this area to improve isolation and traveller privacy during secondary screening. Should someone require immediate referral to an isolation facility, the airport has an ambulance on site ready to rapidly transport travellers with symptoms and/or declared risk factors to an isolation facility at a nearby hospital.

In the N'djili International Airport in Kinshasa (DRC), the first screening point at the airport entrance combines hand sanitising stations with both fixed thermal cameras and individual temperature checks conducted by personnel, alongside the verification of both digital and paper-based health declarations (https://pnhf.anicns.cd/voyageur, Annex 2). In DRC the medical staff overseeing screening have offices in the airport building and near the tarmac that they use for secondary screening. Furthermore, the N'djili airport has two ambulances on site as well as a dedicated isolation centre in a separate building next to the airport. Separate screening processes are in place for humanitarian workers.

The **design of screening pathways** demonstrates a clear and structured escalation approach, where further medical assessment and isolation for when necessary can be provided. Traveller conditions that initiate secondary screening could be further clarified to screening staff to ensure anyone with relevant risk factors identified in the health declaration is subjected to a targeted interview. The overall time needed for potential secondary screening needs to remain streamlined to not disincentivise traveller compliance. In both airports there are logistical constraints as not everyone entering the airport is travelling. For example, family and luggage porters do not need to submit travel declarations complicate this screening process. Recommendations have been discussed with local stakeholders to ensure all travellers are effectively screened.

The systems are underpinned by strong operational capacity and a **trained workforce**, with recent trainings provided to staff deployed at airports in both countries, supported by different international partners. Screening activities are overseen by medical doctors available on-site. Dedicated hygiene teams further strengthen system resilience by ensuring environmental cleaning and the capability to respond to contamination events, including aircraft sanitisation. Staffing models in both countries demonstrate the capacity to sustain operations and scale up if required, supported by coordinated deployment of rapid response teams and technical personnel.

IPC measures are well integrated and consistently applied across both settings. These include widespread availability of hand hygiene facilities, appropriate use of personal protective equipment, and structured cleaning and waste management. The presence of isolation areas at N'djili International Airport in Kinshasa further reinforces infection control and occupational safety.

The assessment also identified **risk communication** as a well-developed and integral component of the screening systems in DRC (Annex 3). Communication is highly visible throughout the airport environment and is supported by trained staff who actively engage with travellers. This approach helps to enhance understanding, build trust, and support compliance with screening procedures. Engagement with airlines and airport stakeholders further ensures that messaging and operational procedures are consistently communicated, and contributes to broader awareness of the evolving epidemiological situation.

Systems for **medical referral and public health notification** are robust and well coordinated, enabling rapid handling of suspected cases. Identified cases are promptly reported to central authorities and integrated into national surveillance systems, supporting real-time monitoring, contact tracing, and follow-up. However, the recent shift to digital health declarations, while still having paper based declarations, jeopardises data collection for follow-up. In Uganda, these systems are further reinforced by effective linkage between screening, surveillance, and containment measures.

While the overall performance of exit screening systems in both countries is strong, the assessment identified **areas for further intervention**. These include opportunities to: enhance operational efficiency, particularly in streamlining screening flows and triage processes at N'djili International Airport in Kinshasa (DRC); further strengthen digitalisation and interoperability between data systems; and expand risk communication to include more contextual information and broader accessibility in Kinshasa International Airport (Uganda). In addition, as the effectiveness of screening systems remains partly dependent on accurate (digital) self-reporting by travellers, health declarations should be accompanied by short interviews reviewing some of the declared information. This would support screening personnel in the visual evaluation of travellers; and could also facilitate building understanding and trust to encourage traveller compliance. These findings have been communicated to the national authorities in both countries.

In summary, the assessment demonstrates that DRC and Uganda have implemented coordinated exit screening systems at major airport points of entry. These **systems are aligned with international guidance** and supported by strong political commitment, structured coordination mechanisms, and solid operational capacity. With targeted refinements, they are well positioned to continue playing a crucial role in reducing the risk of international transmission of Ebola disease.

Conclusions

The EU Health Task Force mission confirms that both DRC and Uganda are demonstrating a high level of commitment, ownership, and operational effectiveness in implementing exit screening measures as part of their response to the ongoing Ebola disease outbreak. Across both countries, authorities have prioritised the prevention of international transmission, and exit screening systems are being implemented with a strong sense of responsibility towards both national and global public health security.

A key observation is that both countries are drawing on substantial experience from previous Ebola disease outbreaks, with well-established coordination structures, technical expertise, and operational mechanisms already in place. These existing systems have been rapidly activated and adapted to the current context, enabling a timely and coherent response. At the same time, authorities are not only maintaining these structures but are actively working to refine and strengthen them, demonstrating a forward-looking approach aimed at enhancing long-term resilience and preparedness.

The systems observed are functioning effectively and are in alignment with international guidance, supported by strong multi-sectoral coordination, trained personnel, and clear operational pathways. Importantly, the openness and transparency demonstrated by national authorities and partners throughout the mission reflect a constructive and collaborative environment, which is essential for continuous system improvement and monitoring. These findings, which are a snapshot during short visits to both countries, can be the basis for follow-up actions and monitoring over time.

It is important to note that, while entry and exit screening contribute to risk mitigation, they represent only one component of a broader public health response. The effective prevention of Ebola disease transmission relies primarily on strengthened surveillance, community engagement, timely case management, and robust contact tracing and follow-up.

In addition, while exit screening can support the controlled movement of people, measures restricting cross-border movement, such as the temporary closure of certain points of entry or borders may have negative implications. It was reported by partners that there is a risk of clandestine travel through less controlled routes, potentially increasing the challenges associated with the timely detection of suspected Ebola cases.

Both countries are engaged in ongoing review and development of updated standard operating procedures to ensure they remain fit for purpose in the evolving epidemiological context. In this regard, ECDC will be consulted as part of this process, providing technical input and supporting alignment with international best practices. In addition, bilateral technical discussions will continue with national counterparts in the affected countries and international partners to identify further areas of improvement, including strengthening digital systems, operational efficiency, and long-term preparedness capacity.

Annexes

Annex 1. Airport infrastructure

Figure 1. Primary screening site in DRC N'djili airport

Figure 2. Primary screening site in DRC N'djili airport

Figure 3. Fixed thermal imaging cameras in DRC N'djili airport

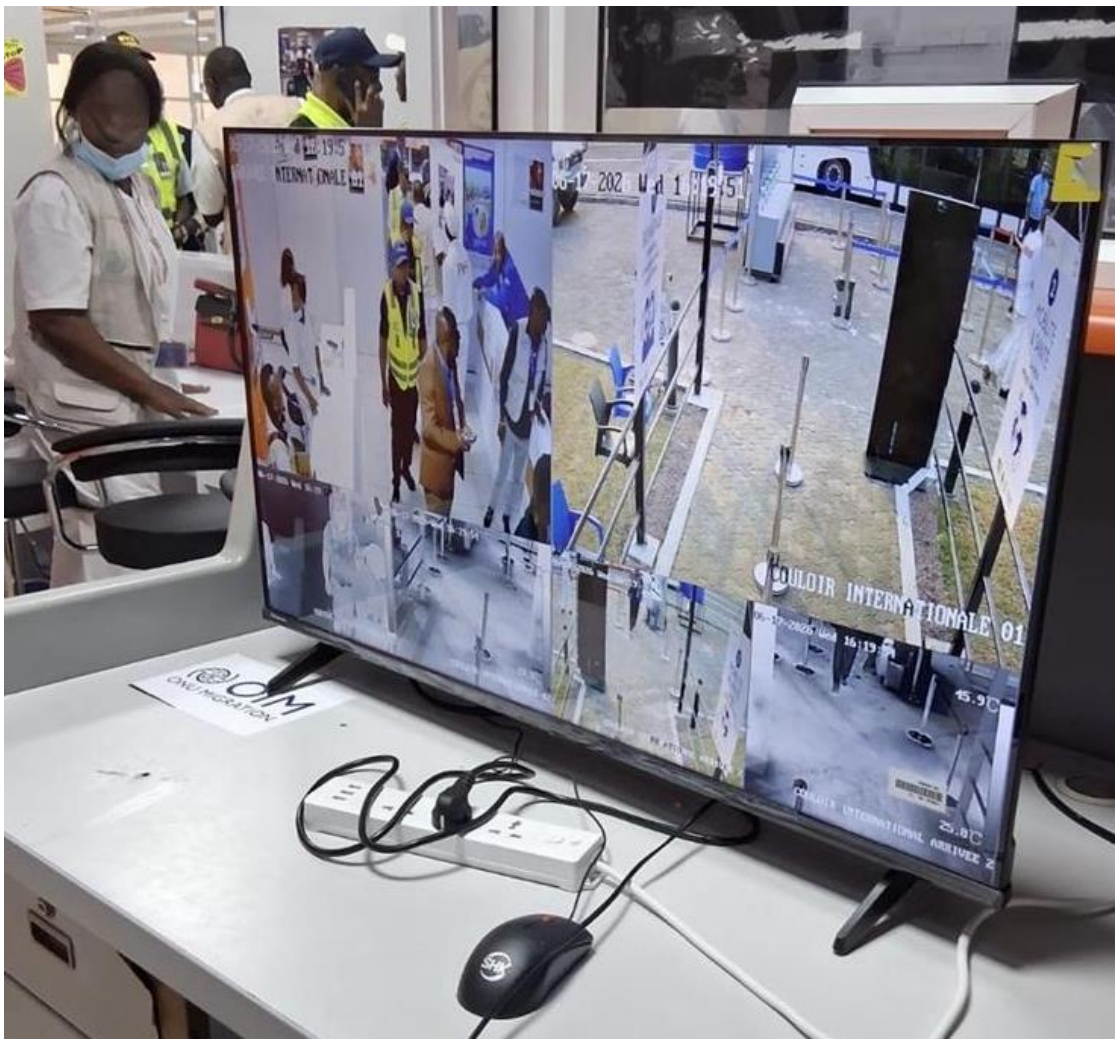


Figure 4. Isolation facility at DRC N'djili airport

Figure 5. Handwashing and temperature measuring station for entry screening at DRC N'djili airport

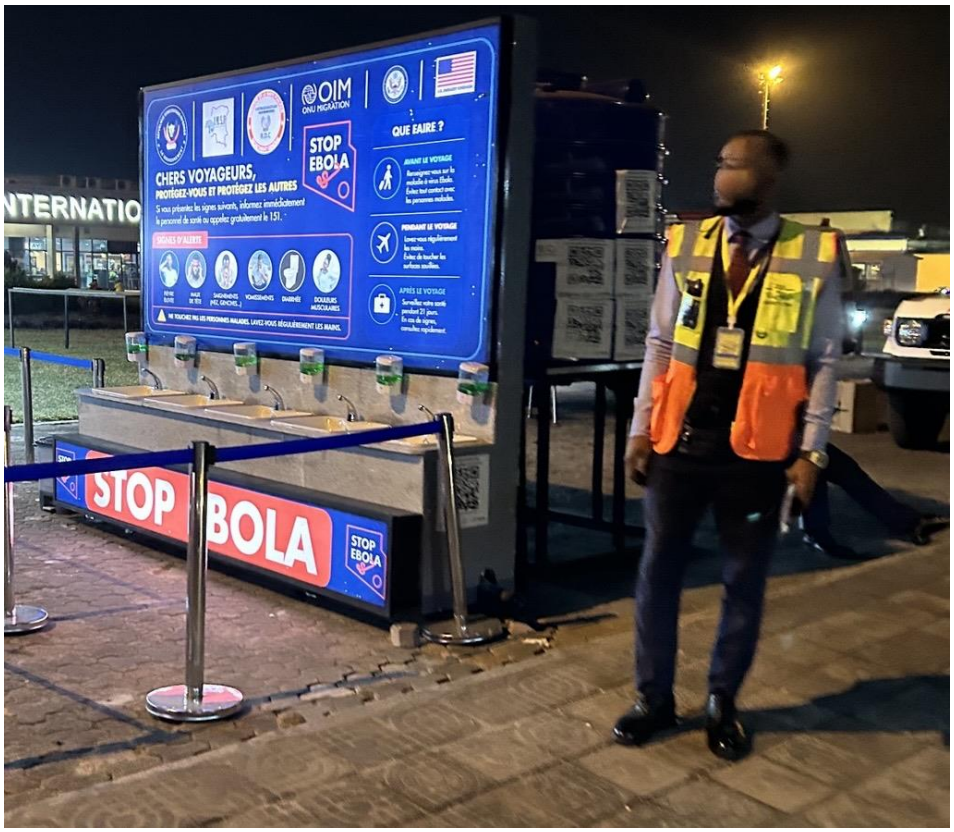


Figure 6. Primary sreening at Entebbe international airport in Uganda

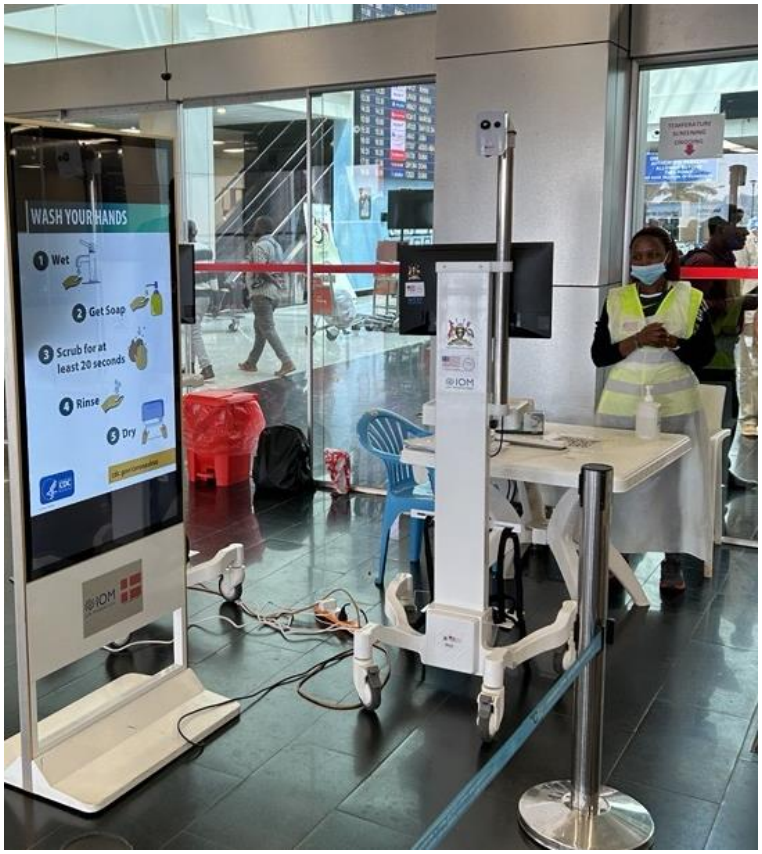


Figure 7. Secondary screening/holding area Entebbe international airport in Uganda

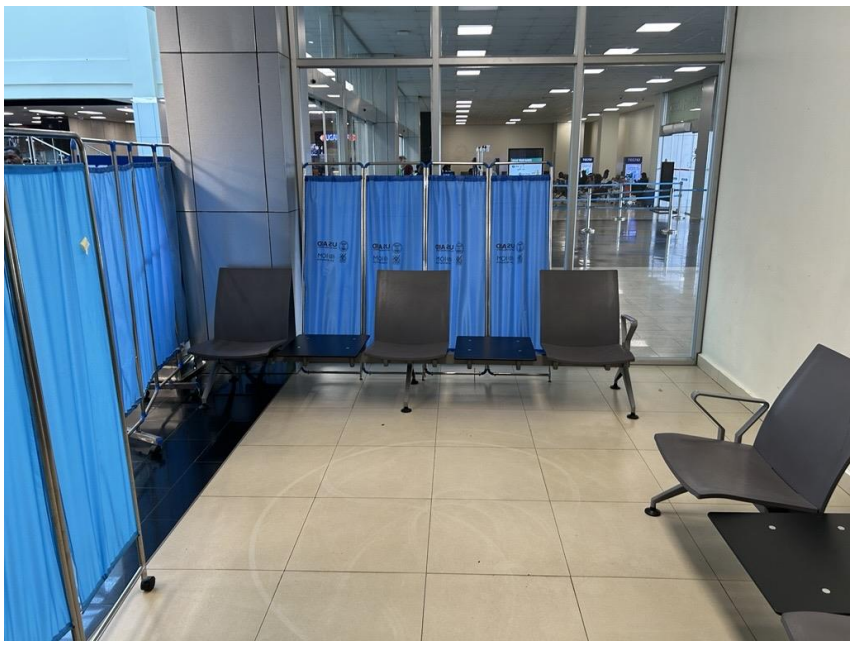
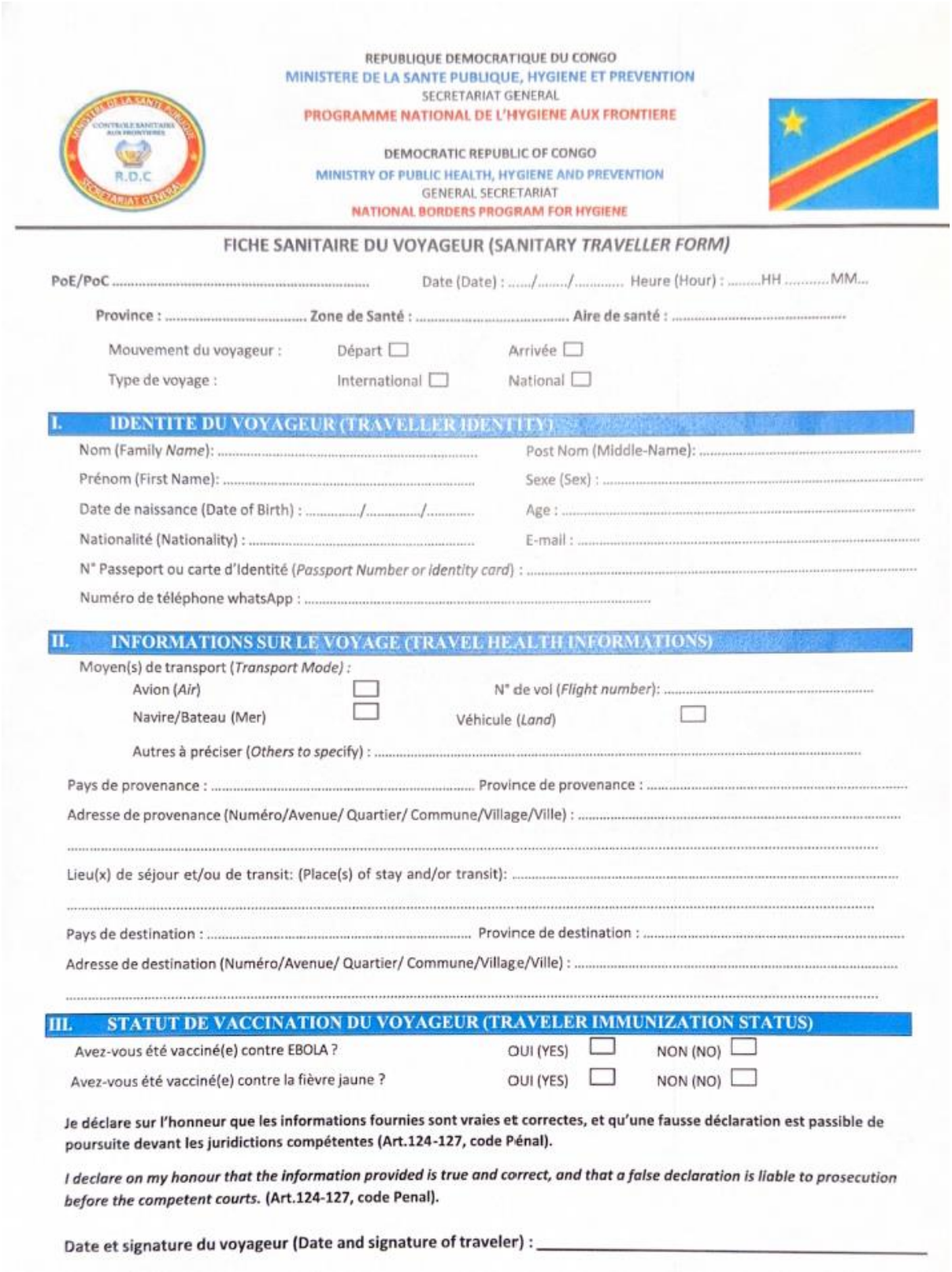


Figure 8. Entry screening Entebbe international airport in Uganda

Annex 2. Health declaration forms

Figure 9. Paper based health declaration in DRC.



REPUBLIQUE DEMOCRATIQUE DU CONGO
MINISTERE DE LA SANTE PUBLIQUE, HYGIENE ET PREVENTION
SECRETARIAT GENERAL
PROGRAMME NATIONAL DE L'HYGIENE AUX FRONTIERE

DEMOCRATIC REPUBLIC OF CONGO
MINISTRY OF PUBLIC HEALTH, HYGIENE AND PREVENTION
GENERAL SECRETARIAT
NATIONAL BORDERS PROGRAM FOR HYGIENE

FICHE SANITAIRE DU VOYAGEUR (SANITARY *TRAVELLER FORM)*

PoE/PoC ..... Date (Date) : ...../...../..... Heure (Hour) : .....HH .....MM...

Province : ..... Zone de Santé : ..... Aire de santé : .....

Mouvement du voyageur : Départ ☐ Arrivée ☐

Type de voyage : International ☐ National ☐

I. IDENTITE DU VOYAGEUR (TRAVELLER IDENTITY)

Nom (Family *Name*): ..... Post Nom (Middle-Name): .....

Prénom (First Name): ..... Sexe (Sex) : .....

Date de naissance (Date of Birth) : ...../...../..... Age : .....

Nationalité (Nationality) : ..... E-mail : .....

N° Passeport ou carte d'Identité (*Passport Number or identity card*) : .....

Numéro de téléphone whatsApp : .....

II. INFORMATIONS SUR LE VOYAGE (TRAVEL HEALTH INFORMATIONS)

Moyen(s) de transport (*Transport Mode) :*

Avion (*Air*) ☐ N° de vol (*Flight number*): .....

Navire/Bateau (Mer) ☐ Véhicule (*Land*) ☐

Autres à préciser (*Others to specify*) : .....

Pays de provenance : ..... Province de provenance : .....

Adresse de provenance (Numéro/Avenue/ Quartier/ Commune/Village/Ville) : .....

.....

Lieu(x) de séjour et/ou de transit: (Place(s) of stay and/or transit): .....

.....

Pays de destination : ..... Province de destination : .....

Adresse de destination (Numéro/Avenue/ Quartier/ Commune/Village/Ville) : .....

.....

III. STATUT DE VACCINATION DU VOYAGEUR (TRAVELER IMMUNIZATION STATUS)

Avez-vous été vacciné(e) contre EBOLA ? OUI (YES) ☐ NON (NO) ☐

Avez-vous été vacciné(e) contre la fièvre jaune ? OUI (YES) ☐ NON (NO) ☐

Je déclare sur l'honneur que les informations fournies sont vraies et correctes, et qu'une fausse déclaration est passible de poursuite devant les juridictions compétentes (Art.124-127, code Pénal).

***I declare on my honour that the information provided is true and correct, and that a false declaration is liable to prosecution before the competent courts.* (Art.124-127, code Penal).**

Date et signature du voyageur (Date and signature of traveler) : _____

* A Remplir par l'Officier Sanitaire (*To Be Completed By Health Officer*)

IV. SIGNES ET SYMPTOMES DU VOYAGEUR

Température du Voyageur à l'arrivée : .....

Le voyageur présente-il l'un des symptômes ci-après ?

Rhume	OUI (YES) ☐	NON (NO) ☐
Fièvre (Si température ≥ 37,5°C)	OUI (YES) ☐	NON (NO) ☐
Toux persistante	OUI (YES) ☐	NON (NO) ☐
Fatigue intense	OUI (YES) ☐	NON (NO) ☐
Difficultés respiratoires	OUI (YES) ☐	NON (NO) ☐
Diarrhée	OUI (YES) ☐	NON (NO) ☐
Saignement inexpliqué	OUI (YES) ☐	NON (NO) ☐
Maux de tête	OUI (YES) ☐	NON (NO) ☐
Douleur musculaire et/ou articulaire	OUI (YES) ☐	NON (NO) ☐
Vomissement	OUI (YES) ☐	NON (NO) ☐
Douleur thoracique	OUI (YES) ☐	NON (NO) ☐
Eruptions cutanées	OUI (YES) ☐	NON (NO) ☐
Ictère	OUI (YES) ☐	NON (NO) ☐
Anosmie	OUI (YES) ☐	NON (NO) ☐

V. CONCLUSION

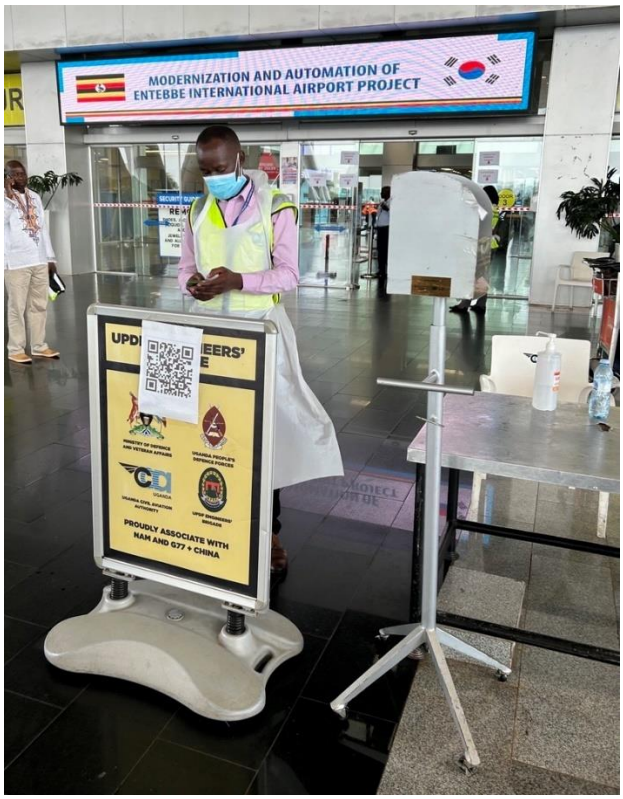
Isoler pour investigation	OUI (YES) ☐	NON (NO) ☐
Si oui, est-ce que le voyageur à accepter l'investigation	OUI (YES) ☐	NON (NO) ☐

L'autorité Sanitaire Compétente (*The Competent Health Officer*) : _____

Téléphone : _____

Figure 10. QR code for digital health declaration DRC (https://pnhf.anicns.cd/voyageur)

Figure 11. QR code for digital health declaration in Uganda (https://poes.health.go.ug/declare/)



Annex 3. Risk communication materials in DRC

Figure 12. Risk communication in arrivals area of DRC N'djili international airport

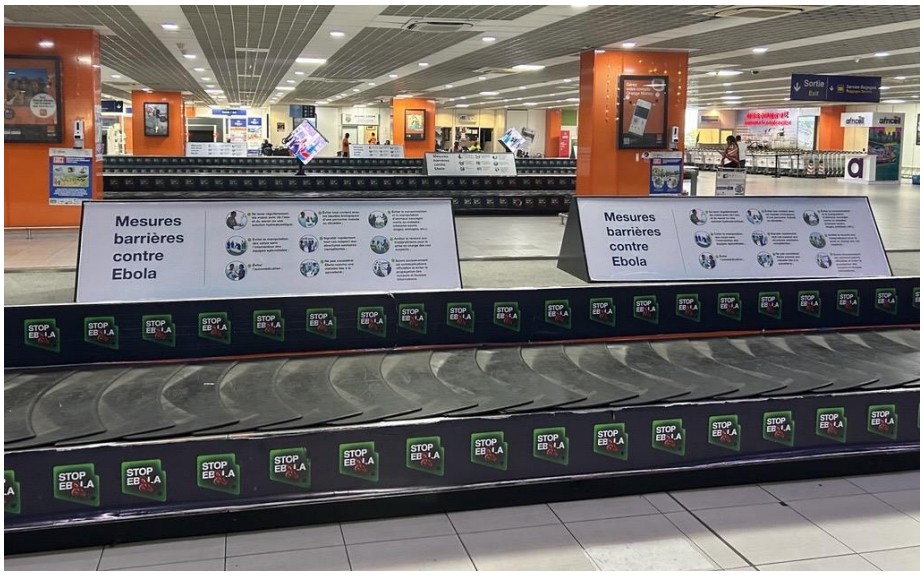


Figure 13. Risk communication in departures areas of DRC N'djili international airport


3 étapes simples
① Prise de température
② Lavage des mains
③ Enregistrement
Vous venez d'une zone à risque ? Signalez-vous.
La prise en charge est gratuite.
· Fièvre
· Maux de tête
· Diarrhée
· Vomissements
· Saignements.
Signalez ces symptômes immédiatement.
STOP EBOLA
Plus d'infos
Appelez gratuitement 151


RÉPUBLIQUE DÉMOCRATIQUE DU CONGO
LE GOUVERNEMENT
Ce contrôle est fait pour vous protéger.
Aidez-nous.
Coopérez.
Merci.
Plus d'infos
Appelez gratuitement 151
STOP EBOLA
Mesures ba
contre Ebo
Plus d'infos
Appelez gratuitement 151