2026 Ebola DRC Key Messages

Issue #3 – June 13, 2026

Newly updated information appears in **bold/blue*

Note: Content in this document is cleared and may be used as the basis for external messaging. Messages will be updated on an as-needed basis until further notice. ***New and updated*** *information will appear in* ***bold/blue****.*

CONTENTS

Current Situation

- CDC is responding to a deadly outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda.
- **As of June 13,** no Ebola cases associated with this outbreak have been reported in the United States.
- **As of June 11, the DRC Ministry of Health reported 689 confirmed cases of Ebola, and 139 confirmed deaths.**

- **On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and additionally suspected deaths that are pending the results of ongoing investigations.**
- **As of June 12, Uganda reported 19 confirmed cases, 1 probable case, 2 confirmed death, and 1 probable death.**
- Laboratory tests in DRC and Uganda confirmed Bundibugyo virus (species O*rthoebolavirus bundibugyoense*), which causes a type of Ebola disease, in samples collected from suspected cases. The cases were associated with clusters of severe illness and deaths in the Mongbwalu and Rwampara health zones in Ituri Province, in northeastern DRC.
    - These areas are affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel, all of which might increase the risk of further spread.
- **DRC and neighboring Uganda both declared Ebola outbreaks on May 15, 2026.**
- **On May 17, 2026, CDC initiated a public health emergency response for this outbreak.** Also on May 17, 2026, the World Health Organization determined this outbreak to be a public health emergency of international concern.
- On May 18, 2026, CDC and the U.S. Department of Homeland Security announced proactive, layered public health measures, including a CDC order setting out temporary entry restrictions for non-U.S. citizens, public health entry screening, and other public health measures intended to prevent introduction of Ebola into the United States.
- **On May 22, 2026, HHS issued an interim final rule revising the authority under 42 CFR Part 71.40 and CDC amended its May 18 order.**
    - The revised rule and amended order now suspend entry into the United States to U.S. lawful permanent residents (Green Card holders) as well.
- U.S. passengers returning to the United States from DRC, Uganda, or South Sudan are being routed to four U.S. airports to receive enhanced public health screenings upon arrival:
    - Washington-Dulles International Airport (IAD)
    - Hartsfield-Jackson Atlanta International Airport (ATL)
    - George Bush Intercontinental Airport (IAH), Houston
    - John F. Kennedy International Airport (JFK), New York
- **As of June 13, 2026, no cases have been reported in South Sudan. However, people who have been in South Sudan in the past 21 days are, consistent with the Amended Order, subject to entry restrictions or public health entry screening, as applicable, because it neighbors the most affected area of DRC with a high-volume of travel across a porous shared border.**

- **Currently, 327 staff members are assigned to the 2026 Ebola Response, including 228 Incident Management Core (IMC) Staff and 99 personnel deployed to the field.**
- Case numbers and other information are subject to change as the situation evolves.

U.S. Response Actions

- The top priority is keeping Americans and U.S. communities safe and healthy.
- The **overall** risk of spread of Ebola to the United States is **considered low at this time, which is consistent with assessments from other international public health organizations**.
- **The United States has domestic public health capacity to rapidly implement case identification, laboratory confirmation, quarantine, isolation, contact tracing, and infection prevention and control measures that can contain and control an outbreak.**
- On May 18, CDC and DHS began temporary entry restrictions, public health entry screening, and other public health measures to help prevent introduction of Ebola into the United States amid the ongoing outbreak.
- CDC issued an order to temporarily suspend entry of certain travelers who have been in DRC, Uganda, or the neighboring country of South Sudan within the previous 21 days. Exceptions are included for
    - U.S. citizens
    - U.S. nationals
    - Certain U.S. government and military personnel
- The order allows case-by-case humanitarian or law enforcement exceptions and Department of Homeland Security-approved entry processes with CDC-documented mitigation protocols.
- CDC issued a Level 3 Travel Health Notice for parts of DRC, recommending avoiding non-essential travel to Ituri, Nord-Kivu, and Sud-Kivu provinces. Travelers to DRC are urged to take precautions to avoid exposure to Ebola and to monitor themselves for symptoms while in DRC and for 21 days after leaving the country.
- On May 26, CDC also issued a Level 2 Travel Health Notice for Uganda (updated from a prior Level 1 Travel Health Notice), urging travelers to practice enhanced health precautions when visiting the country and to monitor themselves for symptoms while in the country and for 21 days after leaving.
- CDC is working with other federal agencies, international partners, and other countries' health ministries on this evolving situation and supporting response and preparedness efforts through our country offices in DRC, Uganda, and South Sudan.
- CDC support includes technical assistance to help countries with:
    - Disease tracking and contact tracing

    - Laboratory sample collection and virus sequencing
    - Training on Infection Prevention and Control Guidance and Personal Protective Equipment (PPE) Guidance
    - Public health measures at their borders, including exit screening and cross-border coordination
    - Risk communication and community engagement
- CDC is providing laboratory and diagnostic supplies, consultation, and training for in-country partners.
- CDC offers extensive clinical guidance and training for healthcare providers and others in both U.S. and non-U.S. settings, including Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF).
- **To support U.S. readiness for any possible importation of Ebola, CDC**
    - **Is providing extensive clinical guidance, and strict infection prevention protocols for U.S. hospitals evaluating suspected cases.**
    - **Is coordinating directly with health departments to support immediate patient isolation, specimen collection, and testing if Ebola is suspected.**
    - **Is ensuring rapid testing capacity through our long-standing Laboratory Response Network which is available directly at CDC or through public health laboratories nationwide.**
- CDC is coordinating with U.S. health departments nationwide to
    - Follow established patient assessment protocols if Ebola is suspected in a patient with concerning clinical and epidemiologic history.
    - Prepare to manage patients, collect specimens, and arrange for Ebola testing with state, tribal, local, and territorial health departments and clinical teams.
- CDC has developed Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.
- CDC maintains guidance for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- CDC maintains recommendations for U.S.-based organizations (such as nongovernmental, faith-based, academic, or aid organizations) with staff working in areas affected by viral hemorrhagic fever (VHF) outbreaks.

Travel and Border Health

- CDC has travel health notices in place for DRC and Uganda to help Americans, planning travel to either country in the near future, learn how to keep themselves safe from Ebola.

- CDC port health stations are part of a network that serves to limit the introduction and spread of contagious diseases in the United States.
- Passengers who have been in DRC, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles International Airport (IAD), Atlanta Hartsfield-Jackson International Airport (ATL), George Bush Intercontinental Airport (IAH), or John F. Kennedy International Airport (JFK). Airlines will work directly with affected travelers to rebook flights.
- CDC is taking a layered approach with public health measures to help prevent Ebola from entering the United States, including:
    - Restricting entry to the United States for non-U.S. citizens who have been in DRC, South Sudan, or Uganda in the past 21 days.
    - Conducting public health entry screening for individuals arriving from DRC, South Sudan, and Uganda.
    - Supporting state, tribal, local, and territorial health departments in traveler monitoring efforts.
    - Coordinating with airlines, international partners, and officials at U.S. ports of entry to identify and manage ill travelers or those who might have been exposed to Ebola.
- **Public health entry screening serves as a point for arriving travelers to receive initial health screening, health education, and confirmation of contact information for state, tribal, local and territorial health department follow-up and monitoring as needed.**

Information for the American Public

- The risk of spread of Ebola to the United States is considered low at this time.
    - **Ebola does not spread through casual contact.**
    - **The United States has robust entry screening and infection control in place.**
- People with Ebola are only considered infectious after they start having symptoms.
- There are no FDA-licensed or authorized vaccines or therapeutics for Bundibugyo virus, the type of virus responsible for this Ebola outbreak. Treatment consists of intensive supportive care and fluid replacement.
- CDC is working with partners to provide travelers with the support that they need to protect themselves and others, including education on symptoms, and what to do if they get sick.
- Travelers to DRC and Uganda should follow CDC's Travel Health Notices, take steps to avoid possible exposure to Ebola, and monitor themselves for symptoms while in the outbreak country and for 21 days after leaving.

- On June 5, CDC published projections of the potential size of the outbreak and a risk estimate for the U.S. population over the next three months in the *Morbidity and Mortality Weekly Report*.
- The results suggest large-scale, rapid public health actions are needed immediately to control the current outbreak and prevent it from becoming an even larger Ebola epidemic; it's currently the third largest on record.
- In addition, CDC assessed the risk that the Ebola outbreak poses for the U.S. population is considered low over the next three months.
- At this time, CDC does not recommend any changes in behavior for people in the United States, including those with travel plans to places other than the affected areas.
- CDC used a variety of scenarios to project the potential number of deaths from the outbreak over the next three months; these scenarios are defined by different levels of public health interventions, including the percentage of cases detected and the percentage of patients who are isolated to limit spread.
- The results suggest that without immediate large-scale, rapid, and sustained public health interventions supported by the international community, the current outbreak could grow to be as large as or larger than the 2014-2016 West Africa outbreak that resulted in more than 28,000 cases and more than 11,000 deaths.
- Even if reasonably effective public health measures could be implemented now, many of the scenarios found the outbreak could grow to cause 10,000 or more cases and more than 4,000 deaths.
- During the 2014–2016 West Africa Ebola epidemic, two cases of Ebola were imported into the United States, followed by two secondary transmission events to healthcare workers. These cases occurred before the United States began enhanced screening of arriving travelers, as is being currently implemented.
- The risk assessment also suggests that if a case of Ebola were diagnosed in the United States, the risk of community spread is considered low.-The United States has a strong public health system and access to high-quality health care and clinical infection control measures that would limit disease spread.

Information for Public Health Departments and Clinicians

- Clinicians should include Bundibugyo virus disease, a type of Ebola, in the differential diagnosis for an ill person who has compatible symptoms and epidemiological risk factors within the 21 days before symptom onset.
- **If Bundibugyo virus disease is suspected, clinicians should immediately isolate the patient and contact their state, tribal, local, or territorial health department.**

- Clinical teams should coordinate with public health officials and CDC to assess the risk of Bundibugyo virus disease based on the clinical presentation and epidemiologic risk factors. This will help determine if testing is needed and what other causes of illness should be considered (e.g., malaria). This coordination can ensure proper patient care and appropriate precautions are taken to help prevent potential spread within the healthcare setting.
- Contact CDC's Clinical Consult Team in the Ebola Response 24/7 for consultations about Bundibugyo virus disease. Call CDC's Emergency Operations Center at **770-488-7100** and request the on-call **member of the Ebola clinical consult team**. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for Ebola, including Bundibugyo virus disease, and other VHFs from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN).
    - These laboratories use testing panels that can rapidly detect or rule out high-consequence infectious disease pathogens to support timely patient evaluation and public health response.
- https://www.cdc.gov/public-health-gateway/php/communications-resources/health-department-directories.htmlBe aware of CDC's Travel Health Notices for suspected Ebola disease, specifically Bundibugyo virus disease, in the DRC and Uganda, and consider engaging travel health clinics or other clinical and public health partners to increase awareness about it.
- **Learn more about public health recommendations for Ebola preparedness actions at Public Health Guidance for Ebola Disease**
- Review CDC's recommendations for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- On May 19, 2026, CDC published a Health Alert Network advisory, Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda to inform clinicians and health departments about this Bundibugyo virus disease (a type of Ebola) outbreak in DRC and Uganda.
    - The alert included recommendations for identifying possible cases, testing, laboratory safety, infection control, and traveler precautions.
        - Clinicians should contact their state, tribal, local, or territorial health department immediately to report a suspected Ebola case and for assistance with patient management and diagnostic testing for Bundibugyo virus.
- On May 21, 2026, CDC published Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.

About Ebola and Bundibugyo Virus Disease (BVD)

- Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolaviruses). These viruses can cause serious illness that, without prompt diagnosis and treatment, can cause death.
- Orthoebolaviruses were discovered in 1976 in the Democratic Republic of the Congo (then Zaire). Since then, these viruses have emerged sporadically in several countries in sub-Saharan Africa.
- There are 4 types of orthoebolaviruses that cause illness in people: Ebola virus, Sudan virus, Taï Forest virus, and Bundibugyo virus (species O*rthoebolavirus bundibugyoense*). This current Ebola outbreak is caused by the Bundibugyo virus.
- **Ebola can be introduced into a human population through transmission of an orthoebolavirus from an infected animal. The disease can then spread to other people through direct contact with the body fluids of an infected person or with contaminated objects. Even after recovery from Ebola disease, the virus can persist in certain areas of the body that are shielded from the immune system (e.g., semen), and, although rare, might still be able to be transmitted to others for weeks or months after recovering.**
- Bundibugyo virus disease (BVD) is a rare and deadly illness that has caused two previous outbreaks, one in Uganda in 2007 and one in DRC in 2012.
    - Genetic fingerprinting of virus from the current outbreak shows that it is similar to the genetic fingerprints from the 2007 and 2012 outbreaks of Bundibugyo virus, consistent with a new spillover event from an animal host to a human (not a continuation of a previous outbreak).
- The incubation period for BVD is believed to range from 2 to 21 days after exposure. A person infected with an orthoebolavirus is not considered contagious until after symptoms begin.

Symptoms

- Someone with Ebola might start feeling sick 2 to 21 days after exposure to an orthoebolavirus. However, on average, symptoms begin about 8 to 10 days after infection.
- Early "dry" symptoms can include fever, aches, pains, lack of appetite, and fatigue.
- Later "wet" symptoms can include diarrhea, vomiting, and unexplained bleeding.
- Symptoms of Ebola disease can be hard to distinguish from other more common infectious diseases, such as:
    - Malaria
    - Influenza (flu)
    - Typhoid fever

    - Meningococcal disease
    - Other infections, like pneumonia or gastroenteritis
- After about four to five days of illness, patients can progress to “wet" symptoms as they become sicker. “Wet” symptoms can include:
    - Unexplained bleeding
    - Gastrointestinal symptoms such as:
        - Nausea
        - Vomiting
        - Diarrhea
        - Abdominal pain
- Additional symptoms might include loss of appetite, chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, or seizures.

Transmission

- All orthoebolaviruses, including Bundibugyo virus, can be spread by direct contact with the blood or body fluids of a person who is infected with the virus and not through airborne transmission. You **cannot** get Ebola from being near someone, like flu or COVID.
- **It’s important to remember that the way Ebola spreads is very different from airborne respiratory viruses. You can’t get Ebola from simply being near someone or passing them in public spaces because it doesn't spread through the air.**
- Like all orthoebolaviruses, Bundibugyo virus can also spread by:
    - Direct contact with objects contaminated with blood or body fluids (such as clothing, bedding, needles, or medical equipment)
    - Direct contact with animals, such as bats, forest antelopes, and nonhuman primates, that might be infected with Bundibugyo virus
    - Meat or body fluids from the animals listed above or unknown animals
- Sexual transmission is believed to be rare.
    - **Semen from a man who has recovered from Ebola disease could still be able to transmit the virus for months after recovering. There is no evidence that orthoebolaviruses can spread through contact with vaginal fluids from a woman who has recovered from Ebola disease.**
- Healthcare providers and family members caring for someone with Ebola disease without proper infection control precautions are at the highest risk of infection.

Prevention

- Avoid direct contact with body fluids from someone who is sick with or died from Ebola, including:
    - Blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid.

    - Semen from someone who has recovered from Ebola disease, until testing shows that the virus is no longer in the semen.
- Also, avoid direct contact with:
    - Clothes, bedding, needles, medical equipment, or other items that might have touched an infected person's blood or body fluids.
    - The body of someone who is suspected or confirmed to have died from Ebola disease (for instance, as part of a funeral or burial practices). **The amount of virus in the body is highest when a person is most ill or at the time of death.**
    - Bats, forest antelopes, nonhuman primates, and blood, fluids, or raw or undercooked meat from these or unknown animals.
- Use personal protective equipment (PPE) if you come in contact with people who are sick with or have died from Ebola disease, their blood and body fluids, or objects covered with their blood or body fluids.
    - **Make sure to use all recommended PPE and follow proper procedures for putting it on ("donning") and taking it off ("doffing").**
- **Although the Bundibugyo virus is not spread through airborne transmission, healthcare providers should use extra precautions during medical procedures that might generate aerosols or sprays of body fluids, such as intubation or CPR.**
- **If you visit an area with an ongoing Ebola outbreak:**
    - Monitor your health while there and for 21 days after leaving.
    - Separate yourself from others and contact local health officials or a healthcare facility immediately if you develop any symptoms of Ebola disease.
        - Call ahead before going to a healthcare facility to help the facility prepare for your arrival, which includes contacting health authorities and taking any precautions needed to protect staff and other patients.
        - If you are in the United States, follow the guidance listed under Ebola: What to Do After Travel.
    - Do not travel if you are sick.
- Avoid direct contact with any dead body in an area where Ebola is spreading, including during funeral or burial practices. Safe and dignified burial practices should be conducted by trained personnel using appropriate infection prevention and control measures and personal protective equipment.

Vaccines and Treatment

- There are no Food and Drug Administration (FDA)-licensed or authorized vaccines or therapeutics for Bundibugyo virus disease, the orthoebolavirus responsible for this outbreak. Treatment consists of intensive supportive care and fluid replacement.

    - Potential therapeutic options for these viruses remain under investigation and are currently backed primarily by preclinical evidence.

- **Ervebo, a licensed vaccine, and two licensed monoclonal antibody products have been used in previous outbreaks of Ebola disease caused by Ebola virus (species *Orthobolavirus zairense*). Ervebo is not expected to be effective against Bundibugyo.**

- In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high death rate.

- Patients have a better chance of surviving Ebola when they promptly receive:
    - Fluids and electrolytes (body salts) by mouth or into their veins.
    - Medicines for low blood pressure, vomiting and diarrhea, fever and pain.
    - Treatment for other infections, if they occur.

Infection Prevention & Control

- CDC has developed recommendations for U.S.-based organizations (e.g., nongovernmental, faith-based, academic, or aid organizations) with staff working in affected areas: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.
- It is essential for clinicians to correctly and consistently wear proper PPE and take appropriate infection control precautions while assessing a patient with suspected Ebola, including Bundibugyo virus disease.
- CDC has developed Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers.

U.S. Testing/Laboratory

- **CDC's Laboratory Response Network is supporting diagnostic testing capacity at more than 40 U.S. laboratories.**
- Any patient being tested for Bundibugyo virus or any other orthoebolavirus should be isolated (separated from other people) in a healthcare facility until test results are confirmed.
- Laboratories that have validated the BioFire® Global Fever Special Pathogens Panel* but do not have test kits on hand can order the following products on the LRN Secure Information Hub using the BioFire Warrior Panel or Global Fever Special Pathogens Panel. Patient evaluation at a healthcare facility is coordinated through public health officials.

Surveillance

- CDC is supporting surveillance and contact tracing through its country offices and partners in DRC and Uganda.
- At this time, the risk of Ebola, and specifically Bundibugyo virus disease, to the general population of the United States is considered low, partly due to robust surveillance programs and outbreak response capacity and actions supported by federal, state, tribal, local, and territorial health partners.
- In the United States, public health and clinical partners should systematically assess patients with compatible symptoms for exposure risk and the possibility of viral hemorrhagic fevers, including Bundibugyo virus disease, through a triage and evaluation process that includes travel history.
- If Ebola, and specifically Bundibugyo virus disease, is suspected, clinicians should contact their state, tribal, local, or territorial health department immediately and follow jurisdictional protocols for patient assessment.

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