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Current Situation

- CDC is responding to a deadly [Ebola outbreak](#) in the Democratic Republic of the Congo (DRC) and Uganda.
- **As of May 28**, no Ebola cases associated with this outbreak have been reported in the United States.
- Laboratory analysis conducted by the National Institute of Biomedical Research (INRB) in the Democratic Republic of the Congo confirmed Bundibugyo virus (species

Orthoebolavirus bundibugyoense), a type of Ebola, 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.

- 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.
- In Uganda, health authorities confirmed Bundibugyo virus disease (BVD), a type of Ebola, in a patient who had traveled from DRC and died while receiving care.
- Patients presented with symptoms that included fever, generalized body pain, weakness, vomiting, and in some cases, bleeding. Several patients reportedly deteriorated rapidly and died.
- Ugandan authorities have activated surveillance, screening, and response measures.
- 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 public health measures](#), including temporary entry restrictions, enhanced [public health entry screening](#), and other public health measures to prevent Ebola from entering the United States.
- On May 17, 2026, an American who was exposed as part of their work caring for patients in DRC tested positive for Bundibugyo virus disease.
 - That person has been moved to Germany for treatment and care.
 - In addition to being a short flight time away from DRC, Germany has previous experience caring for patients with Ebola.
- Six other Americans were identified as having had high-risk exposures to BVD. They have been moved to Germany and Czechia for monitoring.
- 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 risk of spread of Ebola to the United States is considered low at this time.
- On May 21, CDC and DHS began temporary entry restrictions, public health entry screening, and other public health measures to prevent Ebola from entering 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 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.
- CDC also issued a [Level 2 Travel Health Notice for Uganda](#), 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 efforts through our country offices in DRC and Uganda.
- CDC support includes technical assistance to help countries with:
 - Disease tracking and contact tracing
 - Laboratory sample collection and virus sequencing
 - Infection prevention and control
 - Public health measures at their borders, including exit screening and cross-border coordination
 - Personal protective equipment (PPE) and infection prevention and control
 - 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 \(VHF\)](#).
- 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.
 - 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.
 - Affected air passengers from 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.
- The risk of spread of Ebola to the United States is considered low at this time.
- CDC is taking [proactive public health measures to prevent Ebola](#) from entering the United States, including:
 - Conducting public health screening for individuals arriving from DRC, South Sudan, and Uganda.
 - Supporting state, local, tribal, 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 travelers who might have been exposed to Ebola.
 - Enhancing contact tracing, laboratory testing capacity, and hospital readiness nationwide.
 - Continuing deployment of CDC personnel to support outbreak containment efforts in affected regions

Information for the American Public

- The risk of spread of Ebola to the United States is considered low at this time.
- **As of May 28**, no Ebola cases associated with this outbreak have been reported in the United States.
- 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, a type of Ebola. 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 who to call 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 area and for 21 days after leaving.

Information for Public Health Departments and Clinicians

- The risk to the U.S. public is considered low at this time.
- 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.
- Clinical teams should coordinate with public health officials and CDC to assess the risk of Bundibugyo virus disease, a type of Ebola, 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 Ebola or other VHFs. Call CDC’s Emergency Operations Center at **770-488-7100** and request on-call epidemiologist. 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, including viral hemorrhagic fever viruses, to support timely patient evaluation and public health response.
- Be aware of CDC’s Travel Health Notice for suspected Ebola, 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.
- 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, 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 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 ebolavirus). 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 *Orthoebolavirus bundibugyoense*). This ongoing Ebola outbreak is caused by the Bundibugyo virus.
- Past Ebola cases have been linked to
 - Direct contact with bats, bat urine or droppings, forest antelopes, or nonhuman primates
 - Contact with blood, fluids, or meat from these or unknown animals
 - Sexual transmission (rare).
- [Bundibugyo virus disease \(BVD\)](#) is a rare and deadly illness that has caused two previous outbreaks, in Uganda in 2007 and one in DRC in 2012.
- 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 appear](https://www.cdc.gov/ebola/signs-symptoms/index.html).

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, and fatigue and 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 bacterial infections, like [pneumonia](#)
- After about four to five days of illness, patients can progress to "wet" symptoms as they become sicker. "Wet" symptoms can include:
 - Loss of appetite
 - Unexplained bleeding
 - Gastrointestinal symptoms such as
 - Nausea
 - Vomiting
 - Diarrhea
 - Abdominal pain
- Additional symptoms might include 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 or has died from it.
- Like all Ebola, 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 from these or unknown animals
- Sexual transmission is believed to be rare.
- Orthoebolaviruses, including Bundibugyo virus, are not spread through airborne transmission.
- 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).
- Bats, forest antelopes, non-human primates, and blood, fluids, or raw or undercooked meat from these or unknown animals.
- Use [personal protective equipment](#) 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.
- If you are in 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.
 - Do not travel if you are sick.
- 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.
- 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.

Treatment

- There are no Food and Drug Administration (FDA)-licensed or authorized vaccines or therapeutics for Bundibugyo virus disease, a type of Ebola. Treatment consists of intensive supportive care and fluid replacement.
- 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 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](#).

Testing/Laboratory

- Any patient being tested for Bundibugyo virus or any other Ebola virus 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 .
- Genetic fingerprinting of virus from this outbreak shows that it is similar to the genetic fingerprints from the 2007 and 2012 outbreaks of Bundibugyo virus disease, a type of Ebola. This means that the diagnostics available should work to detect the Bundibugyo virus causing the current outbreak.

Surveillance

- CDC is supporting surveillance and contact tracing through its country offices and partners in DRC and Uganda.
- At this time, the risk of spread of Ebola, and specifically Bundibugyo virus disease, to 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.