Healthy People Thriving in a Healthy Southern Nevada

Ebola: Bundibugyo Virus Disease

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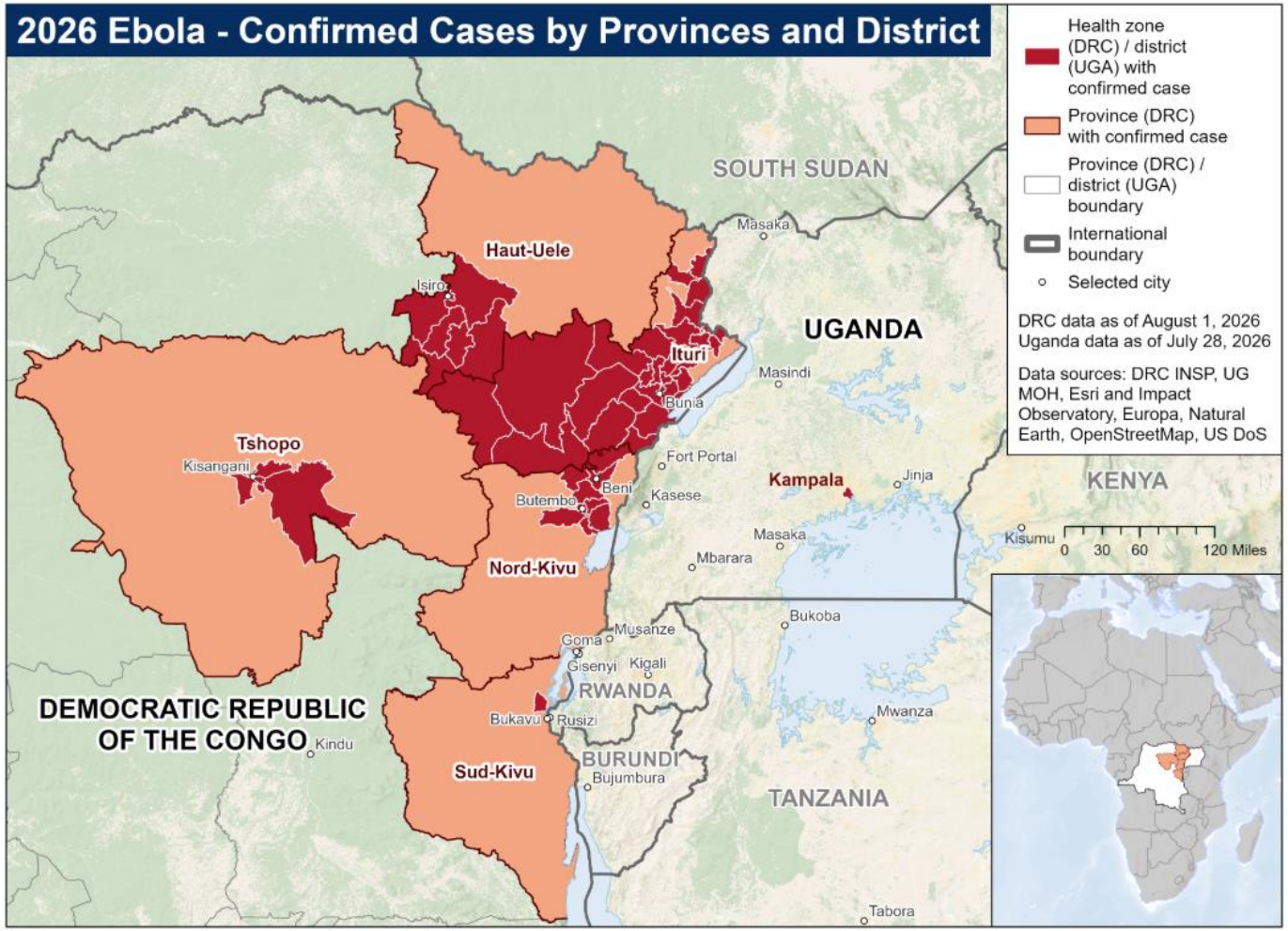
18 August 2026

Agenda

- Basics of Ebola
- Outbreak overview
- Public health response
- Resources



SOURCE: [Ebola Outbreak: Current Situation | Ebola | CDC]

Basics of Ebola

Ebola Terminology

- Ebola disease: Umbrella term to describe clinical disease due to infection with any of the 4 viruses within the genus Orthoebolavirus that cause disease in humans:
  - Ebola virus (*Orthoebolavirus zairense*)
  - Sudan virus (*Orthoebolavirus sudanense*)
  - Bundibugyo virus (*Orthoebolavirus bundibugyoense*)
  - Taï Forest virus (*Orthoebolavirus taiense*)
- Illnesses caused by infection with these viruses are clinically indistinguishable

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

Ebola Virus Disease (EVD) in Humans

- Vast majority of data on Ebola disease in humans come from Ebola virus (Orthoebolavirus zairense) cases and are considered applicable to all human-disease-causing orthoebolaviruses
- Serious, highly transmissible, often rapidly fatal
- Without treatment, Ebola disease has a high mortality rate
- Bats are the likely reservoir

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

Ebola Transmission

- In acutely infected persons, the virus can be found in all body fluids:
  - Blood
  - Feces/Vomit
  - Urine
  - Tears
  - Amniotic fluid
  - Saliva
  - Breast milk
  - Sweat
  - Semen
  - Vaginal secretions*
- Virus transmitted through:
  - Direct contact with the body fluids of a person who is sick with or has died from Ebola disease
  - Contact with contaminated items (clothes, bedding, needles, or medical equipment)
  - Sexual activity with a cisgender man who has recovered from Ebola disease (no evidence that virus spreads through vaginal fluids*)
- Ebola is not primarily spread through airborne transmission

**vaginal fluids have been RT-PCR reactive on testing, but live virus has never been isolated*

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

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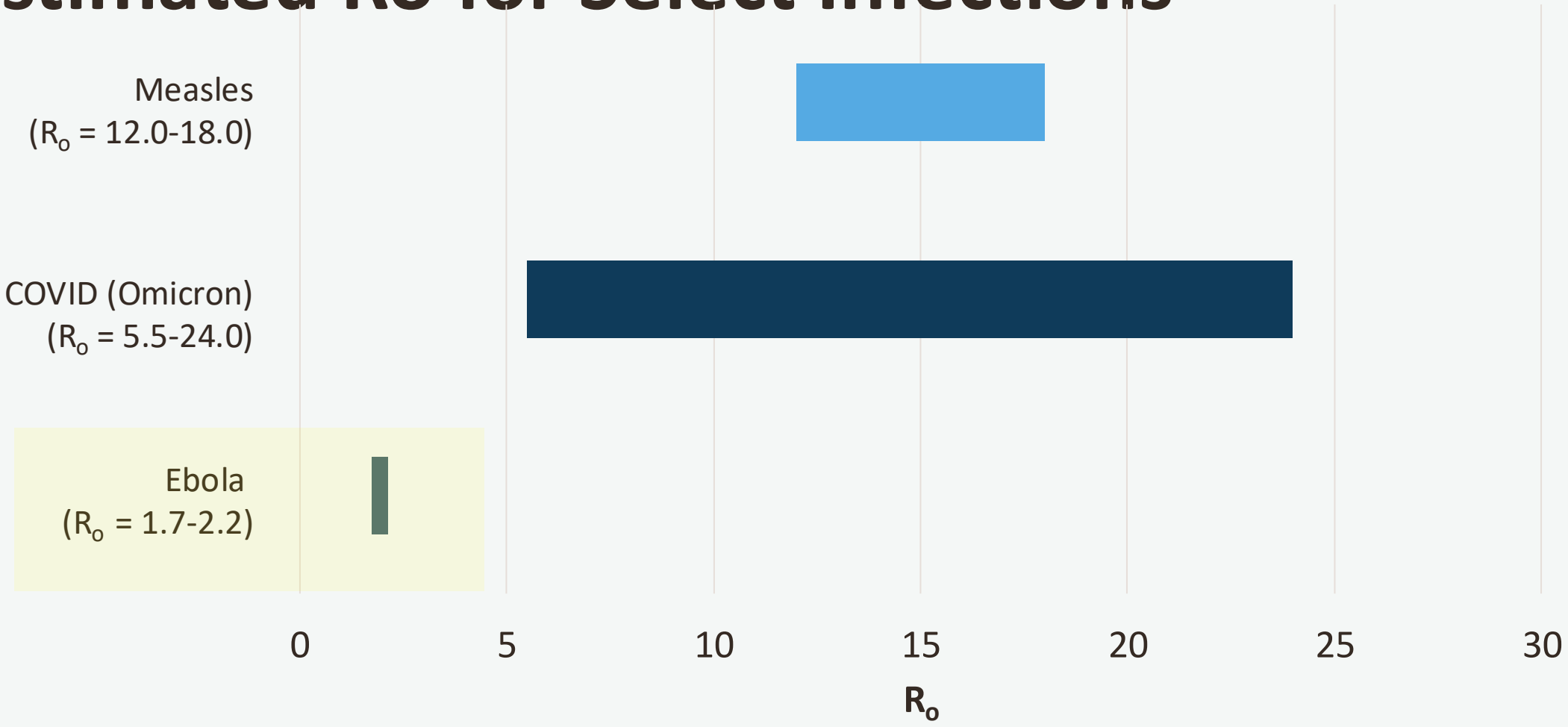
Estimated Ro for Select Infections



SOURCE: (all accessed 6/15/26)
Ebola - https://www.sciencedirect.com/science/article/pii/S147789392300145X
COVID - https://academic.oup.com/jtm/article/29/3/taac037/6545354
Measles - https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30307-9/abstract

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Ebola Clinical Presentation

- Signs and symptoms of Ebola disease include:

Dry Symptoms

- Headache
- Fatigue
- Sore throat
- Anorexia
- Abdominal Pain
- Muscle/joint pain
- Rash

Wet Symptoms

- Conjunctivitis
- Diarrhea
- Vomiting
- Unexplained bleeding/bruising (gums, mouth, nose, injection sites)

- No sign or symptom is pathognomonic for Ebola
- Fever is not universally present
- Bleeding/bruising is not universally present

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

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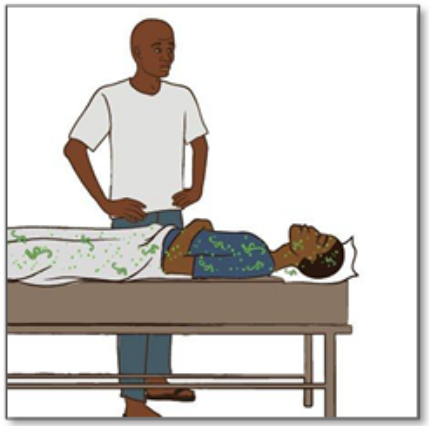
INFECTION	INCUBATION PERIOD	DRY PHASE	WET PHASE	
Infection occurs after exposure to a person who is sick or has died of Ebola.	• It can last from 2-21 days (usually 4-17 days) • Person feels well and has no symptoms • **The person cannot transmit the virus**	Common signs and symptoms are • Fever • Fatigue • Headache • Joint pain • Muscle pain • Back pain • Sore throat	Common signs and symptoms are • Diarrhea • Nausea/vomiting • Bleeding occurs in some cases • Hiccups • Eye redness	• The patient becomes more contagious as the disease progresses. • In fatal cases, death occurs on average 7 to 10 days after the onset of symptoms. • The amount of Ebola virus is highest at the time of death.
				

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

Ebola Diagnostic Testing

- Reverse transcription polymerase chain reaction (RT-PCR) is the diagnostic test of choice for acutely ill persons with suspected Ebola disease

- Symptom onset date is critical to interpreting RT-PCR results in a symptomatic patient

- A negative RT-PCR test result from a blood specimen collected less than 72 hours after symptom onset does not rule out Ebola disease

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

Therapeutics for Bundibugyo EVD

- There is no FDA-licensed treatment for Bundibugyo virus EVD
- Supportive care improves chances of survival when provided early
  - Intravenous (IV) fluids and electrolytes
  - Symptomatic treatment for vomiting, diarrhea
- There is no FDA-licensed vaccine against Bundibugyo virus

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

2026 Ebola Outbreak

Timeline: 2026 Ebola Outbreak (DRC)

May 5

Democratic Republic of Congo (DRC) identifies a cluster of ill healthcare workers (HCW) and reports cases to the World Health Organization (WHO)

May 15

Outbreak declared by DRC (HCW with 8 of 13 samples +BVD).

17th EVD outbreak in DRC.

Concurrent notice from Uganda (one imported case)

May 17

WHO declares outbreak a public health emergency of international concern

May 18

US Centers for Disease Control & Surveillance (CDC) and US Department of Homeland Security (DHS) begin proactive public health measures

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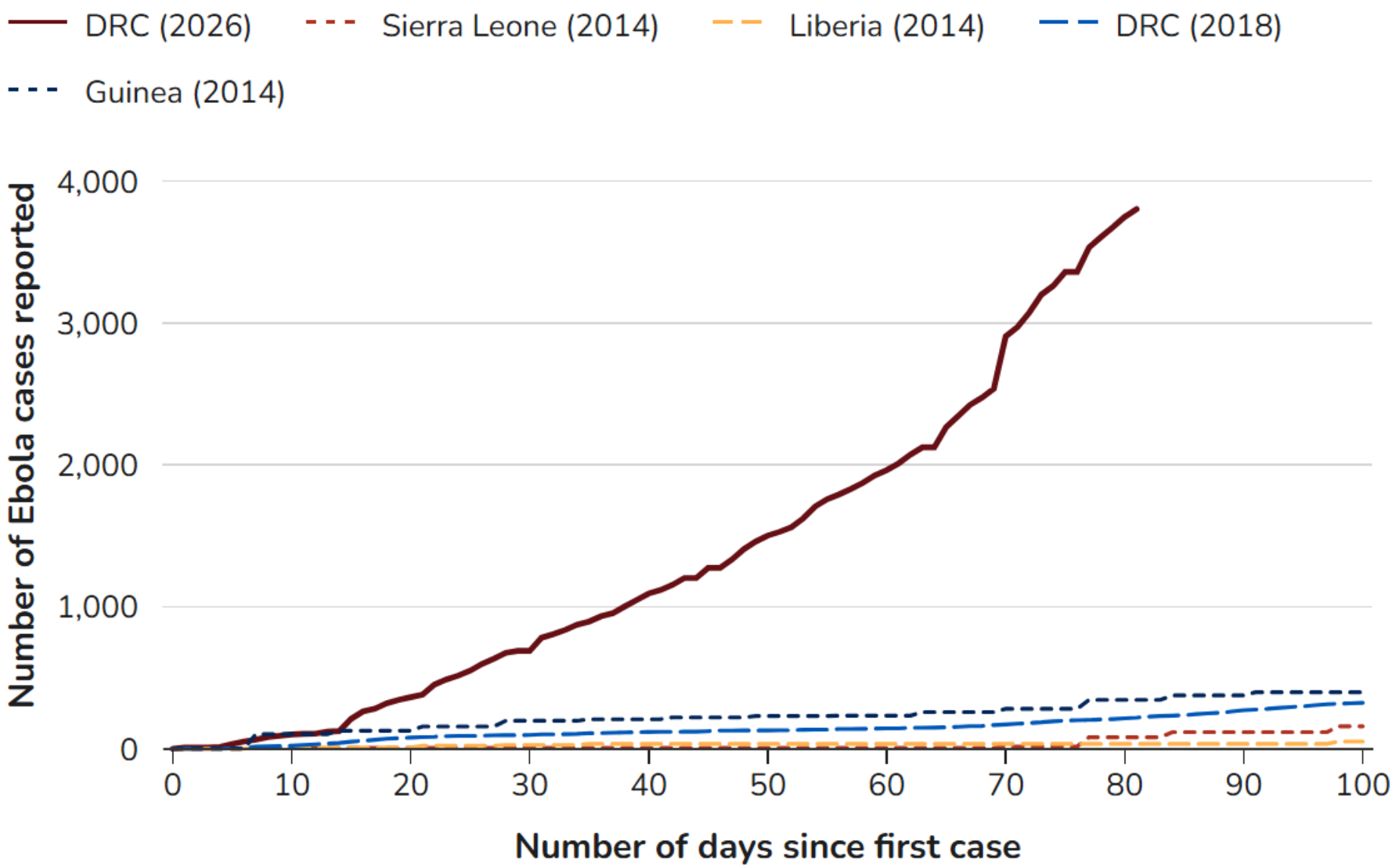
Ebola cases in the first 100 days of five Ebola outbreaks 2014-2026



SOURCE:[Ebola Outbreak: Current Situation | Ebola | CDC](), accessed 8/4/26

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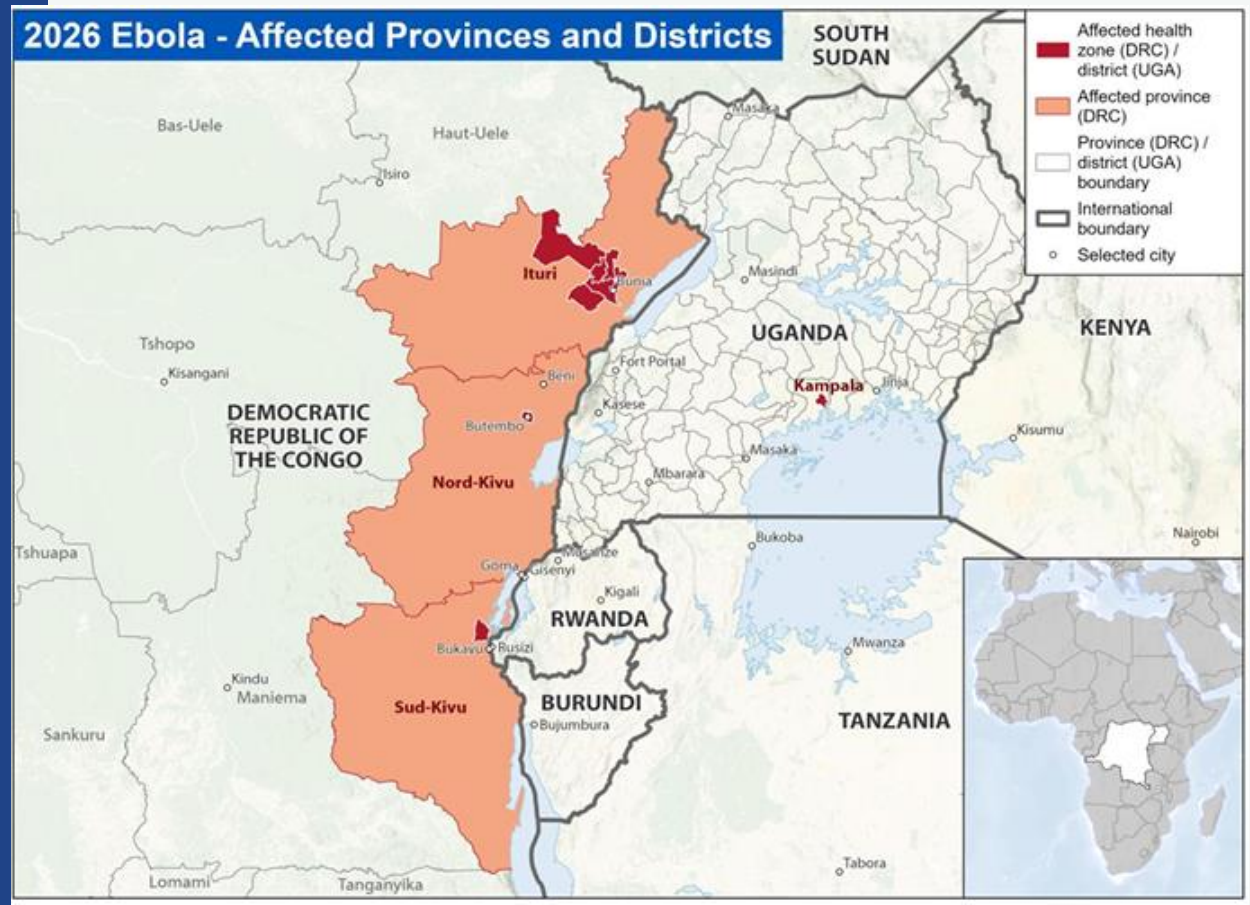
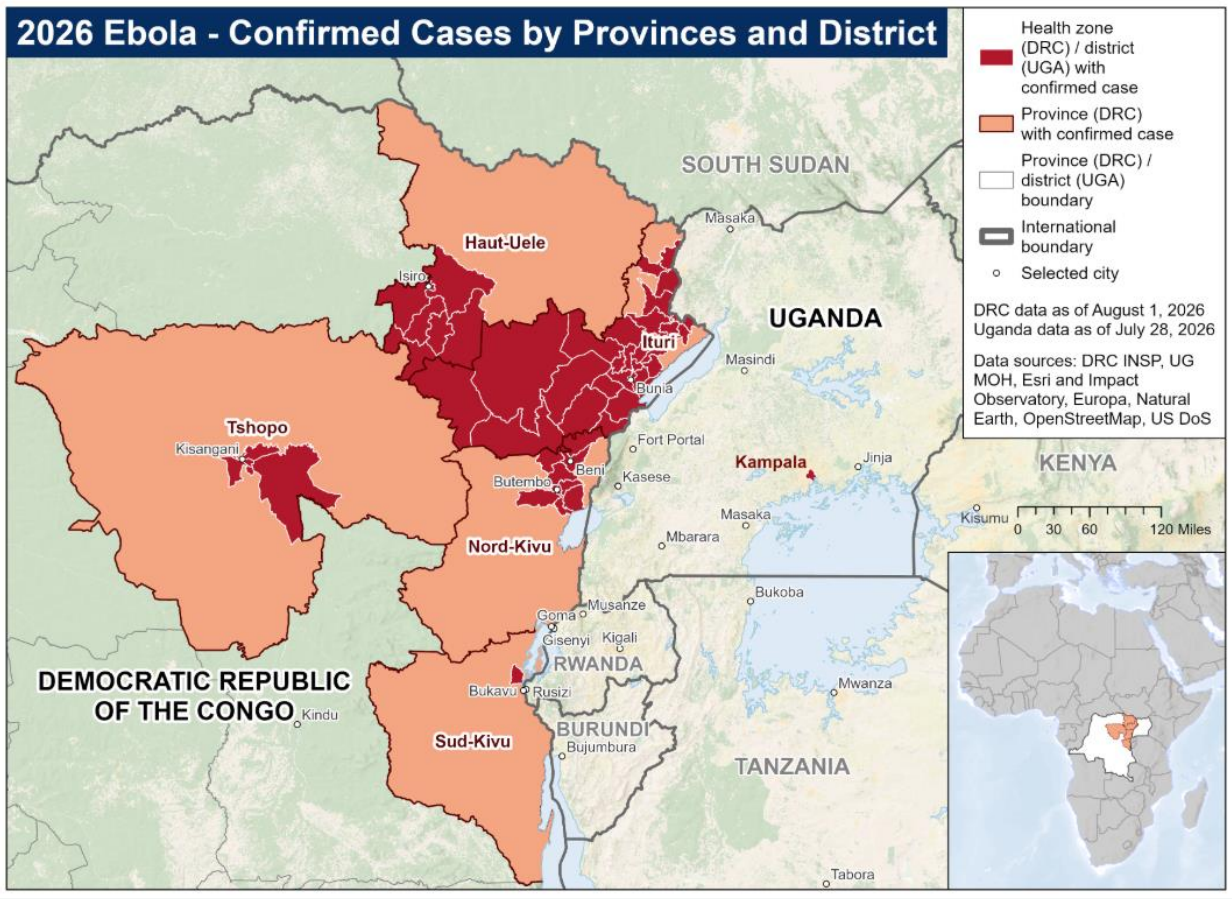
Map of Ebola Cases, May 2026 and August 2026



SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf, accessed 6/15/26

May 2026



SOURCE: Ebola Outbreak: Current Situation | Ebola | CDC, accessed 8/4/26

August 2026

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Ebola Response

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U.S. Response

- Risk of spread to U.S. low (as of August 4, 2026)
- Top priority is keeping Americans and U.S. communities safe
- CDC and US Department of State:
  - Border screening
  - Entry restrictions on non-US citizens
  - Routing to 4 US airports: IAD | ATL | IAH | JFK
- Continued coordination with global partners
- Communication with key audiences:
  - Health Alert Network
  - Travel Health Notice
  - Symptom surveillance

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf accessed 8/4/26

Travel History and Risk Factors

- Travel history for all ill patients with clinical picture of infection
- Travelers returning (21 days) from DRC, South Sudan, Uganda
- Exposure risk to Ebola:
  - Contact with symptomatic person with suspect/confirmed Ebola or any objects contaminated with their body fluids
  - Contact with semen from a man who has recovered from Ebola
  - Participated in any of below while in area with active outbreak:
    - Contact with someone sick or died or any objects contaminated by their body fluids
    - Attend or participate in funeral rituals
    - Work in healthcare facility or laboratory
    - Visited healthcare facility or traditional healer
    - Contact with bats or wild animals
    - Work or spend time in a mine/cave

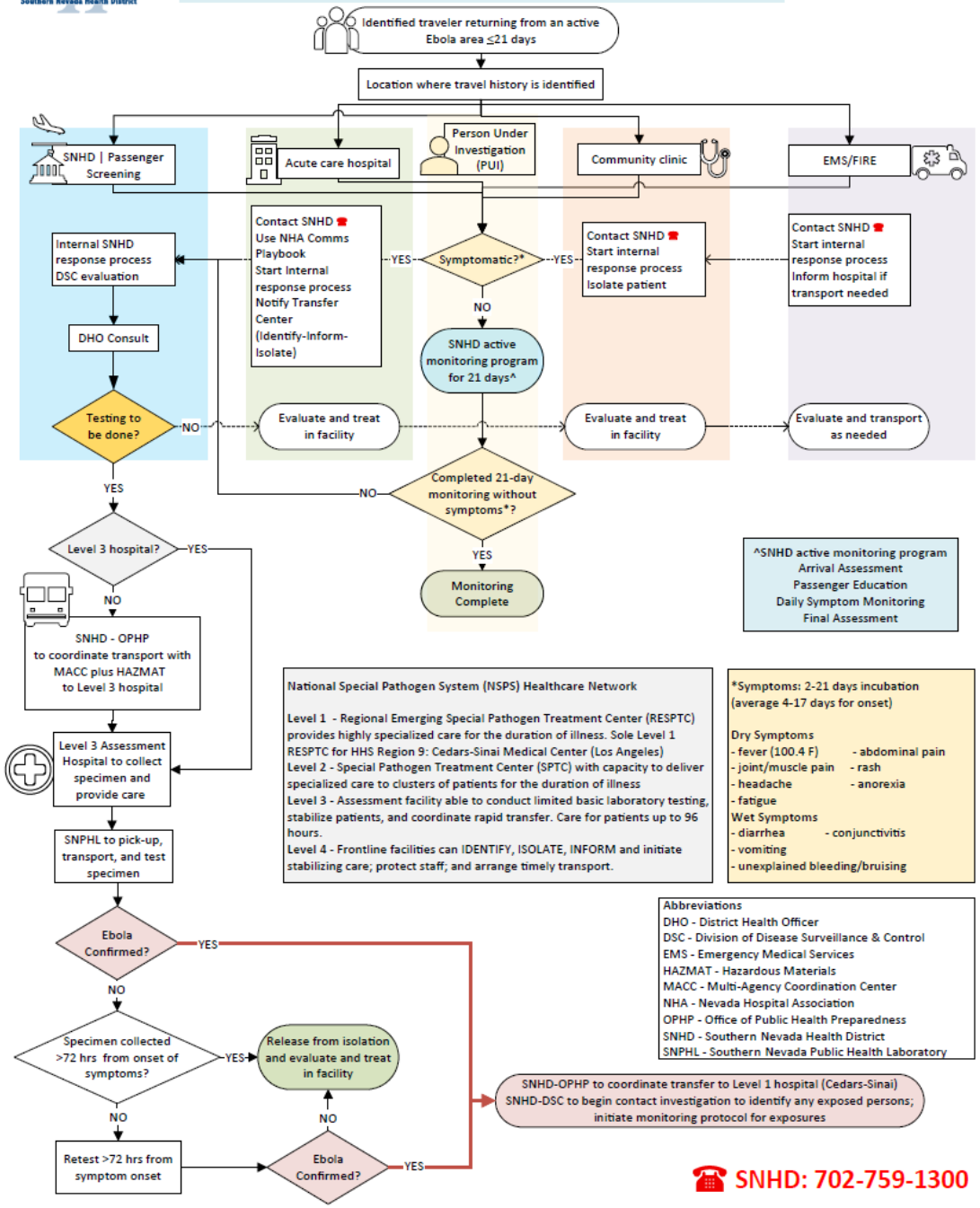
SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf accessed 6/15/26

SNHD Traveler Monitoring

As of 8/4/26

- Monitoring: 6
- Completed monitoring: 26
- Total travelers received: 32

Ebola Virus Disease Community Workflow



Resources

CDC

Viral Hemorrhagic Fevers (VHFs)

EXPLORE THIS TOPIC

SEARCH

Evaluating an Ill Person for VHF

Guide for evaluating an ill person for a VHF or other high-consequence disease

Learn More >

Infection Control Guidance

Guidance for U.S. hospital staff caring for a suspected or confirmed VHF patient

Guidance for Personal Protective Equipment (PPE)

PPE procedures for caring for VHF patients in U.S. hospitals

Clinical Testing and Screening

Guidelines for screening patients for VHFs

SOURCE: https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/index.html accessed 6/15/26

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References

- CDC. *Ebola Outbreak in the DRC: Current Situation*. 2026. Accessed August 4, 2026. https://www.cdc.gov/ebola/situation-summary/index.html
- CDC. *What Clinicians Should Know about Ebola Bundibugyo Virus*. 2026. Accessed August 4, 2026. https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf
- WHO. *Ebola Disease Caused by Bundibugyo Virus, Democratic Republic of the Congo & Uganda*. 2024. Accessed August 4, 2026. https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

Acknowledgements

- Division of Disease Surveillance & Control
- Office of Public Health Preparedness

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Thank you!

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