



**Public Health Advisory Update  
05/26/2026**

**Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda**

**SITUATIONAL AWARENESS SUMMARY**

**Situation:** On May 15, 2026, the Ministry of Health of the Democratic Republic of the Congo (DRC) confirmed an outbreak of Bundibugyo virus disease (BVD), a type of Ebola disease in Ituri Province in the northeastern DRC. In Uganda, health authorities confirmed Ebola disease in a patient transferred from DRC who later died while receiving care. In response to the cross-border spread and evolving public health risk, the Centers for Disease Control and Prevention issued a [Health Alert Network \(HAN\) advisory](#) to inform healthcare providers and public health officials about the situation and recommended preparedness measures.

- As of May 20, 2026, 33 confirmed cases (1 death) and 516 suspected cases (131 deaths) in DRC, and 2 confirmed cases (1 death) and 12 suspected cases (1 death) in Uganda have been reported.
- Eight of 13 samples from suspected cases in DRC have been laboratory confirmed as BVD.
- Ebola disease is caused by a group of viruses known as orthoebolaviruses, 4 of which can cause illness in people, including BVD.
- Ebola disease is spread through close contact with the bodily fluids of someone who is sick or has died from Ebola disease, or contact with bats, bat urine or droppings, forest antelopes, non-human primates and blood, fluids, or raw meat from these or unknown animals.
- The risk of spread to the United States is considered low at this time.
- On May 17, the World Health Organization determined this outbreak to be a public health emergency of international concern.
- The CDC has issued a [Level 3 travel advisory](#) for travel to DRC.
- As of May 18, 2026, no suspected, probable, or confirmed Ebola cases related to this outbreak have been reported in the United States.

The mortality rate of Ebola disease is high (25-50% in earlier outbreaks) without early diagnosis and treatment. There is no vaccine to protect against the BVD and no FDA approved or authorized treatment for Ebola disease. As a result, **early consideration of Ebola disease in the differential diagnosis is important for providing prompt supportive and diagnostic care as well as mitigating further transmission.**

**SNHD strongly urges all healthcare providers to:**

- 1) **Consider Ebola disease in patients with compatible symptoms AND an appropriate epidemiologic risk factor:**
  - a. Symptoms occur 2 to 21 days after contact with the virus.
    - i. Early “dry” symptoms include fever, aches, pain, and fatigue.
    - ii. Later “wet” symptoms include diarrhea, vomiting, and unexplained bleeding.
  - b. Exposure in the 21 days before symptoms began including:
    - i. Direct contact with a symptomatic person with suspected or confirmed BVD.
    - ii. A breach in infection prevention and control precautions that resulted in the potential for contact with body fluids of a patient with suspected or confirmed BVD.
    - iii. Participation in any of the following activities while in an area with an active BVD outbreak:
      1. Contact with someone who was sick or died, or with any objects contaminated by their body fluids.
      2. Attending or participating in funeral rituals, including preparing bodies for funeral or burial.
      3. Visiting or working in a healthcare facility or laboratory.
      4. Contact with bats.
- 2) If BVD is suspected, contact the Southern Nevada Health District immediately (via 24-hour call line at 702-759-1300). When a diagnosis of BVD is considered, SNHD will work with CDC and the clinical team to help coordinate care and testing for the patient and help ensure appropriate precautions are taken to prevent potential spread.



- 3) **Implement infection control measures to prevent transmission until receiving a negative BVD test result on a specimen collected  $\geq$  72 hours after symptom onset:**
  - a. Adhere to [CDC Viral Hemorrhagic Fevers Infection Prevention and Control Recommendations](#).
  - b. In healthcare settings, immediately place patients in airborne isolation.
  - c. Use personal protective equipment (PPE) consisting of gown, gloves, eye protection, and an N95 or higher-level respirator.
  
- 4) **If a patient has positive BVD test results, transfer the patient to a Regional Emerging Special Pathogens Treatment Center or a state designated special pathogens treatment center.**
  
- 5) **Test for all appropriate differential diagnoses:**
  - a. Consider and perform testing for more common diagnoses such as malaria, COVID-19, influenza, or other common causes of gastrointestinal and febrile illnesses in an acutely ill patient with recent international travel. Patients can present with concurrent infections and a history of being in the DRC or Uganda should not be reason to defer routine laboratory testing for other more common potential causes of illness.
  - b. If tested  $<$ 72 hours from symptom onset, testing should be repeated once the patient has been symptomatic for more than 72 hours.

**If BVD/Ebola disease is suspected:** Report immediately to the SNHD Division of Disease Surveillance & Control at the 24/7 surveillance line (702) 759-1300.

A handwritten signature in blue ink that reads 'Cassius Lockett'.

Cassius Lockett, PhD, MS  
District Health Officer  
Southern Nevada Health District

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention  
**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.  
**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.  
280 South Decatur Boulevard, Las Vegas, NV 89107 • Phone (702) 759-1000 • [www.snhd.info](http://www.snhd.info)