



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: U.S. CDC: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda
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Please review this information and clinical guidance from the U.S. CDC on the Ebola outbreak caused by the Bundibugyo virus (species *Orthoebolavirus bundibugyoense*) in the Democratic Republic of the Congo (DRC) and Uganda. As of May 20, 2026, there are **no known cases of Ebola in Maine or elsewhere in the United States.**

Any patients in Maine with suspected Ebola must be reported immediately to the Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) by phone at 1-800-821-5821.

The Maine CDC can provide guidance regarding how to test for Ebola and how to transfer a patient to another facility, if appropriate. Maine's Health and Environmental Testing Laboratory (HETL) is equipped to perform norovirus and respiratory virus testing.

All Maine health care facilities, including outpatient clinics and urgent care centers, should prepare to identify, isolate, and inform key partners when a patient/client presents with signs or symptoms of Ebola virus disease.

Information and health care facility readiness assessment tools are available from the National Emerging Special Pathogens Training and Education Center (NETEC) at www.netec.org/education-training and the National Special Pathogen System (NSPS) at www.netec.org/nsps. For more information on Ebola, visit www.cdc.gov/viral-hemorrhagic-fevers.

U.S. CDC: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to alert clinicians, public health practitioners, and travelers about a new outbreak of Ebola disease in the Democratic Republic of the Congo (DRC) and Uganda caused by the Bundibugyo virus (species *Orthoebolavirus*

bundibugyoense). The risk of spread to the United States is considered low at this time. As a precaution, this Health Advisory summarizes CDC recommendations for U.S. health departments, clinical laboratories, and healthcare workers about potential Ebola disease case identification, testing, and biosafety considerations in clinical laboratories.

Background

On May 15, 2026, the Ministry of Health of the Democratic Republic of the Congo (DRC) confirmed an outbreak of [Ebola disease in Ituri Province in northeastern DRC](#). As of May 16, 2026, a total of 246 suspected cases and 80 deaths have been reported. Laboratory analysis conducted by the National Institute of Biomedical Research (INRB) confirmed the cause as Bundibugyo virus infection in 8 of 13 samples collected from suspected cases associated with clusters of severe illness and deaths in the Mongbwalu and Rwampara health zones in Ituri Province. Patients presented with symptoms including fever, generalized body pain, weakness, vomiting, and in some cases bleeding. Several patients reportedly deteriorated rapidly and died. The outbreak is occurring in areas affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel, all of which may increase the risk of further transmission. In neighboring Uganda, health authorities confirmed Bundibugyo virus disease (BVD) in a patient who had traveled from DRC and later died while receiving care. Ugandan authorities have activated surveillance, screening, and response measures.

On May 15, 2026, CDC issued a Level 1 [Travel Health Notice](#) for people traveling to Uganda and a Level 3 [Travel Health Notice](#) for people traveling to DRC. On May 17, the World Health Organization determined this outbreak to be a [public health emergency of international concern](#). As of May 18, no suspected, probable, or confirmed Ebola cases related to this outbreak have been reported in the United States.

This is the 17th recorded Ebola outbreak in DRC since the virus was first identified in 1976. The previous Ebola outbreak in DRC ended in December 2025. The Bundibugyo species of Ebola virus was first identified in Uganda in 2007 and has historically been associated with somewhat lower case fatality rates than other species of Ebola virus disease, though severe disease and death can still occur. Previous outbreaks of BVD have had mortality rates of approximately 25%-50%.

CDC is working through its country offices and partners in DRC and Uganda to provide technical assistance with disease tracking and contact tracing, laboratory sample collection and testing, virus sequencing, infection prevention and control (IPC) efforts, border health screening, and coordination with affected countries and international public health partners. Case numbers are subject to change as the situation evolves.

The risk of spread to the United States is considered low at this time. However, it is possible for travelers from affected areas in DRC or Uganda to enter the United States. Therefore, as an additional precaution, CDC is working to raise awareness of this outbreak among travelers, public health departments, public health and clinical laboratories, and healthcare workers in the United States.

Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolavirus). Ebola disease most commonly affects humans and nonhuman primates, such as monkeys, chimpanzees, and gorillas. Four orthoebolaviruses cause illness in people, presenting as clinically similar disease:

- Ebola virus (species *Orthoebolavirus zairense*) causes Ebola virus disease.
- Sudan virus (species *Orthoebolavirus sudanense*) causes Sudan virus disease.
- Taï Forest virus (species *Orthoebolavirus taiense*) causes Taï Forest virus disease.
- Bundibugyo virus (species *Orthoebolavirus bundibugyoense*) causes Bundibugyo virus disease.

The incubation period for BVD ranges from 2 to 21 days after exposure. A person infected with an orthoebolavirus is not considered contagious until after [symptoms](#) appear. Early "dry" symptoms include fever, aches, pains, and fatigue and later "wet" symptoms include diarrhea, vomiting, and unexplained bleeding. Ebola disease is spread through **direct contact** (through broken skin or mucous membranes) with the body fluids (e.g., blood, urine, feces, saliva, semen, or other secretions) of a person who is sick with or has died from Ebola disease. Ebola disease can also be transmitted to humans from infected animals, or through contact with objects like needles that are contaminated with the virus. **Ebola disease is not spread through airborne transmission.**

In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high mortality rate. There is currently no Food and Drug Administration (FDA)-licensed or authorized vaccine to protect against Bundibugyo

virus infection. The Ebola vaccine licensed in the United States (ERVEBO®) is indicated for preventing Ebola disease due to a different species of Ebola virus (species *Orthoebolavirus zairense*) only, and based on studies in animals, this vaccine is not expected to protect against Bundibugyo virus or other orthoebolaviruses. There is currently no FDA-approved or authorized treatment for BVD, but there are therapies that have shown some efficacy in animal models. With intense supportive care and fluid replacement, mortality rates may be lowered.

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](#).

Recommendations for Clinicians

- Systematically assess patients with compatible [symptoms](#) (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding) for exposure risk and the possibility of viral hemorrhagic fevers (VHFs) including BVD through a [triage and evaluation process](#) including a travel history. Early identification of BVD or other VHFs is important for providing appropriate and prompt patient care and preventing the spread of infection.
- Include BVD in the differential diagnosis for an ill person who has compatible symptoms AND who has reported epidemiological risk factors, such as **one or more** of the following, within the 21 days before symptom onset:
 - Had direct contact with a symptomatic person with suspected or confirmed BVD (alive or dead), or with any objects contaminated by their body fluids.
 - Experienced 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.
 - Participated in any of the following activities while in an area with an active BVD outbreak:
 - Had contact with someone who was sick or died, or with any objects contaminated by their body fluids.
 - Attended or participated in funeral rituals, including preparing bodies for funeral or burial.
 - Visited or worked in a healthcare facility or laboratory.
 - Had contact with bats.
- 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 and evaluate and manage the patient appropriately.
- Know that patients with BVD can present with concurrent infections (e.g., [coinfection with malaria](#)), and the possibility of a concurrent infection should be considered if a patient has a clinical and epidemiologic history compatible with BVD. A history of being in the DRC or Uganda during the past 21 days should not be a reason to defer [routine laboratory testing](#) or other measures necessary for standard patient care.
 - A travel flag in electronic or other available health records is crucial for quickly identifying patients who have recently been in areas with VHF outbreaks, enabling timely detection and infection control.
- Immediately isolate and hospitalize patients who have both an exposure risk AND any symptoms compatible with BVD in a healthcare facility until receiving a negative BVD test result on a specimen collected ≥ 72 hours after symptom onset. If a specimen is collected < 72 hours after symptom onset and is negative for BVD, the patient should remain isolated in the healthcare facility and another test should be performed on a new specimen taken ≥ 72 hours after symptom onset. **Pursue routine laboratory testing to monitor the patient's clinical status and diagnostic testing to assess other potential causes of the patient's illness while BVD testing is underway.** Do not delay BVD diagnostic testing while awaiting results of other diagnostic testing.
 - Patients should be placed in isolation at their presenting medical facility and cared for using recommended [infection control precautions](#). Personnel caring for the patient should be trained on and wearing [appropriate Personal Protective Equipment \(PPE\)](#) while BVD test results are pending.
 - If a patient has a positive BVD test result, transfer the patient to a [Regional Emerging Special Pathogens Treatment Center](#) or a state-designated special pathogens treatment center, depending on the jurisdiction.
- If [BVD is suspected](#), contact your state, tribal, local, or territorial health department immediately (via [24-hour Epi-on-call contact list](#)) and follow jurisdictional protocols for patient assessment. When a diagnosis of BVD is considered, health departments 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.

- Counsel patients with planned travel to a BVD outbreak-affected area on ways to prevent exposure during their travel. Prevention methods include:
 - Avoid contact with blood and body fluids (or with materials possibly contaminated with blood and body fluids) of people who are sick.
 - Avoid exposure to semen from a man who has recovered from Ebola disease until testing shows that the virus is no longer in the semen.
 - Do not touch the body of someone who died from suspected or confirmed BVD without appropriate precautions, such as during funeral or burial practices.
 - Avoid contact with bats, bat urine or droppings, forest antelopes, nonhuman primates, and blood, fluids, or raw meat from these or unknown animals.
 - Refrain from entering areas known to be inhabited by bats, such as mines or caves.
- Counsel travelers to avoid visiting healthcare facilities in outbreak areas for nonurgent medical care or for nonmedical reasons, and to avoid visiting traditional healers.
- Counsel healthcare workers traveling to the DRC or Uganda for work in clinical settings of their potential increased risk of exposure to BVD, the importance of following recommended infection prevention and control precautions as noted above and monitoring themselves for symptoms of BVD during their stay and after their return to the United States.
- Be prepared to follow CDC's [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers](#).
- Be aware of CDC guidance for [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures](#).

Recommendations for Public Health Departments

- Follow your established jurisdictional protocols about patient assessment to determine if testing for BVD is warranted for a patient with concerning clinical and epidemiologic history for BVD if identified in your jurisdiction.
- Coordinate patient management, specimen collection, and BVD testing with state, tribal, local, and territorial health departments, CDC, and the clinical team.
- Contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about BVD or other VHFs. Call CDC's Emergency Operations Center at **770-488-7100** and request VSPB's on-call epidemiologist. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for BVD and other VHFs from CDC (Atlanta, Georgia) or the [Laboratory Response Network \(LRN\)](#).
 - To date, 46 geographically diverse LRN laboratories can test using the Biofire Warrior Panel or the Global Fever Special Pathogens Panel. In addition, 13 [Regional Emerging Special Pathogen Treatment Centers \(RESPTC\)](#) have internal diagnostic capacity using the [Biofire Warrior Panel](#), [Global Fever Special Pathogens Panel](#), or [Biothreats-E](#). Patient evaluation at such centers is coordinated through public health officials in coordination with RESPTC leadership.
 - The Biofire Warrior Panel and Global Fever Special Pathogens Panel can detect orthomareburgviruses (Marburg and Ravn viruses) and orthoebolaviruses (Ebola, Sudan, TaiForest, Bundibugyo, and Reston viruses) in addition to other high-consequence pathogens.
 - Per manufacturers' recommendations, results from these test kits are presumptive, and results require additional testing, which can be performed at CDC.
- Be aware of CDC's Travel Health Notice for suspected BVD in [the DRC](#) and [Uganda](#), and consider engaging travel health clinics or other clinical and public health partners to increase awareness about BVD.
- Review CDC's recommendations for [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures](#).

Recommendations for Clinical Laboratory Biosafety

- Be aware that early symptoms of BVD are similar to those of other febrile illnesses in recent international travelers.
- Follow CDC's [Standard Precautions for All Patient Care](#), which includes Occupational Safety and Health Administration's (OSHA) [Bloodborne Pathogens Standard](#), and the [Biosafety in Microbiology and](#)

[Biomedical Laboratories Appendix N](#) to reduce the risk of laboratory-acquired illnesses from bloodborne pathogens, such as VHF and other high-consequence diseases.

- Handle all blood and body fluids (e.g., urine, pleural fluid) as if they contain an unknown pathogen, taking the necessary precautions to avoid exposure.
- Be prepared to [perform routine laboratory testing](#) that is critical to evaluating an ill traveler.
- Have a written [Exposure Control Plan](#) in place to eliminate or minimize employees' risk of exposure to blood, body fluids or other potentially infectious materials.
- Make [recommended PPE](#) available and train staff to properly put on ("don") and take off ("doff") their PPE.
- If a laboratory needs to ship specimens to another facility they should do so in collaboration with public health following [appropriate packing and shipping requirements](#).

Recommendations for U.S. Travelers

- CDC recommends avoiding nonessential travel to Ituri and Nord-Kivu provinces in DRC. If they travel to DRC, travelers should take precautions as described in CDC's level 3 [Travel Health Notice](#), including taking steps to avoid possible exposure to BVD and monitoring themselves for symptoms while in DRC and for 21 days after leaving. Travelers who develop symptoms during this time should self-isolate and contact local health authorities or a clinician.
- Travelers to Uganda are recommended to follow recommendations in CDC's level 1 [Travel Health Notice](#) including taking steps to avoid possible exposure to BVD and monitoring themselves for symptoms while in Uganda and for 21 days after leaving. Travelers who develop symptoms during this time should self-isolate and contact local health authorities or a clinician.

Recommendations for the Public

- Protect yourself and prevent the spread of BVD when living in or traveling to a region where Bundibugyo virus is potentially present or that is currently experiencing an outbreak.
- In affected areas, take the following actions to protect yourself:
 - Avoid contact with sick people who have symptoms such as fever, muscle pain, and rash.
 - Avoid contact with blood and other body fluids.
 - Avoid materials possibly contaminated with blood or other body fluids of people who are sick.
 - Avoid semen from men who have recovered from BVD until testing shows that the virus is no longer in the semen.
 - Avoid visiting healthcare facilities for nonurgent medical care or for nonmedical reasons.
 - Avoid visiting traditional healers.
 - Do not participate in funeral or burial practices that involve touching the body of someone who died.
 - Keep away from bats, forest antelopes, non-human primates (e.g., monkeys, chimpanzees, gorillas), and avoid contact with blood, fluids, or raw meat from these or unknown animals.
 - Do not enter areas where bats live, such as mines or caves.
- Monitor your health while you are in, and for 21 days after you return from, an area experiencing a BVD outbreak.
 - If you develop any [symptoms of BVD](#) during this time, isolate (separate) yourself immediately from others, do not travel, and contact local health authorities or a healthcare facility for advice.
 - Before you enter a healthcare facility, alert the healthcare providers of your recent presence in a BVD-affected area.

For More Information

General Ebola Information

- [Ebola Disease Basics | Ebola | CDC](#)
- [Ebola Disease: Current Situation | Ebola | CDC](#)
- [Ebola Bundibugyo Virus Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Ebola Bundibugyo Virus Disease in Uganda - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Post-Travel Evaluation to Rule Out Viral Special Pathogen Infection | Yellow Book | CDC](#)

Clinician Resources

- [Clinical Guidance for Ebola Disease | Ebola | CDC](#)
- [Clinical Signs of Ebola Disease | Ebola | CDC](#)
- [Healthcare Provider Trainings on Ebola Disease | Ebola | CDC](#)
- [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers | CDC](#)

U.S. Healthcare Settings

- [National Special Pathogen System Overview | NETEC](#)
- [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\) | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)

U.S. Public Health Departments

- [Public Health Guidance for VHF Response Planning | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers | CDC](#)
- [Public Health Guidance for VHF Response Planning | Viral Hemorrhagic Fevers | CDC](#)

Non-U.S. Healthcare Settings

- [Viral Hemorrhagic Fevers for Health Care Providers | Viral Hemorrhagic Fevers | CDC](#)
- [Clinical Screening and Diagnosis for VHFs | Viral Hemorrhagic Fevers | CDC](#)
- [Clinical Treatment of Viral Hemorrhagic Fevers | Viral Hemorrhagic Fevers | CDC](#)
- [Guidance for Personal Protective Equipment \(PPE\) | Viral Hemorrhagic Fevers | CDC](#)