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EBOLA DISEASE OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO AND UGANDA

JUNE 5, 2026

Situation Update

As of June 4, 2026, the Centers for Disease Control (CDC) is responding to an outbreak of Ebola disease in remote areas of the Democratic Republic of the Congo (DRC) and Uganda. To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak. **The overall risk to the American public and travelers remains low.**

Reported Cases

DRC (As of June 4, 2026)	UGANDA (As of June 5, 2026)
• **452** confirmed cases • **82** confirmed deaths • **N/A** probable cases • **N/A** probable deaths	• **19** confirmed cases • **2** confirmed deaths • **1** probable case • **1** probable death

This is a rapidly evolving situation, and case counts are subject to change.

Recommendations for Clinicians

- All California hospitals are expected to be able to serve as a National Special Pathogen (NSPS) System of Care Level 4 facility (formerly referred to as “frontline hospitals") with the ability to identify, isolate, inform, and initiate stabilizing medical care for a suspect Viral Hemorrhagic Fever (VHF) patient; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.
- Clinicians should suspect Ebola disease caused by Bundibugyo virus (BVD) in a patient who has traveled to DRC or Uganda in the last 21 days, AND who has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding), AND has reported epidemiologically compatible risk factors within the 21 days before symptom onset. Refer to CDC website Clinical Screening and Diagnosis for VHFs for guidance on VHF triage and evaluation process, symptoms and risk factors.
- Consider more common diagnoses such as malaria, COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in an ill patient with recent international travel and consider the possibility of a concurrent infection. Travel to or from DRC or Uganda in the past 21 days should not be a reason to defer routine laboratory testing or other measures necessary for standard patient care.
- Isolate and manage patients with exposure risks and symptoms compatible with BVD in a healthcare facility, with personnel wearing appropriate personal protective equipment (PPE) while BVD test results are pending.
- If a patient tests positive, follow instructions from Riverside University Health Systems Public Health (RUHS) and the California Department of Public Health for transport to an appropriate treatment facility (e.g. Cedars-Sinai Medical Center).
- Contact your hospital infection control and local health department immediately if Ebola disease is suspected and follow jurisdictional protocols for patient assessment. CDPH and CDC can assist healthcare providers and Local Health Departments (LHDs) with evaluation of any symptomatic returned travelers of concern. Your (LHD), California Department of Public Health (CDPH), and (CDC) must approve testing before specimens are collected. 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 (VHF) and (CDPH's) Interim Guidance on Personal Protective Equipment (PPE) to Be Used by Healthcare Personnel (HCP) in the Inpatient Hospital Setting During Management of Patients Suspected or Confirmed to Have Selected Viral Hemorrhagic Fevers (VHFs) in California.
- Counsel healthcare workers traveling to Ebola disease outbreak-affected countries for work in clinical setting of the potential increased risk of VHF exposure, the importance of following recommended infection prevention and control precautions, and the possibility of symptom monitoring and work-restriction after their return to California depending on their exposure-risk and public health recommendations at the time of return to California.

Recommendations for Infection Prevention and Control Measures in Hospitals

Employ recommended infection prevention and control measures to prevent transmission of Ebola disease in hospitals. These infection prevention and control measures include, but are not limited to:

- Isolating patients in a private room with a private bathroom or covered bedside toilet if Ebola disease is suspected and limiting the number of personnel who enter the room for clinical evaluation and management. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care.

- Following CDPH's Interim Guidance on Personal Protective Equipment (PPE) to Be Used by Healthcare Personnel (HCP) in the Inpatient Hospital Setting During Management of Patients Suspected or Confirmed to Have Selected Viral Hemorrhagic Fevers (VHFs) in California.

- Being prepared to implement CDPH's guidance for waste management for Ebola Virus Disease if a patient tests positive for BVD.

- Ensuring that healthcare personnel caring for patients with VHFs have received comprehensive training and demonstrated competency in performing VHF-related infection control practices and procedures.

- Having an onsite manager supervise personnel providing care to these patients at all times. A trained observer must also supervise each step of every PPE donning/doffing procedure to ensure established PPE protocols are completed correctly.

- Healthcare personnel can be exposed through contact with a patient's body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. Splashes to unprotected mucous membranes (e.g., the eyes, nose, or mouth) are particularly hazardous.

- Minimize procedures that can increase environmental contamination with infectious material, involve handling of potentially contaminated needles or other sharps, or create aerosols.

Recommendations for Clinical Laboratory Biosafety and Testing

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 per Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard. A laboratory should have dedicated space, equipment for handling and testing specimens from ill patients, and plans for minimizing specimen manipulation.

- Laboratories should conduct extensive risk assessments to identify and mitigate hazards associated with handling Ebola specimens. The proper PPE needs to be identified, available, and staff trained to properly don and doff their PPE. Staff need to be specially trained, have passed competency testing, and attended drills to safely receive, handle, and process these specimens.

- A waste management plan needs to be in place for laboratory reagents, consumables, and Category A waste, including PPE and sample material.

Be aware that early symptoms associated with Ebola disease are similar to other illnesses associated with fever in recent international travelers.

- The decision to test for Ebola must be made in conjunction with the patient's clinical care team, the LHD CDPH and CDC's Viral Special Pathogens Branch (VSPB).
- Follow CDC guidance on safely performing common diagnostic testing for patients with suspected Ebola disease.
- If a facility does not have the appropriate risk mitigation and testing capabilities, please forward the specimen using appropriate packing and shipping requirements Riverside University Health System Public Health Lab (RUHSPHL).
- All personnel handling specimens from patients with suspected Ebola disease should adhere to recommended infection control practices to prevent infection and transmission among laboratory personnel.
- Riverside University Health Systems Public Health Laboratory (RUHSPHL) is available to consult on collecting, packaging, and shipping specimens to RUHSPHL.
    - RUHSPHL requires two purple top EDTA whole blood tubes for the BioFire Warrior panel testing, which identifies several VHF viruses including Ebola virus.
    - Store and transport specimens at 4°C to the RUHSPHL.
- For additional testing guidance, please contact RUHSPHL at 951-358-5070.

If a laboratory opts to test, please be aware that Title 17, California Code of Regulations (CCR), Section 2505 (PDF) requires the laboratory to immediately report all results (positive and negative) inclusive of molecular and pathologic, to the Riverside University Health Systems Public Health Department.

Reporting Requirements

Suspect and probable cases meeting the clinical criteria and epidemiological risk factors should immediately be reported to Disease Control by telephone at 951-358-5107 during business hours. After hours call the Public Health Duty Officer at (951) 782-2974.

Clinician Resources

CDPH:

- **Information for Health Professionals**
- **Interim Guidance on Personal Protective Equipment (PPE) to Be Used by Healthcare Personnel (HCP) in the Inpatient Hospital Setting During Management of Patients Suspected or Confirmed to Have Selected Viral Hemorrhagic Fevers (VHFs) in California**
- **Viral Hemorrhagic Fevers**

CDC:

- **Ebola Disease: Current Situation**
- **Statement on the Use of Public Health Travel Restrictions to Prevent the Introduction of Ebola Disease into the United States**
- **Guide for Clinicians Evaluating an Ill Person for VHF or Other High-Consequence Disease**
- **Donning and Doffing PPE During Management of Patients with Selected VHF in U.S. Hospitals CDC Handling VHF-Associated Waste**