



DATE: May 21, 2026

TO: Healthcare Providers, Hospitals, Local Health Departments, Pharmacists, Emergency Services

FROM: New York State Department of Health and New York City Department of Health and Mental Hygiene

HEALTH ADVISORY:

Ebola Outbreak in the Democratic Republic of the Congo and Uganda

No Immediate Risk to New Yorkers

SUMMARY

- On May 15, 2026, the Democratic Republic of the Congo (DRC) Ministry of Public Health, Hygiene, and Social Welfare and the Uganda Ministry of Health confirmed an outbreak of Bundibugyo virus disease (BVD), a type of Ebola disease.
 - As of May 20, 2026, 33 confirmed cases (including 4 deaths) 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.
 - No cases of BVD related to this outbreak have been reported in the U.S.
 - Currently, the overall risk to New Yorkers is low.
- The New York State (NYS) Department of Health and New York City (NYC) Health Department recommend that healthcare providers:
 - Systematically assess people with compatible symptoms for exposure risk through a [triage and evaluation process](#) including obtaining a detailed travel history.
 - Immediately report anyone with symptoms compatible with Ebola disease who traveled to affected areas in DRC and Uganda or surrounding areas during the previous 21 days to their local health department.
 - Refer to the [Viral Hemorrhagic Fever Health Advisory](#) for detailed clinical guidance regarding triage, infection prevention and control, evaluation, and laboratory testing for people with suspected Ebola disease.
 - Wear [appropriate personal protective equipment \(PPE\)](#) when caring for people suspected of having BVD.
 - Do not delay diagnostic assessments, laboratory testing, or appropriate care for other, more likely medical conditions (e.g., malaria), unless otherwise directed by the health department.

CURRENT SITUATION

- On May 5, 2026, the World Health Organization (WHO) was notified of a cluster of severe

illnesses in DRC's Ituri Province, including four healthcare workers who died within four days.

- The illnesses were confirmed as BVD, and an outbreak was declared in DRC and Uganda on May 15, 2026.
- On May 16, 2026, the WHO declared a public health emergency of international concern.
- As of May 20, 2026, 33 confirmed cases (including 4 deaths) 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.
- DRC's Ituri Province borders Uganda and South Sudan and is affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel. All of these factors may increase risk of further transmission and complicate outbreak response efforts.
- There is no vaccine or specific treatment for BVD.
- On May 18, 2026, the U.S. Centers for Disease Control and Prevention (CDC) issued a [travel restriction order](#) for any non- U.S. citizen, U.S. national, or lawful permanent resident who was present in DRC, Uganda, or South Sudan within the last 21 days.
- No cases of BVD related to this outbreak have been reported in the U.S.; currently, the overall risk to New Yorkers is low.

CLINICAL GUIDANCE FOR HEALTHCARE PROVIDERS

New York healthcare providers should:

- Refer to the [Viral Hemorrhagic Fever Health Advisory \(2025\)](#) for detailed clinical guidance regarding triage, infection prevention and control, evaluation, and laboratory testing for people with suspected Ebola disease.
- Systematically assess people with compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding) for exposure risk through a [triage and evaluation process](#) including a detailed travel history. Include BVD in the differential diagnosis for an ill person who has compatible symptoms **and** who has reported epidemiologic 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.
- If BVD is suspected, immediately report to the local health department (LHD) as follows:
 - For people residing in NYC:
 - NYC Health Department Provider Access Line at 866-692-3641
 - For people residing outside NYC:

- LHD at the phone number found [here](#); if unable to reach the LHD where the person resides, contact the NYS Department of Health, Bureau of Communicable Disease Control, at 518-473-4439 during business hours or 866-881-2809 during evenings, weekends, and holidays.
- Isolate and hospitalize people who have both an exposure risk **and** any symptoms compatible with BVD.
 - Patients should be placed in isolation at their presenting medical facility and cared for using recommended [infection control precautions](#). Personnel caring for these patients should be trained on donning and doffing appropriate PPE as recommended for either a clinically [stable](#) or [unstable](#) patient. As indicated in guidance for unstable patients and/or those confirmed to have Ebola disease, a trained observer must also supervise each step of every PPE donning/doffing procedure to ensure established PPE protocols are completed correctly.
 - Consideration of Ebola disease should not delay diagnostic assessments, laboratory testing, or appropriate care for other, more likely medical conditions (e.g., malaria).
 - Laboratories should update their biological risk assessment and have policies and procedures in place to perform diagnostic testing using CDC’s Standard Precautions and the Bloodborne Pathogens Standard.
 - Laboratory personnel are advised to adhere strictly to [safety procedures](#) for the prevention of transmission of bloodborne pathogens when handling specimens from these patients.
 - Laboratory testing for all strains of Ebola virus can be performed within NYS at the Wadsworth Center and the NYC Health Department Public Health Laboratory. The LHD will help determine whether specimens need to be submitted to the public health laboratory for Ebola testing and assist with submission. Collect 2 vials of a minimum of 4 mL of whole blood for adults. For pediatric samples, 2 vials of a minimum of 1 mL whole blood should be collected in pediatric-sized collection tubes.

For more information:

- [WHO: Ebola disease caused by Bundibugyo virus](#)
- [NYS Department of Health: Ebola healthcare provider information](#)
- [NYS Department of Health: Global health update report](#)
- [NYS/NYC: Viral hemorrhagic fever health advisory \(2025\)](#)
- [NYS/NYC: Guidance for laboratory testing and management of persons-under-investigation for viral hemorrhagic fevers in non-designated hospitals](#)
- [NYC Health Department: Ebola](#)
- [CDC: Ebola disease current situation](#)
- [CDC: Travel restriction order](#)
- [CDC: Viral hemorrhagic fevers](#)
- [CDC: Clinical screening and diagnosis for VHF](#)
- [CDC: Clinical guidance for Ebola disease](#)
- [CDC: Infection prevention and control recommendations](#)
- [CDC: PPE: Clinically stable patients suspected to have VHF](#)
- [CDC: PPE: Confirmed patients and clinically unstable patients suspected to have VHF](#)
- [CDC: Guidance on performing routine diagnostic testing for patients with suspected VHF](#)