Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

June 11, 2026

Dear Colleagues:

We are writing regarding information about the Ebola disease outbreak in the Democratic Republic of the Congo (DRC) and Uganda caused by the Bundibugyo virus, and efforts in Maryland to monitor travelers returning from the DRC, Uganda, and South Sudan. No cases have been identified in the United States. However, we ask that you be aware of common symptoms, obtain a thorough travel history, take appropriate infection control precautions, report any suspected cases to the health department immediately, and provide preventive recommendations to patients traveling to the DRC, Uganda or South Sudan or other impacted areas if the outbreak expands.

Bundibugyo Virus Disease (BVD)

- Bundibugyo virus (*Orthoebolavirus bundibugyoense)* is one of the 4 types of orthoebolaviruses that cause Ebola disease in people.
- Ebola disease is spread through **direct contact** (through broken skin or mucous membranes) with the body fluids 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.
- The incubation period for BVD ranges from 2 to 21 days after exposure.
- Early "dry" symptoms include fever, aches, pains, and fatigue, and later "wet" symptoms include diarrhea, vomiting, and unexplained bleeding.
- There is currently no Food and Drug Administration-licensed or authorized vaccine or treatment against Bundibugyo virus infection.
- Ebola disease has a high mortality rate. With intense supportive care and fluid replacement, mortality rates may be lowered.

The Current Outbreak

- On May 15, 2026, the Ministry of Health of the DRC confirmed an outbreak of Ebola disease in Ituri Province in northeastern DRC, following lab confirmation of Bundibugyo virus infection in 8 samples. Uganda health authorities also confirmed BVD in a patient who had traveled from the DRC.
- As of June 9, the DRC reported 635 confirmed cases and 127 confirmed deaths, and as of June 10, Uganda reported 19 cases and 2 deaths. Counts of confirmed cases underestimate the full impact of the outbreak. Data are published on WHO and CDC websites.

Enhanced Public Health Screening and Monitoring

- On May 22, CDC implemented enhanced public health screenings for travelers arriving to the United States from areas affected by the Ebola outbreak.
- Federal public health staff conduct an initial assessment for air passengers arriving from DRC, Uganda or South Sudan, and provide traveler information to health departments.

- The Maryland Department of Health and local health departments in Maryland have been establishing communication with travelers arriving in Maryland from DRC, Uganda, or South Sudan in order to conduct a risk assessment, provide health education, and support symptom monitoring for 21 days after their last day in the affected country.
- These travelers are advised to monitor closely for symptoms, and if they develop symptoms to first contact the health department. If they need emergency assistance and are unable to reach the health department before seeking care, they are advised to notify 911 or other healthcare provider by phone of their travel history and symptoms.

Recommendations for Clinicians: Early Identification and Prompt Response

- Be alert for and promptly evaluate any patients who are suspected of having BVD or other viral hemorrhagic fever disease. Implement a triage and evaluation process, including travel history.
- 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 or 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 DRC, Uganda, or South Sudan:
        - 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, monkeys, or apes.
- Immediately isolate a patient with an exposure risk AND any symptoms compatible with BVD. If the individual is in a healthcare facility, they should be placed in an airborne infection isolation room (AIIR), or if AIIR is not available, in a private room with a closed door and a private bathroom. Limit visitors and non-essential staff. Place the patient in a fluid-resistant surgical mask if they can tolerate it. Healthcare personnel should use recommended infection control precautions. Personnel caring for the patient should be trained on and wearing appropriate Personal Protective Equipment (PPE). Use Just in Time Trainings and trained observers for PPE donning and doffing.
    - If a suspect Bundibugyo patient is at home, and they are clinically stable, they should stay isolated in place. Contact the local health department or MDH (business hours 410-767-6700; after hours 410-795-7365) immediately for triage and placement.
- If BVD is suspected, contact your local health department immediately. The local health department and Maryland Department of Health will work with CDC to help coordinate care and testing for the patient, if indicated, and help ensure appropriate precautions are taken to prevent potential spread.
- 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.

Recommendations for Clinicians: Prevention for Travelers

- Advise patients to avoid nonessential travel to the Bundibugyo outbreak-affected areas.
- Counsel patients with planned travel to a Bundibugyo outbreak-affected area on ways to prevent exposure during their travel:
    - Avoid contact with blood and body fluids (or with materials possibly contaminated with blood and body fluids) of people who are sick.
    - 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.
    - 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.
- 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 those traveling to Ebola-affected countries for work in clinical settings of their potential increased risk of exposure to BVD, the importance of following recommended infection prevention and control precautions, and monitoring themselves for symptoms during their stay and after their return to the United States.
- Recommend malaria prophylaxis, regardless of previous experience with malaria.
- Ensure that travelers are up-to-date on all recommended vaccinations.

Please see the CDC May 19th Health Alert on Ebola Disease for additional recommendations.

For questions, please contact the Maryland Department of Health Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

Sincerely,

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