



Public Health Division
122 West 25th Street, 3rd Floor West
Cheyenne, WY 82002
(307) 777-6004 • 800-599-9754
Fax (307) 777-8687 • www.health.wyo.gov



Stefan Johansson
Director

Mark Gordon
Governor

State Health Advisory Ebola Outbreak (Bundibugyo Virus) in the Democratic Republic of the Congo Wyoming Department of Health May 28, 2026

Summary

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 virus disease. This Health Advisory provides recommendations for clinicians to identify and manage travelers with suspected BVD. **Clinicians who suspect BVD in a patient based on compatible symptoms AND epidemiologic risk factors should immediately call the Wyoming Department of Health (WDH) public health emergency line at 888-996-9104.** Providers with questions about this health advisory can call the WDH Epidemiology line at 877-996-9000. The Health Advisory released by the Centers for Disease Control and Prevention (CDC) on May 19, 2026, can be found here: <https://www.cdc.gov/han/php/notices/han00530.html>

Epidemiology

As of May 27, 2026, there have been 1,198 confirmed or suspected BVD cases and 263 confirmed or suspected deaths reported from DRC. In addition, Uganda has reported 7 confirmed BVD cases and 1 confirmed BVD death in Kampala, all likely linked to the outbreak in DRC. Within the DRC, this outbreak is occurring in areas affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel to Uganda and South Sudan, all of which may increase the risk of further transmission. This is a rapidly evolving situation, and actual case counts are likely higher than those reported. The CDC identifies outbreak areas and provides situational updates and case counts here: <https://www.cdc.gov/ebola/situation-summary/index.html>

An American healthcare provider contracted BVD while caring for patients in DRC and is receiving treatment in Germany. No suspected, probable, or confirmed BVD cases related to this outbreak have been reported in the United States. 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.

Symptoms and Transmission of BVD

The incubation period for BVD ranges from 2 to 21 days after exposure. A person with BVD is not considered contagious until after symptoms appear. Early “dry” symptoms include fever, muscle and joint pain, and fatigue, and later “wet” symptoms include diarrhea, vomiting, and unexplained bleeding.

BVD 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 BVD. BVD can also be transmitted to humans from infected animals or through contact with objects like needles that are contaminated with the virus. BVD is not spread through airborne transmission.

Prevention and Management

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 caused by a different species of Ebola virus (Ebola Zaire Virus), and based on studies in animals, is not expected to protect against Bundibugyo virus or other Ebola viruses. There is currently no FDA-approved treatment for BVD, but there are therapies in human clinical trials that are highly effective in animal models.

In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high mortality rate. With intense supportive care and fluid management, mortality rates may be lowered.

Public Health Monitoring of Travelers

All U.S. Citizens and U.S. Nationals returning to the U.S. from the DRC, Uganda, or South Sudan are being routed through specific U.S. international airports. Upon arrival, travelers will undergo public health screening to identify risk factors for exposure to the Bundibugyo virus. The WDH will be notified of any travelers returning to Wyoming and will conduct a risk assessment and provide monitoring recommendations for each traveler. The WDH will provide each traveler with instructions on how to contact the WDH if symptoms develop and a healthcare assessment is needed. The WDH intends to coordinate with the receiving healthcare facility prior to a patient’s arrival. However, given the possibility of unforeseen circumstances, the WDH asks that clinicians follow the recommendations below to assess epidemiological risk factors for patients presenting with compatible symptoms.

The WDH is using guidance from the CDC to assess risk and determine monitoring recommendations:

<https://www.cdc.gov/viral-hemorrhagic-fevers/php/php/public-health-strategy/ebola-outbreak-int-erim-guidance.html>

The U.S. is limiting entry to certain non-U.S. citizens who were present in DRC, Uganda, and South Sudan within the previous 21 days.

CDC has issued a Level 3 Travel Health Notice (reconsider nonessential travel) for DRC (<https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo>) and a

Level 2 Travel Health Notice (practice enhanced precautions) for Uganda
(<https://wwwnc.cdc.gov/travel/notices/level2/ebola-uganda>).

Recommendations for Clinicians

- **Providers who suspect BVD in a patient should immediately call the WDH public health emergency line at 888-996-9104. Testing for Bundibugyo virus is available through the WDH only with prior approval.**
- 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 (<https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/diagnosis-testing/index.html>), including a travel history.
- 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 (living or deceased), 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 the 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** (<https://www.cdc.gov/ebola/situation-summary/index.html>):
 - 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 or non-human primates
- Consider and perform testing for more common diagnoses, such as malaria, COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in an acutely ill patient with recent international travel, and evaluate and manage the patient appropriately. Do not delay BVD diagnostic testing while awaiting results of other diagnostic testing.
 - Patients with BVD may 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, Uganda, or South Sudan during the past 21 days should not be a reason to defer routine laboratory testing (<https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/guidance-on-performing-routine-diagnostic-testing-for-patients-with-suspected-vhfs-or-other.html>) or other measures necessary for standard patient care.
- Immediately isolate and hospitalize patients who have both an exposure risk AND any symptoms compatible with BVD 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 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.

- Patients should be held in isolation at their presenting medical facility, cared for using recommended infection control precautions (<https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html>).
- Personnel caring for the patient should wear appropriate PPE (<https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/index.html>) pending test results
- If a patient tests positive, they will be transported to a Regional Emerging Special Pathogens Treatment Center (<https://netec.org/about-netec/partners-regional-contacts/>) in coordination with WDH and the receiving jurisdiction

Further Information

WDH Ebola Information:

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/ebola/>

CDC Ebola Information for Healthcare Providers:

<https://www.cdc.gov/ebola/hcp/clinical-guidance/index.html>

Providers with questions about this health advisory can call WDH Epidemiology at 877-996-9000.