2026 Ebola Outbreak Update for Virginia Hospitals

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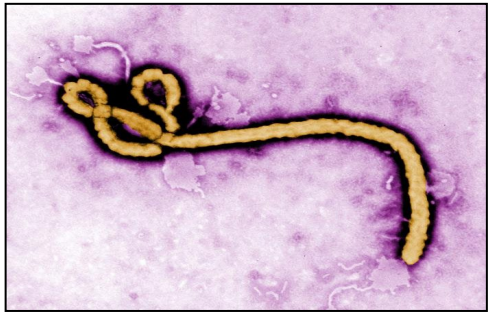
Outline

- Update on outbreak in Democratic Republic of the Congo (DRC) and Uganda
- Screening and monitoring travelers arriving in Virginia
- Managing suspected cases
- Healthcare facility patient screening
- Recommended steps to take now
- Resources

Outbreak in Democratic Republic of Congo (DRC) and Uganda

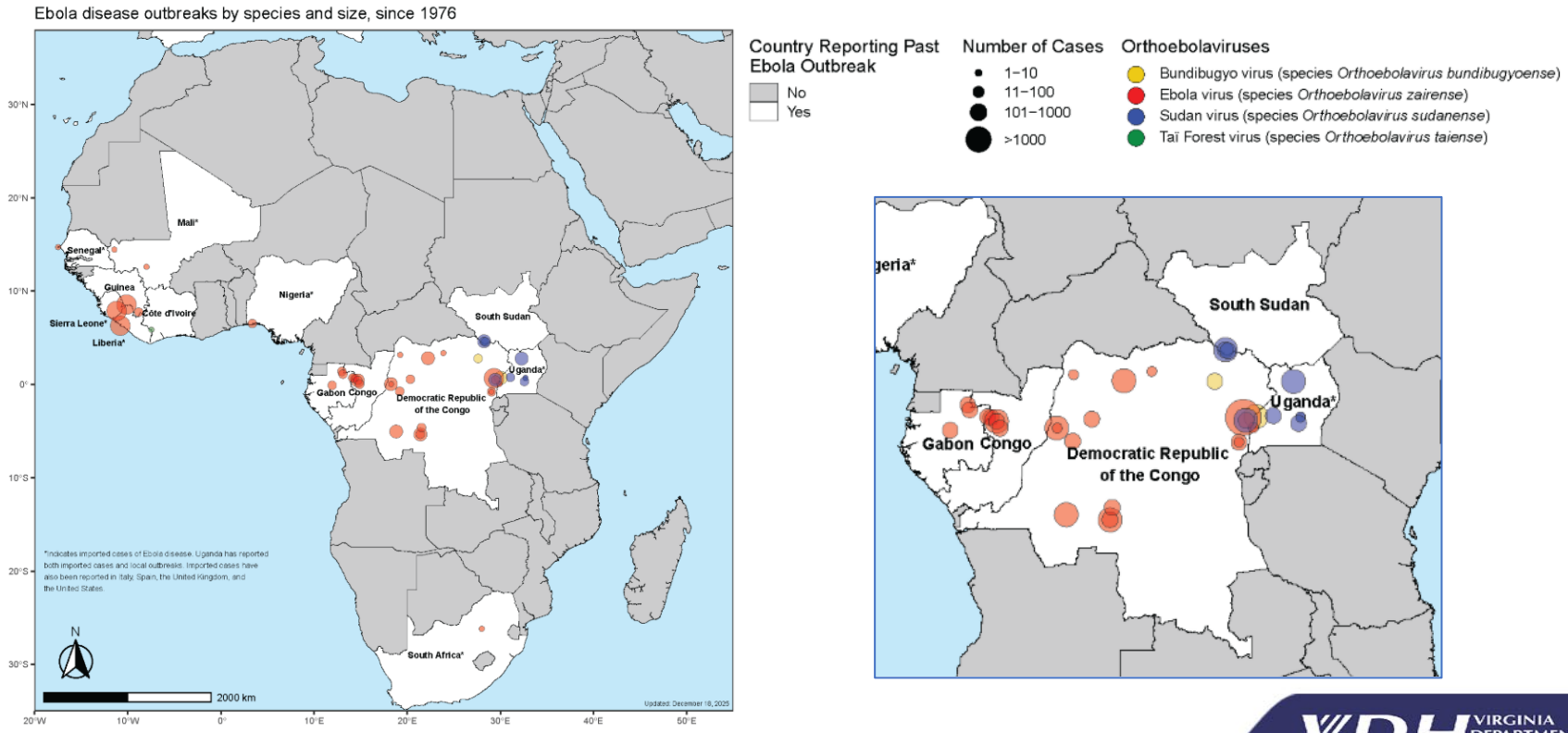
Ebola Virus Disease (EVD): Key Facts



CDC Image

- Spread by contact with body fluids, contaminated objects, or infected animals
- Symptoms start 2–21 days after exposure, average of 8-10 days
  - Fever, headache, fatigue, muscle pain, joint pain, abdominal pain, rash, diarrhea, vomiting, or unexplained bleeding
- Not infectious until symptoms start
- Testing typically limited to laboratory response network (LRN) labs, including DCLS and CDC
- Medical countermeasures (vaccines, therapeutics) depend on strain

Ebola Virus Disease Cases by Species (1976–2025)



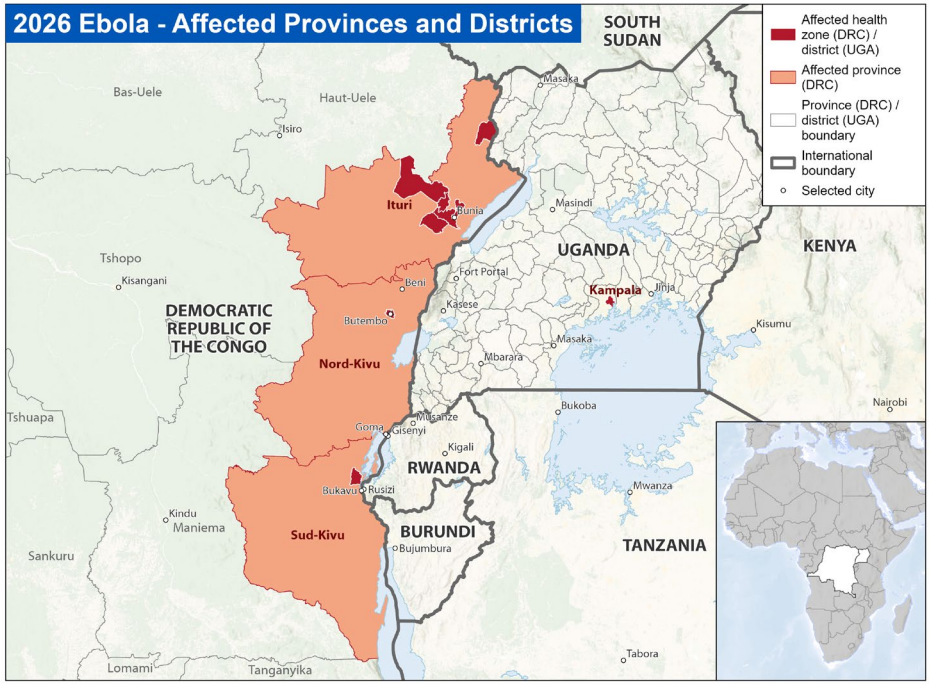
CDC Ebola Outbreaks

2026 Ebola Outbreak in DRC and Uganda

- Outbreak announced on May 15, 2026
- As of May 29, 2026:

  DRC
  - 125 confirmed cases (906 suspected)
  - 17 confirmed deaths (223 suspected)

  Uganda
  - 7 confirmed cases
  - 1 confirmed death
- Caused by Bundibugyo virus
  - No vaccine available
  - Treatment is supportive



CDC current situation

World Health Organization (WHO) Risk Assessment

- As of May 21, 2026, WHO assesses
  - National risk in DRC as **very high**
  - National risk in Uganda as **high**
  - Regional risk as **high**
  - Global risk as **low**
- **No reported cases in countries other than DRC or Uganda**
- CDC issued two travel alerts
  - May 26: Level 2 travel alert for Uganda: Practice Enhanced Precautions
  - May 18: Level 3 travel alert for DCR: Reconsider Nonessential Travel

U.S. Preparedness and Response

- **May 15:** CDC issued Level 1 Travel Health Notice for Uganda and Level 2 Travel Health Notice for DRC
- **May 18:** CDC and the Department of Homeland Security (DHS) announced enhanced travel screening, entry restrictions, and public health measures; CDC released a statement on Title 42 order; and CDC upgraded to Level 3 Travel Health Notice for DRC
- **May 19:** CDC issued a Health Alert Network advisory
- **May 22**: Department of Homeland Security begins redirecting travelers who have been in DRC, Uganda, and South Sudan in past 21 days to IAD, CDC begins screening; CDC updated its guidance for enhanced travel screening, entry restrictions, and public health measures
- **May 23:** Department of Homeland Security begins redirecting travelers who have been in DRC, Uganda, and South Sudan in past 21 days to ATL; CDC posted guidance for returning U.S. travelers from DRC, Uganda, and South Sudan
- **May 26:** CDC upgraded to Level 2 Travel Health Notice for Uganda
- **May 27:** Department of Homeland Security begins redirecting travelers who have been in DRC, Uganda, and South Sudan in past 21 days to IAH
- **May 29:** Department of Homeland Security begins redirecting travelers who have been in DRC, Uganda, and South Sudan in past 21 days to JFK

What VDH is Doing

Responding to the situation

Conducting public health symptom monitoring

Coordinating with healthcare facilities

Sharing information

Screening and Monitoring Travelers from Outbreak Areas

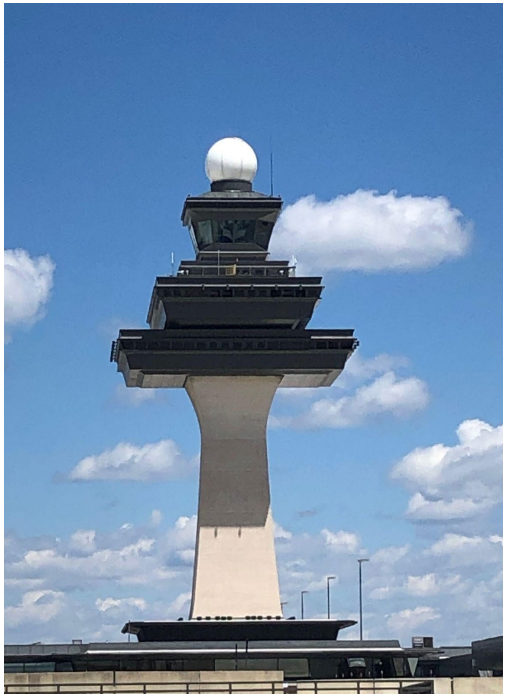
Enhanced Screening at Select U.S. Airports

- Beginning May 21 at 11:59pm, all U.S. bound passengers who have been present in Democratic Republic of the Congo, Uganda, or South Sudan within the past 21 days were routed to certain airports for enhanced screening
  - Washington (IAD) beginning after 11:59pm on May 21
  - Atlanta (ATL) beginning after 11:59pm on May 22
  - George Bush Intercontinental Airport (IAH) Houston beginning after 11:59pm on May 26
  - John F. Kennedy International Airport (JFK) beginning after 11:59pm on May 28
- Airports are estimated to receive a total of 100 travelers per day, although this may decrease over time

U.S Department of State May 22, Health Alert

Dulles Airport Procedures

- Travelers arriving from Democratic Republic of the Congo, Uganda, or South Sudan are:
  - Observed for signs of illness
  - Asked about high-risk and other exposures
  - Asked to confirm contact information
  - Given instructions on steps to take if develop symptoms
- Travelers with elevated risk of exposure or who appear ill are referred for further evaluationtion

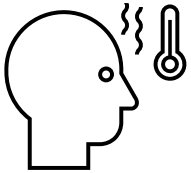


VDH Traveler Monitoring Program

CDC sends VDH daily list of travelers recommended for monitoring in VA

VDH calls traveler:

- Assess exposures and symptoms
- Describe 21-day monitoring and what to do if symptoms begin
- Answer questions



If traveler develops symptoms: LHD staff coordinate with facility and refer for evaluation

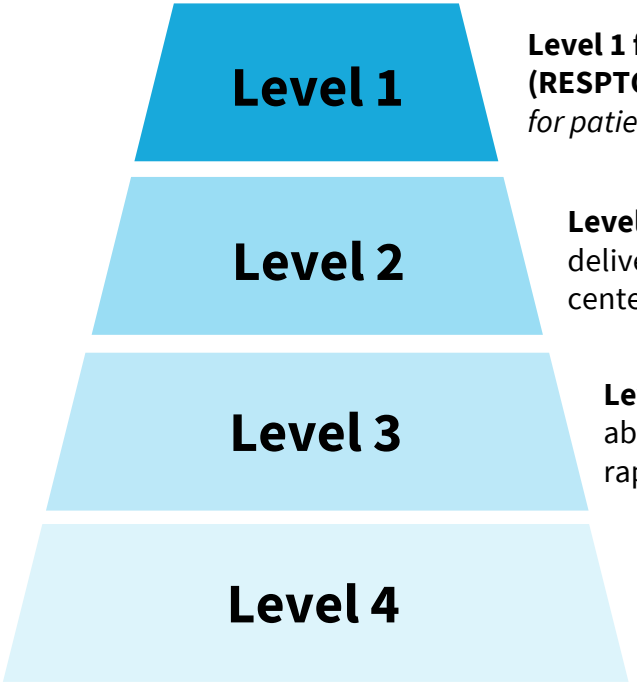
Exposure Risk Assessment and Recommendations for Travelers Arriving in Virginia

	High-risk exposure	In area of concern and situation with exposure potential	In area of concern, but no situation with exposure potential (lower risk- area of concern)	In affected country, but not area of concern (lower risk – affected country)
Movement restrictions	Yes, quarantine at home or facility	None, but advance notification if travel outside jurisdiction and coordination with destination health department	None, but advance notification if travel outside jurisdiction and coordination with destination health department	None, but advance notification if travel outside jurisdiction
Frequency of public health monitoring	Daily	Weekly check-ins (e.g., Days 7, 14, and 21)	Check-in on or around Day 7 and at end of monitoring period	Check-in on or around Day 7 and at end of monitoring period

Based on CDC's Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak

Managing a Suspect Case for Ebola

National Special Pathogen System (NSPS)



Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

Level 4 facilities, or All Other Healthcare Facilities, can **identify, isolate, inform, & initiate** stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Managing a Suspect Case

1. VDH receives initial notification

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

3. VDH coordinates with CDC for pre-test consultation

4. VDH coordinates call with HCF, DCLS about testing, +/- transfer

5. DCLS facilitates specimen collection and transport (courier), conducts testing

6. Subsequent work based on test result

Managing a Suspect Case

1. VDH receives initial notification

- Initial report could be from clinician at healthcare facility, LHD, Dulles airport
- If ill person at Dulles, then Metropolitan Washington Airports Authority (MWAA) EMS transports to VA hospital for evaluation and VDH notifies hospital's infection control team

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

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Managing a Suspect Case

1. VDH receives initial notification

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

- Hospitals may use VDH Ebola Evaluation Algorithm for Hospitals or CDC Triage and Evaluation Algorithm
- Facility contacts infection control team and LHD immediately if not already done
- If person not yet at hospital, VDH considers severity of symptoms, exposure risk(s), and person's current location and underlying conditions when considering evaluation site

3. VDH coordinates with CDC for pre-test consultation

4. VDH coordinates call with HCF, DCLS about testing, +/- transfer

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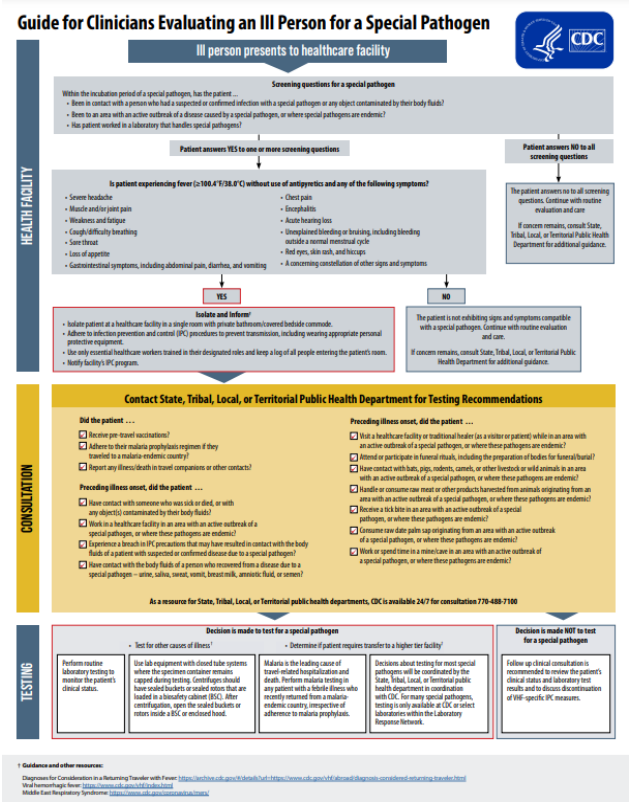
CDC Triage and Evaluation Algorithm



Guide for Clinicians Evaluating an Ill Person for VHF or Other High-Consequence Disease

Managing a Suspect Case

1. VDH receives initial notification

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

3. VDH coordinates with CDC for pre-test consultation

- CDC should be consulted before DCLS starts testing
- Time for answer might vary (~30 min)

4. VDH coordinates call with HCF, DCLS about testing, +/- transfer

5. DCLS facilitates specimen collection and transport (courier), conducts testing

6. Subsequent work based on test result

Managing a Suspect Case

1. VDH receives initial notification

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

3. VDH coordinates with CDC for pre-test consultation

4. VDH coordinates call with HCF, DCLS about testing, +/- transfer

- Purpose of call is to share info; discuss specimen collection, handling, packaging, and DCLS courier dispatch; potential transfer
- Includes facility, LHD, and VDH Central Office
- VDH also notifies Ebola Treatment Centers

5. DCLS facilitates specimen collection and transport (courier), conducts testing

6. Subsequent work based on test result

Managing a Suspect Case

1. VDH receives initial notification

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

3. VDH coordinates with CDC for pre-test consultation

4. VDH coordinates call with HCF, DCLS about testing, +/- transfer

5. DCLS facilitates specimen collection and transport (courier), conducts testing

6. Subsequent work based on test result

- Facility collects 2 whole blood (EDTA) specimens and packages as Category A specimens using DCLS Testing and Shipping Instructions
- Results expected w/in 2–3 hours of receipt
- If negative, next testing tiers involve malaria, repeat Ebola virus testing is needed if initial specimen is collected <72 hours of onset

Managing a Suspect Case

1. VDH receives initial notification

2. Assess if suspect case criteria are met (symptoms and epidemiologic risk factor)

3. VDH coordinates with CDC for pre-test consultation

4. VDH coordinates call with HCF, DCLS about testing, +/- transfer

5. DCLS facilitates specimen collection and transport (courier), conducts testing

6. Subsequent work based on test result →

If positive at DCLS:

- Result is considered presumptive positive, and CDC conducts confirmatory testing
- Reassess patient transfer
- Plan for news release and Clinician Letter
- Conduct contact tracing to identify/monitor people exposed in community and in HCF, which is a shared responsibility between facility and VDH (facility covers staff and inpatients; VDH covers contacts in community and healthcare visitors or outpatients)
- CDC multidisciplinary team likely to arrive

If negative at DCLS:

- DCLS tests for other pathogens
- Clinician, VDH, and DCLS discuss Ebola retesting (if initial specimen was collected <72 hours after onset, new specimen required to rule-out Ebola)

Clinical Management

- During the notification and testing process for EVD, **clinical management and stabilization of person with suspected EVD should proceed** as indicated
- Early symptoms are nonspecific and seen in patients with other more common diseases (e.g., **malaria**, flu, COVID-19, meningococcemia, typhoid fever)
  - Evaluate for other diseases while waiting on EVD test results
- Consider evaluation and treatment for malaria
  - Leading cause of undifferentiated fever after travel to sub-Saharan Africa
  - CDC has information on modifying thick and thin smears
  - Assistance with diagnosis or management of suspected cases of malaria is available (call the CDC Emergency Operations Center (770-488-7100) to speak with CDC Malaria clinician

Source: Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHFs or Other High-Consequence Disease

Healthcare Facility Patient Screening and Infection Control

Healthcare Facility Patient Screening

- Ensure a screening processes is established to identify a potentially infectious patient:
  - Get a travel history
  - Look for risk factors
  - Ask about signs or symptoms of EVD
- Immediately isolate a patient with relevant travel, risk factors, and signs and symptoms of EVD
- Adhere to infection prevention and control procedures
- **Notify infection prevention program and local health department immediately**

Travel History Questions

- Have you been to an area with an active Ebola virus outbreak in the past 21 days?
- Have you been in close contact with someone confirmed to have EVD or with someone suspected to have EVD?
- While traveling abroad, did you attend a funeral?
- While traveling abroad, did you care for someone who was sick?
- While traveling abroad, did you have any contact with animals, domestic or wild?

CDC Guide for Clinicians Evaluating an Ill Person for VHF or Other High-Consequence Disease

High Risk Exposures

- Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose or mouth), or skin contact with blood or other body fluids of a person with a confirmed or suspected VHF
- Physical contact with a person who has a confirmed or suspected VHF, without the use of recommended personal protective equipment (PPE)
- Providing health care to a patient with a confirmed or suspected VHF without use of recommended PPE or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or other body fluids of a patient with a VHF
- Physical contact (without using recommended PPE) with a body of a person who died of confirmed or suspected VHF, or any dead body in an area with a declared VHF outbreak, or experiencing a breach in infection control precautions while handling such a dead body
- Living in the same household as a person with confirmed or suspected VHF while that person was symptomatic

Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers (VHFs) | CDC

Infection Control for Suspect Case

- Isolate patient in single room with private bathroom and keep door closed
  - Monitor and limit people from entering the room and maintain a log
  - Dedicate medical equipment (preferably disposables, when possible)
- Only perform necessary tests and procedures
- Perform hand hygiene frequently and ensure availability of supplies
- Follow CDC's environmental cleaning and VHF-associated waste management guidance
  - Use an EPA-registered disinfectant from List Q (Disinfectants for Emerging Viral Pathogens) or List L (Products Effective Against Ebola Virus)
  - Ebola virus waste is a Category A infectious substance that requires special waste management

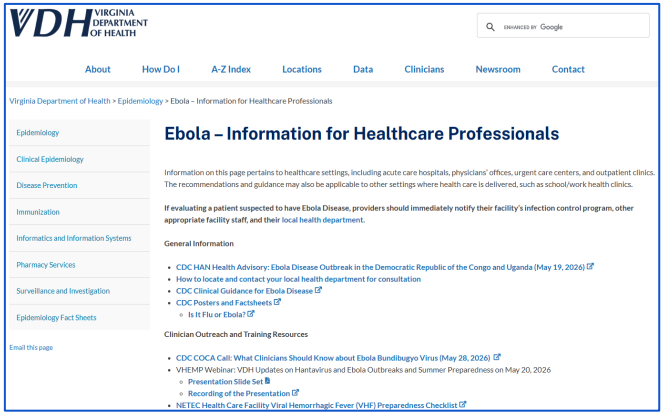
Personal Protective Equipment (PPE)

- Choose PPE guidance based on clinical presentation and case status
  - Clinically stable – suspected to have VHF **and no** bleeding, vomiting, or diarrhea
  - Clinically unstable – confirmed to have VHF **or** suspected with (1) bleeding, vomiting, or diarrhea or (2) is clinically unstable and/or needs invasive or aerosol-generating procedures
- Ensure:
  - Correct selection of PPE - must fully cover skin, mucous membranes, and clothing
  - HCP receive comprehensive training and demonstrate competency
  - Onsite supervision and trained observer to supervise HCP providing care and oversee PPE donning/doffing
- Develop an exposure management plan for any potential exposures

Sources: Donning and Doffing PPE During Management of Patients with Selected VHF in U.S. Hospitals; PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF; PPE: Clinically Stable Patients Suspected to have VHF

Key Resources: VDH Website

- Ebola Fact Sheet
- Ebola Evaluation Algorithm for Hospitals
- DCLS Ebola Testing and Specimen Shipping Instructions
- Additional Information for healthcare providers (links to key CDC documents)
- How to locate and contact your local health department for consultation



For public: www.vdh.virginia.gov/surveillance-and-investigation/ebola/
For HCP: www.vdh.virginia.gov/epidemiology/ebola-information-for-healthcare-professionals/

Recommended Steps to Take Now

- Assess travel history with triage
- Review infection prevention and control policies and procedures to align with CDC guidance and retrain staff as needed
  - Post signage about infection control measures
  - Ensure availability of appropriate PPE and other infection control supplies (PPE Calculator Tool)
  - Review PPE donning and doffing procedures
  - Review environmental cleaning protocols
- Assign internal points of contact and subject matter experts
- Ensure staff know how to contact infection control and the local health department

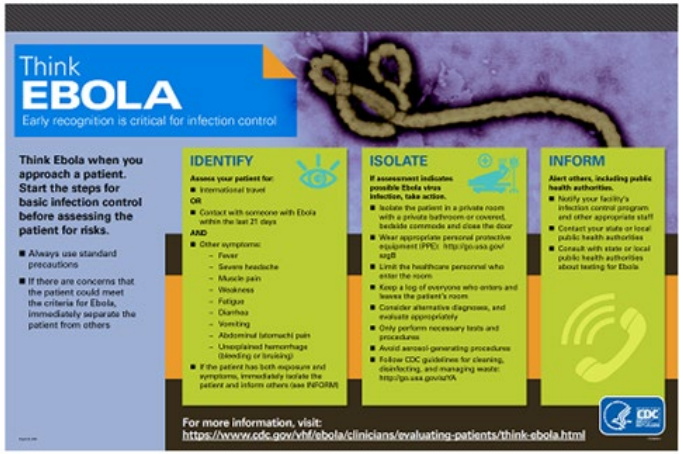
Take Home Messages

- Current risk of EVD spreading globally is low
- U.S. healthcare facilities should be prepared to promptly identify a Person Under Investigation for Ebola (PUI), isolate him or her, and rapidly notify infection control staff and the local health department
- A detailed travel history is critical in identifying a PUI
  - Use CDC Ebola Outbreak: current situation for most current information regarding affected areas
  - Identify specific locations, dates, and activities

Resources

Resources

- VDH Ebola website http://www.vdh.virginia.gov/surveillance-and-investigation/ebola/
- CDC EVD website for clinicians https://www.cdc.gov/ebola/hcp/clinical-guidance/index.html
- CDC EVD Infection Prevention and Control https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/
- CDC PPE Guidance https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/
- CDC Ebola Outbreaks https://www.cdc.gov/ebola/outbreaks/
- CDC Think Ebola webpage and poster https://www.cdc.gov/ebola/hcp/communication-resources/think-ebola-early-recognition-is-critical-for-infection-control.html



- National Emerging Special Pathogens Training & Education Center (NETEC) NETEC.org
- WHO Disease Outbreak News https://www.who.int/emergencies/disease-outbreak-news

PPE for Suspect or Confirmed Ebola Case

Suspect case who is clinically stable, will NOT require invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation) procedures and NOT exhibiting obvious bleeding, vomiting, or diarrhea:

- Single-use (disposable) fluid-resistant gown that extends to at least mid-calf or single-use (disposable) fluid-resistant coveralls without integrated hood
- Single-use (disposable) full face shield
- Single-use (disposable) facemask
- Single-use (disposable) gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs.
- For further details see: https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html

Patient with confirmed Ebola or a suspect case who is clinically unstable, and/or WILL require invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation):

- Impermeable garment:
  - Single-use (disposable) impermeable gown extending to at least mid-calf OR single-use (disposable) impermeable coverall.
- Single-use (disposable) N95 (with surgical hood to shoulders and full face shield) or PAPR (with full face shield, helmet or headpiece and covered with disposable hood extending to shoulders)
- Single-use (disposable) exam gloves with extended cuffs - two pairs so that a soiled outer glove can be safely removed and replaced during patient care
- Single-use (disposable) boot covers
- Single-use (disposable) apron - to cover torso to mid-calf (patients with vomiting or diarrhea)
- For further details see: https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html

Thank you!

Questions?

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Extra Slides

DCLS Ebola Virus Testing

- 24/7 Ebola virus testing at DCLS after VDH approval.
- For the current outbreak in DRC and Uganda, DCLS performs testing on whole blood (EDTA) specimens using a multiplex RT-PCR test on the BioFire FilmArray:
  - Warrior Panel assay: targets 5 species in the Ebola virus genus (*Sudan ebolavirus*, *Zaire ebolavirus*, *Tai Forest ebolavirus*, *Reston ebolavirus*, *Bundibugyo ebolavirus*)
  - A positive Ebola virus detection on the Warrior Panel will not distinguish which species of Ebola virus is detected
- **Presumptive Positive results** = Additional testing may be performed at the CDC after results consultation
- **Negative results** = No additional testing required if specimens were collected ≥72 hours from symptom onset
  - Negative results for specimens collected less than 72 hours from symptom onset

DCLS Ebola Virus Testing Workflow

1st Testing Tier (Day 1)

Ebola virus multiplex RT-PCR testing
- whole blood (EDTA) specimens (purple-top blood tube)
- specimens collected before or after 72 hours from symptom onset
- **results TAT: approximately 1.5-2 hours after testing is initiated**

2nd Testing Tier (Day 2)

Malaria real time PCR testing
- whole blood (EDTA) specimens (purple-top blood tube)
- detects *Plasmodium* species: *P. falciparum, P malariae, P. vivax* or *P. ovale*
- specimens collected concurrently with initial specimen for Ebola virus testing
- **results TAT: approximately 4-5 hours after testing is initiated**

Influenza/COVID-19 multiplex real time RT-PCR testing, as applicable
- **NP or nasal swabs in VTM**
- **specimens collected concurrently with initial blood specimen**
- **results TAT: approximately 2-3 hours after testing is initiated**

3rd Testing Tier (Day 3)

Repeat Ebola virus multiplex RT-PCR testing
- whole blood (EDTA) specimens (purple-top blood tube)
- specimens collected after 72 hours from symptom onset

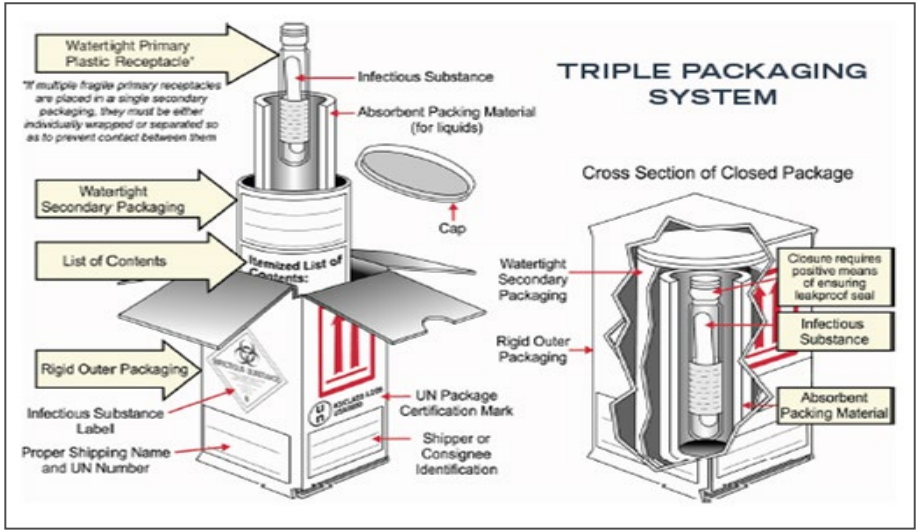
4th Testing Tier (Day 4)

BioFire GI Pathogen Panel
- raw stool specimen in sterile specimen cup
- *** testing only provided as a last resort when Ebola virus disease has been ruled out and the Ebola Treatment Centers are not able to perform***

Specimen Submission to DCLS

SPECIMEN SUBMISSION

- DCLS can provide Ebola specimen collection and shipping kits to Ebola Assessment and Treatment Centers, hospitals servicing CDC's Quarantine Station at Dulles airport, and the 35 Health Districts
- Ebola kits include purple-top blood tubes, secondary containers, ice packs, shipper declaration paper, DCLS Test Request Form and insulated Category A/UN2814 shippers
- A completed DCLS test request form is **REQUIRED:**
  https://dgs.virginia.gov/globalassets/document-center/dcls-forms/dcls-test-request-form-16857-4.pdf



SPECIMEN TRANSPORT

- DCLS will provide 24/7 emergency courier transport upon CDC testing approval (**Do not ship Ebola specimens via DCLS routine courier service**)
- Specimens **MUST** be shipped refrigerated on **frozen** ice packs and **received at 2-8°C**
- Ebola specimens **MUST** be triple packaged by staff certified to package Category A specimens, according to IATA and DOT infectious substance regulations
- Shipping Declaration paper is provided with the Ebola shipping kits