

MLS Laboratory Update: Ebola Disease Outbreak in the Democratic Republic of Congo and Uganda

MAY 22ND, 2026

Purpose of this Message:

To inform clinical labs about the recent Ebola disease outbreak (May 2026) and provide a summary of the current situation.

Action Item:

Please share this update with others in your facility. A similar message was shared with healthcare providers through the MDH Health Advisory Network:

<https://www.health.state.mn.us/communities/ep/han/2026/20260521ebola.pdf>

Background:

CDC Health Alert: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda (<https://www.cdc.gov/han/php/notices/han00530.html>).

On May 15, 2026, the Ministry of Health of the Democratic Republic of the Congo (DRC) confirmed an outbreak of Ebola disease in Ituri Province in northeastern DRC. As of May 19, a total of 536 suspected cases, 105 probable cases, 34 confirmed cases, and 134 deaths have been reported. These numbers include two confirmed cases, including one death in Kampala, Uganda, in people who traveled from the DRC. At this point, no further spread has been confirmed in Uganda. Laboratory analysis has confirmed the circulating strain as the Bundibugyo strain of Ebola virus. The outbreak is concentrated in Mongwala and Rwampara Health Zones within Ituri Province with suspected cases in Bunia City, the largest urban center in Ituri Province. Patients with Ebola disease in this outbreak have presented with symptoms including fever, generalized body pain, weakness, vomiting, and in some cases bleeding. The outbreak is occurring in an area affected by insecurity, population displacement, mining related population movement, and frequent cross-border travel, all of which may increase the risk of further transmission.

On May 15, 2026, CDC issued a Level 1 Travel Health Notice for people traveling to Uganda and a Level 3 Travel Health Notice for people traveling to the DRC. On May 17, the World Health Organization determined this outbreak to be a public health emergency of international concern. As of May 21, no suspected, probable, or confirmed Ebola 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.**

Four species of *Orthoebolaviruses* affect humans and cause Ebola disease;

- *Orthoebolavirus bundibugyoense* causing Bundibugyo virus disease (BVD),
- *Orthoebolavirus zairense* causing Ebola virus disease (EVD),
- *Orthoebolavirus sudanense* causing Sudan virus disease (SVD), and
- *Orthoebolavirus taiense* causing Tai forest virus disease.

The incubation period for Ebola disease ranges from 2 to 21 days after exposure. A person with Ebola disease is not considered contagious until after symptoms appear. Early "dry" symptoms include fever, aches, pains, and fatigue and later "wet" symptoms include diarrhea, vomiting, and unexplained bleeding. Ebola disease 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 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. Ebola disease is not spread through airborne transmission.

In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high mortality rate. There is currently no Food and Drug Administration (FDA)-licensed or authorized vaccine to protect against Ebola Bundibugyo virus infection. There is currently no FDA-approved or authorized treatment for Ebola Bundibugyo disease, but there are therapies that have shown some efficacy in animal models. With intense supportive care and fluid replacement, mortality rates may be lowered.

Recommendations

If Ebola disease is being considered in the differential diagnosis of an ill returned traveler from the DRC or Uganda per the clinician recommendations below, please **contact MDH immediately at 651-201-5414 or 1-877-676-5414**. If a diagnosis of Ebola disease is being considered, MDH will work with CDC and the clinical team to coordinate care and testing for the patient and ensure appropriate precautions are taken to help prevent potential spread.

Viral hemorrhagic fever testing is available at MDH-PHL and includes the ability to detect Ebola Bundibugyo virus. Pre-approval is required prior to testing.

- Approval requests begin with a call to the MDH Infectious Disease Epidemiology, Prevention and Control Division (IDEPC) at 651-201-5414 (24 hrs) or 1-877-676-5414 (24 hrs, toll-free).
- To reach the Biothreat on-call staff with testing or biosafety-related questions, call 612-282-3723 (24 hrs).
- Systematically assess patients with exposure risk and compatible symptoms for the possibility of viral hemorrhagic fevers (VHF), including Ebola disease, through a triage and evaluation process including travel history.
 - A travel flag in electronic health records is very helpful for quickly identifying patients who have recently visited areas with VHF outbreaks, enabling timely detection and infection control.

- Refer to [MDH: High Consequence Infectious Disease \(HCID\) Toolbox for Frontline Health Care Facilities \(https://www.health.state.mn.us/diseases/hcid/index.html\)](https://www.health.state.mn.us/diseases/hcid/index.html) for updated resources for clinicians, including a guide for the clinical assessment of a patient with a suspected high consequence infectious disease, including Ebola disease ([MDH: Clinical Assessment of a Patient with Suspected HCID \(PDF\) \(https://www.health.state.mn.us/diseases/hcid/assess.pdf\)](https://www.health.state.mn.us/diseases/hcid/assess.pdf)).
- 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.
- **Include Ebola disease in the differential diagnosis for an ill person who has been to an area with an active Ebola outbreak in the past 21 days AND who has compatible symptoms** (e.g., fever, headache, muscle and joint pain, fatigue, gastrointestinal symptoms, or unexplained bleeding), 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 Ebola disease (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 Ebola disease.
 - Participated in any of the following activities while in an area with an active Ebola disease 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 Ebola disease is being considered in the differential diagnosis of an ill returned traveler from the DRC or Uganda, patients should be placed in a private room with a private bathroom with the door closed. Patients should be cared for by personnel wearing appropriate PPE (<https://www.health.state.mn.us/diseases/hcid/hcidiso.pdf>)

Travel to or from the DRC or Uganda in the past 21 days should not be a reason to defer other routine or indicated laboratory testing (e.g., malaria testing, blood cultures) or other measures necessary for standard patient care.

- Counsel patients with planned travel to an Ebola outbreak-affected area on prevention including avoiding contact with sick people or their blood and body fluids. If traveling to an Ebola outbreak-affected area, counsel travelers to monitor their health while in the area and for 21 days after returning.

- Refer to [CDC: Ebola Bundibugyo Virus Disease in the Democratic Republic of the Congo. Level 3 Travel Notice \(https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo\)](https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo) for traveler advice, preventive measures to take and symptoms for self-monitoring after return.
- 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 healthcare workers traveling to the DRC or Uganda for work in clinical settings of their potential increased risk of exposure to Ebola disease, the importance of following recommended infection prevention and control precautions as noted above and monitoring themselves for symptoms of Ebola disease during their stay and after their return to the United States.

Additional Information:

- [CDC Health Alert: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda \(https://www.cdc.gov/han/php/notices/han00530.html\)](https://www.cdc.gov/han/php/notices/han00530.html)
 - [CDC: Ebola Bundibugyo Virus Disease in Uganda. Level 1 Travel Notice. \(https://wwwnc.cdc.gov/travel/notices/level1/ebola-uganda\)](https://wwwnc.cdc.gov/travel/notices/level1/ebola-uganda)
 - [CDC: Ebola Bundibugyo Virus Disease in the Democratic Republic of the Congo. Level 3 Travel Notice. \(https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo\)](https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo)
 - [CDC: Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\). \(https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html\)](https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html)
 - [CDC: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks \(https://www.cdc.gov/viral-hemorrhagic-fevers/php/partners/recommendations-for-vhf-outbreaks.html\)](https://www.cdc.gov/viral-hemorrhagic-fevers/php/partners/recommendations-for-vhf-outbreaks.html)
- [MDH: High Consequence Infectious Disease \(HCID\) Toolbox for Frontline Health Care Facilities \(https://www.health.state.mn.us/diseases/hcid\)](https://www.health.state.mn.us/diseases/hcid)
 - [MDH: Clinical Assessment of a Patient with Suspected HCID \(PDF\)\(https://www.health.state.mn.us/diseases/hcid/assess.pdf\)](https://www.health.state.mn.us/diseases/hcid/assess.pdf)

Questions: Please contact: Dr. Aaron Barnes (aaron.m.t.barnes@state.mn.us; 651-201-4184) or the Biothreat on call phone (612-282-3723; 24 hrs) for urgent testing questions.

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www.health.state.mn.us/diseases/idlab/mls/index.html

To obtain this information in a different format, call: 651-201-5200.