



**This is an official
MS Health Alert Network (HAN) - Advisory**

MESSAGE ID: MSHAN-20260529-00611-ADV (Health Advisory)
RECIPIENTS: All Physicians, Hospitals, ERs, ICPs, NPs, PAs, and Healthcare Providers –Statewide
Friday, May 29, 2026
SUBJECT: Clinical Awareness and Preparedness for Ebola Bundibugyo Virus Disease (BVD)

Dear Colleagues,

The Centers for Disease Control and Prevention (CDC) is responding to an [outbreak of Ebola](#) disease caused by Bundibugyo virus (species *Orthoebolavirus bundibugyoense*) in the Democratic Republic of the Congo (DRC) and Uganda. **As of May 28, 2026, no Ebola cases associated with this outbreak have been identified in the United States.**

On May 17, 2026, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC). On May 21, the CDC and the U.S. Department of Homeland Security (DHS) implemented temporary entry restrictions, enhanced public health screening, and additional mitigation measures to reduce the risk of Ebola entering the United States.

The overall risk to the U.S. public remains low. However, clinicians and public health officials should maintain a high index of suspicion for Ebola, specifically Bundibugyo virus disease (BVD), in persons with compatible symptoms and relevant epidemiologic risk factors, including recent travel to affected regions within 21 days before symptom onset.

Current Situation

On May 17, 2026, an American who was exposed as part of their work caring for patients in DRC tested positive for Bundibugyo virus disease. That person has been moved to Germany for treatment and care. Six other Americans were identified as having had high-risk exposures to BVD. They have been moved to Germany and Czechia for monitoring.

As of May 29, the DRC and Uganda Ministries of Health have reported:

- DRC: 906 suspected cases, 125 confirmed cases, 223 suspected deaths, and 17 confirmed deaths.
- Uganda: 7 confirmed cases and 1 confirmed death.

Case numbers and other information are subject to change as the situation evolves.



Ebola Overview

Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolavirus). These viruses can cause serious illness that, without prompt diagnosis and treatment, can cause death. There are 4 types of orthoebolaviruses that cause illness in people: Ebola virus, Sudan virus, Tai Forest virus, and Bundibugyo virus (species *Orthoebolavirus bundibugyoense*). This ongoing Ebola outbreak is caused by the Bundibugyo virus.

Past Ebola cases have been linked to direct contact with bats, bat urine or droppings, forest antelopes, or nonhuman primates; contact with blood, fluids, or meat from these or unknown animals; and sexual transmission (although this is rare). **Ebola is not spread through airborne transmission.**

Bundibugyo virus disease (BVD) is a rare and deadly illness that has caused two previous outbreaks, in Uganda in 2007 and one in DRC in 2012. The incubation period for BVD is believed to range from 2 to 21 days after exposure. A person infected with an orthoebolavirus is not considered contagious until **after** [symptoms](#) appear.

There is no FDA-licensed treatment for or FDA-licensed vaccine against Ebola disease caused by Bundibugyo virus. Supportive care improves chances of survival when provided early including intravenous (IV) fluids and electrolytes and symptomatic treatment for vomiting, diarrhea.

Clinician Recommendations

Clinicians should obtain a detailed travel history for any ill patient presenting with symptoms suggestive of an infectious disease and should include Bundibugyo virus disease in the differential diagnosis for individuals with compatible symptoms and epidemiologic risk factors within 21 days before symptom onset, particularly among travelers recently arriving from the [DRC, South Sudan, or Uganda](#). However, Malaria remains the most common cause of undifferentiated fever after travel to sub-Saharan Africa, and nearly all signs and symptoms of Ebola disease may also occur in malaria.

Because malaria, particularly *Plasmodium falciparum*, can progress rapidly and become fatal, prompt malaria testing and treatment are essential and should not be delayed. Clinicians should ask about malaria prophylaxis and adherence, while recognizing that prophylaxis does not exclude malaria infection. In addition, individuals infected with Ebola may also be concurrently infected with malaria; therefore, any febrile traveler recently arriving from the DRC, Uganda, or South Sudan should be tested for malaria.

Strict infection prevention and control measures should be implemented when evaluating symptomatic patients suspected of having Ebola virus disease and maintained until Ebola testing results are available to prevent potential transmission within healthcare facilities and the broader community. Patients with suspected viral hemorrhagic fever (VHF) based on clinical presentation, travel history, or other epidemiologic risk factors should be isolated promptly in a single-patient room with the door closed and access to a private bathroom or covered bedside commode. The patient care area should also provide adequate space for healthcare personnel to safely put on and remove personal protective equipment (PPE).

If you are concerned your patient might have Ebola disease, contact the Mississippi State Department of Health immediately at 601-576-7725 (M – F, 8am – 5pm) or 601-576-7400

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(after-hours, holidays, and weekends). MSDH will provide guidance regarding isolation of the patient and next steps for clinical evaluation and testing.

MSDH Response

MSDH is in constant communication with the CDC regarding the evolving Ebola virus disease outbreak situation and current recommendations. MSDH receives notifications from CDC regarding travelers returning from affected areas and conducts interviews and risk assessments to evaluate travelers' health status and determine the appropriate level of monitoring during the 21-day incubation period. In addition, MSDH provides travelers with education on the signs and symptoms of Ebola, guidance on what to do if symptoms develop, and instructions on how to contact MSDH during both business hours and after-hours situations.

Additional Resources

- Clinical Guidance for Ebola Disease: <https://www.cdc.gov/ebola/hcp/clinical-guidance/index.html>
- Viral Hemorrhagic Fevers (VHFs): <https://www.cdc.gov/viral-hemorrhagic-fevers/site.html#hcp>
- Interim Guidance for Emergency Services: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/emergency-guidance/index.html>
- 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>
- Interim Guidance for Environmental Infection Control in Hospitals: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/environmental-infection-control-hospitals.html>
- Handling VHF-Associated Waste: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/handling-vhf-associated-waste.html>
- Guidance for Personal Protective Equipment (PPE): <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/index.html>
- PPE: Clinically Stable Patients Suspected to have VHF: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html>
- PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html>
- PPE FAQs: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-faqs.html>
- Ebola Outbreak: Current Situation: https://www.cdc.gov/ebola/situation-summary/index.html#cdc_situation_summary
- Signs and Symptoms of Ebola Disease: <https://www.cdc.gov/ebola/signs-symptoms/index.html>
- How Ebola Disease Spreads: <https://www.cdc.gov/ebola/causes/index.html>

Regards,
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State Epidemiologist



Alerting Message Specification Settings

Originating Agency: Mississippi State Department of
Health Alerting Program: **MS Health Alert Network (MS HAN)**
Message Identifier: MSHAN-20260529-00611-ADV
Program (HAN) Type: **Health Alert Advisory**
Status (Type): Actual ()
Message Type: Advisory
Reference: MSHAN-00611
Severity: Unknown
Acknowledgement: No
Sensitive: Not Sensitive
Message Expiration: Undetermined
Urgency: Undetermined
Delivery Time: 600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency: A unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

Message Identifier: A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).

Program (HAN) Type: Categories of Health Alert Messages.

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Health Info Service: Provides Message / Notification of general public health information; unlikely to require immediate action.

Status (Type):

- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded

Message Type:

- Alert: Indicates an original Alert
- Update: Indicates prior alert has been Updated and/or superseded
- Cancel: Indicates prior alert has been cancelled

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).