EBOLA / BUNDIBUGYO VIRUS DISEASE

CURRENT OUTBREAK: Bundibugyo Ebola virus disease remains active in the Democratic Republic of the Congo; Uganda is in enhanced surveillance. U.S. public risk remains low, but imported cases are possible.

WHEN TO SUSPECT

Clinical + epidemiologic risk within the prior 21 days

- Travel to or residence in an affected area, currently including DRC and Uganda.
- Direct contact with a sick or deceased person, blood/body fluids, contaminated equipment, healthcare settings, funerals/burials, wildlife, caves, or mines.
- Healthcare or humanitarian work in an affected area.

INCUBATION & INFECTIOUSNESS

Incubation: 2-21 days after exposure; average symptom onset is about 8-10 days.

Not contagious before symptoms begin.

Transmission occurs through direct contact of broken skin or mucous membranes with infected blood or body fluids, or contaminated objects. Routine airborne transmission does not occur.

SIGNS & SYMPTOMS TO WATCH FOR

EARLY / "DRY" PHASE	PROGRESSION / "WET" PHASE	SEVERE OR LATE FINDINGS
Abrupt fever or subjective fever; chills; severe fatigue/weakness; myalgia; headache; sore throat; loss of appetite.	Often 4-5 days after symptom onset: severe watery diarrhea, nausea, vomiting, abdominal pain; eye redness/irritation; chest pain, dyspnea, confusion, hiccups, rash.	Hypovolemia, electrolyte abnormalities, acute kidney injury, shock, multiorgan failure. Bleeding is **not universal**, but may include petechiae, ecchymosis, oozing from venipuncture sites, mucosal bleeding, hematemesis, or hematochezia.

IMMEDIATE ACTION: IDENTIFY - ISOLATE - NOTIFY

1. STOP MOVEMENT Do not leave the patient in a waiting room or shared clinical area.	**2. ISOLATE** Single-patient room with private bathroom or covered bedside commode; keep door closed.	**3. NOTIFY** Immediately call Infection Prevention, nursing/administrative supervisor, laboratory leadership, and public health.	**4. CONTROL ACCESS** Essential trained staff only; maintain entry/exit log; restrict visitors.

ISOLATION PRECAUTIONS

Routine placement	Standard + Contact + Droplet precautions with enhanced barrier protection appropriate for viral hemorrhagic fever. Use a single room, private bathroom, closed door, dedicated equipment, and controlled access.
Airborne isolation?	Ebola is not routinely airborne. An AIIR is not required for routine care, but is preferred when an aerosol-generating procedure is unavoidable.
Aerosol-generating procedures	Avoid if possible. If essential: AIIR when feasible, door closed, minimum essential staff, no visitors, respiratory protection, and post-procedure environmental cleaning.

UPDATED JULY 19, 2026

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PPE SELECTION: BASED ON CLINICAL CONDITION

CLINICALLY STABLE SUSPECTED PATIENT	UNSTABLE / BLEEDING / VOMITING / DIARRHEA / CONFIRMED
Use when: stable, no bleeding, vomiting, or diarrhea, and no invasive/AGP anticipated. **Minimum PPE:** • Fluid-resistant gown to at least mid-calf or fluid-resistant coverall without integrated hood • Full face shield • Surgical/procedure facemask • Double gloves; outer pair with extended cuffs **Doff slowly and deliberately** in a designated removal area. Use a trained observer per facility protocol.	**Use when:** suspected patient is unstable, has bleeding, vomiting, or diarrhea, requires invasive/AGP care, or Ebola is confirmed. **Required full-coverage PPE:** • Impermeable gown to at least mid-calf or impermeable coverall • NIOSH-approved fit-tested N95 or higher respirator, or PAPR • If N95: disposable surgical hood extending to shoulders + full face shield • Double gloves; outer pair with extended cuffs • Disposable boot covers extending to at least mid-calf **Trained observer for every donning and doffing sequence.**

OPERATIONAL SAFETY

Patient care	Use dedicated/disposable equipment. Minimize needles, sharps, phlebotomy, procedures, and personnel contacts. Use needleless systems when possible.
Hand hygiene	Perform before and after patient contact and before donning/after doffing PPE. Use soap and water when hands are visibly soiled.
Environmental cleaning	Use an EPA-registered hospital disinfectant effective against enveloped viruses, according to label contact time and hospital protocol.
Waste & linen	Treat as regulated infectious material under the facility's VHF waste plan. Do not handle, transport, or process through routine pathways without coordination.

LABORATORY & DIAGNOSTIC TESTING

Before specimen collection: isolate the patient and coordinate with Infection Prevention, the laboratory director, and public health. Do not use the pneumatic tube system. Clearly label and hand-carry specimens using approved containment. Routine testing for alternative diagnoses should continue using a facility-approved high-consequence pathogen workflow; malaria and other common infections remain more likely in most returning travelers. Ebola PCR may be negative very early; testing strategy and repeat testing must be directed by public health.

IMMEDIATE CONTACTS

Hospital Infection Prevention	_____
Nursing/Administrative Supervisor	_____
Chicago Department of Public Health	312-746-4835 (24/7 communicable disease reporting)
CDC Emergency Operations Center	770-488-7100

Sources: CDC Ebola Disease Basics and Clinical Features; CDC Infection Prevention and Control for Patients with Suspected or Confirmed Viral Hemorrhagic Fevers; CDC PPE guidance for clinically stable and unstable suspected patients; CDC HAN 00530; WHO Disease Outbreak News, July 17, 2026.