

Report to the Boards of Health
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Ebola (Bundibugyo Virus Disease) Outbreak

Ebola disease is caused by a group of viruses known as *orthoebolaviruses* (formerly ebolavirus). *Orthoebolaviruses* were discovered in 1976 in the Democratic Republic of the Congo (DRC) and are mostly found in sub-Saharan Africa. They cause serious illness and without care, usually cause death. Even with care, the death rate is around 50%. There are six types of orthoebolaviruses, three of which have caused large outbreaks in people:

Common Name	Species Name	Name of Disease*	Vaccine Available?	Antibody Treatment Available?
Ebola virus	<i>Orthoebolavirus zairense</i>	Ebola virus disease	Yes	Yes
Sudan virus	<i>Orthoebolavirus sudanense</i>	Sudan virus disease	No	No
Bundibugyo** virus	<i>Orthoebolavirus bundibugyoense</i>	Bundibugyo virus disease	No	No
*For this report, the term Ebola disease will be used as an umbrella term for any illness caused by <i>Orthoebolavirus</i>				
**Pronounced "Bun-dee-BOO-joh"				

African fruit bats are thought to be the natural host of these viruses. Infected animals can spread the virus to other animals or people. The virus does not spread easily in the air like influenza or COVID. It spreads only through direct contact with body fluids of a person who is already sick or has recently died from the disease and can also spread through contaminated items like bedding or clothing. The virus is found in all body fluids, including blood, urine, feces, vomit, tears, saliva, sweat, amniotic fluid, breast milk, vaginal secretions, and semen. A person is not contagious until they start showing symptoms. Some call Ebola a "disease of compassion," because the people most likely to get infected are those whose care for the very ill and dying, like the family members or healthcare workers. The risk to casual contacts is very low.

After a person is exposed to the virus, it takes 2 to 21 days before symptoms appear. Early symptoms are like many other illnesses: fever, headache, muscle aches, and extreme tiredness. As the illness progresses, patients can develop vomiting, diarrhea, and in serious cases, unusual bleeding or bruising. There is no cure for Ebola, but patients who receive supportive care early, such as fluids, electrolytes, and treatment for other complicating infections, have a much better chance of survival. There are antibody treatments used to help treat the Ebola virus disease, and a vaccine effective against this strain of virus.

Why This Outbreak Is Different

The outbreak happening right now is caused by one of the rarer virus types, the Bundibugyo virus. There is no effective antibody treatment or vaccine for this virus. This outbreak began in the northeastern DRC, likely in January or February of 2026, though it was not identified as Ebola until mid-May. By May 15th, the Ministry of Health in the Congo confirmed the outbreak, and Uganda later confirmed its own cases in travelers who had recently arrived from the Congo. On May 17th, the World Health Organization declared this outbreak a Public Health Emergency of International Concern, the organization's highest level of alert, which has been used only a few times in history.

The outbreak has grown quickly and spread into other areas of DRC. As of July 8, 2026, there have been over 1,800 confirmed cases and over 600 confirmed deaths. More than 100 healthcare workers in the Congo have been infected, and at least 32 have died. Experts estimated the actual size of the outbreak is at least 2 to 4 times larger. This is now the largest Bundibugyo virus outbreak ever recorded, far surpassing the two earlier outbreaks

combined. The World Health Organization have assessed the risk of the epidemic to be very high at the national level in the DRC, high at the regional level, and low at the global level.

This has been the fastest growing Ebola outbreak. The outbreak has been very challenging for many reasons. It is happening in a region dealing with many different areas of armed conflicts. Much of the population has been displaced and often on the move or living in overcrowded areas. They lack basic needs like food, clean water, shelter, transportation, and healthcare. There have been cuts in aid, limited health infrastructure, and shortages of personal protective equipment. Lack of trust in the government and misinformation about Ebola have led to violent attacks on healthcare workers and facilities. In northeastern DRC, some healthcare workers went on strike in the first week of July due to lack of pay and unsafe working conditions.

The United States Response

No cases connected to this outbreak have been confirmed anywhere in the United States. Two US citizens working for humanitarian agencies have gotten the disease and have been treated in Germany. The CDC considers the risk to the American public to be low, and the federal government has taken several precautionary steps.

Since May 18, 2026, the CDC and the Department of Homeland Security have restricted entry into the United States for most travelers who have been in DRC, Uganda, or South Sudan within the previous 21 days. At this time, only U.S. citizens, U.S. nationals, and certain government or military personnel may enter from these countries, with limited exceptions for humanitarian or law enforcement reasons. Non-citizens, including green card holders, are banned from entering the country, even though some of these areas have had very little Ebola activity. Travelers from these countries are directed to a small number of designated airports where trained federal staff carry out health screenings. A traveler with a fever or other symptoms receives additional evaluation and may be sent to a hospital for further care. Travelers without symptoms are referred to their state or local health department for 21 days of monitoring. There is much argument about the rational of the travel bans. The World Health Organization advises against any restriction of travel to, or trade with, the DRC or Uganda currently. There are exit screenings done at all points of entry including airports, ports and ground crossings.

The CDC has also issued detailed guidance to U.S. hospitals and health departments on recognizing and safely managing a potential Ebola patient, and its laboratory network can confirm a diagnosis within hours if a suspected case arises anywhere in the country.

Michigan's Preparedness

Michigan has had a system in place to respond to Ebola and similar diseases since 2014, called the [Special Pathogen Response Network, or SPRN](#). This network brings together the Michigan Department of Health and Human Services (MDHHS), Michigan hospitals, ambulance and life-support agencies, local health departments, and regional healthcare coalitions.

Under this system, Michigan has identified one adult and one children's hospital, known as Tier 1 hospitals, that are specially prepared to identify, isolate, test, and treat a patient with Ebola: Corewell Health Butterworth Hospital and Helen DeVos Children's Hospital in Grand Rapids. Every hospital in Michigan with an emergency room has been assigned a preparedness tier, so that if a suspected case appears anywhere in the state, staff know exactly where that patient should be evaluated or transferred.

When the CDC refers a returning traveler to Michigan for monitoring, MDHHS assigns the case to the appropriate local health department, which then follows the state's [Bundibugyo TEAM \(Traveler Exposure Assessment and Monitoring\) Protocol](#). This is the same basic system Michigan used successfully during all prior Ebola outbreaks.

Our Role at the Local Level

Your local health departments are ready to act if the CDC refers a traveler to our jurisdictions. When that happens, we conduct a risk assessment, make sure the traveler has a working thermometer, educate them about

symptoms to watch for, and check in with them regularly over a 21-day period. We ask travelers to take their temperature daily and to call us right away if they develop a fever above 100.4°F or any other concerning symptoms. If a monitored traveler does develop symptoms, we would immediately notify MDHHS and the CDC, arrange safe transportation, and make sure the nearest Tier 1 hospital is ready before the person arrives.

It is important for our residents to understand that the risk of Ebola reaching the communities we serve remains very low. There is no indication of any local exposure, and this outbreak could only reach our area through a specific returning traveler, who would already be identified and monitored under this well-established system.

Recommendations:

1. Even though the risk of Ebola in the US is low, the outbreak is a reminder of the importance of public health activities and healthcare preparedness.
2. Infectious diseases do not recognize borders. Continued investment and involvement in international public health, strengthening health systems, and providing resources to vulnerable regions help prevent and contain outbreaks at their source before they can become international threats.

Sources

- WHO. Ebola disease. <https://www.who.int/news-room/fact-sheets/detail/ebola-disease>
- Council on Foreign Relations. 2026. Africa Has Faced a Rare Ebola Outbreak for Months. Here's What to Know. <https://www.cfr.org/articles/africa-has-faced-a-rare-ebola-outbreak-for-months-heres-what-to-know>
- CDC, Ebola Outbreak: Current Situation <https://www.cdc.gov/ebola/situation-summary/index.html>
- CDC. History of Ebola Outbreaks. https://www.cdc.gov/ebola/outbreaks/index.html#cdc_listing_intro-outbreaks-by-species-and-size-since-1976
- Reuters. 2026. Congo Ebola response workers protest over pay. <https://www.reuters.com/business/healthcare-pharmaceuticals/congo-ebola-response-workers-protest-that-they-have-not-been-properly-paid-2026-07-09/>
- Reuters. 2026. Congo Ebola outbreak still spreading largely undetected, WHO official says. <https://www.reuters.com/business/healthcare-pharmaceuticals/congo-ebola-outbreak-still-spreading-largely-undetected-who-official-says-2026-07-10/>
- Szabo, L. 2026. People with Ebola pose little risk to public in US, experts say. <https://www.cidrap.umn.edu/ebola/people-ebola-pose-little-risk-public-us-experts-say>
- WHO. Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo & Uganda. <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON612>
- WHO. First meeting of the IHR Emergency Committee regarding the epidemic of Ebola Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda 2026 – Temporary recommendations. <https://www.who.int/news/item/22-05-2026-first-meeting-of-the-ihc-emergency-committee-regarding-the-epidemic-of-ebola-bundibugyo-virus-disease-in-the-democratic-republic-of-the-congo-and-uganda-2026-temporary-recommendations>
- Dall, C. 2026. Ebola outbreak in DR Congo still outpacing response <https://www.cidrap.umn.edu/ebola/ebola-outbreak-dr-congo-still-outpacing-response>
- MDHHS, Special Pathogen Response Network (SPRN) <https://www.michigan.gov/mdhhs/safety-injury-prev/publicsafety/ophp/partner/sprn/special-pathogen-response-network-sprn>