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HEALTH ALERT: Ebola Outbreak in the Democratic Republic of the Congo

9/19/2025

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about a new outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC). EVD is a severe illness and is often fatal.

Currently, **no suspected, probable, or confirmed EVD cases related to this outbreak have been reported in the United States or outside of the DRC**. The risk of spread to the United States is considered low at this time. As a precaution, this Health Advisory summarizes CDC recommendations for U.S. public health departments, clinical laboratories, and healthcare workers about potential EVD case identification, testing, and biosafety considerations in clinical laboratories.

On September 8, 2025, CDC issued a Travel Health Notice for people traveling to the DRC. CDC recommends that all travelers to the affected health zones in DRC avoid contact with ill people during travel and monitor themselves for symptoms of EVD while in the outbreak area and for 21 days after leaving. Travelers who develop symptoms during this time should self-isolate and contact local health authorities or a clinician. At this time, CDC is not recommending additional assessments or monitoring of travelers arriving from DRC by the jurisdictional health departments unless mentioned in the existing VHF guidance provided below.

Please see the attached CDC Health Alert for more information, including recommendations for clinicians and the public.

If you are receiving this health message via fax, please visit the CCCHD website (http://ccchd.com/?page_id=870) or follow the QR code below to view a digital copy with clickable links. If you wish to receive health alerts electronically in the future, please contact asauter@ccchd.com.

Message Details

Title: Ebola Outbreak in the Democratic Republic of the Congo
Date: 9/19/25
To: Healthcare providers in Clark County

Health Alert Network (HAN)

Ebola Outbreak in the Democratic Republic of the Congo

Public Health
SEPT. 18, 2025

AT A GLANCE

Distributed via the CDC Health Alert Network

September 18, 2025, 12:00 PM ET

CDCHAN-00524

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Background

On September 4, 2025, the Ministry of Public Health, Hygiene and Prevention in the DRC declared an EVD outbreak caused by re-emergence of Ebola virus (species *Orthoebolavirus zairense)* in the Kasai Province. As of September 18, 37 confirmed cases and 19 deaths, including 4 health workers, have been reported (case fatality rate [CFR] 51%). This is the 16th Ebola disease outbreak reported in DRC since the virus was discovered there in 1976. The Kasai Province has experienced two previous EVD outbreaks: one in 2007 with 264 cases and 187 deaths (CFR 71%), and another in 2008 with 32 cases and 15 deaths (CFR 47%). No suspected, probable, or confirmed EVD cases related to the current outbreak have been reported outside of the DRC or in the United States.

The current outbreak is centered in the Bulape and Mweka health zones within the Kasai Province in the DRC. The index case was a 34-year-old pregnant woman (34 weeks gestation) who was admitted to a local hospital on August 20 with symptoms including high fever, bloody diarrhea, hemorrhaging (nasal, oral, anal), vomiting, and severe physical weakness. The patient died on August 25 from multiple organ failure. Two healthcare workers who cared for the patient later developed similar symptoms and died. Blood and buccal swab specimens tested on September 3 at the country's National Institute of Biomedical Research (INRB) confirmed an outbreak of EVD caused by Ebola virus (species *Orthoebolavirus zairense)*. Genomic sequencing performed by INRB suggests that this is a new introduction of the disease into the human population from an unknown infected animal.

CDC is working with DRC's Ministry of Public Health, Hygiene and Prevention to support the response to this outbreak. CDC deployed three experts from its Atlanta headquarters and two from the CDC DRC country office to provide technical expertise in surveillance, case investigation, and contact tracing. Resources are being mobilized to strengthen laboratory testing, epidemiology, and infection prevention and control measures. Additional cases may be retrospectively identified as the source of the outbreak remains unknown.

The risk of spread to the United States is considered low at this time. Access to the outbreak region is difficult and there are no direct flights between the DRC and the United States. However, travelers from affected areas in DRC might enter the United States on flights connecting through other countries. Therefore, as a precaution, CDC is working to raise awareness of this outbreak among travelers, public health departments, public health and clinical laboratories, and healthcare workers in the United States. Healthcare providers should be alert and evaluate any patients suspected of having EVD. **It is important for clinicians to obtain a detailed travel history from patients with suspected EVD, especially those who have been in affected areas of the DRC recently. Early consideration of EVD in the differential diagnosis is important for providing appropriate and prompt patient care and diagnostics, and to prevent the spread of infection.**

Ebola Disease

Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolavirus). Ebola disease most commonly affects humans and nonhuman primates, such as monkeys, chimpanzees, and gorillas. Four orthoebolaviruses cause illness in people, presenting as clinically similar disease:

- Ebola virus (species O*rthoebolavirus zairense*) causes Ebola virus disease.
- Sudan virus (species O*rthoebolavirus sudanense*) causes Sudan virus disease.
- Taï Forest virus (species O*rthoebolavirus taiense*) causes Taï Forest virus disease.
- Bundibugyo virus (species O*rthoebolavirus bundibugyoense*) causes Bundibugyo virus disease.

The incubation period for EVD ranges from 2 to 21 days after exposure. A person infected with an orthoebolavirus 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 **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 is also spread by infected animals, or through contact with objects like needles that are contaminated with the virus. **Ebola disease is not spread through airborne transmission.**

An Ebola vaccine (ERVEBO®) is approved by the U.S. Food and Drug Administration (FDA) for preventing EVD due to Ebola virus (species *Orthoebolavirus zairense*). ERVEBO® should only be given to patients who meet specific criteria. Two FDA-approved treatments are currently available to treat Ebola virus infection: Inmazeb™ and Ebanga™.

In the absence of early diagnosis and treatment, EVD has a high rate of fatality. Previous outbreaks of EVD have had case fatality rates as high as 80 to 90%. With intense supportive care and fluid replacement, fatality rates might be lower.

CDC has developed recommendations for U.S.-based organizations (e.g., nongovernmental, faith-based, academic, or aid organizations) with staff working in affected areas: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.

Recommendations for Clinicians

- Systematically assess patients with compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding) for exposure risk and the possibility of viral hemorrhagic fevers (VHFs) including EVD through a triage and evaluation process including a travel history. Early identification of EVD or other VHFs is important for providing appropriate and prompt patient care and preventing the spread of infection.
- Include EVD in the differential diagnosis for an ill person who has compatible symptoms 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 EVD (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 EVD.
  - Participated in any of the following activities while in an area with an active EVD 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 cave-dwelling bats or non-human primates.
    - Worked or spent time in a mine or cave.
- 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.

- Know that patients with EVD can present with concurrent infections (e.g., coinfection with malaria), and the possibility of a concurrent infection should be considered if a patient has a clinical and epidemiologic history compatible with EVD. Travel to or from the DRC during the past 21 days should not be a reason to defer routine laboratory testing or other measures necessary for standard patient care.
    - A travel flag in electronic health records is crucial for quickly identifying patients who have recently visited areas with VHF outbreaks, enabling timely detection and infection control.
- Immediately isolate and hospitalize patients who have both an exposure risk AND any symptoms compatible with EVD in a healthcare facility until receiving a negative EVD test result on a specimen collected ≥72 hours after symptom onset. If a specimen is collected <72 hours after symptom onset and is negative for EVD, the patient should remain isolated in the healthcare facility and another test should be performed on a new specimen taken ≥72 hours after symptom onset. **Pursue routine laboratory testing to monitor the patient's clinical status and diagnostic testing for other potential causes of the patient's illness while EVD testing is underway.** Do not delay EVD diagnostic testing while awaiting results of other diagnostic testing.
    - Patients should be placed in isolation at their presenting medical facility and cared for by personnel trained on and wearing appropriate Personal Protective Equipment (PPE) while EVD test results are pending.
    - If a patient has a positive EVD test result, transfer the patient to a Regional Emerging Special Pathogens Treatment Center or a state-designated special pathogens treatment center, depending on the jurisdiction.
- If EVD is suspected, contact your state, tribal, local, or territorial health department immediately (via 24-hour Epi-on-call contact list) and follow jurisdictional protocols for patient assessment. When a diagnosis of EVD is considered, health departments will work with CDC and the clinical team to help coordinate care and testing for the patient and help ensure appropriate precautions are taken to prevent potential spread.
- Counsel patients with planned travel to an EVD outbreak-affected area on ways to prevent exposure during their travel. Prevention methods include:
    - Avoid contact with blood and body fluids (or with materials possibly contaminated with blood and body fluids) of people who are sick.
    - Avoid semen from a man who has recovered from Ebola disease until testing shows that the virus is no longer in the semen.
    - Do not touch the body of someone who died from suspected or confirmed EVD without appropriate precautions, such as during funeral or burial practices.
    - Avoid contact with bats, bat urine or droppings, forest antelopes, nonhuman primates, and blood, fluids, or raw meat from these or unknown animals.
    - Refrain from entering areas known to be inhabited by bats, such as mines or caves.
- Counsel travelers to avoid visiting healthcare facilities in affected areas for nonurgent medical care or for nonmedical reasons, and to avoid visiting traditional healers.
- Counsel healthcare workers traveling to the DRC for work in clinical settings of their potential increased risk of exposure to EVD, the importance of following recommended infection prevention and control precautions and monitoring themselves for symptoms of EVD after their return to the United States.
- Be prepared to follow CDC's Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers

Recommendations for Public Health Departments

- Follow your established jurisdictional protocols about patient assessment to determine if testing for EVD is warranted for a patient with concerning clinical and epidemiologic history for EVD if identified in your jurisdiction.
- Coordinate patient management, specimen collection, and EVD testing with state, tribal, local, and territorial health departments, CDC, and the clinical team.
- Contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about EVD or other VHFs. Call CDC's Emergency Operations Center at **770-488-7100** and request VSPB's on-call epidemiologist. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for EVD and other VHFs from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN) .
    - To date, 42 geographically diverse LRN laboratories can test using the Biofire FilmArray or NGDS Warrior Panel Global Fever Special Pathogens Panel. In addition, 12 Regional Emerging Special Pathogen Treatment Centers (RESPTC) have internal diagnostic capacity using the Biofire FilmArray NGDS Warrior Panel, Global Fever Special Pathogens Panel, or Biothreats-E PDF. Patient evaluation at such centers is coordinated through public health officials in coordination with RESPTC leadership.
    - The Biofire FilmArray Warrior Panel and Global Fever Special Pathogens Panel can detect orthomarburgviruses (Marburg and Ravn viruses) and orthoebolaviruses (Ebola, Sudan, Taï Forest, Bundibugyo, and Reston viruses) in addition to other high-consequence pathogens.

- Per manufacturers' recommendations, results from these test kits are presumptive, and results require confirmatory testing, which can be performed at CDC.

- Be aware of CDC's Travel Health Notice for suspected EVD in the DRC and consider engaging travel health clinics or other clinical and public health partners to increase awareness about EVD.
- Review CDC's recommendations for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.

Recommendations for Clinical Laboratory Biosafety

- Be aware that early symptoms of EVD are similar to those of other febrile illnesses in recent international travelers.
- Follow CDC's Standard Precautions for All Patient Care, which includes Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, and the Biosafety in Microbiology and Biomedical Laboratories Appendix N PDF to reduce the risk of laboratory-acquired illnesses from bloodborne pathogens, such as VHFs and other high-consequence diseases..
- Handle all blood and body fluids (e.g., urine, pleural fluid) as if they contain an unknown pathogen, taking the necessary precautions to avoid exposure.
- Be prepared to perform routine laboratory testing that is critical to evaluating an ill traveler.
- Have a written Exposure Control Plan PDF in place to eliminate or minimize employees' risk of exposure to blood, body fluids or other potentially infectious materials.
- Make recommended PPE available and train staff to properly put on (don) and take off (doff) their PPE.
- If a laboratory facility does not have the appropriate risk mitigation capabilities, send the specimens to a facility that does, following appropriate packing and shipping requirements.

Recommendations for the Public

- Protect yourself and prevent the spread of EVD when living in or traveling to a region where Ebola virus is potentially present or that is currently experiencing an outbreak.
- In affected areas, take the following actions to protect yourself:
  - Avoid contact with sick people who have symptoms such as fever, muscle pain, and rash.
  - Avoid contact with blood and other body fluids.
  - Avoid materials possibly contaminated with blood or other body fluids of people who are sick.
  - Avoid semen from men who have recovered from EVD until testing shows that the virus is no longer in the semen.
  - Avoid visiting healthcare facilities for nonurgent medical care or for nonmedical reasons.
  - Avoid visiting traditional healers.
  - Do not participate in funeral or burial practices that involve touching the body of someone who died.
  - Keep away from bats, forest antelopes, non-human primates (e.g., monkeys, chimpanzees, gorillas), and avoid contact with blood, fluids, or raw meat from these or unknown animals.
  - Do not enter areas where bats live, such as mines or caves.
- Monitor your health while you are in, and for 21 days after you return from, an area experiencing an EVD outbreak.
  - If you develop symptoms of EVD during this time, isolate (separate) yourself immediately from others, do not travel, and contact local health authorities or a healthcare facility for advice.
  - Before you enter a healthcare facility, alert the healthcare providers of your recent presence in an EVD-affected area.

For More Information

General Ebola Information

- Ebola Disease Basics | Ebola | CDC
- Outbreak History | Ebola | CDC

- Ebola in the Democratic Republic of the Congo: Travel Health Notice Level 1: Practice Usual Precautions | CDC
- Post-Travel Evaluation to Rule Out Viral Special Pathogen Infection | Yellow Book | CDC

Clinician Resources

- Clinical Guidance for Ebola Disease | Ebola | CDC
- Clinical Signs of Ebola Disease | Ebola | CDC
- Healthcare Provider Trainings on Ebola Disease | Ebola | CDC
- Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers | CDC

U.S. Healthcare Settings

- National Special Pathogen System Overview | NETEC
- Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF) | Viral Hemorrhagic Fevers (VHFs) | CDC

U.S. Public Health Departments

- Public Health Strategies for Ebola Disease | Ebola | CDC
- Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers | CDC
- Public Health Guidance for VHF Response Planning | Viral Hemorrhagic Fevers | CDC

Non-U.S. Healthcare Settings

- Viral Hemorrhagic Fevers for Health Care Providers | Viral Hemorrhagic Fevers | CDC
- Clinical Screening and Diagnosis for VHFs | Viral Hemorrhagic Fevers | CDC
- Clinical Treatment of Viral Hemorrhagic Fevers | Viral Hemorrhagic Fevers | CDC
- Guidance for Personal Protective Equipment (PPE) | Viral Hemorrhagic Fevers | CDC

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN message types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

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This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

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SOURCES

CONTENT SOURCE:

Office of Emergency Risk Communication (OERC)