



State of Maryland

Maryland Institute for Emergency Medical Services Systems

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To: EMS Clinicians

From: Timothy Chizmar, MD
State EMS Medical Director

Date: June 17, 2026

Re: **Ebola (Bundibugyo): What You Need to Know**

The CDC has been monitoring an outbreak of Ebola disease (Bundibugyo virus) in three countries in Africa: the Democratic Republic of Congo (DRC), South Sudan, and Uganda. As of June 9, there have been 654 confirmed cases and 129 confirmed deaths in the affected countries. Importantly, **no cases** have been identified in the United States, and the risk to the general public remains low. However, as a precaution, the Maryland Department of Health and local health departments have been monitoring travelers returning from DRC, South Sudan, and Uganda. You should consider the possibility of Ebola disease in travelers who have returned from one of these countries within the past 21 days.

Here are a few reminders about the clinical presentation of Ebola and associated precautions:

- **Signs and Symptoms:** Early “dry” symptoms include: fever, aches, pain, and fatigue. Later “wet” symptoms include: diarrhea, vomiting, and unexplained bleeding.
- **Mode of Transmission:** Ebola is a viral infection spread through direct contact (via broken skin or mucous membranes) with the body fluids of a person who is sick or has died from the disease. It may also be transmitted to humans from infected animals or through contact with objects (e.g. needles) that have been infected with the virus. The incubation period ranges from 2 to 21 days after exposure.
- **Travel History:** For patients with symptoms of possible Ebola disease, please ask about any recent travel to affected countries within the past 21 days.
- **Precautions (PPE):** If you encounter a patient with suspected Ebola, based on symptoms and travel history or known exposure, use of personal protective equipment is essential. PPE should include:
 - **Eye protection:** full face shield, tight-fitting goggles, or face shield of powered respirator
 - **Nose and mouth coverage:** N95 mask or elastomeric respirator. A fluid-resistant head and neck cover or powered air-purifying respirator with a hood is recommended.
 - **Torso/body coverage:** a fluid-impermeable gown that extends to the mid-calf or fluid-impermeable coverall, shoe or boot covers
 - **Gloves:** 2 pairs of gloves, ideally with an outer pair with extended cuff
- **Transport Considerations:** Patients with suspected Ebola disease should be transported preferentially to High Consequence Infectious Disease (HCID) hospitals, Johns Hopkins Hospital (Baltimore) or MedStar Washington Hospital Center (DC). If transport time to an HCID facility is greater than 45 minutes from the closest hospital, transport to the nearest hospital. Advance hospital notification and coordination with the local health department are essential to prepare for the patient’s arrival. The patient should be identified as a Patient Under Investigation (PUI) for a high consequence infectious disease.
- **Treatment:** Ebola disease has a high mortality rate. With intense supportive care and fluid replacement, mortality rates may be lowered.

For more information, please see:

- CDC – [Ebola Outbreak: Current Situation](#)
- CDC – [Viral Hemorrhagic Fevers \(PPE\)](#)