

**From:** Dr. Janice Fitzgerald, Chief Medical Officer of Health  
**To:** Physicians, Nurse Practitioners, Acute Care, and Travel Clinics  
**Re:** **Ebola outbreak affecting the Democratic Republic of Congo and Uganda**  
**Date:** May 26, 2026

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On May 17, 2026, the World Health Organization (WHO) declared a Public Health Emergency of International Concern for the outbreak of Ebola caused by Bundibugyo virus disease (BVD) in the Democratic Republic of Congo (DRC) and Uganda. The Department of Health and Community Services (DHCS) is working with the Public Health Agency of Canada (PHAC) to monitor the situation and its potential impact on Canada.

**Situation:**

- As of May 24, 2026, there are 904 suspected cases and 119 suspected deaths due to Ebola in DRC. There are 101 confirmed cases in DRC.
- In Uganda, there are 5 confirmed cases and 1 death.
- To date, there has not been an imported case of Ebola in Canada.
- The overall risk to the Canadian population is low.
- There are 3,600 Canadians abroad in countries affected by the outbreak. Travel health advisories have been issued for DRC and Uganda.
- On May 20, 2026, airport screening questions began to assess for travel from DRC or Uganda in the last 21 days and whether those travellers have been feeling sick or in contact with someone who might have Ebola.
- Travellers returning from affected countries are advised to monitor for symptoms of Ebola for 21 days, and if they become symptomatic, to isolate immediately and notify their local public health authority prior to presenting to a health care facility. The situation is evolving and updates will be provided as needed.

**Public health recommendations:**

- **Notify public health of any concern of Ebola virus disease exposure for patients who have returned from affected countries in the past 21 days as per the [Notifiable Disease List](#).** Public health will conduct a risk assessment and can support monitoring and coordination with infection prevention and control and the nearest acute care hospital should a person at risk develop symptoms suggestive of Ebola disease.
- **Please ask about travel history and travel-related illnesses when assessing patients who are presenting with febrile illnesses.** Families visiting friends and relatives overseas have increased international travel rates and risk for exposures to communicable diseases not commonly seen in Canada. People at highest risk for BVD include healthcare workers, family members tending to ill relatives, and those involved with the burial process for the deceased in the areas of the ongoing outbreak.

**Clinical information:**

- Ebola viruses cause severe illness called viral hemorrhagic fever that can be fatal. The case fatality rate for BVD is 30 to 50%.
- The virus is transmitted person-to-person through contact with blood or other body fluids of a living or deceased person who has an infection, vertical transmission during pregnancy, delivery and breastfeeding, and sexual transmission. Transmission also occurs through contact with surfaces contaminated with body fluids. Animal to human transmission occurs from contact with tissues or body fluids from an infected animal.
- Symptoms of Ebola disease develop two to 21 days after exposure. Symptoms can occur suddenly and include fever, myalgia, severe headache, sore throat, and fatigue and

malaise. Symptoms can quickly progress to nausea, vomiting, bloody emesis/stool, rash and hemorrhage.

- A person is not considered infectious prior to symptom onset.
- Unlike for other strains of Ebola virus, there are no approved BVD-specific treatments or vaccines.

**Resources for health professionals:**

- [Guidance on Ebola disease for health professionals and humanitarian aid workers](#), including advice on infection prevention and control, is available from PHAC.
- [Guidance on tropical and travel medicine](#), including [Ebola disease](#), and [fever in a returning international traveller](#) is available from the PHAC Committee to Advise on Tropical Medicine and Travel (CANMAT).
- [Guidance on fever in the returning child traveller](#) is available from the Canadian Pediatric Society.