

Ebola disease preparedness



SAFETY INFORMATION 005/26

Issue date:	29 May 2026
Content reviewed by:	Health Protection NSW
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	<p>An outbreak of Ebola disease in east-central Africa presents a low risk of importation into Australia.</p> <p>Clinicians and health services should be familiar with the safe initial management of suspected cases of Ebola disease, including urgent referral to the NSW Specialist Service for High Consequence Infectious Diseases.</p>
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	<p>Consider Ebola disease in patients with fever and a history of travel to an affected country, with a plausible route of exposure, in the 21 days before symptom onset.</p> <p>For all patients with suspected Ebola disease:</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment, provide patient with a surgical mask, and move them to a single room; • Immediately refer to the Specialist Service for High Consequence Infectious Diseases by calling 1800 424 300; and • Notify the local public health unit on 1300 066 055.
We recommend you also inform:	<p>Directors, Managers and Staff of:</p> <ul style="list-style-type: none"> • Emergency Departments • Intensive Care Units • Infectious Diseases • Infection Prevention and Control <p>All other relevant staff, departments and committees.</p>
Website:	<p>https://www.health.nsw.gov.au/sabs/Pages/default.aspx</p> <p>http://internal.health.nsw.gov.au/quality/sabs/index.html</p>
Review date:	1 December 2026

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Situation

A large outbreak of Ebola disease caused by the Bundibugyo orthoebolavirus species has been identified in the Democratic Republic of the Congo (DRC), with spread to neighbouring Uganda. The World Health Organization (WHO) declared a public health emergency of international concern on 16 May.

No cases of Ebola disease have ever been reported in Australia.

Background

WHO was initially notified of a cluster of severe illness with high mortality in DRC on 5 May 2026. As of 25 May, there were 101 confirmed cases including 10 confirmed deaths and over 900 suspected cases in DRC, and 7 cases with one death in Uganda. There is likely to be significant under-reporting due to limited surveillance and contact tracing capabilities.

Risk in Australia

The Australian government has assessed the overall risk to Australia as low (18 May 2026). People infrequently travel from DRC to Australia, and transmission is limited in Uganda. Travellers most at risk are likely to be returned humanitarian workers or miners.

Symptomatic cases arriving in NSW from overseas would be subject to existing biosecurity screening on arrival and transferred to the NSW Biocontainment Centre under the care of the NSW Specialist Service for High Consequence Infectious Diseases (HCIDs) at Westmead Hospital.

It is possible that some cases would not be symptomatic on arrival and may present to health services in NSW.

Transmission

Bundibugyo virus is transmitted primarily through direct contact with blood or bodily fluids of infected people. It is not spread through airborne transmission, but aerosol-generating procedures may present a risk. Transmission can also occur through contaminated objects (e.g., needles or medical equipment) if infection control measures are not followed. Transmission is more likely during the “wet” phase of the disease, when patients develop vomiting, diarrhoea, and haemorrhagic manifestations.

Asymptomatic infected people do not transmit Bundibugyo virus by routine clinical or household contact.

Health workers caring for suspected patients should follow infection prevention and control guidance, ensuring hand hygiene, barrier protection against blood and body fluids, and safe waste management. Level 1 personal protective equipment (PPE) should be used when attending to patients with “dry” symptoms. This includes a P2/N95 respirator, long-sleeved fluid-resistant gown, eye protection such as goggles or a face shield, and double gloves. Level 2 PPE provides additional barrier protection and should be used if patients present during the wet phase of Ebola disease.

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The disease

Bundibugyo virus causes a severe viral haemorrhagic disease, marked by fever, vomiting, bleeding, and multi-organ failure. Early symptoms are non-specific and include sudden onset of fever, headache, muscle pain, and extreme tiredness. The case fatality rate is estimated at around 25–50%. The incubation period is usually 8-10 days and can be up to 21 days.

Diagnosis requires nucleic acid amplification testing at a PC4 level laboratory. Pathology specimens should only be taken after consultation with the NSW Specialist Service for HCIDs.

There are no specific treatments or vaccines available for Bundibugyo virus infection. Existing approved Ebola vaccines and treatments are specific to a different species (previously known as Zaire virus).

Initial management

Ebola disease should be considered in patients with fever and a history of travel to one of the affected countries with a plausible risk of exposure (for example, contact with a sick person or funeral attendance) in the 21 days before symptom onset. Affected countries are updated in the [HCID Sitrep](#).

Initial management includes:

- providing the patient with a surgical mask
- moving patient to a single room (door closed, with ensuite bathroom and negative pressure, if available)
- apply airborne and contact precautions
- obtaining a full travel and exposure history, including symptoms, illness onset, travel dates and travel activities/locations.

Suspected cases must be referred to the NSW Specialist Service for HCIDs (1800 424 300). Pathology specimens and invasive procedures should be deferred if possible until consultation with the NSW Specialist Service for HCIDs. Treating clinicians should have a low threshold for calling HCID for advice if they are concerned.

Viral haemorrhagic fevers including Ebola disease are urgently notifiable on suspicion in NSW by calling the public health unit 1300 066 055.

Assessment

The risk of importation of Ebola disease from the current Bundibugyo virus outbreak is low. Transmission occurs via direct contact with body fluids from a symptomatic infected person. If a patient is assessed as possibly having Ebola disease, the HCID Specialist Service should be called urgently on 1800 424 300 for clinical assessment and advice.

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Recommendations

Patients presenting with fever and a history of travel to one of the affected countries, with a plausible risk of exposure, in the 21 days before symptom onset should be:

- Asked to wear a surgical mask and isolate in a single negative pressure room, with appropriate PPE for health workers
- Urgently referred to the Specialist Service for High Consequence Infectious Diseases (HCID) by calling 1800 424 300
- Notified to the local public health unit on 1300 066 055.

Further information

[Australian CDC Ebola resources](#)

[NSW Biocontainment centre](#)

[Clinical Excellence Commission: High Consequences Infectious Diseases](#)

[High Consequence Infectious Diseases - Infection Prevention and Control Principles \(GL2026_009\)](#)