

<b>DATE:</b>	18 June 2026
<b>TO:</b>	All Physicians and Clinicians
<b>FROM:</b>	Alberta Precision Laboratories (APL) – Public Health Laboratory
<b>RE:</b>	<b>Viral Haemorrhagic Fever (Ebola) Testing and Outbreaks</b>

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## PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

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### Key Message

- There is an ongoing outbreak of Ebola virus viral haemorrhagic fever (VHF) due to the Bundibugyo virus in specific areas of the Democratic Republic of the Congo (DRC) and Uganda in East Central Africa.
- If there is concern of VHF in a patient with epidemiologic links to the evolving outbreak, it is critical that all clinicians consult immediately with the Medical Officer of Health (MOH) on-call in their zone/corridor PRIOR to ordering any laboratory testing whatsoever (regardless of specimen type). Be sure to follow local Infection Prevention & Control guidance. The MOH on-call can be contacted via switchboard of your hospital.
- If approved by the MOH, patients under investigation for VHF must be transported to a designated VHF assessment facility and undergo laboratory testing only at that site. No laboratory collections or testing will be conducted outside of these designated facilities.
- AHS policies and procedures regarding VHF can be found at <https://www.albertahealthservices.ca/vhf/Page10289.aspx>.

### Background

- In May 2026, an outbreak of the Ebola disease caused by Bundibugyo virus was declared in the Democratic Republic of the Congo and Uganda. The risk of spread outside of this region, including to Canada is considered to be low.
- More information about the current outbreak can be found at:
  - WHO: [PHIEC Website](#) and [Update Website](#).
  - Centers for Disease Control (USA): [CDC Ebola Current Situation Website](#).
- Patients may present within 21 days of travel to affected areas with severe acute viral illness consisting of sudden onset fever, malaise, myalgia, headache, conjunctival injection, pharyngitis, vomiting and diarrhoea. At times there can be increased bleeding or haemorrhage accompanying this (but not consistently). Severe cases can develop bleeding from a maculopapular, petechial or purpuric rash with 50% of patients as well as from gums, nose, injection sites and GI tract.
- Travellers to affected areas are also at risk for other well-known travel- related infections which may have overlapping symptoms such as malaria, typhoid, bacterial sepsis, dengue fever, and respiratory infections. Dual infections with these common travel-associated infections and Ebola virus disease (in those who have the appropriate epidemiologic risk exposure) have been reported.
- Ebola virus belongs to a group of haemorrhagic fever viruses called filoviridae. People can get Ebola disease through contact with the body fluids of an infected person or contaminated objects. Ebola, is not spread between humans through airborne transmission. More information on Ebola can be found at <https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola.html>.



- The Government of Canada has introduced temporary border measures for travellers arriving from affected countries. These measures are currently in effect until August 29, 2026, and may be reassessed or changed as the situation evolves (further information can be found at: [Temporary Border Measures](#)).

### Why This Is Important?

- Patients with potential Ebola or other VHF's can pose an important nosocomial risk for healthcare and laboratory workers.
- Inadvertent laboratory testing prior to considering the differential diagnosis can place laboratory and other healthcare workers at risk.

### Action(s) Required

- It is important for clinicians to assess the epidemiologic risk for potential Ebola virus infection in travellers returning from high-risk areas in the last 21 days prior to onset of symptoms.
- It is critical this assessment be done **PRIOR TO ORDERING OR COLLECTING ANY LABORATORY TESTING** (regardless of specimen type).
- In the process, obtaining information on exact dates of travels, cities and countries visited, activities, and exposure to known or presumed cases of Ebola virus infection is highly advised.
- If there is epidemiologic risk of concern for Ebola in a patient Immediately place the patient in a single room (follow local infection prevention and control guidance).
- It is CRITICAL that clinicians consult with the Medical Officer of Health (MOH) on-call. Do NOT carry out any laboratory testing on that patient until reviewed with the MOH.
- All patients whom the MOH approves to be evaluated for VHF, **MUST** be transported to a designated VHF Isolation Unit:
  - Southern Alberta: South Health Campus (adult) or Alberta Children Hospital (paediatric)
  - Northern Alberta: University of Alberta Hospital / Stollery Children's Hospital
- To avoid inadvertent health-care worker exposures, laboratory specimen collection and phlebotomy should ONLY occur at these designated facilities.
- Collection and or testing will only occur with the approval of the MOH **and** Public Health Laboratory Microbiologist/Virologist-on-call following special VHF procedures and fixed-test menus.
- AHS policies and procedures regarding VHF can be found at <https://www.albertahealthservices.ca/vhf/Page10289.aspx>.

### Recommended Case Evaluation

- A travel history alone is insufficient to carry out testing. It is important that detailed information regarding specific locations of travel, activities, contacts, buildings/facilities visited, activities carried out, etc. to determine the likelihood of Ebola virus exposure. This includes if people visited hospitals, were admitted to hospitals, had contact with known Ebola cases, attended funerals of individuals who may have died from Ebola, etc. If Ebola is suspected in a patient, consultation with the Medical Officer of Health is also required.

Consider Ebola virus disease in:

- A person with clinical illness\* AND at least one of the following epidemiologic risk factors within the 21 days before the onset of symptoms in whom EVD has not been ruled out:
  - sexual contact with a probable or confirmed EVD case,



- health care worker (HCW) and/or household carer, who directly or indirectly cared for a probable or confirmed case of EVD (e.g., direct patient care or contact with environment or fomites of a case),
- household member of a probable or confirmed case of EVD,
- close contact in a community setting with a probable or confirmed case of EVD while the person was symptomatic,
- laboratory worker who processed body fluids or tissues of a probable or confirmed EVD case,
- direct exposure to human remains (e.g., through participation in funeral or burial rites) in a geographic area where an EVD outbreak is occurring,
- direct exposure to human remains of a probable or confirmed EVD case,
- direct contact with bats, primates or wild bush meat from a currently active EVD-affected area

**OR**

A person with clinical illness\*

**AND**

- residence in or travel to an area where EVD transmission is active within the 21 days before symptom onset

**AND**

- has a history of close contact with an ill individual while in that area

**AND**

- is determined to be highly suspicious for Ebola by Public Health.

\*A person with fever  $\geq 38.0^{\circ}\text{C}$  or subjective fever **AND** one or more of the following symptoms:

- Chills
- Headache
- Sore throat
- Fatigue, malaise
- Muscle pain and weakness

**OR**

A person with one or more of the following symptoms:

- Nausea
- Vomiting or diarrhea
- Rash
- Bleeding

Source: [Alberta Notifiable Guidelines, Ebola virus disease](#)

**Inquiries and feedback may be directed to**

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**This bulletin has been reviewed and approved by**

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