



مركز أبوظبي
للصحة العامة
ABU DHABI PUBLIC
HEALTH CENTRE



دائرة الصحة
DEPARTMENT OF HEALTH

تعميم رقم (90 / 2026) Circular No

Date: 2026/05/22

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To: All Healthcare Facilities in the Emirate of Abu Dhabi

السادة/ جميع المنشآت الصحية في إمارة أبوظبي

Subject: Surveillance of Bundibugyo
Ebola virus (BVD) and Infection
Prevention and Control Precautions in
Healthcare Facilities

الموضوع: مراقبة فيروس إيبولا بونديبوجيو (BVD)
 واحتياطات مكافحة العدوى في منشآت الرعاية الصحية

Greetings,

تحية طيبة وبعد ،،،

We extend our greetings and best wishes for your continued success.

بدايةً، يسرنا أن نتقدم لكم بخالص التحية والتقدير
 متمنين لكم دوام التوفيق والسداد.

This is to inform you that the World Health Organization announced, on 17 May 2026, that eight laboratory-confirmed cases of Bundibugyo Ebola virus Disease (BVD), 246 suspected cases, and 80 suspected deaths have been reported in the Democratic Republic of Congo. In addition, two confirmed cases were reported in Uganda in 2 individuals who arrived from the Democratic Republic of Congo.

نود إعلامكم بأن منظمة الصحة العالمية قد أعلنت في 17
 مايو 2026 أنه تم الإبلاغ عن ثماني حالات مؤكدة مخبرياً
 بفيروس إيبولا بونديبوجيو (BVD)، و246 حالة مشتبه
 بها، و80 حالة وفاة مشتبه بها في جمهورية الكونغو
 الديمقراطية. بالإضافة إلى ذلك، تم الإبلاغ عن حالتين
 مؤكدتين في أوغندا لشخصين قادمين من جمهورية
 الكونغو الديمقراطية.

At present, there are no precise statistics on the actual number of infected people or the geographic extent of spread associated with this event. The epidemiological linkage between cases also remains incompletely understood.

في الوقت الحالي، لا توجد إحصائيات دقيقة لعدد
 المصابين والنطاق الجغرافي لانتشار هذا الحدث. ولا تزال
 عملية الربط الوبائي بين الحالات غير مفهومة بشكل
 مكتمل.

As you are aware, Bundibugyo Virus Disease (BVD), one of the Ebola virus diseases, is a rare and serious viral hemorrhagic fever. The disease is highly contagious and is transmitted through direct contact with the body fluids of an infected person or objects contaminated with these fluids. Symptoms include sudden fever, severe gastrointestinal symptoms, and sometimes internal or external bleeding.

كما تعلمون فإنّ مرض فيروس بونديبوجيو (BVD) أحد
 أنواع فيروس إيبولا وهو حمى نزفية فيروسية نادرة
 وخطيرة. يُعد المرض شديد العدوى وينتقل عن طريق
 الاتصال المباشر بسوائل جسم الشخص المصاب أو
 الأشياء الملوثة بهذه السوائل. تشمل الأعراض الحمى
 المفاجئة، أعراض حادة في الجهاز الهضمي، وأحياناً نزيف
 داخلي أو خارجي.



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There are currently no approved treatments or antiviral agents for this disease. However, supportive care, treatment of dehydration with oral or intravenous fluids, and symptom management improve the chances of survival.

In line with the precautionary measures to limit the spread of infection to the United Arab Emirates, and to strengthen preparedness and take the necessary measures for early detection of suspected cases, all healthcare professionals must exercise heightened vigilance when dealing with suspected or confirmed cases of Bundibugyo Ebolavirus Disease, with particular attention to cases arriving from West and Central African countries, such as the Democratic Republic of the Congo and Uganda, during the incubation period of the disease. Epidemiological risk factors should be assessed by verifying the following:

- Contact with a suspected or confirmed case of viral hemorrhagic fever, or with equipment contaminated with the patient's body fluids.
- Recent travel to, or residence in, an area experiencing an active outbreak of viral hemorrhagic fever, or in areas where the disease is known to be endemic for the disease.
- Working at or visiting a healthcare facility that manages patients with viral hemorrhagic fever or handles related specimens.

Accordingly, all healthcare facilities are required to:

1. Immediately report suspected or confirmed cases of Bundibugyo Ebolavirus Disease to the Abu Dhabi Public Health Center through the electronic infectious diseases reporting website:

[Public Health Platform](#)

لا يوجد حالياً علاجات أو مضادات فيروسية معتمدة لهذا المرض. ومع ذلك، فإنَّ الرعاية الداعمة ومعالجة الجفاف بالسوائل الوريدية أو الوريدية وعلاج الأعراض، تزيد من فرص البقاء على قيد الحياة.

وتماشياً مع الإجراءات الاحترازية للحد من انتشار العدوى إلى دولة الإمارات، وتعزيز الاستعداد واتخاذ الإجراءات اللازمة للكشف المبكر عن الحالات المشتبه بها، يجب على جميع المهنيين الصحيين أن يكونوا على أعلى مستوى من اليقظة في التعامل مع الحالات المشتبه أو المؤكدة بالإصابة بفيروس بونديبوجيو إيبولا والانتباه بشكل خاص للحالات القادمة من دول غرب ووسط أفريقيا مثل جمهورية الكونغو الديمقراطية وأوغندا خلال فترة حضانة المرض. ويتوجب تقييم عوامل الخطورة الوبائية من خلال التحقق من الآتي:

- مخالطة حالة مشتبه أو مؤكدة بالحمى النزفية الفيروسية أو أدوات ملوثة بسوائل المريض.
- السفر أو الإقامة مؤخراً في منطقة تشهد تفشي نشط للحمى النزفية الفيروسية أو المناطق التي يعرف توطن المرض فيها.
- العمل أو زيارة منشأة صحية تتعامل مع مرضى أو عينات الحمى النزفية الفيروسية.

وعليه، يجب على جميع المنشآت الصحية:

1. الإبلاغ الفوري عن الحالات المشتبه أو المؤكد إصابتها بفيروس بونديبوجيو إيبولا إلى مركز أبوظبي للصحة العامة من خلال موقع التبليغ الإلكتروني للأمراض المعدية:

[Public Health Platform](#)





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2. Collect a blood sample from suspected cases and send it to the Reference Laboratory for Infectious Diseases at Sheikh Khalifa Medical City to perform the required laboratory testing (Ebola virus PCR).
3. Adhere to standard precautions, airborne precautions, and contact precautions, as recommended when dealing with any patient or deceased person presenting with symptoms of Bundibugyo Ebolavirus Disease (Annex-1).

2. جمع عينة دم من الحالات المشتبه بها، وإرسالها إلى مختبر الأمراض المعدية المرجعي بمدينة الشيخ خليفة الطبية لإجراء الفحوصات المخبرية المطلوبة (Ebola virus PCR).

3. التقيد بالاحتياطات القياسية واحتياطات مكافحة الأمراض المنقولة عن طريق الهواء والأمراض المنقولة عن طريق التلامس، كما هو موصى بها أثناء التعامل مع أي مريض أو جثة متوفي مصاب بأعراض فيروس بونديبوجيو إيبولا (ملحق-1).

For further inquiries, please contact the Communicable Disease Surveillance and Response team via email at:
SRID@adphc.gov.ae

لمزيد من الاستفسارات، يرجى التواصل مع فريق رصد واستجابة الأمراض السارية عبر البريد الإلكتروني:
SRID@adphc.gov.ae

We trust that all parties will adhere to the above in the interest of the health sector in the Emirate.

أملين من الجميع الالتزام بما ورد أعلاه، لما فيه مصلحة القطاع الصحي في الإمارة.

Thank you for your cooperation,

شاكرين لكم حسن تعاونكم معنا،

This circular is designed for regulatory procedures and should not be used as content for media publication.

هذا التعميم للإجراءات التنظيمية وغير مخصص كمحتوى للنشر الإعلامي.

Annexes:

Annex-1: Case management and infection control guideline.

المرفقات:

دليل التعامل مع الحالات وإجراءات مكافحة العدوى

د. نورة خميس الغيثي
وكيل دائرة الصحة



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Annex (1)

Ebola Management Guidelines

May 2026



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I. Background:

Bundibugyo virus disease (BVD) is a severe and often fatal viral haemorrhagic fever caused by the Bundibugyo virus, one of the Ebola virus species within the genus *Orthoebolavirus*. It is one of the main Ebola viruses known to cause human disease, alongside Ebola virus (Zaire strain) and Sudan virus. [\[who.int\]](#)

Ebola viruses are zoonotic pathogens, with fruit bats believed to be their natural reservoir, and infection in humans can occur through contact with infected animals or their bodily fluids. Human-to-human transmission occurs through direct contact with blood or body fluids of infected individuals or contaminated materials, and individuals become infectious only after symptoms develop. [\[who.int\]](#) [\[cdc.gov\]](#)

Clinically, Ebola disease typically presents with acute onset of fever and systemic symptoms, which may progress to gastrointestinal symptoms and, in severe cases, hemorrhage, organ failure, and death. [\[cdc.gov\]](#)

Bundibugyo virus disease has demonstrated a case fatality rate of approximately 30–50% in past outbreaks, and there are currently no licensed vaccines or specific treatments for this strain, making early detection, supportive care, and infection prevention measures critical for control. [\[who.int\]](#)

Incubation Period

interval range from infection to onset of symptoms varies **from 2 to 21 days**.

Clinical criteria	Epidemiological criteria	Laboratory criteria
Acute onset of fever AND at least one compatible symptom: <ul style="list-style-type: none"> - Headache, fatigue, muscle/joint pain - Vomiting or diarrhoea - Abdominal pain - Unexplained bleeding (internal/external) - Confusion, irritability or aggression. 	<ul style="list-style-type: none"> - Travel to an affected country/area - Contact with a suspected, probable, or confirmed Ebola case - Contact with body fluids, remains, or contaminated materials - Exposure to healthcare settings managing EVD cases or unsafe burials 	<ul style="list-style-type: none"> - Reverse transcriptase polymerase chain reaction (RT-PCR) assay - Antibody-capture enzyme-linked immunosorbent assay (ELISA)





II. Case definition

Suspected Case:

Case meets the clinical criteria **AND** any epidemiological criteria

Confirmed Case:

Case meets the clinical **AND** laboratory criteria.

III. Case Management

Early supportive care with rehydration, and symptomatic treatment improves survival. There is as yet no licensed treatment proven to neutralize the virus, but a range of blood products, immune therapies and drug therapies are currently under development.

Isolation and Deisolation of cases

- **Isolation:** Suspected/Confirmed cases should be **immediately** isolated under strict control measures. (refer to section [VI Infection Control](#))
- **Deisolation:**
 1. Significant improvement in clinical condition:
 - Three or more days without fever or any significant symptom
 - Symptoms that suggest ongoing shedding of virus (e.g. diarrhea, coughing, bleeding) should have completely disappeared.

AND

2. A negative blood PCR (regardless of any other serologic tests)
 - For patients with previous positive blood PCR tests, this means a subsequent negative test 48 hours from the initial test (regardless of serology).
 - If a patient continues to suffer symptoms and/or their condition is not improving, 2 negative blood PCR tests 48 hours apart, with at least one test being done 3 days or more after onset of symptoms, are needed before discharge/ referral to a normal ward for further care

IV. Laboratory

All samples should be considered highly infectious.

Samples collected from suspected cases for urgent investigations must be handled wearing PPE used for standard, contact and aerosol precautions in a biological safety cabinet

Preparation and Collection of Specimens

- Serum samples are preferred for serological tests
- Plasma sample is preferred for PCR test

Note: Samples received in lithium heparin, fluoride oxalate, and sodium chloride tubes are not appropriate for testing and will be rejected.





Test	Sample	Storage and Transportation temperature
PCR*	Whole blood /Plasma (EDTA) Minimum 4 mL	4 to 8°C in triple pack
Serology*	Serum (BD gold top tube) Minimum 4 mL	4 to 8°C in triple pack

Packing
and

Transport of Samples

Specimen must be triple packed as Category A samples.	
Specimen Minimum Volume: 1 mL serum for serology 4 mL plasma for Molecular	
Laboratory request form and copy of passport/EID must be outside the triple pack	
Laboratory Request Form: Request Ebola PCR)	

V. Contacts Management

Contacts definition:

A contact any person having been exposed to a suspected, probable or confirmed case of Ebola infection, less than 21 days before the identification as a contact by surveillance teams, in at least one of the following ways:

- slept in the same household with a case
- direct physical contact with the case (alive or dead) during the illness
- direct physical contact with the (dead) case at the funeral
- being in contact with the patient's blood or body fluids during the illness
- being in contact with the patient's clothes or linen
- been breastfed by a patient (baby).

- Contacts should be monitored for 21 days from the last exposure.
- Contacts should be monitored on daily basis with visual inspection for signs and symptoms by in-person visits or virtually.
- Defer blood donation for at least 2 months from date of last exposure to the case

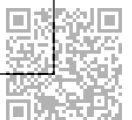




VI. Infection Control

Key Components of **Standard, Contact, and Airborne** Precautions Recommended for Prevention of Ebola Virus Transmission in Hospitals

Component	Recommendation	Comments
Patient Placement	<ul style="list-style-type: none"> Placed in Airborne Infection Isolation Room (AIIR) with negative pressure or HEPA filters. An anteroom. Facilities should maintain a log of all persons entering the patient's room. 	<ul style="list-style-type: none"> Consider posting personnel at the patient's door to ensure appropriate and consistent use of PPE by all persons entering the patient room
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> All persons entering the patient room should wear: <ul style="list-style-type: none"> Fluid-resistant gown Gloves (gloves pulled over edge of gown sleeve cuff) Fit-tested N95 respirator Eye protection (goggles or face shield) Facemask Shoe coverings Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to: <ul style="list-style-type: none"> Double gloving Leg coverings 	<ul style="list-style-type: none"> Recommended PPE should be worn by HCP upon entry into patient rooms or care areas. Upon exit from the patient room or care area, PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials, and either <ul style="list-style-type: none"> Discarded, or For re-useable PPE, cleaned and disinfected according to the manufacturer's reprocessing instructions and hospital policies. Instructions for donning and removing PPE have been published Hand hygiene should be performed immediately after removal of PPE
Patient Care Equipment	<ul style="list-style-type: none"> Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and hospital policies 	
Patient Care Considerations	<ul style="list-style-type: none"> Limit the use of needles and other sharps as much as possible Phlebotomy, procedures, and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care 	





Component	Recommendation	Comments
	<ul style="list-style-type: none"> All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers 	
Aerosol Generating Procedures (AGPs)	<ul style="list-style-type: none"> Avoid AGPs for EBOLA patients. If performing AGPs, use a combination of measures to reduce exposures from aerosol-generating procedures when performed on EBOLA patients. Visitors should not be present during aerosol-generating procedures. Limiting the number of HCP present during the procedure to only those essential for patient-care and support. Conduct the procedures in a private room and ideally in an Airborne Infection Isolation Room (AIIR) when feasible. Room doors should be kept closed during the procedure except when entering or leaving the room, and entry and exit should be minimized during and shortly after the procedure. HCP should wear gloves, a gown, disposable shoe covers, and either a face shield that fully covers the front and sides of the face or goggles, and respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering face piece respirator or higher (e.g., powered air purifying respirator or elastomeric respirator) during aerosol generating procedures. Conduct environmental surface cleaning following procedures (see section below on environmental infection control). If re-usable equipment or PPE (e.g. Powered air purifying respirator, elastomeric respirator, etc.) are used, they should be cleaned and disinfected according to manufacturer instructions and hospital policies. Collection and handling of soiled re-usable respirators must be done by trained individuals using PPE as described above for routine patient care 	<ul style="list-style-type: none"> Although there are limited data available to definitively define a list of AGPs, procedures that are usually included are Bilevel Positive Airway Pressure (BiPAP), bronchoscopy, sputum induction, intubation and extubation, and open suctioning of airways. Because of the potential risk to individuals reprocessing reusable respirators, disposable filtering face piece respirators are preferred.
Hand Hygiene	<ul style="list-style-type: none"> HCP should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Healthcare facilities should ensure that supplies for performing hand hygiene are available. 	<ul style="list-style-type: none"> Hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.





Component	Recommendation	Comments
Environmental Infection Control	<ul style="list-style-type: none"> Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces and other body secretions represent potentially infectious materials HCP performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (shoe and leg coverings, etc.) if needed. Face protection (face shield or facemask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes. Follow standard procedures, per hospital policy and manufacturers' instructions, for cleaning and/or disinfection of: <ul style="list-style-type: none"> Environmental surfaces and equipment Textiles and laundry Food utensils and dishware 	<ul style="list-style-type: none"> Use EPA-registered hospital disinfectants to disinfect hard non-porous surfaces. <ul style="list-style-type: none"> Follow label instructions for use Searchable EPA website of registered products For additional information on Environmental Infection Control, see the Guideline for Environmental Infection Control in Healthcare Facilities
Safe Injection Practices	<ul style="list-style-type: none"> Facilities should follow safe injection practices as specified under Standard Precautions. 	<ul style="list-style-type: none"> Any injection equipment or parenteral medication container that enters the patient treatment area should be dedicated to that patient and disposed of at the point of use.
Duration of Infection Control Precautions	<ul style="list-style-type: none"> Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities. 	<ul style="list-style-type: none"> Factors that should be considered include, but are not limited to: presence of symptoms related to EBOLA, date symptoms resolved, other conditions that would require specific precautions (e.g., tuberculosis, <i>Clostridium difficile</i>) and available laboratory information
Monitoring and Management of Potentially Exposed Personnel	<ul style="list-style-type: none"> Facilities should develop policies for monitoring and management of potentially exposed HCP Facilities should develop sick leave policies for HCP that are non-punitive, flexible and consistent with public health guidance <ul style="list-style-type: none"> Ensure that all HCP, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick leave policies. Persons with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a patient with suspected EBOLA should 	





Component	Recommendation	Comments
	<ul style="list-style-type: none"> ○ Stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution ○ Immediately contact occupational health/supervisor for assessment and access to postexposure management services for all appropriate pathogens (e.g., Human Immunodeficiency Virus, Hepatitis C, etc.) ● HCP who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EBOLA should <ul style="list-style-type: none"> ○ Not report to work or should immediately stop working ○ Notify their supervisor ○ Seek prompt medical evaluation and testing ○ Notify Department of Health (ADCPH) ○ Comply with work exclusion until they are deemed no longer infectious to others ● For asymptomatic HCP who had an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EBOLA <ul style="list-style-type: none"> ○ Should receive medical evaluation and follow-up care including fever monitoring twice daily for 14 days after the last known exposure. ○ Hospitals should consider policies ensuring twice daily contact with exposed personnel to discuss potential symptoms and document fever checks ○ May continue to work while receiving twice daily fever checks, based upon hospital policy and discussion with local, state, and federal public health authorities. 	
Monitoring, Management, and Training of Visitors	<ul style="list-style-type: none"> ● Avoid entry of visitors into the patient's room ● Exceptions may be considered on a case by case basis for those who are essential for the patient's wellbeing. ● Establish procedures for monitoring managing and training visitors. 	<ul style="list-style-type: none"> ● Visitors who have been in contact with the EBOLA patient before and during hospitalization are a possible source of EBOLA for other patients, visitors, and staff.





Component	Recommendation	Comments
	<ul style="list-style-type: none"> • Visits should be scheduled and controlled to allow for: <ul style="list-style-type: none"> ○ Screening for EBOLA (e.g., fever and other symptoms) before entering or upon arrival to the hospital ○ Evaluating risk to the health of the visitor and ability to comply with precautions ○ Providing instruction, before entry into the patient care area on hand hygiene, limiting surfaces touched, and use of PPE according to the current facility policy while in the patient's room ○ Visitor movement within the facility should be restricted to the patient care area and an immediately adjacent waiting area. 	
<p>Precautions for Handling and Disposal of Dead Bodies</p>	<ul style="list-style-type: none"> • All staff should be trained in the prevention of infections. A high standard of personal hygiene should be adopted. • When handling of dead bodies of suspected or confirmed EBOLA cases: <ul style="list-style-type: none"> (a) Avoid direct contact with blood or body fluids from the dead body. (b) Put on personal protective equipment (PPE) (c) Make sure any wounds, cuts and abrasions, are covered with waterproof bandages or dressings. (d) Do NOT smoke, drink or eat. Do NOT touch your eyes, mouth or nose. (e) Observe strict personal hygiene. Hand hygiene could be achieved by washing hands with liquid soap and water or proper use of alcohol-based hand rub. (f) Avoid sharps injury, both in the course of examination of dead body and afterwards in dealing with waste disposal and decontamination. • Accidental exposure to blood or body fluids, in case of percutaneous injury or mucocutaneous exposure to blood or body fluids of the dead body, the injured or exposed areas should be washed with copious amount of water. • The dead body should be first placed in a robust and leak-proof transparent plastic bag of not less than 150 µm thick, which should be zippered, closed. Pins are NOT to be used. • A second layer of cover is required. • The bagged body should be placed in an opaque body bag. 	<ul style="list-style-type: none"> • The appropriate PPEs are: Cap/hood, face shield/goggles, N95 respirator, water resistant gown, long nitrile gloves/double nitrile gloves, full length shoe covers/ boots. • Remove personal protective equipment after handling of the dead body. Then, wash hands with liquid soap and water immediately. • All incidents of percutaneous or mucocutaneous exposure should be reported to the supervisor. The injured person should immediately seek medical advice for proper wound care and post-exposure management.





Component	Recommendation	Comments
	<ul style="list-style-type: none">Mortuary staff should ensure that good liaison is maintained between themselves and those who collect the dead bodies for disposal. It is essential that the funeral workers and all others involved in handling the dead body are informed of the potential risk of infection and the categorization of the dead body.Burial activities:<ul style="list-style-type: none">a) Viewing in funeral, embalming and hygienic preparation are NOT allowed.b) The dead body should NOT be removed from the body bag.c) Unzipping of the body bag is NOT allowed.	

