

本署檔號 Our Ref. : (111) in DH CDB/8/15/1 R Pt.23

17 May 2026

Dear Doctor,

WHO Declares Ebola Disease Outbreak a Public Health Emergency of International Concern (PHEIC) and Activation of the Alert Response Level under the Government's Preparedness and Response Plan

I write to inform you that the World Health Organization (WHO) declared on 17 May 2026 that the recent outbreak of Ebola disease caused by the Bundibugyo virus in the Democratic Republic of Congo (DRC) and Uganda constitutes a Public Health Emergency of International Concern (PHEIC). The Bundibugyo virus is one of the species under the genus *Orthoebolavirus (Ebolavirus)* which cause Ebola disease. In view of the latest situation, the "Alert Response Level" under the Hong Kong Government's Preparedness and Response Plan for Ebola Virus Disease was activated on 17 May 2026.

According to the WHO, as of 16 May 2026, eight laboratory-confirmed cases, 246 suspected cases and 80 suspected deaths have been reported in Ituri Province of the DRC across at least three health zones, including Bunia, Rwampara and Mongbwalu. Most suspected cases are between 20 and 39 years old, with females accounting for over 60% of cases, suggesting significant transmission risks associated with household and caregiver roles. Another confirmed case involving an individual with travel history to Ituri has also been reported in Kinshasa in DRC. In addition, two laboratory-confirmed cases (including one death) involving individuals travelling from the DRC have been reported in Kampala of Uganda. Unusual clusters of community deaths with symptoms compatible with Bundibugyo virus disease have been reported across several health zones in Ituri, and suspected cases have been reported across both Ituri and North Kivu provinces.



The outbreak's trajectory points toward a potentially much larger, undetected transmission chain than current data suggests. Initial testing revealed a high positivity rate (8 out of 13 samples). Furthermore, the deaths of at least four healthcare workers highlight gaps in infection prevention and the potential amplification within medical facilities. Unlike the more common Zaire virus, there are currently no approved vaccines or specific therapeutics available for the Bundibugyo virus.

Ebola disease is caused by viruses which belongs to the genus *Orthoebolavirus* of the family *Filoviridae*. The virus is introduced into the human population through close contact with the blood, secretions, organs or other body fluids of infected animals. Human-to-human transmission occur through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids. Healthcare workers have frequently been infected through close contact with patients when infection control measures were not strictly practiced.

The incubation period ranges from 2 to 21 days. Patients may have sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. Ebola disease outbreak in humans has an average case fatality rate of around 50%.

Ebola disease is a statutory notifiable disease under viral haemorrhagic fever (VHF) in Hong Kong since July 2008. As of 16 May 2026, no confirmed cases of VHF including EVD have been reported in Hong Kong.

Doctors are strongly reminded to maintain a high index of suspicion for Ebola disease. A patient must be managed as a suspected case if they present with clinically compatible symptoms (such as fever, headache, myalgia, vomiting, diarrhea, rash, or severe signs of bleeding under the skin, in internal organs, or from body orifices) **AND** have had a relevant epidemiological exposure within the past 21 days, including either:

1. A travel history to an epidemic area (currently the DRC and Uganda);

2. Close contact with a symptomatic person who recently traveled to an epidemic area; or
3. Direct contact with a confirmed Ebola disease patient.

Upon identifying a suspected case, you must immediately notify the Medical Control Officer at **9260 7090** to facilitate rapid public health investigations. To ensure safety and prevent secondary transmission within healthcare settings, the patient must be immediately admitted to an isolation facility, and strict infection prevention and control protocols must be enforced.

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,



(Dr. Albert Au)

for Controller, Centre for Health Protection
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