

**Date:** May 20, 2026

**From:** Kansas Department of Health and Environment – Division of Public Health

**To:** All HAN Users

**RE:** Testing considerations for hantaviruses and an update on the Ebola Outbreak in the DRC and Uganda

## Testing Considerations for Endemic Hantaviruses and Andes Virus

### Situation Summary

The Kansas Department of Health and Environment (KDHE) is issuing this Health Alert Network (HAN) Health Update to inform clinicians about testing recommendations for patients with suspected hantavirus infection.

### Key Clinical Information

- Andes virus causes hantavirus pulmonary syndrome (HPS); person-to-person transmission is rare and generally requires prolonged close contact.
- Other [U.S.-endemic hantaviruses](#) (e.g., Sin Nombre virus) are **NOT** transmissible person to person.
- Old World hantaviruses cause hemorrhagic fever with renal syndrome (HFRS) and are generally found in Europe or Asia.
- Hantavirus infections occur year-round but peak spring–summer with increased rodent exposure.
- Sin Nombre virus is endemic in Kansas, with sporadic occurrence ranging from 0-2 cases per year, primarily with exposure in the western half of the state.

### Recommendations for Clinicians

- **Consider Andes virus** in patients with compatible symptoms who were aboard the MV Hondius **OR** had direct contact with a confirmed case from that outbreak.
  - Andes-specific assays may NOT detect other New World hantaviruses.
- **Consider other New World hantaviruses** in patients with compatible [HPS](#) or [non-HPS infection](#) **AND** who have a history of known/suspected exposure to sylvatic rodents or rodent urine, droppings, or nesting material.
- **Consider Old World hantaviruses** in patients with [hemorrhagic fever with renal syndrome \(HFRS\)](#) **AND** rodent exposure history.

For additional information refer to the CDC Health Advisory ([CDCHAN-00529](#)) about the hantavirus outbreak and testing recommendations for potential infection.

## Ebola Disease Outbreak — Democratic Republic of the Congo (DRC) and Uganda

### Situation Summary

On May 15, 2026, the DRC Ministry of Health confirmed an Ebola outbreak in Ituri Province caused by Bundibugyo virus (BVD). As of May 16, 640 suspect / probable cases, 33 confirmed and 134 deaths have been reported. Uganda has confirmed one BVD case in a traveler from DRC who later died. On May 17, the World Health Organization (WHO) declared this a Public Health Emergency of International Concern (PHEIC). CDC has issued a Level 3 Travel Health Notice (Reconsider Nonessential Travel) for DRC and Level 1 (Practice Usual Precautions) for Uganda. As of May 18, no BVD cases have been identified in the United States. Risk of spread to the U.S. is considered low, though imported cases via travel remain possible.

### **Key Clinical Information**

- Bundibugyo virus is one of four orthoebolaviruses causing Ebola disease in humans; historical case fatality rates range from approximately 25%–50%.
- Incubation period: 2–21 days. Patients are not contagious until symptoms appear.
- Early symptoms: fever, aches, fatigue. Later: diarrhea, vomiting, unexplained bleeding.
- Transmission: direct contact with body fluids of symptomatic or deceased individuals; NOT airborne.
- No FDA-licensed vaccine or approved treatment for BVD.
- Intense supportive care and fluid replacement can lower mortality.

### **Recommendations for Clinicians**

- Obtain [travel history](#) for patients with [compatible symptoms](#) (e.g., fever, headache, muscle and joint pain, fatigue, GI symptoms, or unexplained bleeding).
- Include BVD in the differential for persons with compatible symptoms and any of the following risk factors within 21 days prior to symptoms onset.
  - Direct contact with body fluids or contaminated objects of a suspected/confirmed BVD patient (living or deceased)
  - IPC breach with potential exposure to a BVD patient's body fluids
  - While in an active BVD outbreak area: contact with sick/deceased individuals or their belongings, participation in funeral or burial rituals, work or visits in healthcare facilities or labs, or contact with bats
- Test for common diagnoses (malaria, COVID-19, influenza) concurrently — do not defer routine care or BVD testing while awaiting other results.
- Immediately isolate patients with BOTH exposure risk AND compatible symptoms. Until receiving a negative BVD test.
- Use appropriate PPE; follow CDC's [infection prevention and control recommendations for suspected viral hemorrhagic fever \(VHF\)](#).

For additional information refer to the CDC Health Advisory ([CDCHAN-00530](#)) about the BVD Ebola outbreak and clinical recommendations for screening, testing, and management of patients with suspected BVD.

### **Reporting and Testing**

Immediately call the KDHE Epidemiology Hotline at 877-427-7317, Option 5, if a case of Andes virus or BVD is suspected and KDHE staff will help guide you on diagnostic testing and patient management. For general questions on Ebola disease or hantaviruses, please reach out to the KDHE Epidemiology Hotline at [kdhe.epihotline@ks.gov](mailto:kdhe.epihotline@ks.gov).