



**Health, Seniors and Long-Term Care**  
**Public Health**  
300 Carlton Street  
Winnipeg, Manitoba Canada R3B 3M9

May 26, 2026

**Re: Update on international Ebola disease and hantavirus outbreaks**

Dear Health Care Provider:

Manitoba Public Health is providing an update on two current international outbreaks. At this time, no cases or contacts of either disease have been identified in Manitoba, and **the risk to Manitobans remains low.**

**Ebola Disease**

An outbreak of Ebola disease caused by Bundibugyo virus was declared in the Democratic Republic of Congo (DRC) on May 15, 2026. The World Health Organization (WHO) declared this outbreak a Public Health Emergency of International Concern (PHEIC) on May 17, 2026.

Ebola virus transmission occurs through direct contact with the virus or infected persons. Symptoms start 2-21 days after exposure, and may include fever, chills, fatigue, myalgia, headache, sore throat, vomiting, diarrhea (may be bloody), and hemorrhagic manifestations.

**Guidance for Health Care Providers:**

Ebola viruses are High Consequence Pathogens (HCPs), requiring specialized assessment and management. In Manitoba, assessment of individuals suspected to have exposure to or infection with an HCP should follow [HCP processes and algorithms](https://healthproviders.sharedhealthmb.ca/services/ers/ecm/) established by Shared Health available at <https://healthproviders.sharedhealthmb.ca/services/ers/ecm/>.

Healthcare providers should suspect Ebola in individuals with:

- a travel history to an Ebola disease affected area within 21 days of symptom onset (currently the Democratic Republic of Congo and Uganda – for more information as the situation evolves, refer to <https://www.who.int/emergencies/disease-outbreak-news>), AND
- has new-onset fever  $\geq 38.0$  degrees Celsius, or other new, Ebola-compatible symptoms.

Providers who suspect an individual may have or has been exposed to Ebola should promptly contact the Medical Officer of Health (MOH) on call (**204-788-8666**).

- Ensure the individual is isolated.
- If stable and at home, advise them to stay home and await further instruction, and contact the MOH on-call.
- If the individual is symptomatic in a health care setting, follow the [High Consequence Pathogen \(HCP\) Clinical Algorithm](#) and contact the HCP ID Physician On-Call.
- The HCP ID Physician On-Call in consultation with the facility MD or a Medical Officer of Health will determine if escalation is required. Note: Patients under investigation for a HCP can only be tested at the HCPU at the Health Sciences Centre.



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### **Hantavirus (Andes Virus)**

A cluster of hantavirus cases caused by the Andes virus was identified in May 2026 on a cruise ship departing from Argentina. The Andes virus species is native to South America, and is the only hantavirus species known to cause limited person-to-person spread. Transmission typically requires prolonged close contact with a symptomatic individual. At this time, **no cases or contacts associated with this outbreak have been identified in Manitoba.**

The Andes virus is not present in North American rodents. In North America, hantavirus infections are caused by the Sin Nombre virus, which can spread to humans from exposure to rodent-contaminated environments, and is not known to spread from person-to-person.

### **Guidance for Health Care Providers:**

Hantavirus infections are uncommon in Manitoba. Clinical illness is characterized by a febrile illness with initial flu-like symptoms, which can progress to hantavirus pulmonary syndrome causing severe respiratory distress.

Promptly **contact a Medical Officer of Health (MOH) at 204-788-8666** for further guidance if you identify an individual with suspected **Andes** hantavirus infection with:

- clinical symptoms consistent with hantavirus pulmonary syndrome, **AND**
- a potential epidemiologic link to the Andes virus outbreak through recent travel, (including travel on a flight associated with a confirmed case or direct contact with a confirmed or suspected case), or exposure to rodents in South America.

In addition to routine practices, patients with suspected, probable, or confirmed Andes virus should be placed on airborne, droplet, and contact precautions. For other species of hantavirus, application of routine practices is sufficient for IPC management of the patient.

Thank you for your cooperation and support. If you have any questions, please email [CDPC@gov.mb.ca](mailto:CDPC@gov.mb.ca).

Sincerely,

*“Original Signed by”*

Richard Baydack, PhD  
Executive Director  
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