



Australian
Centre for
Disease
Control

Ebola disease – infection prevention and control reference guide

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Current situation

On 15 May 2026, an outbreak of severe illness in the Democratic Republic of the Congo (DRC) was confirmed as Ebola disease caused by Bundibugyo virus. Limited cross-border spread to Uganda was subsequently reported.

On 17 May 2026, the World Health Organization (WHO) declared the outbreak as a Public Health Emergency of International Concern (PHEIC).

The risk to human health in Australia from Bundibugyo virus disease (BVD) remains low. Australia has well-established biosecurity measures at the border, robust healthcare infrastructure and resourcing, and existing guidance for detecting and managing people with Ebola disease.

Purpose

This reference guide aims to provide information about available infection prevention and control (IPC) resources to assist healthcare services and providers with preparing for, and responding to, suspected and confirmed cases of Ebola disease, including BVD, in Australia.

This guide should be read in conjunction with the [Infection prevention and control principles and recommendations for Ebola virus disease](#) (published in 2015 and specific to Australian healthcare settings), and the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).

Principles of infection prevention and control in the management of Ebola disease

While there are some vaccines and therapies available for Ebola disease caused by the Ebola virus, currently there are no approved vaccines or therapies specific for the prevention or treatment of BVD. Adequate IPC measures are essential to prevent exposure and transmission of BVD via the blood and body fluids of infected people.

Preparedness

Staff working in healthcare settings, including pre-hospital care, should familiarise themselves with the relevant protocols and procedures for identifying, testing, and managing people with suspected or confirmed Ebola disease. Staff should be trained in the appropriate and safe use of personal protective equipment (PPE).

Timely recognition of risk

Timely recognition of potential Ebola disease supports early risk assessment and reduces the potential for onward transmission.

Early symptoms are non-specific. Ebola disease should be considered in patients with [compatible symptoms](#) who have recently travelled to an area with Ebola disease or have a relevant exposure history.

Immediate action and minimising exposure

A precautionary approach at first suspicion supports timely assessment and reduces opportunities for exposure.

If Ebola disease is suspected:

- immediately isolate the patient
- notify the appropriate teams, including the local public health unit and infection control team
- assess the risk of exposure and determine the appropriate level of PPE.

Risk assessment should take into account the patient's history of exposure to orthoebolaviruses, their clinical presentation, likely clinical activities, and the healthcare setting. Risk assessments should be conducted regularly, as the illness can progress rapidly. The recommended risk assessment approach is detailed in Section 3 of the [Infection prevention and control principles and recommendations for Ebola virus disease](#).

Standard and transmission-based precautions

For all patients, standard precautions must be applied. This includes the use of appropriate PPE to protect against contact with blood and other body fluids.

The selection of transmission-based precautions, including PPE, should be informed by assessment of the clinical and contextual risks. However, at a minimum, healthcare

workers caring for any patient with suspected or confirmed Ebola disease should apply contact and droplet (in addition to standard) precautions (see the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#), Table A2.5). A fit tested, fluid resistant disposable P2/N95 respirator can be used. The use of enhanced contact, droplet or airborne precautions may be applicable under some circumstances, based on risk assessment. See the [Infection prevention and control principles and recommendations for Ebola virus disease](#).

Safe donning and doffing of PPE are critical to prevent self-contamination and should be performed using a buddy system. Section 4 of the [Infection prevention and control principles and recommendations for Ebola virus disease](#) details the processes for the selection of PPE, safe donning and doffing, and disposal of PPE.

Cleaning and disinfection

Appropriate cleaning and disinfection practices reduce the risk of contamination in healthcare settings, particularly where body fluid exposure is possible. The choice of products, methods and processes should align with pathogen risk and local decontamination protocols.

Information about cleaning and disinfection in Australian healthcare settings is available in Section 5 of the [Infection prevention and control principles and recommendations for Ebola virus disease](#).

Further information about recommended products for Ebola disease and their use is available in the [WHO Infection prevention and control guideline for Ebola and Marburg diseases](#).

Waste, linen and sharps

Waste, linen and sharps management should reflect the potential consequences of contamination with ebolaviruses. These items may present different levels of risk, depending on the clinical presentation and care activities. Detailed information about the management of these items in Australian healthcare settings is available in Section 5 of the [Infection prevention and control principles and recommendations for Ebola virus disease](#).

Post-mortem care

People with Ebola disease remain infectious after death and should be managed using the same precautions applied before death when touching the person, their body fluids, or potentially contaminated items. Only healthcare workers trained in handling infected human remains and wearing appropriate PPE should touch or move the body of a person who has died from suspected or confirmed Ebola disease. Staff must follow their facility's protocols and procedures at all times when providing post-mortem care. Additional information can be found in Section 6 of the [Infection prevention and control principles and recommendations for Ebola virus disease](#).

Key resources

[Infection prevention and control principles and recommendations for Ebola virus disease](#) – information about IPC in the context of Ebola disease in Australian healthcare settings

[Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) – detailed advice on IPC in Australian healthcare settings

[CDNA national guidelines for Ebola disease](#) – guidance for public health units to respond to Ebola disease

International infection and prevention and control resources

World Health Organization – [Infection prevention and control guideline for Ebola and Marburg diseases](#)

European Centre for Disease Prevention and Control – [Rapid ECDC advice on infection prevention and control measures for Ebola disease in EU/EEA healthcare settings](#)

UK Government – [Risk assessment and immediate management of viral haemorrhagic fevers \(contact high consequence infectious diseases\) in acute hospitals](#)

US Centers for Disease Control and Prevention – [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\)](#)