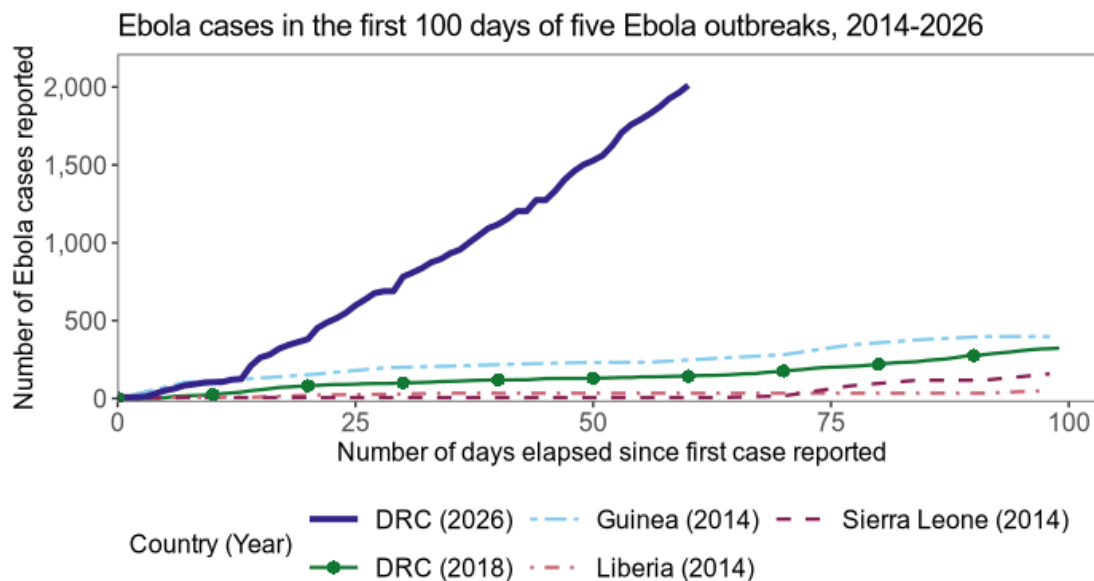


July 30, 2026

REGION 2 RESPTC PARTNER COMMUNITY NEWSLETTER

The Region 2 RESPTC at NYC Health + Hospitals/Bellevue serves as a National Special Pathogen System (NSPS) Level 1 facility and leads special pathogen preparedness efforts for New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands. Learn more about RESPTC updates, resources, and partner events [here](#).



*Cases shown based on date reported. Data sources: DRC INSP, WHO. Data for DRC (2026) are as of Jul 13, 2026.

Case counts during the first 100 days of the 2026 Ebola outbreak versus the same period in outbreaks in 2014 and 2018 (Source: [CDC](#))

OUTBREAK AND SPECIAL PATHOGENS NEWS

Ebola Disease Outbreak (Bundibugyo Virus Disease)

The outbreak of Bundibugyo virus disease (BVD) continues to expand. As of July 19, 2026, there were 2423 confirmed cases and 967 deaths, [mostly](#) in the Democratic Republic of the Congo (DRC) across 5 provinces. Ituri province remains the epicenter. Uganda has had 20 confirmed cases and 2 deaths, but no [cases](#) since June 21, 2026. One confirmed case in France in a returning aid worker has recovered, with no secondary transmission identified. Two humanitarian workers from the US with BVD were medically evacuated to Germany for treatment in May and July, respectively, with one recovered and the other in stable condition. Transmission in DRC is exacerbated by high population mobility, security incidents, and significant funding gaps. There are no licensed treatments or vaccines for BVD, but clinical trials have [started](#).

Crimean-Congo Hemorrhagic Fever (CCHF)

[Iraq](#) and [Afghanistan](#) continue to report increased cases of Crimean-Congo hemorrhagic fever (CCHF). As of mid-July 2026, Iraq's Ministry of Health has recorded 270 laboratory-confirmed cases and 17 deaths since January 1, 2026, yielding a case fatality ratio (CFR) of 6.3%. The highest burden is in the Dhi Qar Governorate in southern Iraq, with 109 cases and 8 deaths. In June 2026, WHO's Afghanistan office reported 483 suspected Crimean-Congo Hemorrhagic Fever (CCHF) cases and 21 associated deaths, yielding a monthly CFR of 4.3%. This represents a 174% increase in suspected cases compared to May 2026, with cases occurring across the country. CCHF is a severe viral disease transmitted through *Hyalomma* ticks or contact with blood, tissues, or bodily fluids of viremic livestock during unprotected slaughter or meat handling. Transmission typically increases during the summer period when *Hyalomma* tick activity is higher. Human-to-human transmission can occur through contact with infected blood or secretions. There are no licensed treatments or vaccines.

Marburg Virus Disease (MVD)

Uganda [reported](#) one case of Marburg virus disease (MVD) in Kyegegwa District, Western Region, on June 30, 2026. The case was in an 18-month-old child who died. No additional cases have been reported since then.

Andes Hantavirus Outbreak

The outbreak of Andes virus cases linked to the MV Hondius ship was declared [over](#) on July 2, 2026. The final counts included 13 cases and 3 deaths (Case Fatality Rate (CFR) of 23%).

RESOURCE HIGHLIGHTS & UPCOMING EVENTS

NETEC Launches Second Round of NSPS STAND Awards

Following the successful selection of 54 health care facilities in the program's first funding round, NETEC will award up to 21 additional grants of up to \$500,000 each to eligible US hospitals seeking to strengthen their capabilities as NSPS Level 2 Special Pathogen Treatment Centers (SPTCs). Together, the two funding rounds will support the development of a nationwide network of 75 Level 2 facilities prepared to safely and effectively care for patients with high-consequence infectious diseases (HCIDs). Applications are **due August 3rd**. Details are available [here](#).

Project ECHO Healthcare Preparedness Virtual Learning Sessions for HHS Region 2

REGION 2 RESPTC PROJECT ECHO VCOP: SUMMER SCHEDULE



11
JUN

EBOLA OUTBREAK: SITUATION UPDATE & REGIONAL PREPARATION

[Register here!](#)

25
JUN

NSPS ONBOARDING: EMERGENCY MEDICAL SERVICES FOCUS

[Register here!](#)

16
JUL

**PUTTING THE PUZZLE PIECES TOGETHER – AN INTERDISCIPLINARY
REVIEW FOR HCID PREP**

[Register here!](#)

23
JUL

ALL HAZARDS: WILDFIRE PREPAREDNESS

[Register here!](#)

13
AUG

ALL HAZARDS: HURRICANE & TSUNAMI PREPAREDNESS

[Register here!](#)

🕒 12-1pm EST

If you are interested in attending these sessions,
please join our mailing list [here](#) or scan the QR code!

📺 Zoom

Sessions will be recorded and can be found on the
Region 2 RESPTC site [here!](#)



**REGION 2
RESPTC**



Any logistical questions, please email
Amanda.Chang@nyulangone.org

Bellevue Project ECHO has numerous sessions planned over the summer ranging from NSPS Onboarding to Emergency Preparedness topics. Our next session will be an All Hazards session with a focus on Hurricane and Tsunami Preparedness on **August 13th from 12-1pm over Zoom** (RSVP [here](#))! See the attached graphic for the summer schedule and we hope to see you all soon!

If you are interested in learning more about this initiative and would like to implement topics, please fill out this [form](#). To access prior sessions please visit the Region 2 RESPTC webinar library

at <https://www.r2resptc.org/tools.php>.

July Travel Screening Country List

The New York City Health + Hospitals/Bellevue Travel Screening List reviews current special pathogen disease outbreaks that require prompt identification, isolation and/or specialized evaluation and management. The Bellevue Special Pathogens Program team develops this list in partnership with colleagues at NYU, Toronto University Health Network, Korea's National Medical Center, and the Japan Institute for Health Security. This list, which may be found [here](#), can serve as a resource while screening patients.

NETEC NEWS

New! Transmission Interrupted Podcast

In the latest [episode](#) of *Transmission Interrupted*, host Jill Morgan is joined by Vicki Herrera, biocontainment laboratory training and education leader at UNMC, and Colleen Kraft, medical and laboratory director of Emory's Biocontainment Unit to discuss laboratory preparedness, essential testing for patients with suspected high-consequence infectious diseases.

New! NETEC Blog Post

[Clinical Guide to Andes Virus](#)

A new review published in *The New England Journal of Medicine* showcases the collaborative work of the NETEC Special Pathogens Research Network (SPRN), providing guidance for recognizing, diagnosing, and managing Andes virus while reinforcing key preparedness principles for healthcare facilities.

TRAINING TIP OF THE MONTH

When creating a policy or Standard Operating Procedure (SOP) for the care of patients with an HCID, emphasize only those processes that differ from standard patient care. Highlight the enhanced infection prevention measures, specialized workflows, and additional safety requirements necessary for HCID management, while relying on existing standard policies for routine clinical care unless modifications are required.

OUTBREAK ADVISORIES AND RESOURCES

Ebola Disease

Ebolaviruses are members of the family Filoviridae, single-stranded negative-sense viruses that cause viral hemorrhagic fever (VHF) in humans and non-human primates. Although infection with an ebolavirus is rare, outbreaks occur with increased frequency, and case fatality rates can be as high as 90%. Ebola virus (Zaire ebolavirus) was first discovered in 1976 during an outbreak close to the Ebola River in the Democratic Republic of the Congo (previously known as Zaire). Since then, six species of ebolavirus have been identified, four of which have been documented to cause disease in humans (Ebola virus, Sudan virus, Bundibugyo virus, Tai Forest virus).

The virus is highly transmissible with an infectious dose of 1-10 viral particles.

Transmission occurs after direct contact with body fluids (blood, sweat, tears, saliva, feces, urine, vomit, breast milk, amniotic fluid, and semen) through broken skin or mucous membranes of a live or dead infected animal or human. Transmission can also occur through contact with objects contaminated with the body fluids from an infected animal or human including clothing, bedding, medical instruments, and more. **The average incubation period is 8-10 days with a range from 2 - 21 days but may vary based on species.** An infected person is not considered contagious until they exhibit symptoms.

There are 2 FDA-approved therapeutics, Inmazeb and Ebanga, available to treat EVD caused by Zaire ebolavirus. There are no approved therapeutics for other ebolavirus species, although investigational therapeutics may be available. Aggressive supportive care is essential in treating patients with EVD. There is 1 FDA-approved vaccine for the prevention of EVD caused by Zaire ebolavirus, Ervebo. It is unknown if this vaccine will provide cross-protection against the other species. Other investigational vaccines against the other species may be available.

Dry symptoms can include:

- fever,
- severe headache,
- fatigue,
- weakness,
- sore throat, and
- loss of appetite.

Symptoms can progress to:

- unexplained bleeding,
- nausea,
- abdominal pain,
- diarrhea, and
- vomiting.

Resources

- [NETEC Ebola Virus Disease Repository](#)

- [CDC "Ebola Disease Basics"](#)
- [WHO Ebola Virus Disease Fact Sheet](#)

COMMUNITY SPOTLIGHT | ANTHONY LO PICCOLO, MS



Anthony Lo Piccolo is the Region 2 RESPTC's Senior Research Coordinator. Under Anthony's leadership for the last four years, the Region 2 RESPTC's research capabilities have grown substantially. In this time, Bellevue's RESPTC has built the capability to conduct survey studies, observational studies, randomized controlled studies, clinical trials, and experimental investigational new drug protocols. In 2025 alone, Anthony led the team to publish nine manuscripts, present at five conferences, and collaborate on three research projects with NETEC.

Recognizing the unique challenges of conducting research within a biocontainment environment, he developed specialized protocols for patient consent, access to investigational therapies, and activation of research pharmacy procedures. He spearheaded the onboarding of two expanded access protocols for critical monoclonal antibodies - MBP-134 for Ebola virus disease and MBP-091 for Marburg virus disease. These protocols were successfully tested during a full-scale exercise, demonstrating Bellevue's ability to rapidly administer investigational therapeutics to eligible patients.

Anthony has leveraged Bellevue's close collaboration with regional health officials, hospital associations, and NETEC to conduct research that informs special pathogen preparedness beyond our institution. For example, he played a pivotal role in the study, "Assessing Current Capabilities and Barriers to Performing Routine Laboratory Tests on Patients with Suspected High Consequence Infectious Disease at Frontline Acute Care Hospitals," published in *Infection Control & Hospital Epidemiology*. Bringing together hospital associations in New York City, Boston, Baltimore, and Washington, D.C., he conducted a multi-city assessment of laboratory readiness for patients with suspected special pathogens. The study identified important gaps in diagnostic testing capabilities and provided valuable data to help inform preparedness efforts across the healthcare system.

On the national level, Anthony is a member of two NETEC workgroups focused on developing and implementing research protocols for patients with special pathogens. Most recently, he launched the Region 2 Research Collaborative, a network of 40 individuals from 11 Region 2 institutions that meets monthly to advance research related to special pathogens preparedness. As director of the collaborative, he leads efforts to support survey studies, observational protocols, expanded access programs, and operational biocontainment research initiatives.

Despite being at the beginning of his career, Anthony has already established an impressive scholarly record. He has authored 13 publications, serving as first or second author on 11 of them. He has also presented 12 conference posters and two oral presentations, sharing research findings with more than a thousand healthcare and public health professionals. These accomplishments reflect both the impact of his work and his ability to communicate findings that can improve preparedness and patient care. Anthony's work has advanced both regional and national research efforts, expanding the evidence base supporting the care of patients with high-consequence infectious diseases.

WHAT'S NEW ON THE REGION 2 RESPTC WEBSITE?

The Region 2 RESPTC website is a one-stop shop for all things related to special pathogen preparedness and response in New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands. The team has updated the [Tools and Resource page](#) with new resources including the latest Travel Screening List and resources dedicated to the H5N1 response. You can also read or re-read past newsletter issues [here](#).

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