

August 27, 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](#).



The Region 2 RESPTC led a train-the-trainer course August 14th for 17 participants at Catholic Mercy Hospital in Rockville Center. Interested in a special pathogen training? Sign up for our in-person, monthly special pathogen training at NYC Health + Hospitals | Bellevue [here](#).

OUTBREAK AND SPECIAL PATHOGENS NEWS

The outbreak of **Bundibugyo virus disease (BVD)** continues to expand rapidly, and now is the [largest](#) ever reported on the Democratic Republic of the Congo (DRC). As of August 16, 2026, there were >5000 confirmed cases and >2300 deaths in the DRC across 6 provinces (Ituri, North Kivu, South Kivu, Haut-Uélé, Tshopo, and Bas-Uélé), with a case fatality rate (CFR) of 47%. Healthcare personnel have been significantly impacted, with 155 confirmed cases and 45 deaths (CFR 29%) as of August 9.

Transmission is [concentrated](#) in the Ituri province, accounting for 85% of confirmed cases and 79% of reported deaths nationwide.

Figure 1. Distribution of cumulative confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo as of 12 August

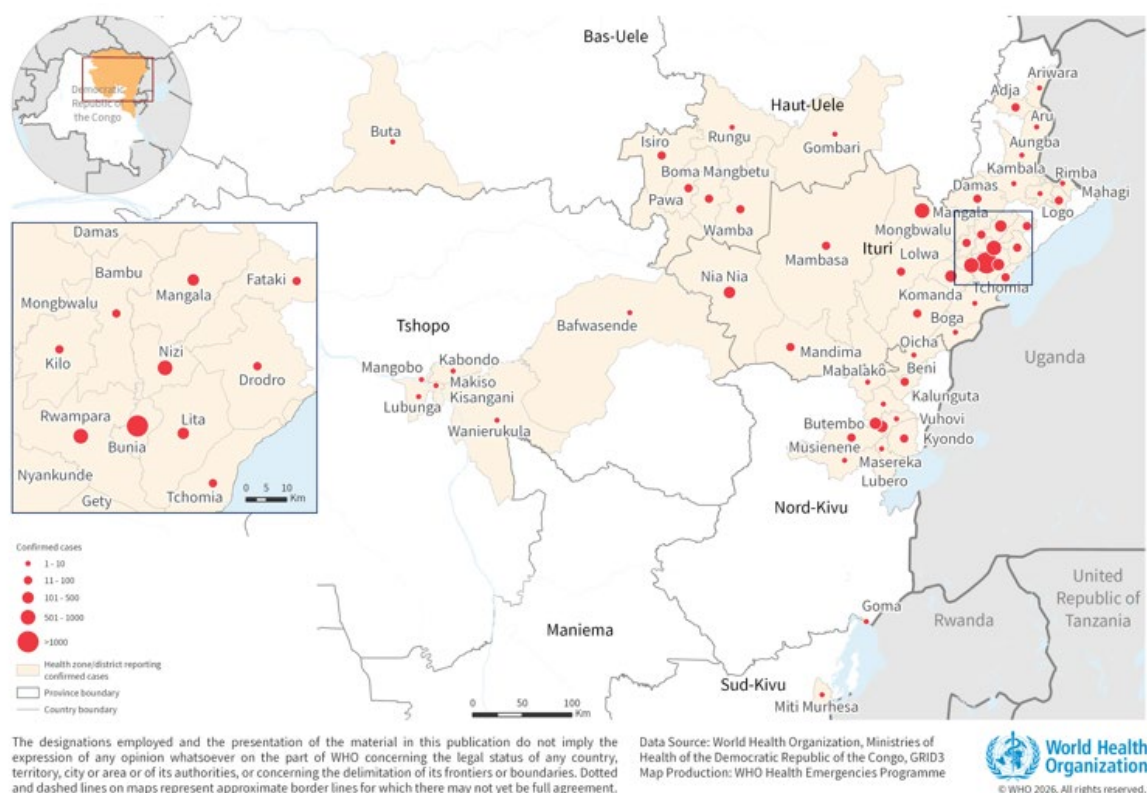


Image source: WHO

This outbreak has far outpaced the largest Ebola [outbreaks](#) since 2014.

Outbreak control remains challenging due to insecurity, population mobility and displacement, severe humanitarian conditions, and cross border movements, all leading to ongoing difficulty with contact tracing and timely access to healthcare. There are no licensed treatments or vaccines for BVD, but the World Health Organization (WHO) has [recommended](#) prioritizing Ervebo vaccine for clinical trials. In addition, the WHO-sponsored PARTNERS [trial](#) is underway and has enrolled over 100 participants.

Nigeria continues to report [elevated](#) levels of **Lassa fever**, compared to the same period in recent years. There have been 1000 confirmed cases and 237 deaths in 2026 (CFR 24%) as of the week ending July 26, 2026. This compares to 825 cases and 155 deaths (CFR 19%) during the same period in 2025. Five states (Ondo, Bauchi, Taraba, Edo and Benue) have accounted for 86% of cases, with Ondo reporting the highest number.

RESOURCE HIGHLIGHTS & UPCOMING EVENTS

Sign up for our in-person Train-the-Trainer Course on September 25th

The Region 2 RESPTC is now offering a free, in-person Train-the-Trainer course at NYC Health + Hospitals / Bellevue. The course is designed for healthcare workers at National Special Pathogen System (NSPS) Level 4 facilities, including frontline facilities, urgent cares, and clinics. The course is a Train-the-Trainer format that will review how to don/doff the CDC Personal Protective Equipment (PPE) recommended for wet Viral Hemorrhagic Fever (VHF) patients, Identify/Isolate/Inform best practices, and other essential skills for

patients suspected of or confirmed with a high-consequence infectious disease such as Ebola.

Please [sign up here](#) for our **September 25th course**. Email BellevueSPP@nychhc.org with any questions. This course will be offered on a monthly basis and please monitor this newsletter for future training dates.

August 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.

Register for the Special Pathogens 2026 Course

Course Date: November 13, 2026

Location: NYU Langone Health (In-person and live streamed)

Course Description: Special pathogens, such as Ebola virus, pose an ongoing threat to global health security. These pathogens are capable of spreading in communities and health care settings, cause severe illness and high fatality rates, and have few effective treatment or prevention options. As the 2024 fatal case of Lassa fever in Iowa demonstrated, US frontline clinicians, health system leaders, public health officials, and regulatory agencies must stay informed and coordinated in their preparedness and response to special pathogen threats. The goal of this course is to provide healthcare professionals with a comprehensive update on the epidemiology, care and management of patients infected with special pathogens. We will also review regional and national systems of care, ethical challenges, and practical skills through lectures, expert panel discussions, facilitated case-based discussions, and hands-on training sessions. Led by the Regional Emerging Special Pathogen Treatment Center (RESPTC) team at Bellevue, this course will deliver content from national and international experts in the field, and provide attendees with the latest knowledge and skills essential for the dynamic field of special pathogens preparedness and response.

Register [here](#).

View the full agenda [here](#).

Point-of-care routine laboratory testing for patients with suspected viral hemorrhagic fevers

The Region 2 RESPTC team and Greater New York Hospital Association (GNYHA) collaborated to offer frontline acute care hospitals with a potential solution to safely provide a minimum set of routine laboratory tests for patients with suspected viral hemorrhagic fever (VHF). This manuscript discusses guidance on laboratory risk assessment, equipment considerations, space requirements, staffing solutions, waste management, and cost estimates. Review the manuscript [here](#).

Project ECHO Healthcare Preparedness Virtual Learning Sessions for HHS Region 2

Bellevue Project ECHO offers free, virtual learning sessions on healthcare emergency preparedness topics. 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>.

TRAINING TIP OF THE MONTH

Space, Stuff, and Staff

When developing your plan for the care of a high-consequence infectious disease (HCID) patient—whether you are an NSPS Level 1, 2, 3, or 4—start by considering three essential elements: Space, Stuff, and Staff.

- Space: Where will the patient be cared for?
- Stuff: What will you need to care for the patient and keep everyone safe?
- Staff: Who will care for the patient and who will support and monitor the team?

These three questions provide a simple framework for developing a safe, practical, and sustainable plan for caring for an HCID patient—regardless of your NSPS level.

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](#)

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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