

September 24, 2026

REGION 2 RESPTC PARTNER COMMUNITY NEWSLETTER

Happy Preparedness Month! Thank you to the Emergency Management partners that prepare our region for special pathogen threats.

The Region 2 Regional Emerging Special Pathogen Treatment Center (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](#).

OUTBREAK AND SPECIAL PATHOGENS NEWS

The outbreak of **Bundibugyo virus disease (BVD)** continues to expand in the Democratic Republic of the Congo (DRC), now involving 7 out of 26 [provinces](#) in the country: Ituri, North Kivu, South Kivu, Haut-Uélé, Tshopo, Bas-Uélé, and Sud-Ubangi (new affected province). Most new cases are being [diagnosed](#) in Ituri and North Kivu, though there are divergent provincial epidemic [trajectories](#) (see Figures below). The outbreak is growing substantially faster than previous Ebola outbreaks and is currently the second-largest Ebola outbreak on record. As of [September 21](#), there were 7773 confirmed cases and 3759 deaths (CFR 48%). Of note, nearly two-thirds of confirmed weekly deaths are still occurring in the community rather than in treatment facilities, with children age <5 accounting for an estimated 30% of those deaths in recent weeks. Community deaths may result from multiple barriers to care and indicate ongoing delays in case detection and access to appropriate care.

Figure 3. Geographical distribution of cumulative confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo, data as of 13 September 2026

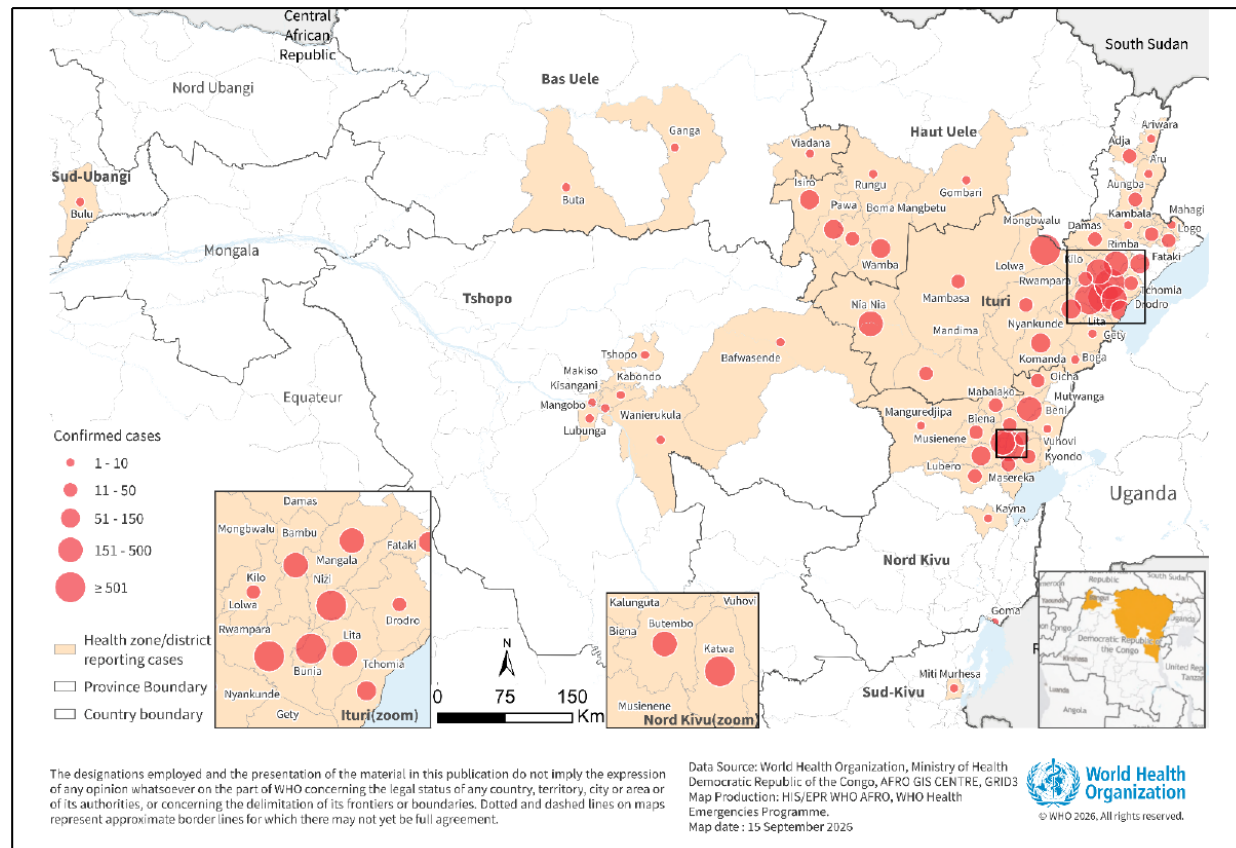


Image source: WHO

Nigeria continues to report [elevated](#) levels of **Lassa fever**, compared to the same period in recent years. There have been 1086 confirmed cases and 259 deaths in 2026 (CFR 24%) as of the week ending September 6, 2026. Weekly incidence is declining with five states (Ondo, Bauchi, Taraba, Edo, and Benu) accounting for the majority of cases.

RESOURCE HIGHLIGHTS & UPCOMING EVENTS

Sign up for our in-person Train-the-Trainer Course

The Region 2 RESPTC is now offering a free, in-person Train-the-Trainer course at NYC Health + Hospitals / Bellevue every month. 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 to join the waitlist for the November 5th course and for updates on future course dates](#). 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.

September 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.

Congratulations to the new NSPS STAND Awardees in HHS Region 2!

The National Emerging Special Pathogens Training and Education Center (NETEC) **announced the second round of health care facilities selected to receive funding through the National Special Pathogen System (NSPS) Level 2 Special Pathogen Treatment and Network Development (STAND) Award**, funded by the Health & Human Services Administration for Strategic Preparedness and Response (ASPR). Level 2 SPTCs play a critical role in the NSPS' federally directed, tiered framework for special pathogen care. These facilities are equipped to provide comprehensive inpatient care throughout the full course of illness for patients with HCIDs, including diseases such as Ebola virus disease and Middle East respiratory syndrome coronavirus (MERS-CoV), while maintaining rigorous infection prevention and control standards. **HHS Region 2 now hosts a total of 15 NSPS Level 2 STAND awardees!**

Congratulations to the five new awardees, including:

- Administración de Servicios Médicos de Puerto Rico (San Juan, Puerto Rico)
- Hospital Universitario Dr. Ramón Ruiz Arnau (HURRA) (Bayamon, Puerto Rico)
- Samaritan Hospital (Troy, New York)
- St. Joseph's University Medical Center (Paterson, New Jersey)
- St. Peter's Hospital (Albany, New York)

The second round includes 21 health care facilities across 16 states/territories, expanding the network of Level 2 Special Pathogen Treatment Centers (SPTCs) and strengthening the nation's ability to safely care for patients with high-consequence infectious diseases (HCIDs).

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>.

REGION 2 NEWS

In August, Bellevue's R2RESPTC published a manuscript in *BMC Critical Care* entitled "*The evolution of biocontainment unit care for high-consequence infectious diseases: progress, lessons learned, and future directions.*" Led by our research intern, Elizabeth Chasen, this comprehensive work explores global biocontainment unit advancements shaping modern capabilities in critical care, diagnostics, investigational therapeutics, workforce models, and patient transportation. You can read the [full manuscript here](#) to learn more about these critical advancements in global health preparedness.

TRAINING TIP OF THE MONTH

When developing a training plan for special pathogens, focus on how day-to-day patient care tasks change when caring for a patient suspected of or confirmed with a High Consequence Infectious Disease (HCID). Training should emphasize adapting body mechanics to promote staff safety while working in personal protective equipment (PPE), as well as strategies to reduce the overall burden in the patient-care environment.

This includes using appropriate barriers and routinely disinfecting high-touch surfaces and equipment, such as bed rails, bedside tables, and other frequently handled items. Incorporating these practices into daily workflows can help protect healthcare workers, reduce the risk of environmental contamination, and support safe, consistent patient care.

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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