



# County of Santa Cruz

HEALTH SERVICES AGENCY  
Public Health Division



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## PUBLIC HEALTH ADVISORY

<b>To:</b>	<b>Santa Cruz County Healthcare Providers</b>
<b>From:</b>	<b>Lisa B. Hernandez, MD, MPH, County Public Health Officer</b>
<b>Subject:</b>	<b>FIFA World Cup 2026 and Ebola Outbreak in Democratic Republic of the Congo and Uganda</b>
<b>Date:</b>	<b>June 8, 2026</b>

### **Key Messages:**

- A substantial influx of domestic and international travelers is expected in the Bay Area from June through July 2026, with peak concentration between June 12 and July 19, in connection with the FIFA World Cup.
- Healthcare providers should be on increased alert for travel-related and seasonal infectious diseases, including measles, influenza, mpox, hepatitis A, dengue, chikungunya, malaria, and for travelers with recent history in Democratic Republic of Congo (DRC), South Sudan, or Uganda—Ebola (Bundibugyo virus disease, BVD).
- An active Ebola (Bundibugyo virus) outbreak has been declared a World Health Organization (WHO) Public Health Emergency of International Concern (PHEIC). As of June 8, 2026, no confirmed cases have been reported in the United States. The risk of spread to the U.S. is considered LOW.
- Providers should ask all symptomatic patients about recent travel history and World Cup event attendance.
- Report all suspected or confirmed reportable diseases, clusters, or unusual presentations to Santa Cruz County, Health Services Agency, Public Health Division, Communicable Disease Unit immediately

### **Situational Update: 2026 FIFA World Cup – Mass Gathering Risk**

The 2026 FIFA World Cup runs June 11–July 19, 2026, jointly hosted across the United States, Canada, and Mexico. Locally:

- Levi's Stadium (Santa Clara) hosts matches on June 13, 16, 19, 22, 25, and July 1.

- Fan fests, watch parties, and large public gatherings will occur throughout the region. Large crowds of people from diverse geographic regions create elevated risk for the spread of infectious diseases. Providers should maintain heightened awareness for:

- Respiratory illnesses: influenza A/B (note: Southern Hemisphere flu season runs April–September), COVID-19
- Vaccine-preventable diseases: measles (ongoing domestic outbreaks), varicella, pertussis, mumps, meningococcal disease
- Gastrointestinal illnesses: norovirus, hepatitis A, Salmonella
- Contact/intimate spread: mpox, sexually transmitted infections
- Vector-borne/travel-associated: dengue, chikungunya, malaria
- Non-infectious concerns: heat-related illness, dehydration, substance use/overdose (increased during large gatherings and celebrations)

### **Ebola Disease Outbreak – DRC and Uganda**

On May 15, 2026, the Ministry of Health of the DRC confirmed an Ebola outbreak in Ituri Province in northeastern DRC, caused by Bundibugyo virus (Orthoebolavirus bundibugyoense). As of June 7, 2026, there were 550 confirmed cases and 101 confirmed deaths reported in the DRC; and as of June 8, 2026, 19 confirmed cases and 2 confirmed deaths in Uganda.

**IMPORTANT: There is currently NO FDA-licensed vaccine or approved treatment for Bundibugyo virus disease. ERVEBO® protects only against Zaire Ebola virus and is NOT expected to be effective against Bundibugyo virus.**

Key epidemiological facts:

- The WHO declared a PHEIC on May 17, 2026. This is the 17th recorded Ebola outbreak in DRC.
- Incubation period: 2–21 days. Patients are NOT contagious until after symptom onset.
- Transmission: direct contact with blood or body fluids of symptomatic or deceased persons; NOT airborne.
- Symptoms: fever, headache, muscle/joint pain, fatigue, loss of appetite, GI symptoms (diarrhea, vomiting), and in some cases unexplained bleeding.
- Bundibugyo virus historical case fatality rate: approximately 25–50%.
- Risk factors fueling spread: insecurity, population displacement, mining/cross-border movement, funeral practices.

U.S. travel and border measures (as of publication):

- Centers for Disease Control and Prevention (CDC) Travel Health Notice: Level 3 (Avoid

Nonessential Travel) for DRC; Level 2 (Practice Enhanced Precautions) for Uganda.

- CDC has restricted entry for non-U.S. citizens who have been in DRC, South Sudan, or Uganda within the past 21 days. U.S. citizens returning from those regions are routed through Dulles International Airport (DC), John F Kennedy Airport (New York City), Hartsfield-Jackson Atlanta International Airport, and George Bush Intercontinental Airport (Houston) for enhanced screening.
- FIFA and CDC are coordinating regarding the DRC national team's participation in World Cup matches.

## **ACTIONS REQUESTED OF HEALTHCARE PROVIDERS**

### **For All Patients**

- Elicit and document complete travel history (international and domestic) for all symptomatic patients.
- Ask about attendance at World Cup matches or related fan events.
- For patients who attended World Cup games at Levi's Stadium or SoFi Stadium, include the term "World Cup" in the medical record. Also document the name and location of any related events attended.
- Consider appropriate infection prevention measures and testing based on history and clinical presentation.
- Be vigilant for unusual clusters of febrile, GI, respiratory, or heat-related illness that may signal an outbreak.
- Consider proactively prescribing or recommending naloxone to at-risk patients in anticipation of increased substance use.
- Refer patients to [CDC's Safety for Soccer Fans page](#) for guidance on heat safety, food safety, alcohol/drug safety, and communicable disease prevention.

### **For Patients with Travel to DRC, South Sudan, or Uganda (within 21 days)**

- Include Bundibugyo virus disease (BVD) in the differential for symptomatic patients with compatible illness AND any of the following epidemiological risk factors within 21 days of symptom onset:
  - Direct contact with a symptomatic or deceased person with suspected/confirmed BVD, or objects contaminated by their body fluids
  - Breach of infection prevention precautions resulting in body fluid exposure in a suspected or confirmed BVD case
  - In an active outbreak area: contact with sick/deceased persons, attendance at funerals or burials, visits to healthcare facilities or labs, or contact with bats
- Test for more common causes first (malaria, COVID-19, influenza) but do NOT delay notifying Santa Cruz County Public Health Communicable Disease Unit to coordinate

BVD testing while awaiting other results.

- Be aware of possible concurrent infections (e.g., malaria co-infection with BVD).
- Immediately ISOLATE patients with both compatible symptoms AND exposure risk in a healthcare facility until BVD can be ruled out (negative test  $\geq 72$  hours after symptom onset required).
  - If specimen collected  $< 72$  hours after symptom onset is negative, maintain isolation and retest at  $\geq 72$  hours
- Use appropriate PPE per [CDC Viral Hemorrhagic Fever \(VHF\) infection control guidance](#) while test results are pending.
- If BVD is confirmed, transfer patient to the nearest Regional Emerging Special Pathogens Treatment Center (RESPTC) or state-designated special pathogens center.
- Flag relevant travel history in electronic health records for rapid identification.
- Counsel travelers returning from or planning travel to outbreak areas on prevention: avoid contact with sick persons, body fluids, animals (especially bats and nonhuman primates), and do not participate in burial practices without precautions.

### **Clinical Laboratory Biosafety**

- Follow CDC Standard Precautions and OSHA Bloodborne Pathogens Standard for all patient specimens.
- Handle all blood and body fluids as if they contain an unknown pathogen.
- Have an Exposure Control Plan in place and train staff on proper PPE donning/doffing.
- Do not delay routine laboratory testing required for standard patient care while awaiting BVD test results.

### **Reporting Requirements**

Report immediately by phone to the CDU:

- Any cluster of disease or unusual disease presentation
- Any presentation consistent with biological terrorism
- Any suspected Ebola / BVD case

### **Reporting Contacts**

The Public Health Division relies on providers to report cases in a timely manner to support infection prevention and control measures. Report reportable diseases to the Communicable Disease Unit (call 831-454-4114) or submit a [Confidential Morbidity Report form](#) to [HSACD@santacruzcountyca.gov](mailto:HSACD@santacruzcountyca.gov). For after-hours reporting, including for suspected Ebola/BVD, call Public Health After Hours line 831-471-1170

## ADDITIONAL RESOURCES

- [Health Advisory: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda](#) (Centers for Disease Control and Prevention)
- [Health Alert: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda](#) (California Department of Public Health)
- [Ebola Outbreak: Current Situation](#) (Centers for Disease Control and Prevention)
- [Information for Traveler's Returning from Ebola-Affected Areas](#) (Centers for Disease Control and Prevention)
- [Traveler's Health](#) (Centers for Disease Control and Prevention)
- [Travel Health Notices](#) (Centers for Disease Control and Prevention)
- [Infection Prevention and Control Recommendations](#) (Centers for Disease Control and Prevention)
- [CDC Viral Hemorrhagic Fever \(VHF\) infection control guidance](#) (Centers for Disease Control and Prevention)

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.