



Laboratory Outreach Communication System (LOCS) Call

Office of Laboratory Systems and Response (OLSR)

29 May 2026, at 1:30 P.M. EDT

Thank you for joining, we will begin the call momentarily.

Office of Laboratory Systems and Response (OLSR)



LOCS Calls

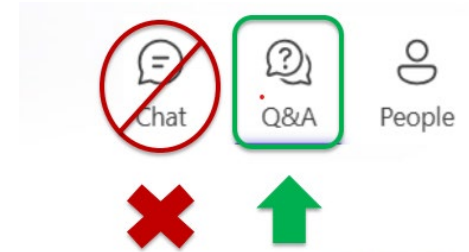
- **On this page, you find:**
 - LOCS Call Information
 - Slides

[LOCS Calls and Archive | LOCS | CDC](#)

The screenshot shows the 'Laboratory Outreach Communication System (LOCS)' page. At the top, there is a blue header with the CDC logo, the title 'Laboratory Outreach Communication System (LOCS)', a search bar, and a dropdown menu labeled 'EXPLORE THIS TOPIC'. The main content area is titled 'LOCS Calls and Archive' and includes an 'Overview' section with text about the CDC's Office of Laboratory Systems and Response (OLSR) convening regular LOCS calls. Below this is a section for 'How to submit questions' and 'Join from a PC, Mac, iPad, iPhone or Android device', which provides meeting details: Meeting ID: 211 777 413 061 1 and Passcode: eD3Ks6nX. A list of download links for Microsoft Teams on Windows, Android, and iOS is provided. At the bottom, there is a search bar for 'LOCS Calls, Recordings, and Slides' with a 'Year' dropdown set to 'All years' and a search button. The results section shows '75 results'.

How to Ask a Question

- All participants are muted and chat feature is disabled
- Using the Microsoft Teams System
 - Click the Q&A button in the Microsoft Teams meeting
 - Type your question in the Q&A box and submit it
 - **Please do not submit a question using the chat button**
 - For non-laboratory testing questions, please contact CDC-INFO at cdc-infostaff@cdc.gov
 - For media questions, please contact CDC Media Relations at media@cdc.gov
 - If you are a patient, please direct any questions to your healthcare provider



Agenda

Situational Update

Peggy Honein, Deputy Incident Manager, CDC 2026 Ebola Response

Bundibugyo Virus Characteristics, Diagnostics, and Medical Countermeasures

Joel Montgomery, Senior Science Advisor, CDC 2026 Ebola Response

Public Health Laboratory Testing Capacity

Angela Butler, CDC Laboratory Response Network (LRN) Team Lead

Handing Specimens from Suspect Patients

Nancy Cornish, Medical Officer, Clinical Consultations Team, CDC 2026 Ebola Response

Regional Emerging Special Pathogens Treatment Centers (RESPTCs)

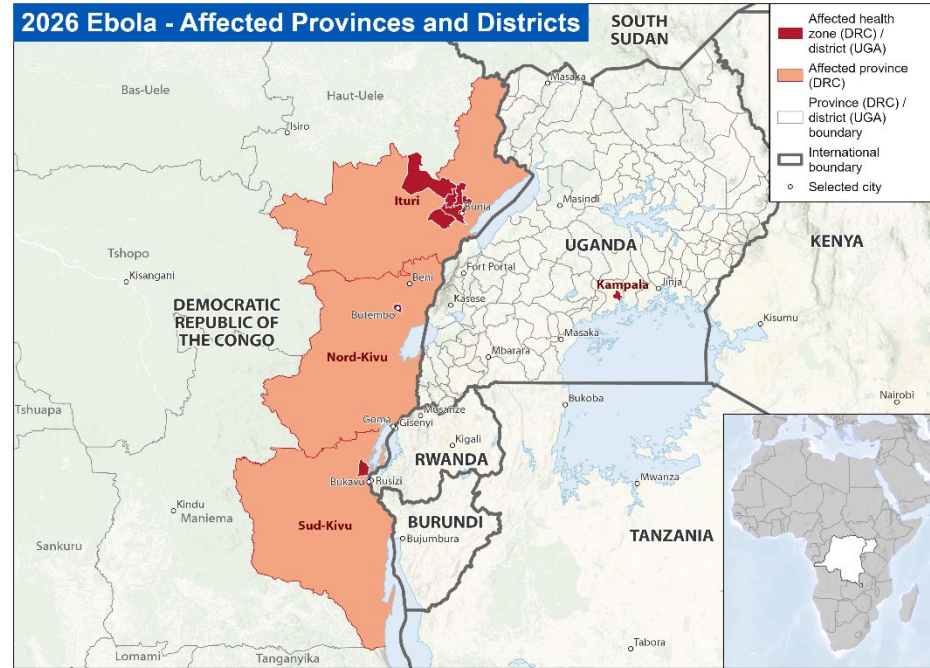
Colleen Kraft, Professor, Emory University; Vicki Herrera, Co-chair, NETEC Laboratory Workgroup

Situational Update: Ebola Outbreak 2026

Peggy Honein, Deputy Incident Manager, CDC 2026 Ebola Response

BVD Outbreak Overview

- As of May 28, the DRC and Uganda Ministries of Health have reported:
 - **DRC:** A total of **906 suspected cases, 125 confirmed cases, 223 suspected deaths, and 17 confirmed deaths.**
 - **Uganda:** A total of **7 confirmed cases including 1 confirmed death.**
- **No Ebola cases associated with this outbreak have been reported in the United States, and the risk to the general public remains low.**
- **Ebola Outbreak: Current Situation**



Timeline of Significant Response Activities

May 14:

DRC country team alerted HQ to Ebola-positive samples from Ituri Province

May 17:

- CDC established Level 2 emergency activation
- WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC)

May 19:

CDC issued a Health Alert Network (HAN) Health Advisory to STLT partners

May 15:

- DRC and Uganda Ministries of Health declared outbreaks of Bundibugyo Virus Disease
- CDC posts DRC and Uganda THNs

May 18:

CDC and DHS announced proactive public health measures: (1) Temporary entry restrictions and (2) Enhanced public health entry screening

Goals & Objectives



• Domestic Preparedness

- Enhanced screening at U.S. Ports of Entry
- Preparedness for public health departments, labs, healthcare facilities and the public



• International Outbreak Response

- Rapidly detect, monitor and contain the outbreak
- Reduce transmission in health care and community settings
- Provide lab guidance and TA to ensure timely, accurate diagnostic testing
- Strengthen border health coordination to reduce risk of regional spread
- Implement public health research



• Coordination of an Effective Public Health Response

- Provide information to leadership, partners, and the public to support awareness & planning
- Coordinate with USG, Government of DRC and Uganda, and partners
- Ensure sufficient technical and operational support to successfully lead a CDC Ebola response

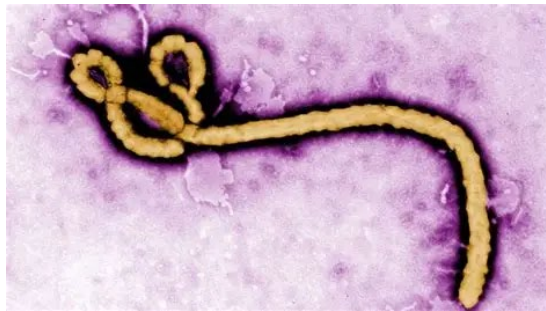


Bundibugyo Virus Characteristics, Diagnostics, and MCM

Joel Montgomery, Senior Science Advisor, CDC 2026 Ebola Response

Ebola terminology

- Ebola disease: Umbrella term to describe clinical disease due to infection with any of the 4 viruses within the genus *Orthoebolavirus* that cause disease in humans:
 - Ebola virus (species *Orthoebolavirus zairense*)
 - Sudan virus (species *Orthoebolavirus sudanense*)
 - Bundibugyo virus (species *Orthoebolavirus bundibugyoense*)
 - Taï Forest virus (species *Orthoebolavirus taiense*)
- Illnesses caused by infection with these viruses are clinically indistinguishable
- Bundibugyo virus disease (BVD): Term used to describe clinical disease due to infection with Bundibugyo virus



Ebola disease in humans

- Vast majority of data on Ebola disease in humans come from Ebola virus (*Orthoebolavirus zairense*) cases and are considered applicable to all human-disease-causing orthoebolaviruses.
- Serious, highly transmissible, often rapidly fatal
- Without treatment, Ebola disease has a high mortality rate
- Bats are the likely reservoir

Diagnostic testing considerations

- Reverse transcription polymerase chain reaction (RT-PCR) is the diagnostic test of choice for acutely ill persons with suspected Ebola disease
- Symptom onset date is critical to interpreting RT-PCR results in a symptomatic patient
 - A negative RT-PCR test result from a blood specimen collected **less than 72 hours** after symptom onset **does not rule out** Ebola disease
- If collecting samples, collect at least 2 – 1 for HD and 1 for CDC, if needed

Treatment for Bundibugyo virus

- There is **no FDA-licensed treatment** for Ebola disease caused by Bundibugyo virus
- MBP134
 - Experimental two-antibody cocktail therapy
 - Demonstrated efficacy in preventing mortality in non-human primates due to infection with Sudan virus, Ebola virus, and Bundibugyo virus
- **Supportive care** improves chances of survival when provided early
 - Intravenous (IV) fluids and electrolytes
 - Symptomatic treatment for vomiting, diarrhea



Vaccine against Bundibugyo virus

- There is **no FDA-licensed vaccine** against Bundibugyo virus
- Vaccine candidates undergoing evaluation
- Based on available evidence, ERVEBO[®] — the FDA-licensed vaccine against Ebola virus (species *Orthoebolavirus zairense*) — **is NOT expected to provide** cross-protection against Bundibugyo virus infection

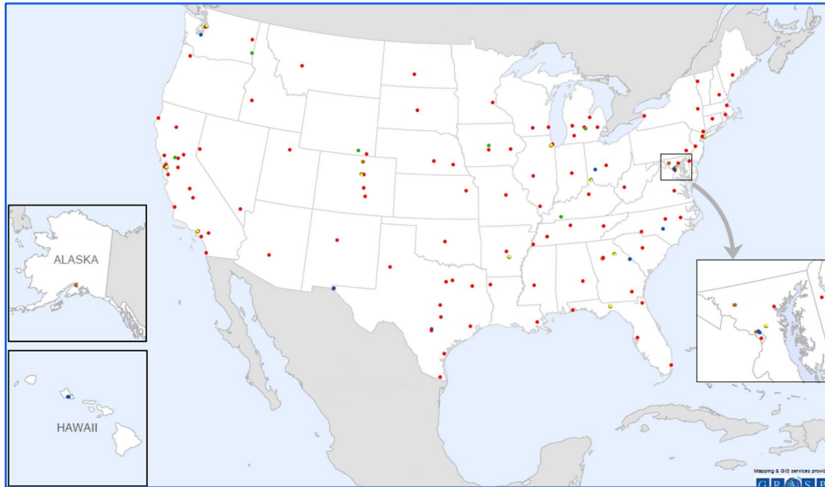


LRN and Public Health Laboratory Testing

Angela Butler, CDC Laboratory Response Network (LRN) Team Lead



Mission: To provide rapid laboratory response to biological and chemical threats to inform critical decisions about public health and safety



Domestic Geographic Coverage

LRN Biological Laboratories

State and Local PHL	85
DoW	14
Other (Vet, Food, FBI, VA Hospital)	13

<https://emergency.cdc.gov/lrn/index.asp>

LRN Support for Current Ebola Outbreak

- LRN laboratories are in close communication with CDC
- 43 Public Health Laboratories (PHLs) covering 35 states have testing capacity and capability for Ebola virus
- 3 DoW LRN members can also test for Ebola virus
- Clinical laboratories should contact their public health laboratory for questions about Ebola testing
- PHLs without testing capacity can refer specimens to other LRN laboratories or CDC

Handling Specimens and Routine Diagnostics

Nancy Cornish, Domestic Readiness Task Force- Clinical Consultations
Team- Medical Officer

Biosafety in Microbiological and Biomedical Laboratories (BMBL) 6th edition- Appendix N

- [Biosafety in Microbiological and Biomedical Laboratories \(BMBL\) 6th Edition | CDC Laboratories](#)
 - Focus is on Research laboratories where the infectious agent is known, may be in high quantities, and undergo multiple manipulations
- BMBL Appendix N- Clinical Laboratories
 - Clinical laboratories are different as they routinely work with specimens that may contain *unknown pathogens*; all specimens must be handled as if they contain a pathogen
 - Addresses clinical laboratory needs as critical responders and one of the first lines of public health defense
 - Safe effective laboratory operation is critical for patients, laboratory professionals, community, and environment

Laboratory Biosafety Resources and Regulations

- [Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHF or Other High-Consequence Disease | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
 - Suggested clinical laboratory tests
 - Risk assessment and Mitigation
 - PPE
 - Decontamination, cleaning and disinfection*
 - Handling Spills
 - Packaging and shipping
 - Waste management

*CDC can help laboratories speak directly to instrument manufacturers about decontamination or warranty coverage by contacting DLSInquiries@cdc.gov.

OSHA Bloodborne Pathogens Standard

- [Bloodborne Pathogens - Worker protections against occupational exposure to infectious diseases | Occupational Safety and Health Administration](#)
 - Following CDC standard precautions, which includes the Bloodborne Pathogens Standard, has been shown to effectively prevent laboratory acquired illnesses, including high-consequence diseases
- [Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories](#)
 - Risk assessment guide provided for all areas of the clinical laboratory

Malaria Screening

- Clinical Testing and Diagnosis for Malaria
 - For patients suspected of having a viral hemorrhagic fever, consider Malaria infection
 - Malaria Diagnostic Tests
 - If unable to test for malaria in your facility develop a plan for timely testing (2 to 4 hours turn around time saves lives)
 - Consider consulting with the public health laboratory and neighboring institutions who may offer reference testing
 - Contact the Malaria Hotline/Clinical Consult Service for Healthcare Providers (Monday–Friday, 9:00 AM–5:00 PM EST) at 770-488-7788, 855-856-4713 (toll-free), or via email at malaria@cdc.gov.
 - For 24/7 after-hours support, contact CDC’s Emergency Operations Center at 770-488-7100 and request to speak to a CDC Malaria Branch clinician.

Regional Emerging Special Pathogens Treatment Centers

Vicki Herrera, MS, Laboratory WG Co-Chair, NETEC

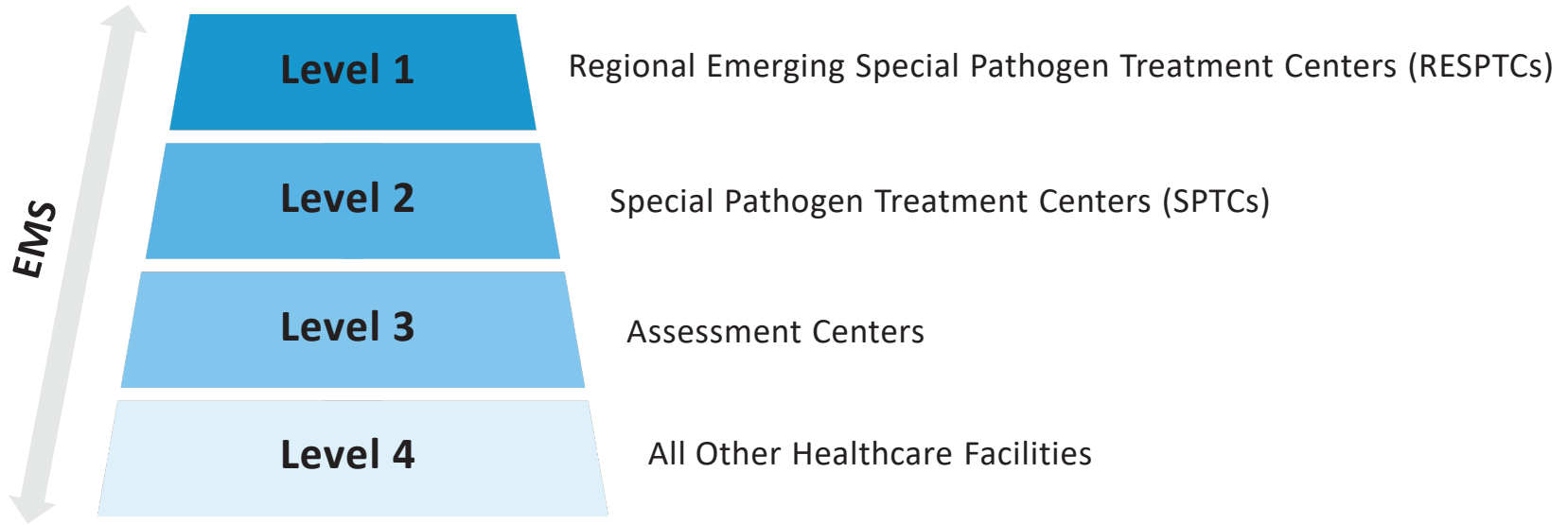
Colleen Kraft, MD, Laboratory WG Co-Chair, NETEC

NSPS:

Prepare. Protect. Respond.

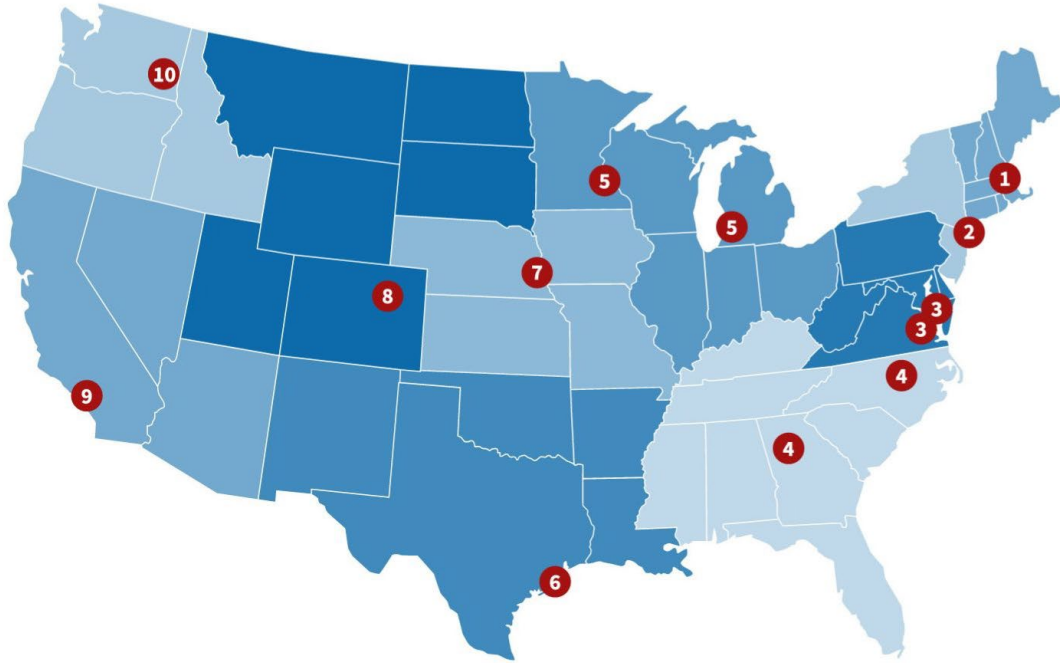
The National Special Pathogen System (NSPS) is a tiered System of Care with four facility levels (e.g., Level 1, Level 2, Level 3, Level 4) that have increasing capabilities to care for suspected or confirmed patients with High Consequence Infectious Diseases (HCIDs).

The Tiered System of Care



Additional partners, such as EMS and public health, are essential for the coordination of the System of Care

Regional Emerging Special Pathogens Treatment Centers



- 1 CT, ME, MA, NH, RI, VT
[Massachusetts General Hospital](#)
- 2 NJ, NY, PR, VI
[NYC Health + Hospitals / Bellevue](#)
- 3 DC, DE, MD, PA, VA, WV
[Johns Hopkins Hospital](#)
[Medstar Washington Hospital Center / Children's National](#)
- 4 AL, FL, GA, KY, MS, NC, SC, TN
[Emory University / Children's Healthcare of Atlanta](#)
[University of North Carolina at Chapel Hill](#)
- 5 IL, IN, MI, MN, OH, WI
[University of Minnesota Medical Center](#)
[Corewell Health System](#)
- 6 AR, LA, NM, OK, TX
[University of Texas Medical Branch](#)
- 7 IA, KS, MO, NE
[University of Nebraska Medical Center / Nebraska Medicine](#)
- 8 CO, MT, ND, SD, UT, WY
[Denver Health & Hospital Authority](#)
- 9 AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW
[CedarsSinai Medical Center](#)
- 10 AK, ID, OR, WA
[Providence Sacred Heart Medical Center & Children's Hospital](#)

[Locate your regional contacts](#), including physician, nursing, pediatric, and operations leadership, as well as local and state health partners.

High-Level Minimum Capabilities Comparison

The table is intended to provide a high-level sample of quantifiable difference across levels and does not include all minimum capabilities.

Capabilities	Level 1	Level 2	Level 3
Care Duration	Duration of illness	Duration of illness	12-36 Hours
Capacity for VHF, airborne	2 VHFs 10 airborne	1-2 VHFs 4 airborne	1+ isolation space
PPE Supply	2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	3 VHF cases for 12-36 hours (before resupply)
Exercises	Quarterly	At least twice annually	At least once annually for mystery patient exercise
PPE Training	Quarterly	At least 2x annually	At least 1x annually
Skills Training	Quarterly	At least annually	--
Lab Testing Ability	Clinical laboratory testing	Clinical laboratory testing	Point-of-care onsite clinical laboratory testing



Differential Diagnoses

Malaria:

- Most common cause of fever in returning travelers
- 10% co-infection rate
- Check thick and thin blood smears

Influenza:

- Can present with fever, fatigue, headache
- Higher likelihood of having respiratory symptoms

Sepsis:

- Presents similarly to VHF:
 - Fever, fatigue, hypertension
- Initiate sepsis bundle

Gastroenteritis:

- Can present with nausea, vomiting, diarrhea, fatigue

Pregnancy:

- Fatigue, headache, nausea and vomiting can be present
- Need to test urine on suspect patients of childbearing age

Other diagnoses are more common

Testing Capabilities at RESPTCs

- All HHS Level 1 centers have CLIA-validated Global Fever Special Pathogen Panel testing affiliated with their biocontainment units
- These are considered presumptive results, and confirmatory results are required
- Any negative results should be interpreted and repeated based on clinical presentation
- These laboratories are in close connection with their respective state's Departments of Health, and LRNs

NETEC Lab Workgroup

Laboratory Representatives from all RESPTCs

- **GOALS:**
 - Provide special pathogens training for clinical laboratorians
 - PPE
 - Risk Assessments
 - Risk Mitigation
 - Provide educational assets
 - Webinars
 - Online resources
 - Podcasts
 - Provide Target Support Services (TSS) for laboratories
 - Collaborate with Level 2,3 & 4 Facilities, CDC, and PHLs

NETEC Support & Services

REQUEST A TSS

Submit a request [online](#) or email info@netec.org.

START THE SPORSA

Submit a request [online](#) to receive a link to start the SPORSA.

CONTACT US

Send us an email at info@netec.org or fill out the [Contact Us](#) form.

ONLINE EDUCATION & TRAINING

Sign up for a free [online course](#) for continuing education credit.

Browse our [YouTube](#) channel for webinar recordings and just-in-time training videos.

Listen to [NETEC's podcast](#), "Transmission Interrupted."

ADDITIONAL ONLINE RESOURCES

Browse our [Resource Library](#) to find tools, resources, and research related to all stages of preparedness and response.

Read the [NETEC blog](#) for the latest news and updates.

STAY IN TOUCH

Sign up for our [e-newsletter](#) to be the first to know about upcoming trainings, webinars, and new courses for continuing education credit.

Click an icon below to follow NETEC on social media:



A photograph of a hospital hallway with people in white protective suits walking away. A blue banner with the word 'Questions?' is overlaid in the center. A sign above a door in the background reads 'HEART CENTER'.

Questions?

Next Scheduled Call: July 20 at 3pm

Thank you!

For more information, contact CDC

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 [cdc.gov](https://www.cdc.gov)

Follow us on X (Twitter) @CDCgov & @CDCEnvironment

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.