EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

# MONTHLY COMMUNICABLE DISEASE REPORT

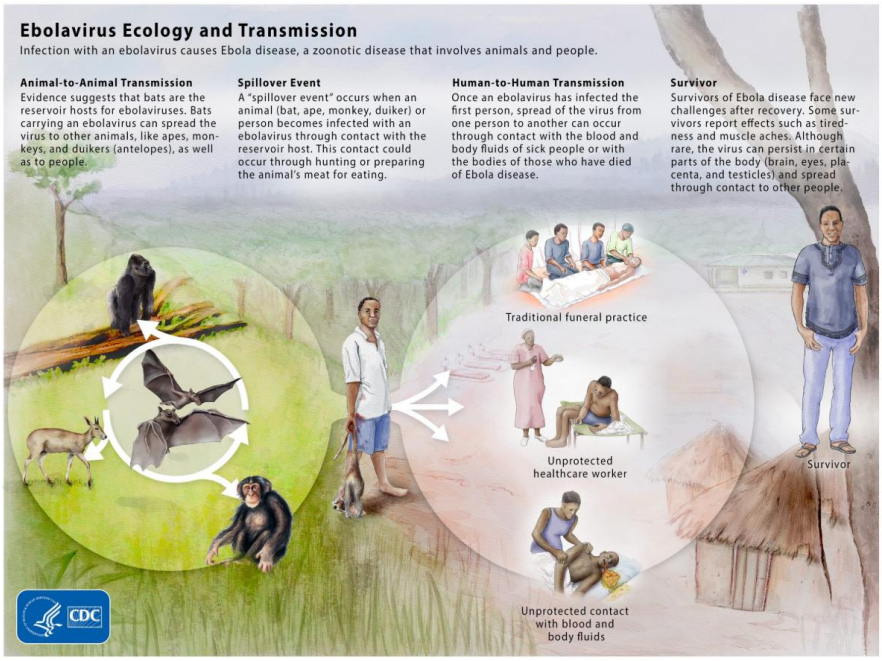
MAY 2026

Volume 10, Issue 5: June 15, 2026

## EBOLA DISEASE

Ebola disease, a type of viral hemorrhagic fever, is a rare but often fatal infectious disease caused by orthoebolaviruses. While six species of orthoebolaviruses have been identified, only four are known to cause illness in humans: Ebola virus, Sudan virus, Taï Forest virus, and Bundibugyo virus. It is believed that African fruit bats are natural hosts and involved in the spread of orthoebolaviruses. The virus can be transmitted from animal to animal, animal to human, and human to human. People can become infected by infected animals, such as fruit bats, primates, or forest antelopes through hunting, preparing, or eating meat from these infected animals. The virus can then spread person-to-person through direct contact with the body fluids of a person who is sick with, or has died from, Ebola disease or with contaminated objects. People can only transmit the virus once they start showing symptoms of the disease. Those at highest risk of infection are healthcare workers and family members caring for someone with Ebola disease without proper infection control measures. Ebola does not spread the same way as respiratory viruses and cannot be contracted just by being near an infected person.

**Figure 1. Ebola Virus Ecology and Transmission**




Source: Ebola Virus Ecology and Transmission Graphic | Ebola | CDC

The first recognition of Ebola disease occurred in 1976 after an outbreak near the Ebola River in what is now the Democratic Republic of the Congo (DRC). There have been multiple outbreaks of Ebola disease since then in sub-Saharan Africa, with the 2014-2016 outbreak in West Africa the largest outbreak to date. This outbreak was caused by Ebola virus and began in Guinea before quickly spreading to Sierra Leone and Liberia. By August 2014, it was determined to be a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO). The outbreak, which was declared over in June 2016, resulted in over 28,500 reported cases and over 11,000 deaths.

On May 17, 2026, WHO determined a current outbreak caused by Bundibugyo virus in the DRC and Uganda constitutes a PHEIC. The Centers for Disease Control and Prevention (CDC) announced enhanced travel screening, entry restrictions, and public health measures on May 18 to prevent Ebola disease from entering the United States (U.S.) amid this outbreak. The situation and case counts are rapidly changing. As of June 14, 2026, DRC and Uganda were reporting more than 800 confirmed cases and over 150 confirmed deaths, primarily centered in three provinces in eastern DRC. No cases of Ebola disease associated with this outbreak have been reported in the U.S. and the risk to the public remains low.

*Continued on next page*

*The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.*

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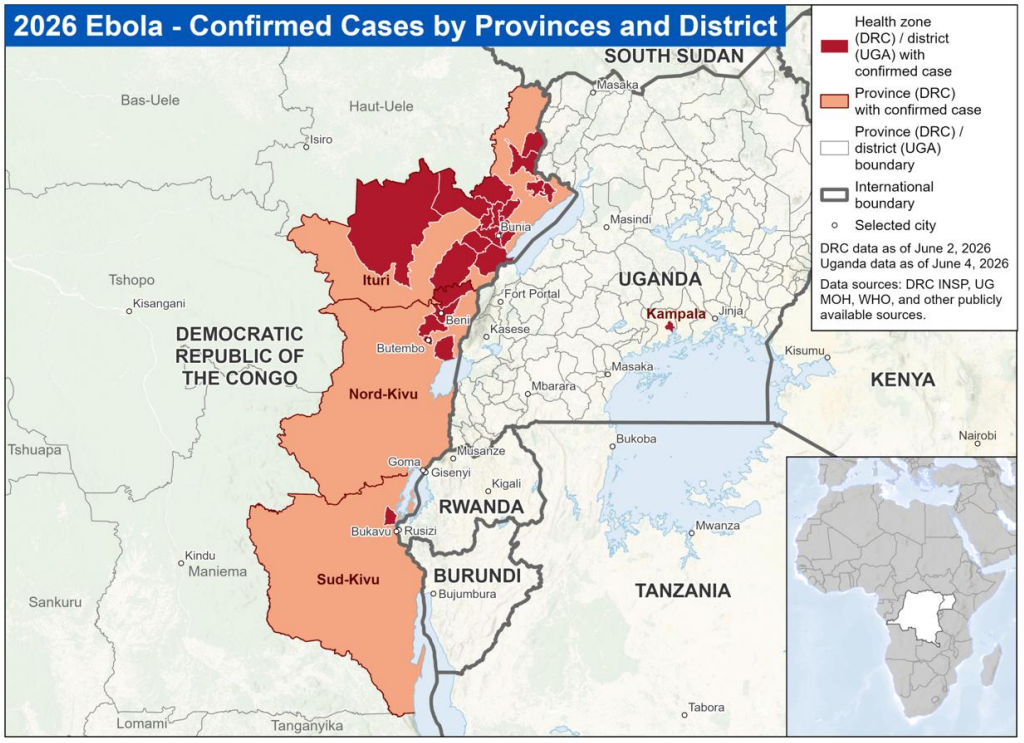
## EBOLA DISEASE, continued

Symptoms of Ebola disease typically appear 2 to 21 days after exposure, though the average is between 8 to 10 days. Early or "dry" symptoms may include fever, headache, aches, fatigue, and sore throat. As illness progresses, later or "wet" symptoms such as vomiting, diarrhea, unexplained bleeding, loss of appetite, and nausea may occur. Laboratory tests can confirm if a person has Ebola disease. If Ebola disease is suspected when a patient is assessed for exposure risk and compatible symptoms, the patient should be isolated and the local public health authority contacted immediately (in San Diego County, call the Epidemiology Unit).

Two treatments approved by the U.S. Food and Drug Administration (FDA) can be used to treat infection caused by Ebola virus, but there are no FDA-approved treatments for Ebola disease caused by other viruses. The mainstay of treatment is supportive care, which can improve the chances of survival, and includes proper hydration and electrolyte management, pain control, blood pressure maintenance, nutritional support, and treatment of any coinfections and pre-existing comorbidities.

**Figure 2. Confirmed Ebola Disease Cases by Provinces and District, Africa, 2026**




Source: Ebola Outbreak: Current Situation | Ebola | CDC. Accessed June 15, 2026.

Ebola disease can be prevented by avoiding contact with the body fluids (blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid) of those who are sick or have died from the disease; bedding, clothes, medical equipment, or other contaminated items; and animals, such as bats and primates, and their blood, fluids, and raw meat. In addition, it is recommended to avoid contact with the semen of Ebola disease survivors until testing confirms the virus is no longer present. Wearing personal protective equipment is also important if coming into contact with someone who is infected with or has died from Ebola disease. The FDA has approved a vaccine to prevent Ebola disease caused by Ebola virus only; it is recommended for U.S. adults 18 years of age and older who may be at risk of exposure to Ebola virus.

### Resources

- Centers for Disease Control and Prevention (CDC) Ebola disease website
- CDC Ebola: What to Do After Travel
- California Department of Public Health Ebola disease website
- World Health Organization Ebola disease website
- County of San Diego Ebola disease website

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# MONTHLY COMMUNICABLE DISEASE REPORT

## MAY 2026

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**Table 1. Select Reportable Diseases**

| Disease and Case Inclusion Criteria (C,P,S) | | 2026 May | 2026 April | 2026 January - May (YTD) | Prior Years 2025 YTD | Prior Years Avg YTD, 2023-2025 | Prior Years 2025 Total |
|---|---|---|---|---|---|---|---|
| Botulism (Foodborne, Infant, Wound, Other) | C,P | 0 | 1 | 1 | 3 | 1.7 | 4 |
| Brucellosis | C,P | 1 | 0 | 1 | 0 | 0.7 | 0 |
| Campylobacteriosis | C,P | 108 | 96 | 436 | 369 | 401.7 | 1,199 |
| *Candida auris* | C | 15 | 25 | 77 | 74 | 50.0 | 170 |
| Chickenpox, Hospitalization or Death | C,P | 0 | 0 | 0 | 0 | 1.0 | 2 |
| Chikungunya | C,P | 0 | 0 | 0 | 0 | 0.0 | 1 |
| Coccidioidomycosis | C | 58 | 70 | 294 | 304 | 240.3 | 661 |
| Cryptosporidiosis | C,P | 14 | 8 | 52 | 39 | 45.0 | 154 |
| Dengue Virus Infection | C,P | 1 | 0 | 2 | 10 | 7.7 | 17 |
| Encephalitis, All | C | 1 | 1 | 10 | 19 | 16.7 | 35 |
| Giardiasis | C,P | 13 | 15 | 70 | 114 | 100.3 | 250 |
| Hepatitis A, Acute | C | 0 | 1 | 1 | 3 | 13.3 | 11 |
| Hepatitis B, Acute | C | 0 | 0 | 7 | 10 | 8.0 | 15 |
| Hepatitis B, Chronic | C,P | 38 | 40 | 242 | 286 | 283.7 | 703 |
| Hepatitis C, Acute | C,P | 1 | 1 | 28 | 41 | 46.0 | 93 |
| Hepatitis C, Chronic | C,P | 156 | 108 | 521 | 683 | 802.7 | 1,393 |
| Legionellosis | C | 8 | 7 | 47 | 30 | 34.7 | 79 |
| Listeriosis | C | 0 | 1 | 1 | 3 | 3.3 | 10 |
| Lyme Disease | C,P | 0 | 0 | 0 | 1 | 1.7 | 8 |
| Malaria | C | 1 | 0 | 3 | 2 | 3.7 | 16 |
| Measles (Rubeola) | C | 0 | 0 | 0 | 0 | 1.0 | 1 |
| Meningitis, Aseptic/Viral | C,P,S | 3 | 5 | 19 | 22 | 28.0 | 92 |
| Meningitis, Bacterial | C,P,S | 1 | 4 | 17 | 19 | 17.7 | 51 |
| Meningitis, Other/Unknown | C | 1 | 1 | 15 | 11 | 11.3 | 32 |
| Meningococcal Disease | C,P | 1 | 0 | 1 | 5 | 4.0 | 11 |
| Mumps | C,P | 0 | 0 | 0 | 1 | 0.7 | 8 |
| Pertussis | C,P | 13 | 32 | 113 | 189 | 174.7 | 342 |
| Rabies, Animal | C | 4 | 3 | 14 | 2 | 1.3 | 21 |
| Rocky Mountain Spotted Fever | C,P | 1 | 0 | 1 | 0 | 0.0 | 1 |
| Salmonellosis (Non-Typhoid/Non-Paratyphoid) | C,P | 59 | 69 | 273 | 373 | 266.7 | 929 |
| Shiga toxin-Producing *E. coli* (including O157) | C,P | 23 | 23 | 109 | 97 | 91.0 | 301 |
| Shigellosis | C,P | 34 | 36 | 158 | 129 | 164.7 | 400 |
| Typhoid Fever | C,P | 0 | 0 | 1 | 1 | 1.7 | 2 |
| Vibriosis | C,P | 0 | 5 | 15 | 14 | 11.3 | 58 |
| West Nile Virus Infection | C,P | 0 | 0 | 0 | 0 | 0.0 | 0 |
| Yersiniosis | C,P | 13 | 16 | 70 | 67 | 55.7 | 160 |
| Zika Virus | C,P | 0 | 0 | 1 | 0 | 0.0 | 1 |

***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

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**Figure 3. Select Enteric Infections by Month**
**June 2025 – May 2026**

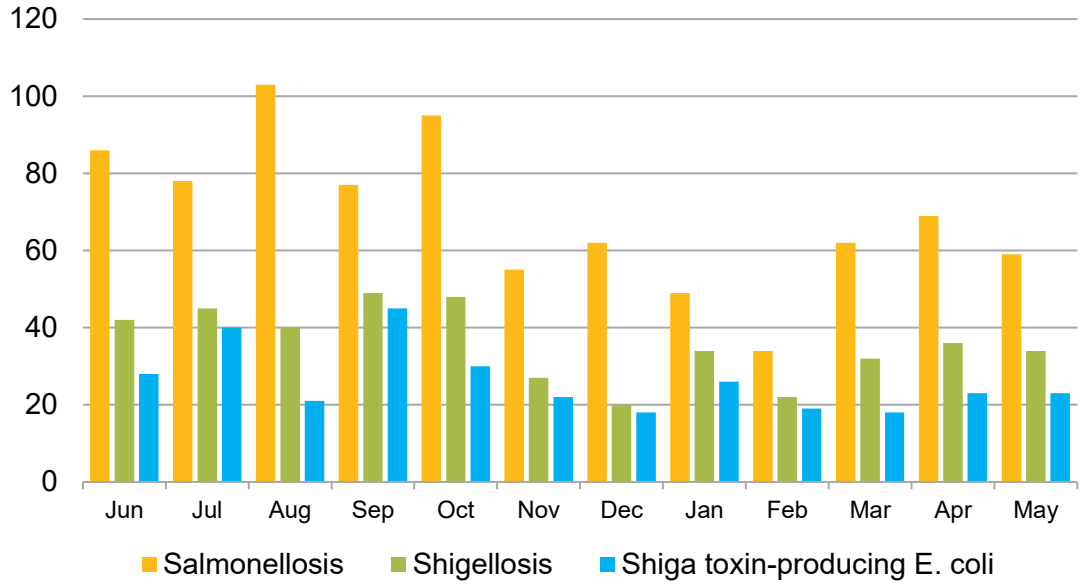


**Figure 4. Select Vaccine-Preventable Infections by Month**
**June 2025 – May 2026**

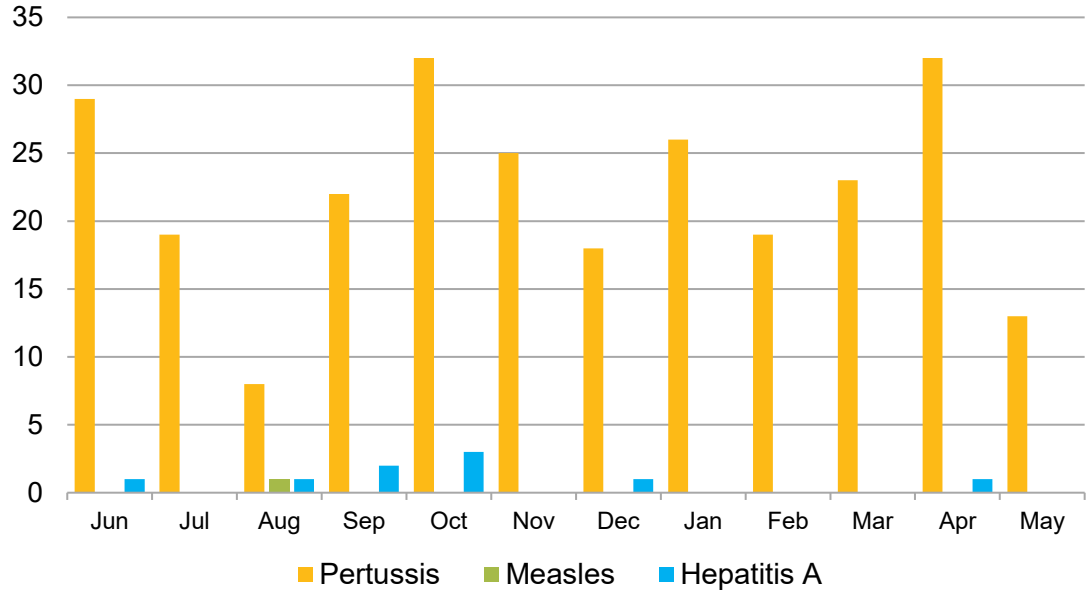


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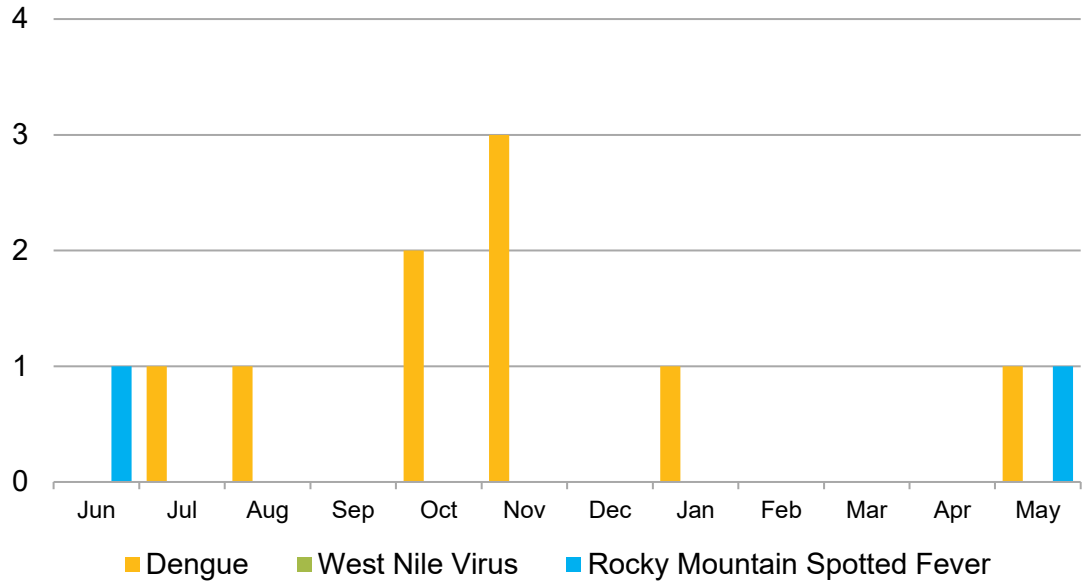
**Figure 5. Select Vector-Borne Infections by Month**
**June 2025 – May 2026**




See the County disease-specific webpages, for more information on West Nile virus and Dengue.
***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

**Disease Reporting in San Diego County**

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.