

Ebola Readiness

In May 2026, APHL surveyed 86 public health laboratories in the Laboratory Response Network for Biological Threats (LRN-B) to assess readiness and response capabilities for Ebola virus testing, with a particular focus on *Orthoebolavirus bundibugyoense*, the orthoebolavirus that causes Bundibugyo virus disease (BVD). A total of 80 laboratories responded to the survey, for a 93% response rate. Laboratory-specific responses are on file with APHL.

Based on survey results, testing for Ebola viruses is available in 45 laboratories across 36 states.

Many laboratories have adopted or are adopting BioFire®-based testing platforms, particularly the Global Fever Special Pathogens Panel (GFSP). Funding and access to instrumentation and test kits remain significant barriers to implementation for laboratories that do not currently perform Ebola testing.

Summary data below captures information reported by the 80 laboratories that responded to this survey.

Can your laboratory test for Bundibugyo?

Yes

56%
(45)

No

44%
(35)

Laboratories That Can Test (n=45)

- 38 have implemented the Global Fever Special Pathogens Panel (GFSP).
- 23 implemented the Next Generation Diagnostic System (NGDS) Warrior Panel.
- 15 have implemented both GFSP and NGDS Warrior Panel.

There is some overlap between laboratories that have implemented the GFSP and the NGDS Warrior Panel. The total number of laboratories with capacity is 45.

- 37 reported having GFSP kits in stock.
- 19 reported having NGDS Warrior Panel kits in stock.
- One reported having no kits currently available.

Laboratories That Cannot Test (n=35)

- 28 have a referral agreement with another laboratory, including CDC, state public health laboratories and other local LRN-B laboratories.
- Seven do not have a referral agreement.
- 15 plan to implement testing, with implementation dates ranging from June 2026 to February 2027. Implementation will depend on funding, instrument acquisition, laboratory renovations or reagent availability.
- 20 do not currently plan to implement testing due to limited funding, staffing constraints, lack of instrumentation, biosafety limitations, competing priorities, low perceived risk in the jurisdiction, and existing referral arrangements.

Several laboratories also noted that they can currently test for *Orthoebolavirus zairense*.

For laboratories that can test, reported kit inventories varied substantially across respondents.

Kit Type	Mean	Median	Minimum	Maximum	Total Kits Reported
GFSP	5	3	0.5	29	176
NGDS Warrior Panel	3	2	0	32	55

Testing Inventory

- Testing capacity ranged from approximately 4 to 112 specimens.
- Inventory-based testing capacity varied considerably among responding laboratories, reflecting differences in stock levels and local preparedness strategies.

Number of specimens that can be tested with current inventory of kits:

Mean	Median	Minimum	Maximum	Total
42	40	4	112	804

This is an estimated number of specimens that can be tested. Actual numbers may differ based on batching and the need for controls.

Requested Support or Resources

- The most frequently requested resources from APHL and/or CDC included additional test kits, controls, proficiency testing materials and funding for instrumentation and reagents.
- Multiple laboratories requested support for BioFire® instrument acquisition, validation materials and ongoing assay implementation.
- Respondents also requested guidance regarding result reporting, confirmatory testing, specimen shipping, logistics and clinical interpretation of GFSP results.
- Several laboratories highlighted the need for sustainable funding, Biosafety Level 3 infrastructure improvements, workforce support and specialized training.

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