

Safety Information Bulletin

Operations – Aerodromes

SIB No.: 2026-06

Issued: 12 June 2026

Subject: Ebola Virus Disease (EVD) – Operational Recommendations

Revision/Cancellation:

This SIB replaces EASA SIB 2014-28R1 dated 26 November 2014, which is withdrawn.

Ref. Publications:

- European Centre for Disease Prevention and Control (ECDC)
 - [Ebola disease outbreak in the Democratic Republic of the Congo and Uganda](#)
 - Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) - [RAGIDA - Ebola disease update](#) Appendix 1, dated 31 May 2026.
- International Air Transport Association (IATA)
 - [Guidance Note on Ebola Disease \(Bundibugyo Virus\)](#) Appendix 2, dated 27 May 2026.
- World Health Organization (WHO)
 - [Ebola disease](#)
- International Civil Aviation Organisation (ICAO)
 - State Letter AN5/29-26/48 Public Health Emergency of International Concern – Ebola disease caused by Bundibugyo virus, dated 1 June 2026.
 - ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) [CAPSCA Guidance for the Ebola outbreak](#).
- Health Security Committee (HSC)
 - [Opinion on the current recommendations for a common EU approach in response to the recent Ebola Bundibugyo virus outbreak in the Democratic Republic of the Congo \(DRC\) and Uganda](#), dated 22 May 2026.

Applicability:

National Competent Authorities (NCAs), aircraft operators, aerodrome operators.

Description:

This SIB is issued to address the operational safety environment in regard to the outbreak of Ebola Bundibugyo virus disease (BVD).

On 17 May 2026, WHO declared that the Ebola disease outbreak, caused by the Bundibugyo virus constitutes a Public Health Emergency of International Concern. Current evidence from the ECDC, WHO, CAPSCA, and the HSC indicates that the overall risk of BVD transmission during commercial air travel remains very low for passengers, crew members and other aviation personnel.

Ebolaviruses are highly transmissible, but only through a direct contact with the blood or other bodily fluids (e.g. saliva, urine, or vomit) of infected individuals (living or deceased) or via surfaces

This is information only. Recommendations are not mandatory.



and materials contaminated by these infectious fluids. Transmission does not occur through casual or airborne contact. There are currently no licensed vaccines or specific treatments available for the Bundibugyo virus species.

A case of BVD should be suspected when a traveller has been in a BVD-affected country in the preceding 2 to 21 days and presents in an acute febrile state (fever > 38.6 °C / 100 °F or subjective chills), and/or displays signs, including appearing obviously unwell, persistent diarrhoea, persistent vomiting, skin rash, unexpected bruising, or recent onset confusion.

The WHO, IATA and HSC advise against any broad restrictions on travelling or trade to the Democratic Republic of the Congo (DRC) or Uganda, confirming that flight suspensions or denial of entry are not recommended as they cut off vital humanitarian supply networks. Entry screening of returning travellers at EU/EEA airports is time- and resource-consuming and ineffective at preventing importation. Instead, public health efforts focus heavily on implementing and monitoring high-standard exit screening measures in the affected region to detect and dissuade symptomatic individuals before boarding.

For the reasons outlined above, it has been decided to provide additional clarifications in this SIB and replace EASA SIB 2014-28R1, which is withdrawn.

At this time, the safety concern described in this SIB does not warrant the issuance of a Safety Directive (SD) under Commission Regulation (EU) [965/2012](#), Annex II, ARO.GEN.135 or an SD action under Regulation (EU) [139/2014](#), Annex II, ADR.AR.A.040.

Recommendation(s):

EASA recommends that:

Commercial Air Operators operating flights to or from affected areas:

- **Safety Risk Management:** It should be ensured that the hazard identification, risk assessment and mitigation processes are updated.
- **Procedures:** Ensure that the cabin safety requirements covering the evaluation, based on the presence of fever and certain other signs or symptoms, and handling of suspected infectious diseases, including the transmission of a general declaration to the relevant authorities, if required¹, is established in the Operations Manual are followed.
- **Infection Control:** Cabin crew should strictly adhere to standard infection prevention and control measures, with particular emphasis on avoiding contact with blood or bodily fluids.
- **Training and Case Identification:** Operators should ensure that cabin crew recurrent training programmes include aero-medical topics to cover the identification of suspected cases, as described in the Description section of this SIB (acute fever combined with objective symptoms like persistent vomiting, diarrhoea, or coughing). Training should emphasize that a case is clinically relevant if the traveller has been in a BVD-affected region within the preceding 2 to 21 days. Crew should focus on taking immediate operational measures to isolate the passenger, utilize Universal Precaution Kits (UPKs), and notify Air Traffic Management (ICAO Doc 4444)¹ when this specific geographical exposure is known

¹ AMC3 - ORO.MLR.100 point (a) 8.3.15(g)

This is information only. Recommendations are not mandatory.



or apparent, rather than conducting active verbal travel history interviews on board. To mitigate the operational gap of the training cycle, operators should issue immediate safety notices or organize pre-flight briefings for crews.

- **Universal Precaution Kits (UPKs):** Operators must ensure that aircraft operating to or from affected areas are equipped with one or more UPKs.
- **Risk-Based Protection:** The use of kits and personal protective equipment (PPE) should be risk-based, ensuring protection against potential exposure to bodily fluids if managing an ill passenger on board.

Additionally, in the case of flights to or from affected areas involving a passenger suspected of being ill, it is recommended to take the following additional precautions:

- **High-Density Passenger Protection Contingency:** If aircraft seat density prevents establishing a continuous 2-meter (6 feet) physical isolation buffer zone around the febrile passenger, cabin crew should follow ECDC RAGIDA² and IATA³ fallback advice, to deploy surgical masks and protective equipment from the UPK directly to passengers seated in the immediate vicinity.
- **Mandatory Reporting:** Crew members must immediately report any passenger displaying symptoms compatible with the updated case definition in accordance with established international public health and airline reporting procedures. Pilots should notify to the ATC the presence of suspected cases, to receive assistance upon arrival.
- **Contact Tracing:** Operators must maintain accurate passenger locator information to facilitate rapid information sharing and timely contact tracing if requested by public health authorities. Operators must be prepared to provide passenger manifests and, where required in advance by the relevant health authorities, Public Health Passenger Locator Forms (PLFs) rapidly to support targeted contact tracing frameworks, Electronic PLF systems are preferred.
- **Enhanced Aircraft Sanitization:** Enhanced cleaning and bio-hazard disinfection procedures should be performed as soon as practicable if a symptomatic traveller is identified on board an aircraft. All soiled items (used tissues, face masks, linen, blankets, or seat-pocket items) must be stored securely in a dedicated biohazard bag, or an intact plastic bag explicitly labelled "BIOHAZARD". In this regard aircraft operators should give proper consideration to EASA [Guidance on Aircraft Cleaning and Disinfection](#) dated 30 June 2020 in relation to the COVID-19 Pandemic.

Aerodromes receiving direct flights from the affected regions

- **Contact Tracing & PLF Readiness:** Aerodromes receiving direct flights from the affected regions should cooperate with national public health authorities to ensure PLFs are readily available and efficiently collected upon arrival to facilitate rapid contact tracing, if required.

¹ ICAO Doc 4444 - Notification of suspected communicable diseases or other public health risk on board an aircraft" (SERA.14100 / ICAO Doc 4444, 16.6)

² ECDC - [RAGIDA - Ebola disease update](#).

³ IATA - [Guidance Note on Ebola Disease \(Bundibugyo Virus\)](#).

This is information only. Recommendations are not mandatory.



As during COVID-19 Pandemic times, where electronic PLF systems are available, they should be used instead of the paper-based PLFs.

- **Passenger Risk Communication & Self-Monitoring Facilitation:** Aerodromes should cooperate with National Public Health Authorities to facilitate the distribution of targeted health communication materials to arriving passengers. This includes displaying notices or distributing information advising travellers returning from affected regions that asymptomatic passengers may travel normally but must actively self-monitor their health. Arriving passengers should be clearly informed that, if they develop symptoms compatible with Ebola disease, they must immediately notify public health authorities, avoid further travel, and remain isolated until medically assessed.

National Competent Authorities (NCAs)

NCAs are expected to liaise with the National Public Health Authorities. They should ensure that aircraft operators / aerodrome operators under their oversight affected by this SIB take into account these recommendations and consider this SIB in their oversight activities.

- **Proportional Measures:** Public health measures should remain evidence-based and proportionate to the transmission risk associated with air travel.
- **Contact Tracing:** Focused Contact Tracing Scope: In strict accordance with ECDC RAGIDA⁴ 2026 guidelines, if a case is laboratory-confirmed, contact tracing must be initiated immediately and bounded strictly to:
 - a) passengers seated +/-1 seat from the index case in all directions, including the 3 passengers directly across the aisle, if the index case occupied an aisle seat;
 - b) cabin crew who provided in-flight service in that specific seating section;
 - c) the ground cleaning staff tasked with servicing the affected seat rows; and
 - d) any passenger or crew member who experienced known direct body contact or potential fluid exposure during on-board incidents.
- **Electronic Passenger Locator Forms (ePLFs):** Electronic PLFs are easier and more reliable to use, provide better storage and data protection, facilitate aircraft operations, including limiting unnecessary direct contact between crew members and passengers, and reduce the risk of exposure for the people that would otherwise touch the paper based PLFs. In this regard, National Public Health Authorities and European Commission should make efforts to reinstate the electronic PLF systems used during COVID-19 Pandemic and maintain it to allow and facilitate the management of early cases in any future outbreak.
- **Strategic Repatriation:** Repatriation of symptomatic passengers, where medically feasible, should preferably be conducted by using dedicated air or land ambulance transport to minimize exposure to others.

Contact(s):

For further information contact the EASA Safety Information Section, Certification Directorate.

E-mail: ADs@easa.europa.eu.

⁴ ECDC - [RAGIDA - Ebola disease update](#), dated 31 May 2026.

This is information only. Recommendations are not mandatory.

