

Ebola, Quarantine Act, and Newcomer Arrivals

Guidance for Resettlement Assistance Program Service Provider Organizations (in-Canada)

Purpose

To equip frontline Resettlement Assistance Program (RAP) service providers with clear, practical information on Ebola, Canada's [Quarantine Act](#), and how to safely and respectfully support newcomer clients during public health situations involving communicable diseases following the temporary border measures introduced by the Government of Canada in response to the Ebola disease outbreak ([Government of Canada introduces temporary border measures in response to the Ebola disease outbreak - Canada.ca](#)) in the Democratic Republic of Congo (DRC), Uganda, and South Sudan. The temporary border measures announced in May, 2026 included:

- Suspension of immigration documents for residents of countries that have a high or very high risk of outbreak of Ebola disease.
- Temporarily pause making decisions on applications for these documents from residents of these countries.
- Canadian citizens, permanent residents, persons registered under the *Indian Act*, and foreign nationals, who have been in these areas within the previous 21 days and do not have symptoms, have a requirement to quarantine for 21 days from the day they arrive in Canada. Measures were amended in July whereby, as of July 20, 2026 11:59 p.m. EDT, any foreign national who was in the DRC in the last 21 days will be prohibited from entering Canada.
- Measures are currently effective until the end of August, 2026.

Canada's Quarantine Act (Overview)

The Quarantine Act is a federal legislation that helps prevent the introduction and spread of communicable diseases into and within Canada.

Key Elements:

- Applies at ports of entry (airports, land borders).
- Border officials can:
 - Screen travelers for symptoms and exposure history,
 - Refer individuals for medical assessment, and/or
 - Issue quarantine or isolation orders if required.
- Travelers must comply with orders; non-compliance can result in penalties.



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What is Ebola Virus Disease (EVD, Ebola)?

- Ebola is a severe viral illness primarily transmitted through:
 - Direct contact with bodily fluids of a symptomatic person infected with Ebola and/or,
 - Contaminated materials or with infected animals, or
 - A person who is sick with, or has died from, EVD.
- Ebola is not easily transmitted. It does not spread through respiratory droplets and it is not airborne.
- Individuals are not contagious until symptoms appear.
- EVD Symptoms:
 - Begin between 2 and 21 days after exposure,
 - Fever, chills, headache, sore throat, feeling tired, joint pain, muscle pain and weakness,
 - May be followed by nausea, vomiting that can be bloody, diarrhea that can be bloody.

Quarantine Requirements (RAP – Quick Guide)

For clients receiving Resettlement Assistance Program (RAP) support and upon arrival in Canada:

- Clients must:
 - Follow all Quarantine Act orders (initial health assessment, quarantine, symptom monitoring, isolation) issued at the Port of Entry (POE) by CBSA & PHAC Quarantine Officers,
 - Follow any additional local public health guidance and requirements,
 - Have a suitable quarantine plan, and
 - Reach their place of quarantine without delay after arrival.
 - Following quarantine officer instructions, clients with no symptoms could be allowed to take public transportation (e.g. aircraft, bus, train, subway, taxi) or rent a vehicle to get to their place of quarantine. However, they must not stop along the way and must get to their place of quarantine without delay.



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- Clients, with the help of POE SPOs (in collaboration with destining SPO) will be asked to share a suitable quarantine plan with CBSA/PHAC Quarantine officers that includes:
 - A civic address where the client will be quarantining for the mandatory 21 day period starting on the day they arrive in Canada
 - A place:
 - with no shared facilities,
 - where clients are able to avoid direct contact with all other people outside their 'household' (individuals they are quarantining with) unless they need to seek medical care,
 - where clients have access to basic necessities, such as food, water and medication (for example, use contactless delivery), etc.,
 - where clients have access to local public health services,
 - where clients will agree to receive no visitors, and
 - where clients can follow any other measures deemed necessary as instructed by the quarantine officer.
- Clients should be given a kit by quarantine officials at time of the quarantine order that includes instructions, a digital thermometer and a daily health record for their symptom monitoring.
- During quarantine:
 - If clients develop any symptoms they will need to comply with a quarantine officer's or Public Health Authorities' instructions which could include medical examinations and isolation in a medical facility.
 - Clients will be contacted by Service Canada on behalf of the Public Health Agency of Canada (PHAC). Clients may also be contacted by PHAC and/or the local public health, as needed.

PHAC has a contract in place for interpretation services however service provider organizations may also be leveraged to assist as needed. This will be at the discretion of the PHAC officer.

Role of Service Provider Organizations

- RAP providers should:
 - Develop a quarantine plan for the client to present to CBSA/PHAC quarantine officers (with the help of POE SPOs) upon arrival.
 - When possible, flag circumstances around the client(s) that may complicate the ability to follow quarantine requirements, present unique challenges and/or higher level of coordination when receiving the Destination Matching Request, Notice of Arrival Transmission or at the intake interview upon arrival.

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- Coordinate temporary accommodation that meets the requirement for 21 day quarantine, if the client(s) have been in the Democratic Republic of the Congo, Uganda and South Sudan within the previous 21 days.
 - Arrange contactless delivery of food, essentials (Prescription medication, cleaning supplies etc.), and information.
 - Support virtual check-ins and service delivery where possible
 - Continue with RAP orientation activities virtually where possible to minimize delays to the resettlement process
- Clients must avoid in-person appointments without the direction of local public health while under quarantine. Prior to arrival:
 - Identify contacts and coordinate as much as possible:
 - For frequent situations that RAP providers navigate with clients' medical needs, including if the client needs to call 911.
 - When specific information is available on the NAT indicating a requirement for care prior to 21 days after arrival in Canada or of information suggesting that such care could be needed.
 - Clients will not be able to take public transportation (e.g. aircraft, bus, train, subway, taxi) or use ride sharing services, nor stop at any other place while seeking medical help during their quarantine period. As noted above, this does not necessarily apply to clients getting to their place of quarantine.
- Safe Access to Fresh Air
 - Where feasible and aligned with public health guidance, regular access to fresh air under controlled conditions should be organized for individuals in quarantine.
 - This must occur in a designated, secure outdoor or well-ventilated space, with no interaction with others.
 - Movements may be supervised or scheduled to avoid any contact with others.
 - Shared spaces and high-traffic areas should be strictly avoided, and any used surfaces must be disinfected after use. Individuals must return directly to their quarantine space following the allotted time.

Supporting integration while promoting safety and reducing stigma: Dos and Don'ts for Service Providers

- Do:
 - Provide accurate, evidence-based information about Ebola and transmission
 - Support clients through their quarantine plan including access to digital devices and other resources so clients are not left on their own for three



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weeks

- Encourage clients to follow public health guidance
 - Support access to healthcare and interpretation services
 - Maintain confidentiality and dignity
 - Monitor updates from local public health authorities
- Do not:
 - Make assumptions about risk based on nationality or appearance
 - Share unverified information or rumors
 - Disclose personal health information without consent

Additional Information

Addressing Fear and Stigma

- Emphasize that Ebola is not airborne and is hard to spread without direct contact.
- Reinforce that public health systems screen and monitor arrivals.
- Use culturally sensitive communication.
- Counter misinformation calmly and factually.

When to Take Action

- Refer or seek guidance if a client:
 - Reports recent travel to an affected region and symptoms consistent with Ebola.
 - Has received a quarantine or monitoring instruction.

Action Steps:

- Maintain distance and avoid direct contact with bodily fluids
- Contact the local public health authority
- Follow organizational safety protocols including any requirement for protective personal equipment (PPE).

Key Messages for Clients

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- “If you feel unwell, seek medical help and follow instructions.”
- “Screening is in place to keep everyone safe.”
- “You will be supported—health services are available regardless of status.”

Key Messages for SPOs

- Flag any concerns that will add complexities to the client following quarantine requirements and/or developing a suitable plan for quarantine.
- Immigration, Refugees and Citizenship Canada is there to support service provider organizations with questions and concerns.

Useful Resources

- [Ebola disease: Border measures for travellers entering Canada - Canada.ca](#)
- [Ebola disease: Prevention and risks - Canada.ca](#)
- [Public Health Agency of Canada - Canada.ca](#)
- [Government of Canada introduces temporary border measures in response to the Ebola disease outbreak - Canada.ca](#)
- [Regional public health authorities](#)
- [Ebola disease: Symptoms and treatment - Canada.ca](#)
- [Quarantine Act](#)