PROVIDER HEALTH ADVISORY

Date: February 19, 2025
Contact: Rick Rosen, MD, MPH, frosen@co.slo.ca.us, 805-781-5500

Marburg virus disease outbreak in Tanzania and Ebola disease outbreak in Uganda

On January 20, 2025, Tanzania confirmed an outbreak of Marburg virus disease (MVD) in the northwestern Kagera region. On January 30, 2025, Uganda confirmed an outbreak of Ebola disease due to Sudan virus in the country's capital city, Kampala. To date, no suspected, probable, or confirmed cases related to these outbreaks have been reported outside of the affected countries. The current risk to U.S. and California residents is low.

The attached Health Advisory from the California Department of Public Health (CDPH) provides information about these outbreaks and summarizes CDPH's **recommendations for case identification, testing, and clinical laboratory biosafety considerations** in California.

In summary:

- Healthcare providers should routinely ask patients with signs or symptoms of infectious illness about recent international travel.
- Clinicians should suspect MVD or Ebola disease in a patient who has traveled to Tanzania or Uganda in the last 21 days, AND who has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding), AND has reported epidemiologically compatible risk factors within the 21 days before symptom onset (see Recommendations for Clinicians).
- If there is suspicion for MVD or Ebola disease, healthcare providers should immediately take infection control precautions specific to these viral hemorrhagic fever (VHF) viruses and notify their local health department (LHD).

For more detailed information, please review the attached health advisory. Also attached for reference is the U.S. Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN) report on the Ebola Outbreak Caused by Sudan virus in Uganda.

To report suspected cases:
Call the San Luis Obispo County Public Health Department as soon as possible. Call 805-781-5500 (M-F, 8 a.m.–5 p.m.) or 805-781-4553 (weekends and after hours).

Marburg virus disease outbreak in Tanzania and Ebola disease outbreak in Uganda

Summary

- On January 30, 2025, Uganda confirmed an outbreak of Ebola disease due to Sudan virus in the country's capital city, Kampala.
- On January 20, 2025, Tanzania confirmed an outbreak of Marburg virus disease (MVD) in the northwestern Kagera region.
- No suspected, probable, or confirmed cases related to these outbreaks have been reported in the United States. The current risk to U.S. and California residents is low.
- Healthcare providers should routinely ask patients with signs or symptoms of infectious illness about recent international travel.
- Clinicians should suspect MVD or Ebola disease in a patient who has traveled to Tanzania or Uganda in the last 21 days, AND who has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding), AND has reported epidemiologically compatible risk factors within the 21 days before symptom onset (see Recommendations for Clinicians).
- If there is suspicion for MVD or Ebola disease, healthcare providers should immediately take infection control precautions specific to these viral hemorrhagic fever (VHF) viruses and notify the local health department (LHD).
- If an LHD is notified that a person has been in Tanzania or Uganda in the last 21 days and has had a potential VHF exposure, the LHD should notify the California Department of Public Health (CDPH) and ensure that the exposed individual is monitoring themselves for VHF-compatible symptoms for 21 days after leaving the affected countries.
- Travelers who have been in Tanzania or Uganda in the last 21 days should contact their LHD if they develop symptoms concerning for Ebola disease or MVD. Before going to the doctor's office, emergency room, or other clinical setting, they should contact the doctor or other healthcare provider and inform them about the recent travel, symptoms, and risk factors.

The California Department of Public Health (CDPH) is closely monitoring a Marburg outbreak in Tanzania and an Ebola outbreak in Uganda caused by Sudan virus. To date, **no cases of Marburg virus disease (MVD) or Ebola disease related to these outbreaks have been reported in the United States or other countries outside of the affected countries**. On February 6, 2025, the U.S. Centers for Disease Control and Prevention (CDC) released a Health Alert Network (HAN) report on the Ebola Outbreak Caused by Sudan virus in Uganda. This Health Advisory provides information about these outbreaks and summarizes CDPH's recommendations for case identification, testing, and clinical laboratory biosafety considerations in California.

Background

On January 30, 2025, Uganda confirmed an Ebola disease outbreak in Kampala after a nurse died of Sudan virus disease (SVD) on January 29, 2025. CDC has issued a Level 2 (Practice Enhanced Precautions) Travel Health Notice for Uganda. See CDC HAN for details.

On January 20, 2025, Tanzania confirmed an outbreak of Marburg virus disease (MVD) in the country's northwestern Kagera region after one patient tested positive for the virus. On February 3,

2025, a CDC official reported that they were aware of 2 confirmed cases and 8 probable cases associated with this outbreak, which is occurring in a more remote area compared to the Ebola disease outbreak in Uganda. For the MVD outbreak in Tanzania, WHO has assessed the risk of spread to be high at the national and regional levels and low at the global level. CDC has issued a Level 1 Travel Health Notice (Practice Usual Precautions) for Tanzania.

Recommendations for Clinicians

- Refer to the CDC HAN's information on assessing patients with exposure risk and compatible symptoms for the possibility of VHFs, including SVD or MVD, through a triage and evaluation process which includes a travel history.
- Consider more common diagnoses such as malaria, COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in an ill patient with recent international travel and consider the possibility of a concurrent infection. Travel to or from an Ebola or Marburg affected country in the past 21 days should not be a reason to defer routine laboratory testing or other measures necessary for standard patient care.
- Isolate and manage patients with exposure risks and symptoms compatible with Ebola disease or MVD in a healthcare facility, with personnel wearing appropriate personal protective equipment (PPE) while VHF test results are pending.
    - If a patient tests positive, be prepared to implement a waste management plan for a Category A waste.
    - If a patient tests positive, they would be transferred to a Regional Emerging Special Pathogens Treatment Center (RESPTC); Cedars-Sinai Hospital is the RESPTC for California.
- Contact your hospital infection control and local health department immediately if Ebola disease or MVD is suspected and follow jurisdictional protocols for patient assessment. CDPH and CDC can assist healthcare providers and LHDs with evaluation of any symptomatic returned travelers of concern. Your LHD, CDPH, and CDC must approve testing before specimens are collected.
- Follow CDC's Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF). All California hospitals are expected to be able to serve as a National Special Pathogen System (NSPS) System of Care Level 4 facility (formerly referred to as "frontline hospitals") with the ability to identify, isolate, inform, and initiate stabilizing medical care for a suspect VHF patient; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.
- Counsel healthcare workers traveling to Ebola disease or MVD outbreak-affected countries for work in clinical settings of their potential increased risk of VHF exposure, the importance of following recommended infection prevention and control precautions, and the possibility of symptom monitoring and work-restriction after their return to California depending on their exposure-risk and public health recommendations at the time of return to California.

See Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.

Recommendations for Infection Prevention and Control Measures in Hospitals

- Employ recommended infection prevention and control measures to prevent transmission of Ebola disease or MVD in hospitals. These infection prevention and control measures include, but are not limited to:
    - Isolating patients in a private room with a private bathroom or covered bedside toilet if Ebola disease or MVD is suspected and limiting the number of personnel who enter the room for clinical evaluation and management. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care.
    - Following separate PPE guidance for managing clinically stable and clinically unstable patients.
    - Ensuring that healthcare personnel caring for patients with VHFs have received comprehensive training and demonstrated competency in performing VHF-related infection control practices and procedures.
    - Having an onsite manager supervise personnel providing care to these patients at all times. A trained observer must also supervise each step of every PPE donning/doffing procedure to ensure established PPE protocols are completed correctly.
- Healthcare personnel can be exposed through contact with a patient's body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. Splashes to unprotected mucous membranes (e.g., the eyes, nose, or mouth) are particularly hazardous.
- Minimize procedures that can increase environmental contamination with infectious material, involve handling of potentially contaminated needles or other sharps, or create aerosols.

Recommendations for Local Health Departments

- As of February 6, 2025, CDC has not issued any interim recommendations to health departments for post-arrival risk assessment and management of travelers who have been to Uganda or Tanzania in the last 21 days.
    - Returning travelers should be advised to self-monitor for symptoms for 21 days after leaving the affected countries. If an individual with a high-risk exposure is identified, LHDs should notify CDPH. See Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
    - LHDs should notify CDPH if they are aware of any organizations sending California.-based personnel to VHF-affected areas. LHDs should notify CDPH immediately if any individual in California develops symptoms within 21 days after leaving the

affected area. See Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.

- CalCONNECT and CalREDIE can be used to support daily symptom monitoring of returned travelers. Contact CDPH for any needed assistance in using these data platforms for this purpose.
    - CalREDIE: Use the "Viral Hemorrhagic Fevers (Ebola, Marburg) Traveler Monitoring" form.
    - CalCONNECT: Use the "Ebola or Marburg Monitoring" condition, which includes the automatic text messaging capability available through CalCONNECT's virtual assistant.

- If a patient with clinical and epidemiologic history concerning for Ebola disease or MVD is identified in your jurisdiction, contact the CDPH Infectious Diseases Branch (510-620-3434) during business hours, or the CDPH Duty Officer (916-328-3605) after hours or on weekends/holidays.
    - Coordinate patient management, sample referral, and Ebola/Marburg virus testing with CDPH, CDC, and the clinical team. Ebola and Marburg testing must be approved by CDPH and CDC.
    - CDPH will work with you to contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about Ebola/Marburg virus disease or other viral hemorrhagic fevers.

Recommendations for Clinical Laboratory Biosafety

- Have a written Exposure Control Plan in place to eliminate or minimize employees' risk of exposure to blood, body fluids or other potentially infectious materials per Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard. A laboratory should have dedicated space, equipment for handling and testing specimens from ill patients, and plans for minimizing specimen manipulation.
    - Laboratories should conduct extensive risk assessments to identify and mitigate hazards associated with handling Ebola specimens. The proper PPE needs to be identified, available, and staff trained to properly don and doff their PPE. Staff need to be specially trained, have passed competency testing, and attended drills to safely receive, handle, and process these specimens.
    - A waste management plan needs to be in place for lab reagents and Category A waste, including PPE and sample material.
- Be aware that early symptoms associated with Ebola disease and MVD are similar to other illnesses associated with fever in recent international travelers.
    - The decision to test for Ebola/Marburg must be made in conjunction with the patient's clinical care team, the LHD, CDPH, and CDC's Viral Special Pathogens Branch (VSPB). Local health departments are responsible for coordinating

specimen collection; this may involve working with the attending healthcare provider or facility. CDPH is available to consult on collecting, packaging, and shipping specimen, including which laboratory should receive the samples.

    - The specimen type required for the tests that are available (i.e., the Biofire Warrior Panel) is **EDTA whole blood**. The Biofire Film Array NGDS Warrior Panel can detect multiple VHF viruses and is currently available at four public health laboratories in California. See CDPH's Ebola testing page for more information.

- Follow CDC guidance on safely performing common diagnostic testing for patients with suspected Ebola disease or MVD.
    - All personnel handling specimens from patients with suspected Ebola disease or MVD should adhere to recommended infection control practices to prevent infection and transmission among laboratory personnel.
- If a facility does not have the appropriate risk mitigation capabilities, forward the specimen using appropriate packing and shipping requirements to another facility that does.

Recommendations for the Public

- Protect yourself and prevent the spread of Ebola disease or MVD by taking actions to avoid high-risk exposures when living in or traveling to affected countries.
- Monitor your health for 21 days after you return from an area experiencing an Ebola disease or MVD outbreak.
- Isolate (separate) yourself immediately from others and seek medical care immediately if you develop symptoms of Ebola disease or MVD. Before you enter a healthcare facility, alert the healthcare providers of your recent travel to a VHF-affected area.

Additional Resources

CDPH Viral Hemorrhagic Fevers
CDC Marburg Outbreak in the United Republic of Tanzania: Current Situation
CDC Viral Hemorrhagic Fevers (VHFs)
CDC Ebola Disease Basics
CDC Clinical Overview of Marburg Disease (updated January 30, 2025)
CDC Clinical Guidance for Ebola Disease (updated January 30, 2025)
CDC Guide for Clinicians Evaluating an Ill Person for VHF or Other High-Consequence Disease (updated May 2024, with algorithm to guide VHF testing decisions)
CDC Viral Hemorrhagic Fever (VHF) 2025 Case Definition
CDC Clinical Screening and Diagnosis for VHFs (updated May 2024)
CDC Laboratory Testing for Patients with a Suspected VHF or High-Consequence Disease
CDC Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHFs or Other High-Consequence Disease
CDC Public Health Guidance for State, Territorial, Local, and Tribal Health Departments

CDC Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures
CDC Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks
CDC Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF)
CDC Donning and Doffing PPE During Management of Patients with Selected VHF in U.S. Hospitals
CDC Handling VHF-Associated Waste
CDC Level 1 Travel Health Notice for Tanzania
WHO Marburg virus disease
WHO Sudan virus disease - Uganda

Ebola Outbreak Caused by Sudan virus in Uganda

Distributed via the CDC Health Alert Network
February 06, 2025, 11:15 AM ET
CDCHAN-00521

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about a recently confirmed outbreak of Ebola disease in Uganda caused by the Sudan virus (species *Orthoebolavirus sudanense)* and to summarize CDC's recommendations for U.S. public health departments and clinicians about case identification, testing, and biosafety considerations in clinical laboratories.

Currently, **no suspected, probable, or confirmed Ebola cases related to this outbreak have been reported in the United States, or outside of Uganda**. However, as a precaution and because there are other viral hemorrhagic fever (VHF) outbreaks in East Africa, CDC is sharing best practices for public health departments, public health and clinical laboratories, and healthcare workers in the United States to raise awareness about this outbreak.

On February 5, 2025, CDC issued a Travel Health Notice Level 2: Practice Enhanced Precautions for people traveling to Uganda. Currently, CDC has not issued any interim recommendations to health departments for post-arrival risk assessment and management of travelers, including U.S.-based healthcare workers, arriving from Uganda. CDC recommends that travelers monitor themselves for symptoms of Sudan virus disease (SVD) while in the outbreak area and for 21 days after leaving. Travelers should also self-isolate and contact local health authorities or a clinician if they develop symptoms (early "dry" symptoms may include fever, aches, pains, and fatigue and later "wet" symptoms may include diarrhea, vomiting, and unexplained bleeding).

Background

On January 29, 2025, the Ministry of Health of Uganda officially declared an Ebola outbreak caused by the Sudan virus (species *Orthoebolavirus sudanense),* in the nation's capital, Kampala. This is the eighth Ebola outbreak in Uganda since 2000.

The confirmed case of SVD was in a 32-year-old man who worked as a nurse at the Mulago National Referral Hospital. The man initially developed high fever, chest pain, difficulty in breathing and bleeding from multiple body sites and sought treatment at multiple health facilities, including Mulago Referral Hospital in Kampala, Saidina Abubakar Islamic Hospital in Matugga in Wakiso District, and Mbale Regional Referral Hospital in Mbale City. He also sought treatment from a traditional healer. The patient died on January 29. Post-mortem samples were tested and confirmed positive for Sudan virus at three national reference laboratories. CDC is working closely with the Ministry of Health of Uganda to support the response to this outbreak.

Description of the situation

While there are no direct flights from Uganda to the United States, travelers from or passing through affected areas in Uganda can enter the United States on flights connecting from other countries. As a precaution, CDC is communicating with public health departments, public health and clinical laboratories, and healthcare workers in the United States and educating travelers to raise awareness of this outbreak. Healthcare providers should be alert and evaluate any patients suspected of having SVD. **It is important for clinicians to obtain a detailed travel history from patients with suspected SVD, especially those that have been in affected areas of Uganda. Early consideration of SVD in the differential diagnosis is important for providing appropriate and prompt patient care, diagnostics, and to prevent the spread of infection.**

Ebola Disease
Ebola disease is caused by a group of viruses, known as orthoebolaviruses (formally ebolavirus). Ebola disease most commonly affects humans and nonhuman primates, such as monkeys, chimpanzees, and gorillas. There are four orthoebolaviruses that cause illness in people, presenting as clinically similar disease:

- Ebola virus (species O*rthoebolavirus zairense*) causes Ebola virus disease.
- Sudan virus (species O*rthoebolavirus sudanense*) causes Sudan virus disease.
- Taï Forest virus (species O*rthoebolavirus taiense*) causes Taï Forest virus disease.
- Bundibugyo virus (species O*rthoebolavirus bundibugyoense*) causes Bundibugyo virus disease.

A person infected with Ebola disease is not contagious until symptoms appear, including fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, and unexplained bleeding. Ebola disease is spread through **direct contact** (through broken skin or mucous membranes) with the body fluids (blood, urine, feces, saliva, droplet, semen, or other secretions) of a person who is sick with or has died from Ebola disease. Ebola disease is also spread by infected animals, or through direct contact with objects like needles that are contaminated with the virus. Ebola disease is **not** spread through airborne transmission.

There is currently no Food and Drug Administration (FDA)-licensed vaccine to protect against Sudan virus infection. The Ebola vaccine licensed in the United States (ERVEBO®) is indicated for preventing Ebola disease due to Ebola virus (species *Orthoebolavirus zairense*) only, and based on studies in animals, is not expected to protect against Sudan virus or other orthoebolaviruses. There is currently no FDA-approved treatment for SVD, but there are therapies in human clinical trials that are highly effective in animal models.

In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high mortality rate. With intense supportive care and fluid replacement, mortality rates may be lowered. Previous outbreaks of SVD have had a mortality rate of approximately 50%.

CDC has developed guidance for U.S.-based nongovernmental organizations and medical centers with staff working in the affected areas: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.

Recommendations for Clinicians

- Systematically assess patients with compatible symptoms for exposure risk and the possibility of VHFs including SVD through a triage and evaluation process including a travel history. Early identification of SVD or other VHFs is important for providing appropriate and prompt patient care and preventing the spread of infection.
- Include SVD in the differential diagnosis for an ill person who has been to an area with an active SVD outbreak in the past 21 days, AND who has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding), AND who has reported epidemiologically compatible risk factors like one or more of the below, within the 21 days before symptom onset:
  - Had direct contact with a symptomatic person with suspected or confirmed SVD (alive or dead), or with any objects contaminated by their body fluids.
  - Experienced a breach in infection prevention and control precautions that resulted in the potential for contact with body fluids of a patient with suspected or confirmed SVD.
  - Participated in any of the following activities while in an area with an active SVD outbreak:
    - Had contact with someone who was sick or died or with any objects contaminated by their body fluids.
    - Attended or participated in funeral rituals, including preparing bodies for funeral or burial.
    - Visited or worked in a healthcare facility or laboratory.
    - Had contact with cave-dwelling bats or non-human primates.
    - Worked or spent time in a mine or cave.
  - Consider and perform testing for more common diagnoses such as malaria, COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in an acutely ill patient with recent international travel and evaluate and manage the patient appropriately.
  - Know that patients with SVD may present with concurrent infections (e.g., co-infection with malaria), and the possibility of a concurrent infection should be considered if a patient has a clinical and epidemiologic history compatible with SVD. Travel to or from Uganda during the past 21 days should not be a reason to defer routine laboratory testing or other measures necessary for standard patient care.
  - Isolate and manage patients with exposure risks and symptoms compatible with SVD in a healthcare facility until receiving a negative SVD test result on a sample collected ≥ 72 hours after symptom onset. If a sample collected is <72 hours after symptom onset and is negative, the patient should remain isolated in the healthcare facility and another test should be performed on a new sample taken ≥ 72 hours after initial symptom onset. **Routine laboratory testing to monitor the patient's clinical status and diagnostic testing for other potential causes of the patient's illness should be pursued while SVD testing is underway.** SVD diagnostic testing should not be delayed while awaiting results of other diagnostic testing.
    - Patients should be held in isolation at their presenting medical facility and cared for by personnel wearing appropriate PPE, pending test results.
    - If a patient tests positive, they would be transferred to a Regional Emerging Special Pathogens Treatment Center or a state-designated special pathogens treatment center, depending on the jurisdiction.
  - Contact your state, tribal, local, or territorial health department immediately (via 24-hour Epi-on-Call contact list) if SVD is suspected and follow jurisdictional protocols for patient assessment. If a diagnosis of SVD is considered, health departments will work with CDC and the clinical team to coordinate care and testing for the patient and ensure appropriate precautions are taken to help prevent potential spread.
  - Counsel patients with planned travel to an SVD outbreak-affected area on ways to prevent exposure during their travel. Prevention methods include:
    - Avoiding contact with blood and body fluids (or with materials possibly contaminated with blood and body fluids) of people who are sick.
    - Avoiding semen from a man who has recovered from Ebola disease until testing shows that the virus is no longer in the semen.
    - Not touching the body of someone who died from suspected or confirmed SVD, such as during funeral or burial practices.
    - Avoiding contact with bats, bat urine or droppings, forest antelopes, nonhuman primates, and blood, fluids, or raw meat from these or unknown animals.
    - Refraining from entering areas known to be inhabited by bats, such as mines or caves.

- Counsel travelers to avoid visiting healthcare facilities in affected areas for nonurgent medical care or for nonmedical reasons, and to avoid visiting traditional healers.
- Counsel healthcare workers traveling to Uganda for work in clinical settings of their potential increased risk of exposure to SVD, the importance of following recommended infection prevention and control precautions and monitoring themselves for symptoms of SVD after their return to the United States.
- Follow CDC's Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF).

Recommendations for Public Health Departments

- Follow your established jurisdictional protocols about patient assessment to determine if testing for SVD is warranted for a patient with concerning clinical and epidemiologic history for SVD if identified in your jurisdiction.
- Coordinate patient management, sample referral, and SVD testing with state, tribal, local and territorial health departments, CDC, and the clinical team.
- Contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about SVD or other VHFs. Call CDC's Emergency Operations Center at 770-488-7100 and request VSPB's on-call epidemiologist. For non-emergency inquiries, email spather@cdc.gov.
- For suspect cases, request testing for SVD and other viral hemorrhagic fevers from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN).
    - To date, 38 geographically diverse LRN laboratories and 13 Regional Emerging Special Pathogen Treatment Centers can test using the Biofire FilmArray NGDS Warrior Panel or Global Fever Special Pathogens Panel , with several more LRN laboratories expected to receive testing kits soon.
    - The Biofire Warrior Panel and Global Fever Special Pathogens Panel can detect orthomarburgviruses (Marburg and Ravn viruses) and orthoebolaviruses (Ebola, Sudan, Tai Forest, Bundibugyo, and Reston viruses) in addition to other high-consequence pathogens.
    - Per manufacturers' recommendations, results from these test kits are presumptive, and results require confirmatory testing, which can be performed at CDC.
- Be aware of CDC's Travel Health Notice for suspected SVD in Uganda and consider engaging travel health clinics or other clinical and public health partners to increase awareness on SVD.
- Review CDC's guidance for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.

Recommendations for Clinical Laboratory Biosafety

- Be aware that early symptoms associated with SVD are similar to other illnesses associated with fever in recent international travelers.
- Following CDC's Standard Precautions for All Patient Care, which includes Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard , and the BMBL appendix 9 effectively prevents laboratory acquired illnesses from bloodborne pathogens, such as VHFs and other high-consequence diseases. Handle all blood and body fluids (e.g. urine, pleural fluid) as if they contain an unknown pathogen, taking the necessary precautions to avoid exposure.
- Be prepared to perform laboratory testing that is critical to evaluating an ill traveler.
- Have a written Exposure Control Plan in place to eliminate or minimize employees' risk of exposure to blood, body fluids or other potentially infectious materials per OSHA's Bloodborne Pathogens Standard.
- Make recommended PPE available and train staff to properly put on (don) and take off (doff) their PPE.
- If a facility does not have the appropriate risk mitigation capabilities, forward the sample using appropriate packing and shipping requirements to a facility that does.

Recommendations for the Public

- Protect yourself and prevent the spread of Ebola when living in or traveling to a region where Sudan virus is potentially present or that is currently experiencing an outbreak.

- Take the following actions to protect yourself:
  - Avoid contact with sick people who have symptoms such as fever, muscle pain, and rash.
  - Avoid contact with blood and other body fluids.
  - Avoid materials possibly contaminated with blood or other body fluids of people who are sick.
  - Avoid semen from men who have recovered from Ebola disease, until testing shows that the virus is no longer in the semen.
  - Avoid visiting healthcare facilities in affected areas for nonurgent medical care or for nonmedical reasons.
  - Avoid visiting traditional healers.
  - Do not participate in funeral or burial practices that involve touching the body of someone who died.
  - Keep away from bats, forest antelopes, non-human primates (e.g., monkeys, chimpanzees, gorillas), and avoid contact with blood, fluids, or raw meat from these or unknown animals.
  - Do not enter areas where bats live, such as mines or caves.
- Monitor your health while you are in and for 21 days after you return from an area experiencing an SVD outbreak.
- Isolate (separate) yourself immediately from others, do not travel, and contact local health authorities or a healthcare facility for advice if you develop symptoms of SVD. Before you enter a healthcare facility, alert the healthcare providers of your recent presence in an SVD-affected area.

For More Information

General Ebola Information

- Ebola Disease Basics | Ebola | CDC
- Outbreak History | Ebola | CDC
- Travel Health Notice

Clinician Resources

- Clinical Guidance for Ebola Disease | Ebola | CDC
- Clinical Signs of Ebola Disease | Ebola | CDC
- Healthcare Provider Trainings on Ebola Disease | Ebola | CDC
- Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers (VHFs) | CDC
- Viral Hemorrhagic Fevers | CDC Yellow Book 2024
- Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers (VHFs) | CDC

U.S. Healthcare Settings

- System of Care | NETEC

U.S. Public Health Departments

- Public Health Strategies for Ebola Disease | Ebola | CDC
- Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers (VHFs) | CDC
- Public Health Guidance for VHF Response Planning | Viral Hemorrhagic Fevers (VHFs) | CDC

Non-U.S. Healthcare Settings

- Viral Hemorrhagic Fevers (VHFs) for Health Care Providers | Viral Hemorrhagic Fevers (VHFs) | CDC

- Clinical Screening and Diagnosis for VHFs | Viral Hemorrhagic Fevers (VHFs) | CDC
- Clinical Treatment of Viral Hemorrhagic Fevers (VHFs) | Viral Hemorrhagic Fevers (VHFs) | CDC
- Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF) | Viral Hemorrhagic Fevers (VHFs) | CDC
- Guidance for Personal Protective Equipment (PPE) | Viral Hemorrhagic Fevers (VHFs) | CDC

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

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This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

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Additional Resources

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Last Reviewed: February 6, 2025