

TO: Vermont Health Care Providers and Health Care Facilities
DATE: November 21, 2022
FROM: Patsy Kelso, PhD, State Epidemiologist

Ebola Outbreak in Uganda: Guidance for Vermont Preparedness

On September 20, Uganda's Ministry of Health declared an Ebola outbreak caused by the Sudan virus (*Sudan ebolavirus*). As of November 13, there have been 162 cases and 77 deaths (case fatality rate 47.5%) in Uganda. No cases have been reported in the U.S. or other countries outside of Uganda to date.

Since October 7, air passengers traveling to the U.S. who have been to Uganda in the prior 21 days are being redirected to five U.S. airports where they undergo entry health screenings and exposure risk assessments.

- **Travelers identified as high risk** are not permitted to travel onto their final destinations. No high-risk travelers have been identified to date.
- **Lower-risk travelers** have been in a designated Ebola outbreak area but had no known exposures. These travelers are not asked to quarantine. The Health Department has monitored 14 arriving travelers to date.
 - Lower-risk travelers are provided with a cell phone (if needed) and advised to monitor for signs and symptoms.
 - CDC shares their contact information with the jurisdiction to which they are traveling.
 - The Health Department contacts these travelers within 24 hours of their arrival in Vermont and conducts symptom monitoring for 21 days after leaving Uganda.

Transmission, Signs and Symptoms

The Ebola virus spreads through direct contact with blood or body fluids (such as through broken skin or mucous membranes), or with objects contaminated with body fluids, from a person who is sick with or has died from Ebola virus disease (EVD). The incubation period is from two to 21 days, with an average of eight to 10 days. A person infected with EVD is not contagious until symptoms appear.

Primary signs and symptoms of Ebola often include fever, severe headache and muscle and joint pain, weakness and fatigue, sore throat, loss of appetite, unexplained bleeding, and gastrointestinal symptoms, including abdominal pain, diarrhea and vomiting. The course of illness typically progresses from "dry" symptoms (such as fever, aches and pains, and fatigue) to "wet" symptoms (such as diarrhea and vomiting). There are no Food and Drug Administration (FDA)-licensed vaccines or FDA-approved therapeutics for *Sudan ebolavirus*.

Testing

Testing for Ebola is warranted **only** if a returning traveler has had a **high-risk exposure** within the past 21 days and develops signs and symptoms consistent with EVD. High-risk exposures include:

- Percutaneous, mucous membrane, or skin contact with blood or body fluids of a person with known or suspected EVD.
- Physical contact with a person who has known or suspected EVD.

- Providing health care to a patient with known or suspected EVD without use of recommended personal protective equipment (PPE) or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or body fluids of a patient with EVD while working in an Ebola treatment hospital or associated facility (e.g., laboratory) or while taking care of a patient with EVD.
- Direct contact with or the occurrence of a breach in infection control precautions while handling a dead body in an Ebola outbreak area, the body of a person who died of EVD or had an illness compatible with EVD, or who died of unknown cause after any potential exposure to Ebola virus.
- Living in the same household as a person with symptomatic known or suspected EVD.

Absent a reported high-risk exposure, alternative diagnoses for related symptoms such as malaria, COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in a patient with recent travel should be considered, evaluated, and managed appropriately. Returning travelers who are being monitored in Vermont and have no high-risk exposures but develop symptoms should not be managed as possible Ebola cases. In these cases, implementation of infection control precautions suitable for EVD or delaying recognition and management of other potentially life-threatening conditions while ruling out EVD is unnecessary. Prior travel to Uganda should not be a reason to defer standard laboratory testing needed for routine patient care.

If a symptomatic returning traveler presents for care, consult with the Health Department Epidemiology Program 24/7 by calling 802-863-7240 option 2. The Health Department will consult with CDC as appropriate to determine whether testing for EVD is indicated. To date, other states have consulted with CDC on 26 symptomatic returning travelers, and only one has been tested (and was negative) for EVD.

If laboratory testing for Ebola virus is indicated, specimens will be sent, in collaboration with the Health Department, to a Laboratory Response Network (LRN) partner laboratory that has implemented the BioFire FilmArray® 2.0 System and Next Generation Diagnostic System (NGDS) Warrior Panel (Warrior Panel) developed by the Department of Defense (DOD).

Resources for Ebola Preparedness:

- [Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings](#)
- [CDC - Malaria - Guidance for Malaria Diagnosis in Patients Suspected of Ebola Infection in the United States](#)
- [Interim Guidance for U.S. Hospital Preparedness for Patients Under Investigation \(PUIs\) or with Confirmed Ebola Virus Disease](#)
- [Personal Protective Equipment \(PPE\) | Public Health Planners | Ebola \(Ebola Virus Disease\) | CDC Cleaning and disinfecting](#)

Requested Actions:

1. Routinely ask patients about international travel in the prior 21 days.
2. Consult with the Epidemiology Program 24/7 (802-863-7240 option 2) if a symptomatic traveler from Uganda presents for care.
3. Review and exercise Ebola preparedness plans in the event the situation changes.

If you have any questions, please contact Patsy Kelso at: patsy.kelso@vermont.gov.

To be removed from the HAN or have your information updated
please email the Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.