

## Interim LPHA Guidance for Assessment and Monitoring of Travelers for Bundibugyo Virus Disease (BVD)

**The following guidance is interim and is subject to change as more is learned or in response to changes in the outbreak. In addition, the guidance provided does not address all situations or challenges that can occur during the conduct of public health assessments and monitoring. Please contact the Bureau of Communicable Disease Control and Prevention (BCDCP) Epidemiologists for your jurisdiction during business hours or the Emergency Response Center at 800-392-0272 after hours, weekends, and holidays for any questions, concerns, or additional guidance needed for an individual traveler.**

### **Overview**

In early May, a hospital in Bunia Health Zone in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers. The illnesses were identified as Bundibugyo, one of the four types of orthoebolaviruses that cause Ebola disease in people. As of May 21, 2026, there are reports of 51 confirmed cases and 575 suspected cases, including 148 deaths. There are two confirmed cases, including one death, in Uganda in people who traveled from DRC. No further spread has been reported in Uganda. There is no vaccine for Bundibugyo virus, and treatment consists of supportive care. Historically, Bundibugyo virus has a death rate ranging from 25-50%. The Centers for Disease Control and Prevention (CDC) issued travel health notices for [DRC](#) and [Uganda](#). On May 19, 2026, CDC issued a Health Advisory "[Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda](#)", which was subsequently pushed via the Missouri Health Alert Network.

### **Traveler Notifications**

On May 18, 2026, CDC, the Department of Homeland Security, and other appropriate federal agencies took [proactive public health measures to prevent Ebola](#) from entering the United States, including routing passengers from the DRC, Uganda, and South Sudan to certain airports where they will undergo entry health screenings. BCDCP will be receiving contact information for passengers boarding a flight to the U.S. who were in an affected area within the previous 21 days. [BCDCP Epidemiologists](#) will promptly notify the appropriate LPHAs of any travelers by phone and email, including after-hours, holidays, and weekends. BCDCP will also create a contact investigation record for each traveler in ShowMe WorldCare, attach CDC's initial exposure assessment to the filing cabinet, and link the traveler to a statewide outbreak/investigation record.

LPHAs are asked to please provide a reply to the email from [BCDCP Epidemiologists](#) that the traveler notification information was received and include the plans for contacting the person(s), if warranted. For example: "The XYZ County Health Department has received the notification and is in the process of contacting the traveler." It is important to note in the response email if there will be any expected delays in initiating efforts to contact the traveler. The response emails will help to ensure efficiency in communication and understanding of expectations for each traveler during the initial response.

## **Risk Categories**

On May 21, 2026, CDC posted "[Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak](#)". CDC's guidance for travelers includes post-arrival management recommendations for:

1. Travelers who were in an area of concern who report situations with exposure potential.
2. Travelers who were in an area of concern who do not report situations with exposure potential.
3. Travelers who were present in an affected county but not in an area of concern.

These recommendations assume no [high-risk exposures](#) were identified during a public health risk assessment. Travelers with high-risk exposures to BVD should be managed in accordance with CDC guidance for [Public health management of people with suspected or confirmed VHF or high-risk exposures](#).

According to the jurisdiction's resources, local health departments should establish contact with persons arriving in their jurisdictions from a country with BVD outbreak to conduct an exposure risk assessment, provide health education, conduct symptom monitoring if recommended, and track overall success in monitoring incoming travelers. The exposure risk assessment should occur as soon as feasible, ideally within 24 hours of receiving notification of the traveler's arrival.

## **Assessment**

BCDCP recommends that LPHAs contact each traveler to verify their current location and to complete the "Viral Hemorrhagic Fever Traveler Evaluation Form" **within 24 hours** of notification. A separate form should be completed for each traveler. The date of last exposure is the date the traveler departed an affected country and is considered day zero. LPHAs are expected to make several attempts to contact the traveler by phone. A home visit may be required if unable to reach the traveler by phone. All travelers should have already completed an initial risk assessment upon arrival to the U.S. CDC will send completed risk assessments to BCDCP, which will then promptly be sent to the LPHA.

LPHAs may consult [BCDCP Epidemiologists](#) to discuss findings from the exposure assessment of the traveler and determine the monitoring frequency and any needed quarantine or movement restrictions. The LPHA should inform the traveler of the monitoring plan and any necessary quarantine or movement restrictions based on the assessment. At this time, the initial assessment does not need to be in-person. The LPHA should also establish a clear understanding with the traveler that should they become ill, they would need to call the LPHA before seeking any medical treatment unless it is a medical emergency. The LPHA should provide the traveler with all relevant public health telephone numbers. It is important to remember that the traveler **must** be able to promptly reach the LPHA point of contact for guidance if they were to become ill during the monitoring period. The DHSS Emergency Response Center number 800-392-0272 may be provided to the traveler as an emergency backup for the LPHA's after-hours contact number.

LPHAs should promptly notify [BCDCP Epidemiologists](#) to share that the initial assessment was completed, the risk exposure category of the traveler, and planned frequency of monitoring. Please notify BCDCP Epidemiologists **immediately** if high-risk exposures are reported by the traveler. LPHAs should return the completed “Viral Hemorrhagic Traveler Evaluation Form” to BCDCP Epidemiologists as soon as possible. On weekends and holidays, completed forms and any questions should be emailed to the on-call epidemiologist at [BCDCPAfterHours@health.mo.gov](mailto:BCDCPAfterHours@health.mo.gov). The BCDCP On-call Epidemiologist can be reached by phone by contacting the Emergency Response Center at 800-392-0272.

The traveler will be asked to select a preferred local hospital where they would seek care for any illness during their monitoring period as part of the initial interview. The LPHA is to communicate with the hospital that would receive the traveler should they become ill. The communication can include disclosing that an individual in the region is under precautionary monitoring, but the traveler’s name should **not** be revealed. Discuss with the hospital their plans for the intake of a suspected Ebola patient. Discussions should include but are not limited to how the traveler would be transported to the hospital if they were to become ill, whether the hospital can package an Ebola sample, possible waste disposal issues, etc. The LPHA should also find out who at the hospital to notify and their contact information (on a 24/7 basis) if the traveler were to become ill. If a traveler’s hospital/medical provider of choice is located in a different local public health jurisdiction, then LPHA, where the hospital is located, should be notified. The notification to the hospital can be made by the LPHA where the traveler is located, LPHA where the hospital is located and/or DHSS, if needed.

### **Health Education**

LPHAs should ensure all travelers from a country with a designated Ebola outbreak know:

- [the signs and symptoms](#) of BVD and how to self-monitor.
- the need to self-isolate immediately and contact the health department if symptoms develop.
  - Health departments should assist travelers in identifying a suitable location within their homes to self-isolate, ideally with access to a dedicated private bathroom.
- who to contact (e.g., public health officials, healthcare professionals) if symptoms develop, based on individual exposure risk assessment, and how to notify public health officials should symptoms develop.
  - Health departments should provide travelers instructions for how to reach the health departments 24/7 for this purpose.
- the need for advance notification to health department if travel outside the jurisdiction is planned.

CDC has posted [after-travel recommendations](#) for travelers from affected countries. Health departments may choose to use this resource as part of their health education activities. CDC Fact Sheets may also be provided to the traveler:

- [Ebola Basics](#)

- [Is it COVID-19 or Ebola?](#)
- [Is it Flu or Ebola?](#)

### **Monitoring**

All travelers should self-monitor for signs and symptoms of BVD and take their temperature twice daily for 21 days from departing an affected country. DHSS recommends that LPHAs be more conservative than CDC’s guidance for traveler monitoring as outlined in the table below.

Intervention	Present in area of concern		In affected country but not in area of concern
	Situations with exposure potential	No situations with exposure potential	
<b>Symptom/temperature monitoring</b>	Self-monitoring with twice daily temperature measurements	Self-monitoring with twice daily temperature measurements	Self-monitoring with twice daily temperature measurements
<b>LPHA contact frequency</b>	Daily	Weekly	Weekly

Temperature and symptom information should be documented on the “Traveler Daily Monitoring Log” and entered into ShowMe WorldCare. Travelers should be instructed to take their temperature twice daily and monitor for any symptoms. The traveler can take their own temperature. LPHAs should report the temperatures and symptom information back to BCDCP Epidemiologists, as received by the traveler, according to the planned monitoring frequency. LPHAs should promptly notify BCDCP of any gaps or concerns in monitoring. For travelers who will be contacted weekly, BCDCP recommends an initial call, an end call on day 21, and a call once a week in between. Additional monitoring guidance may be advised based on the risk assessment.

If there is no indication of illness, the traveler can be released from public health follow-up after 21 days of monitoring following departure from an affected country.

**If the traveler becomes ill, the traveler must call the LPHA immediately before seeking care unless there is a medical emergency. Any fever or symptoms of BVD reported by the traveler or household members to the LPHA should be reported to DHSS immediately by calling the BCDCP Epidemiologists in your jurisdiction during business hours or the Emergency Response Center at 800-392-0272 after hours, weekends, and holidays.**

If the frontline healthcare facility determines the patient is suspected of having BVD and should be considered for transport to one of the state’s designated assessment hospitals, the frontline healthcare facility should contact the Emergency Response Center at 800-392-0272 to request transport of the patient (See Attachment 15 of Ebola Plan). DHSS will contact CDC’s Emergency Operations Center at 770-488-7100 for consultation to determine if testing is warranted. If warranted, instructions will be provided for sample collection and shipment to the Missouri State

Public Health Laboratory for testing on the BioFire Global Fever Special Pathogens Panel, which includes Ebolavirus spp. Any specimen that tests positive on the BioFire Global Fever Special Pathogens Panel will be sent to CDC for confirmation. Symptomatic people with suspected or confirmed BVD should remain in isolation until they have been determined not to have BVD (if suspected) or to be no longer infectious (if confirmed).

**ShowMe WorldCare (SMWC)**

As previously mentioned, BCDCP will create a contact investigation record for each traveler in ShowMe WorldCare, attach CDC’s initial exposure assessment to the filing cabinet, and link the traveler to a statewide outbreak/investigation record. The LPHA should upload the completed “Viral Hemorrhagic Fever Traveler Evaluation Form” to the filing cabinet for each traveler’s record. Monitoring information should be documented on the contacts only tab, symptom information on the clinical tab, and epi information on the epi tab. At the end of the monitoring period, monitoring should be marked complete, the “Traveler Daily Monitoring Log” should be added to the filing cabinet, the resolution status marked as not a case, and the process status updated to Closed by Agency.