



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

July 2026

Interim Guidance for Assessing Ill Persons from Countries Affected by the 2026 Ebola Outbreak caused by Bundibugyo Virus and Referring a Person Under Investigation (PUI) to an Assessment or Treatment Hospital

Note: This outbreak and the subsequent information available are rapidly evolving. The Missouri Department of Health and Senior Services remains in close communication with CDC and will continue to monitor the current outbreak and provide updated guidance as available. For questions regarding this guidance or any related questions or concerns please contact the DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113 or Office of Emergency Coordination at 800-392-0272 (24/7). This guidance is interim and will be updated as necessary.

Background

An outbreak of Bundibugyo virus disease (BVD) is occurring, having begun in remote areas of the Democratic Republic of the Congo (DRC) and also affecting Uganda. BVD is a type of Ebola disease (a viral hemorrhagic fever [VHF]) caused by infection with the Bundibugyo virus. BVD is a serious and often deadly disease. No vaccines or specific treatments have been approved to prevent or treat BVD. Early identification and supportive care improve the chance of survival. A detailed situation summary, including affected areas of concern, is available on the CDC website.¹

Federal, state, and local public health agencies have implemented enhanced travel screening, entry restrictions, and public health measures to prevent Ebola disease

from entering the United States amid the current outbreak. **People with suspected or confirmed Ebola disease, and asymptomatic people with high-risk exposures, are currently not permitted by CDC to travel by commercial transport into, within, or out of the United States until cleared by public health officials.** All air passengers who were in an affected country with the previous 21 days are redirected to select U.S. airports designated for public health entry screening where federal public health staff conduct an initial entry screening assessment. Information regarding the travelers is then sent to the state health departments of the traveler's destination. **As of now, no traveler with high-risk exposure is permitted to travel to their final destination after screening at the ports of entry.**^{1,2}

The traveler information received by the Missouri Department of Health and Senior Services (DHSS) is promptly sent to the appropriate local public health agencies (LPHAs) in Missouri, including after-hours, holidays, and weekends. The LPHAs work to establish contact with the travelers arriving in their jurisdictions typically within 24 hours of receiving the notification. The LPHAs then complete another exposure risk assessment, provide health education, and establish symptom monitoring and tracking. In addition, the LPHAs establish a line of communication for the traveler to immediately call if they were to become ill and what hospital they will choose to seek care, if warranted during their monitoring period. **The traveler's preferred hospital will be notified.**³

DHSS and LPHAs conduct post-arrival management of asymptomatic travelers using a tiered approach depending on the location of travel and any reported situations with exposure potential as defined and outlined in CDC guidance. The travelers arriving and under monitoring are not expected to have had high-risk exposures and the overall risk to the U.S. from BVD is currently low. However, the monitoring and subsequent response to reported illness among any traveler is taken seriously and public health guidance is provided with the highest regard for safety.

Traveler notifications and public health monitoring do not negate the need for healthcare facilities to continue promptly assessing patients for travel to affected countries within the past 21 days. While this interim guidance assumes no high-risk exposures were identified during a public health risk assessment, all travelers presenting to a health care facility must receive appropriate patient care while also protecting the healthcare workers and other patients in the facility.⁴ This interim guidance addresses public health management of travelers who have no identified high-risk Ebola exposures.

Important Role of Frontline Healthcare Facilities

Frontline healthcare facilities are considered acute care hospitals, other emergency care settings including urgent care clinics, and critical access hospitals. It is critical to the safety of all citizens that EVERY frontline healthcare facility in Missouri remains prepared to identify and isolate a possible BVD patient.

According to CDC, most ill travelers returning from an area with an active Ebola disease outbreak or where Ebola disease is endemic are usually ill with a more common infection, such as malaria. So, while early consideration of Ebola disease in the differential diagnosis is important, it is also important that significant safeguards are established to ensure any travelers entering any US facilities have had low epidemiological risk of BVD exposure. Therefore, timely identification of other more likely pathogens and access to routine laboratory testing, such as blood counts and chemistries, and capacity for malaria testing are also essential for providing appropriate patient care.⁵

All frontline health care facilities should:

- Establish a process to screen patients for symptoms and travel history consistent with the current outbreak.
- Ensure that medical staff is familiar with the steps necessary to manage patients based on this screening process.
- Clearly identify isolation procedures for such patients.
- Establish a process for appropriate disposal of used PPE and materials.
- Train frontline staff in proper PPE usage.

Assessing symptomatic travelers

Before the traveler presents with symptoms

- Missouri DHSS has established a process consistent with previous Ebola outbreaks to assure that the traveler under monitoring by public health selects a preferred local hospital where they would seek care for any illness during their monitoring period.
 - That individual's preference is then communicated to the hospital by the LPHA for awareness and planning purposes.
 - The hospital or the LPHA are asked to notify their Emergency Medical Services (EMS) agency as appropriate.
 - Legal restrictions on confidential health information preclude DHSS sharing detailed health information at this stage with the traveler-preferred hospital or affiliated EMS agency. Other hospitals or EMS

agencies are not notified.

- All frontline hospitals need to be prepared to identify and isolate a patient as needed and provide appropriate initial care while clinical assessment is completed, including testing to rule out other more likely non-Ebola illnesses.

When a traveler reports symptoms to public health⁵

- When a traveler under public health monitoring for BVD becomes ill, they are directed to call the LPHA immediately before seeking care unless there is a medical emergency.
- At that point public health (DHSS and/or the LPHA in coordination) will facilitate connection with the patient and the hospital of their choice.
 - Any additional clinical or epidemiologic risk information obtained by public health will be shared with the healthcare provider at this time.
 - The hospital and the LPHA are asked to notify their EMS agency as appropriate.
- At the time of medical evaluation, the healthcare provider should coordinate with public health to obtain epidemiological consultation, to assess the risk of BVD based on the clinical presentation and epidemiologic risk factors, to determine if Ebola testing is likely to be warranted and what other causes of illness should be considered (e.g., malaria), and to determine the level of hospital care required for the patient.
 - Public health consultation can be available for pre-arrival virtual screenings of the patient.
 - Clinical consultation is available as needed through DHSS from CDC's Viral Special Pathogens Branch 24/7, including considerations for Ebola or other diagnostic testing.
 - This coordination with public health can ensure proper and timely patient care and appropriate infection prevention precautions are taken.

When a symptomatic traveler presents to a healthcare facility^{4,5,6}

- Under current protocols, if a traveler from an affected country develops symptoms and intends to seek care at their hospital of choice, state and local public health will provide immediate awareness and consultation to that hospital.
 - Despite current protocols, there is a small possibility that a symptomatic traveler will present to a hospital without first notifying public health or providing other awareness to the hospital. Always promptly assess patients for travel to affected countries within the past 21 days.
- The frontline healthcare facility should use policies and procedures that are in place, such as Identify, Isolate, and Inform, to safeguard the patient and healthcare workers.
- The frontline healthcare facility should coordinate with public health as detailed

above, to determine if Ebola testing is appropriate and prior to any sample collection for Ebola testing.

- Recent travel from an endemic area or an area with active transmission of BVD should be considered when evaluating any patient. However, travel by itself is not an epidemiologic risk factor.
 - CDC does not recommend BVD testing for all people who have been in an affected country or area of concern who subsequently develop symptoms which might be compatible with BVD. Rather, such decisions should be based on the epidemiological exposure risk assessment, taking into account the person's clinical presentation and reported exposure risk factors, and be made in consultation with public health.
 - CDC subject matter experts are available through DHSS for consultation.
- Regardless of the manner in which a symptomatic traveler may present, frontline healthcare facilities should not delay diagnostic assessments, laboratory testing, and appropriate care for other, more likely medical conditions while evaluating the risk for BVD.

When non-Ebola laboratory testing is indicated⁶

- Healthcare providers and laboratory professionals can safely and effectively perform other diagnostic testing on clinical specimens from patients at low epidemiologic and clinical risk for BVD by following Standard Precautions for All Patient Care and the Bloodborne Pathogen Standard (29 CFR 1910.1030).
- All laboratory personnel who collect, handle, or test human specimens must comply with the OSHA Bloodborne Pathogens Standard.

When Ebola testing is indicated: Clinical and epidemiologic criteria^{7,8,9}

Testing for Ebola should be reserved for persons that meet high-priority clinical and risk-exposure thresholds. These considerations need to be made in coordination with state and local public health, including CDC as appropriate.

- Before requesting testing approval or collecting any clinical sample for Ebola testing, the patient should meet the following criteria:
 - Clinical Presentation: Patients should exhibit signs and symptoms compatible with Ebola virus disease, which often include some or several of the following.
 - Fever of $\geq 100.4^{\circ}\text{F}$ or 38.0°C .
 - Symptoms which may include headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage.
 - CDC provides clinical screening guidelines for VHFs.
 - Epidemiological Risk: Patients should have a documented travel history to affected areas AND associated epidemiologic risk factor within the

incubation period before onset of symptoms (21 days).

- As noted previously, clinicians should first perform a thorough history and physical exam to evaluate for common localized or systemic infections. If Ebola virus disease remains a high clinical suspicion based on history and physical, communication with public health is critical to ensure appropriate assessment.
- If Ebola testing is approved, the symptomatic traveler/patient will be considered a Person Under Investigation (PUI).
- If not already done, the Missouri State Public Health Laboratory (MSPHL) and DHSS Office of Emergency Coordination (OEC) team will be included in all potential testing communications at this time.
- If testing is approved, DHSS OEC will also notify the federal Administration for Strategic Preparedness and Response (ASPR) regarding the possible need of transport of a case to a Regional Emerging Special Pathogen Treatment Center (RESPTC). This is for their situational awareness only at this point.
- CDC provides infection prevention and control recommendations for patients who are suspected or confirmed to have Ebola or other select VHF.

Ebola testing laboratory considerations

- Test requests to the MSPHL for Ebola/BVD testing utilizing the BioFire Global Fever Special Pathogens Panel will be considered only when the above pre-approval and consultation process is completed.
- Specific, detailed guidance will be provided by MSPHL to the healthcare facility collecting and submitting the clinical sample at the time of test approval.
- **The BioFire Global Fever Special Pathogens Panel requires 2 tubes of human whole blood collected in EDTA tubes (minimum 1ml each).**
- As this is a select agent, any presumptive positive result triggers immediate federal reporting requirements. The testing facility must be prepared to comply with the 7-day reporting and disposal/transfer window if a select agent is identified.
- Sample type, preparation, storage, and transportation will be coordinated between MSPHL and the testing healthcare facility.
- Safety is paramount when handling specimens suspected of containing these agents. The following must be strictly adhered to:
 - Packaging: All specimens may be shipped using the MSPHL Ebola test kit.
 - Samples must be packaged as a Category A, Infectious substance affecting humans (UN 2814).
 - No Glass or Sharps: Only plastic, leak-proof primary containers should be used. Never send needles or glass tubes.
- A special courier pickup will be arranged by MSPHL and OEC to transport the

sample to the MSPHL for testing.

- Results from the BioFire Global Fever Special Pathogens Panel are typically available within a few hours once samples are received and prepared.
- MSPHL will also consult with CDC about laboratory referral on all results.

Ebola Sample Collection when Testing is Approved: Frontline Hospital or Assessment Hospital⁶

Routine laboratory testing to monitor the patient's clinical status and diagnostic testing for other potential causes of illness should be pursued by the frontline hospital while consideration is made regarding BVD testing and diagnosis. If BVD is suspected, every effort should be made to limit patient movement and reduce transfers between facilities. However, if a hospital facility is unable to provide appropriate clinical care and laboratory/diagnostic testing, the patient should be transferred to a facility that is able to provide appropriate management until indicated testing is completed.

For travelers with no initially known high-risk Ebola exposures but whose high-risk exposures are identified after presenting to a frontline hospital, it is expected that frontline hospitals will be able to collect and ship the blood samples required for Ebola testing at MSPHL, similar to other diagnostic testing or medical care. **If Ebola testing is indicated based on clinical and epidemiological risk factors, the healthcare facility and public health (state and local) will work together to determine where that sample collection will occur, and the level of hospital care required for the patient.**

If the blood sample collection will occur at the frontline hospital⁶

- If a PUI meets the Ebola testing criteria, in most cases it is expected that the frontline hospital will collect and submit the blood samples required to MSPHL for testing.
- Guidance will be provided to the frontline hospital by MSPHL at the time of test approval, as described above, regarding collecting and submitting the clinical sample.
- The frontline healthcare facility will need to maintain the patient in isolation and provide supportive care as needed until sample results are obtained, typically within 24 hours.

If referral to a designated assessment hospital is warranted⁶

- To be considered for referral to one of the designated assessment hospitals a PUI should meet the Ebola testing criteria.

- If Ebola testing is approved and the frontline healthcare facility, in consultation with public health, determines that the sample collection should be done at another facility, the patient should be directed to the most appropriate facility capable of managing BVD, minimizing exposure risks to healthcare personnel and the public. This will typically be one of the designated assessment hospitals in the region.
 - Designated assessment hospitals include the two level 3 National Special Pathogen System hospitals in the region: Barnes-Jewish Hospital and The University of Kansas Health System.
 - The frontline healthcare facility will need to provide supportive care to the PUI until transfer and transport can be arranged.
- DHSS can facilitate with the referring frontline hospital and receiving assessment hospital the determination of which assessment hospital the PUI is transferred to on a case-by-case basis.
 - If transferring to the University of Kansas Health System, DHSS ERC will notify Kansas Department of Health and Environment (KDHE).
- Unless the PUI has a positive Ebola test (i.e. a confirmed Ebola case), the referral and transport of the PUI to one of the designated assessment hospitals will typically be coordinated between the sending hospital and receiving hospital by interfacility transfer and associated EMS transport.
 - The two hospitals should be able to independently coordinate the interfacility transfer, but if assistance is needed for one of the Specialty Care Transport Services reach out to DHSS OEC.
- Guidance will be provided to the receiving assessment hospital by MSPHL, as described above, regarding collecting and submitting the clinical sample.

Transportation of a PUI with a positive Ebola test (i.e. a confirmed Ebola case)

- If Ebola testing is positive and patient transportation is necessary, the DHSS OEC Emergency Response Center (ERC) will coordinate Specialty Care Transport Services. The ERC can be reached at 800-392-0272 (24/7) and will need the following information, at minimum:
 - Name, address, point of contact (POC), e-mail, and phone of POC.
- DHSS will assist in coordinating communication between referring medical provider/facility and the NSPS Level 2 Special Pathogen Treatment Center (SPTC) or Level 1 Regional Emerging Special Pathogen Treatment Center (RESPTC).
 - DHSS will contact the appropriate hospital physician to provide preliminary information regarding PUI condition and contact information for the treating physician/referring facility.
- The treating physicians at the referral facility and SPTC or RESPTC facility providers will determine if the patient is clinically able to be transported.

- When transport is approved the DHSS ERC will notify and facilitate communications with:
 - Appropriate internal DHSS staff and management.
 - The receiving Hospital (SPTC or RESPTC)
 - The designated EMS Specialty Care Transport service.
 - Other appropriate state agencies and partners, including
 - The State Emergency Management Agency (SEMA) and Missouri State Highway Patrol for situational awareness regarding intended transport route, any intended use of respite sites, and locations and anticipated departure/arrival times for all points.
 - HCCs regarding the situation and activation of eICS Ebola MICT event for state-wide notifications.
 - MODOT to keep informed for after-hours transport/escort and potential need for respite site stops during transport to the SPTC or RESPTC.
- DHSS ERC will maintain eICS incident information to facilitate communication and coordination, as necessary with partners and stakeholders statewide.

Resources Cited:

1. <https://www.cdc.gov/ebola/situation-summary/index.html>
2. <https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html>
3. <https://www.cdc.gov/ebola/php/emergency-guidance/index.html>
4. <https://content.govdelivery.com/accounts/MODHSS/bulletins/41810f2> (CDC HAN 00530 Health Advisory: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda)
5. <https://www.cdc.gov/ebola/hcp/clinical-guidance/index.html>
6. <https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/guidance-on-performing-routine-diagnostic-testing-for-patients-with-suspected-vhfs-or-other.html>
7. https://www.cdc.gov/viral-hemorrhagic-fevers/media/pdfs/2024/07/336717-F_IG_SpecialPathogensTestingDecisionTree_022324_v2.pdf
8. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/diagnosis-testing/index.html>
9. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html>