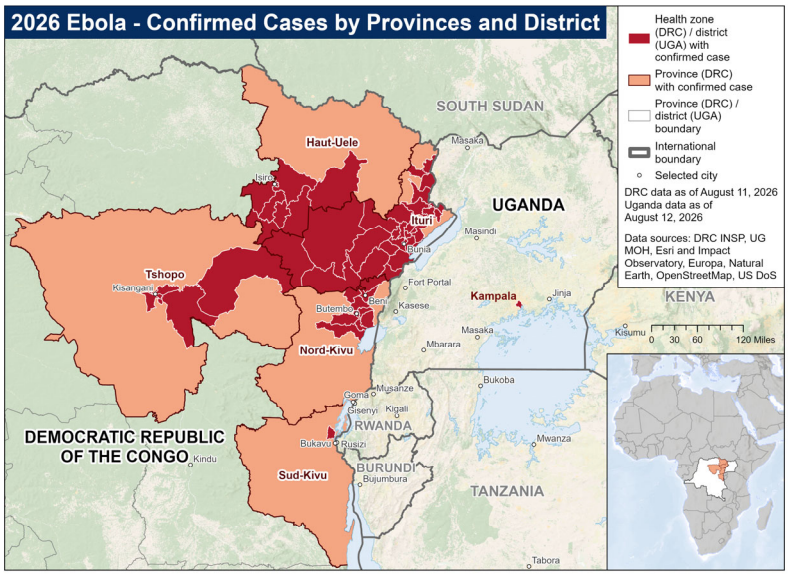
TIP SHEET For Local Boards of Health

Ebola Traveler Monitoring 2026 v2.1 9/08/26

Pathogen: Bundibugyo ("Bun-dee-BOO-joh") virus causing Bundibugyo virus Disease (BVD) or Ebola Disease
Incubation period: 2 to 21 days after exposure to develop symptoms
Infectious period: contagious only after symptom onset
Transmission: spread through direct contact (through broken skin or mucous membranes) with the body fluids (e.g., blood, urine, feces, saliva, semen, or other secretions) of a person who is sick with or has died from Ebola disease. Can also be transmitted from infected animals or through contact with objects that are contaminated with the virus. Not airborne.
No treatment or vaccine for BVD.



Countries affected by 2026 Ebola Outbreak: Democratic Republic of Congo (DRC), Uganda and South Sudan
This is an evolving situation, and public health recommendations will likely change as we learn more
CDC | Current Situation | **CDC Interim Travel Monitoring Guidance**

LBOH Role:

- Conduct intake (all travelers) and check-in assessment(s) (only DRC travelers at this time) with travelers returning from the DRC, Uganda, and South Sudan to local MA jurisdiction for 21-day monitoring period following last day in affected area.
- Notify DPH via the 24/7 DPH Epi line at 617-983-6800 if travelers become sick during their monitoring period or plan to leave Massachusetts to finish the remainder of their monitoring period out of state or out of the US.

DPH Role:

- Notify LBOHs of travelers needing monitoring in their jurisdiction via MAVEN Tasking and coordinate assessments/follow-up.
- Report final monitoring outcome of travelers to CDC.
- Provide situational updates to the LBOHs.

Traveler Monitoring Steps:

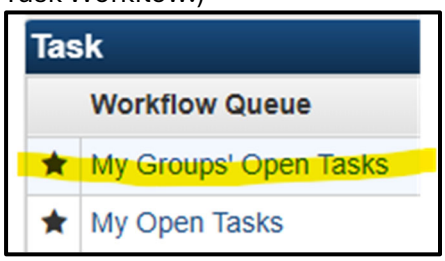
Currently DPH is only receiving travelers who are NOT high risk from CDC. Traveler Monitoring will be a coordinated effort between LBOH and DPH. The monitoring process has two components:

1. The Massachusetts Intake Assessment (a one-time touch-base)
2. Check-in(s) (additional engagements only for travelers returning from DRC at this time)

TIP SHEET For Local Boards of Health *Ebola Traveler Monitoring 2026 v2.1 9/8/26*

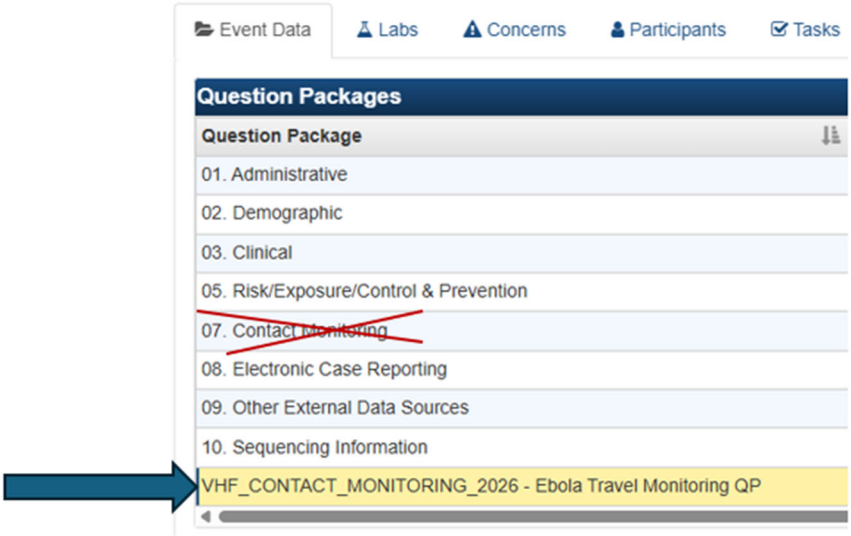
MAVEN Guidance for Traveler Monitoring:

- **Notification of Traveler Assignment:** LBOH Jurisdictions will be notified of new traveler assignments via LBOH USER GROUP TASKING. Contact Events do not appear in LBOH notification workflows, however they should be accessible in your Group TASKS workflows and/or by looking up the MAVEN IDs directly. (Note, there are TWO tasking workflows: one for individuals, and one for your LBOH User Group. Traveler Contact Events are tasked to your GROUP, so be sure you are looking in the correct Task Workflow.)



- **MAVEN Event: "Viral Hemorrhagic Fevers"**
  - Travelers monitored for potential Ebola exposure will have a Viral Hemorrhagic Fevers (VHF) disease event in MAVEN.
- **MAVEN Event Status: "Contact"**
  - Travelers with recent history in an affected country will be listed as "Contacts" in MAVEN, but this does not indicate a known exposure to Ebola virus.
- **MAVEN Question Package (QP) for Intake and Check-Ins: "VHF_CONTACT_MONITORING_2026 – Ebola Travel Monitoring QP"**
  - Record all successful Intake and monitoring Check-ins with the traveler in the designated Ebola Travel Monitoring Question Package. DO NOT UTILIZE the *07. Contact Monitoring Question Package* for this current outbreak.
- **MAVEN Administrative Question Package Steps 1-5:** Complete ADMIN QP Steps 1-5 to acknowledge event receipt and completion of follow-up activities for these travelers.

Before calling the traveler, review any CDC screening information noted by the DPH Epi in the MAVEN event notes or event attachments. Use the **Ebola Travel Monitoring Question Package** to guide your intake interview.



TIP SHEET For Local Boards of Health *Ebola Traveler Monitoring 2026 v2.1 9/8/26*

1. Intake Assessment (MA Intake Form):

1) Confirm identify

2) Review epi-risk factors:
   - Was the traveler in any of the following **affected countries** **or** **areas of concern** in the last 21 days?
     - **DRC**: **Entire country is area of concern**
     - **Uganda and South Sudan: no area of concern**
     - New 7/7 - travelers **with connecting flights** through **affected countries** should be monitored (including those only in the airport & those who did not deplane).
     - *Note: List of affected countries/areas of concern may be updated over time.*

   - Verify the **last date the traveler was in the affected country** to determine end of 21-day monitoring period. (Last Date in affected country=Day 0; Last Date of Monitoring=Day 21).

   - **Review exposure potential screening questions** - In the last 21 days, while in [affected country]:
     A. Did you go into any healthcare facility, such as a hospital, clinic, or visit a traditional healer?
     B. Did you provide health care, perform lab work, clean, or handle waste in a healthcare setting?
     C. Did you have contact with or were you near a sick person with fever or other acute illness?
     D. Did you come into contact with anyone's blood or other body fluids, such as vomit, saliva, feces, or urine?
     E. Did you touch a dead body, prepare a body, attend a funeral, or perform burial work?
     F. Did you have contact with a bat, monkey or ape (alive or dead)?
     G. Did you go into a mine or a cave?
     H. Did you have known exposure to a patient or household member with confirmed or suspected Ebola and/or direct exposure to bodily fluids containing Ebola Virus? *(High Risk. Contact DPH.)*

     If the traveler answers yes to A-H of the exposure potential screening questions, gather more detail and document in the notes.

3) Review **symptoms** of Ebola and ensure that all travelers know how to self-monitor

   - **Symptoms:** fever, severe headache, muscle or joint pain, weakness/fatigue, sore throat, loss of appetite, rash, unexplained bleeding, GI symptoms (diarrhea, nausea, vomiting, abdominal pain)

   - **Does the traveler currently have any of the listed symptoms?**

4) Ask if they have any scheduled **out-of-state travel** during their monitoring period. Obtain details.
   - **Out of State:** If a traveler indicates travel to another state for the remainder of their monitoring period, please notify your assigned Epi.
   - **Out of Country:** As of 6/4/26, CDC discourages international and cruise ship travel during the 21-day monitoring period because of outbreak restrictions in other countries and access to healthcare if they were to get sick. If the traveler insists on leaving, please notify your assigned Epi. LBOHs do not need to monitor travelers further if they depart the US.

5) **Provide traveler with 617-983-6800** to call if they become sick or make new plans to travel outside Massachusetts during their monitoring period.

6) **For DRC travelers only:** Establish a plan for check-in(s) and traveler's preferred method of communication (phone/text/email). Refer to Table 1 below for recommended check-in cadence.

Table 1: Monitoring recommendations for asymptomatic travelers with no-high risk exposures:

	Traveled in or transited through	
	DRC	**Uganda or South Sudan**
Intake	Conduct risk assessment and provide health education	
	Advise self-symptom monitoring + daily temperature measurement	
Movement restrictions	Stay home and avoid interactions with others; delay nonessential medical care	None
Check-in Cadence	Twice daily, one of which is a video check-in	Only intake is required

7) Update the **Ebola Travel Monitoring** Question Package with information received from the traveler.

When to notify your assigned DPH Epi (contact information in Epi note) or 617-983-6800:

- If you are concerned about an exposure potential or situation related to DRC.
- If a traveler indicates a high-risk DRC exposure (known exposure to patient or household member with confirmed or suspected Ebola and/or direct exposure to bodily fluids containing Ebola Virus) during their intake assessment, notify DPH at 617-983-6800 (this would be rare).
- If the traveler did not spend any time in the DRC, South Sudan or Uganda in the last 21 days, no additional follow-up is needed. Note this in the event.
- If the traveler is symptomatic.
- If the traveler plans to leave Massachusetts for the remainder of their monitoring period.

2. Check-In(s):

- **As of 8/17 check-ins for travelers from Uganda and South Sudan are not needed.** LBOH can mark as successfully monitored once the intake is complete and documented in the Ebola Travel Monitoring QP.

- **For DRC travelers:** Document each successful check-in within the Ebola Travel Monitoring question package. If you are unable to reach the traveler but wish to document your attempts, leave a note in the dashboard notes section. Reserve "Successful Check-In" entries for completed communication & symptom checks with the traveler. Check-in includes asking:
  - If they have experienced any symptoms since you last contacted them.
    - If so, obtain information (symptoms, onset, any care received) and contact 617-983-6800.
  - If they have established any out-of-state travel plans since you last communicated with them.

- If the traveler does not respond to your Intake and/or Check-In attempts despite you reaching out on different days, different times, and via different forms (email, phone call, or text) you can send a certified

letter. If there is no response to the letter, indicate this in the final monitoring period outcome variable. Sample letter text is available in MAVEN Help.

To Complete Monitoring:

- Update the **Final Monitoring Period Outcome variable** in the **Ebola Travel Monitoring QP** with the final outcome:
  - Successfully monitored for the recommended time period
  - Intake complete, no check-in(s)
  - No intake, no check-in(s)

- Mark Administrative Question Package Step 4 Case Report Form Completed Variable to "yes."

Helpful Tools:

- Live Interpreter Services: Language Line Solutions 866-874-3972; LBOH code: **684959**