Massachusetts Department of Public Health

DPH

MDPH Tuesday Infectious Disease Webinar Series

"Tools for Local Boards of Health"

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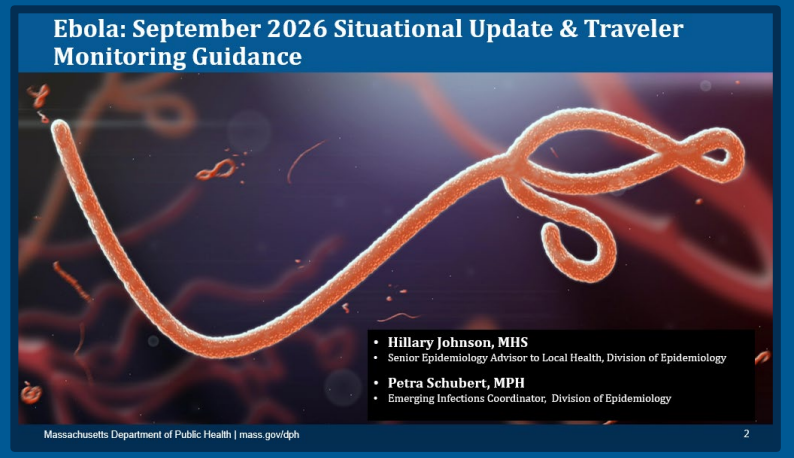
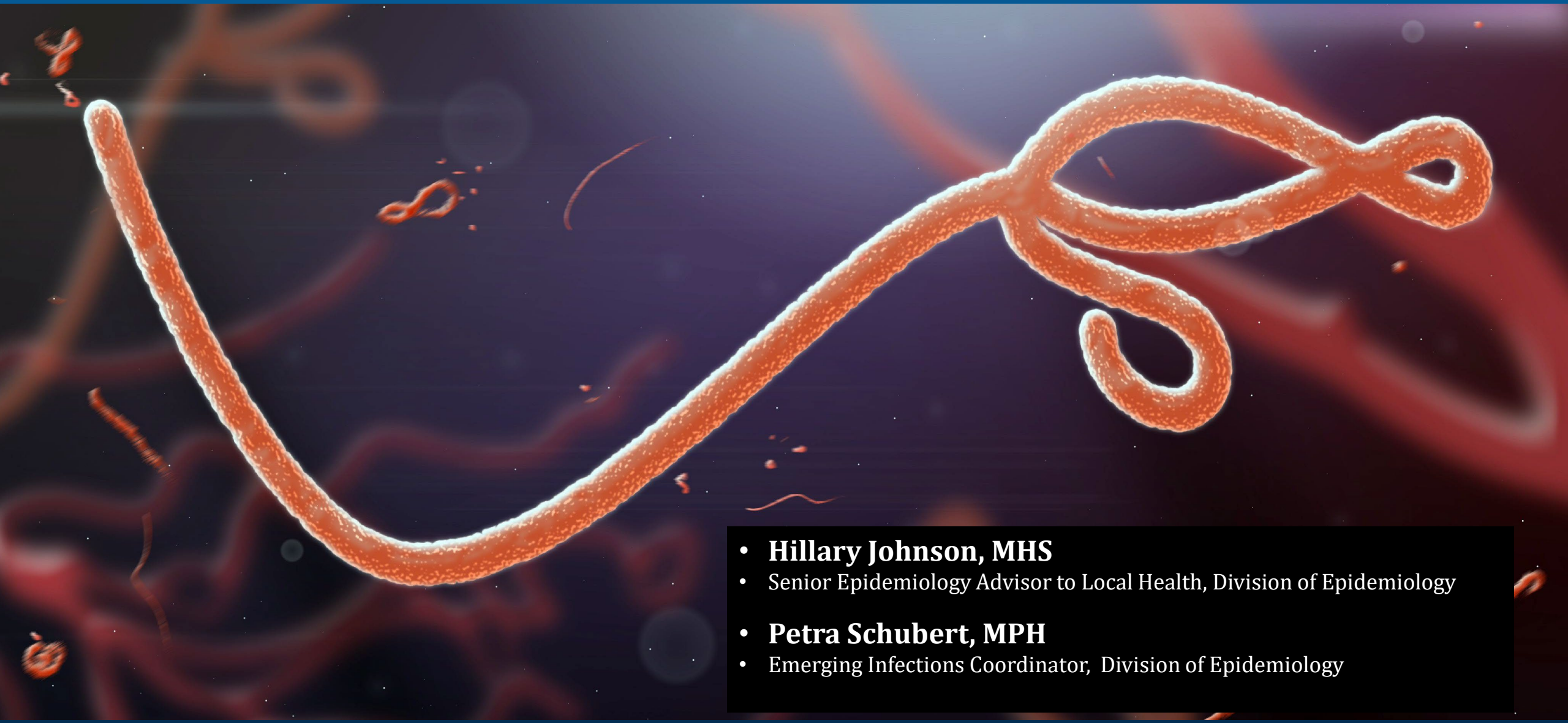
September 8, 2026



Ebola: September 2026 Situational Update & Traveler Monitoring Guidance



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Today's Ebola Updates & Reminders

- **Situational Update: Ebola Outbreak in DRC and Uganda**
- **Updated MA Ebola Monitoring Guidance**
  - Intake only for travelers returning from Uganda and South Sudan
- **MAVEN Help Resources**
  - Comprehensive Training & Materials on MAVEN Help
  - Updated LBOH Tip Sheet – 9/8/26 version
- **Review of the Traveler Intake Process**
  - Completing Monitoring in MAVEN
  - Unresponsive Travelers

Ebola Virus Disease: History

- **Ebola disease** was first identified in 1976 after an outbreak in what is now the Democratic Republic of the Congo (DRC).

- The **Ebola virus**, **Sudan virus**, and **Bundibugyo virus** are the three viruses responsible for the largest Ebola disease outbreaks in Africa.

- These viruses are all thought to occur naturally in fruit bats in various parts of Africa without causing disease in the bats. Outbreaks occur when the virus spills over into other animals, including humans.

Ebola Virus Disease: Bundibugyo Virus

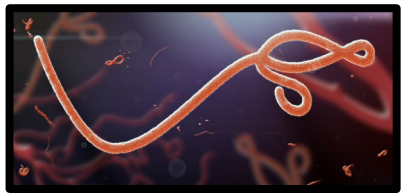
- Currently there is an Ebola Disease Outbreak caused by Bundibugyo (“Bun-dee-BOO-joh”) virus affecting the DRC and Uganda.
  - Bundibugyo virus was discovered in 2007 and has caused two previous outbreaks during 2007 and 2012 in parts of Central and East Africa.
  - The death rate reported during prior Bundibugyo virus outbreaks was between 30-50%.
  - There are no specific treatments or vaccines available for Bundibugyo virus infection. Patients can be treated with supportive care including IV fluids and medications which improve the likelihood of survival.
  - Diagnosis of the disease requires laboratory testing to detect the virus.
    - State Public Health Laboratory maintains the ability to test for Ebola virus by PCR.

Ebola Virus Disease: Transmission

- Ebola can be spread person-to-person via direct contact with the blood or body fluids (including blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid) of an infected person.
  - Infection can occur when these fluids come into contact with broken skin or the eyes, nose or mouth.
  - Transmission may also occur through contact with contaminated items such as clothing, bedding, medical equipment or needles.
  - Traditional burial practices involving direct contact with the body of a deceased person can also spread infection.

Ebola Virus Disease: Incubation and Infectious Period

- Exposed people can develop disease 2-21 days after exposure to to Ebola.
  - Symptoms usually start 8-10 days after exposure and often begin with fever, muscle aches and fatigue (called dry symptoms) and can progress to diarrhea, vomiting and bleeding (called wet symptoms).
  - People are not infectious unless they have symptoms and are most infectious during the later, wet phase of disease.

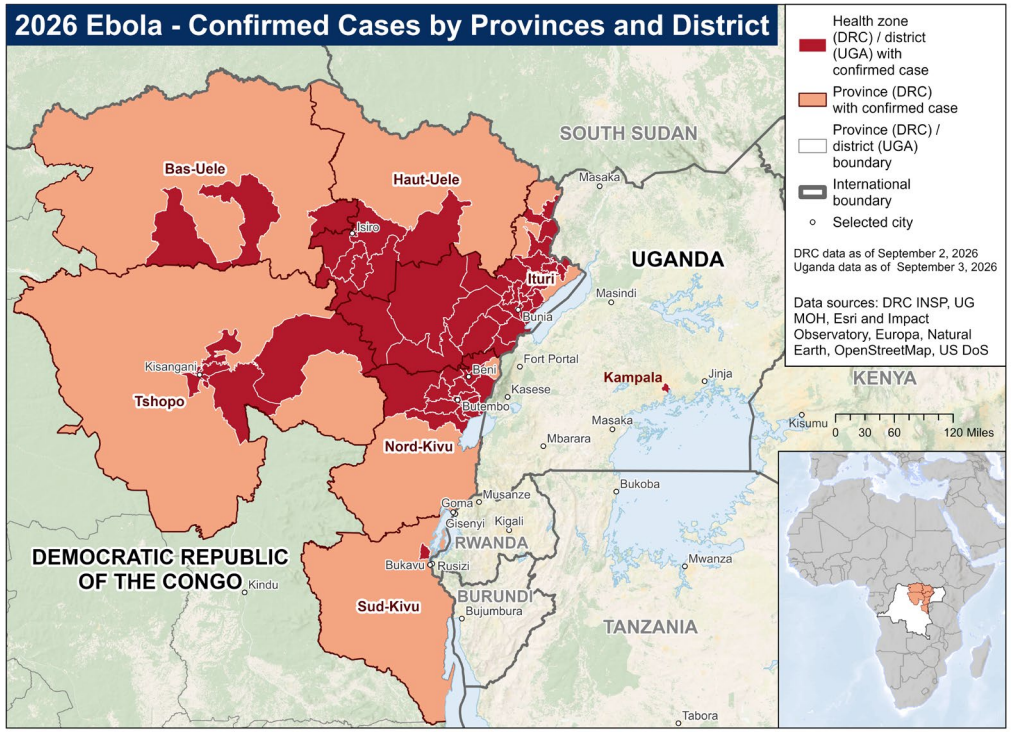


2026 Ebola Outbreak in DRC

- As of September 2, 2026, **the DRC reports**:
  - **6,342 confirmed cases**
  - **3,072 confirmed deaths**

- This is a rapidly evolving situation, and case counts are subject to change and likely an undercount.

- To date, **no Ebola cases** associated with this outbreak have been reported in the United States, and the risk to the general public remains low.



[CDC: Ebola Outbreak: Current Situation]

Public Health Response: Monitoring Travelers

- **Beginning with the large West African outbreak of Ebola in 2014, the United States public health system has used post-travel symptom monitoring in recently returned travelers to affected areas.**
  - Travelers are screened for symptoms when they depart an affected area. Upon arrival in the US, they are screened again by CDC for symptoms and are asked about possible exposure to Ebola. This information is shared with the health department in their state of residence.
  - Local boards of health, in coordination with DPH, reach out to returned travelers to provide information about how to monitor for symptoms and how to self-isolate and contact DPH immediately if they develop any signs or symptoms of illness for 21 days after they left an affected country.

Public Health Response: Evaluating Ill Traveler

- If any symptoms develop, DPH helps coordinate an evaluation at a healthcare facility and the Massachusetts State Public Health Laboratory (SPHL) can test for infection when needed. Test results are confirmed at CDC.

- Although unlikely, if a recently returned traveler seeks medical care without contacting DPH or LBOH first, hospitals are trained to determine if someone was in an affected area, isolate them away from other patients, conduct an initial medical evaluation and consult with DPH on whether testing is indicated.

- If an individual were to be diagnosed with Ebola disease, transfer to a Regional Emerging Special Pathogen Treatment Center (RESPTC) for specialized care by healthcare providers trained and experienced in working in Personal Protective Equipment to prevent them from becoming ill, would be coordinated.

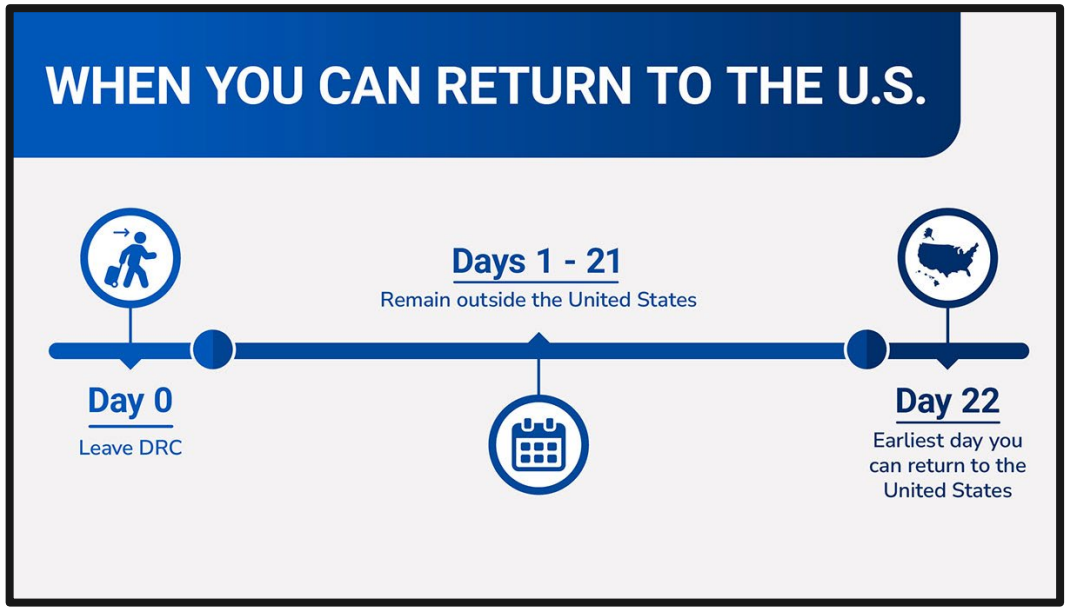
    - Massachusetts General Hospital is the New England RESPTC.

DRC: Updated Travel Restrictions

- Starting July 15, 2026, travelers (including US citizens) who have been in DRC 21 days before departure **will not be allowed to board flights to the US.**

- **Anyone who has been in the DRC should plan to remain outside DRC and the US for 21 days before entering the US.**

  - This includes all air passengers with a layover through DRC airports whether they disembark the airplane or not.



CDC | Information for Travelers Returning from Ebola-Affected Areas

Uganda Declared Ebola Free

- On August 26th the WHO declared **the end of the Ebola outbreak** in Uganda after 42 days without a new case.
  - The last reported case in Uganda was confirmed June 21.
- On August 7th, CDC updated guidance to **no longer consider Uganda or South Sudan an area of concern.**
- Uganda ended their Ebola outbreak with:
  - **21 confirmed and probable cases**
  - **3 deaths**


World Health Organization
African Region

CERTIFICATE OF RECOGNITION

End of the Ebola Disease Outbreak Caused by Bundibugyo Virus

The Republic of Uganda

The World Health Organization recognizes the Republic of Uganda for successfully interrupting transmission of Ebola disease caused by Bundibugyo virus and completing 42 consecutive days without a reported new confirmed case.

This achievement marks the end of the outbreak in Uganda and reflects strong national leadership, the commitment of frontline health workers, the engagement of communities, and the support of partners.

This recognition applies to the conclusion of the May 2026 outbreak event.

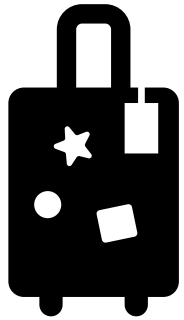
Dr Mohamed Yakub Janabi
Regional Director
WHO Regional Office for Africa

Kampala, Uganda
26 August 2026

42 consecutive days without a new confirmed case

Ebola Monitoring in Massachusetts

- When travelers from DRC, Uganda, and South Sudan arrive in the US, health departments need to conduct an initial assessment, provide health education and recommend a symptom watch.
- DPH is receiving lists of returned travelers screened by CDC at airports.
  - Most returning travelers are at low risk for contracting Ebola
- As of September 4th, DPH and LBOHs are monitoring:
  - 900+ **not** high-risk travelers
  - representing 126+ local jurisdictions in Massachusetts
  - 96% of travelers are returning from Uganda or South Sudan



Remember to check your **GROUP TASKS Workflow** for Traveler Event Notifications

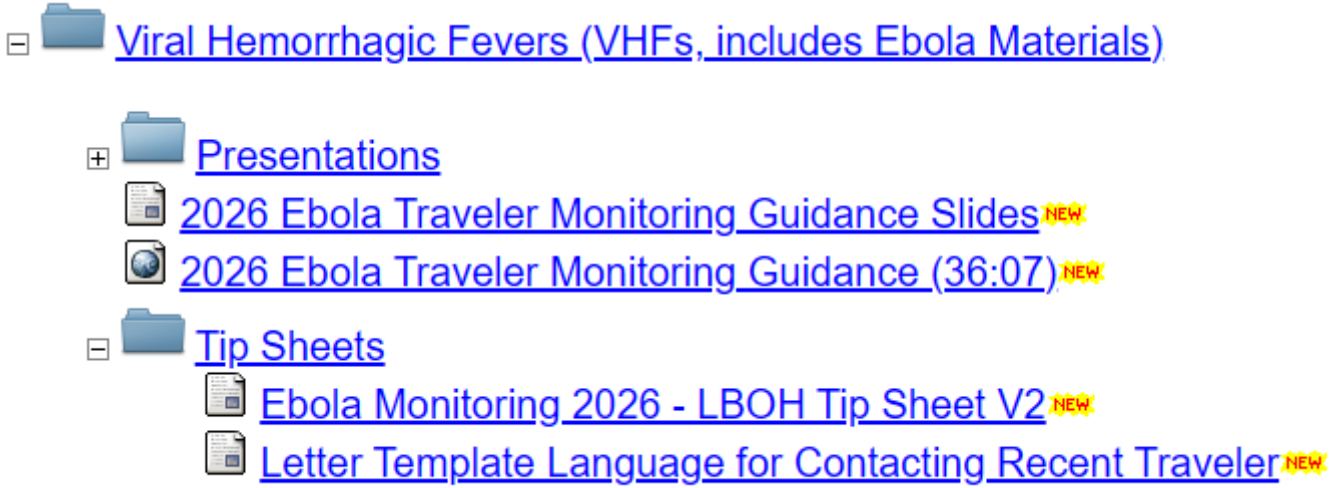
Updated MA Ebola Monitoring Guidance

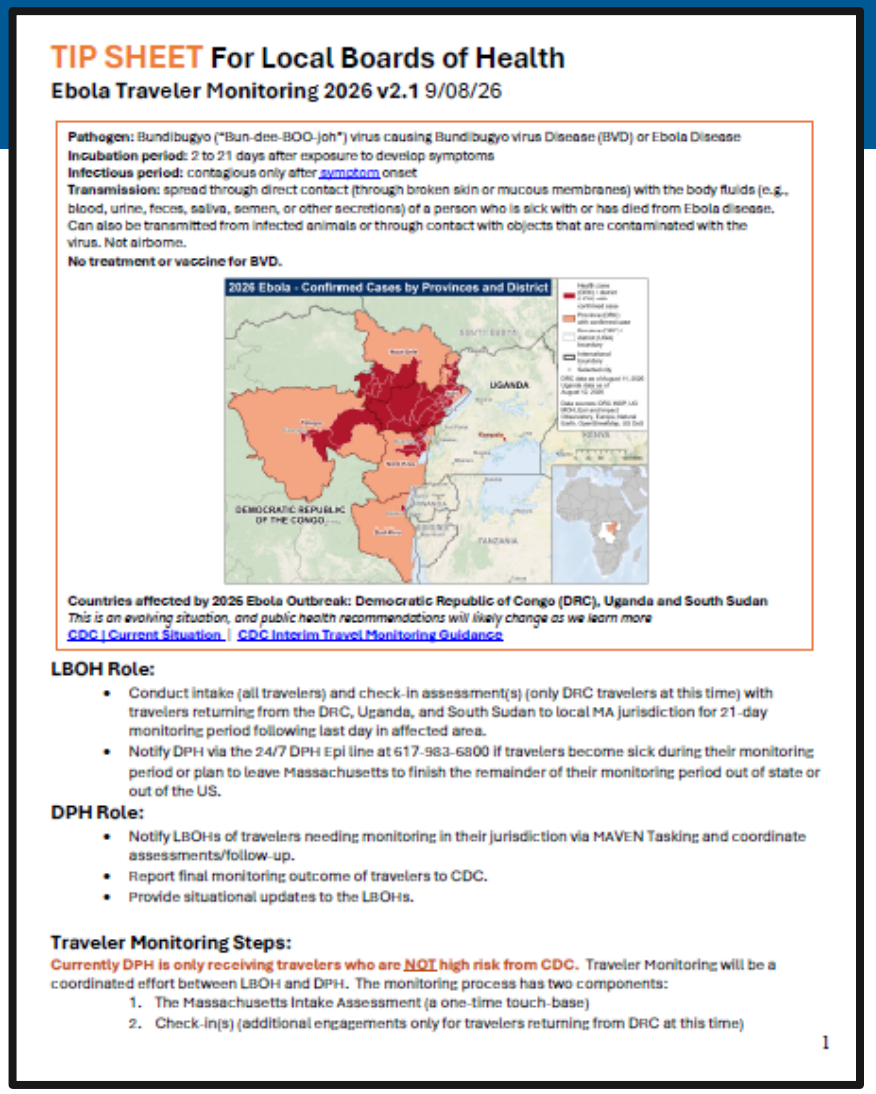
- For travelers returning from Uganda or South Sudan **only the intake is required.**
- Given the July 15th travel restrictions for DRC, we expect to only receive travelers from Uganda and South Sudan (very low risk) at this time.

	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

MAVEN Help Resources

- Training Presentation
- LBOH Tip Sheet – updated on 9/8/26
- Letter Template Language





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.

2026 Ebola - Confirmed Cases by Provinces and District

UGANDA
DEMOCRATIC REPUBLIC OF THE CONGO
TANZANIA
KENYA

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:

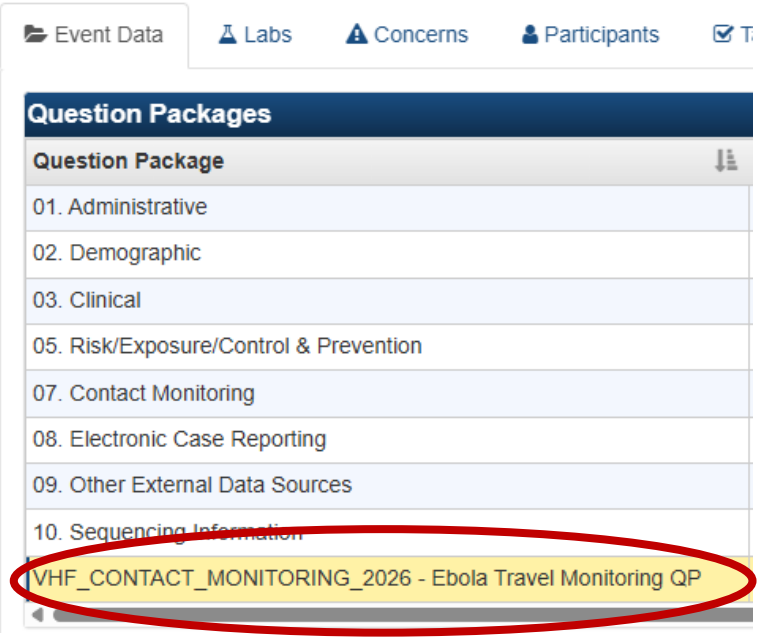
1. The Massachusetts Intake Assessment (a one-time touch-base)
2. Check-in(s) (additional engagements only for travelers returning from DRC at this time)

1

Evolving Situation: Be sure to check for the most up to date Tip Sheet in MAVEN Help.

The Massachusetts Intake Assessment

- DPH Epis will notify the LBOH of a new returning traveler in their jurisdiction that needs monitoring.
- **LBOH conducts the Intake Assessment:**
  - **Verify travel location, dates, and exposure potential (risk) information** collected by CDC at airport screening
  - Share information with returned travelers about **self-symptom monitoring**
    - Ask they call the 24/7 Epi line at 617-983-6800 if they become ill.



Document answers in the Ebola Travel Monitoring QP

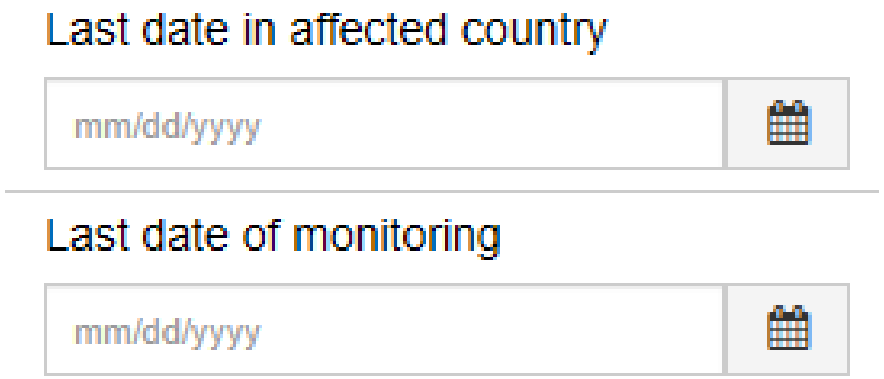
Intake: Travel Information

- Was the traveler in any of the following affected countries or areas of concern in the last 21 days?
  - **DRC, Uganda, or South Sudan**

- Verify the **last date the traveler was in the affected country.**

Intake: Establishing 21 Day Monitoring Period

- Last date **IN** affected country = Day 0.
- Last date of Monitoring = Day 21.



Tip: Just look at a calendar and count 3 lines (weeks) down for Day 21.

Intake: Self-Symptom Monitoring Instructions

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

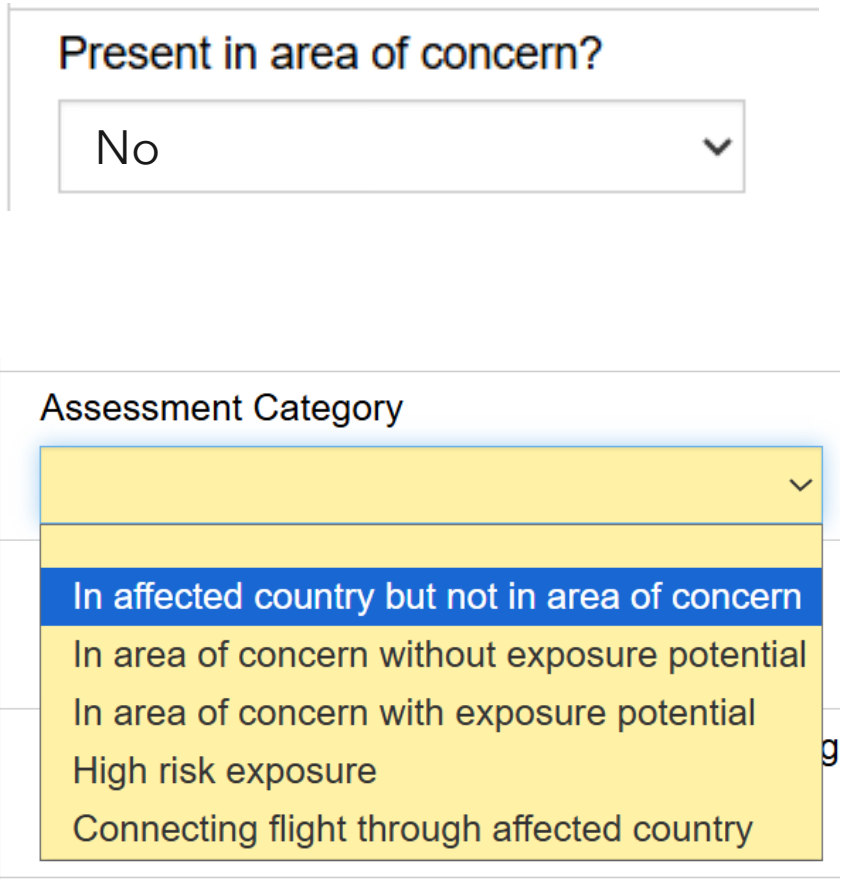
Intake Assessment Wrap Up

- Provide the Traveler with the last date of monitoring (last date in affected country + 21 days).
  - LBOHs are **not** expected to check-in with travelers from Uganda or South Sudan at the end of monitoring. Ensure the traveler knows to self-monitor their health through this period.
- Ask about scheduled **out-of-state travel** during their monitoring period.
  - Notify your DPH Epi if the traveler plans to leave MA for the remainder of their monitoring period
- **Provide traveler with DPH 24/7 number (617-983-6800)** to call if they become sick or make new plans to travel outside Massachusetts during their monitoring period.

MAVEN Documentation Reminders

- The **area of concern** and **assessment category variables** take determination on your part and are <u>not</u> questions that should be asked directly of the traveler.

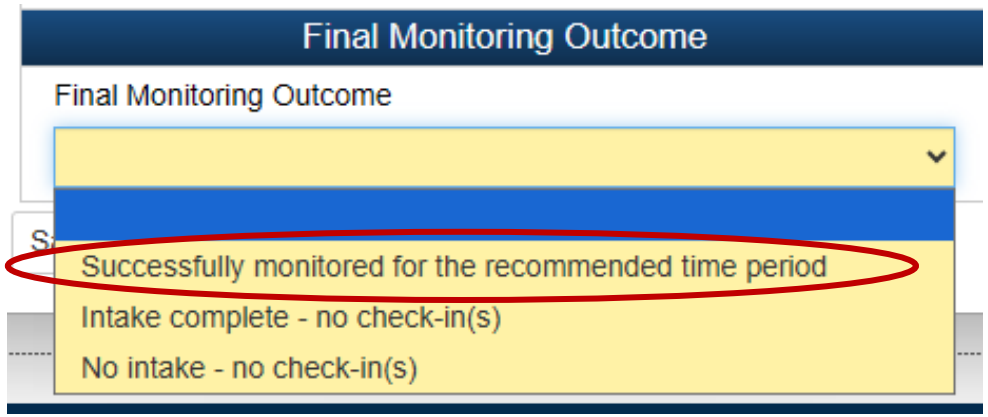
- After August 7th, **all travelers from Uganda and South Sudan =**
  - "In an affected country but **not** an area of concern."
  - Uganda and South Sudan are not areas of concern.



Completing Monitoring in MAVEN

For Travelers from Uganda or South Sudan, once the intake assessment is complete:

- Fill in the intake portion of the **Ebola Travel Monitoring QP** (leave check-in blank)
- **Complete the Final Monitoring Period Outcome Variable with** "Successfully monitored for the recommended time period"

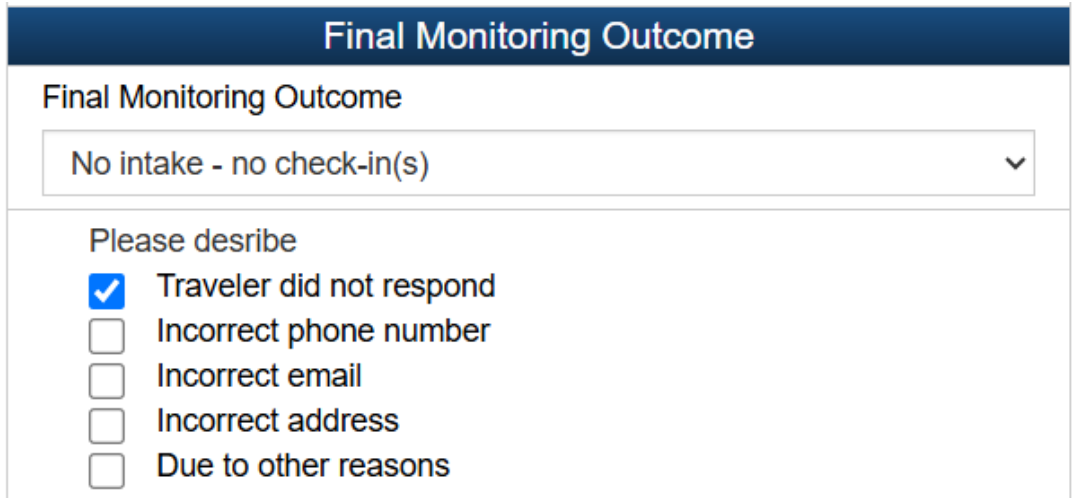


- Update the Case Report Form (CRF) Completed Variable in the Administrative Question Package to "yes."

Travelers who are Unresponsive

For Travelers from Uganda or South Sudan, who are unresponsive after you've tried 2-3 times to contact them, using a combination of phone, email and/or texting:

- **Complete the Final Monitoring Period Outcome Variable with "no intake; no check-ins"**



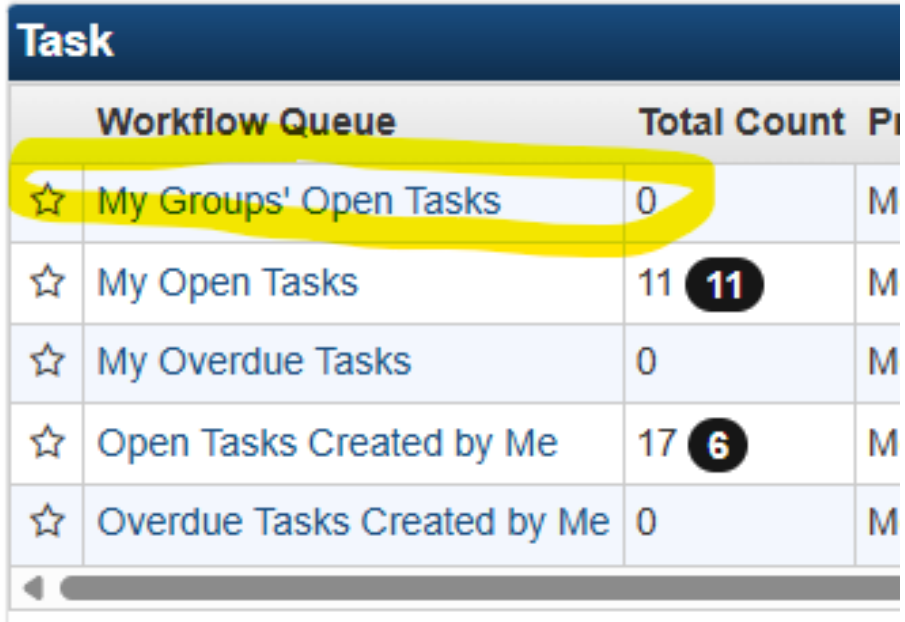
- Update the Case Report Form (CRF) Completed Variable in the Administrative Question Package to "yes."

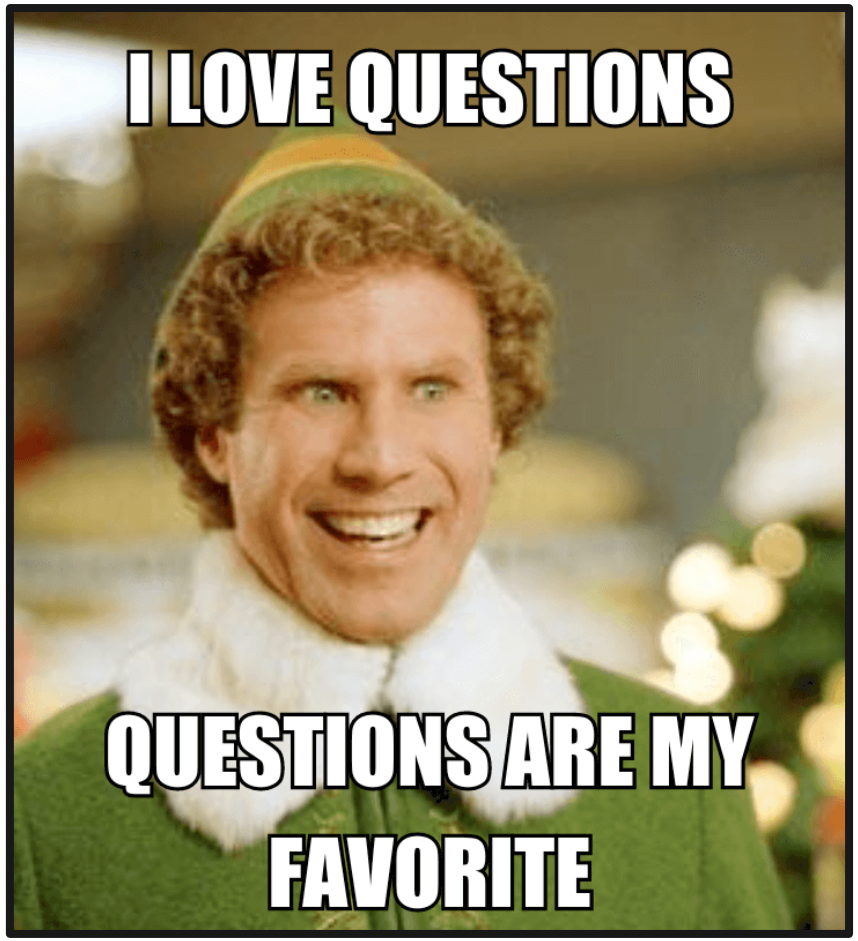
Guidance Update Summary

- **Aug 2026 Update: Travelers returning from Uganda or South Sudan require only a one-time intake and no additional check-ins at this time.**
  - Most traveler monitoring at this time can be completed by this single engagement to:
    - confirm no change in risk from the initial report received;
    - ensure the traveler knows to monitor their health for the duration of their monitoring period; and,
    - ensure the traveler knows to contact DPH if they plan to travel outside of MA or experience any changes in their health.

Tasking – there are TWO workflows

- A task assigned to a LBOH USER GROUP would appear in **My Group's Open Tasks** only.
- A task assigned to an individual LBOH user would appear in **My Open Tasks** only.
- Ebola Traveler Assignments are sent via **Group Tasks**. Be sure you are checking this workflow.




I LOVE QUESTIONS
QUESTIONS ARE MY FAVORITE