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TO: Healthcare Providers, Hospitals, Diagnostic and Treatment Centers, Local Health Departments

FROM: New York State Department of Health and New York City Department of Health and Mental Hygiene (NYC Health Department)

HEALTH ADVISORY: Viral Hemorrhagic Fever

Please distribute immediately to Hospital Epidemiologists, Infection Preventionist, Emergency Department Directors, Infectious Disease Physicians, Medical Directors, Nursing Directors, Risk Managers, Administrators, Environmental Services Directors, Laboratory Directors

SUMMARY

- Clinical providers and healthcare facilities in New York State (NYS) should be prepared to triage and evaluate people with possible viral hemorrhagic fever (VHF), such as Ebola, Marburg, or Lassa virus disease.
- This advisory describes what NYS clinical providers should do if a person presents with suspected VHF:
 - [Evaluating a person for possible VHF](#)
 - [Testing for VHF at a public health laboratory](#)
- This advisory also provides guidance on the following VHF readiness requirements and recommendations for NYS healthcare facilities:
 - [Signage](#)
 - [Patient registration and triage screening protocols](#)
 - [Training](#)
 - [Exercises](#)
 - [Infection prevention and control](#)
 - [Patient placement](#)
 - [Reporting](#)
 - [Managing regulated waste](#)
 - [Environmental infection control and surface disinfection](#)
 - [Ongoing patient care](#)
 - [Shipping of clinical specimens](#)

BACKGROUND

The purpose of this Health Advisory is to revise previously published guidance regarding New York State (NYS) healthcare facility and clinical provider readiness for a person with suspected or confirmed viral hemorrhagic fever (VHF). This advisory also broadens the scope of recommendations to include all contagious VHFs, including but not limited to Ebola, Marburg, Lassa, and Crimean-Congo hemorrhagic fever.

In nearly all cases, individuals with fever presenting to NYS healthcare facilities have other illnesses and not VHF. However, outbreaks of VHF recur outside the United States; therefore, NYS healthcare facilities could encounter a patient with compatible symptoms, travel, or other exposures that would result in suspicion for VHF.

This Health Advisory is specific to general hospitals with emergency departments, off campus emergency departments, and rural emergency hospitals, hereafter referred to as healthcare facilities. However, all clinical settings, particularly diagnostic and treatment centers, urgent care centers, and other entities that care for patients with acute illnesses, should review this guidance to determine how best to apply it to their settings.

This document supersedes the NYS Department of Health's October 27, 2022, HEALTH ADVISORY: Ebola Virus Disease (EVD) in Uganda.

CLINICAL GUIDANCE FOR HEALTHCARE PROVIDERS

Evaluating a Person for Possible VHF

- Healthcare providers should not refer a person with possible VHF to a healthcare facility without first consulting with the local health department (LHD) – see contact information [below](#).
 - This includes situations in which you speak to a patient on the phone but do not see them in person.
 - If a patient must immediately be referred to an emergency department, you must alert the receiving emergency department and the LHD.
- While remaining vigilant for a VHF diagnosis, conduct clinically appropriate laboratory testing to determine an alternate diagnosis that may account for the patient's illness, such as common respiratory illnesses (e.g., COVID-19, influenza), malaria, measles, gastroenteritis, and other diseases that affect both travelers and non-travelers.
 - See [NYS/NYC Guidance for Laboratory Testing and Management of Persons Under Investigation for Viral Hemorrhagic Fevers \(VHF\) in Non-Designated Hospitals](#).
- Whenever there is concern about VHF, providers must perform a thorough symptom and exposure history based on recommendations for the current outbreak (if any) or endemic area and, if VHF remains a concern, discuss the patient's case with the LHD where the patient resides.
 - An appropriate history includes both epidemiologic and clinical factors. Some epidemiologic factors may be outbreak-dependent, but they typically involve more details than simply travel to an involved country, for example:
 - Which specific areas of the country did they travel to and what were their activities?
 - Did they have contact with a person with suspect or confirmed VHF in the past 21 days?

- Were they in an area with an active VHF outbreak or where VHF is endemic in the past 21 days?
 - Review the latest guidance, typically from the Centers for Disease Control and Prevention (CDC), for the outbreak in question to determine outbreak-specific exposure criteria and questions, such as exact geographic areas of concern.
 - Review the following:
 - [CDC Guide for Clinicians Evaluating an Ill Person for VHF or Other High-consequence Disease](#)
 - [CDC Clinical Screening and Diagnosis for VHFs](#)
 - [Viral Hemorrhagic Fever \(VHF\) 2025 Case Definition](#)
- If clinical and epidemiologic risk factors support a suspicion of VHF:
 - Ensure the patient has been isolated as described below ([Patient Placement](#)).
 - Restrict access to the room in which the patient is isolated. Minimize the number of staff who interact with the patient and keep a list of staff who do.
 - Follow all CDC recommended infection control practices and correct PPE use as described below ([Infection Prevention and Control](#)).
 - Ensure that the patient continues to receive standard medical care, including blood draws for alternate diagnoses (e.g., malaria) and necessary emergency procedural interventions (e.g., dialysis).
 - More detailed information on emergency services is available at [CDC Interim Guidance for Emergency Services](#).
- **Contact the LHD** where the patient resides for consultation as soon as VHF is suspected.
 - LHD contact information is as follows:
 - Outside New York City (NYC): LHD contact information is at <https://www.nyscho.org/directory>. If unable to reach the LHD, contact the NYS Department of Health's Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 evenings, weekends, and holidays.
 - In NYC: Use the NYC Provider Access Line (866-692-3641) to contact the NYC Health Department.
 - Additionally, healthcare facilities should notify the LHD where the hospital is located and the NYS Department of Health, either directly or through the LHD where the patient resides.
 - When contacting the LHD, be prepared to:
 - Describe the patient's travel history, including dates and detailed locations of travel (including areas within a country of concern, if applicable) and epidemiologic risk factors;
 - Describe the patient's presenting signs, symptoms, and duration of illness;
 - Determine, in consultation with the LHD and the NYS Department of Health, whether VHF testing will be conducted;
 - Determine, in consultation with the LHD and the NYS Department of Health, whether referral to a Special Pathogen Treatment Center for further workup and testing is indicated;
 - Receive assistance to arrange patient transport, if needed.

Testing for VHF at a Public Health Laboratory

- If the patient is suspected to have a VHF and specimens are approved for testing, the following specimens should be collected: two (2) plastic lavender top blood collection tubes (EDTA

anticoagulant) containing a minimum of four (4) milliliters (mL) per tube per adult and 1mL for pediatric samples.

- Specimen containers should be disinfected after collection and before they are packaged for transport by wiping the outside of the tubes with a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant from [List Q](#) (for Ebola, products from [List L](#) can also be used).
 - Use cleaning and disinfecting products according to label instructions.
- Ensure that the patient details (full first and last name and date of birth) remain clearly visible on the label.
- These specimens should be transported under refrigeration.
- Packaging and shipping appropriate for Category A infectious substances is required for specimens transported for VHF testing. See below ([Shipping of Clinical Specimens](#)).

READINESS FOR HEALTHCARE FACILITIES

Healthcare facilities should review the content of this guidance with all appropriate healthcare personnel (HCP). The content review should include the facility's required training, policies, procedures, and protocols related to VHF, including protocols for patient registration and triage, general and environmental infection control, managing HCP exposures, use of personal protective equipment (PPE), and management of regulated medical waste.

Signage

Signage directing people to report travel history and symptoms should be posted at patient entryways, reception areas, and triage locations. The signs should be written in at least English, French, Spanish, Chinese, Russian, Italian, Korean, Haitian Creole, and other languages appropriate for the communities served by the healthcare facility.

Patient Registration and Triage Screening Protocols

Healthcare facilities should have written screening protocols for patient registration and triage to identify people who require immediate isolation and medical evaluation for possible VHF.

- Protocols should require that all people presenting for care be screened for recent travel history and symptoms consistent with VHF, using passive signage for all people and active screening as clinically appropriate.
- The healthcare facility should provide training on patient registration and triage screening protocols to HCP on all shifts whose job duties involve patient registration or triage.
- Screening protocols should be revised when appropriate according to the status of VHF outbreaks throughout the world.

Training

See CDC's [Guidance for Personal Protective Equipment \(PPE\)](#). VHF PPE training needs vary by the type of healthcare facility and the role of the HCP.

- For HCP at NYS Special Pathogen Treatment Centers who may provide care to people with suspected or confirmed VHF, the healthcare facility should provide in-person training in donning and doffing of PPE.

- Healthcare facilities should provide this training to these HCP on hire or upon assuming this role and at least every 6 months thereafter in a setting like the one where patients would be treated.
- The PPE training should consist of actual donning and doffing of PPE by the trainees and observers.
- The exact PPE combination selected by the healthcare facility for care of a patient with VHF should be used.
- Training should not be replaced by a video, lecture, or other demonstration mechanism.
- The healthcare facility may limit the number of HCP designated to serve in this role as long as adequate coverage can be maintained when a patient with suspected or confirmed VHF may present for care.
- The healthcare facility should develop a staffing surge plan to provide additional coverage of staff that are competent in donning and doffing PPE.
- For HCP not working in Special Pathogen Treatment Centers who may provide care to people with suspected or confirmed VHF, the healthcare facility should have a plan to provide “just-in-time” training that includes VHF infection prevention and control procedures and PPE training.
 - The PPE training should include actual donning and doffing of PPE in a setting like that where patients would be encountered or treated and using the exact PPE combination selected by the healthcare facility for care of a patient with VHF.
- For HCP not expected to provide care to a person with suspected or confirmed VHF (regardless of healthcare facility type): the healthcare facility should have a plan to provide “just-in-time” training that includes general education about VHF, necessary infection prevention and control precautions, and patient registration and triage protocols.
 - This group of HCP does not need PPE training.

Exercises

All healthcare facilities should conduct exercises in managing the encounter and care of a person with a VHF at least every 12 months. These exercises should review situations that are reasonably likely to occur at the healthcare facility, considering such factors as whether a healthcare facility has been designated as a Special Pathogen Treatment Center.

A written after-action report of the exercise, including the items reviewed, number of HCP included in the exercise, gaps identified, conclusions, and time frame for corrective actions, should be maintained and made available to the NYS Department of Health upon request.

Infection Prevention and Control

- Healthcare facilities should review CDC’s [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\)](#). This document reviews patient placement, PPE, patient care equipment, other patient care considerations, aerosol generating procedures, hand hygiene, environmental infection control, safe injection practices, duration of infection control precautions, and monitoring and management of healthcare personnel, and monitoring, management, and training of visitors.
- Healthcare facilities should maintain and make accessible a supply of PPE that, at a minimum, meets the specifications as described in CDC guidance above. Healthcare facilities should equip all HCP with all PPE that is appropriate to their level of potential exposure to a person who is suspected or confirmed to have VHF. CDC’s PPE guidance is at:
 - [PPE: Clinically Stable Patients Suspected to have VHF](#), or

- [PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF](#)

Patient Placement

Healthcare facilities should identify and designate a single-patient isolation room or care area with a private bathroom to house an individual with suspected or confirmed VHF. If a room with a private bathroom is not available, a portable commode should be used.

- The location should have either an anteroom with doors that close or an area outside the room where staff can safely doff any PPE that is not taken off in the patient room.
- The anteroom or PPE doffing area shall also provide access to handwashing facilities.
- There should be additional rooms available for staff to don PPE.
- If available, there should be a designated location in the healthcare facility where staff can shower after removing PPE.
- When in use for a person suspected or confirmed to have VHF, the area is to be secured from access by unauthorized staff and the public.
- Consider posting personnel at the patient's door to ensure appropriate and consistent use of PPE by all people entering the patient's room, and to maintain a list of staff entering the room.

Reporting

Healthcare facilities and providers must immediately notify the LHD where a person resides if a person is placed in isolation for the medical evaluation of VHF. See contact information [above](#). Additionally, healthcare facilities should notify the LHD where the hospital is located and the NYS Department of Health, either directly or through the LHD where the patient resides.

As with all reportable diseases, it is important to protect the privacy of people with VHF. Please refrain from notifying the general public that there is a person with suspected or confirmed VHF in your healthcare facility. VHFs are rare diseases in the U.S., and that information can be used to identify an individual. NYS Department of Health and LHDs will help ensure that public notifications of suspected or confirmed VHF protect individuals' privacy.

Managing Regulated Medical Waste

- VHF pathogens are typically classified as Category A infectious substances.
- Review the following guidance on VHF waste management:
 - [CDC Guidance: Handling VHF-Associated Waste](#)
 - The NYS Department of Health's February 10, 2025, [Ebola-associated Waste Management Guidance](#)
- Most guidance for Ebola disease is applicable to other VHFs; pathogen-specific guidance will be issued as needed.
- Any item that is (1) contaminated or suspected of being contaminated with a Category A infectious substance, and (2) transported offsite for disposal must be packaged in accordance with the U.S. Department of Transportation's (USDOT) special permit [DOT-SP 16279](#).
- In addition, the waste hauler must hold appropriate approvals from New York State Department of Environmental Conservation and USDOT.
- Healthcare facilities are required to develop and implement a waste management plan that includes written protocols to safely handle, contain, store, and dispose of regulated medical waste.

Environmental Infection Control and Surface Disinfection

Healthcare facilities should review CDC's [Interim Guidance for Environmental Infection Control in Hospitals](#) for training, PPE use, and procedures for environmental cleaning, surface disinfection, and selection of surface disinfectants when caring for a person with VHF.

Ongoing Patient Care

- Healthcare facilities must be prepared to appropriately stabilize and care for a person with possible VHF until the individual is transferred or until VHF is ruled out.
- Healthcare facilities that are not Special Pathogen Treatment Centers should have a written plan for the isolation and care of a person with suspected or confirmed VHF for a limited period, until transfer to another facility for necessary testing and care, or until VHF is ruled out.
 - These healthcare facilities should develop a written transport protocol for the safe transportation of such patients to a Special Pathogen Treatment Center and should identify an ambulance service as well as the receiving facility.
 - In the event of a patient requiring transfer, the NYS Department of Health or the NYC Health Department, as appropriate, may be available to assist as needed.
 - The transport protocol must include provisions requiring prompt notification to the receiving healthcare facility, the LHD where patient resides, the LHD where the healthcare facility is located, and the ambulance service. Prompt notification will allow leadership to direct staff to use PPE and prepare vehicles and receiving areas.
- Healthcare facilities designated as Special Pathogen Treatment Centers, are additionally required to have a written plan for providing ongoing care for patients with suspected or confirmed VHF that includes the following:
 - A roster of personnel for the full period of care required for a patient confirmed to have a VHF; this should include at least one staff member on every shift who is primarily responsible for observing all staff providing care to the patient to ensure adherence to infection control protocols and proper use of PPE.
 - Provisions for the full range of patient care including critical care and subspecialty services.

Shipping of Clinical Specimens

- Healthcare facilities should maintain a readily available inventory of Category A biohazard shipping containers for the safe transportation of specimens to appropriate laboratories for VHF testing. Such containers must meet applicable specifications, see CDC's [VHF Clinical Specimen Packaging and Shipping](#).
- Healthcare facilities should develop a written biohazard risk assessment and protocols for the receipt, processing, and handling of specimens from patients.
- Ensure that HCP who are trained and certified in the packaging and shipping of infectious substances (for the purpose of submitting specimens for VHF laboratory testing) are available on every shift.
- Training should cover classifying infectious substances, proper packaging of infectious substances, and labeling of packages to meet regulatory requirements.

QUESTIONS ABOUT THIS HEALTH ADVISORY

- For questions concerning general hospitals with emergency departments, off campus emergency departments, and rural emergency hospitals:
 - Bureau of Healthcare Associated Infections at icp@health.ny.gov
- For questions concerning all other outpatient and community healthcare facilities:
 - Bureau of Communicable Disease Control at bcdc@health.ny.gov
- For emergency preparedness and regulatory concerns:
 - Office of Primary Care and Health Systems Management at OPCHSMEmergencyPreparedness@health.ny.gov
- In NYC, please call the Provider Access Line (866-692-3641) to contact the NYC Health Department.

LINKS TO REFERENCED WEB PAGES

New York State Department of Health. New York City Health. NYS/NYC Guidance for Laboratory Testing and Management of Persons Under Investigation for Viral Hemorrhagic Fevers (VHF) in Non-Designated Hospitals.

https://www.health.ny.gov/diseases/communicable/ebola/providers/docs/laboratory_minimum_testing_capabilities.pdf Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers. Guide for Clinicians Evaluating an Ill Person for VHF or other High-Consequence Disease. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/diagnosis-testing/evaluating-an-ill-person-for-vhf.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHF). Clinical Screening and Diagnosis for VHFs. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/diagnosis-testing/index.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System (NNDSS) Viral Hemorrhagic Fever (VHF) 2025 Case Definition. <https://ndc.services.cdc.gov/case-definitions/viral-hemorrhagic-fever-vhf/>. Accessed 2/24/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHF). Interim Guidance for Emergency Services. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/emergency-guidance/index.html>. Accessed 2/20/2025.

Outside NYC: New York State Association of County Health Officials. Contact Your County Health Office. <https://nysacho.org/directory/>. Accessed 2/20/2025.

Environmental Protection Agency. Disinfectants for Emerging Viral Pathogens (EVPs): List Q. <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>. Accessed 2/27/2025.

Environmental Protection Agency. EPA's Registered Antimicrobial Products Effective Against Ebola Virus [List L]. <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-ebola-virus-list-l>. Accessed 2/27/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHFs). Guidance for Personal Protective Equipment (PPE). <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/index.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHF). Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF). <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHFs) PPE: Clinically Stable Patients Suspected to have VHF. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html> accessed 2/20/2025.

Centers for Disease Control and Prevention. PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHFs). Handling VHF-Associated Waste <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/handling-vhf-associated-waste.html> Accessed 2/20/2025.

New York State Department of Health. NYS Department of Health Ebola-Associated Waste Management Guidance February 10, 2025. https://www.health.ny.gov/diseases/communicable/ebola/docs/waste_management_guidance.pdf. Accessed 2/20/2025.

U.S. Department of Transportation. DOT-SP 16279. <https://www.phmsa.dot.gov/hazmat/documents/offer/SP16279.pdf/2020124835/SP16279>. Accessed 3/6/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHFs). Interim Guidance for Environmental Infection Control in Hospitals <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/environmental-infection-control-hospitals.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHF). VHF Clinical Specimen Packaging and Shipping. https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/specimen-packing.html?CDC_AAref_Val=https://www.cdc.gov/vhf/ebola/laboratory-personnel/specimens.html. Accessed 2/20/2025.

ADDITIONAL REFERENCES

Centers for Disease Control and Prevention. [Viral Hemorrhagic Fevers \(VHFs\)](https://www.cdc.gov/viral-hemorrhagic-fevers/about/index.html). About Viral Hemorrhagic Fever. <https://www.cdc.gov/viral-hemorrhagic-fevers/about/index.html>. Accessed 2/20/2025.

Centers for Disease Control and Prevention. Viral Hemorrhagic Fevers (VHFs). Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures <https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html>. Accessed 2/20/2025.

The New York State Department of Health Department's Ebola website:
What to Know: <https://www.health.ny.gov/diseases/communicable/ebola/>.
For Providers: <https://www.health.ny.gov/diseases/communicable/ebola/providers/>(signs available)

Centers for Disease Control and Prevention. Traveler's Health. Travel Health Notices. <https://wwwnc.cdc.gov/travel/notices>. Accessed 2/20/2025.

NYC Health Department's Infectious Disease Readiness webpage: <https://www.nyc.gov/site/doh/providers/emergency-prep/communicable-disease-preparedness.page>.

New York City Health Department. Reporting and Services. <https://www.nyc.gov/site/doh/providers/reporting-and-services-main.page>. Accessed 2/25/2025.

National Emerging Special Pathogens Training and Education Center: <https://netec.org>