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EBOLA: AN UPDATE FOR HEALTH CARE PROVIDERS

NEW YORK STATE DEPARTMENT OF HEALTH

2 June 2026

Introduction

Dr. James McDonald

Commissioner,

New York State

Department of Health

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Agenda & Goals

Dr. Douglas Fish

Deputy Commissioner,

Office of Health Care Delivery

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AGENDA

- Update and current guidance on Bundibugyo Ebola virus
- Guidance on protection – Infection prevention and control measures to take
- Laboratory testing for Viral Hemorrhagic Fevers

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GOALS

- Provide health care facilities and health care workers with the information needed to confidently and efficiently:
  - Screen patients for travel history,
  - Screen patients for symptoms, and to
  - Consider the differential diagnosis, remembering that common conditions are common.

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PREPARE NOW FOR POTENTIAL THREATS

- Hospitals and health clinics are on the front lines.
- We want and need to:
  - Protect patients, health care workers and the public by being ready.
  - Be prepared for patients who have recently traveled to the affected countries or other countries which may become impacted, and who present with symptoms similar to those seen in people infected with Ebola virus.
  - Develop resources for assessing and isolating patients to protect health care workers, patients, caregivers and the public.
  - Assume that the availability of specialized beds to treat patients will be limited to those patients who require that highly intensive level of specialty care.

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TRAIN, RESOURCE, EDUCATE AND INFORM

- Please schedule and initiate drills to ensure that staff are knowledgeable on triaging patients with a febrile illness who have come from the Democratic Republic of Congo, Uganda, or South Sudan in the last 21 days.
- Train and staff the necessary services and revise backup plans to meet health care needs should a problem develop.
- Check on and preserve sufficient supplies of the necessary Personal Protective Equipment and other materials.
- Display the provider poster seen in the next slide, in every unit in the building.
  - Quick reference of whom to contact.
- Complete a Hospital Personal Protective Equipment survey.

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DEAR ADMINISTRATOR

- Dear Administrator Letter 26-06

- Poster for all units

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Bundibugyo Ebola: Update and Current Guidance

Bryon Backenson

Director,

Bureau of Communicable Disease Control

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CURRENT BUNDIBUGYO DISEASE SITUATION

- WIth the most recent data available, the Democratic Republic of the Congo and Uganda Ministries of Health report the following:
  - **Democratic Republic of the Congo**: A total of **220 suspected cases, 321 confirmed cases, and 48 confirmed deaths**.
    - Ituri, Nord-Kivu, Sud-Kivu provinces
  - **Uganda**: A total of **9 confirmed cases and 1 confirmed death**.
    - 7 cases are linked to the first two, who had travel to Democratic Republic of the Congo

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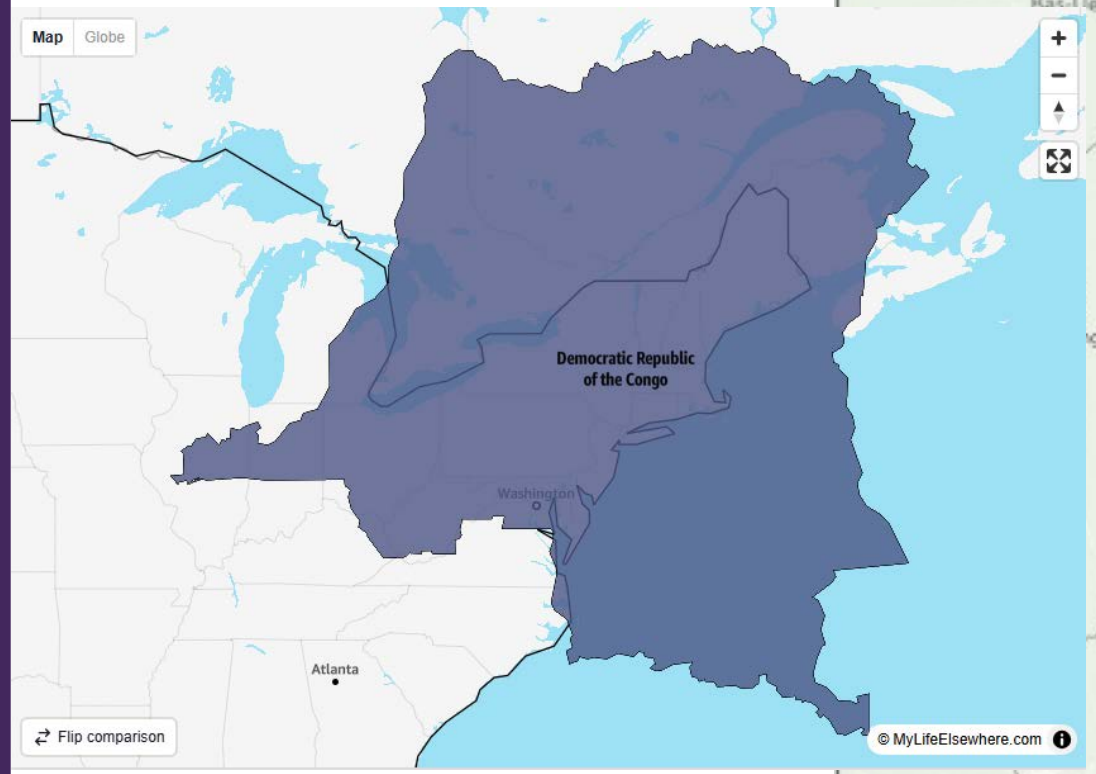
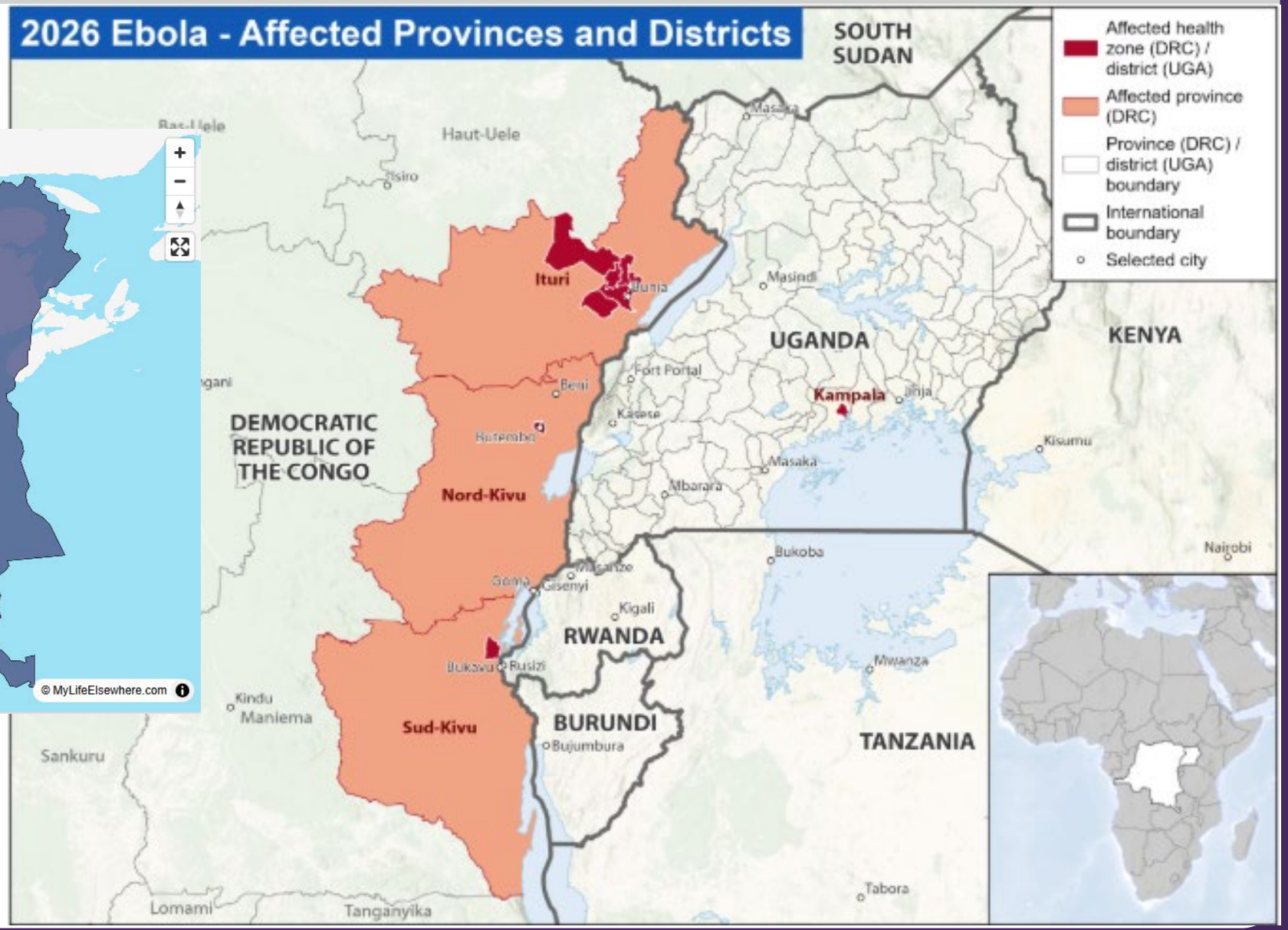
CURRENT BUNDIBUGYO DISEASE SITUATION





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HOW DID THIS GET SO BIG SO FAST?

- In early March, 3 suspected cases of Viral Hemorrhagic Fever in Nord-Kivu all tested negative.
- In late April, 2 sibling deaths in Ituri tested negative for filoviruses.
- In early May—were these Bundibugyo?:
  - A child death cluster in Sud-Kivu was assessed as measles.
  - A hospital in Bunia Health Zone in northeastern Democratic Republic of Congo identified a cluster of severe illnesses affecting healthcare workers.
  - Social media reports of 50 deaths in Mongbwalu

HOW DID THIS GET SO BIG SO FAST?

- Initial samples tested in the Democratic Republic of the Congo were negative for Ebola virus, but later 8 out of 13 samples tested positive, and 5 were inconclusive. Using genetic fingerprinting, the illnesses were identified as Bundibugyo (Bun-dee-BOO-joh) virus, one of the 4 types of orthoebolaviruses that cause Ebola disease in people.

WHAT IS BUNDIBUGYO?

- There have been 2 previous outbreaks of Bundibugyo virus, 1 in Uganda (2007) and 1 in the Democratic Republic of Congo (2012), with death rates of 25% and 50%, respectively.
- There is no vaccine for Bundibugyo virus, and treatment consists of supportive care.
- Patients have experienced classic Ebola disease symptoms like fever, headache, vomiting, severe weakness, abdominal pain, nosebleeds, and vomiting blood.
- In the Democratic Republic of Congo, most cases to date have been in people between 20 and 39 years old, and two-thirds have been in female patients.
- Incubation period is 2-21 days

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WHAT IS BUNDIBUGYO?

Separate viruses, but under the umbrella of “Ebola”
Calling this BVD, for
“Bundibugyo virus disease”

Ebola disease outbreaks by species and size, since 1976

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WORKING TOGETHER WORKS BETTER

- Talk to your local health department.
- Collaborate with other health care providers.
- Ensure that we are vigilant against this emerging threat.

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WHAT ABOUT THE UNITED STATES?

- One United States citizen working in the Democratic Republic of Congo, caring for patients, tested positive and was symptomatic. Was airlifted to Germany and was in stable condition as of last report.
- High-risk United States citizen contacts associated with this exposure have been moved to Germany and the Czech Republic.
- In addition to screening at outgoing airports in impacted countries, air travel funneling was implemented.
  - Passengers from the Democratic Republic of the Congo, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles (IAD), Atlanta (ATL), Houston (IAH), and New York-John F. Kennedy (JFK).
  - Centers for Disease Control-led screening taking place at these airports, to risk-classify passengers.

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FOUR DIFFERENT RISK LEVELS—HIGH RISK 1 OF 2

- **High Risk**—any of the following exposures:
  - Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose or mouth), or skin contact with blood or other body fluids of a person with a confirmed or suspected Bundibungyo Virus Disease
  - Physical contact with a person who has a confirmed or suspected Bundibungyo Virus Disease, without the use of recommended personal protective equipment
  - Providing health care to a patient with a confirmed or suspected Bundibungyo Virus Disease without use of recommended personal protective equipment or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or other body fluids of a patient with a Bundibungyo Virus Disease

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FOUR DIFFERENT RISK LEVELS—HIGH RISK 2 OF 2

- **High Risk**—any of the following exposures:
  - Physical contact (without using recommended personal protective equipment) with a body of a person who died of confirmed or suspected Bundibungyo Virus Disease, or any dead body in an area with a declared Bundibungyo Virus Disease outbreak, or experiencing a breach in infection control precautions while handling such a dead body
  - Living in the same household as a person with confirmed or suspected BVD while that person was symptomatic

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FOUR DIFFERENT RISK LEVELS—MEDIUM RISK

Spent time in a geographic area of concern (anywhere in DRC or South Sudan, Kampala), with situations of exposure potential—any of the following

Nonoccupational

- Exposure to a person with acute febrile illness in an area of concern
- Visiting a health care facility or traditional healer in an area of concern
- Attending a funeral or burial in an area of concern
- Contact with bats, bat urine or droppings or non-human primates; contact with blood, fluids, or raw meat from these or unknown animals; or entry into areas known to be inhabited by bats (e.g., caves, mines)

Occupational

- Providing health care, performing environmental cleaning, or handling of waste in an Ebola treatment unit, or for patients with the virus in any clinical setting
- Entry into a patient care area of an Ebola treatment unit for any reason
- Providing health care in an area of concern to an acutely ill patient not known to have the virus
- Environmental cleaning or handling of waste in a regular health care facility in an area of concern
- Clinical laboratory work associated with a treatment unit or other health care setting in an area of concern
- Burial work in an area of concern

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FOUR DIFFERENT RISK LEVELS—LOW RISK

Spent time in a geographic area of concern (anywhere in the Democratic Republic of Congo or South Sudan, Kampala), with NO situations of exposure potential

Spent time in affected country, but not in geographic area of concern

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MONITORING

- All get initial exposure assessment and education from Centers of Disease Control and Prevention (CDC), and a contact from New York State public health. In addition:
  - **High risk:** full quarantine with video health checks (now to Kenya?)
  - **Spent time in a geographic area of concern, with situations of exposure potential:** "regular" monitoring with Local Health Department (LHD) including temperature, no movement restrictions, coordinate movement if going outside of jurisdiction.
  - **Spent time in a geographic area of concern, with NO situations of exposure potential:** at least one check-in with Local Health Department, individual should self monitor including daily temperature, no movement restrictions, coordinate movement if going outside of jurisdiction.
  - **Spent time in affected country, but not in geographic area of concern:** single check-in with Local Health Department, self monitoring, no movement restrictions

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MONITORING

- 21 days from concerning exposures and/or of leaving country
  - Individual may be in different risk categories during full monitoring period
    - 21 days from higher risk exposure, then 21 days from leaving country
- Flight manifest information coming from Centers for Disease Control and Prevention via airlines
  - Often delayed, often incorrect
  - Coming every day, including weekends
- All guidance from Centers for Disease Control is subject to change
- Usually about 150 passengers per day--could go down, could go up
- Land crossings, broken travel

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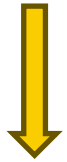
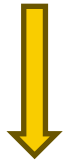
SCREENING AND MONITORING PROCESS

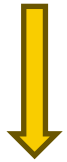
Centers for Disease Control and Prevention Screens Travelers as They Enter the U.S.



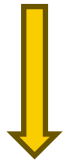
Traveler Manifests, With Their Status, Shared with New York State Department of Health



NY State Department of Health Shares Traveler Contact Information with Local Health Department



Local Health Department Contacts Travelers, Provides Information, Monitors Per Risk Status



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IF SOMEONE BEING MONITORED GETS SICK

- Call Local Health Department or New York State Department of Health, we'll call Centers for Disease Control and Prevention, and we'll collectively come to a decision.
- Assess travel and potential exposure history in the context of signs and symptoms to determine likelihood of actual Bundibungyi Virus Disease.
- If needs care, we will coordinate with receiving facility to ensure that the traveler gets to them and is evaluated with minimal risk to others.
- Any hospital in the state ought to be able to hold patients for evaluation, which would include determining presence/absence of much more likely causes of illness.
    - Places like Bellevue and Strong Memorial in Rochester are for TREATING patients with Ebola or evaluating someone who very much looks like a case of Ebola. They are **not** for evaluating every illness in a traveler.

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SUMMARY

- The situation in the Democratic Republic of Congo has already led to cases in Uganda.
- The sheer number of cases so far, coupled with the delay in public health actions and lack of a vaccine, indicates that this situation may linger for several months.
- Traveler restrictions and funneling have been put into place.
- Monitoring of travelers returning from affected countries will be our responsibility.
- We did this in 2014-2016 for thousands of travelers (over 6,000 NY, over 30,000 nationwide); there were 20-25 high-risk returning travelers to NY.
  - No returning travelers who were being monitored became ill with Ebola.
- We will continue to monitor the situation, Centers for Disease Control guidance, and provide updates as needed.

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Guidance on Protection

Monica Quinn, MS, RN, CIC
Program Manager
Bureau of Healthcare Associated Infections

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KEY INFECTION CONTROL COMPONENTS

Patient Placement

- Single patient room with door closed
- Private bathroom
- Adequate space for donning and doffing personal protective equipment
- Maintain a log of people entering the patient's room
  - Consider posting personnel at patient's door
- Use airborne infection isolation room for aerosol-generating procedures

https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html

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Personal Protective Equipment

1. Clinically Stable Patients suspected to have Viral Hemorrhagic Fever AND do not have Bleeding, Vomiting, or Diarrhea

https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html

2. Confirmed patients and clinically Unstable Patients Suspected to have Viral Hemorrhagic Fever OR Have Bleeding, Vomiting, or Diarrhea

https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html

SUMMARY OF PERSONAL PROTECTIVE EQUIPMENT RECOMMENDATIONS

Clinically Stable Patients Suspected to have VHF AND do not have bleeding, vomiting, or diarrhea	Confirmed Patients and Clinically Unstable Patients Suspected to have VHF
Single-use (disposable) fluid-resistant gown that extends to at least mid-calf or single-use (disposable) fluid-resistant coveralls without integrated hood	Single use (disposable) impermeable gown extending to at least mid-calf or single use (disposable) impermeable coverall
Single-use (disposable) full face shield	Respiratory, Head, and Face Protection
Single-use (disposable) facemask	Single-use (disposable) exam gloves with extended cuffs. Two pairs of gloves should be worn so that a heavily soiled outer glove can be safely removed and replaced during care. At a minimum, outer gloves should have extended cuffs.
Single-use (disposable) gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs.	Single-use (disposable boot covers) that extend at least to mid-calf. Single-use (disposable) shoe covers are acceptable only if they will be used in combination with a coverall with integrated socks.
	Single-use (disposable) apron that covers the torso to the level of the mid-calf should be used over the gown or coveralls if patients are vomiting or have diarrhea and should be used routinely if the facility is using a coverall that has an exposed, unprotected zipper in the front.
	Includes engagement with a TRAINED OBSERVER and possibly a DOFFING ASSISTANT
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html	https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html

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KEY INFECTION CONTROL COMPONENTS

1. Train health care personnel on all personal protective equipment recommended in the facility's protocols.
2. Health care personnel should practice donning and doffing procedures and must demonstrate competency through testing and assessment before caring for these patients.
3. Designate spaces so that personal protective equipment can be donned and doffed in separate areas to prevent any cross-contamination.

https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html

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PERSONAL PROTECTIVE EQUIPMENT - TRAINING VIDEOS

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https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/?CDC_AAref_Val=https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/index.html

Monitoring of Health Care Personnel

- High risk exposures: Health care personnel should be quarantined, monitored daily, and restricted from traveling by commercial transport until 21 days after their last high-risk exposure

- Health care personnel without high-risk exposures (e.g., full personal protective equipment, no recognized exposures) no work restrictions, monitoring for 21 days after last known contact with the patient.

https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html

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KEY INFECTION CONTROL COMPONENTS

- Patient placement
- Personal protective equipment
- Patient care equipment (dedicated or effectively and appropriately reprocessed)
- Patient care considerations (limit use of sharps)
- Safe injection practices
- Aerosol-generating procedures (use an Airborn Infection Isolation Room and appropriate personal protective equipmnet if aerosol-generating procedures is necessary)
- Hand hygiene
- Environmental surface cleaning and disinfection
- Health care worker monitoring, managing visitors
- Duration of precautions

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https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html

Laboratory Testing for Viral Hemorrhagic Fevers

Dr. Christina Egan
Deputy Director,
Division of Infectious Diseases
Wadsworth Center

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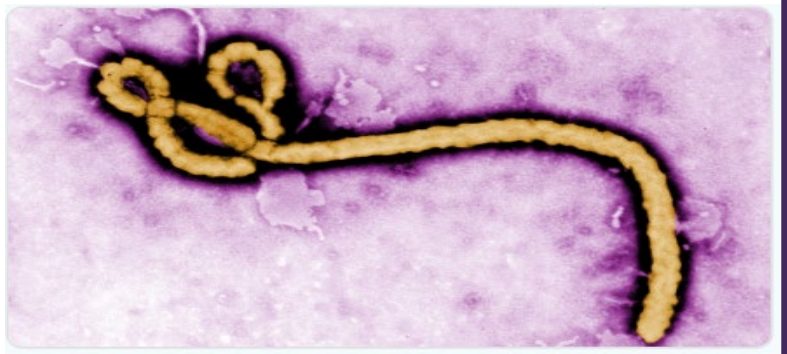
VIRAL HEMORRHAGIC FEVER LABORATORY TESTING IN A HOSPITAL SETTING

- Laboratory professionals can **safely** and **effectively** perform routine diagnostic testing on clinical specimens from these patients for both general clinical assessment (basic hematology and chemistry) and additional pathogens as indicated, by following Standard Precautions for All Patient Care and the Bloodborne Pathogen Standard (29 CFR 1910.1030).
- Experience with patients with Ebola Virus Disease and other Hemorrhagic Fever Viruses in the United States and multiple other countries, has demonstrated that laboratory testing can be performed safely in clinical Biosafety Level (BSL) 2 laboratories with appropriate safety measures in place.
- The laboratory risk assessment should include the use of all instrumentation and associated procedures that could generate aerosols. Labs should have decontamination protocols with information from manufacturers.

BUNDIBUGYO EBOLAVIRUS LABORATORY PREPAREDNESS- WHAT CAN YOUR LABORATORY DO NOW?

- Review and update your biohazard risk assessment, laboratory protocols, and notification/reporting pathways.
- Ensure your laboratory has sufficient personal protective equipment (PPE).
- Verify that Biosafety cabinets are certified and in-date.
- Verify that staff have their certifications for packaging and shipping specimens that may contain infectious substances to comply with Department of Transportation and International Air Transport Association regulations.
- Obtain Category A Infectious Substance shippers for transport of specimens to Wadsworth Center or New York City Public Health Laboratory.
- Ensure a site-specific waste management plan is in place for specimens, PPE, and associated waste from patients with confirmed Viral Hemorrhagic Fever (VHF).



https://www.cdc.gov/ebola/situation-summary/index.html

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Wadsworth Center

DOT = Department of Transportation
IATA = International Air Transport Association

BUNDIBUGYO EBOLAVIRUS TESTING CAPABILITY IN NEW YORK STATE

- Wadsworth Center, New York City (NYC) Department of Health and Mental Hygiene's Public Health Laboratory, and NYC Health+Hospitals/Bellevue have capability to test for Bundibugyo Ebolavirus.
- Additional Northeast regional capacity exists in other state Public Health Laboratories as well as throughout the Laboratory Response Network and Regional Emerging Special Pathogen Treatment Centers.
- Approval by New York State Health Department of Health / New York City Department of Health and Mental Hygiene must be obtained for Viral Hemorrhagic Fever testing before specimens are sent.

Photo courtesy of the Wadsworth Center

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Wadsworth Center

APPROPRIATE SPECIMENS FOR BUNDIBUGYO EBOLAVIRUS TESTING

- Two lavender top whole blood specimens with etheylenediaminetetraacetic acid (anticoagulant (4 mL per tube for adults and 1 mL per tube for pediatric samples).
  - One specimen will be tested and the other held for testing at the Centers for Disease Control and Prevention.
- The outside of all tubes containing specimens should be decontaminated before packaging.
- Must use Category A Infectious substances packaging.
- If the initial specimen is collected less than <72 hours after symptom onset and is negative, collect a second specimen >72 hours after symptom onset in consultation with public health officials.
- Specimens should be refrigerated immediately after collection and transported on cold packs to Wadsworth or NYC Public Health Laboratory.
- Transportation of specimens will be arranged in conjunction with the New York State Health Department of Health or New York City Department of Health and Mental Hygiene.

SPECIAL REQUIREMENTS FOR VHF REGULATED MEDICAL WASTE

- Management and handling of Ebola Virus Disease Regulated Medical Waste generated during patient care and testing - talk to Department of Health/ Department of Environmental Conservation.
- Packaging and transport of Ebola Virus Disease Regulated Medical Waste - talk to your waste hauler now!
- Treatment and Disposal of Ebola Virus Disease Regulated Medical Waste – talk to Department of Health/ Department of Environmental Conservation.

Hospitals should review waste management plans to ensure protocols are in place for the management of Ebola Virus Disease Regulated Medical Waste in the event they have *suspected* or *confirmed* case of Ebola Virus Disease.

Conclusion

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Question and Answer

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