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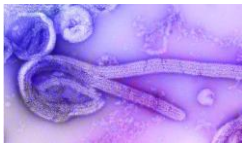
Transmissible Viral Hemorrhagic Fever

There is currently an outbreak of viral hemorrhagic fever due to Bundibugyo virus in the Democratic Republic of Congo with cases in several counties due to travel after exposure. Information here may be out-of-date so check Resources for links to the most current situation.

Ebola Viruses



Filovirus
cdc.gov 23186

Viral hemorrhagic fevers are diverse, representing five different viral families. Of concern due to potential extended person-to-person transmission are filoviruses including Ebola viruses and Marburg viruses.

These viruses cause clinically indistinguishable illnesses that can also resemble other conditions such as malaria, typhoid, influenza, COVID, or meningitis. After three to eight (range 2-25) days from exposure, the person develops nonspecific symptoms such as fever, chills, muscle aches, and fatigue. Four to five days later, there is often onset of watery diarrhea, vomiting, abdominal pain, and loss of appetite. Rashes, eye irritation and hiccups have also happened. Not all cases result in hemorrhage. When bleeding is present it can involve oozing from venipuncture sites, conjunctival bleeding, bruising or petechia, or frank blood from mucosa including nose, mouth, and intestinal tract. Spontaneous miscarriage may occur.

There are no unique laboratory findings other than testing for the agents themselves. Liver functions tests are elevated, white cells and platelets decreased, and clotting time extended. Other conditions such as malaria, influenza, or COVID should be ruled out. Treatment and vaccines vary with the type. Monoclonal antibodies and a vaccine are FDA approved for Ebola (Zaire strain). The vaccine is approved for certain groups at risk for exposure including outbreak responders, laboratory scientists and support staff, and healthcare personnel at designated treatment sites. Candidate vaccines are under development for Sudan ebolavirus and are recently for Bundibugyo ebolavirus.

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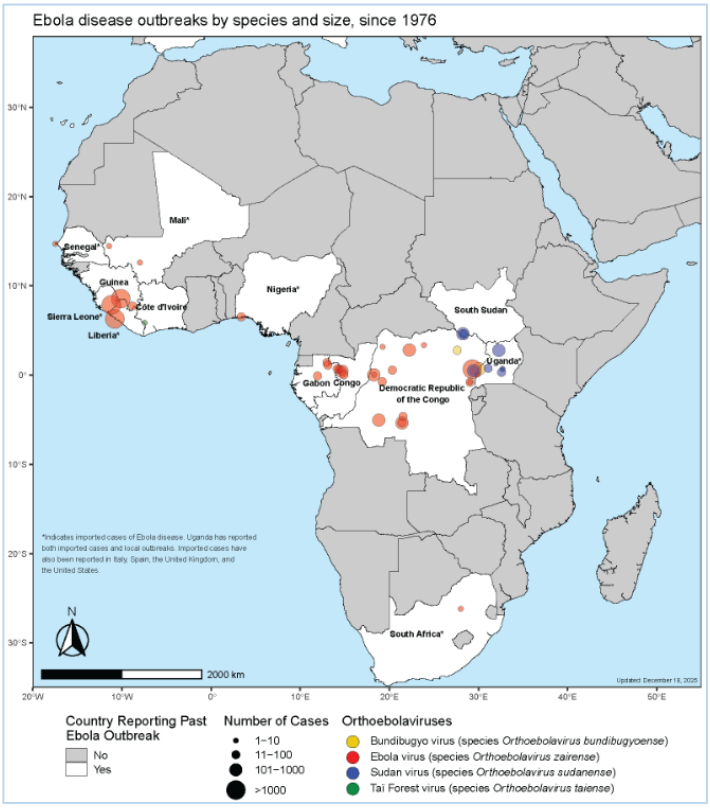
Outbreaks

Due to high viral levels in vomit or diarrhea and a tiny infectious dose for the agents, only small errors in infection prevention can result in exposure. Exposure can occur during home care, during health care before the diagnosis is suspected, or with failure of personal protective equipment. The last can happen in resource-limited settings or when providing health care in a complex setting, such as a 100ºF environment. In the absence of general preventive or therapeutic measures, controlling outbreaks has relied on rapid diagnosis, contact tracing and quarantine, preventing transmission during health care or funerals, and community education about preventing exposures.

Of the six known types of *orthoebolavirus*, three are known to have caused human outbreaks: Ebola Zaire, Sudan, and Bundibugyo (Figure). The largest outbreaks have been due to Ebola viruses, particularly *Orthoebolavirus zairense* which is commonly referred to Ebola virus. The largest outbreak, occurring in West Africa starting in 2014, resulted in almost 29,000 reported cases. Several outbreaks with cases numbering in the hundreds are attributed to *Orthoebolavirus sudanense* or Sudan virus. Outbreaks due to Bundibugyo virus are rare. Two prior outbreaks have been identified: in 2007-8 with 149 cases and 37 (25%) deaths and in 2012 with 36 cases and 13 (36%) deaths. The first was in Democratic Republic of the Congo and the second was on its border with Uganda.



https://www.cdc.gov/ebola/outbreaks/

Case-fatality is difficult to calculate due to potential underdiagnosis of cases. Some people do not reach a healthcare setting or may receive care where testing for the viruses is not available. In prior outbreaks of the various viruses, deaths range from 25% to 88% of the cases. During the large outbreak in West Africa during 2014-5, 39% of the cases were fatal.

Current Outbreak

In early May of this year, an outbreak of Bundibugyo viral infections was identified in a remote area of the Democratic Republic of the Congo (DRC). The first cases were in healthcare workers, suggesting that the outbreak's index case(s) had not been recognized. There was also a delay in identifying the outbreak because tests for Ebola (Zaire) did not detect Bundibugyo virus. Almost all cases have been in DRC but a few were identified in adjacent Uganda. South Sudan also shares a border but has not reported associated cases. As of June 20th there are 1,023 confirmed cases and 256 confirmed deaths, almost all in DRC.

In response to the outbreak, precautionary enhanced travel screening, entry restrictions, and public health measures were announced. All of DRC, Uganda, and South Sudan are considered "areas of concern" during the outbreak. Persons with high risk exposures should have been identified and kept from international travel. The person's risk of exposure while in the area of concern is evaluated for various factors:

- Exposed to person with consistent symptoms (occupational or non-occupational)
- Had contact with a healthcare facility or with a traditional healer (including through receiving health care, giving health care, environmental cleaning, or laboratory work)
- Attended or participated in a funeral or burial
- Had contact with living or dead bats or non-human primates, their meat or excretions, or a cave or mine potentially housing bats

Air passengers from DRC, South Sudan, and Uganda who are United States citizens or nationals are being routed to four US airports. They are assessed for symptoms and for risk of exposure. Monitoring plans for 21 days from last exposure are established depending on the person's level of risk, ranging from self-monitoring for symptoms to daily check-ins. If symptoms develop, the person needs evaluation and potentially testing through a public health laboratory.

Federal guidelines are updated periodically. Department of Health is providing current detailed guidance directly to local health jurisdictions receiving returning travelers. Local health jurisdictions can consult with Office of Communicable Disease Epidemiology staff.

Resources

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

CDC: History of Ebola outbreaks https://www.cdc.gov/ebola/outbreaks/index.html

CDC: Clinical features https://www.cdc.gov/ebola/hcp/clinical-signs/index.html

DOH: guideline https://doh.wa.gov/sites/default/files/2023-04/420-126-Guideline-VHF.pdf

DOH: overview https://doh.wa.gov/emergencies/be-prepared-be-safe/diseases/ebola-virus-disease-and-marburg-virus-disease

DOH: Testing https://doh.wa.gov/sites/default/files/2025-08/420-130-Ebola-PHL-Testing.pdf