

Marburg virus disease outbreak in Tanzania and Ebola disease outbreak in Uganda

Summary

- On January 30, 2025, Uganda [confirmed](#) an outbreak of Ebola disease due to Sudan virus in the country's capital city, Kampala.
- On January 20, 2025, Tanzania [confirmed](#) an outbreak of Marburg virus disease (MVD) in the northwestern Kagera region.
- No suspected, probable, or confirmed cases related to these outbreaks have been reported in the United States. The current risk to U.S. and California residents is low.
- Healthcare providers should routinely ask patients with signs or symptoms of infectious illness about recent international travel.
- Clinicians should suspect MVD or Ebola disease in a patient who has traveled to Tanzania or Uganda in the last 21 days, AND who has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding), AND has reported epidemiologically compatible risk factors within the 21 days before symptom onset (see Recommendations for Clinicians).
- If there is suspicion for MVD or Ebola disease, healthcare providers should immediately take infection control precautions specific to these viral hemorrhagic fever (VHF) viruses and notify the local health department (LHD).
- If an LHD is notified that a person has been in Tanzania or Uganda in the last 21 days and has had a potential VHF exposure, the LHD should notify the California Department of Public Health (CDPH) and ensure that the exposed individual is monitoring themselves for VHF-compatible symptoms for 21 days after leaving the affected countries.
- Travelers who have been in Tanzania or Uganda in the last 21 days should contact their LHD if they develop symptoms concerning for Ebola disease or MVD. Before going to the doctor's office, emergency room, or other clinical setting, they should contact the doctor or other healthcare provider and inform them about the recent travel, symptoms, and risk factors.

The California Department of Public Health (CDPH) is closely monitoring a Marburg outbreak in Tanzania and an Ebola outbreak in Uganda caused by Sudan virus. To date, **no cases of Marburg virus disease (MVD) or Ebola disease related to these outbreaks have been reported in the United States or other countries outside of the affected countries.** On February 6, 2025, the U.S. Centers for Disease Control and Prevention (CDC) released a Health Alert Network (HAN) report on the [Ebola Outbreak Caused by Sudan virus in Uganda](#). This Health Advisory provides information about these outbreaks and summarizes CDPH's recommendations for case identification, testing, and clinical laboratory biosafety considerations in California.

Background

On January 30, 2025, Uganda [confirmed](#) an Ebola disease outbreak in Kampala after a nurse died of Sudan virus disease (SVD) on January 29, 2025. CDC has issued a [Level 2 \(Practice Enhanced Precautions\)](#) Travel Health Notice for Uganda. See [CDC HAN](#) for details.

On January 20, 2025, Tanzania [confirmed](#) an outbreak of Marburg virus disease (MVD) in the country's northwestern Kagera region after one patient tested positive for the virus. On February 3,

2025, a CDC official reported that they were aware of 2 confirmed cases and 8 probable cases associated with this outbreak, which is occurring in a more remote area compared to the Ebola disease outbreak in Uganda. For the MVD outbreak in Tanzania, WHO has assessed the risk of spread to be high at the national and regional levels and low at the global level. CDC has issued a [Level 1 Travel Health Notice \(Practice Usual Precautions\)](#) for Tanzania.

Recommendations for Clinicians

- Refer to the [CDC HAN](#)'s information on assessing patients with [exposure risk](#) and compatible symptoms for the possibility of VHF, including SVD or MVD, through a [triage and evaluation process](#) which includes a travel history.
- Consider more common diagnoses such as [malaria](#), COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in an ill patient with recent international travel and consider the possibility of a concurrent infection. Travel to or from an Ebola or Marburg affected country in the past 21 days should not be a reason to defer [routine laboratory testing](#) or other measures necessary for standard patient care.
- Isolate and manage patients with exposure risks and symptoms compatible with Ebola disease or MVD in a healthcare facility, with personnel wearing [appropriate personal protective equipment \(PPE\)](#) while VHF test results are pending.
 - If a patient tests positive, be prepared to implement a waste management plan for a Category A waste.
 - If a patient tests positive, they would be transferred to a [Regional Emerging Special Pathogens Treatment Center \(RESPTC\)](#); Cedars-Sinai Hospital is the RESPTC for California.
- Contact your hospital infection control and local health department immediately if [Ebola disease or MVD is suspected](#) and follow jurisdictional protocols for patient assessment. CDPH and CDC can assist healthcare providers and LHDs with evaluation of any symptomatic returned travelers of concern. Your LHD, CDPH, and CDC must approve testing before specimens are collected.
- Follow CDC's [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\)](#). All California hospitals are expected to be able to serve as a National Special Pathogen System (NSPS) System of Care Level 4 facility (formerly referred to as "frontline hospitals") with the ability to identify, isolate, inform, and initiate stabilizing medical care for a suspect VHF patient; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.
- Counsel healthcare workers traveling to Ebola disease or MVD outbreak-affected countries for work in clinical settings of their potential increased risk of VHF exposure, the importance of following recommended infection prevention and control precautions, and the possibility of symptom monitoring and work-restriction after their return to California depending on their exposure-risk and public health recommendations at the time of return to California.

See [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks](#).

Recommendations for Infection Prevention and Control Measures in Hospitals

- Employ recommended [infection prevention and control measures](#) to prevent transmission of Ebola disease or MVD in hospitals. These infection prevention and control measures include, but are not limited to:
 - Isolating patients in a private room with a private bathroom or covered bedside toilet if Ebola disease or MVD is suspected and limiting the number of personnel who enter the room for clinical evaluation and management. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care.
 - Following separate PPE guidance for managing [clinically stable](#) and [clinically unstable](#) patients.
 - Ensuring that healthcare personnel caring for patients with VHFs have received comprehensive training and demonstrated competency in performing VHF-related infection control practices and procedures.
 - Having an onsite manager supervise personnel providing care to these patients at all times. A trained observer must also supervise each step of every PPE donning/doffing procedure to ensure established PPE protocols are completed correctly.
- Healthcare personnel can be exposed through contact with a patient's body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. Splashes to unprotected mucous membranes (e.g., the eyes, nose, or mouth) are particularly hazardous.
- Minimize procedures that can increase environmental contamination with infectious material, involve handling of potentially contaminated needles or other sharps, or create aerosols.

Recommendations for Local Health Departments

- As of February 6, 2025, CDC has not issued any interim recommendations to health departments for post-arrival risk assessment and management of travelers who have been to Uganda or Tanzania in the last 21 days.
 - Returning travelers should be advised to self-monitor for symptoms for 21 days after leaving the affected countries. If an individual with a [high-risk exposure](#) is identified, LHDs should notify CDPH. See [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures](#).
 - LHDs should notify CDPH if they are aware of any organizations sending California.-based personnel to VHF-affected areas. LHDs should notify CDPH immediately if any individual in California develops symptoms within 21 days after leaving the

affected area. See [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks](#).

- CalCONNECT and CalREDIE can be used to support daily symptom monitoring of returned travelers. Contact CDPH for any needed assistance in using these data platforms for this purpose.
 - CalREDIE: Use the "Viral Hemorrhagic Fevers (Ebola, Marburg) Traveler Monitoring" form.
 - CalCONNECT: Use the "Ebola or Marburg Monitoring" condition, which includes the automatic text messaging capability available through CalCONNECT's virtual assistant.
- If a patient with clinical and epidemiologic history concerning for Ebola disease or MVD is identified in your jurisdiction, contact the CDPH Infectious Diseases Branch (510-620-3434) during business hours, or the CDPH Duty Officer (916-328-3605) after hours or on weekends/holidays.
 - Coordinate patient management, sample referral, and Ebola/Marburg virus testing with CDPH, CDC, and the clinical team. Ebola and Marburg testing must be approved by CDPH and CDC.
 - CDPH will work with you to contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about Ebola/Marburg virus disease or other viral hemorrhagic fevers.

Recommendations for Clinical Laboratory Biosafety

- Have a written [Exposure Control Plan](#) in place to eliminate or minimize employees' risk of exposure to blood, body fluids or other potentially infectious materials per Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard. A laboratory should have dedicated space, equipment for handling and testing specimens from ill patients, and plans for minimizing specimen manipulation.
 - Laboratories should conduct extensive risk assessments to identify and mitigate hazards associated with handling Ebola specimens. The proper PPE needs to be identified, available, and staff trained to properly don and doff their PPE. Staff need to be specially trained, have passed competency testing, and attended drills to safely receive, handle, and process these specimens.
 - A waste management plan needs to be in place for lab reagents and Category A waste, including PPE and sample material.
- Be aware that early symptoms associated with Ebola disease and MVD are similar to other illnesses associated with fever in recent international travelers.
 - The decision to test for Ebola/Marburg must be made in conjunction with the patient's clinical care team, the LHD, CDPH, and CDC's Viral Special Pathogens Branch (VSPB). Local health departments are responsible for coordinating

specimen collection; this may involve working with the attending healthcare provider or facility. CDPH is available to consult on collecting, packaging, and shipping specimen, including which laboratory should receive the samples.

- The specimen type required for the tests that are available (i.e., the Biofire Warrior Panel) is **EDTA whole blood**. The Biofire Film Array NGDS Warrior Panel can detect multiple VHF viruses and is currently available at four public health laboratories in California. See CDPH's [Ebola testing page](#) for more information.
- Follow CDC guidance on [safely performing common diagnostic testing](#) for patients with suspected Ebola disease or MVD.
 - All personnel handling specimens from patients with suspected Ebola disease or MVD should adhere to recommended infection control practices to prevent infection and transmission among laboratory personnel.
- If a facility does not have the appropriate risk mitigation capabilities, forward the specimen using [appropriate packing and shipping requirements](#) to another facility that does.

Recommendations for the Public

- Protect yourself and prevent the spread of Ebola disease or MVD by taking actions to avoid [high-risk exposures](#) when living in or traveling to affected countries.
- Monitor your health for 21 days after you return from an area experiencing an Ebola disease or MVD outbreak.
- Isolate (separate) yourself immediately from others and seek medical care immediately if you develop symptoms of [Ebola disease](#) or [MVD](#). Before you enter a healthcare facility, alert the healthcare providers of your recent travel to a VHF-affected area.

Additional Resources

CDPH [Viral Hemorrhagic Fevers](#)

CDC [Marburg Outbreak in the United Republic of Tanzania: Current Situation](#)

CDC [Viral Hemorrhagic Fevers \(VHFs\)](#)

CDC [Ebola Disease Basics](#)

CDC [Clinical Overview of Marburg Disease](#) (updated January 30, 2025)

CDC [Clinical Guidance for Ebola Disease](#) (updated January 30, 2025)

CDC [Guide for Clinicians Evaluating an Ill Person for VHF or Other High-Consequence Disease](#) (updated May 2024, with algorithm to guide VHF testing decisions)

CDC [Viral Hemorrhagic Fever \(VHF\) 2025 Case Definition](#)

CDC [Clinical Screening and Diagnosis for VHFs](#) (updated May 2024)

CDC [Laboratory Testing for Patients with a Suspected VHF or High-Consequence Disease](#)

CDC [Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHFs or Other High-Consequence Disease](#)

CDC [Public Health Guidance for State, Territorial, Local, and Tribal Health Departments](#)

CDC [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures](#)

CDC [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks](#)

CDC [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\)](#)

CDC [Donning and Doffing PPE During Management of Patients with Selected VHF in U.S. Hospitals](#)

CDC [Handling VHF-Associated Waste](#)

CDC [Level 1 Travel Health Notice for Tanzania](#)

WHO [Marburg virus disease](#)

WHO [Sudan virus disease - Uganda](#)