### DEPARTMENT OF HEALTH

# Health Advisory: Marburg Virus Outbreak in Rwanda – Actions for Minnesota

Minnesota Department of Health, Fri, Oct 4 11:00 CDT 2024

## **Action Steps**

*Local and tribal health department*: Please forward to hospitals, clinics, and any other health care facilities in your jurisdiction.

*Hospitals, clinics and other facilities*: Please forward to infection prevention, infectious disease, occupational health, primary care, internal medicine, emergency medicine, urgent care, and all other health care providers who might see patients presenting for assessment of illness following return from travel

#### Health care providers:

- Recognize that health care personnel who were present in any health care facility in the Republic of Rwanda during the previous 21 days should be excluded from work duties, following <u>CDC's Interim Marburg Recommendations (https://www.cdc.gov/viralhemorrhagic-fevers/php/public-health-strategy/management-of-US-based-healthcarepersonnel-2024-marburg-outbreak.html).
  </u>
- Notify the Minnesota Department of Health (MDH) of any health care workers returning from health care facilities in Rwanda. MDH will contact them for a risk assessment and for symptom monitoring for 21 days from the date of their last presence in a health care facility in Rwanda.
- Systematically assess patients with exposure risk and compatible symptoms for the possibility of viral hemorrhagic fevers, including Marburg Virus Disease (MVD), through a triage and evaluation process including a travel history.
- Place patients in a private room with the door closed and **contact MDH immediately at** 651-201-5414 or 1-877-676-5414 if MVD is being considered in the differential diagnosis of a returned traveler from Rwanda.

### Summary

• <u>CDC: Health Alert - First Marburg Virus Disease Outbreak in the Republic of Rwanda</u> (https://emergency.cdc.gov/han/2024/han00517.asp)

Rwanda confirmed its first outbreak of Marburg virus disease (MVD) with 36 laboratoryconfirmed cases and 11 deaths reported as of Oct. 2, 2024, including at least 19 cases in health care workers. MVD is a rare but highly fatal viral hemorrhagic fever. Symptoms include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of Rwanda to date. Currently, the risk of MVD in the United States is low; however, clinicians should be aware of the potential for imported cases.

The Centers for Disease Control and Prevention (CDC) has reached out to U.S.-based nongovernmental organizations and medical centers with staff working in the affected areas to

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provide guidance on education and how to conduct health assessments of U.S.-based staff before, during, and after their deployment. On Oct. 3, 2024, CDC issued interim recommendations for public health management of U.S.-based health care personnel who were present in a health care facility in Rwanda in the previous 21 days. These include exclusion from work duties in a U.S. health care facility until 21 days after their last presence in a health care facility in Rwanda and post-arrival monitoring by health departments. CDC will notify MDH when they are aware of health care workers who are returning to Minnesota from health care facilities in Rwanda.

If MVD is being considered in the differential diagnosis of an ill returned traveler per the clinician recommendations below, **please contact MDH immediately at 651-201-5414 or 1-877-676-5414.** 

### **Recommendations for Health Care Facilities**

- Exclude health care workers returning from work in Rwanda from work duties in a U.S. health care facility until 21 days after their last presence in any health care facility (including outpatient or traditional healing settings) in Rwanda.
- Review CDC guidance on infection prevention and control for hospitalized patients under investigation for viral hemorrhagic fevers: <u>CDC: Infection Prevention and Control</u> <u>Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to</u> <u>have Selected Viral Hemorrhagic Fevers (VHF) (https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html)</u>.
- Review the training materials in the <u>MDH: High Consequence Infectious Disease (HCID)</u> <u>Toolbox for Frontline Healthcare Facilities</u> (<u>https://www.health.state.mn.us/diseases/hcid/index.html</u>) for preparedness planning and appropriate use of personal protective equipment (PPE).
- Please notify MDH of any health care workers returning from health care facilities in Rwanda. MDH will contact them for a risk assessment and for symptom monitoring for 21 days from the date of their last presence in a health care facility in Rwanda.

### **Recommendations for Clinicians**

- If MVD is being considered in the differential diagnosis of an ill returned traveler from Rwanda per the clinician recommendations below, please contact MDH immediately at 651-201-5414 or 1-877-676-5414. If a diagnosis of MVD is considered, MDH will work with CDC and the clinical team to coordinate care and testing for the patient and ensure appropriate precautions are taken to help prevent potential spread.
- Systematically assess patients with exposure risk and compatible symptoms for the possibility of viral hemorrhagic fevers, including MVD, through a triage and evaluation process including 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 evaluate and manage appropriately.

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- Include MVD in the differential diagnosis for an ill person who has been to an area with an active MVD outbreak in the past 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 who has reported epidemiologically compatible risk factors like any one or more of the below, within the 21 days before symptom onset:
  - Had direct contact with a symptomatic person with suspected or confirmed MVD, or with any objects contaminated by their body fluids.
  - Experienced a breach in infection prevention and control precautions that resulted in the potential for contact with body fluids of a patient with suspected or confirmed MVD.
  - Participated in any of the following activities while in an area with an active MVD outbreak:
    - Had contact with someone who was sick or died or with any objects contaminated by their body fluids.
    - Attended or participated in funeral rituals, including preparing bodies for funeral or burial.
    - Visited or worked in a health care facility or laboratory.
    - Had contact with cave-dwelling bats or non-human primates.
    - Worked or spent time in a mine or cave.
- If MVD is being considered in the differential diagnosis of an ill returned traveler from Rwanda, patients should be placed in a private room with a private bathroom with the door closed. Patients should be cared for by personnel wearing appropriate PPE.
- Travel to or from Rwanda in the past 21 days should not be a reason to defer other routine or indicated laboratory testing (e.g., malaria testing, blood cultures) or other measures necessary for standard patient care.

## **For More Information**

- <u>CDC: Health Alert First Marburg Virus Disease Outbreak in the Republic of Rwanda</u> (<u>https://emergency.cdc.gov/han/2024/han00517.asp</u>)
- <u>CDC: Marburg Virus Disease: Interim Recommendations for Public Health Management</u> of U.S.-based Healthcare Personnel Returning from Rwanda (https://www.cdc.gov/viralhemorrhagic-fevers/php/public-health-strategy/management-of-US-based-healthcarepersonnel-2024-marburg-outbreak.html)</u>
- MDH: High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities (https://www.health.state.mn.us/diseases/hcid/index.html)

A copy of this HAN is available at: <u>MDH Health Alert Network</u> (<u>http://www.health.state.mn.us/han</u>)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.