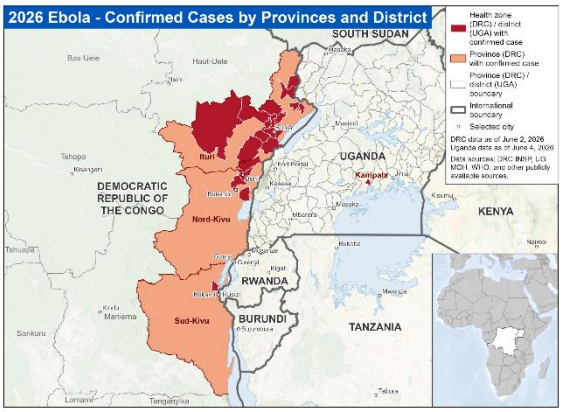
Ebola Traveler Monitoring Guidelines for Local Health Departments

This information is for official use only and is not for public dissemination - July 13, 2026

In mid=May 2026, an outbreak of Ebola disease caused by Bundibugyo virus was identified in the Democratic Republic of the Congo (DRC). Confirmed cases have also been reported in Uganda in travelers from DRC. The cases in the DRC were initially reported in Ituri Province but have expanded to surrounding areas (map). The affected area is impacted by significant security concerns which pose challenges for public health response. CDC issued a level 3 travel notice for the DRC on May 18 and a level 2 travel notice for Uganda on May 26. The World Health Organization declared a Public Health Event of International Concern (PHEIC) on May 17. Refer to WHO's Ebola disease outbreak — Democratic Republic of the Congo for updated case counts.



There are no approved vaccines or therapeutics for Bundibugyo virus disease (BVD). There have been two previous outbreaks of Bundibugyo virus, one in Uganda and one in DRC, with death rates of 25% and 50%, respectively. Early supportive care improves the chance of survival. Early detection and isolation, contact tracing, including monitoring and quarantine when indicated, are essential public health tools needed to control these types of outbreaks. Local health authorities in the affected countries are conducting investigations to identify infected people and their contacts to prevent further transmission and educating communities and the public about the risks of BVD and protective actions. On May 18, 2026, the US government implemented entry restrictions on non-US passport holders if they have been in DRC, Uganda, or South Sudan in the previous 21 days. On May 22, 2026, CDC amended its May 18 order and issued an interim final rule that now suspends entry into the US for US lawful permanent residents (Green Card holders) as well.

Airport Screening

On May 21, 2026, the US Department of Homeland Security announced that all flights to the US with passengers who had recently traveled to DRC, Uganda, or South Sudan must arrive at designated airports for enhanced screening. Travelers are currently being diverted to four airports: John F. Kennedy International Airport in New York; Washington Dulles International Airport in Virginia; Hartsfield-Jackson Atlanta International Airport in Georgia; and George Bush Intercontinental Airport in Texas.

Specific **AREAS OF CONCERN** for the purpose of this response include:

DRC	Entire country
Uganda	Entire country
South Sudan	No specific area of concern identified. However, travelers from South Sudan are included in this interim guidance because it neighbors DRC with a high-volume of travel across a porous shared border

On arrival in the United States, CDC staff obtain contact information from travelers and:

1. Observe for visible signs of illness through a visual health screening;
2. Take the traveler's temperature with a non-contact thermometer; and
3. Perform a risk assessment.

Travelers displaying signs of illness or who have epidemiological risk factors will be referred for further evaluation. People with high-risk exposures would be restricted from further travel via commercial transport.

CDC will share traveler information on travelers who list New Jersey as their final destination with NJDOH/Communicable Disease Service (CDS). CDS staff will enter information for individuals needing public health monitoring into the Communicable Disease Reporting and Surveillance System (CDRSS) and link them to investigation # I-2026-33266. Available risk assessment information provided by CDC will be included.

CDC is sending all travelers an automated text message several times during the 21-day monitoring period providing symptoms to watch for and with instructions that if symptoms develop to self-isolate and contact the health department, and that if urgent medical care is needed, to call a doctor or 911 and tell them about recent travel to an area with an Ebola outbreak.

Traveler Monitoring

On July 7, CDC issued updated interim guidance for traveler public health assessment and monitoring. NJDOH requests that local health departments (LHDs):

1. Ensure that LHD response staff have added CDRSS immediate disease notifications for Ebola. As with all immediate disease notifications, LHDs need staff to monitor these 7 days/week. See CDRSS Setting up and Deleting Disease Email Notifications.
2. Contact travelers within 24 hours of CDRSS notification[1] and complete the following:
    a. Evaluate/verify BVD risk using the Risk Assessment in CDRSS (including if the traveler was in DRC, Uganda, or South Sudan; or if they were transiting through a country of concern (e.g., during a connecting flight). If any new BVD risk factors are identified, review Table 1 to assign overall risk level and notify CDS by emailing cdsevd.monitoring@doh.nj.gov if indicated.
    b. Ask if traveler has BVD-compatible symptoms, including fever, and document responses in the Risk Assessment and Symptom Monitoring sections in CDRSS. If the traveler does not have a thermometer, the LHD should provide an FDA approved thermometer. If the traveler has BVD-compatible symptoms, during business hours, contact your regional epidemiologist and provide information via secure email to cdsevd.monitoring@doh.nj.gov. Off-hours, call the CDS after-hours emergency number at 609-392-2020 (mention "Ebola", since answering service may not be familiar with Bundibugyo virus or BVD).
    c. Verify contact information and ask if the traveler prefers to be contacted by telephone, text, or email.
    d. Provide a 24/7 LHD contact number for traveler to call if compatible symptoms develop. Advise traveler that if symptoms develop, they should self-isolate immediately, notify the LHD, and if they need emergent care, to call 911 and tell them about their travel and/or exposure history.
    e. Educate the traveler to self-monitor for fever (greater than or equal to 100.4°F or 38 °C) and other BVD-compatible symptoms for 21 days since departure from the impacted country. LHDs can share information from CDC on after-travel recommendations.
    f. Advise the traveler that if they plan on leaving New Jersey while under monitoring, that they should notify the LHD and provide the out-of-state address, contact information, and dates of travel. If the traveler is relocating out-of-state, notify CDS and provide the destination address and date of relocation. If the traveler intends to leave the United States, please provide the following information to CDS: passport number, travel itinerary, and new destination contact information (address, phone number, email).
3. Based on exposure risk level, implement monitoring and document in CDRSS (Traveler Monitoring).

[1] LHDs should call and/or text all provided phone numbers, including international phone numbers, and send emails in order to reach the traveler. If the LHD cannot reach the traveler within 24 hours of CDRSS notification using telephone, text, and email options, a home visit should be made.

a. Day 1 is the 24-hour period after the traveler departed the outbreak impacted country. If the LHD reaches the traveler >24 hours after departure, the monitoring would be started on that day, i.e., Day 2 if initially reached at 48 hours after departure.
b. When asking about symptoms on the Traveler Risk Assessment, the clinical status should be re-entered as the first monitoring day in the Traveler Monitoring section.
c. Symptom monitoring can be conducted by phone, video conferencing, other electronic means (e.g., text message, email, app, web form), or in person. LHDs with access to electronic methods such as web forms, mobile applications, or automated text messaging can consider more frequent monitoring, according to available resources.

Transit-only Travelers: For persons initially assessed as "transit-only," ask if the traveler remained on board the aircraft while transiting through a country of concern (i.e., connecting flight) or if they de-planed but remained in the airport and document the response in the "Enter any other relevant information" field within the Risk Assessment. If the LHD determines the traveler was in an area of concern outside of the airport during transit, complete the full risk assessment, review Table 1 to assign overall risk level and notify CDS by emailing cdsevd.monitoring@doh.nj.gov. As with other traveler notifications, ask about BVD-compatible symptoms, instruct on self-monitoring for 21 days, and provide LHD 24/7 contact information should BVD-compatible symptoms develop. Transit-only travelers do not need further monitoring by LHDs and after the initial information is entered into CDRSS, the case can be LHD closed as "completed monitoring."

Table 1: Risk Levels for Documentation in CDRSS – Traveler Risk Assessment

Risk Level	Exposure Risks
High risk exposures	• Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose, or mouth), or skin contact with blood or other body fluids (including but are not limited to feces, saliva, sweat, urine, vomit, sputum, breast milk, tears and semen) of a person with a confirmed or suspected VHF • Physical contact with a person who has a confirmed or suspected VHF, without the use of recommended personal protective equipment (PPE) • Providing health care to a patient with a confirmed or suspected VHF without use of recommended PPE 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 VHF • Physical contact (without using recommended PPE) with a body of a person who died of confirmed or suspected VHF, or any dead body in an area with a declared VHF 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 VHF while that person was symptomatic Refer to Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures
Present in area of concern with potential exposure **(Note as "moderate risk" in CDRSS)**	Travelers who in the previous 21 days have been in an affected country **in an area of concern** with the following potential exposures (without high-risk exposures): Nonoccupational • Exposure to a person with acute febrile illness • Visiting a health care facility or traditional healer

	• Attending a funeral or burial • 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) <u>Occupational</u> • Providing health care, performing environmental cleaning, or handling of waste in an Ebola treatment unit (ETU), or for patients with BVD in any clinical setting • Entry into a patient care area of an ETU for any reason • Providing health care to an acutely ill patient not known to have BVD • Environmental cleaning or handling of waste in a regular healthcare facility • Clinical laboratory work associated with a treatment unit or other health care setting • Burial work
Present in area of concern but NO potential exposure **(Note as "some/lower risk" in CDRSS)**	Travelers who in the previous 21 days have been in an affected country in **an area of concern** with no reported potential exposures
Present in affected country but NOT in area of concern **(Note as "Very low, but not zero" risk in CDRSS)**	Travelers who were in an affected country, but **NOT in an area of concern** As of July 8, 2026, this includes persons who transited through a country of concern (e.g., during a connecting flight).
No known risk	No travel to an affected country in the past 21 days

Table 2. Traveler Monitoring by CDRSS Exposure Risk Level

Exposure Risk Level	LHD monitoring	Notify CDS?	Traveler Instructions	Movement Restrictions[3]	CDRSS Documentation
High Risk	Once daily	YES	Take temperature twice daily and self-monitor for BVD symptoms for 21 days. Notify LHD immediately if symptomatic. Arrange to check in with the LHD daily for 21 days (by telephone, text, or email).	Quarantine for 21 days; no commercial transport	Enter monitoring data for all 21 days in CDRSS (Traveler Monitoring). After day 21, and if the traveler remains asymptomatic, close as "Not a Case".
Moderate Risk	Once daily	YES	Take temperature daily and self-monitor for BVD symptoms for 21 days. Notify LHD immediately if symptomatic. Arrange to check in with the LHD daily for 21 days (by telephone, text, or email).	No movement restrictions but consult with CDS for planned out of state travel. US-Based HCW[2] should be evaluated by their occupational health program and have their recommended postexposure management, including work restrictions, determined in collaboration with CDS. Workers should check their temperature prior to each work shift during the 21 days. https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html	Enter monitoring data for all 21 days in CDRSS (Traveler Monitoring). After day 21, and if the traveler remains asymptomatic, close as "Not a Case". CDS may delegate HCW monitoring to an occupational health program of the employing or sponsoring organization
Some/ Lower Risk	Initial contact, Day 10, Day 21	NO	Take temperature daily and self-monitor for BVD symptoms for 21 days. Notify LHD immediately if symptomatic. Arrange to check in with the LHD on Day 10 and Day 21 (by telephone, text, or email).	No movement restrictions but consult with CDS for planned out of state travel.	Enter monitoring data after each check-in in CDRSS (Traveler Monitoring). After day 21, and if the traveler remains asymptomatic, close as "Not a Case".
Very Low, but not Zero Risk	Initial contact, Day 21 Transit-only: initial contact only	NO	Self-monitor for BVD symptoms for 21 days. If symptomatic, take temperature and notify LHD immediately.	No movement restrictions but consult with CDS for planned out of state travel Transit-only: no travel coordination needed.	Enter monitoring data on initial check-in and on Day 21. After day 21, and if the traveler remains asymptomatic, close as "Not a Case". Transit-only: enter initial check-in data, mark as "Completed monitoring", & close as "Not a Case". No additional follow-up required.
No known risk	N/A	NO	None	None	N/A

[2]For the purpose of these interim recommendations, U.S.-based healthcare personnel include any persons who work or volunteer in a U.S. healthcare facility (inpatient or outpatient) in any capacity. [3]International travel is discouraged while under monitoring because of uncertainty about restrictions in destination countries and access to health care, medical evacuation, or specialized transport if symptoms develop.

Travelers who develop BVD-compatible symptoms:

If a traveler under monitoring notifies the LHD that they are ill, the LHD should collect information on symptoms, onset, severity, and progression, document them in CDRSS and contact CDS for assistance.

If a traveler under monitoring seeks medical care without prior LHD notification, the LHD should use the Suspect Viral Hemorrhagic Fever Intake Form (VHF-1) to collect information from the healthcare provider/hospital on clinical status and assessment, document in CDRSS and contact CDS.

CDS Contact Information:

To reach CDS for questions on VHF traveler monitoring or other VHF issues, during business hours, email cdsevd.monitoring@doh.nj.gov. Off-hours, call the CDS after-hours emergency number at 609-392-2020.

Resources:

- NJDOH Ebola Page: https://www.nj.gov/health/cd/topics/ebola.shtml
- VHF Intake Form: Suspect Viral Hemorrhagic Fever Intake Form (VHF-1)
- Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak | Viral Hemorrhagic Fevers (VHFs) | CDC
- CDC Current Situation: https://www.cdc.gov/ebola/situation-summary/index.html
- CDC HAN: https://www.cdc.gov/han/php/notices/han00530.html