Traveler Evaluation and Monitoring (TEAM) Protocol

Interim Guidance for the Michigan Department of Health and Human Services (MDHHS) and Local Health Departments (LHD)

Bundibugyo Virus Disease 2026

Please see the Centers for Disease Control and Prevention (CDC) Ebola websites for the most current information.

- CDC Ebola Disease.
- Ebola Disease: Current Situation.
- Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.
- Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.

I. Situation

- This document reviews the management and monitoring procedure for travelers from the Democratic Republic of the Congo (DRC), Uganda and South Sudan.
    - DRC is currently experiencing Bundibugyo virus disease (BVD) activity. BVD is a type of Ebola disease. Individuals with recent travel including Uganda and South Sudan also have public health recommendations due to travel patterns in the region.
    - For situational updates see: CDC Ebola Disease: Current Situation.
- CDC has developed interim guidance on monitoring potentially impacted travelers.
- Travelers, including U.S. citizens and U.S. nationals, who have been in DRC within 21 days before departure will not be allowed to board commercial flights with U.S. destinations. These travelers should plan to remain outside the U.S. for at least 21 days after they leave DRC. (Note: some travelers may be granted an exception to this restriction, e.g., relief workers).
- Individuals with a 21-day travel history including Uganda and South Sudan who are not U.S. citizens or U.S. nationals will not be permitted to enter the U.S.
- U.S. citizens and U.S. nationals who have been present in Uganda or South Sudan (and not present in DRC) within 21 days before arrival in the U.S. will have their air travel routed through designated U.S. airports for public health entry screening.
    - Washington-Dulles International Airport (IAD), Virginia.
    - Hartsfield-Jackson Atlanta International Airport (ATL), Atlanta.
    - George Bush Intercontinental Airport (IAH), Houston.
    - John F. Kennedy Airport (JFK), New York.
- During the Initial Public Health Assessment (IPHA) screening at these four airports, any individual identified as having symptoms or a situation with exposure potential will undergo a secondary assessment, or a Follow-Up Public Health Assessment (FPHA).

II. Background **MDHHS**

- MDHHS will be notified of travelers from the DRC, Uganda and South Sudan who have travel plans continuing to Michigan via Epi-X referrals on the One CDC Data Platform (1CDP).
- Travelers may be provided with instructions to self-monitor for signs and symptoms.
- Once MDHHS is notified that a traveler from any of these three countries plans to arrive in Michigan, MDHHS will enter the contact information into the Outbreak Management System (OMS) under the outbreak name **BUNDIBUGYO-2026-DRC** and notify the local health department (LHD) of the traveler's residence or destination.
- MDHHS can facilitate coordination for international, interstate and intrastate movement.
- If, during their monitoring period, a traveler develops concerning symptoms or is otherwise in need of urgent health care, an ad hoc meeting should immediately be held with the impacted LHD, the MDHHS Bureau of Infectious Disease Prevention (BIDP), the MDHHS Bureau of Emergency Preparedness, EMS, and Systems of Care (BEPESoC) and the MDHHS CDC Career Epidemiology Field Officer (CEFO) to assess the need for health care, coordinate with the health care facility and to coordinate transport, if necessary.
    - Dependent on the situation, partners may also include the Regional Healthcare Coalition and the MDHHS Bureau of Laboratories (BOL).

III. Background **LHD**

- Available contact information for travelers returning from impacted countries will be shared with LHDs.
- A pre-designated hospital should be identified by the LHD for travelers to be referred to should they become symptomatic or otherwise need health care during the 21-day monitoring period.
    - This will likely be the closest hospital capable of isolation, evaluation and testing (if needed).
    - See the National Special Pathogen System (NSPS) Hospital Tier Level Designation by Region.
    - The LHD should also identify a point of contact for the pre-designated hospital.
- General instructions for monitoring contacts using the OMS.
- The LHD will contact the traveler to conduct a risk and health assessment and to provide education. This assessment will direct next steps in traveler post-arrival management.
    - Sample CDC assessment tool.

Initial Outreach, Risk Assessment, Education and Monitoring by the LHD

- The risk assessment should occur as soon as possible, ideally within 24 hours of receiving notification of the traveler's arrival and include whether the traveler:
    - Was present in the DRC, Uganda or South Sudan in the past 21 days (if not present in those countries in the past 21 days, stop assessment; mark complete in OMS).
    - Has any signs or symptoms of viral hemorrhagic fever.
    - Was present in a health care facility.
    - Provided health care, performed lab work, cleaned or handled waste in a health care setting.
    - Had contact with or was near a sick person with fever or other acute illness.
    - Came into contact with anyone's blood or body fluids.
    - Touched or prepared a dead body, attended a funeral, or performed burial work.
    - Had contact with a dead or alive bat, monkey, or ape.
    - Went into a mine or cave.

- Education during the initial encounter should ensure that impacted travelers know:
    - The signs and symptoms of BVD and how to monitor themselves, including how to take their temperature.
    - The length of their monitoring period (21 days after departing the affected country).
    - To self-isolate immediately if any signs or symptoms develop.
    - How to notify their LHD (during and after business hours) if symptoms develop.
    - How to notify their LHD, as well as EMS or a health care facility, prior to arriving for any reason.
    - The plans on how monitoring check-ins will be conducted (e.g., daily text).
    - Information about traveling out of the jurisdiction.

- **If a traveler is assessed as having any high-risk exposures, please immediately notify MDHHS. MDHHS will forward pertinent information to the CDC. Please also update the risk level to "High" in OMS under the Data Points tab, Monitoring Symptoms section. Within the next business day, a call with MDHHS and the LHD will be held to discuss plans should the individual need any health care during their 21-day monitoring period.**

- For U.S.-based health care or emergency response workers returning from impacted countries, LHDs may elect to delegate post-arrival management to the response worker's sponsoring organizations. CDC has issued separate guidance for this purpose.

Summary of Post-arrival Management Recommendations of Asymptomatic Travelers

Intervention[1]	Situations with high-risk exposure[2]	In (or transited through airport in) DRC[3]	In (or transited through airport in) South Sudan or Uganda with FPHA screening	In (or transited through airport in) South Sudan or Uganda with NO FPHA screening
Initial encounter: **- conduct risk assessment** **- provide health education**	Yes.	Yes.	Yes.	Yes.
Symptom monitoring by traveler	Daily with temperature measurement.	Daily with temperature measurement.	Watch health; take temperature if any symptoms develop.	Watch health; take temperature if any symptoms develop.
Public Health monitoring	Twice daily, in person.	Twice daily, in person.	An initial encounter with optional additional check-in. MDHHS recommends one check-in per week with a final check-in at the end of monitoring, or daily automated texts.	An initial encounter with optional additional check-in. MDHHS recommends a check-in at the end of monitoring in addition to the initial check-in.
Movement restrictions or activity modifications	Quarantine.	Stay home and avoid interactions with others. Delay nonessential medical care.	None.	None.
Travel	Restricted from traveling by commercial transport until cleared by public health officials.	Essential travel only, by non-commercial means, and with coordination by health authorities at origin and destination.	Advance notification to the monitoring health department. Reconsider international travel and cruise ship travel.	Advance notification to the monitoring health department. Reconsider international travel and cruise ship travel.
Likelihood of traveler referral	Very unlikely	Unlikely	Rare	Expected
Risk level to classify in OMS	**High**	**Mid**	**Some**	**Low**

[1] For information on affected countries, please refer to the Interim Guidance: Public Health Assessment and Management of Travelers Arriving from Affected Countries During the 2026 Ebola Outbreak.

[2] For high-risk exposures, please see below or refer to the Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.

[3] These may include travelers granted an exception to entry or travel restrictions.

High-Risk Exposures

- The following exposures are considered High-Risk:
    - Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose, or mouth), or skin contact with blood or body fluids[a] of a person with confirmed or suspected BVD.
    - Physical contact with person who has confirmed or suspected BVD, without the use of recommended personal protective equipment (PPE)[b].
    - Providing health care to a patient with confirmed or suspected BVD 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 BVD.
    - Physical contact (without using recommended PPE) with a body of a person who died of confirmed or suspected BVD, or with a dead body epidemiologically linked to aBVD outbreak, or experiencing a breach in infection control precautions while handling such dead body.
    - Living in the same household as a person with confirmed or suspected BVD while that person was symptomatic.

[a] Body fluids include, but are not limited to blood, feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, amniotic fluid and semen.

[b] Recommended PPE should be sufficient to prevent skin or mucous membrane exposure to blood or body fluids.

Situations with Exposure Potential

The following situations have potential for other or unrecognized exposure to BVD and should be considered in the assessment of people without reported high-risk exposures who have been in an affected country in the previous 21 days.

- 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).
- Occupational[c]
    - 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 health care facility.
    - Clinical laboratory work associated with a treatment unit or other health care setting.
    - Burial work.

[c] These occupational exposure situations assume correct and consistent use of recommended personal protective equipment (PPE). Correct and consistent use of PPE during situations with occupational

exposure risk is highly protective and prevents transmission to health care or other personnel. However, unrecognized errors during the use of PPE (e.g., self-contaminating when removing contaminated PPE) may create opportunities for transmission to personnel.

OMS Risk Level

- Indicate the following risk in OMS under the Data Points tab, Monitoring Symptoms section:
    - HIGH: Situation(s) with high-risk exposure.
    - MID: In (or transited through airport in) DRC.
    - SOME: In (or transited through airport in) South Sudan or Uganda with FPHA screening.
    - LOW: In (or transited through airport in) South Sudan or Uganda with NO FPHA screening.

Traveler Monitoring

- For travelers who require symptom monitoring, LHDs will initiate follow-up for the remainder of the 21-day observation period using the OMS.
    - LHD will establish rapport, assess compliance, and set the schedule for follow-up.
    - Monitoring includes contacting the traveler according to the chart above via e-mail, text, phone, or video conference (e.g., video call, Zoom) to check on health status.
        - All updates and notes should be recorded in the OMS within one business day.
    - Report to MDHHS if any of the following occur:
        - The traveler's health status changes, including the development of fever or Ebola-like symptoms.
        - The traveler is lost to follow-up for >48 hours.
        - The traveler plans to leave the state or the country.
        - Assistance from MDHHS is needed to support traveler monitoring.
    - If an LHD would like to use daily, automated texts through LHD Connect for travel monitoring, please reach out to your Regional Epidemiologist to coordinate with the MDHHS Flex Unit.
- All travel for those who are being monitored must be coordinated with public health authorities to ensure uninterrupted monitoring.
- MDHHS notification is necessary for any permanent relocation requests due to the potential change in the monitoring health department and pre-designated hospital.

IV. TEAM Protocol Initiation **MDHHS:**

☐ Monitor for referrals of individuals traveling to Michigan who need monitoring.
☐ Enter newly identified traveler information into the OMS and inform the MDHHS HAI Section.
☐ Regional Epidemiologists will notify LHD of newly identified travelers.
    - LHD roles to be notified: Health Officer, Medical Director, Emergency Preparedness Coordinator, CD Coordinator and Epidemiologist(s).
☐ Coordinate the request to CDC for further information if the traveler cannot be reached by the LHD with the supplied contact information.
☐ Coordinate the transfer of traveler monitoring to CDC or the appropriate state health department if the traveler is not in Michigan at the time of initial contact by the LHD.
☐ Send weekly aggregate monitoring updates to the Region 5 Emerging Special Pathogen Treatment Center (RESPTC), Corewell Health Butterworth Hospital.

V. TEAM Protocol Initiation: **LHD**

- ☐ Receive traveler information via notification email from MDHHS and OMS.
- ☐ Initiate outreach to traveler to perform risk assessment, provide education, pre-designate a health care facility and establish monitoring.
- ☐ Based on the initial assessment, define the 21-day monitoring period and record the end date.
- ☐ Record the last date of suspected exposure as Day 0 in OMS. For travelers, Day 0 is the date of departure from the affected country (DRC, Uganda, South Sudan).
- ☐ If unable to reach the traveler with the contact information provided, notify MDHHS.
- ☐ If the traveler is not currently in Michigan, notify MDHHS and cease follow-up with the traveler.
- ☐ Inform the traveler of the level of monitoring that is necessary based on their individual risk.
- ☐ Update OMS information (e.g., risk assessment, contact information, demographics, notes).
- ☐ Ensure traveler has a working thermometer and understands how to take their temperature.
- ☐ Determine type of thermometer to be used (e.g., axillary, oral).
- ☐ Obtain and record first temperature (if indicated) and symptom check.
- ☐ Assess and report traveler's compliance with the initial outreach and monitoring plan.
- ☐ Assess and confirm the traveler's understanding of the monitoring process.

VI. Daily TEAM Protocol **MDHHS:**

- ☐ Coordinate travel requests and assist with uninterrupted daily traveler monitoring.
- ☐ Provide notification to MDHHS staff, including the HAI Section, of new travelers.
- ☐ As requested, provide updates to CDC.
- ☐ Coordinate BIDP and BEPESOC staff to assist LHDs with responding to reports of illness among monitored travelers regarding evaluation of medical care need, outreach and notification to healthcare facilities/EMS and transportation logistics and notification.

VII. Monitoring Daily TEAM Protocol **LHD:**

- ☐ Regardless of risk, all impacted travelers should be asked to monitor their health daily.
- ☐ Depending on risk assessment, conduct routine symptom checks with the traveler (email, text, phone).
- ☐ Record results of temperature and symptom check into the OMS along with any notes by the following business day.
    - If automated text symptom monitoring through LHD Connect is used, the MDHHS Flex Unit will enter all data in OMS, unless the LHD would prefer to handle data entry.
- ☐ Remind the traveler that if they develop any signs or symptoms of Ebola or otherwise need medical care for any reason, they should call the LHD immediately.
    - If the traveler reports fever, chills, headache, muscle aches, rash, chest pain, sore throat, nausea, vomiting, diarrhea or unexplained bleeding or bruising (late stage of illness), inform them that they will be contacted **ASAP** regarding what their next steps will be regarding their medical evaluation and care.
    - If the traveler has a life-threatening medical emergency and cannot contact the LHD to coordinate their care, they must inform 911/EMS and the health care facility of their Ebola monitoring status **BEFORE** transportation or arrival at a health care facility or receiving any treatment.

☐ If a traveler becomes ill or thinks they need medical care, the LHD should immediately coordinate with MDHHS BIDP and BEPESOC at 517-335-8165 (or after hours at 517-335-9030) to assess whether health care evaluation is necessary, coordinate outreach and notification to the health care facility/EMS and determine how transportation to the health care facility will occur. Once determined, the LHD will contact the traveler to inform them of their next steps. See more detailed information in the Section "Instructions for a Monitored Traveler who May Need Medical Care" below.

☐ During the last check-in, inform the traveler that no additional checks will be made. They should feel free to contact the LHD if they have any questions or concerns in the future.

Additional Information, Continuation Activities, and Resources

VIII. Outbreak Management System (OMS):

- The LHD is provided traveler information via OMS.
- Local public health completes the additional assessments during the initial contact.
- For any check-ins, update OMS with symptoms, temperature, and the LHD interviewer by the following business day.
- The MDHHS Flex Unit will enter all data in OMS that is collected in LHD Connect.

IX. Future Travel:

- Asymptomatic travelers are not subject to travel restrictions unless they are assessed as "HIGH" risk. "MID" risk travelers who have a recent travel history including DRC are recommended for essential travel only, by non-commercial means, and with coordination by health authorities. Those with "SOME" and "LOW" risk should reconsider international travel and cruise ship travel.
- Any monitored traveler must notify public health in advance of any travel during their 21-day monitoring period, public health must be able to maintain ongoing contact to verify health status.
    - If travelers plan to be in another area of Michigan, coordinate with your Regional Epidemiologist to notify the appropriate LHD.
- MDHHS should be included in all permanent relocation requests due to potential changes in the monitoring health department and pre-designated hospital.

X. Initial Contact by LHD with a Monitored Traveler:

- [See above for risk assessment questions and health education guidance.]
- Based on your individual risk assessment, I will need to conduct health checks with you [daily or X times per week] for the next [XX days]. This information helps us support you if you become ill while you are here. My direct phone number is: ___/___-____ and our after-hours number is: ___/___-____.
- Please notify us if you plan to travel or permanently relocate (for non-high-risk individuals).
- I need you to continue to self-monitor for symptoms, including taking your temperature daily. Do you have a thermometer and if so, what type is it?
- If you develop a fever or have any symptoms such as vomiting, diarrhea, or unexplained bruising or bleeding, please call us immediately at [LHD business hours contact number] or

[LHD after hours contact number] so we can assist you in seeking care. Please call us if you think you may need health care for any reason, even if you do not believe it is related to Ebola.

- If you are unable to reach the local health department right away, please call the Michigan Department of Health and Human Services (the state health department) at: 517-335-8165, or after-hours at 517-335-9030.
    - We will remind you regularly of the importance of notifying the LHD prior to seeking or presenting for health care, so that hospital and/or EMS can be notified of your recent travel and monitoring status.
- If you have a life-threatening medical emergency that requires immediate attention during your 21-day monitoring period, call 911, you must tell them that you have recently come from [COUNTRY] on [DATE], you are being monitored for Ebola and that you have become ill with [SYMPTOMS].

XI. Household Pets:

- People who are asymptomatic cannot transmit BVD to another person or animal. An animal in the home with an asymptomatic person should not be at risk for contracting disease.
- Persons being monitored are to report symptoms immediately and seek medical attention.
- Pets should not have contact with any bodily fluids from a monitored symptomatic person.

XII. Instructions for a Monitored Traveler Who May Need Medical Care:

- If, during their 21-day monitoring period, a traveler reports subjective fever, a measured temperature ≥ 100.4 F, or other Ebola-compatible symptoms (vomiting, diarrhea, unexplained bleeding or bruising, severe headache, muscle pain, or stomach pain) **OR**
- If, during their 21-day monitoring period, a traveler does not have Ebola-compatible symptoms, but is otherwise in need of emergent health care (e.g., an injury):
    - If symptomatic, instruct the traveler to isolate as much as possible within the home and wait for further instructions.
    - Determine whether the traveler can safely drive to the pre-designated hospital or if they will need transport assistance.
    - To coordinate evaluation and any necessary health care for a monitored traveler, the LHD should immediately contact MDHHS BIDP and BEPESOC at 517-335-8165 (or after hours at 517-335-9030), to discuss and assess the need for medical care.
        - If the decision is made that the traveler should seek medical care, the appropriate Regional Healthcare Coalition and pre-designated hospital point of contact would be added to the discussion around coordination of transportation/arrival and notification logistics.
    - **If the traveler requires hospital care and can safely drive:**
        - The LHD (or designee) notifies the pre-designated hospital to coordinate the traveler's arrival.
        - Request that the hospital notify the LHD and MDHHS when the traveler arrives.
        - The LHD (or designee) calls and directs the traveler to report immediately to the appropriate entry point at the pre-designated health care facility via personal vehicle.
    - **If the traveler requires hospital care and needs transport assistance:**

        - The LHD (or designee) notifies the pre-designated hospital to coordinate the traveler's pending arrival.
        - The hospital or the LHD (or designee) must notify EMS that the traveler is under Ebola monitoring and coordinate transportation appropriately.
        - The LHD calls and instructs the traveler to wait for the scheduled ambulance.
    - If the traveler is reporting Ebola-compatible signs or symptoms, MDHHS BIDP will notify MDHHS Bureau of Laboratories (BOL) about the potential need for testing. The CDC's Guide for Clinicians Evaluating an Ill Person for a Special Pathogen can be found here. The BOL's Packing & Shipping of Infectious Substances can be found here.
    - If, after evaluation, the traveler does not require medical care, LHD should continue with daily monitoring.

XIII. Instructions for Completing Monitoring for Travelers who Remain Asymptomatic

- At the end of the monitoring period, ensure data points in OMS are complete.
- Mark the OMS Monitoring Status as **Complete**
- A sample letter confirming the end of a traveler's monitoring period is provided in Appendix 1.

XIV. Non-compliance:

- Any issues with non-compliance should be immediately reported to MDHHS.
- Document non-compliance in the OMS record.
- Issues will be evaluated in coordination with the LHD on a case-by-case basis.

XV. MDHHS BIDP Contact Information: **517-335-8165** **Afterhours: 517-335-9030**

_____	_____	_____
Point of Contact	Telephone Number	Email Address

Appendix 1

Sample letter language to confirm traveler has completed 21-day monitoring:

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Date: XX/XX/XXXX

Re: Traveler's 21-day active monitoring completed.

To whom it may concern,

This letter confirms that TRAVELER has completed the 21-day active monitoring for Ebola Virus Disease in coordination with the LOCAL HEALTH DEPARTMENT and the Michigan Department of Health and Human Services.

TRAVELER is asymptomatic and considered to be at **Zero Risk** for Ebola Virus Disease. Because the monitoring period is complete and the individual is at zero risk there are **no restrictions** on movement or activities including, but not limited to: travel, work, school, public conveyances, or congregate gatherings.

If the individual named above presents for medical care, there is no need for additional precautions or isolation measures beyond those typically used.

If you have any questions regarding the status of this individual as zero-risk you may contact:

LOCAL HEALTH DEPARTMENT - ###/###-####

or

Michigan Department of Health and Human Services – 517/335-8165

Sincerely,

LHD MEDICAL DIRECTOR

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