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HEALTH ADVISORY: Marburg Virus In Equatorial Guinea and Tanzania

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Recommendations for Clinicians

Currently, the risk of Marburg Virus (MVD) in the United States is low; however, clinicians should be aware of the potential for imported cases. It is important to systematically assess patients for the possibility of viral hemorrhagic fevers (including MVD or Ebola disease) through a [triage and evaluation process](#), including a detailed travel history. Early identification of MVD or other viral hemorrhagic fevers is important for providing appropriate and prompt patient care and preventing the spread of infection. Recent presence in Equatorial Guinea or Tanzania should not be a reason to defer [routine laboratory testing](#) or other measures necessary for standard patient care.

MVD should be included as a differential diagnosis for an ill person with history of a [concerning exposure while in a MVD affected area](#) (e.g., contact with a symptomatic person with suspected or confirmed MVD or an unknown illness; attending/participating in a funeral; visiting or working in a healthcare facility; having contact with bats or non-human primates; working or spending time in a mine/cave) within 21 days before symptom onset and who have clinical symptoms such as fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. Alternative diagnoses such as [malaria](#), COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in a patient with recent international travel should be considered, evaluated, and managed appropriately. Additionally, patients with a Marburg virus infection may present with concurrent infections (e.g., co-infection with malaria) and the possibility of a concurrent infection should be considered if a patient has a clinical and epidemiologic history compatible with MVD.

If a patient is determined to meet criteria for Marburg virus testing, the patient is considered a suspect case of MVD and should be managed under isolation precautions until receiving a negative Marburg virus test result on a sample collected > 72 hours after symptom onset. [Routine laboratory testing](#) to monitor the patient's clinical status and diagnostic testing for other potential causes of the patient's illness should be pursued while Marburg virus testing is underway. Marburg virus diagnostic testing should not be delayed while awaiting results of other diagnostic testing.

Clinicians with concerns about a patient with [suspected MVD](#) should contact their jurisdictional health department immediately (via [24-hour Epi On Call contact list](#)) and follow jurisdictional protocols for patient assessment. If a diagnosis of MVD is considered, jurisdictional officials 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.

Clinicians caring for patients with planned travel to an MVD outbreak affected area can counsel their patients on ways to [prevent exposure](#) during their travel. This includes avoiding contact with blood and body fluids (or materials possibly contaminated with blood and body fluids) of people who are sick; funeral or burial practices that involve touching the body of someone who died from suspected or confirmed MVD; or contact with fruit bats and nonhuman primates and areas known to be inhabited by fruit bats (such as mines or caves).

Infection Prevention and Control Measures

In hospitals, CDC recommends a [combination of infection prevention and control measures](#) to prevent transmission of MVD. These infection prevention and control measures include personal protective equipment (PPE), patient placement, and patient care considerations. If MVD is suspected, patients should be isolated in a private room with a private bathroom or covered bedside toilet. Healthcare personnel should follow the same [infection prevention and control measures as recommended for Ebola disease](#), including using [recommended personal protective equipment \(PPE\)](#) and limiting the number of personnel who enter the room for clinical evaluation and management.

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. Procedures that can increase environmental contamination with infectious material, involve handling of potentially contaminated needles or other sharps, or create aerosols should be minimized. Separate [PPE guidance](#) is available for managing clinically stable and clinically unstable patients.

Please refer to the full [CDC's Marburg Virus HAN Alert](#) link below for more details.

Oregon Epi on Call phone number is 971-673-1111.

<https://emergency.cdc.gov/han/2023/han00489.asp>



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