



Public Health

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HEALTH UPDATE

Ebola (Bundibugyo Virus Disease) Traveler Monitoring and Emergency Response Notification

Tarrant County Public Health (TCPH) is providing this update to hospital emergency departments, EMS, fire, and law enforcement regarding local public health actions associated with travelers arriving in Tarrant County from countries affected by the current Bundibugyo virus disease (BVD) outbreak, a form of Ebola virus disease. The Centers for Disease Control and Prevention (CDC) currently identifies the Democratic Republic of Congo, Uganda, and South Sudan as countries of concern for this outbreak response.

The overall risk of Ebola/BVD to the general public in the United States remains low; however, the CDC has implemented traveler screening and post-arrival public health follow-up for certain travelers entering the United States from affected countries. TCPH receives traveler information from the CDC, with additional coordination through the Texas Department of State Health Services (DSHS) as needed and conducts local follow up for people whose destination is Tarrant County.

Local TCPH Actions

For each person referred to Tarrant County, TCPH confirms the local address and contact information, reviews travel and exposure information, and establishes the appropriate level of symptom monitoring for 21 days after the traveler leaves the affected area. TCPH provides health education, determines the monitoring category based on CDC guidance, and maintains situational awareness during the monitoring period.

To support responder safety, TCPH provides emergency communications partners with the minimum necessary information for operational awareness at an address associated with an active monitoring period. The CAD entry is intended to function as a situational alert only. It is not intended to indicate that the current 911 call is related to

communicable disease, and it does not mean the responding agency has been given the identity or medical details of the person under monitoring.

A response to an address with a CAD alert may be for trauma, a fire, a law-enforcement matter, a welfare concern, or another event unrelated to illness. For that reason, the CAD alert should prompt responders to review any PPE guidance listed in the alert, assess the nature of the incident, and contact TCPH for incident-specific guidance when appropriate. When TCPH is notified of a response to an alerted address, the epidemiologist on call will assess the reason for the response with the agency and advise on disease-related precautions based on the call type, reported symptoms if any, and the likelihood of contact with blood or other body fluids.

Expectations For Responding Agencies

For EMS, fire, and law enforcement personnel, the CAD alert should be treated as an informational safety notice tied to the address, not as confirmation that the call involves Ebola/BVD or even an ill person. If the incident is clearly unrelated to illness and there is no anticipated contact with blood, vomit, diarrhea, or other body fluids, responders should use routine precautions appropriate to the event. If the CAD alert includes PPE instructions, those instructions should be followed unless superseded by agency protocol or direction from TCPH.

If responders encounter an ill person with fever or other symptoms compatible with Ebola/BVD, or if the situation is expected to involve contact with body fluids, personnel should immediately elevate precautions, limit the number of responders making close contact, and notify dispatch and TCPH as early as possible. For emergency medical response, the minimum disease-specific PPE for evaluation of a potentially symptomatic person at an alerted address should include gloves, gown, eye protection, and a facemask, with escalation based on patient condition, likelihood of body fluid exposure, and agency protocol.





Hospital emergency departments should continue routine screening for recent international travel within the previous 21 days in patients presenting with fever or other compatible symptoms. If an alerted address response results in transport of an ill patient with concerning symptoms or relevant travel history identified during care, the receiving facility should be notified as early as possible so the patient can be isolated promptly and appropriate infection control measures implemented, and TCPH should be contacted immediately for public health coordination.

Requested Actions

Agencies are asked to ensure that dispatch, field supervisors, infection prevention staff, and emergency department leadership understand the purpose of the CAD alert process. The alert is meant to provide minimum necessary situational awareness and a prompt to

consider PPE, assess the nature of the call, and contact TCPH when indicated. It should not be interpreted as a diagnosis, an exposure determination, or evidence that the current event is disease related.

Agencies should contact TCPH promptly when: a CAD alert is associated with an ill person who has fever, vomiting, diarrhea, bleeding, or other concerning symptoms; responders need incident-specific PPE guidance; a patient from an alerted address requires EMS transport with possible infectious disease concerns; or a receiving facility needs coordination regarding a person under public health monitoring. TCPH will provide real-time guidance based on the reason for response, symptom information, and exposure potential.

 Alert:	Conveys the highest level of importance; warrants immediate action or attention
 Advisory:	Provides important information for a specific incident or situation; may not require immediate action.
 Update:	Provides update information regarding an incident or situation; unlikely to require immediate action.
 Information:	Provides general information that is not necessarily considered to be of an emergent nature.

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