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URGENT HEALTH BULLETIN

Marburg Virus Disease

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April 17, 2023

Dear Kern County Healthcare Provider:

This urgent health bulletin is being sent to call your attention to an ongoing event which may impact Kern County residents and healthcare facilities.

- **Summary**

On April 6, 2023, the U.S. Centers for Disease Control and Prevention (CDC) has issued a [Health Alert Network \(HAN\) Health Advisory](#) regarding two confirmed outbreaks of Marburg virus disease (MVD) in Equatorial Guinea and Tanzania. As of April 5, 2023, 14 laboratory-confirmed MVD cases have been identified in Equatorial Guinea, including 10 deaths; in Tanzania, 8 laboratory-confirmed MVD cases have been reported, including 5 deaths. To date, no confirmed cases of MVD related to these outbreaks have been reported in the United States or other countries outside Equatorial Guinea and Tanzania. **Currently, the risk of MVD in the United States is low;** however, it remains important for healthcare providers and healthcare facilities to systematically assess patients for the possibility of viral hemorrhagic fevers, including a thorough travel history.

- **Background**

Marburg virus disease (MVD) is a highly fatal viral hemorrhagic fever caused by Marburg and Ravn viruses, which are closely related to ebolaviruses. An outbreak of MVD was reported in Equatorial Guinea on February 13, 2023 and a separate outbreak of MVD was reported in Tanzania on March 21, 2023. These outbreaks appear to be unrelated to one another and mark the first time that Marburg virus has been identified in either country. The virus is spread through contact with the blood or other body fluids of an infected person or animal.

Symptoms of MVD include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. A person with MVD is not contagious until symptoms appear. MVD is spread through contact with blood and body fluids of an infected person, infected animal, or surfaces contaminated with the virus. Marburg virus is not spread through airborne transmission. The Egyptian fruit bat is a known animal reservoir.

Currently, there is no FDA-approved vaccine or treatment for MVD. Early diagnosis and appropriate supportive care can lower mortality rates, which can range from 23% to 90%.

- **Recommendations for Healthcare Providers and Healthcare Facilities**

While the risk of MVD in the United States is currently low; clinicians should be aware of the potential for imported cases. Persons returning from a country with an ongoing MVD outbreak are receiving information about watching for signs and symptoms of Marburg virus. It remains important to systematically assess patients for the possibility of viral

hemorrhagic fevers (including MVD or Ebola virus disease), including obtaining 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 travel to Equatorial Guinea or Tanzania alone should not be a reason to defer routine laboratory testing or other measures necessary for standard patient care.

MVD should be considered as a differential diagnosis for patients with clinically compatible symptoms who had a potential exposure while in an MVD-affected area within 21 days of symptom onset. Potential exposures include 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. Clinical symptoms include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. Alternative diagnosis such as COVID-19, influenza, or [malaria](#) should also be considered. Refer to the [Screening Patients](#) and [Guide for Clinicians Evaluating an Ill Person for Marburg Virus Disease](#), and [Guidance for Collection, Transport and Submission of Specimens for Marburgvirus Testing](#) webpages for more details.

If you suspect a patient may have MVD, immediately contact the Kern County Public Health Services Department by phone at 661-321-3000. After hours, on weekends and on holidays, call 661-241-3255 to be connected to the Public Health Staff on call.

Patients with suspected MVD should be placed in isolation in a private room with a private bathroom or covered bedside toilet whenever possible. Healthcare personnel should follow the same [infection prevention and control measures as recommended for Ebola virus disease](#), including using all recommended [personal protective equipment \(PPE\)](#) and limiting the number of personnel who enter the room for clinical evaluation and management. The patient should continue to be assessed for other potential causes of illness. Routine laboratory testing to monitor the patient's clinical status and diagnostic testing for other potential causes of illness should be continued while Marburg virus testing is underway. Marburg virus testing should not be delayed while awaiting results of other diagnostic testing.

Refer to [Considerations for Discharging People Under Investigation for Ebola Virus Disease](#) for guidance regarding discharge of patients being assessed for Marburg Virus Disease.

Healthcare facilities should follow [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#) for all patients with suspected or confirmed MVD, including [Safe Handling and Management of Waste](#).

Healthcare facilities should use EPA's [List L: Disinfectants for Use against Ebola Virus](#) or [List Q: Disinfectants for Emerging Viral Pathogens](#) for cleaning and disinfection when MVD is suspected.

- **Recommendations for Clinical Laboratories**

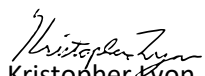
Clinical laboratories can safely perform common diagnostic testing following standard precautions for all patient care and universal precautions for preventing the transmission of bloodborne infections. All staff involved in the collection, handling, and management of clinical specimens from patients with suspected or confirmed MVD should be notified of the nature of the specimen and ensure that the specimens are handled appropriately. Proper use of PPE is critical for worker safety. Existing guidance for ebolaviruses such as [Guidance on PPE for Patients who are Clinically Unstable or Have Bleeding, Vomiting, or Diarrhea](#) and [Donning and Doffing PPE for Patients who are Clinical Stable and Do Not Have Bleeding, Vomiting, or Diarrhea](#) can be applied to patients with suspected or confirmed MVD.

In general, the risk of transmission of Marburgvirus in a clinical laboratory is similar to the risk of transmission of other bloodborne pathogens including HIV, Hepatitis B, and Hepatitis C and appropriate precautions should be taken. Clinical laboratories should refer to the EPA's [List L: Disinfectants for Use against Ebola Virus](#) or [List Q: Disinfectants for Emerging Viral Pathogens](#) to clean and disinfect testing surfaces.

Under the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, laboratories handling blood and body fluids must have a written Exposure Control Plan in place to eliminate or minimize employees' risks of exposure to blood or other potentially infectious materials. Proper PPE should be available and staff should be trained to properly don and doff PPE. If a facility does not have the appropriate risk mitigation capabilities, the specimen should be forwarded to another facility that does. See the [Guidance for U.S. Hospitals and Clinical Laboratories on Performing Routine Diagnostics Testing for Patients with Suspected Marburg Virus Disease](#) for more information.

If you have any questions, please contact KCPHSD by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit the [KCPHSD website](#).

Thank you,


Kristopher Lyon, MD
Health Officer