Updated Guidance for Travelers Returning to Texas within 21 Days of Travel to the Democratic Republic of the Congo and Arriving on or after 7/16/2026

*This interim guidance reflects current recommendations as of July 18, 2026, and applies only to travelers returning to Texas within 21 days of travel to the Democratic Republic of the Congo **and** arriving on or after 7/16/2026. For travelers returning from the DRC **before** 7/16/2026, and for all travelers returning from South Sudan and Uganda, regardless of the date of return, follow the recommendations set forth in the "Monitoring Instructions" on page 8. Guidance will be updated as new information is available.*

Applicability: To reduce the risk of Ebola importation into the United States, the Centers for Disease Control and Prevention (CDC) is temporarily restricting U.S. entry for **all travelers** who were recently in the Democratic Republic of the Congo (DRC) within the previous 21 days (including United States citizens).

Risk Classification and Monitoring Recommendations
Regardless of the exposure category, beginning 7/16/2026, for individuals that arrive after being in the DRC in the previous 21 days, local health departments (LHDs) and DSHS Public Health Regions (PHRs) should follow the monitoring instructions provided in this updated guidance. CDC will continue to conduct initial public health assessments of all persons arriving in the United States and will categorize those travelers as described in the "Exposure Risk Assessment" section on page 7.

Monitoring instructions for **travelers returning within 21 days of travel to the DRC and arriving in Texas on or after 7/16/2026**:

- Instruct the individual to check their temperature twice daily (at least 6 hours apart) and monitor symptoms for 21 days after their last date in the DRC.
- Arrange **twice daily in-person contact** for temperature and symptom checks.
    - Inquire about the presence of any Bundibugyo virus disease (BVD)-compatible symptoms and the individual's temperature checks.
    - Record observations on the individual's Ebola Disease Symptom Monitoring Log.
    - Throughout the 21-day monitoring period, instruct the individual to immediately contact their PHR/LHD if they develop a fever (≥100.4°F or 38°C) or any other BVD-compatible symptoms. If fever or symptoms develop, arrange for medical consultation/evaluation (refer to the "Development of Fever or BVD-compatible Symptoms" section on page 12 for additional details).
    - Ensure the individual has no plans to travel; travelers with high-risk exposures should remain at home for the duration of the 21-day monitoring period.

    - Throughout the 21-day monitoring period, instruct the individual to notify their PHR/LHD if they need to seek any necessary or urgent medical or dental care prior to their visit.
- Immediately notify DSHS High Consequence Infectious Disease Team (HCID) (EAIDUMonitoring@dshs.texas.gov) and the appropriate PHR of any individual that cannot be contacted and is considered lost to follow-up.
- Send the completed Ebola Disease Daily Monitoring Report to EAIDUMonitoring@dshs.texas.gov and to the appropriate PHR by 10:00 a.m. the following morning, 7 days/week until the PHR/LHD is no longer monitoring any passengers.
- Send the individual's completed Ebola Disease Symptom Monitoring Log to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR the day after the 21-day monitoring period is completed.

These individuals should stay home and away from others. They may spend time outdoors within walking distance of their residence. In other words, unless it is a life-threatening emergency* or they are instructed by public health authorities, these individuals should not:

- Enter any other buildings other than their residence.
- Allow other people to enter their residence^.
- Come into contact with other people and should avoid crowded settings (including while outdoors).

Any essential travel (e.g., to facilitate access to urgent medical care) should be coordinated by public health authorities.

**If it is a life-threatening emergency, contacts should first call 911 and tell the dispatcher right away that they may have been exposed to Ebola disease so responders can take proper precautions. Then, they should call their health department emergency contact.*

^If someone else must enter the home, for example to conduct necessary repairs, they should contact their health department for instructions prior to the visit.

These individuals should ideally have access to a private room and bathroom in the event they become symptomatic and need to isolate. These individuals should modify their activities during the monitoring period to protect household members and their communities as follows:

- Practice good hand hygiene.
- Maintain distance:
    - Avoid kissing, hugging, or other intimate contact.
    - Avoid sharing a bedroom with anyone.
- Avoid exposing others to bodily fluids.
    - Avoid sharing items that may be contaminated (e.g., toothbrushes, cigarettes/vapes/hookah, or unwashed towels, bedding, or clothing).

    - Avoid sharing food out of the same plate or bowl, eating from the same utensil, or sharing beverages.
- Delay nonessential medical or dental appointments.
    - Coordinate any urgent or necessary care with the health department in advance and notify the healthcare facility before arrival.

For questions or assistance with operationalizing these recommendations, contact DSHS HCID Team (EAIDUMonitoring@dshs.texas.gov) and the appropriate PHR.

Interim Guidance: Public Health Assessment and Management of Travelers Arriving from Affected Countries During the 2026 Ebola Outbreak

This interim guidance reflects current recommendations as of July 18, 2026, and applies to travelers returning from Uganda and South Sudan, regardless of the date of return, and those travelers returning from the Democratic Republic of Congo (DRC) ***before*** *7/16/2026. Guidance will be updated as new information is available.*

Purpose

The purpose of this document is to support the public health management of individuals who have potentially been exposed to the Bundibugyo virus or have recently traveled to countries affected by the current Bundibugyo virus disease outbreak as identified by the United States Department of Health and Human Services. Monitoring persons with potential exposure to Bundibugyo virus for symptoms of BVD helps ensure that an individual who becomes ill is identified as soon as possible after symptom onset, so that he or she can be rapidly isolated and evaluated. An individual undergoing monitoring by public health officials is considered a Person Under Monitoring (PUM).

Background

Ebola disease is caused by infection with an orthoebolavirus. There are four types of orthoebolaviruses that cause disease in humans: Ebola virus (*Orthoebolavirus zairense*), Sudan virus (*Orthoebolavirus sudanense*), Taï Forest virus (*Orthoebolavirus taiense*), and Bundibugyo virus (*Orthoebolavirus bundibugyoense*). The disease caused by Bundibugyo virus may be called Ebola disease or Bundibugyo virus disease (BVD).

The incubation period of Ebola disease (including BVD) can range from 2 to 21 days (with an average of 8 to 10 days). Initial symptom onset is characterized by abrupt onset of "dry" symptoms (fever, aches and pains in the muscles and joints, headache, weakness and fatigue, and sore throat). After 4 to 5 days, patients can progress to "wet" symptoms (loss of appetite, unexplained bleeding, nausea, vomiting, diarrhea, and abdominal pain). Other symptoms can include chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, and seizures.

Orthoebolaviruses, including Bundibugyo virus, can be transmitted person to person through direct contact (through broken skin or mucous membranes) with the body fluids (including, but not limited to, blood, urine, feces, saliva, semen, or other secretions) of a person who is sick with or has died from Ebola disease. Orthoebolaviruses can also be transmitted to humans from infected animals or through contact with objects contaminated with the blood or body fluids of an infected individual (e.g., needles or bed linens). Orthoebolaviruses cannot spread through airborne transmission. You cannot get Ebola from simply being near someone or passing them in public spaces because it does not spread through the air.

No vaccines or specific treatments have been approved in the U.S. to prevent or treat BVD. Early supportive care improves the chance of survival.

Definitions

- **Affected countries**[1] refers to those countries currently affected by the outbreak of BVD. These currently include:
    - DRC
    - South Sudan
    - Uganda

- Specific **areas of concern**[1] within each affected country have been designated. Those areas are:
    - DRC: the entire country has been designated as an area of concern.
    - South Sudan: no areas of concern have been designated currently. However, travelers from South Sudan are included in this guidance because the country neighbors the DRC and experiences a high volume of travel across a porous border.
    - Uganda: the entire country has been designated as an area of concern.

- **High-risk exposures** include the following:
    - Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose or mouth), or skin contact with blood or other body fluids of a person with confirmed or suspected Ebola disease.
    - Physical contact with a person who has confirmed or suspected Ebola disease (or with objects contaminated with their body fluids) without the use of recommended personal protective equipment (PPE) sufficient to prevent skin or mucous membrane exposure to blood or body fluids or experiencing a breach in infection precautions that results in the potential for skin or mucous membrane exposure to blood or body fluids.
    - Providing healthcare to a patient with confirmed or suspected Ebola disease without the 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 body fluids of a patient with Ebola disease.
    - Physical contact without using recommended PPE with a body of a person (or objects contaminated by their body fluids) who died of confirmed or suspected Ebola disease, or any direct contact with a deceased person in an area of concern, or a breach in infection control precautions while handling such a dead body.
    - Living in the same household as a person with confirmed or suspected Ebola disease while that person was symptomatic.

- **Situations with exposure potential** include the following:
    - Nonoccupational situations:
        - Exposure to a person with acute febrile illness[2].
        - Visiting a healthcare facility or traditional healer[2].
        - Attending a funeral or burial[2].
        - 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 and mines).

- Occupational situations[3]:
  - Providing healthcare, 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 healthcare in an area of concern[2] to an acutely ill patient not known to have BVD.
  - Environmental cleaning or handling of waste in a regular healthcare facility[2].
  - Clinical laboratory work associated with an ETU or other healthcare setting[2].
  - Burial work[2].

[1]Note that designations of affected countries and areas of concern may change at any time due to the rapidly changing conditions of the current outbreak. Current information can be found on the Centers for Disease Control and Prevention's (CDC) Ebola Disease: Current Situation website.

[2]Given the potential for unrecognized cases outside of defined areas of concern, particularly in countries with inadequate public health infrastructure and surveillance systems, these situations can also be taken into consideration when assessing people who were present in a country where an outbreak is occurring outside of the defined area of concern.

[3]These occupational exposure situations assume availability and correct and consistent use of PPE. Correct and consistent use of PPE during situations with occupational exposure risk is highly protective and prevents transmission to healthcare or other personnel. However, unrecognized errors or breaches during the use of PPE (e.g., self-contaminating when removing contaminated PPE) might create high-risk opportunities for transmission to personnel.

Notification Process

CDC has recommended monitoring of persons arriving in the United States following travel to or within the DRC, South Sudan, or Uganda in the previous 21 days beginning on May 20, 2026. These travelers will be diverted to designated U.S. airports. CDC's Port Health Station will conduct an initial public health screening and exposure assessment. This process will include screening for the signs and symptoms of Ebola disease and an assessment of the potential exposures experienced by the traveler. Following this screening and exposure assessment, the CDC's Division of Global Migration Health (DGMH) will forward Texas traveler contact information and exposure risk assessments to DSHS. CDC will also send automated text messages to these travelers to remind them to self-monitor for symptoms and the appropriate actions to take if symptoms develop.

CDC will send daily traveler lists to the states, including on weekends. The DSHS High Consequence Infectious Disease (HCID) Team will send traveler lists and exposure risk assessments to the appropriate Local Health Department (LHD) through the relevant DSHS Public Health Region (PHR).

If traveler notifications are received at the local or regional level through another mechanism, the jurisdiction should contact the HCID Team immediately at EAIDUMonitoring@dshs.texas.gov for further guidance before initiating contact with the traveler.

Exposure Risk Assessment
Since CDC will conduct initial screening and assessments at the funneling airports, public health actions in Texas will be based on that information. Jurisdictions are not expected to conduct new exposure risk assessments of travelers. If jurisdictions do conduct their own exposure risk assessments, they should ensure consistency with CDC's Interim Guidance for Public Health Assessment and Management of Travelers from Countries Affected by the 2026 Ebola Outbreak.

There are four exposure categories:

- **Travelers with a reported high-risk exposure** include those individuals who have experienced a high-risk exposure (as defined above) within the previous 21 days.
- **Travelers in an area of concern who report situations with exposure potential** include those individuals who were present in an area of concern AND have experienced at least one of the situations with exposure potential within the previous 21 days.
- **Travelers in an area of concern who do not report situations with exposure potential** include those individuals who were present in an area of concern AND have not experienced any of the situations with exposure potential within the previous 21 days.
- **Travelers in an affected country but not in an area of concern** include those individuals who were present in an affected country within the previous 21 days but not within an area of concern.

It is possible for an individual to be categorized in more than one exposure category. For example, an individual may spend time in an area of concern and then travel outside of the area of concern for a period of time prior to returning to the United States. In such cases, the individual should be monitored according to the highest level of exposure at any given time during the 21-day monitoring period. However, the individual may be monitored at a lower level if 21 days have passed since the higher exposure period. For such situations, the monitoring instructions below may need to be modified appropriately. Contact the HCID Team at EAIDUMonitoring@dshs.texas.gov for assistance.

Notification of Emergency Personnel
Communicable disease information should be disclosed, consistent with Texas Health and Safety Code (HSC) §81.046, to appropriate first responder entities or designated infection control officers when needed to support response to a potential communicable disease concern. Separate exposure notifications to emergency response personnel should be handled in accordance with HSC §81.048 and Texas Administrative Code §97.11 when those specific requirements are met.

Associated Documents
The following tools should be used to record and document monitoring activities:

- The **Ebola Disease Symptom Monitoring Log** is used by LHDs and DSHS PHRs to capture fever and symptom observations and other details. This log is sent to the

HCID Team and the PHR at the end of the 21-day monitoring period. A copy of this log can also be used by the PUM to self-monitor.

- The **Bundibugyo Virus Monitoring Report** is used to document each attempt by LHD or PHR staff to contact the PUM. This report is sent to the HCID Team and the PHR each day after an attempt to contact a PUM.

Monitoring Instructions

For **all PUMs:**

- Contact the individual as soon as practical, ideally within 24 hours of receiving CDC's notification of the traveler's arrival.
    - Ensure HIPAA-approved platforms are used when conducting a visual meeting for monitoring checks.
- Ensure the individual possesses a reliable thermometer that can be used to take the individual's temperature.
    - This thermometer should ONLY be used by the PUM and by no other members of the household.
    - If there are multiple PUMs in one household, they should each have access to their own thermometer.
    - Ensure the individual is not on any fever-reducing medicines, such as acetaminophen or ibuprofen, when checking temperature. If the individual must take a fever-reducing medication, they should check their temperature immediately prior to their next dose.
- At first contact, record the individual's temperature reading and any symptoms on the individual's Ebola Disease Symptom Monitoring Log. Provide the appropriate PUM letter and a copy of the Ebola Disease Symptom Monitoring Log to the PUM. Note that the official Ebola Disease Symptom Monitoring Log should be kept and maintained by the investigator so that it can be easily submitted at the conclusion of monitoring. It is recommended that the individual maintain their own Ebola Disease Symptom Monitoring Log as well.
- At first contact, provide the individual with health education materials and after-travel recommendations to help the individual understand:
    - The signs and symptoms of BVD and how to self-monitor.
    - The need to self-isolate immediately and contact the jurisdiction if symptoms develop.
        - The PHR/LHD should assist individuals in identifying a suitable location within their homes to self-isolate, ideally with access to a dedicated private bathroom.
    - Who to contact if symptoms develop.
        - Jurisdictions should provide travelers with instructions for how to reach the health department 24/7 for this purpose.
    - Need for advance notification to the jurisdiction if travel outside the jurisdiction is planned.
- Healthcare workers should be monitored by the LHD or PHR, as appropriate. If the individual intends to return to work in a healthcare setting, instruct the individual to also coordinate with their occupational health program if available and check their temperature prior to every work shift during the 21-day monitoring period. Healthcare workers with a high-risk exposure may not return to work for the duration of the 21-day monitoring period.

Public health personnel conducting in-person checks should observe basic precautions to protect themselves from exposure to a symptomatic individual. Whenever meeting a PUM in-person:

- Avoid physical contact with the traveler.
  - Do not shake hands.
  - Do not handle anything from the individual. Bring your own pen/pencil and notepad/forms.
  - Do not handle the traveler's thermometer.
- Maintain at least 3 feet of distance from the traveler.

See additional infection prevention and control for healthcare settings in CDC's Guideline for Isolation Precautions (Appendix A), if needed.

Monitoring instructions for **travelers with high-risk exposures**:

- Instruct the individual to check their temperature twice daily (at least 6 hours apart) and monitor for symptoms for 21 days after leaving the area of concern.
- Arrange for **daily** contact (text message, phone, email, app, web form, in-person, or video phone call or conferencing; this does not need to be visual) for temperature and symptom checks.
  - Inquire about the presence of any BVD-compatible symptoms and the individual's temperature checks.
  - Record observations on the individual's Ebola Disease Symptom Monitoring Log.
  - Throughout the 21-day monitoring period, instruct the individual to immediately contact their PHR/LHD if they develop a fever (≥100.4°F or 38°C) or any other BVD-compatible symptoms. If fever or symptoms develop, arrange for medical consultation/evaluation (refer to the "Development of Fever or BVD-compatible Symptoms" section below for additional details).
  - Ensure the individual has no plans to travel; travelers with high-risk exposures should remain at home for the duration of the 21-day monitoring period.
- Individuals should avoid non-essential visits to healthcare facilities (e.g., elective surgeries).
- Immediately notify the HCID Team (EAIDUMonitoring@dshs.texas.gov) and the appropriate PHR of any individual who cannot be contacted and is considered lost to follow-up.
- Send the Bundibugyo Virus Monitoring Report to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR by 10 AM the following morning after a check is completed until the jurisdiction is no longer monitoring any travelers.
- Send the individual's completed Ebola Disease Symptom Monitoring Log to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR the day after the 21-day monitoring period is completed.

Monitoring instructions for **travelers in an area of concern who report situations with exposure potential**:

- Instruct the individual to check their temperature twice daily (at least 6 hours apart) and monitor for symptoms for 21 days after leaving the area of concern.

- Arrange for **twice weekly** contact (text message, phone, email, app, web form, in-person, or video phone call or conferencing; this does not need to be visual) for temperature and symptom checks.
    - Inquire about the presence of any BVD-compatible symptoms and the individual's temperature checks.
    - Record observations on the individual's Ebola Disease Symptom Monitoring Log.
    - Throughout the 21-day monitoring period, instruct the individual to immediately contact their PHR/LHD if a fever (≥100.4°F or 38°C) or any other BVD-compatible symptoms develop. If fever or symptoms develop, arrange for medical consultation/evaluation (refer to the "Development of Fever or BVD-compatible Symptoms" section below for additional details).
    - At each contact, ask if the individual has any plans to travel outside of the jurisdiction.
        - If the individual intends to travel outside of the jurisdiction or intends to leave the United States during the monitoring period, notify the HCID Team (EAIDUMonitoring@dshs.texas.gov). Travel must be coordinated in advance with the receiving jurisdiction.
        - Generally speaking, jurisdictions should continue to monitor travelers, even if they leave their jurisdiction, as they have already established a rapport with that traveler. Travel must still be coordinated in advance with the receiving jurisdiction.
        - Although international travel is not prohibited at this time, travel outside of the United States is discouraged; other countries may have stricter restrictions on individuals returning from affected countries and access to healthcare, medical evacuation, or specialized transport may be limited.
- Individuals should avoid non-essential visits to healthcare facilities (e.g., elective surgeries).
- Immediately notify the HCID Team (EAIDUMonitoring@dshs.texas.gov) and the appropriate PHR of any individual who cannot be contacted and is considered lost to follow-up.
- Send the Bundibugyo Virus Monitoring Report to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR by 10 AM the following morning after a check is completed until the jurisdiction is no longer monitoring any travelers.
- Send the individual's completed Ebola Disease Symptom Monitoring Log to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR the day after the 21-day monitoring period is completed.

Monitoring instructions for **travelers in an area of concern who do not report situations with exposure potential**:

- Instruct the individual to check their temperature twice daily (at least 6 hours apart) and monitor for symptoms for 21 days after leaving the area of concern.
- Arrange to contact the individual at the **middle and end** of the monitoring period (text message, phone, email, app, web form, in-person, or video phone call or conferencing; this does not need to be visual) for temperature and symptom checks.
    - Inquire about the presence of any BVD-compatible symptoms and the individual's temperature checks.

    - Record observations on the individual's Ebola Disease Symptom Monitoring Log.
    - Throughout the 21-day monitoring period, instruct the individual to immediately contact their PHR/LHD if they develop a fever (≥100.4°F or 38°C) or any other BVD-compatible symptoms. If fever or symptoms develop, arrange for medical consultation/evaluation (refer to the "Development of Fever or BVD-compatible Symptoms" section below for additional details).
    - At each contact, ask if the individual has any plans to travel outside of the jurisdiction.
        - If the individual intends to travel outside of the jurisdiction or intends to leave the United States during the monitoring period, notify the HCID Team (EAIDUMonitoring@dshs.texas.gov). Travel must be coordinated in advance with the receiving jurisdiction.
        - Generally speaking, jurisdictions should continue to monitor travelers, even if they leave their jurisdiction, as they have already established a rapport with that traveler. Travel must still be coordinated in advance with the receiving jurisdiction.
        - Although international travel is not prohibited at this time, travel outside of the United States is discouraged; other countries may have stricter restrictions on individuals returning from affected countries and access to healthcare, medical evacuation, or specialized transport may be limited.
- Immediately notify EAIDU and the appropriate PHR of any individual who cannot be contacted and is considered lost to follow-up.
- Send the Bundibugyo Virus Monitoring Report to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR by 10 AM the following morning after a check is completed until the jurisdiction is no longer monitoring any travelers.
- Send the individual's completed Ebola Disease Symptom Monitoring Log to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR the day after the 21-day monitoring period is completed.

Monitoring instructions for **travelers in an affected country but not in an area of concern**:

- Instruct the individual to check their temperature once daily and monitor for symptoms for 21 days after leaving the area of concern.
- Arrange to contact the individual at the **middle and end** of the monitoring period (text message, phone, email, app, web form, in-person, or video phone call or conferencing; this does not need to be visual) for temperature and symptom checks.
    - Inquire about the presence of any BVD-compatible symptoms and the individual's temperature checks.
    - Record observations on the individual's Ebola Disease Symptom Monitoring Log.
    - Throughout the 21-day monitoring period, instruct the individual to immediately contact their PHR/LHD if they develop a fever (≥100.4°F or 38°C) or any other BVD-compatible symptoms. If fever or symptoms develop, arrange for medical consultation/evaluation (refer to the "Development of Fever or BVD-compatible Symptoms" section below for additional details).
    - At each contact, ask if the individual has any plans to travel outside of the jurisdiction.

        - If the individual intends to travel outside of the jurisdiction during the monitoring period, notify the HCID Team (EAIDUMonitoring@dshs.texas.gov).
        - Although international travel is not prohibited at this time, travel outside of the United States is discouraged; other countries may have stricter restrictions on individuals returning from affected countries and access to healthcare, medical evacuation, or specialized transport may be limited. International travel notifications are not made for individuals in this category.
        - Generally speaking, jurisdictions should continue to monitor travelers, even if they leave their jurisdiction, as they have already established a rapport with that traveler. Travel must still be coordinated in advance with the receiving jurisdiction, however.
- Immediately notify the HCID Team (EAIDUMonitoring@dshs.texas.gov) and the appropriate PHR of any individual who cannot be contacted and is considered lost to follow-up.
- Send the Bundibugyo Virus Monitoring Report to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR by 10 AM the following morning after a check is completed until the jurisdiction is no longer monitoring any travelers.
- Send the individual's completed Ebola Disease Symptom Monitoring Log to EAIDUMonitoring@dshs.texas.gov and the appropriate PHR the day after the 21-day monitoring period is completed.

Development of Fever or BVD-compatible Symptoms
Recent travel from an endemic area or an area with active transmission should be considered when evaluating reports of suspected BVD. However, travel alone is not an epidemiologic risk factor and should not be used as the sole basis for requesting testing. Additional assessment of a symptomatic traveler's specific activities and clinical presentation is necessary to assess the need for testing.

If the individual reports a fever or other BVD-compatible symptoms, arrange for medical consultation/evaluation.

- Immediately notify the appropriate DSHS PHR and the HCID Team if a PUM is referred for a medical consultation/evaluation.
- The traveler's travel and exposure risk history should also be reevaluated in the context of the individual's signs and symptoms in order to coordinate a plan for transport and management of the patient as needed.
- Following the medical consultation/evaluation, if the individual is suspected of having BVD or develops fever or other BVD-compatible symptoms, the traveler will be classified as a Person Under Investigation (PUI).
    - Do not enter the individual's home.
    - Notify the local health authority and ensure appropriate infection control precautions are implemented.

Inability to Reach a PUM
For the initial contact of an individual following notification, jurisdictions should try the additional steps below if unable to reach the individual:

- Make at least 3 attempts to call the individual on both their primary and secondary telephone numbers (if available). Attempts should be made at different times of the day, with at least one attempt during the evening or weekend hours.
- Send a text and email to the traveler with instructions to contact you as soon as practical.
- Attempt to contact the individual's emergency contact(s), if available.
- If the individual cannot be reached by phone, text, or email, an in-person visit can be made (if resources are available; this is not mandatory).
    - If an in-person visit is made and the individual is not present, leave a notice of your visit with your contact information at the residence.
- If a PUM remains uncontactable, notify the HCID Team to discuss next steps.

If an individual cannot be reached after making initial (successful) contact, follow the procedures below:

- If a day goes by without reaching the individual:
    - Make at least 3 attempts to call the individual on both their primary and secondary telephone numbers (if available). Attempts should be made at different times of the day, with at least one attempt during the evening or weekend hours.
    - Send a text and email to the traveler with instructions to contact you as soon as possible.
    - Attempt to contact the individual emergency contact(s), if available.
- If the individual cannot be reached by phone, text, or email, an in-person visit can be made (if resources are available; this is not mandatory).
    - If an in-person visit is made and the individual is not present, leave a notice of your visit with your contact information at the residence.
- If a PUM remains uncontactable:
    - Maintain the scheduled monitoring calls to attempt to reach the individual.
    - Contact the HCID Team (EAIDUMonitoring@dshs.texas.gov) to discuss next steps.

If a PUM makes contact after being classified as lost to follow-up, please update the HCID Team of the status change.

Table. Summary of Public Health Actions According to Exposure Category

Intervention	High-risk Exposure	Present in Area of Concern		Present in Affected Country but not Area of Concern
		Situations with Exposure Potential	No Situations with Potential Exposure	
Initial exposure assessment	Yes	Yes	Yes	Yes
Health education	Yes	Yes	Yes	Yes
Self-monitoring	Twice daily	Twice daily	Twice daily	Daily
Public health monitoring	Daily	Twice weekly	Middle and end of monitoring period	Middle and end of monitoring period
Movement restrictions	Yes; individuals should remain at home	None	None	None
Travel outside jurisdiction	No; individuals should remain at home	Permissible with advance notification and coordination with receiving jurisdiction	Permissible with advance notification and coordination with receiving jurisdiction	Permissible with advance notification and coordination with receiving jurisdiction
Notification of emergency personnel	Yes	Yes	Yes	Yes
Healthcare personnel	May NOT return to work	May return to work	May return to work	May return to work
Other public health actions	Avoid non-essential visits to healthcare facilities	Avoid non-essential visits to healthcare facilities	None	None

References

- Centers for Disease Control and Prevention. *Interim Guidance: Public Health Assessment and Management of Travelers Arriving from Affected Countries During the 2026 Ebola Outbreak*. May 21, 2026. Retrieved from https://www.cdc.gov/viral-hemorrhagic-fevers/php/php/public-health-strategy/ebola-outbreak-interim-guidance.html. Accessed June 6, 2026.

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