Health Alert Network (HAN)

First Reported Outbreak Caused by Marburg Virus in Ethiopia

DEC. 3, 2025

AT A GLANCE

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Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and health departments about a new outbreak of Marburg virus disease (MVD) in Ethiopia's South Ethiopia and Sidama regions. MVD is a severe illness that can be fatal.

No suspected, probable, or confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of Ethiopia as of December 3, 2025. The risk of spread to the United States is considered low at this time; however, clinicians should be aware of the potential for imported cases. As a precaution, this health advisory summarizes CDC's recommendations about MVD case identification, testing, and biosafety considerations in clinical laboratories for U.S. health departments, clinical laboratories, and healthcare workers.

On November 17, 2025, CDC issued a Level 1 Travel Health Notice, advising people traveling to Ethiopia to practice usual precautions. The notice advises travelers to check their health for signs or symptoms of MVD while in the outbreak area and for 21 days after leaving and take appropriate actions (isolate, avoid travel, seek health care) if they become ill. Ethiopian national authorities are increasing response activities including screening, isolation of cases, contact tracing, airport exit screening, and public awareness campaigns to curb the spread of MVD. As of December 3, 2025, CDC is not recommending additional assessments or monitoring of travelers arriving from Ethiopia by the jurisdictional health departments.

Background

On November 14, 2025, the Ethiopian Ministry of Health declared an MVD outbreak in the country's South Ethiopia Regional State. This is the first reported outbreak of MVD in Ethiopia. As of December 3, 2025, Ethiopia has reported 13 laboratory confirmed cases, eight of which were fatal, in the country's South Ethiopia and Sidama regions. Additional cases may be retrospectively identified as the outbreak investigation progresses. Investigations are ongoing to determine timeline, transmission chains, and potential source of the outbreak.

Specimens collected from a cluster of patients with suspected viral hemorrhagic fever cases led to the confirmation of MVD by the National Reference Laboratory of the Ethiopian Public Health Institute. The Ethiopian Ministry of Health reported that genomic sequencing suggests this is the same strain of Marburg virus reported in previous outbreaks in other East African countries.

CDC is working with the Ethiopian health authorities to support the response to this outbreak, including providing technical expertise in surveillance, case investigation, contact tracing, laboratory testing, and response coordination.

The risk of spread to the United States is considered low as of December 3, 2025. As a precaution, CDC is working to increase awareness of the outbreak among U.S. travelers, public health agencies, laboratories, and healthcare professionals nationwide. **It is important for clinicians to obtain a detailed travel history from patients with an acute febrile illness, especially those who have been in affected areas of Ethiopia recently, while also ruling out more common causes of febrile illnesses. Early consideration of MVD in the differential diagnosis is essential to ensuring timely isolation and implementation of other precautions, informing public health, and providing prompt and appropriate care and diagnostics.**

Marburg virus disease

MVD is a rare but highly fatal viral hemorrhagic fever (VHF) caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg virus and Ravn virus are within the virus family *Filoviridae,* which also includes Ebola virus.

The incubation period for MVD ranges from 2 to 21 days after exposure. A person infected with the Marburg virus is not considered contagious until after symptoms appear. Early "dry" symptoms include fever, aches, chest pains, and fatigue, and later "wet" symptoms include vomiting, diarrhea, and unexplained bleeding. MVD is spread through **contact** (through broken skin or mucous membranes) with the body fluids (e.g., blood, urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, or semen) of a person who is sick with or has died from MVD. People can also contract MVD if they have contact with infected animals, or through contact with objects like needles contaminated with the virus. **Marburg virus is not spread through airborne transmission**.

There are currently no Food and Drug Administration (FDA)-approved vaccines or treatments for MVD; however, investigational vaccines and treatments are in development. In the absence of early diagnosis and appropriate supportive care, MVD has a mortality rate of 23%–90%, depending on the virus strain and the level of case management. With early intensive supportive care and fluid replacement, mortality rates might be lowered.

CDC has developed recommendations for U.S.-based organizations (e.g., nongovernmental, faith-based, academic, or aid organizations) with staff working in affected areas.

Recommendations for Clinicians and Healthcare Facilities

- Be prepared to follow CDC's Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers.
- Systematically assess patients with exposure risk and compatible symptoms for the possibility of VHFs, including MVD through a clinical triage and evaluation process including a travel history.
    - Follow this job aid PDF for a step-by-step approach to evaluating a patient with a suspected special pathogen infection.
    - A travel flag in electronic health records is crucial for quickly identifying patients who have recently visited areas with VHF outbreaks, enabling timely detection and infection control.
- Include MVD in the differential diagnosis for an ill person who has compatible symptoms AND who has reported epidemiological risk factors, such as **one or more** of the following, within the 21 days before symptom onset:
    - Had direct contact with a symptomatic person with suspected or confirmed MVD, or with any objects contaminated by their body fluids.
    - Experienced a breach in infection prevention and control precautions that resulted in the potential for contact with body fluids of a patient with suspected or confirmed MVD.
    - Participated in any of the following activities while in an area with an active MVD outbreak:
        - Had contact with someone who was sick or died, or with any objects contaminated by their body fluids.
        - Attended or participated in funeral rituals, including preparing bodies for funeral or burial.
        - Visited or worked in a healthcare facility or laboratory.
        - Had contact with cave-dwelling bats or non-human primates (e.g., monkeys, chimpanzees, gorillas).
        - Worked or spent time in a mine or cave.
- Consider and perform testing for more common diagnoses such as malaria, COVID-19, influenza, typhoid fever, or other common causes of gastrointestinal and febrile illnesses in an acutely ill patient with recent international travel and evaluate and manage appropriately.
- Know that patients with MVD 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. Presence in Ethiopia in the past 21 days **is not a reason to defer routine laboratory testing or other measures necessary for standard patient care.**
- Immediately **isolate and hospitalize** patients who have both an exposure risk AND any symptoms compatible with MVD in a healthcare facility until receiving a negative Marburg virus test result on a specimen collected ≥ 72 hours after symptom onset. If a specimen is collected <72 hours after symptom onset and is negative for MVD, the patient should remain isolated in the healthcare facility and another test should be performed on a new specimen taken ≥ 72 hours after symptom onset. Following the Bloodborne Pathogens standard, pursue routine laboratory testing to monitor the patient's clinical status and conduct diagnostic testing for other potential causes of the patient's illness while MVD testing is underway. **Do not delay MVD diagnostic testing while awaiting results of other diagnostic testing.**
    - Patients should remain in isolation at their presenting medical facility and cared for by trained personnel wearing appropriate Personal Protective Equipment (PPE) while MVD test results are pending.
    - If a patient has a positive MVD test result, transfer them to a Regional Emerging Special Pathogen Treatment Center or state-designated special pathogen treatment center, depending on the jurisdiction. The decision for patient transport should include CDC, the HHS

Administration for Strategic Preparedness and Response (ASPR), the National Emerging Special Pathogens Training and Education Center (NETEC), state and local jurisdictions, and relevant healthcare facilities.

If MVD is suspected, contact your state, tribal, local or territorial (STLT) health department immediately (via the Council of State and Territorial Epidemiologist's 24-hour Epi-on-Call) and follow jurisdictional protocols for patient assessment. When a diagnosis of MVD is considered, health departments will consult with CDC and the clinical team to help coordinate care and testing for the patient and help ensure appropriate precautions are taken to prevent potential spread.

- Counsel patients with planned travel to an MVD outbreak-affected area on ways to prevent exposure during their travel. Prevention methods include:
  - Avoid contact with blood and body fluids (or with materials possibly contaminated with blood and body fluids) of people who are sick.
  - Avoid contact with semen from a person who recovered from MVD until testing shows that the virus is no longer in the semen.
  - Do not touch the body of someone who died from suspected or confirmed MVD including during funeral or burial practices.
  - Avoid contact with cave-dwelling bats, bat urine or droppings, forest antelopes, nonhuman primates, and blood, fluids, or raw meat from these or unknown animals.
  - Refrain from entering areas known to be inhabited by bats, such as mines or caves.
- If you are a healthcare worker traveling to Ethiopia for work in clinical settings, be aware of the potential increased risk of exposure to MVD, the importance of following recommended infection prevention and control precautions, and the need for monitoring yourself for symptoms of MVD after returning to the United States.

Recommendations for Public Health Departments

- Follow your established jurisdictional protocols about patient assessment to determine if testing for MVD is warranted for a patient with a clinical and epidemiologic history for MVD if identified in your jurisdiction.
- Coordinate patient management, specimen collection, and MVD testing with CDC, NETEC, and the clinical team.
- Contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about MVD or other VHFs. Call CDC's Emergency Operations Center at **770-488-7100** and request VSPB's on-call epidemiologist. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for MVD and other VHFs from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN).
  - To date, 45 geographically diverse LRN laboratories can test for VHFs using the Biofire FilmArray or NGDS Warrior Panel Global Fever Special Pathogens Panel. In addition, 12 Regional Emerging Special Pathogen Treatment Centers (RESPTC) have internal diagnostic capacity using the Biofire FilmArray NGDS Warrior Panel, Global Fever Special Pathogens Panel, or Biothreats-E PDF. Patient evaluation at such centers is coordinated through public health officials in coordination with RESPTC leadership.
  - The Biofire FilmArray Warrior Panel and Global Fever Special Pathogens Panel can detect orthomarburgviruses (Marburg and Ravn viruses) and orthoebolaviruses (Ebola, Sudan, Taï Forest, Bundibugyo, and Reston viruses), in addition to other high-consequence pathogens.
  - Per manufacturers' recommendations, results from these test kits are presumptive, and results require confirmatory testing, which can be performed at CDC.
- Be aware of CDC's Travel Health Notice for suspected MVD in Ethiopia and consider engaging travel health clinics or other clinical and public health partners to increase awareness about MVD.
- Review CDC's recommendations for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.

Recommendations for Clinical Laboratory Biosafety

- Follow CDC's Standard Precautions for All Patient Care, which includes Occupational Safety and Health Administration's (OSHA) standard on Bloodborne Pathogens, and the Biosafety in Microbiology and Biomedical Laboratories Appendix N PDF to reduce the risk of laboratory-acquired illnesses from bloodborne pathogens, such as VHFs and other high-consequence diseases.
- Always handle blood and body fluids (e.g., urine, pleural fluid) as if they contain an unknown pathogen, taking the necessary precautions to avoid exposure.
- Be prepared to perform routine diagnostic testing that is critical to evaluating an ill traveler.
- Have a written Exposure Control Plan PDF in place that includes **conducting a risk assessment** to eliminate or minimize employees' risk of exposure to blood, body fluids, or other potentially infectious materials.
- Make recommended PPE available and train staff to properly don (put on) and doff (take off) their PPE.

- If a laboratory facility needs to ship specimens to another facility for testing, the facility should collaborate with public health authorities and follow appropriate packing and shipping requirements.

Recommendations for the Public

- Protect yourself and help prevent the spread of MVD when living in or traveling to a region where Marburg virus may be present or where an outbreak is occurring.
- In outbreak-affected areas, take the following actions to protect yourself:
  - Avoid contact with sick people who have symptoms such as fever, muscle pain, and rash.
  - Avoid contact with blood and other body fluids.
  - Avoid materials possibly contaminated with blood or other body fluids of people who are sick.
  - Avoid exposure to semen from men who have recovered from MVD until testing shows that the virus is no longer in the semen.
  - Do not participate in funeral or burial practices that involve touching the body of someone who has died.
  - Keep away from bats, forest antelopes, non-human primates (e.g., monkeys, chimpanzees, gorillas), and avoid contact with blood, body fluids, or raw meat from these or any unknown animals.
  - Do not enter areas where bats live, such as mines or caves.
- Monitor your health while you are in an area experiencing an MVD outbreak and continue to monitor for 21 days after returning.
  - If you develop symptoms of MVD during this time, isolate (separate) yourself immediately from others, do not travel, and contact local health authorities or a healthcare facility for advice.
  - Before you enter a healthcare facility, alert the healthcare providers of your recent presence in an MVD-affected area.

For More Information

General Marburg Information

- About Marburg Disease | Marburg Virus Disease | CDC
- History of Marburg Disease Outbreaks | Marburg Virus Disease | CDC
- Marburg in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Travelers' Health | CDC

Clinician Resources

- Clinical Overview of Marburg Virus Disease | Marburg | CDC
- Council of State and Territorial Epidemiologists (CSTE) 24-hour Epi-on-Call
- Post-Travel Evaluation to Rule Out Viral Special Pathogen Infection | Yellow Book | CDC
- Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers (VHFs) | CDC
- National Emerging Special Pathogens Training and Education Center (NETEC) Resource Library

Non-U.S. Healthcare Settings

- Preparing Your Facility for Identification of Potential MVD Patients | Marburg Virus Disease | CDC
- Preventing MVD from Entering Your Healthcare Facility | Marburg Virus Disease | CDC
- Healthcare Worker and Inpatient Monitoring| Marburg Virus Disease | CDC
- Environmental Cleaning and Waste Management | Marburg Virus Disease | CDC
- Hand Hygiene | Marburg Virus Disease | CDC
- Environmental Cleaning and Disinfection| Marburg Virus Disease | CDC
- PPE Part 1: What, When, and Why to Use PPE | Marburg Virus Disease | CDC
- PPE Part 2: Putting on and Taking Off PPE | Marburg Virus Disease | CDC
- Waste Management Part 1: The Waste Management Process | Marburg Virus Disease | CDC

- Waste Management Part 2: Final Waste Disposal | Marburg Virus Disease | CDC
- Injection Safety | Marburg Virus Disease | CDC

U.S. Public Health Departments

Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | CDC

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN message types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

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This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

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SOURCES

CONTENT SOURCE:

Office of Emergency Risk Communication (OERC)