

Ebola Ready Together: Testing Information and Clinical Lab Action Points

WCLN Special Webinar

July 15, 2026

Today's Presenters

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Infectious Diseases Research Scientist
Epidemiologist
Wisconsin Department of Health Services

Outline

- Background
- Suspect Cases
- Testing
- Patient Management

Current Events

W.H.O. Declares Ebola Outbreak a Global Health Emergency

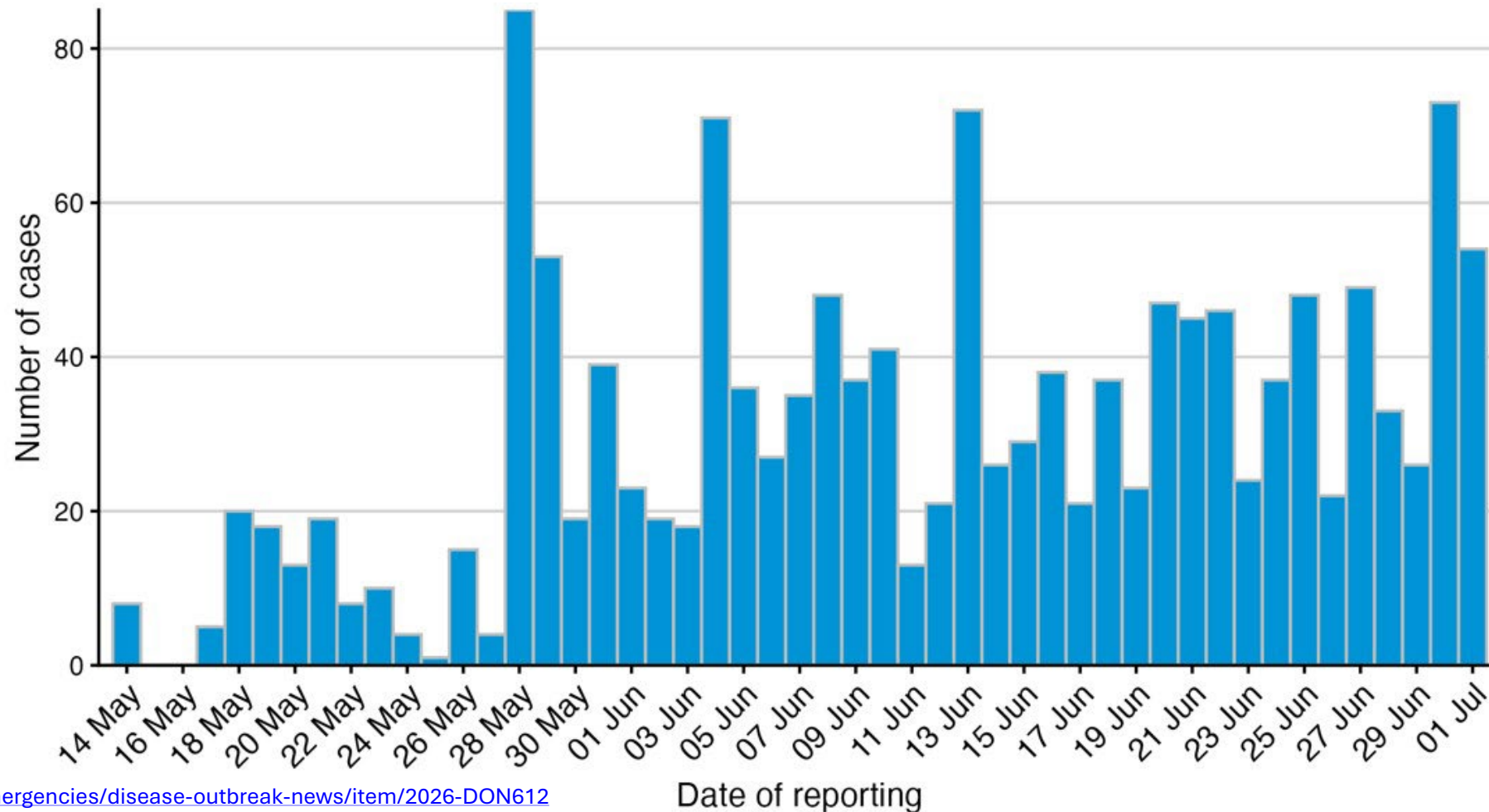


The Outbreak

- In early May, a hospital in northeastern DRC identified a cluster of severe illnesses affecting healthcare workers.
- Initial samples were negative for Ebola virus
- Using a broader orthoebolavirus test 8 out of 13 samples tested positive and 5 were inconclusive.
- Sequencing identified the cause as **Bundibugyo (Bun-dee-BOO-joh) virus**.
- This unusual cause of Ebola disease is **not detected by most Ebola assays**.



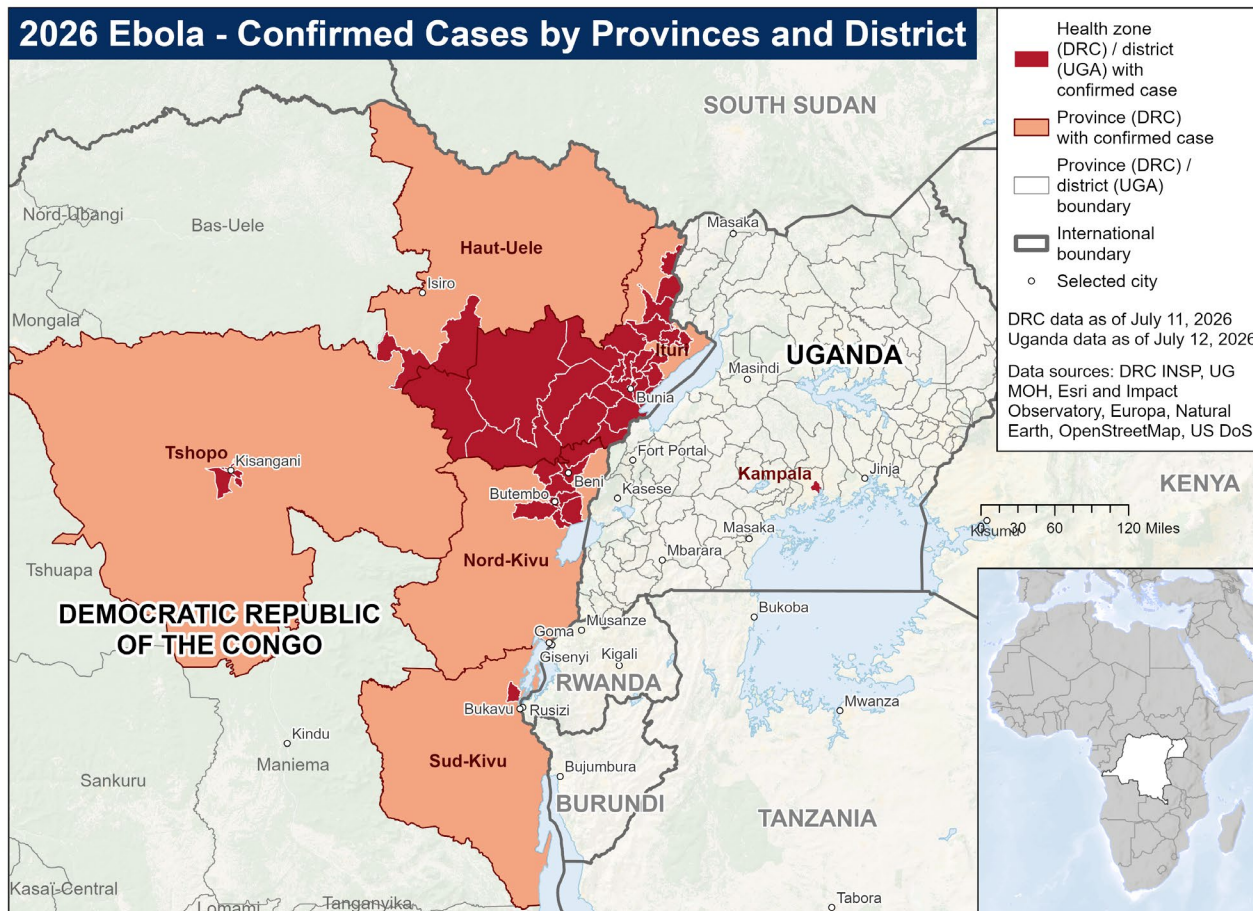
Ongoing Transmission



<https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON612>

Source = Centre des Opérations d'Urgence de Santé Publique (COUSP) situation reports

Situation Update



As of **July 14, 2026:**

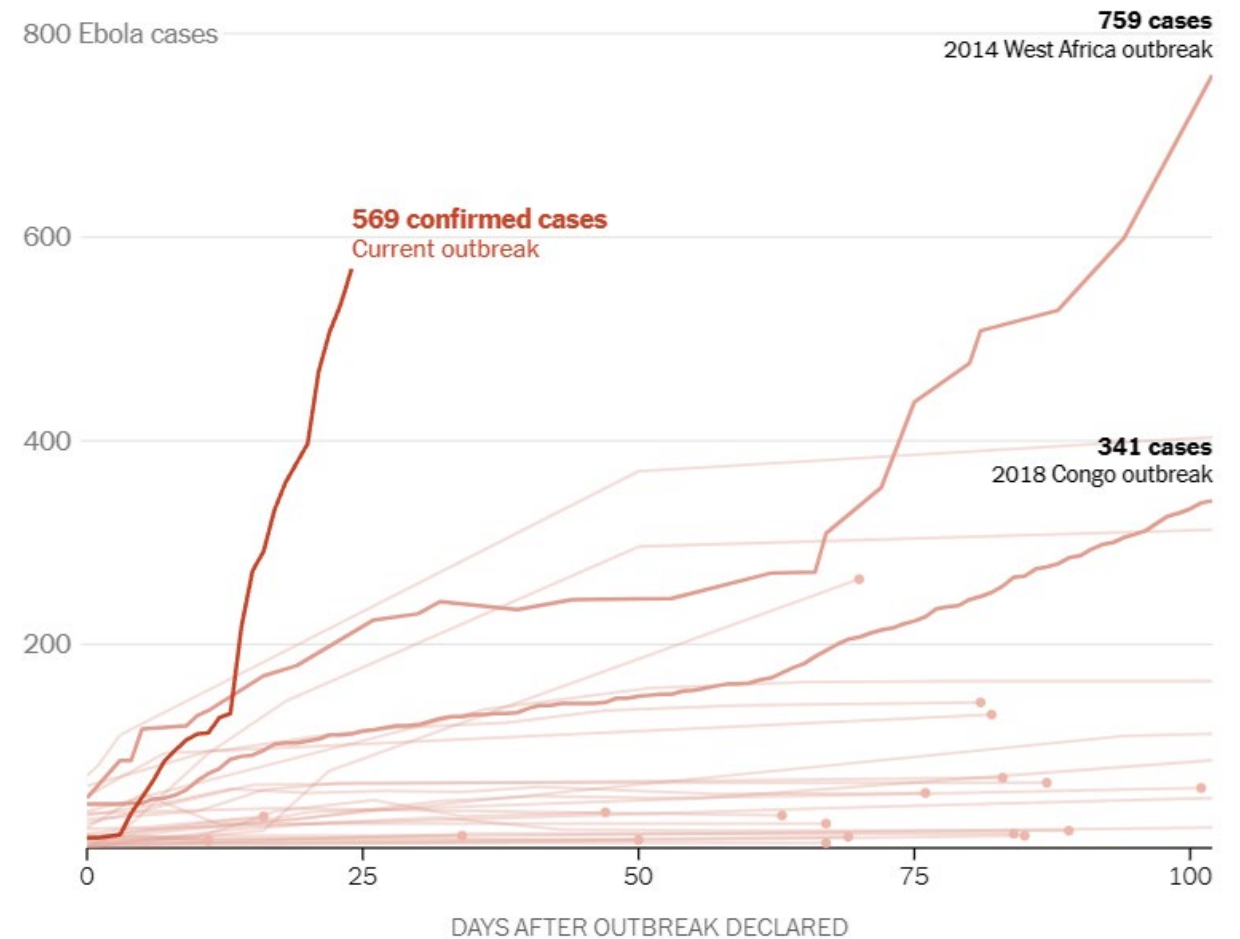
DRC: 1,963 people with confirmed cases and 719 people with confirmed deaths

Uganda: 20 people with confirmed cases and 2 people with confirmed deaths

~36% Mortality

Concerning Trajectory

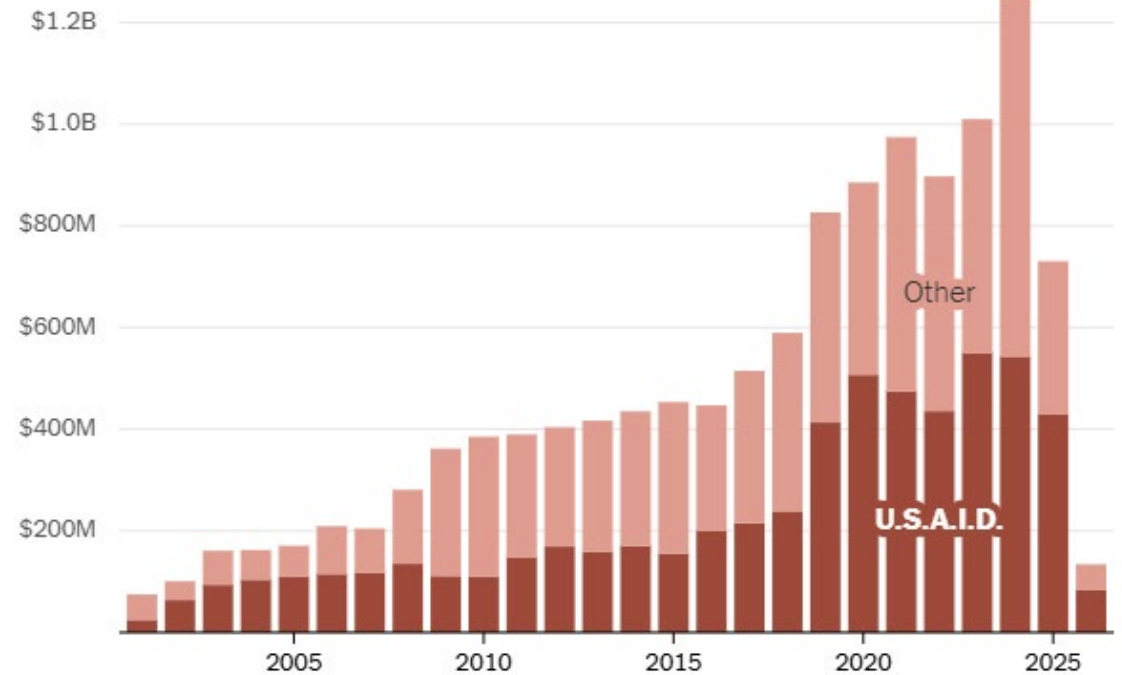
Without strong public health practices (isolation, appropriate burial, case investigations), in the next 3 months this outbreak could exceed the previous **largest outbreak** (2014, >28,000 cases) and will **spill over** into other regions.



Why is this one so bad?

- The US and other nations have recently cut funding
- Conflict & instability in the region
- Community mistrust & resistance
- Treatments and vaccines have not been developed for this strain
- Existing tests missed this strain

U.S. FOREIGN AID TO D.R.C. BY FISCAL YEAR



Note: Adjusted for inflation. Data as of May 20, 2026.

<https://www.nytimes.com/interactive/2026/06/09/opinion/ebola-outbreak-africa-usaid.html>

The Virus



Hemorrhagic Fever Viruses

Family	Genus	Species	Common Name	Human to human spread	Treatment	Vaccine	Mortality
Filovirus	Orthoebolavirus	<i>zairense</i>	Zaire ebolavirus	Yes	Yes	Yes	25-90%
		<i>sudanense</i>	Sudan ebolavirus	Yes	No	No	25-90%
		<i>bundibugyoense</i>	Bundibugyo ebolavirus	Yes	No	No	25-50%
		<i>taïense</i> "Côte d'Ivoire"	Taï forest ebolavirus	unknown	No	No	100% (1 case)
		<i>restonense</i>	Reston ebolavirus	unknown	No	No	no cases
		<i>bombaliense</i>	Bombali ebolavirus	unknown	No	No	no cases
	Orthomarburgvirus	<i>marburgense</i>	Marburg	Yes	No	No	20-90%
		<i>marburgense</i>	Ravn	Yes	No	No	50-60%
Arenavirus	Mammerenavirus	<i>Lassa mammaronavirus</i>	Lassa fever virus	Yes	Yes	No	1%, 95% miscarriage
		<i>Lujo mammaronavirus</i>	Lujo virus	Yes	No	No	80%
		<i>Argentinian mammaronavirus</i>	Junin virus	Yes	No	Yes	15-30%
		<i>Mammaronavirus chapareense</i>	Chapare virus	Yes	No	No	40-60%
		<i>Mammaronavirus brazilense</i>	Sabiá virus	presumed	No	No	10-50%
		<i>Machupo mammaronavirus</i>	Machupo virus	rare	No	No	20-35%
		<i>Mammaronavirus guanaritoense</i>	Guanarito virus	Presumed/rare	No	No	23-33%
Hantavirus	Orthohantaviruses	<i>Hantaviruses</i>	Hantaviruses	Andes strain	No	No	1-40%
Nairovirus	Orthonairovirus	<i>Orthonairovirus haemorrhagicae</i>	Crimean-Congo Hemorrhagic Fever virus	Yes	No	No	10-40%
Phenuvirus	Phlebovirus	<i>Phlebovirus riftense</i>	Rift Valley Fever virus	No	No	No	1-10%
Flaviviridae	Orthoflavivirus	<i>Orthoflavivirus kyasanurens</i>	Alkhurma hemorrhagic fever virus	No	No	No	1-25%
		<i>Kyasanur Forest Disease virus</i>	Kyasanur Forest Disease virus	No	No	Yes	2-10%
		<i>Orthoflavivirus omskense</i>	Omsk Hemorrhagic Fever virus	No	No	No	0.5-3%
		<i>Orthoflavivirus denguei</i>	Dengue virus	No	No	Yes	1-20%
		<i>Orthoflavivirus flavi</i>	Yellow Fever virus	No	No	Yes	3-7.5%
Paramyxoviruses	Henipavirus	<i>Henipavirus hendraense</i>	Hendra virus	No	No	Yes	57%
		<i>Henipavirus nipahense</i>	Nipah virus	Yes	No	No	40-75%

Filoviruses

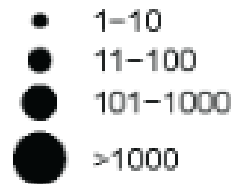
Family	Genus	Species	Common Name	Human to human spread	Incubation	Treatment	Vaccine	Mortality
Filovirus	Orthoebolavirus	<i>zairenses</i>	Zaire	Yes	2-21 days	Yes	Yes	25-90%
		<i>sudanensis</i>	Sudan	Yes	2-21 days	No	No	25-90%
		<i>bundibugyoensis</i>	Bundibugyo	Yes	2-21 days	No	No	25-50%
		<i>taïensis</i> "Côte d'Ivoire"	Taï forest	unknown	2-21 days	No	No	100% (1 case)
		<i>restonensis</i>	Reston	No	NA	No	No	no cases
		<i>bombaliensis</i>	Bombali	unknown	unknown	No	No	no cases
	Orthomarburgvirus	<i>marburgensis</i>	Marburg	Yes	2-21 days	No	No	20-90%
		<i>marburgensis</i>	Ravn	Yes	2-21 days	No	No	50-60%

Outbreaks by species and size, since 1976

Country Reporting Past Ebola Outbreak

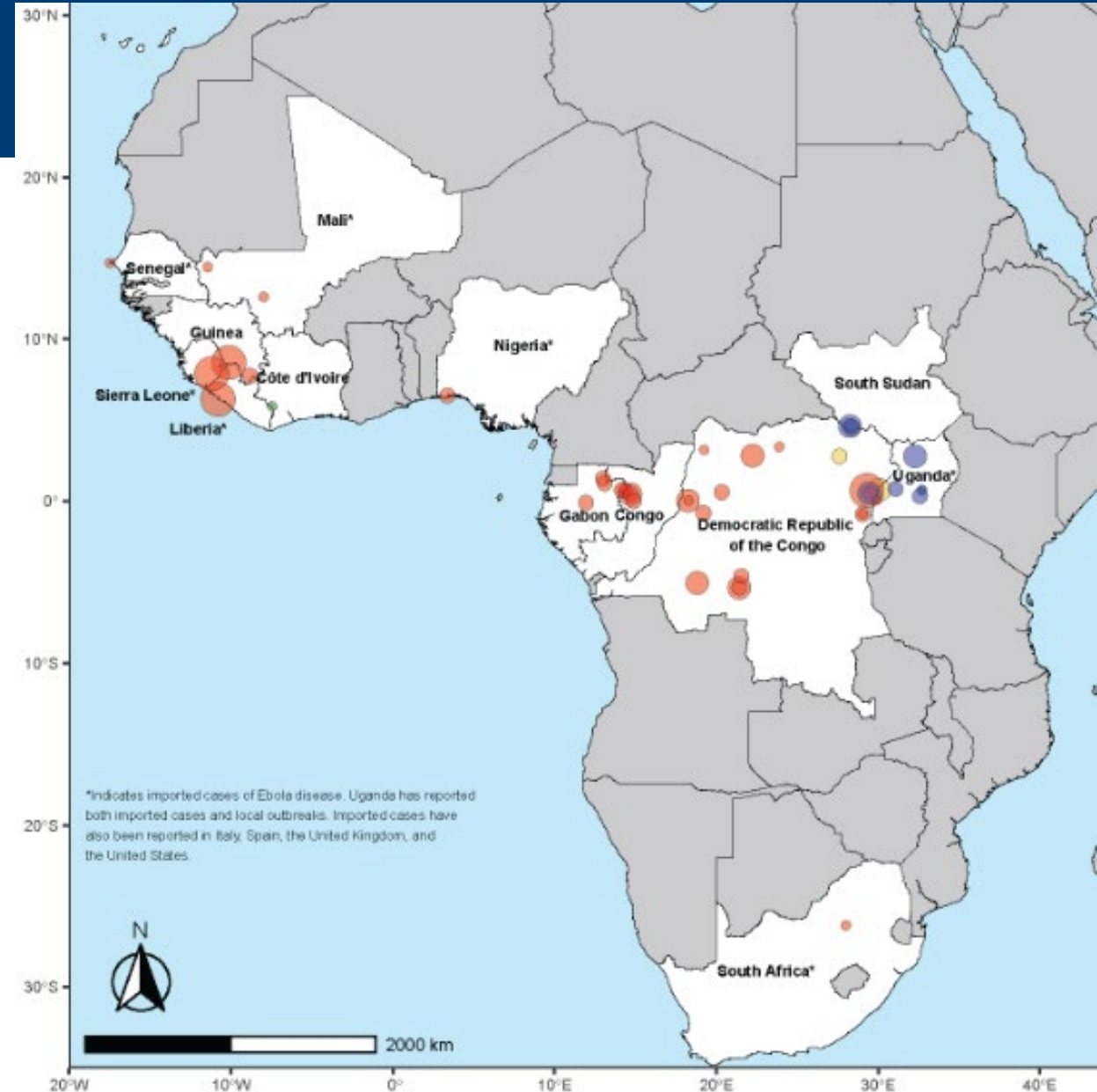


Number of Cases



Orthoebolaviruses

- Bundibugyo virus (species *Orthoebolavirus bundibugyoense*)
- Ebola virus (species *Orthoebolavirus zairense*)
- Sudan virus (species *Orthoebolavirus sudanense*)
- Tai Forest virus (species *Orthoebolavirus taiense*)



Disease

Transmission

- **Person-to-person:** Direct contact with **body fluids** of a person who is sick (symptomatic) or has died from Ebola disease.
- **Fomites:** Contact with contaminated items, such as clothes, bedding, and medical equipment.
- **Zoonotic:** Bats are the likely reservoir.
- **Not spread** by airborne transmission.

Ebola Disease: Signs and Symptoms

- Headache
- Fatigue
- Muscle and joint pain
- Anorexia
- Sore throat
- Abdominal pain
- Rash
- Diarrhea
- Vomiting
- Conjunctivitis
- Unexplained bleeding and bruising

No sign or symptom is pathognomonic for Ebola disease.

Fever and bleeding/bruising are not universally present.

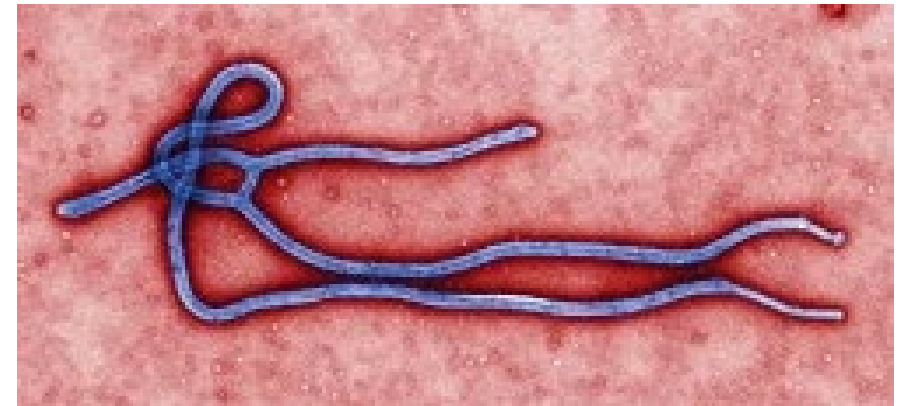
Ebola Disease: Course of Illness

Incubation period	Dry phase	Wet phase
2 – 21 days (typically, 4 – 17 days)	1 – 3 days	3 – 12 days
No symptoms	Fever, malaise, body aches	Gastrointestinal and hemorrhagic symptoms
Not infectious	Infectious	Most infectious

Ebola Treatment and Prevention

- Two Treatments –Antibody based

- October 2020 – Immazab
- December 2020 – Ebanga



- Two Vaccines

- December 2019 – Ervebo
- July 2020 – Zabdeno / Mvabea

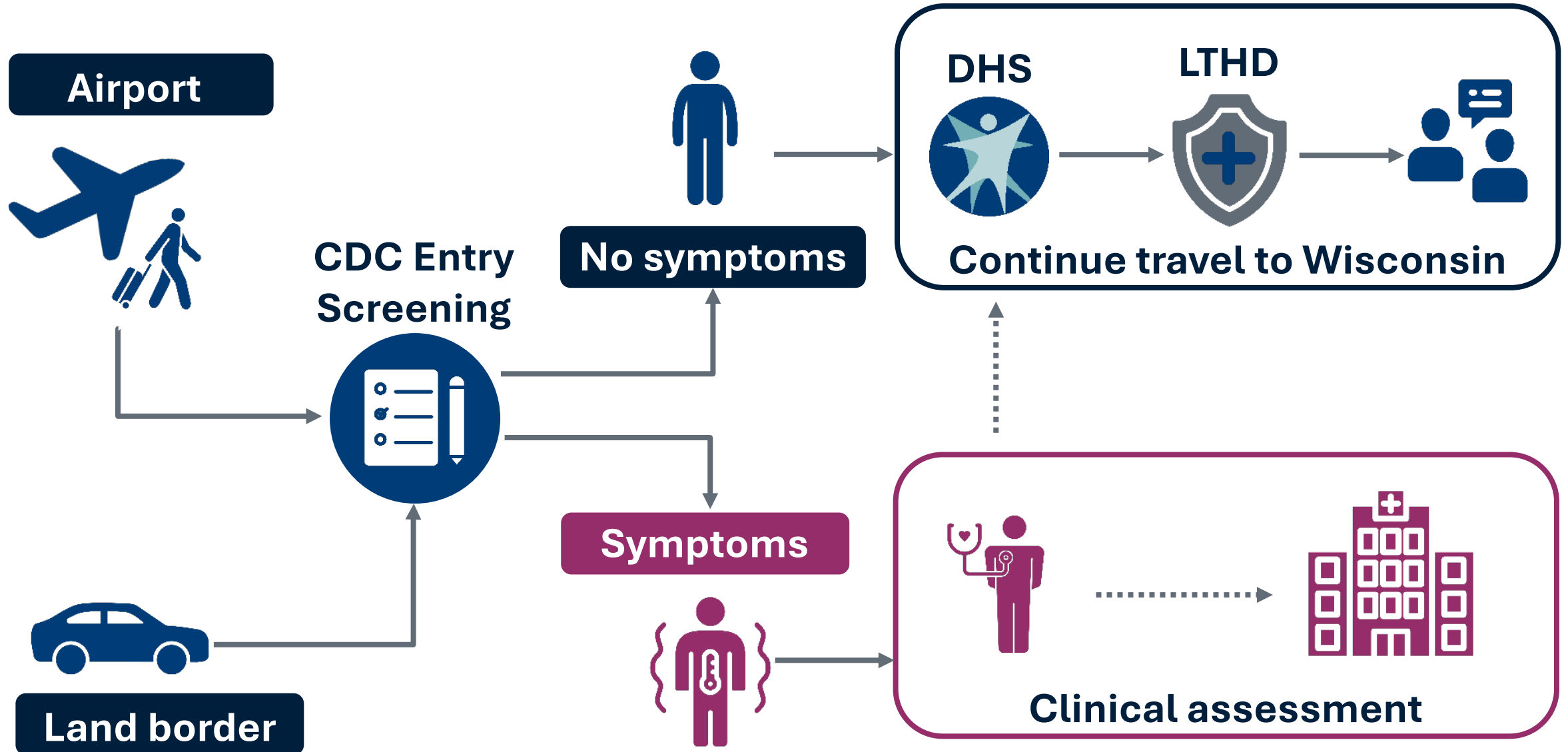
***Only approved for Zaire strain!**

Current Outbreak- the Good News

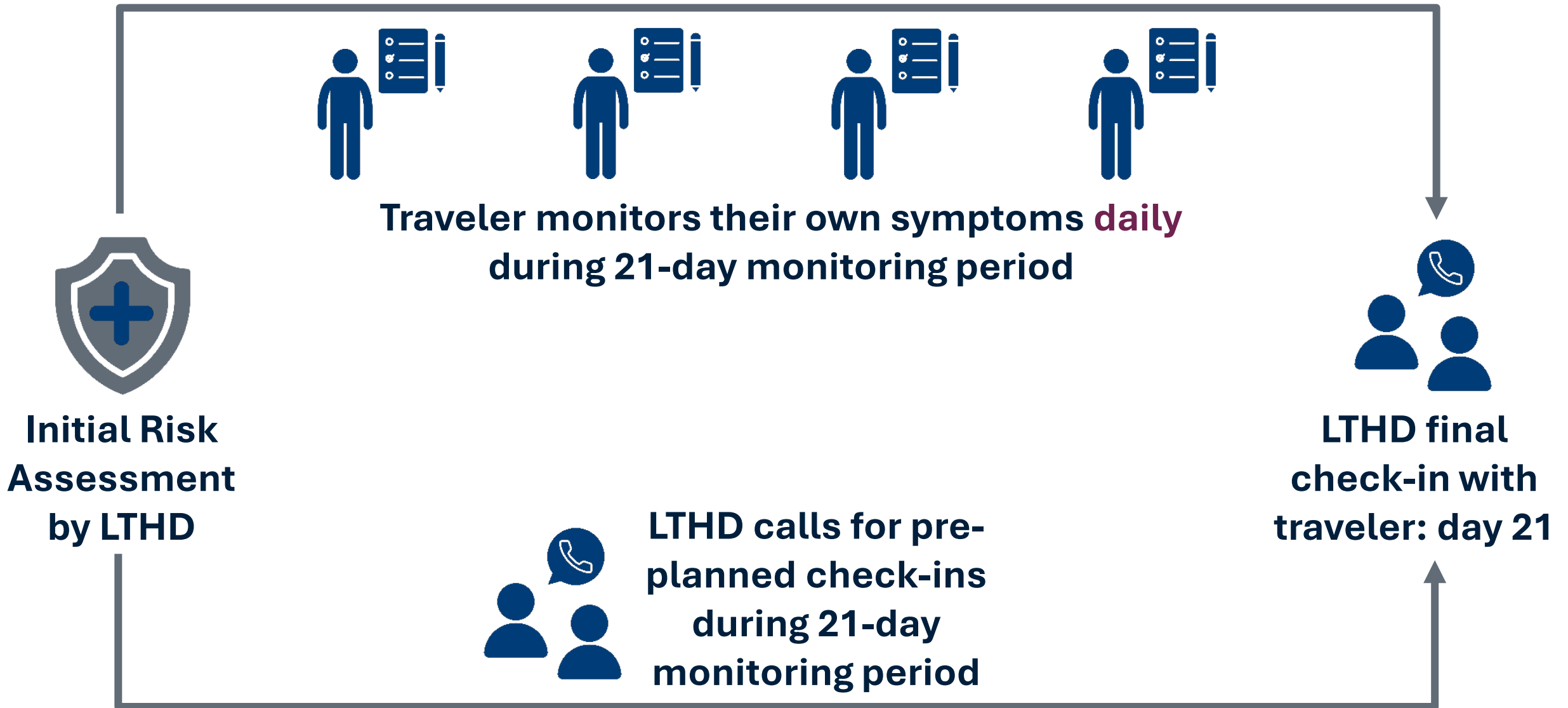
- To date, **no Ebola cases** associated with this outbreak have been reported in the United States, and the risk to the general public is considered low.
- **An experimental vaccine candidate** is currently entering clinical trials.
- **New assays** that can detect the Bundibugyo strain have been developed and deployed.

Traveler Health Monitoring

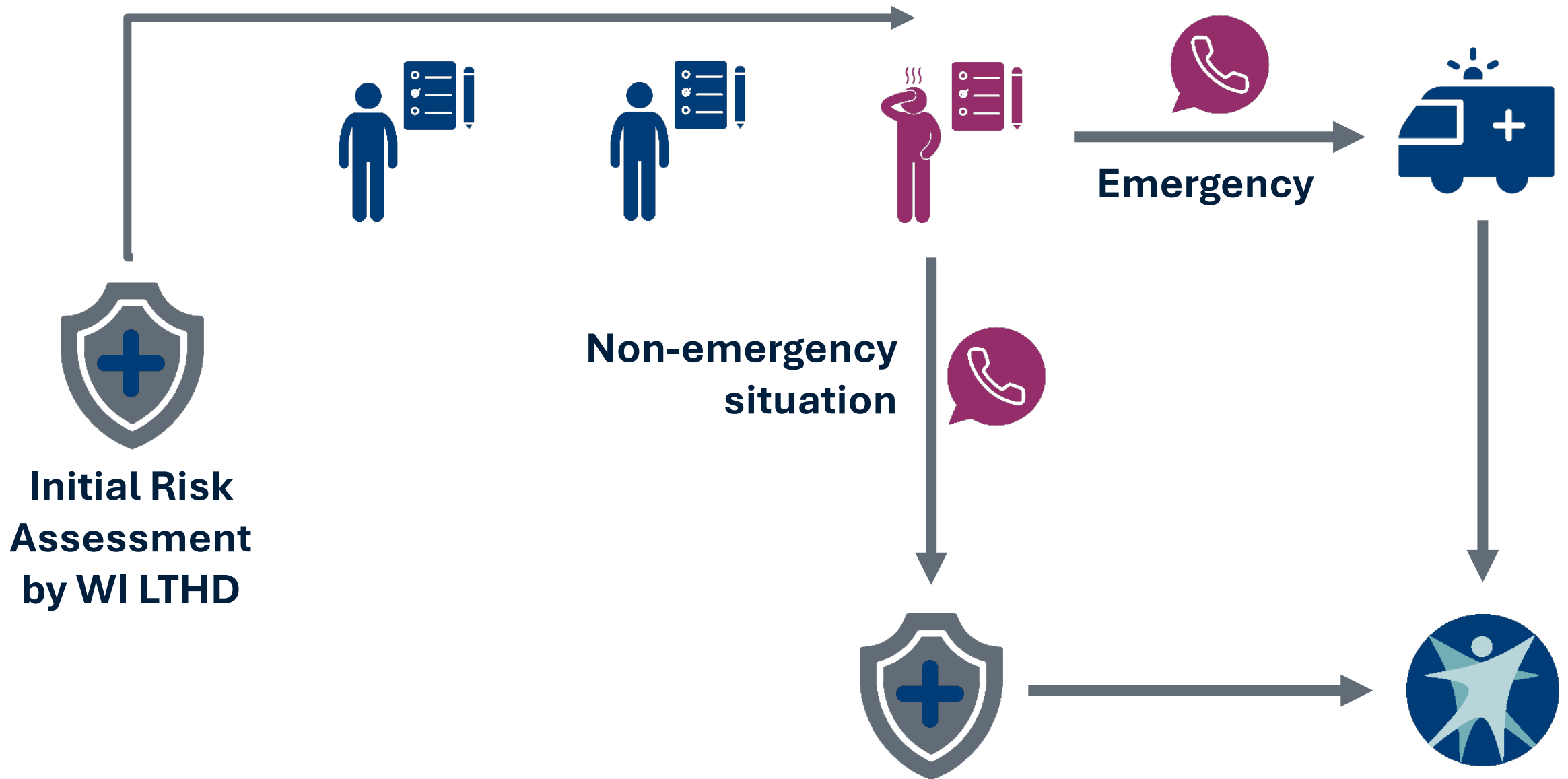
Entry Screening and Risk Assessment



Wisconsin Health Monitoring

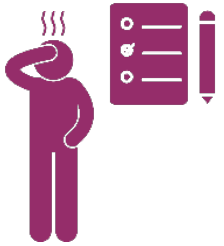


Illness in Monitored Traveler



Illness in a Traveler During Monitoring

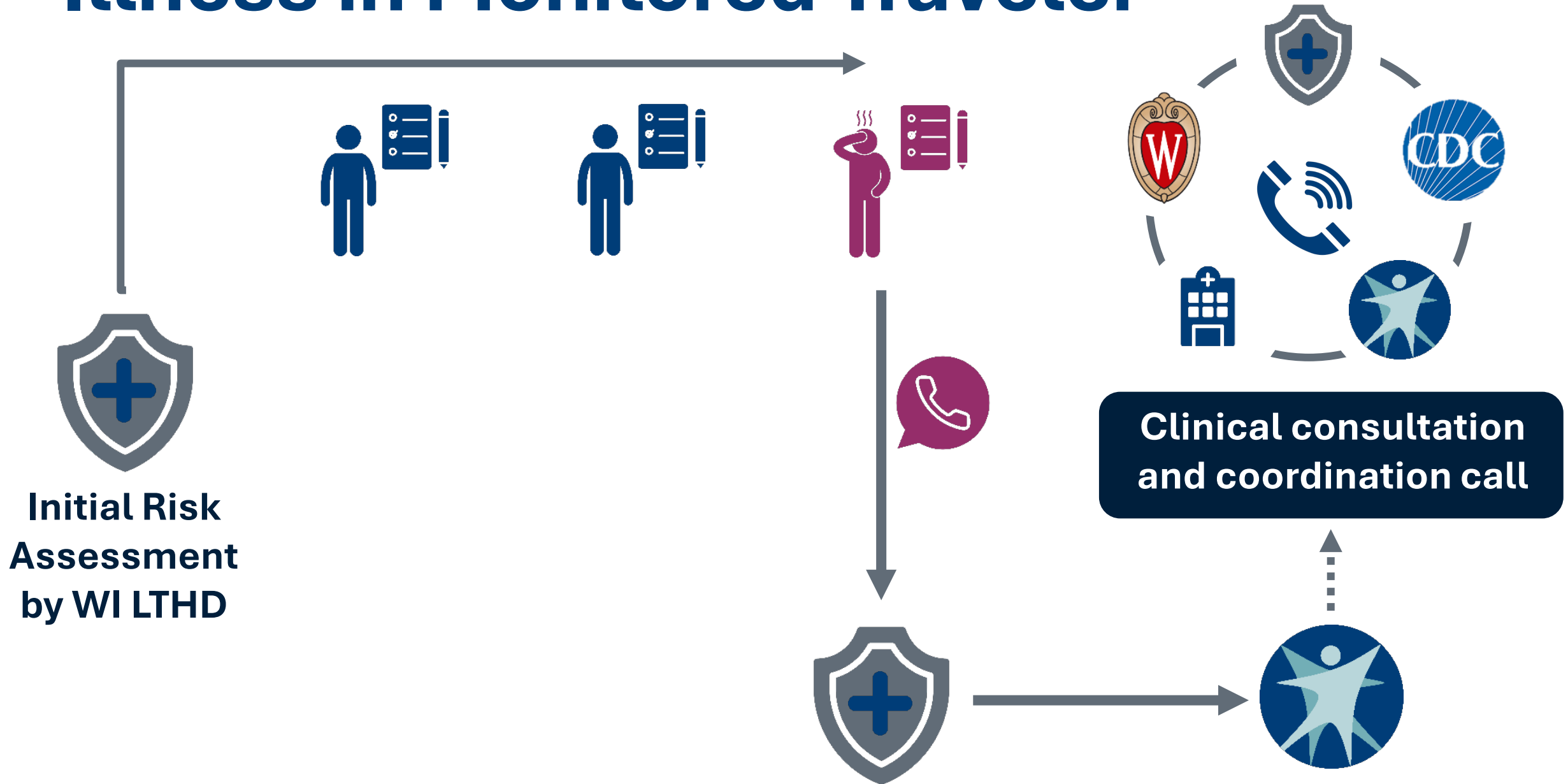
Monitored Traveler Calls LTHD



- LTHD instructs traveler to **self-isolate**.
- Collects **detailed information about symptoms**.
- Asks traveler to **await additional instructions** while LTHD contacts DHS.
- **Stays in close communication** with traveler by phone or text.



Illness in Monitored Traveler



Clinical Consultation Call

Decisions are made regarding whether an **in-person clinical evaluation** is needed based on the patient's:



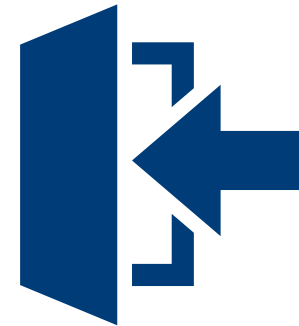
Signs and symptoms



Exposure history

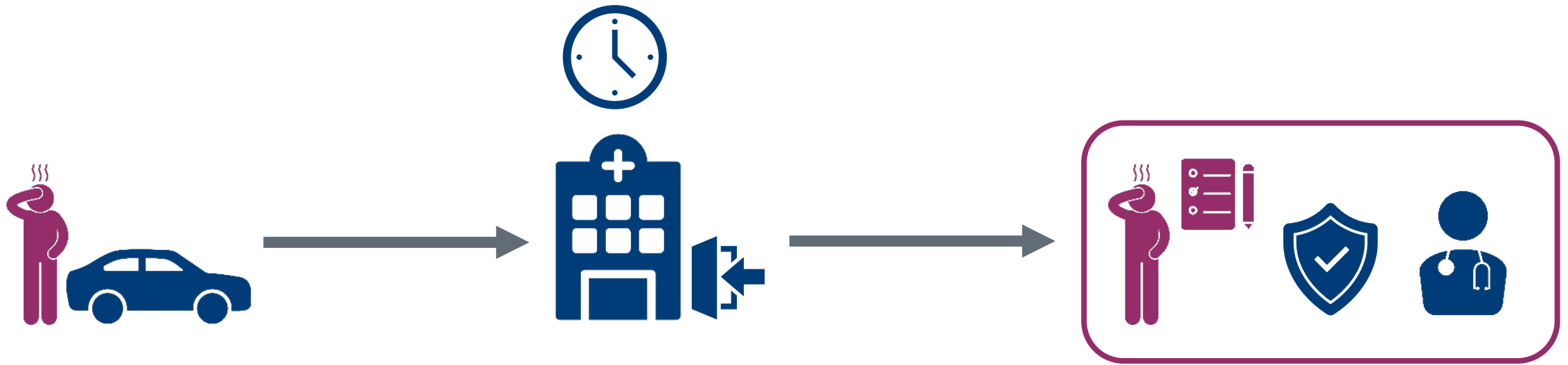
Instructions for Presenting for Care

Based on the clinical consultation call, the **LTHD provides detailed instructions** to the patient about



where and **when** to go, and **which entrance** to use.

Patient Presenting for Care



Diagnostic Decision Making

Decisions are made regarding whether diagnostic testing for other pathogens and EVD is indicated, based on:



Signs and symptoms



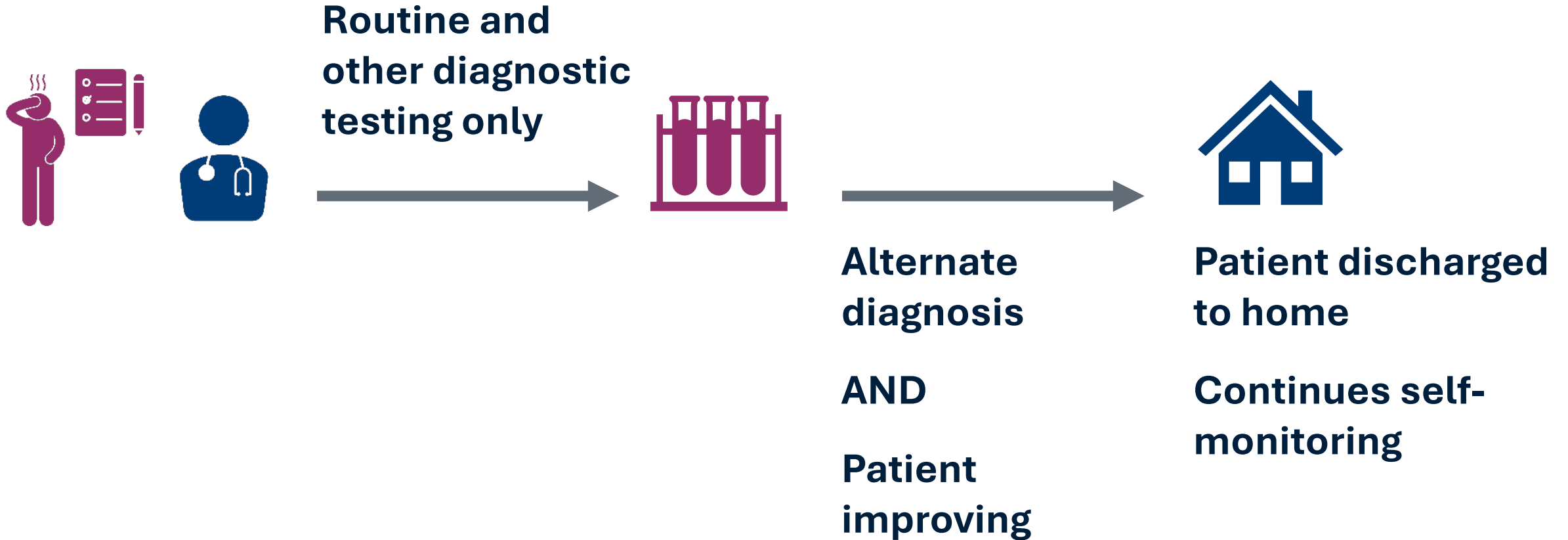
Exposure history



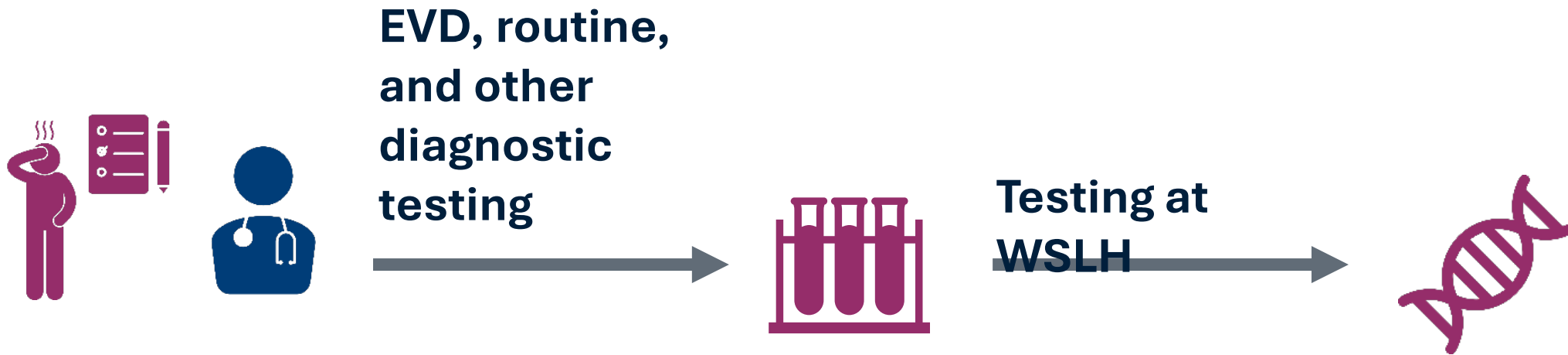
Clinician evaluation

Patient Evaluation and Diagnostics:

No EVD Testing Indicated



Patient Evaluation and Diagnostics: EVD Testing Indicated



<https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/guidance-on-performing-routine-diagnostic-testing-for-patients-with-suspected-vhfs-or-other.html>

Testing



Wisconsin State
Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

Clinical Laboratory Testing

The following routine clinical laboratory tests are critical in evaluating an ill traveler.

- Complete blood count (CBC), including differential and platelet count
- Sodium, potassium, bicarbonate, blood urea nitrogen, creatinine, and glucose concentrations
- Liver function tests
- Coagulation testing, specifically prothrombin time (PT), expressed as an international normalized ratio (INR)
- Chemical urinalysis (dipstick)
- Blood culture for bacterial pathogens

Based on clinical evaluation, additional tests to consider:

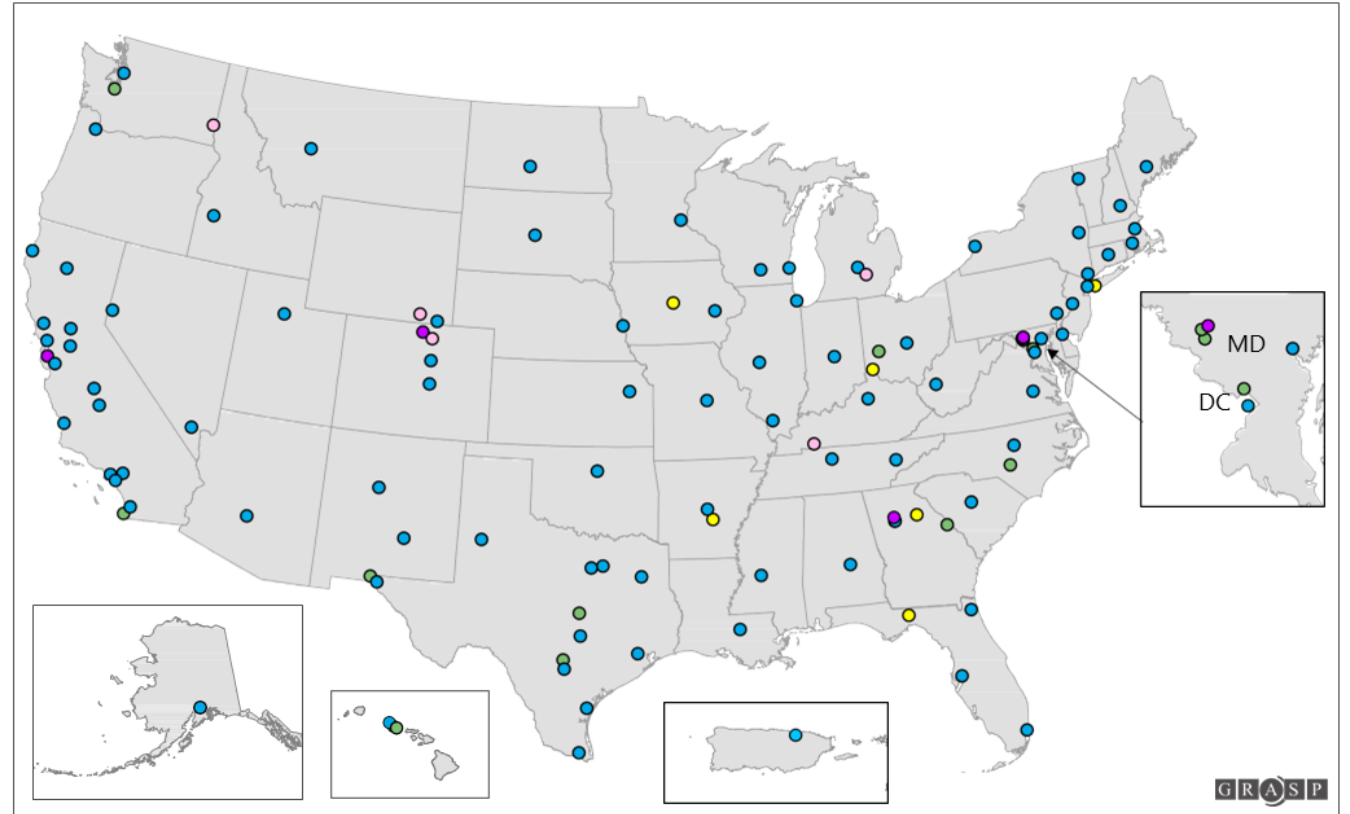
- Malaria, common causes of respiratory and gastrointestinal illnesses.

Lab Safety

- “Following CDC's [Standard Precautions for All Patient Care](#), which includes OSHA's [Bloodborne Pathogens Standard](#), has shown to effectively prevent laboratory acquired illnesses from bloodborne pathogens, such as VHFs and other high-consequence diseases.”
- Labs should perform site and activity specific risk assessments.
- “If a hospital facility is unable to provide appropriate clinical care and laboratory/diagnostic testing, the patient should be transferred to a facility that is able to provide appropriate management until VHF or other high-consequence testing is completed.”

Testing for VHF

- 120+ LRN-B Labs
- 46 currently capable of testing for the Ebola Bundibugyo strain



*At least one in every state, 120+ total labs

WSLH Webpage

- Contact information
- Packaging and shipping Guidance
- Useful Links

<https://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/>

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 - ▶ UW Cytogenetics
 - ▶ Cytology Laboratory
 - ▶ Clinical Metals
 - Regulatory Compliance
 - Definitions
 - Out-of-state Requests

Ebola Virus Information for Lab Professionals

(NOTE: Updated June 12, 2026)

Inquiries regarding suspect Ebola virus cases should be directed to the Wisconsin Division of Public Health. Testing for Ebola virus infection **MUST** be pre-approved by the Wisconsin Division of Public Health, the CDC, and WSLH. Please contact DPH at 608-267-9003 during office hours (M-F, 7:45 a.m. – 4:30 p.m.) and 608-258-0099 after hours and weekends.

The Wisconsin State Laboratory of Hygiene (WSLH) can perform **PCR testing** for Ebola and other hemorrhagic fever viruses.

Specimens MUST be accompanied by the following forms:

- **WSLH requisition form: CDD General Requisition Form**
 - NOTE: Hospital/clinical laboratories should already have this form. Contact Customer Service if a new form is needed. (800-862-1013)
- **Chain of custody form**

Ebola guidance and further information:
2026 Updates
CDCHAN-00530 Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda – Issued May 19, 2026

Test Directory



Wisconsin's Public, Environmental and Occupational Health Laboratory Since 1903

[PFAS Compliance Testing](#)

COVID-19
Information about Wastewater Surveillance

Avian Flu

WSLH News

May 15, 2026

Memorial Day 2026 Holiday Hours

Please note the following changes to the Wisconsin State Laboratory of Hygiene's operations due to the observance of the Memorial Day holiday. The table below lists the hours of operations [...]

April 29, 2026

WSLH Featured Prominently in APHL's 2025 Annual report

The top 3 stories in the Association of Public Health Laboratories (APHL) 2025



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Test Directory

Test Directory

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Quick Links

Communicable
Disease

Viral Hemorrhagic Fever Panel



Test Overview

Specimen and Transport

Interpretation

Test Method

Billing and Coding

WSLH Department: CDD - Communicable Disease Division

WSLH Test Code: SA00100

Day(s) Performed: Daily, STAT

Turn-around Time: 1 - 3 days

Recommended
Uses:

Testing for patients with signs and/or symptoms of acute febrile illness and known or suspected exposure to viral hemorrhagic fever causing viruses.

Evaluation for more common acute febrile illnesses should be considered and should include travel history, exposure risk, and consultation of the CDC yellow book prior to use of this panel.

Pre-approval:

Required prior to submission.

Key Test Details

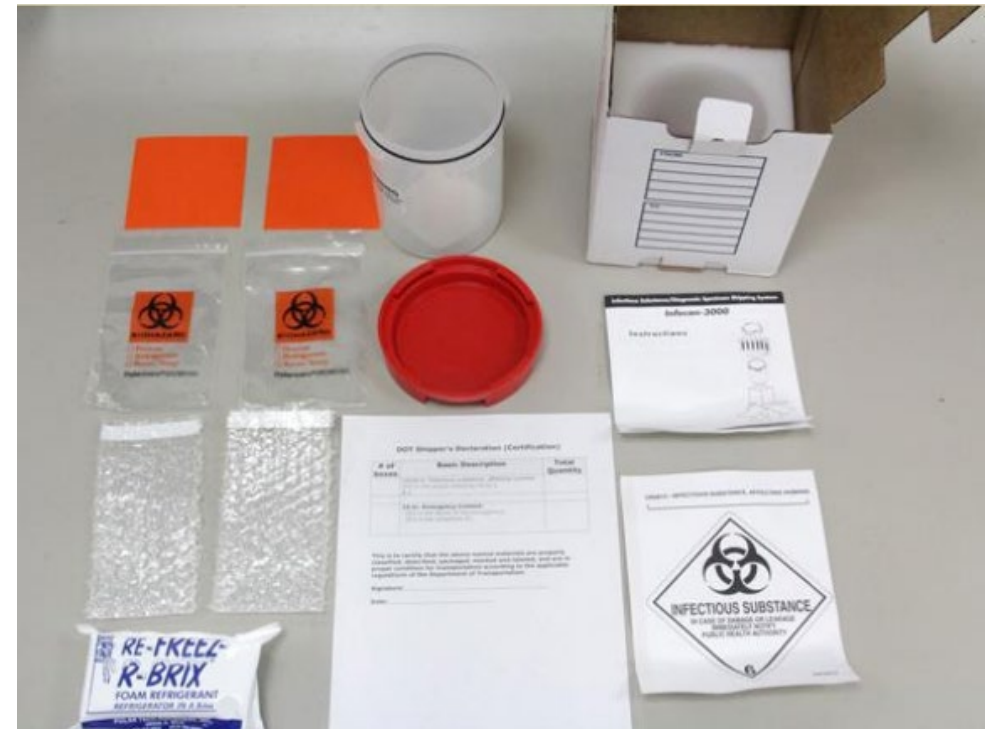
- Pre-approval from DHS, CDC, and WSLH required for testing
- 2 tubes of EDTA whole blood (do not spin)
- Category A packaging with frozen cold packs
- 24/7 STAT testing
- Results in 4-8 hours from receipt
- Results phoned and ELR
- Fee exempt for all patients



Biosafety level 3

Collection and Shipping Supplies

- EDTA tubes
 - Category A shippers
 - Packing supplies
 - Shipping labels
 - Declaration templates
 - Hazard labeling stickers
- Available at no cost for VHF testing
- Clinical Orders/Supplies**
- **Phone:** 800-862-1088
 - **Fax:** 844-390-6233



Category A Infectious Substance Shipper contents

Packaging Instructions

Step-by-step instructions with pictures on how to package and ship specimens for VHF testing

Linked on our Website:

https://www.slh.wisc.edu/wp-content/uploads/2018/10/181024_Packaging-and-Shipping-a-Suspect-Category-A-Infectious-Substance-Pictoral-Aid.pdf



Step 8



- Place the lid onto the rigid plastic container and screw the lid into place, making sure that the container is tightly sealed.

Transportation Assistance



- Delivery is eligible for emergency courier service
 1. Your own courier
 2. Purple Mountain (must have pre-approval for STAT)
 3. Other couriers in the area
 4. Transport in a state vehicle, like the police.
- Transport arranged by WSLH is fee-exempt

New Method- Global Fever Special Pathogen Panel

BioFire Torch



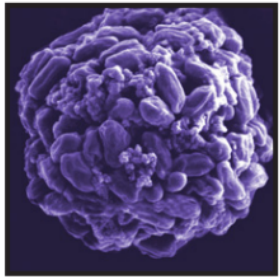
FilmArray-

Microfluidic, array based,
multiplexed PCR



Global Fever Special Pathogen Panel

- Results report as “Presumptive Positive” but are actionable
- Positives will go to CDC for confirmation



Bacteria

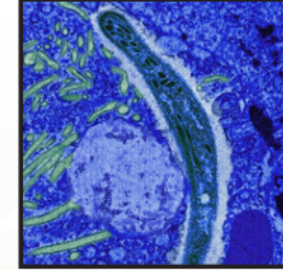
Bacillus anthracis
Francisella tularensis
Leptospira spp.
Yersinia pestis



Viruses

Chikungunya virus
Crimean-Congo hemorrhagic fever virus
Dengue virus (serotypes 1, 2, 3 and 4)
***Ebolavirus* spp.** (Bundibugyo, Reston, Sudan, Taï Forest, Zaire)
Lassa virus
Marburgvirus
West Nile virus
Yellow fever virus

16
pathogens



Protozoa

Leishmania spp.
Plasmodium spp.
Plasmodium falciparum
Plasmodium vivax/ovale

Assay Performance

Clinical Performance Summary

Analyte	PPA (Sensitivity)	NPA (Specificity)
<i>Bacillus anthracis</i>	100%*	100%
<i>Francisella tularensis</i>	100%*	100%
<i>Leptospira</i> spp.	93.8%	99.8%
<i>Yersinia pestis</i>	100%*	100%
Chikungunya virus	100%	99.9%
Crimean-Congo hemorrhagic fever virus	98%	100%
Dengue virus (serotypes 1, 2, 3, and 4)	94%	100%
<i>Ebolavirus</i> spp.	100%*	100%

Analyte	PPA (Sensitivity)	NPA (Specificity)
Lassa virus	100%*	100%
<i>Marburgvirus</i>	99%*	100%
West Nile virus	100%*	99.7%
Yellow fever virus	98%*	100%
<i>Leishmania</i> spp.	100%	100%
<i>Plasmodium</i> spp.	98.5%	99.2%
<i>Plasmodium falciparum</i>	92.7%	99.8%
<i>Plasmodium vivax/ovale</i>	92.7%	100%

Data established during a prospective clinical study, except where indicated.

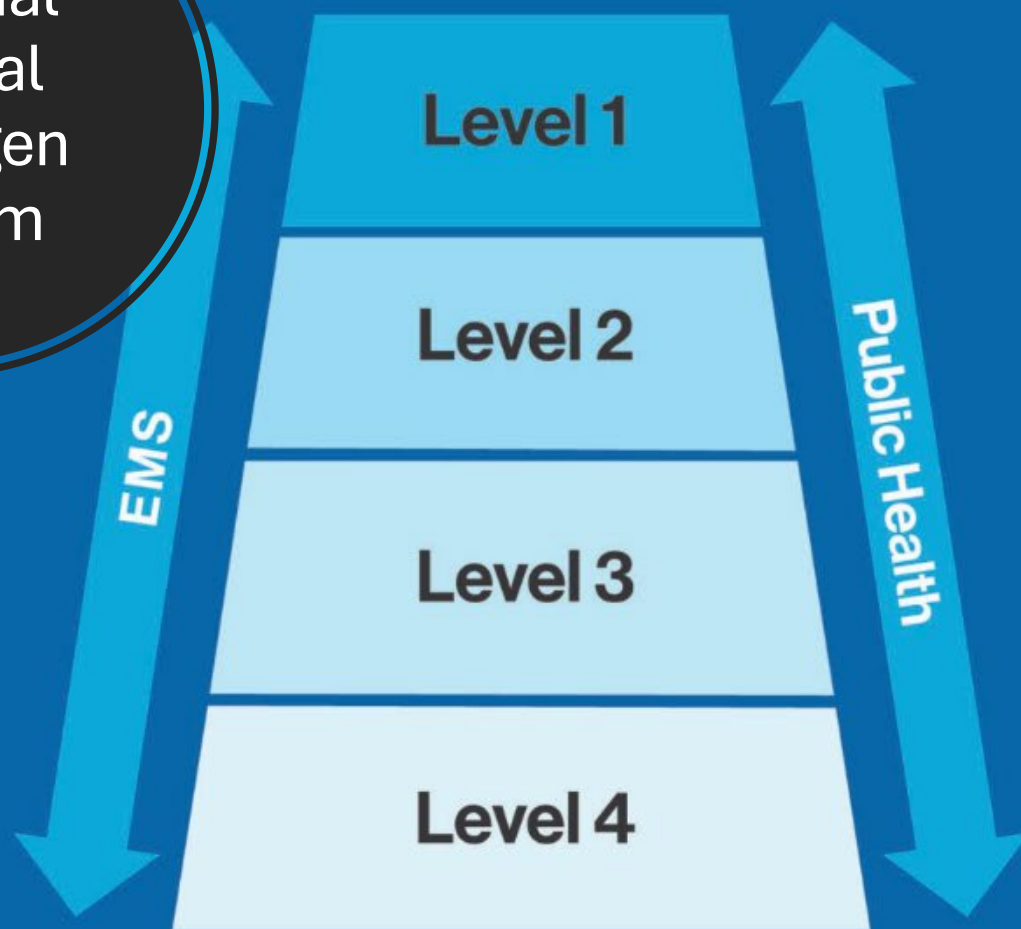
*Performance was established using contrived specimens. See panel specific IFU for details.

- All detected Select Agents will get automatic confirmation testing
- Malaria will auto reflex to species differentiation

*Fee Exempt

National Special Pathogens System of Care (NSPS)

National Special Pathogen System



What Does the NSPS Look Like?

Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resource hubs which provide highly specialized care. Level 1s care for patients for their duration of illness.

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. Level 2 facilities can care for patients for their duration of illness.

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. Level 3s can care for patients for 12-36 hours.

Level 4 facilities, or All Other Healthcare Facilities, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Additional partners, such as EMS and public health, are essential for the coordination of the NSPS.

Level 1: Regional Emerging Special Pathogen Treatment Centers



Role: Regional hubs for coordination, training, and resources.

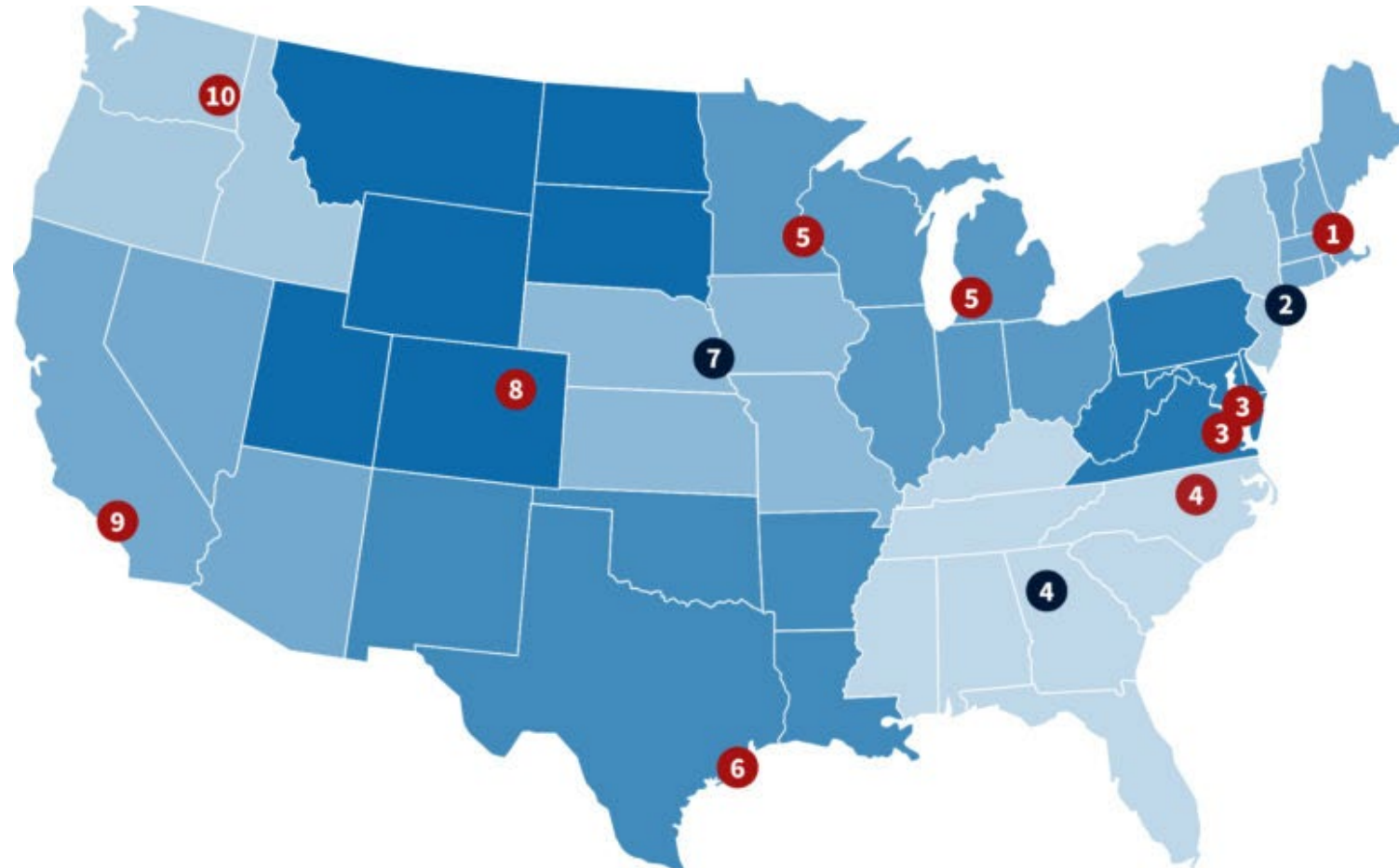


Care: Can treat patients for the *entire duration* of their illness.



Capabilities: Provide highly specialized care for severe pathogens like Viral Hemorrhagic Fevers (VHF).

US RESPTC Facilities



- 1** CT, ME, MA, NH, RI, VT
 - Massachusetts General Hospital
 - 2** NJ, NY, PR, VI
 - NYC Health + Hospitals / Bellevue
 - 3** DC, DE, MD, PA, VA, WV
 - Johns Hopkins Hospital
 - MedStar Washington Hospital Center / Children's National
 - 4** AL, FL, GA, KY, MS, NC, SC, TN
 - Emory University / Children's Healthcare of Atlanta
 - University of North Carolina at Chapel Hill
 - 5** IL, IN, MI, MN, OH, WI
 - University of Minnesota Medical Center
 - Corewell Health System
 - 6** AR, LA, NM, OK, TX
 - University of Texas Medical Branch
 - 7** IA, KS, MO, NE
 - Nebraska Medicine / University of Nebraska Medical Center
 - 8** CO, MT, ND, SD, UT, WY
 - Denver Health & Hospital Authority
 - 9** AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW
 - Cedars Sinai Medical Center
 - 10** AK, ID, OR, WA
 - Providence Sacred Heart Medical Center & Children's Hospital
- Indicates NETEC Organizations

Level 2: Special Pathogen Treatment Centers



Role: Primary patient care centers for clusters of patients.



Care: Can also care for patients for the *duration of illness*.



Focus: Building the capacity for managing complex, high-consequence infectious diseases.

Level 3: Assessment Centers



Role: Widely accessible, first-line facilities.



Care: Stabilize patients for 12–36 hours.



Capabilities: Basic testing, stabilization, and coordination for rapid transfer to high levels.

Level 4: All Other Health Care Facilities



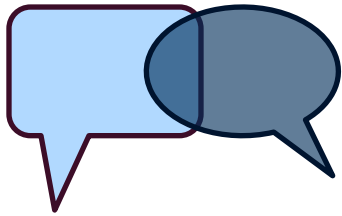
Role: Initial response within any hospital.



Capabilities: Identify, isolate, inform, initiate basic stabilization, and arrange transport.

Communication and Coordination

Our overall goal is to do the best for the patient, their family, and the community



Communicate
early and often



Coordination call with partners

Key Takeaways

- **Ebola virus disease (EVD)** is a severe viral hemorrhagic fever with high mortality, transmitted through direct contact with infected body fluids.
- **Early recognition and isolation of patients** with compatible symptoms and epidemiologic risk factors are critical to preventing transmission.
- **Laboratory testing** should be coordinated with public health authorities and performed using appropriate biosafety and specimen-handling protocols.
- **Management of confirmed cases** relies on prompt supportive care, strict infection prevention and control measures, and use of approved therapeutics when indicated.
- **Preparedness, communication, and coordination** among healthcare facilities, public health agencies, and laboratories are essential for effective response to suspected or confirmed Ebola cases.

DHS BCD Contact Information

DHS Bureau of Communicable Diseases (during business hours):

608-267-9003

DHSDPHBCD@dhs.wisconsin.gov

Infection prevention and control questions:

608-267-7711

DHSWIHAIPreventionProgram@dhs.wisconsin.gov

For urgent questions, use the DHS 24/7 public health emergency answering service: **608-258-0099** or **800-943-0003 (Option 4)**

WSLH Contact Information

Communicable Diseases Customer Service

800-862-1013

decs@slh.wisc.edu

Category A Ebola kit

800-862-1088

HMSpecimenReceivingClinicalOrdersStaff@mail.slh.wisc.edu

For after hours emergencies call the 24/7 Pager

608-236-3280

Resources:

- CDC HAN Ebola Disease Outbreak in the DRC and Uganda, May 19, 2026: <https://www.cdc.gov/han/php/notices/han00530.html>
- CDC Ebola Disease: Current situation: <https://www.cdc.gov/ebola/situation-summary/index.html>
- Clinical Manifestations and Diagnosis of Ebola Disease: <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-ebola-disease>
- DHS VHF: <https://www.dhs.wisconsin.gov/disease/viral-hemorrhagic-fever.htm>
- WSLH Ebola Virus Information for Lab Professionals: <https://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/>
- WSLH Test Directory: <https://apps.slh.wisc.edu/testrefsearch/public/searchTestDetails/8323/ebola/getTests>
- WSLH Ebola/VHF Packaging Instructions: https://www.slh.wisc.edu/wp-content/uploads/2018/10/181024_Packaging-and-Shipping-a-Suspect-Category-A-Infectious-Substance-Pictorial-Aid.pdf

Resources:

- CDC, Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHFs or Other High-Consequence Disease: <https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/guidance-on-performing-routine-diagnostic-testing-for-patients-with-suspected-vhfs-or-other.html>
- CDC, Laboratory Testing for Patients with a Suspected VHF or High-Consequence Disease: <https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/index.html>

