

# From Detection to Containment: Public Health Interventions for Rift Valley Fever

Project ECHO / Julie Gabel, DVM, MPH / June 25, 2026

# High Consequence Infectious Diseases

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Preparing for **High Consequence Infectious Diseases (HCIDs)**—such as Viral Hemorrhagic Fevers, MERS, SARS, novel pandemic influenza, and other emerging pathogens—necessitates healthcare systems and public health to plan for **rare but high-impact events**.

Requires a highly structured, systematic approach. Preparedness depends on strong systems, trained people, and consistent practice

- Systems – designated response teams, written protocols, and preparedness plans
- People – trained staff using standardized screening and assessment procedures
- **Practice – regular exercises and ongoing training to ensure readiness**

# Core Framework for HCID: Identify, Isolate and Inform

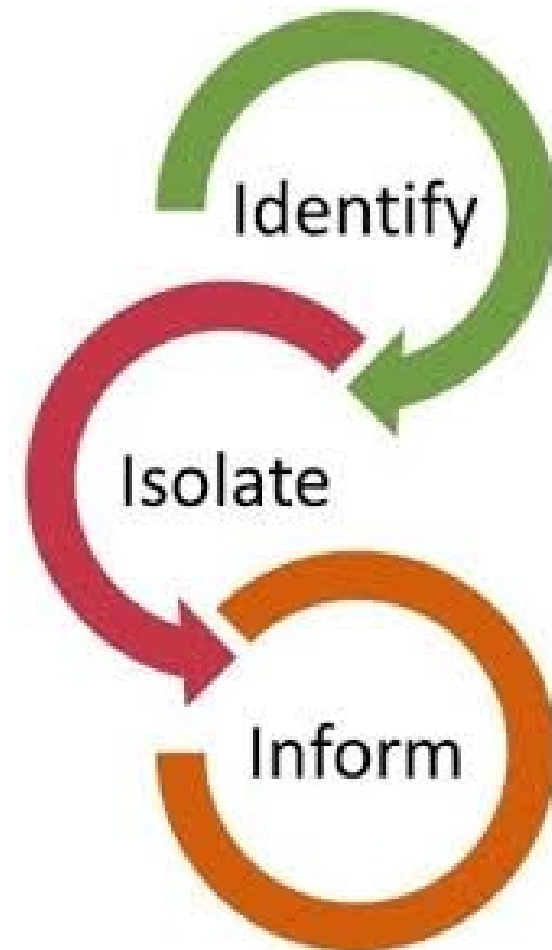
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**Early identification:** facilitates a timely and coordinated response

**Containment:** reduces the risk of healthcare-associated and community exposures

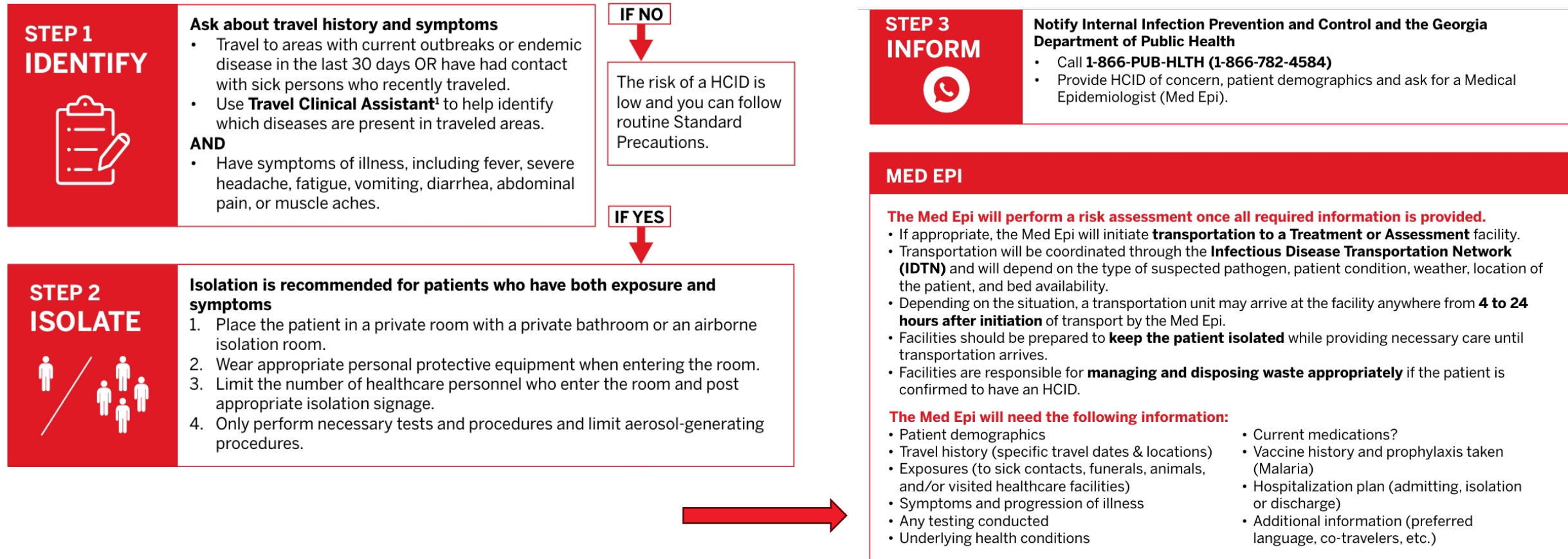
**Parallel notification:** ensures key internal and external partners are notified simultaneously

**Coordination:** supports a multidisciplinary approach to managing potential health threats



# THINK HIGH CONSEQUENCE INFECTIOUS DISEASE (HCID)

## Guidance for Early Recognition and Containment of HClDs



Where can I find this poster? Georgia Infectious Disease Network webpage or direct link below:

<https://dph.georgia.gov/document/document/hcid-identify-isolate-inform-screening-tool-0/download>

# Key Actions: Identify, Isolate, AND Inform

## IDENTIFY

- Identify patients with:
  - Travel to areas with current outbreaks or endemic disease
  - OR
  - Contact with sick persons who recently traveled AND
  - Symptoms of illness
- Use **Travel Clinical Assistant** to help identify which diseases are present in traveled areas.
- **Collect detailed travel information from last 21 days.**
- **Collect detailed information on symptom onset and progression.**
- Inquire about other potential exposures (ex: school, camp, places of worship, funerals, healthcare facilities, animals, rural vs urban areas, etc).



## ISOLATE

- **Isolate patients that have both exposure and symptoms.**
  - Place patient in a private room.
  - Wear appropriate personal protective equipment (PPE) when entering the room.
  - Limit the number of healthcare personnel that enter the room.



## INFORM

- Inform Infection Prevention and Control.
- Inform State Public Health
  - **Call 1-866-PUB-HLTH (1-866-782-4584).**
  - Provide reason for calling, brief patient history and ask for a Medical Epidemiologist.
  - Depending on the situation, the Med Epi will need the following information:
    - **Locations (countries and/or cities) and exact dates of travel.**
    - **Symptoms and progression of illness.**
    - **Risk Factors/exposures**

# DPH Travel Clinical Assistant and CDC's Traveler's Health



Search for travel-related diseases by country:




(Click on map or enter country name at left to search)

## Argentina

Recent Outbreaks (22)

Disease	Epi Facts	Infection Control	DPH Guidelines
	<p><b>Incubation:</b> 1d - 2d</p> <p><b>Clinical hints:</b> Clinical manifestations similar to those of</p>		



## Travelers' Health

Travelers Health > Argentina

Travelers Health

Destinations (244) -

Argentina -

Healthy Travel Packing List

Travel Notices

Advice for Travelers +

Find a Clinic +

Clinician Resources +

## Argentina



# Rift Valley Fever (RVF): Key Facts

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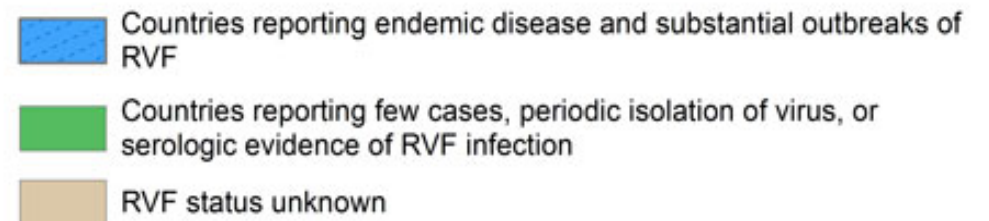


- Mosquito-borne zoonotic disease caused by the Rift Valley Fever virus
  - Affects ruminants, camelids and other domestic/wild ungulates
    - High mortality in young animals and abortion storms in livestock
    - Endemic in much of sub-Saharan Africa and parts of the Arabian Peninsula
    - Outbreaks in years with unusually heavy rainfall
- Human infections
  - Contact with infected animals – most common
    - Exposures include slaughtering animals, assisting with animal births, veterinary procedures, handling aborted fetuses, eating or drinking undercooked animal products
  - Mosquito exposure in affected areas, particularly during outbreaks
  - Laboratory exposures – rare but reported

***\*No documented person to person transmission of RVF\****

# Rift Valley Fever Distribution Map

- Endemic throughout much of sub-Saharan Africa especially eastern and southern Africa
- Also reported in Saudi Arabia, Yemen and Madagascar



Source: CDC Rift Valley Fever  
<https://www.cdc.gov/rift-valley-fever/about/index.html>

E.Ervin, CDC/VSBP, 2016

## Enzootic Cycle

- Virus maintained in mosquitos and animals between outbreaks

**Heavy rainfall and flooding can trigger outbreaks by increasing infected mosquito populations**

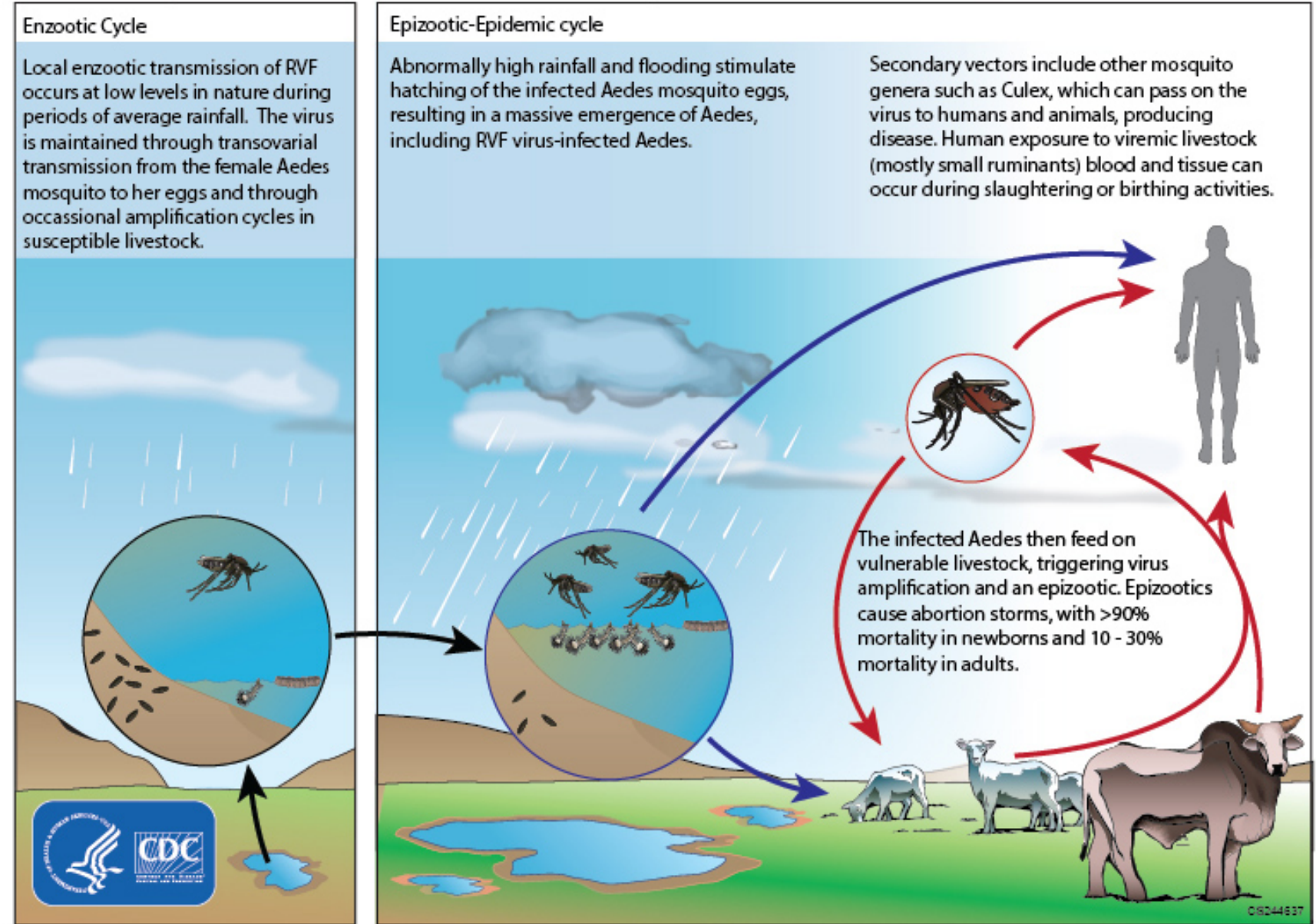
## Epizootic Cycle

- Heavy rainfall leads to large numbers of infected mosquitos, resulting in widespread infection among livestock

## Epidemic Cycle

- Humans become infected through mosquito bites or contact with infected animals, tissues or body fluids

# Rift Valley Fever (RVF) virus ecology



# RVF – High Consequence Infectious Disease?

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- Is Rift Valley Fever a HCID?
  - Yes. Although RVF is not transmitted person to person, Rift Valley Fever virus is classified as an NIH Category A Priority Pathogen and a CDC/USDA Overlap Select Agent
- Concerns
  - Clinical presentation and travel/exposure history may initially raise concern for other HCIDs including Ebola, Lassa Fever, and Marburg virus disease
  - Potential for substantial agricultural and economic impact if introduced into U.S. livestock populations
    - A single imported human case is unlikely to lead to livestock transmission; the primary concern is the introduction of infected animals or mosquito vectors

# Identify Suspected Rift Valley Fever Cases

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## Key Elements:

- Travel to or residence in an RVF-endemic area
- Exposure to mosquitos, livestock, or animal products
- Compatible signs and symptoms
  - Incubation period: 2-6 days
  - Most cases are mild and self-limiting (fever, myalgia, malaise, headache, nausea, vomiting)
  - Severe disease (generally < 10% of cases)
    - Ocular disease
    - Meningoencephalitis
    - Hemorrhagic Fever

# Isolate the Patient and Implement Appropriate Precautions

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While **RVF is NOT transmitted person-to-person**, initial isolation is recommended until alternative high-consequence infectious diseases have been excluded

- Other high-consequence infectious diseases of concern include viral hemorrhagic fevers (e.g., Ebola, Lassa Fever, Marburg virus disease)

Initial isolation measures should include:

- Patient placed in single private room with dedicated bathroom and closed door (for other VHF concern)
- Implement appropriate PPE and precautions (standard, contact, and droplet) until risk assessment is completed

# Inform Public Health of Suspected Rift Valley Fever Case

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- Call 866-PUB-HLTH (866-782-4584)
  - DPH Medical Epidemiologist will conduct a risk assessment
  - Initiate concurrent internal notifications to appropriate staff
- **If HCID risk is ruled out: no further HCID response actions are required**
  - Public Health (PH) may assist with testing for other pathogens, as indicated
- If HCID risk remains after assessment:
  - PH will coordinate transportation to a higher-level facility (assessment or treatment), if indicated
  - PH will provide guidance on specimen collection and submission to the public health laboratory

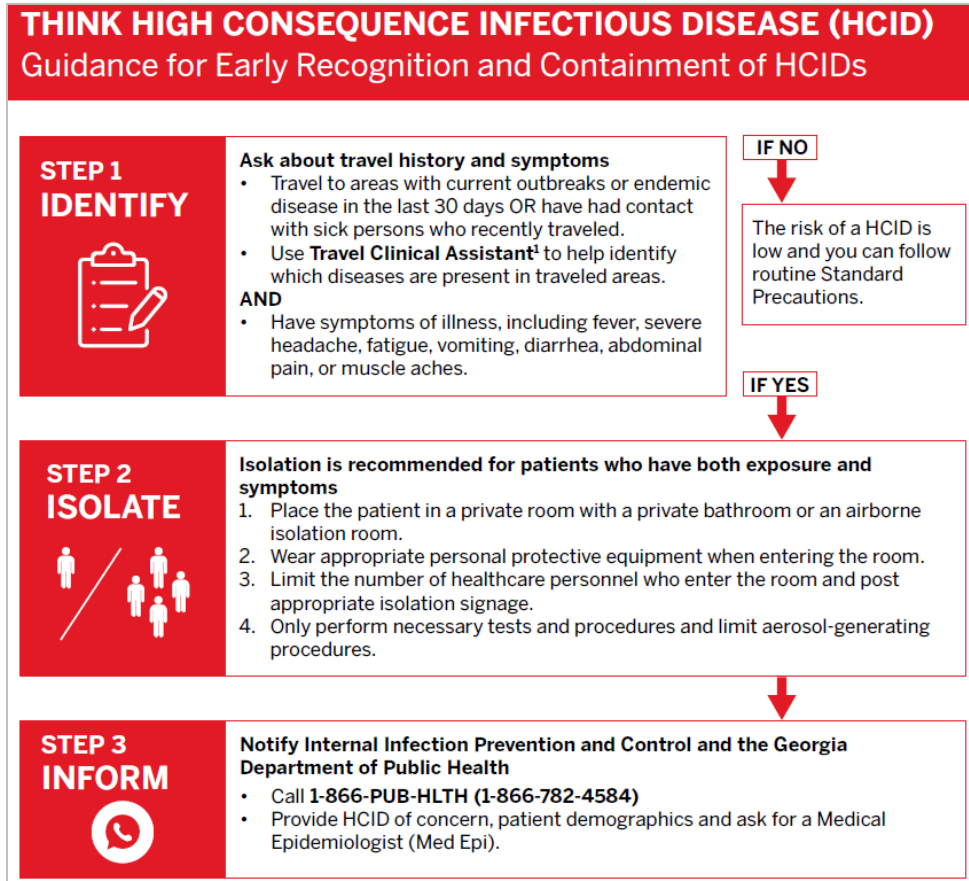
# Information Needed for Public Health

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- Patient demographics
- Detailed travel history (dates, locations, and activities)
- Relevant exposure history (mosquitos, livestock/animal products, sick contacts, funeral attendance, healthcare facilities)
- Current symptoms and progression of illness
- Results of any tests conducted
- Underlying health conditions
- Current medications
- Vaccine history and prophylaxis taken
- Hospitalization plan
- Additional information (languages spoken, co-travelers)

# Think High Consequence Infectious Disease!

## HCID Screening Tool



## Think HCID Magnet

Healthcare Providers

Think High Consequence Infectious Diseases

1. Identify
2. Isolate
3. Inform

Make Travel History Part of Your Routine

Travel History + Symptoms = **1-866-PUB-HLTH**  
(1-866-782-4584)  
Follow prompts to ask for med epi



Scan for  
Travel Clinical  
Assistant



# Questions

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