



## Death in a Burundian Refugee from Tanzania

12 August 2015

Dear State Refugee Health Coordinator:

On August 10<sup>th</sup> 2015, CDC was notified of the death of a 39 year-old Burundian refugee prior to departure from Tanzania to the United States. The refugee died after a short illness. At this time, the cause of his illness is still unknown but he displayed some symptoms compatible with those seen in Viral Hemorrhagic Fever (VHF) cases. The refugee had been residing in the International Organization for Migration (IOM) transit center in Kigoma Tanzania, for approximately five days, when he was taken to a hospital on August 9<sup>th</sup>, 2015 after developing symptoms of illness. Specifically, the refugee displayed mucosal bleeding, redness in the eyes, generalized body itch, and an altered mental status. The refugee did not have a fever at any time during his stay in the transit center or during his hospitalization. He died on August 10<sup>th</sup>, 2015 and refugee movement from Tanzania has temporarily been stopped. To our knowledge, no other refugees including close relatives have similar signs of illness.

While there is no known VHF outbreak taking place in the camp where this refugee lived for three years prior to his stay in the transit center nor did he reportedly travel out of the camp within 21 days of his death, post-mortem blood specimens were collected and will be tested in East Africa for potential viral hemorrhagic fevers. In the absence of additional clinical or epidemiological information at this time, all refugees who were in the transit center during the time of the deceased are being managed as a possible contact to a possibly infectious disease. Once diagnostic testing has been completed, we will update you with this information and associated recommendations for follow-up.

We do not have any information on whether and/or the extent to which other refugees in the transit center were in close contact with the deceased or his family. His family was restricted from traveling to the United States and they are being closely followed by IOM staff in Tanzania. All refugees who were part of the same original caseload as the suspect case (those that arrived on 10 August 2015) were screened by CDC Quarantine Branch staff upon arrival at their US port of entry. They were all asked about exposures and assessed for current symptoms. None of the arriving refugees were symptomatic, so all were permitted to travel to their final destination. Each refugee received a thermometer, the health department phone numbers for the state to which they were going, and basic education including pictures of signs/symptoms of illness associated with hemorrhagic fevers. CDC has also contacted states that received refugees who were in the transit center at the same time as the suspect case. If your state is affected, a notice will be posted to your state specific Epi-X Forum.

CDC recommends the following:

- 1) All refugees who were in the transit center at the same time as the deceased are being considered to *potentially* have had at least brief direct contact with the suspect case while he was showing signs of illness. These refugees should be actively monitored for 21 days from their date of arrival in the U.S. or until negative laboratory confirmation is received.
  - a. Refugees should be assessed for signs of elevated body temperature, or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, unexplained bleeding, and altered mental status
  - b. Monitoring will include daily temperature check and possible in person visits
  - c. Movement should not be restricted for those refugees who are asymptomatic

- 2) It may be most feasible for the State DOH to monitor these persons along with the other persons that are currently under monitoring after returning from the Ebola-affected countries of Sierra Leone and Guinea. Refugee Health Programs and resettlement agencies should work with the DOH to make sure the interactions are culturally competent, as the refugees will likely be in continuous contact with resettlement agency staff if there are any other issues.
- 3) Any refugee who develops symptoms in the 21 days post departure should be assessed based on the protocols established for suspect Ebola patients <http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/evaluating-travelers.html>. (Note: This is out of an abundance of caution. The risk of any refugee from Tanzania having a viral hemorrhagic illness is exceedingly low.) If diagnostic tests of the deceased patient are negative for viral hemorrhagic fevers, these precautions would no longer be necessary.
- 4) Resettlement agency staff in contact with asymptomatic refugees should practice their normal routines for interacting with their refugee clients. If someone becomes symptomatic, please report this directly to the state department of health contacts provided.

Viral hemorrhagic fevers (VHFs) refer to a group of illnesses that are caused by several distinct families of viruses. Such viruses include Ebola and Marburg Virus Disease, Crimean Congo Hemorrhagic Fever, and Lassa Fever. Until there is further clarity on the potential cause of death in the deceased refugee, and until diagnostic test results are available, we will not know if this was a case of VHF. Specific signs and symptoms vary by the type of VHF, but initial signs and symptoms often include marked fever, fatigue, dizziness, muscle aches, loss of strength, and exhaustion. Patients with severe cases of VHF may show signs of bleeding under the skin, in internal organs, or from body orifices like the mouth, eyes, or ears. Severely ill patient cases may also show shock, nervous system malfunction, coma, delirium, and seizures. Some types of VHF are associated with renal (kidney) failure. For the majority of VHFs, there is no established drug treatment or cure. Additional information on VHF is available at [www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/vhf.htm](http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/vhf.htm) or through your local health department.

CDC, in conjunction with health authorities in Tanzania and the International Organization for Migration will continue to monitor the situation in Tanzania and will follow up with additional information, if necessary.

Sincerely,



**Heather Burke**

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