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Medical Alert Fax

To: Physicians, ER Staff, Laboratory, Infection Preventionists
From: Communicable Disease Staff

Fax: 419-337-0561
Pages: 7 (including cover page)

Phone: 419-337-0915
Date: 6.30.26

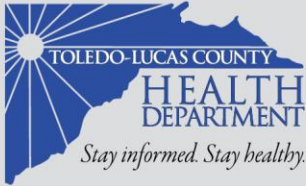
Urgent For Review Please Comment Please Reply Please Recycle

1. Cyclosporiasis increase in Northwest OH and Southeast MI. Attached is a release from the Toledo-Lucas County Health Department bringing awareness to and increase of cyclosporiasis cases being seen in the area. Please be mindful if you are seeing patients with presenting symptoms and to test for it. The local health departments are working closely in collaboration to investigate across counties.

2. Situation Summary as of June 3, 2026 of the Ebola outbreak and guidance for Healthcare Providers in Ohio.

3. The Ohio Department of Health Bureau of Infectious Diseases sent an email reminding the importance of continued summer respiratory surveillance. Fulton County Health Department will continue to send weekly fax reminder of the surveillance report sheet. If you do not receive these faxes and would like to please contact us. We thank everyone who participates.

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Hello,

We would like to make you aware of a recent increase in suspected cyclosporiasis cases in Northwest Ohio and Southeast Michigan. As of Monday morning, there are more than 80 suspected cases identified across the region, with the largest number occurring in Lucas County.

Local health departments are actively collaborating with the Ohio Department of Health (ODH), the Michigan Department of Health, and the Centers for Disease Control and Prevention (CDC) to investigate these cases and identify potential common sources of exposure.

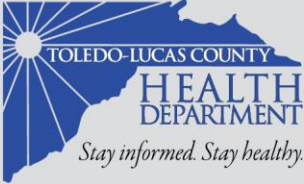
We are asking all physicians, Urgent Care centers, and Emergency Departments to remain vigilant for patients presenting with signs and symptoms consistent with cyclosporiasis, including:

- Diarrhea
- Abdominal cramping or stomach pain
- Nausea
- Vomiting
- Low-grade fever
- Loss of appetite
- Dehydration
- Weight loss

For patients presenting with suspected enteric illness, the Ohio Department of Health is requesting that a gastrointestinal (GI) pathogen panel be performed and that testing for **Cyclospora** be included. Comprehensive enteric testing is critical to the ongoing investigation and will enhance surveillance efforts by helping identify and track cases of this foodborne illness.

If a patient tests positive for **Cyclospora**, the Centers for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH) request that the clinical specimen be submitted to the Ohio Department of Health Laboratory for additional testing and characterization. This testing is an important component of the ongoing investigation and helps identify potential links between cases.

We are working to determine the full extent of this outbreak and would greatly appreciate your assistance. If you identify any **confirmed cases of cyclosporiasis** or have patients with a **high clinical suspicion for Cyclospora infection**, please notify the Toledo-Lucas County Health Department as soon as possible by emailing LucasCountyEPI@co.lucas.oh.us.



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Your partnership in identifying, testing, and reporting potential cases is essential to helping us characterize this outbreak, identify potential sources of exposure, and implement appropriate public health measures.

If you have any questions, please contact the Toledo-Lucas County Health Department Epidemiology Division at **419-213-4205**.

Thank you for your continued partnership and support.

Sincerely,

**Toledo-Lucas County Health Department
Epidemiology Division**

Ebola (Bundibugyo Virus) Outbreak in the Democratic Republic of the Congo and Uganda: Guidance for Healthcare Providers in Ohio

June 3, 2026

Situation Summary

- An outbreak of Ebola disease caused by the Bundibugyo virus (BVD) was identified in early May in the Democratic Republic of the Congo (DRC) and Uganda. The World Health Organization has declared this outbreak a [Public Health Emergency of International Concern](#).
- The Centers for Disease Control and Prevention (CDC) has issued a [Level 3 Travel Health Notice](#) (Reconsider Nonessential Travel) for DRC and a [Level 2 Notice](#) (Practice Enhanced Precautions) for Uganda. Federal partners have implemented [entry restrictions and public health entry screening for travelers](#) from DRC, Uganda, and South Sudan; South Sudan is included in these public health measures due to proximity to DRC and significant cross-border travel.
- The Ohio Department of Health (ODH), in coordination with CDC and local public health departments, is monitoring travelers returning to Ohio from [affected areas](#).
- The current risk to the United States remains low. However, healthcare facilities should ensure systems are in place to identify recent travel, evaluate exposure and symptom risk for BVD, and implement appropriate infection prevention and reporting measures when indicated.

Guidance for Healthcare Providers

- Systematically assess patients for possible BVD through a [triage and evaluation process](#):
 - Obtain travel history in the past 21 days (or if symptomatic, the 21 days before symptom onset).
 - Ask about [symptoms compatible with BVD](#).
 - Evaluate for [epidemiological risk factors](#).
- Include BVD in the differential diagnosis for an ill person who has [symptoms compatible with BVD](#) AND who has reported [epidemiological risk factors](#) within the 21 days before symptom onset. Epidemiological risks for BVD include:
 - Contact with a symptomatic person with suspected or confirmed BVD, or any objects contaminated by their body fluids.
 - Experienced a breach in infection prevention and control precautions that result in the potential for contact with body fluids of a patient with suspected or confirmed BVD.

- Contact with semen from a person who has recovered from BVD.
- Participated in any of the following activities while in [an area affected by a BVD outbreak](#) or where BVD is endemic (DRC, Uganda):
 - Having contact with someone who was sick or died, or any objects contaminated by their body fluids.
 - Attending/participating in funeral rituals, including preparing bodies for funeral or burial.
 - Working in a healthcare facility or laboratory.
 - Visiting a healthcare facility or traditional healer.
 - Having contact with bats or wild animals.
 - Working or spending time in a mine/cave.
- Consider testing for more common diagnoses (e.g., malaria, COVID-19, influenza, or other common causes of gastrointestinal and febrile illnesses) or consult with an infectious disease physician for acutely ill patients with recent international travel. Recent travel to the DRC or Uganda alone should not delay routine laboratory testing or standard care.
- If a patient has both compatible symptoms AND epidemiological risk factors for BVD, immediately:
 - **Isolate** the patient and follow recommended [infection prevention and control procedures](#) for viral hemorrhagic fevers.
 - **Inform** the facility's Infection Prevention and Control Program and report to public health officials (see reporting section below).
 - Continue routine lab testing to monitor the patient's clinical status and diagnostic testing for other potential causes of illness while testing for BVD is under consideration. Refer to CDC's [Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHF or Other High-Consequence Disease](#).

Reporting and Testing

Report a suspected case immediately via telephone to the local public health department in which the patient resides. If patient residence is unknown, report immediately via telephone to the local public health department in which the reporting healthcare provider or laboratory is located. Local public health departments should report immediately via telephone to ODH.

When BVD is under consideration, ODH and local public health department partners will coordinate with CDC and the clinical team to determine if testing for BVD is indicated.

Contact Information

For general questions related to BVD or other viral hemorrhagic fevers, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599 or ORBIT@odh.ohio.gov. Ohio local health departments requesting to discuss a potential suspect case should call the 24/7 response line at 614-722-7221.

Resources

- [CDC Ebola Disease: Current Situation.](#)
- [CDC Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.](#)
- [CDC Clinical Screening and Diagnosis for VHFs.](#)
- [CDC Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\).](#)
- [CDC Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHFs or Other High-Consequence Disease.](#)

The Ohio Department of Health (ODH) Bureau of Infectious Diseases (BID) is seeking support from local health departments to strengthen summer influenza viral surveillance. ODH asks that local health departments work with healthcare facilities and laboratories in their jurisdictions to submit influenza-positive specimens to the ODH Public Health Laboratory (ODHL) during the summer months. This increased surveillance will continue through Sept. 30, 2026.

Although there is minimal seasonal influenza activity in Ohio at this time, the Centers for Disease Control and Prevention (CDC) is requesting continued testing of influenza specimens at state public health laboratories to maintain situational awareness and ensure adequate novel influenza surveillance.

Please coordinate with the healthcare providers, hospitals, and clinical laboratories in your jurisdiction to review reporting of suspect novel influenza cases and encourage them to submit specimens which are positive for influenza A or B from RT-PCR or rapid molecular tests to ODHL for confirmatory testing and subtyping. If testing volume is such that submitting all positives is prohibitive, it is recommended that providers prioritize submission of specimens from severely ill patients [e.g., hospitalized, including in intensive care unit (ICU)]. However, if feasible, submitting specimens for surveillance testing of influenza positive emergency department patients and other outpatients is also recommended.

With the beginning of Ohio's agricultural fair season, it is also important to be mindful of potential human infections with swine variant influenza and avian influenza viruses (e.g., H3N2v, H1N1v, H1N2v, H5N1). When animal influenza viruses infect people, they are considered novel influenza A infections, a Class A notifiable condition, and should be reported immediately by telephone to public health.

Novel influenza A should be considered in people with respiratory illness and recent contact with dairy cattle, raw milk, wild birds, poultry, or swine or in those who have recently attended an agricultural fair. In coordination with ODH BID, specimens from these individuals should be collected promptly and sent to ODHL for testing. Upper respiratory (e.g., nasopharyngeal, nasal, oropharyngeal swabs), conjunctival, and lower respiratory (e.g., bronchoalveolar lavages, sputum, tracheal aspirates) specimens are appropriate specimen types for submission to ODHL. If available, lower respiratory specimens are preferred for testing of patients with lower respiratory illness. Conjunctival swabs should be collected (in addition to respiratory specimens) from patients who present with conjunctivitis.

All orders for influenza testing at ODHL should be submitted through the [eLIMS portal](#). Each specimen should be entered as a separate submission into the portal. Additionally, please indicate "INFLUENZA SUMMER SURVEILLANCE" in the comments section of the submission. For eLIMS portal access, please call 1-888-634-5227 (1-888-ODH-LABS) or email ODHLabs@odh.ohio.gov for assistance. See ODH's recently updated [Collection and Submission of Influenza Specimens to the Ohio Department of Health \(ODH\) Laboratory](#) for additional details.

Thank you for your partnership in promoting continued influenza surveillance throughout the summer. For questions, please contact the ODH Vaccine Preventable Disease Epidemiology Program at (614) 995-5599 or VPDEpi@odh.ohio.gov.