Ebola Disease

Disease Category: Viral Hemorrhagic Fever

Timeframe to follow-up: Immediately

See the link to the Disease Investigation Process document

Signs and Symptoms[6,7]	Categorized into "dry" symptoms which appear first and progress to "wet" symptoms. Ebola has nonspecific symptoms that can be confused with other infectious diseases. Dry Symptoms: • Fever • Aches and pains in muscles • Severe Headache • Weakness and fatigue • Sore throat • Loss of appetite Wet Symptoms: • Unexplained bleeding • Nausea • Abdominal pain • Diarrhea • Vomiting Additional symptoms: Chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, and seizures.
Incubation[7]	Usually 8-10 days; range 2-21 days
Case Classification	Clinical criteria: Acute onset of one or more of the following clinical findings: • Subjective OR measured fever ≥38°C/100.4°F • Headache • Muscle and/or joint pain • Weakness and fatigue • Cough/difficulty breathing • Pharyngitis • Loss of appetite • Chest pain • Skin rash • Red eyes • Abdominal pain • Vomiting • Diarrhea • Intractable hiccups • Encephalitis or other neurological manifestations

	• Unexplained bleeding or bruising not related to injury or menstruation • Acute hearing loss Confirmed: Meets confirmatory lab evidence of viral hemorrhagic fever specific nucleic acid detection, OR isolation in cell culture, OR antibody detection IgM, IgG in blood or other body fluids or blood products. Suspect: Meets clinical criteria and epidemiologic linkage evidence or meets vital records evidence.
Differential Diagnosis[6,8]	Most patients suspected of possible Ebola disease will have travelled to or reside in Sub-Saharan Africa. • Malaria • Influenza (flu) • Typhoid fever • Meningococcal disease • Other bacterial infections, like pneumonia • Traveler's diarrhea • Other viral hemorrhagic fevers like Lassa Fever or Marburg virus disease
Treatment[9,10]	FDA-licensed or authorized vaccine and therapeutic options currently exist for those infected with *Orthoebolavirus zairense* (Ebola virus disease caused by Ebola virus). Therapeutics: • Inmazeb® is a combination of 3 monoclonal antibodies • Ebanga® is a single monoclonal antibody. Vaccine: ERVEBO® *Individuals receiving the monoclonal therapeutics for Ebola virus should avoid concurrent administration of Ebola virus vaccine and delay Ebola virus vaccine by at least 3 months after receiving antibodies.
Duration[9]	For individuals that survive Ebola disease, they typically show signs of clinical improvement during the second week of illness with viremia resolving.
Exposure[6,11]	An individual can become infected when broken skin, mucous membranes in eyes, nose or mouth comes in contact with: • Blood or body fluids (i.e., urine, saliva, feces, vomit, breast milk, amniotic fluid) from a person who is sick or has died from Ebola disease. • Objects (i.e., clothes, bedding, needles, medical equipment) contaminated with body fluids from a person who is sick or has died from Ebola disease. • Infected animals like bats, primates, or forest antelopes-virus can spread through hunting, handling or eating infected animals. • Semen from person who has recovered from Ebola disease either through oral, vaginal, or anal sex.

Laboratory Testing	Local Health Authority can arrange testing if an outbreak is suspected OR for contacts: • Nevada State Public Health Laboratory-Ebola NAAT • Southern Nevada Public Health Laboratory-Warrior Panel BioFire Defense • Ebola Hemorrhagic Fever Testing-CLIA | CDC • Guidance for Collection, Transport and Submission of Specimens for Ebola Virus Testing in the United States | CDC
Control of Contacts[12]	It is important to identify all close contacts of cases to identify exposure risk, monitor for symptoms, provide post-exposure prophylaxis as indicated, and testing and quarantine recommendations.
Key areas of focus during investigation	Travel history within the past 21 days, especially to an area with ongoing Ebola outbreak, exposure to individuals diagnosed with Ebola, pregnancy status, occupation.
Public Health Actions	Reports of Ebola disease cases must be made to the Local Health Authority immediately following the identification of a case or suspected case. Local Health Authority to notify Office of State Epidemiology (dpbhepi@health.nv.gov) or call 775-400-0333 if outbreak suspected. For individual confirmed or probable cases: • Confirm diagnosis, if possible • Identify potential exposures • Prepare a case report and submit to the Chief Medical Officer (through OSE) within 7 days after completing the case investigation • Identify potential outbreaks from common sources • Provide education about how to prevent transmission • Coordinate with NSPHL or SNPHL for laboratory testing if indicated. To the best of the local health authority's ability, each step of the investigation should be completed immediately or in alignment with NAC 441A.
Key Partner Agencies	Local Health Authorities (LHAs), Public Health Preparedness (PHP), Laboratories: NSPHL and/or SNPHL, CDC

TABLE OF CONTENTS

TABLE OF CONTENTS 4
I. DISEASE REPORTING 5
A. Legal Reporting Requirements 5
1. Health Care Providers and Health Care Facilities 5
2. Laboratories 5
3. Local Health Authority (LHA) 5
II. THE DISEASE AND ITS EPIDEMIOLOGY 5
A. Background 5
B. Etiologic Agent 5
C. Description of Illness 6
D. Disease Burden in Nevada 6
E. Reservoirs 6
F. Modes of Transmission 6
G. Incubation Period 6
H. Period of Communicability 7
I. Testing 7
J. Treatment 7
III. EPIDEMIOLOGIC CASE INVESTIGATION 8
A. Step 1: Review relevant information about the disease. 8
1. Review scientific information in Control of Communicable Diseases Manual, most recent edition. 8
2. Review Ebola Disease most recent case definition 2025 Viral Hemorrhagic Fever | CDC. 8
B. Step 2: Begin investigating the case 8
1. Contact Reporting Source and/or Reported Case 8
C. Step 3: Identify potential sources of infection 8
D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below). 9
E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below). 9
IV. CONTROL OF CASE 9
1. Management/Exclusions for Specific Groups or Settings 9
2. Exclusion Notifications 9
V. CONTROL OF CONTACTS 9
1. Management/Exclusions for Specific Groups or Settings 9
2. Exclusion Notifications 10
VI. CONTROL OF CARRIERS 10
Carrier Management/Exclusions 10
VII. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL 10
VIII. PREVENTION 10
IX. REFERENCES 11
X. ACKNOWLEDGEMENTS 13
XI. UPDATE LOG 13

EBOLA VIRUS

I. DISEASE REPORTING

A. Legal Reporting Requirements

A report to the health authority may be made by telephone; telecopy (in the form prescribed by the health authority); or any form of electronic communication identified by the health authority, following the specified format and procedure.[1]

1. Health Care Providers and Health Care Facilities

Health providers and facilities must notify the health authority where provider is located immediately after identifying the case.[1-3]

2. *Laboratories*

Laboratories must notify the health authority immediately after identifying the case.[1] If the lab is located outside of Nevada, notify the Nevada Chief Medical Officer through the Office of State Epidemiology (OSE) within the same timeframe.[1,4]

3. Local Health Authority (LHA)

LHA's must notify the Office of State Epidemiology (OSE) within 7 days after completing the case investigation.[5]

II. THE DISEASE AND ITS EPIDEMIOLOGY

A. Background

Ebola disease is caused by a group of viruses known as orthoebolavirus, primarily found in sub-Saharan Africa. There are four types of orthoebolaviruses that cause illness in people.[6]

- Ebola virus (species *Orthoebolavirus zairense*) causes Ebola virus disease.
- Sudan virus (species *Orthoebolavirus sudanense*) causes Sudan virus disease.
- Taï Forest virus (species *Orthoebolavirus taiense*) causes Taï Forest virus disease.
- Bundibugyo virus (species *Orthoebolavirus bundibugyoense*) causes Bundibugyo virus disease

Ebola disease first was identified in 1976 in what is now the Democratic Republic of Congo.[14] Mortality rates can be as high as 80-90%. The Ebola virus, Sudan virus, and Bundibugyo virus is responsible for the largest outbreaks in Africa. Ebola virus is the deadliest and without treatment, up to 90% of cases are fatal.[14]

B. Etiologic Agent

Orthoebolaviruses are nonsegmented, negative-sense, single-stranded RNA viruses from the *Filoviridae* family.[6,13] Six Ebola virus species have been identified but only 4 cause illness

in people (Ebola virus, Sudan virus, Taï Forest virus, and Bundibugyo virus). The other 2 viruses that have not affected people to date are Reston virus and Bombali virus.

C. Description of Illness

Initial symptoms of Ebola disease include "dry" symptoms which can progress to "wet" symptoms as the individual becomes sicker.[7]

Dry Symptoms: Fever, Aches and pains in muscles, Severe Headache, Weakness and fatigue, Sore throat, Loss of appetite

Wet Symptoms: Unexplained bleeding, Nausea, Abdominal pain, Diarrhea, Vomiting
Additional symptoms: Chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, and seizures.

Ebola disease survivors can suffer from long-term complications such as tiredness, headaches, muscle and joint pain, eye and vision problems (blurry vision, pain, redness, light sensitivity), weight gain, memory loss, inflammation of tissues around the heart, inflammation of one or both testicles, stomach pain or loss of appetite and post-traumatic stress disorder.[7]

D. Disease Burden in Nevada

Ebola disease is not endemic to Nevada or the U.S. and there have been no confirmed Ebola disease cases in Nevada. There have been studies suggesting that Ebola virus spillover from animals to humans is highest during transitions between wet and dry seasons.[16]

E. Reservoirs

Forest dwelling fruit bats are believed to be the reservoir for Ebola viruses.[12] Human infection is believed to occur from exposure to infected bat excreta or saliva following entry into roosting areas in caves, mines, and forests. Nonhuman primates like gorillas, chimpanzees, and other wild animals become infected from bat contact and serve as an amplifying host that transmit filoviruses to humans through contact with their blood and body fluids through hunting and butchering.[15]

F. Modes of Transmission

Ebola disease is transmitted through contact with body fluids of an infected sick or dead person. Individuals can also get the disease from contact with an infected animal like a bat or non-human primate.[12] Other routes of transmission include laboratory workers working in a Biosafety-Level-4 (BSL-4) facility where filoviruses are being studied. A person is only contagious once they begin showing symptoms of Ebola disease.[6]

G. Incubation Period

On average, symptoms begin 8 to 10 days after exposure but can range from 2-21 days.[6]

H. Period of Communicability

Ebola survivors can still spread the virus even after their symptoms go away.[6] This happens when the virus remains in parts of the body that are shielded from the immune system (i.e., semen). Ebola virus transmission via infected semen has been documented up to 15 months after clinical recovery.[17] Male survivors should be counseled to follow safer sex practices for 12 months after recovery if a semen testing program is not in place.

I. Testing

Clinical specimens a person suspected of having Ebola disease is a considered a Category A Infectious substance and requires special considerations for shipping and packaging specimens.[18] The Nevada State Public Health Laboratory and Southern Nevada Public Health Laboratory can test for Ebola. Any specimen considered for Ebola testing will need to be done in coordination with our state laboratory, CDC, LHA with jurisdiction and OSE.

- Nevada State Public Health Laboratory-Ebola NAAT
- Southern Nevada Public Health Laboratory-Warrior Panel BioFire Defense
- Ebola Hemorrhagic Fever Testing-CLIA | CDC
- VHF Clinical Specimen Packaging and Shipping | CDC Note: CDC does not accept specimens if there is no prior consultation.
- Guidance for Collection, Transport and Submission of Specimens for Ebola Virus Testing in the United States | CDC
- Transporting Infectious Substances Safely | USDOT -guidance for transporting Category A infectious substance.

J. Treatment

Clinical management for all forms of Ebola disease focuses on supportive care. Which includes but is not limited to volume repletion, blood pressure maintenance with vasopressors if needed, oxygenation maintenance, pain control, nutritional support, treatment of secondary bacterial infections and pre-existing comorbidities, and IV fluids. Currently only an FDA-licensed or authorized vaccine and therapeutic option exists for those infected with Ebola virus (*Orthoebolavirus zairense)*. Vaccines and therapeutic options for the other three viruses are under investigation.

Therapeutics:

- Inmazeb® is a combination of 3 monoclonal antibodies
- Ebanga® is a single monoclonal antibody.

Vaccine: ERVEBO®

Individuals receiving the monoclonal therapeutics for Ebola virus should avoid concurrent administration of Ebola virus vaccine and delay Ebola virus vaccine by at least 3 months after receiving antibodies.

III. EPIDEMIOLOGIC CASE INVESTIGATION

The public health authority should begin investigating the case of Ebola disease, step by step, immediately after notification or in alignment with NAC 441A.

A. Step 1: Review relevant information about the disease.

1. Review scientific information in Control of Communicable Diseases Manual, most recent edition.

2. Review Ebola Disease most recent case definition 2025 Viral Hemorrhagic Fever | CDC.

B. Step 2: Begin investigating the case.

1. Contact Reporting Source and/or Reported Case

Upon receiving an initial case report, review lab test results and available clinical details and epidemiologic factors. Attempt to contact the provider to discuss the clinical context before contacting the case. Please make three attempts to contact the case (text and phone calls) on separate days, at different times of the day (morning, afternoon, late afternoon). Document all attempts to contact a reporting source and/or reported case, preferably in the "Encounters" tab of EpiTrax. Please use case report forms (CRF) to gather accurate information about the case. Focus on the key data elements listed in the table above. Filling out an electronic version of the CRF in EpiTrax (called a Confidential Morbidity Report (CMR) in EpiTrax) is preferred when available. If used, the completed PDF version should be attached to the CMR in EpiTrax. The CRF should be completed within 7 days of completing the investigation of the case.[5]

C. Step 3: Identify potential sources of infection

The investigation focuses on exposures in the 3 weeks before onset. Ask for travel history especially to an area with history of Ebola outbreaks or current Ebola outbreak. Exposure to blood or body fluid from someone sick or has died from Ebola. Exposure to potentially infected animals like bats, primates or forest antelopes either through consumption, hunting, or going into a mine or cave.[11] Additionally, ask about occupation and comorbidity conditions.

D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below).

E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below).

IV. CONTROL OF CASE

1. Management/Exclusions for Specific Groups or Settings

All Symptomatic Cases
Isolation and care in a medical treatment facility using droplet, contact, and standard precautions following the most up to date guidance on infection control and prevention recommendations from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO).

All Asymptomatic Cases
There is evidence supporting asymptomatic infection with Ebola virus. However, transmission usually occurs if an individual is symptomatic. Asymptomatic infections are unlikely to be infectious.[19] Infection control precautions and exclusions for asymptomatic cases should be done in consultation with LHA with jurisdiction, OSE, and subject matter experts at CDC.

2. Exclusion Notifications

* Per NAC 441A.722 Viral Hemorrhagic Fever, confirmed or suspected cases should be isolated from all persons until no longer considered to be infectious. An employee of a medical facility shall not have direct contact with a case having viral hemorrhagic fever or with a suspected case considered to have viral hemorrhagic fever unless the employee uses appropriate personal protective equipment.

V. CONTROL OF CONTACTS

Investigate symptomatic contacts in the same manner as a case.

1. Management/Exclusions for Specific Groups or Settings

All Symptomatic Contacts
Isolation following proper infection control recommendations and testing in coordination with LHA, OSE, Nevada state or local public health laboratories, and CDC.

All Asymptomatic Contacts
Contacts are categorized into various risk categories, with monitoring done by LHA for 21 days after last known exposure for symptoms consistent with Ebola disease. Cadence of monitoring is dependent on risk exposure. In an outbreak situation, CDC will have guidance for LHAs to reference for monitoring recommendations.

2. Exclusion Notifications

Depending on risk exposure, if an asymptomatic contact travels to another state within their 21-day monitoring period LHAs will need to notify other jurisdictions. For international travel during the 21-day monitoring period, there may be travel restrictions imposed by other countries.

VI. CONTROL OF CARRIERS

Individuals who recover from Ebola disease can still transmit it because the virus can remain in certain part of the body that are shielded from the immune system.[11]

Carrier Management/Exclusions

The WHO has suggested that male survivors of Ebola disease practice safer sex (abstinence or barrier protection with condoms) for 12 months from onset of symptoms or if testing is available until their semen tests negative twice for viral RNA via RT-PCR.[9] There is no evidence that orthoebolaviruses spread through contact with vaginal fluids from someone who has had Ebola disease.[11]

VII. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL

Coordinate with senior epidemiology staff to determine if an outbreak is occurring. If so, notify DPBH Environmental Health, local health authorities, or infection control, as appropriate.

Household Waste

Ebola disease waste is considered a Category A infectious substance and requires special considerations for transport and disposal. If a confirmed Ebola disease case has household waste and home disinfection and cleaning that needs to be done, coordination with LHA, OSE, PHP, and CDC will be essential. As of October 2026, PHP has a contract with Stericycle, who can handle and transport Ebola-contaminated material.

Decedent Management

Individuals who pass away from Ebola disease can transmit Ebola to others. It is important to follow best infection control practices in handling and transporting remains. Mortuaries should be informed to ensure proper precautions are taken to prevent further transmission while ensuring a dignified burial for the deceased.

Ring Vaccination Strategy

During an Ebola disease outbreak, ring vaccination strategy using the ERVEBO® vaccine can be used to halt disease transmission. In a ring vaccination strategy, close contacts of patients with Ebola disease and close contacts of those contacts are vaccinated.[9]

VIII. PREVENTION

The investigator should reference the most recent disease specific public educational materials from the CDC. The Nevada OSE website also provides information about Ebola disease.

Avoid contact with body fluids, including:[6]

- Blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid from people who are sick
- Semen from someone who has recovered from Ebola disease until testing shows that the virus is no longer in the semen
- Clothes, bedding, needles, medical equipment, or other items that may have touched an infected person's blood or body fluids
- The body of someone who is suspected or confirmed to have had Ebola disease (for instance, as part of a funeral or burial practices)
- Bats, forest antelopes, primates, and blood, fluids, or raw meat from these or unknown animals

Refer to the CDC Travel Health Notices to determine if your travel destination has any travel advisories. If you return from an area with an ongoing Ebola outbreak, monitor your health for 21 days. Seek medical care immediately if you develop symptoms of Ebola disease.

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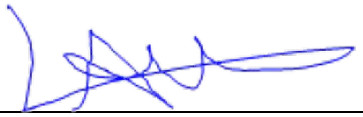
X. ACKNOWLEDGEMENTS

This document was developed based on the content and format of the disease investigation guidelines of several state and local health jurisdictions:

- Oregon Health Authority Investigative Guidelines
- Washington State Department of Health Reporting and Surveillance Guidelines
- Northern Nevada Public Health (formerly known as Washoe County Health District) Epidemiology and Communicable Disease Program Investigation of Communicable Disease Manual

The Nevada Office of State Epidemiology would like to acknowledge the work of these great partners.

XI. UPDATE LOG



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Chief Medical Officer

10/19/2026

Chief Medical Officer Approval Date