Ebola Virus Disease (EVD)

Algorithm for Evaluation of the Returned Traveler



For 24/7 consultation, contact the NC DPH Communicable Disease Branch at: (919) 733-3419

FEVER (subjective or \geq 101.5°F or 38.6°C) or compatible EVD symptoms* in patient who has traveled to an Ebola-affected area** in the 21 days before illness onset

 * headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

- 1. Isolate patient in single room with a private bathroom and with the door to hallway closed
- 2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
- 3. Notify the hospital Infection Control Program and other appropriate staff
- 4. Evaluate for any risk exposures for EVD
- 5. IMMEDIATELY report to the health department

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an EVD patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an EVD patient

Processing blood or body fluids from an EVD patient without appropriate personal protective equipment (PPE) or biosafety precautions

Direct contact with a dead body (including during funeral rites) in an Ebola affected area** without appropriate PPE

LOW-RISK EXPOSURE

Household members of an EVD patient and others who had brief direct contact (e.g., shaking hands) with an **EVD** patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable EVD patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to affected areas** without HIGH- or LOW-risk exposure

Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

EVD suspected

EVD not suspected

TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide quidance to the hospital on all aspects of patient care and management



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If patient requires in-hospital management:

TESTING IS NOT INDICATED

Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and the health department

If patient's symptoms progress or change, re-assess need for testing with the health department

If patient does not require in-hospital management

Alert the health department before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness

Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient