





# EVD Virus Disease (EVD)

## Algorithm for Evaluation of the Returned Traveler



**FEVER** (subjective or  $\geq 101.5^{\circ}\text{F}$  or  $38.6^{\circ}\text{C}$ ) 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

**OR**

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

**OR**

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**

**TESTING IS NOT 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 guidance to the hospital on all aspects of patient care and management.

**If patient requires in-hospital management:**

- 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.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

\*\* CDC Website to check current countries with wide-spread transmission:  
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algorithm (a single symptom consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola, which is more specific. Public health consultation alone does not imply that Ebola testing is necessary. More information on the PUI case definition: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

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