

# Ebola Virus Disease (Ebola)

## 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  $>100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ) or compatible Ebola symptoms\* in a patient who has resided in or traveled to an area with active Ebola transmission\*\* 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 other appropriate staff (e.g., hospital Infection Control Program)
4. Evaluate for any risk exposures for Ebola
5. **IMMEDIATELY** report to your local health department or the NC DPH Communicable Disease Branch (919-733-3419)

### HIGH-RISK EXPOSURE

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

**OR**

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

**OR**

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

**OR**

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

### LOW-RISK EXPOSURE

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

**OR**

Healthcare personnel in facilities with confirmed or probable Ebola 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 an area with active Ebola transmission\*\* without HIGH- or LOW-risk exposure

(Healthcare personnel who have provided care for Ebola patients while wearing appropriate PPE and no reported exposure incident)

### Review Case with Health Department Including:

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

**Ebola suspected**

**Ebola 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 areas with active Ebola transmission: [www.cdc.gov/vhf/ebola/](http://www.cdc.gov/vhf/ebola/)

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: [www.cdc.gov/vhf/ebola/](http://www.cdc.gov/vhf/ebola/)

