

Decision Algorithm to Assist with Testing and Monitoring of Patients with Suspected Ebola Virus Disease (EVD)

(Updated 8/25/14 – Please note this interim guidance is subject to change.)

EPIDEMIOLOGICAL RISK FACTORS

Any of the following risk factors within 3 weeks (21 days) before onset of symptoms^{1,2}:

- Contact with blood or other body fluids of a patient known to have or suspected to have EVD, **OR**
- Residence in (or travel to) an area where EVD transmission is active (Guinea, Sierra Leone, Liberia, Lagos, Nigeria, or Democratic Republic of Congo), **OR**
- Direct handling of bats, rodents, or primates or raw bushmeat from disease-endemic areas

NO

EVD NOT SUSPECTED – DO NOT TEST

HIGH-RISK EXPOSURE

- Percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with confirmed or suspected EVD without appropriate personal protective equipment (PPE) **OR**
- Laboratory processing of bodily fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions **OR**
- Participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE

LOW-RISK EXPOSURE

- Persons who provided patient care or casual contact¹ (without high-risk exposure) with EVD patients in healthcare facilities in EVD outbreak affected countries **OR**
- Household member or other casual contact¹ of an EVD patient **OR**
- Persons who had direct unprotected contact with bats or primates from EVD-affected countries

NO KNOWN EXPOSURE

- Persons who had residence in (or travel to) Guinea, Sierra Leone, Liberia, or Lagos, Nigeria **WITHOUT** high- or low-risk exposures

CLINICAL CRITERIA¹⁻³

- **FEVER** $\geq 101.5^{\circ}\text{F}$ (38.6°C) **AND/OR**
- **ANY** compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** unexplained hemorrhage **AND**
- Unknown or abnormal blood work including: lymphocytopenia $< 1,000$ cells/ μL , thrombocytopenia $< 150,000$ cells/ μL **AND/OR** elevated hepatic transaminases

YES

NO

- **FEVER** $\geq 101.5^{\circ}\text{F}$ (38.6°C) **AND**
- **ANY** compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** unexplained hemorrhage **OR**
- Unknown or abnormal blood work including: lymphocytopenia $< 1,000$ cells/ μL , thrombocytopenia $< 150,000$ cells/ μL **AND/OR** elevated hepatic transaminases

YES

NO

- **FEVER** $\geq 101.5^{\circ}\text{F}$ (38.6°C) **AND**
- **ANY** compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** unexplained hemorrhage **AND**
- Unknown or abnormal blood work including: lymphocytopenia $< 1,000$ cells/ μL , thrombocytopenia $< 150,000$ cells/ μL **AND/OR** elevated hepatic transaminases
- **AND** no alternate diagnosis

YES

NO

EVALUATION RECOMMENDATIONS

EVD SUSPECTED – TESTING INDICATED

Immediately implement infection control measures^{5,6}

Immediately report to your [County Health Department](#) or [Bureau of Epidemiology at 850-245-4401](#) to authorize testing.

See back for references and additional recommendations

EVD NOT CURRENTLY SUSPECTED – NO TESTING^{2,7}

- **High- or Low-Risk Exposures: Report to DOH to discuss the possible need for conditional release and movement restrictions⁶**

Casual contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended PPE (i.e., droplet and contact precautions) or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended PPE. At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute casual contact.



Additional Recommendations

Infection control recommendations ^{5,6}:

- Standard, contact & droplet precautions, including gloves, fluid-resistant gowns, eye protection, face mask; additional PPE may be required
- Single patient room with private bathroom, door closed; restrict visitors
- Avoid aerosol-generating procedures
- Implement environmental infection control measures

Testing recommendations

- Conduct only essential laboratory testing, and take appropriate precautions according to laboratory recommendations⁴
- Include malaria diagnostics in initial testing as it is the most common cause of febrile illness in persons with travel history to affected countries
- Collect a minimum sample volume of 4 mL of blood in **plastic** tube; do not use pneumatic tube system for transport⁴; contact DOH to determine the proper category for shipment⁴

Follow-up recommendations for persons when EVD testing is not indicated.

- Self-monitor twice daily for fever and other symptoms for 21 days from last exposure
- Seek medical evaluation at first sign of illness

References: [CDC Ebola Website](#)

1. CDC. [Updated Case Definition for Ebola Virus Disease](#) (8/7/14)
2. CDC. [Health Advisory to Clinicians: Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease](#) (8/1/14, updated 8/8/14)
3. CDC. [Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings](#). (8/10/14)
4. CDC. [Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients with Suspected Infection with Ebola Virus Disease](#) (8/11/14)
5. CDC. [Infection and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#) (8/5/14)
6. CDC. [Frequently Asked Questions: Safe Management of Patients with Ebola Virus Disease \(EVD\) in U.S. Hospitals](#) (8/6/14)
7. CDC. [Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure](#) (8/8/14)