Decision Algorithm to Assist with Identifying Patients with Suspected Ebola Virus Disease (EVD)

(Version 5 5/30/18 – Please note this interim guidance is subject to change.)

- Residence in (or travel to) an area where EVD transmission is active (specific regions of the Democratic Republic of the Congo) within 3 weeks (21 days) before onset of symptoms OR has had direct contact with a known or suspected EVD patient.
- Outpatient facilities should determine the travel history and chief complaint of patients when appointments are made and refer them to a hospital if there are concerns about EVD.

**YES**

1. Isolate the patient in a single room with a private bathroom and with the door closed

**EVD NOT SUSpected**

Evaluate for other conditions

**NO**

**YES**

Presence of signs and symptoms of EVD

- **Fever** OR
- **Compatible EVD symptoms** (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, or hemorrhage).

**YES**

1. Implement standard, contact, droplet precautions, and ensure no exposed skin on health care providers
2. Notify personnel responsible for Infection Control Program and other appropriate staff

Conduct Exposure Assessment

**HIGH-RISK EXPOSURE**

- Percutaneous, mucous membrane exposure or direct contact with a confirmed or suspected EVD patient or their body fluids with or without appropriate use of personal protective equipment (PPE) **OR**
- Direct contact with human remains with or without appropriate PPE in the geographic area where an EVD outbreak is occurring **OR**
- Household members of an EVD patient **OR**
- Persons with close contact* with EVD patients in health care facilities or community settings without PPE

**NO**

**LOW-RISK EXPOSURE**

- Persons who had residence in (or travel to) specific regions of the Democratic Republic of the Congo **WITHOUT** high-risk exposures
- Persons in the same room with a symptomatic EVD patient**
- Traveled on an aircraft with a symptomatic EVD patient
- Persons with direct unprotected contact with bats or primates from EVD-affected countries

**YES**

Review Case with County Health Department including:

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

**EVD SUSpected – TESTING INDICATED**

Immediately report to your County Health Department or DOH Bureau of Epidemiology at 850-245-4401 to authorize testing.

See back for references and additional recommendations
Infection control recommendations:

- Standard, contact, and droplet precautions and ensure no exposed skin on health care workers, including gloves, fluid-resistant gowns, eye protection, face mask with careful attention to donning and doffing of PPE followed by appropriate hand hygiene; additional PPE may be required including double gloving, disposable shoe covers and leg covers
- Single patient room with private bathroom, door closed; restrict visitors
- Avoid aerosol-generating procedures; utilize aerosol precautions if performed
- Implement environmental infection control measures

Testing recommendations

- Conduct only essential laboratory testing, and take appropriate precautions according to laboratory recommendations
- Include malaria diagnostics in initial testing as it is the most common cause of febrile illness in persons with travel history to affected countries
- Following consultation with DOH and approval for EVD testing, collect two 4 mL whole blood specimens in plastic purple top tubes; do not use pneumatic tube system for transport; contact DOH to determine the proper category for shipment

*Close contact is defined as:

- being within approximately 3 feet (1 meter) of an EVD patient or within the patient’s room or care area for a prolonged period of time (≥ 15 minutes) (e.g., health care personnel, household members) while wearing recommended personal protective equipment (i.e., standard, contact, and droplet, skin covering precautions)
- having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment
- Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

**Persons not meeting close contact criteria* but in the same room as a symptomatic EVD patient and there is reasonable belief that unrecognized exposure (direct contact with the patient or their bodily fluids) could have occurred.

References:
Florida Department of Health guidance meets or surpasses recommendations provided by CDC and would take precedence in Florida.

Florida DOH Website: http://www.floridahealth.gov/diseases-and-conditions/ebola/index.html
CDC Ebola Website: http://www.cdc.gov/vhf/ebola/hcp/index.html