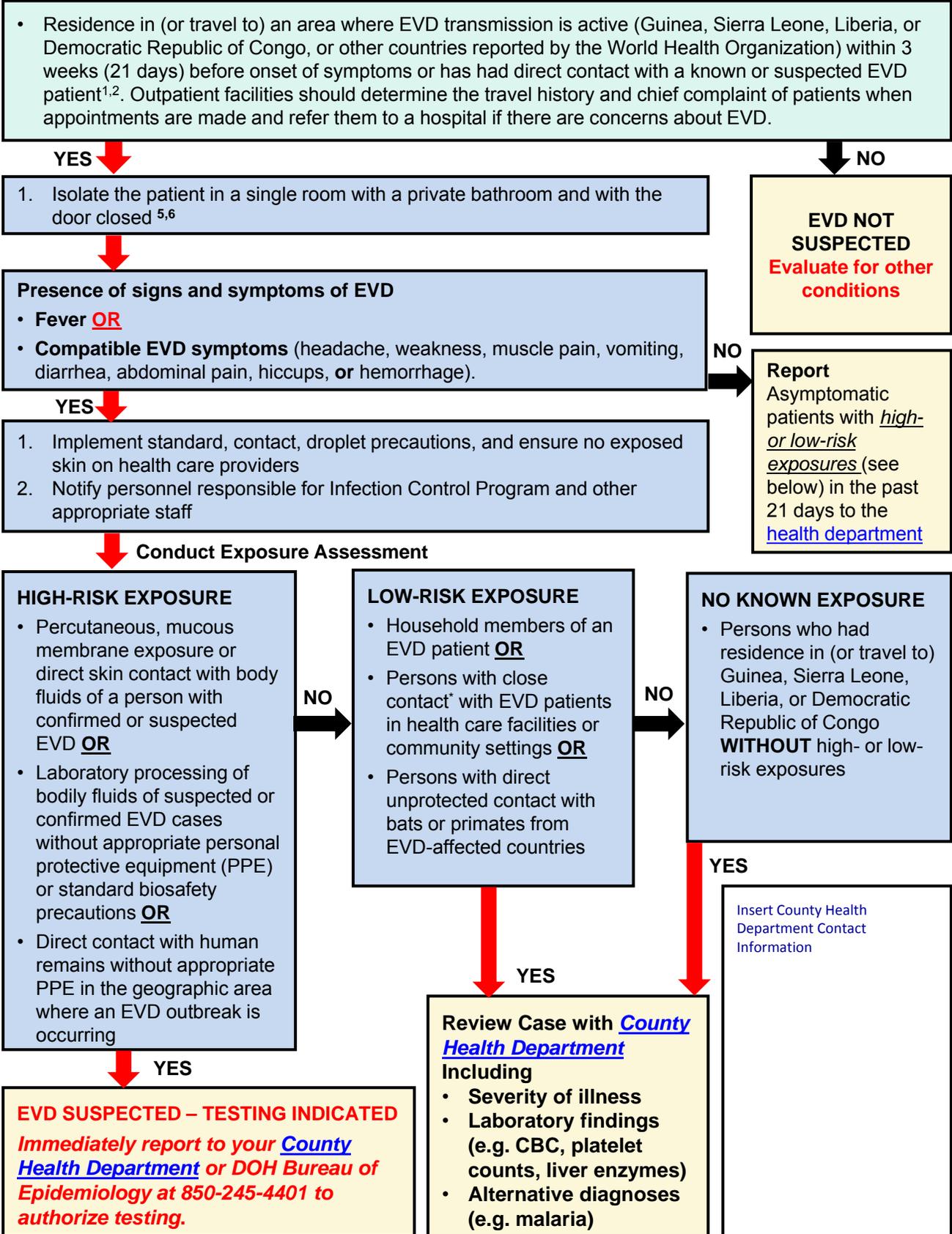


Decision Algorithm to Assist with Identifying Testing and Monitoring of Patients with Suspected Ebola Virus Disease (EVD)

(Version 3.0 10/21/14 – Please note this interim guidance is subject to change.)



See back for references and additional recommendations

Infection control recommendations ^{5,6,7}:

- 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 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
- Following consultation with DOH and approval for EVD testing, collect two 4 mL blood specimens in **plastic** tubes; do not use pneumatic tube system for transport⁴; contact DOH to determine the proper category for shipment⁴
 - If the first specimen tests positive, no need to repeat the test for diagnostic purposes. Additional specimens may be collected for other purposes
 - If the first specimen tests negative and was collected ≥ 3 days after symptom onset there is no need to repeat the test for diagnostic purposes.
 - If the first specimen tests negative and was collected < 3 days after symptom onset, the test may need to be repeated ≥ 3 days after onset if EVD still suspected and clinically indicated.

***Low risk exposure 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 (e.g., health care personnel, household members) while wearing recommended personal protective equipment (i.e., standard, contact, and droplet 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.

References: [Florida DOH Website](#) [CDC Ebola Website](#)

1. CDC. [Updated Case Definition for Ebola Virus Disease](#)
2. CDC. [Health Alert Network \(HAN\): Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease](#)
3. CDC. [Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings.](#)
4. CDC. [Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients under Investigation for Ebola Virus Disease in the United States](#)
5. CDC. [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#)
6. CDC. [Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)
7. CDC. [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)
8. CDC. [Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure](#)
9. CDC. [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States](#)